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Parenting Stress: A Comparison of Grandmother Caretakers and Mothers

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Abstract

Parenting stress in grandmother caretakers has not been directly compared with a matched sample of mothers in the caretaker role. This study examined the main and interaction effects of caretaker status, employment, and race on parenting stress and whether these factors affect parenting stress in a convenience sample of grandmothers raising grandchildren ($n = 86$) and a sample of mothers of preschoolers ($n = 86$), matched for women's partner status, race, and employment. Grandmothers raising grandchildren reported more overall parenting stress and parental distress than mothers. Non-employed women reported more negative perceptions of their children and more difficult interactions with them. When controlling for contextual variables, grandmother caretakers showed greater parenting distress, but employment was not related to parenting stress. Being Caucasian and caretaking of older children affected overall parenting stress, parent-child interactions, and perceptions of one's children. Future research needs to consider the effect of outside influences on grandmothers' stress.

The number of grandmothers who have a grandchild living in the same home has increased markedly over the past 20 years (Szinovacz, 1998). Based on data from the 1992–1994 National Survey of Households and Families, over 25% of African-American women and 12% of Caucasian women have had primary responsibility for a grandchild at some point in their lives (Szinovacz). Many of these grandmothers can expect to raise their grandchildren to adulthood, although sometimes the parent is able to resume caretaking responsibility at a later time. Grandmothers in the role of a parental surrogate encounter similar parenting stresses faced by parents raising their own children, and perhaps additional ones associated with the context of the caretaking situation.

Parenting stress is experienced to some degree by all individuals responsible for raising children, but it may be accentuated for women with multiple roles (e.g., employment and caregiving) or unanticipated responsibilities, such as grandmothers raising grandchildren (Burton, 1992; Kelley, 1993; Musil, 1998). These additional responsibilities contribute to the demands of parenting and may heighten stress, although some evidence suggests that

multiple roles, such as caregiving and employment, may be associated with enhanced health and well-being for some women (Moen, Robison, & Dempster-McClain, 1995; Scharlach, 1994). Although several studies have found that grandmother caretakers report more parenting stress than samples of mothers (Kelley) or grandmothers in multigenerational homes (Musil, 1998, 2000), no direct comparisons of grandmother caretakers have been made with a matched sample of mothers in the caretaker role to control for demographic factors, including race/ethnicity, that might affect perceptions of parenting stress (Burnette, 1997; Burton, 1992; Pruchno, 1999). Thus, this study examined the effects of grandmother/mother caretaker status, employment, and race on parenting stress and the effects of these factors on parenting stress after controlling for demographic factors in a matched sample of grandmothers and mothers.

Parenting Stress and Caretaker Status

The Parenting Stress Model proposed by Abidin (1995) is the framework for this study. According to this model, those who parent experience varying degrees of stress depending on their own characteristics, characteristics of the child, and overall context of their life situations. Parenting stress is derived from: (a) attributes of the child, such as temperament, learned behaviors, or health problems; (b) the parents themselves, such as from their sense of competence or depression; or (c) the interactions of the parent and child (Abidin, 1995). Parenting stress, in turn, affects parenting behavior. Higher levels of parenting stress are often associated with dysfunctional parenting, negative behavior of the parent toward the child, behavioral problems in children, and a greater potential for child maltreatment (Abidin, 1995; Abidin, Jenkins, & McGaughey, 1992; Holden & Banez, 1996; Pett, Vaughn-Cole & Wampold, 1994). Greater parenting stress has been associated with less maternal-infant competence and affectionate interactions (Gelfand, Teti, & Fox, 1992) as well as with depression in mothers of children with behavioral problems (Abidin, 1995; Webster-Stratton & Hammond, 1988).

Grandmothers raising grandchildren may encounter higher parenting-related stress for many reasons, including the physical, emotional, and financial costs of rearing a second generation of children (Burton, 1992; Kelley, 1993; Minkler, Roe, & Robertson-Beckley, 1994). Grandmother caretakers may be unprepared for the extent of their caretaking responsibilities and may face the caretaking situation with inadequate supports (Minkler et al., 1994). Grandmothers often become primary caretakers, with or without legal custody, due to drug addiction, incarceration, mental illness, or death of the grandchild's parent(s). Consequently, grandmother caretakers may have experienced ongoing stress with their own children prior to the assumption of caretaking responsibilities of grandchildren, and these relationships may continue to be problematic within the family system (Burton, 1992; Ehrle & Day, 1994; Goodman, 1997). Furthermore, characteristics of the grandchildren receiving full-time grandparent caretaking may add to parenting stress, particularly if grandchildren have been drug exposed in utero, have health problems, or had detrimental experiences in their family of origin. In two studies, grandmother caretakers were found to report higher parenting stress compared to published norms for mothers or for grandmothers in multigenerational homes (Kelley, 1993; Musil, 1998), but comparisons of grandmother caretakers with a matched sample of mothers are lacking.

Caretaker Employment and Stress

Women's involvement in multiple roles, especially employment, may be potentially beneficial because other roles provide additional opportunities for satisfaction and validation (Barach & Barnett, 1986; Moen et al., 1995). In a study of 238 middle-aged Caucasian women, those who occupied more roles had higher self-esteem and lower depression

(Baruch & Barnett). Adelman (1994), using data from the Americans' Changing Lives survey, reported that, for women over age 60, involvement in multiple roles was associated with better health. Among women with children living at home, Lavee, Sharlin, and Katz (1996) found a positive association between maternal employment and well-being in 287 married women of all social classes. The finding that employed women rearing children tend to be less depressed and have higher self-esteem than non-employed mothers (Baruch & Barnett, 1986; Lavee et al., 1996) is significant because depressed women tend to report higher parenting stress (Gelfand et al., 1992; Webster-Stratton & Hammond, 1988). Whether such positive effects of multiple role involvement extend to grandmother caretakers has not been investigated.

The issue of employment among women in the caretaker role is critical since almost two-thirds of mothers with dependent children and over one-half of mothers with preschool children are employed (U.S. Bureau of the Census, 1996). According to the American Association of Retired Persons (AARP, 1994), at least 42% of grandmothers raising grandchildren are employed. While employment for women raising children under 18 years of age is no longer uncommon, it may add to some aspects of parenting stress, especially related to time demands. Several studies have examined the effects of maternal employment on the family, including children's behavior and adjustment. Findings suggest that maternal employment alone has minimal impact on children's adjustment or mother-child interaction (Pett et al., 1994). Youngblut, Singer, Madigan, Swegart, and Rodgers (1998) found that employed single mothers viewed their children more positively than non-employed single mothers, and children of employed mothers scored higher on measures of achievement, mental processing, and language (Youngblut et al., 2001). However, differences due to employment status were not significant after controlling for sociodemographic factors.

To date, effects of employment among grandmother caretakers have been largely unexamined, even though financial considerations are a major issue for grandparent caretakers. Grandparent caretakers receive limited, if any, external financial support for their grandchildren, particularly if they do not have legal custody of the child (Simon-Rusinowitz, Krach, Marks, Piktialis, & Wilson, 1996). Primary caretaker grandparents who are employed may have compound stressors from the demands of primary caretaking and orchestrating work and home life, coupled with the emergence of their own midlife health problems (Simon-Rusinowitz et al., 1996). Sands and Goldberg-Glen (1998), in a sample of 123 grandmothers raising grandchildren, found that employment was related to the overall health of the grandmother caretakers.

Parenting Stress, Caretaker Status and Race

The issue of race and parenting stress among mothers has actually received little attention. Although normative data about parenting stress includes data from Caucasian, Black, Hispanic, and Asian parents, the relationship between the parent's race and parenting stress is not well described. Considerably more recent attention has been directed at the relationship between race and stress in grandmother caretakers. Although there are approximately equal numbers of Caucasian and African-American grandmother caretakers, the likelihood of becoming a caretaker grandmother is higher for African-American women (Baydar & Brooks-Gunn, 1998; Szinovacz, 1998). The higher percentage of single mothers (Pearson, Hunter, Cook, Ialongo, & Kellam, 1997), economic disadvantage (Beck & Beck, 1989), and cultural expectations about providing aid to extended family members (Kivett, 1993; Strom, Collingsworth, Strom, & Griswold, 1993) may contribute to this pattern among African-American families. In the few studies comparing Caucasian and African-American grandmothers, the latter report less parenting stress and anxiety than Caucasian grandmother caretakers (Sands & Goldberg-Glen, 1998).

Overall, African-American grandmothers view their grandparenting experience less negatively, report greater role satisfaction with less frustration, and are more involved with their grandchildren than Caucasian counterparts (Emick & Hayslip, 1996; Strom et al., 1993). However, Pearson and colleagues (1997) found that racial differences were minimal when socioeconomic variables were comparable between African-American and Caucasian grandmother caretakers. Likewise, Kivett (1993) reported more similarities between African-American and Caucasian grandmother caretakers than differences, especially within rural populations. Research controlling for sociodemographic factors is essential to clarify the effects of race/ethnicity on parenting stress.

Other demographic factors may affect parenting stress. For example, maternal education, family income, and infant age have been associated with parenting stress in non-depressed mothers (Gelfand et al., 1992). Marital status is also important since divorced women may experience more stress than married women (Pett et al., 1994). Lavee and colleagues (1996) found that parenting stress was related to the number and ages of children and to economic factors, but not to maternal employment. These demographic influences are incorporated in the parenting stress model examined herein.

In summary, previous studies indicate that grandmother caretakers report greater parenting stress than mothers. Because a substantial number of grandmothers are employed or are of employment age, it is important to examine if employment affects grandmother caretakers as it does mothers. Further, since studies indicate that African-American grandmother caretakers may experience less burden than Caucasians, racial/ethnic variations in parenting stress are important to uncover, especially if these are related to other demographic factors. Therefore, the aims of this analysis were to examine:

1. the main and interaction effects of caretaker status, employment, and race on overall and specific aspects of parenting stress for grandmothers/mothers, and
2. whether these effects remain after controlling for women's education, partner status, family income, number of (grand)children, and age of youngest (grand)child.

METHOD

This analysis used a matched sample of 86 grandmothers and 86 mothers obtained from two larger studies (Musil & Ahmad, 2002; Youngblut, Singer, & Rodgers, 1992). This is the first report of the parenting stress data from the grandmother study, although parenting stress data from the complete sample of mothers in single parent families has been reported elsewhere (Youngblut et al., 1998, 2001).

Sample

The sample of 86 grandmother caretakers had participated in a cross-sectional survey investigating the stress, coping, support, and self-assessed health of grandmothers as categorized by level of caretaking responsibility for their grandchildren (see Musil & Ahmad, 2002, for a description of caretaking categories) and comprise the entire sample of grandmothers raising grandchildren from that study. All 86 primary caretaker grandmothers lived in the same home as one or more grandchildren and had primary, custodial responsibility for their grandchildren's care. But the parent(s) of the grandchildren did not live in the same home as the grandmother and grandchild. The convenience sample of grandmothers was recruited from a variety of sites within the metropolitan Cleveland area, including grandparent support groups, YMCAs, and unpaid radio, television, and newspaper advertisements.

The sample of 86 mothers was selected from a study of the effects of maternal employment on family functioning, parent-child interaction, and preschool child development (Youngblut et al., 1992). The women who participated in the maternal employment study were a systematic, random sample of mothers of preschoolers who were identified from birth records of two normal newborn nurseries and from admission records of three Level III neonatal intensive care units. Data was collected when the children were 3 to 5 years of age.

To obtain a sample with equal numbers of grandmothers and mothers and to minimize differences in the childrearing situation, mothers of full-term children from the maternal employment study were matched with grandmothers having primary caretaking responsibility in the grandmother study on race, employment status, and marital or partner status because the degree of parenting stress may vary based on these factors. Grandmothers and mothers were matched as closely as possible for number of (grand)children. Because all the children in the mothers' study were preschoolers, child's age could not be matched. This sample included mothers of full-term and pre-term children, but the 458 mothers of children born pre-term were excluded from this analysis because of the greater parenting stress often experienced by mothers of pre-terms.

Measures

The Parenting Stress Index/Short Form (PSI/SF, Abidin, 1995) was used to measure the degree of stress in the parent-child system. Although designed to evaluate stresses associated with parenting, the measure has been used with grandparent samples (Kelley, 1993; Musil, 1998). This index measures the overall level of parenting stress and factors in three sub-scales measuring specific domains of parenting stress: parenting distress, parent-child dysfunctional interaction, and perceptions of a difficult child. Each subscale contains 12 items rated on a five-point scale, with higher scores indicating greater distress. The parenting distress sub-scale considers the (grand)mother's self-esteem, sense of competence, and role restriction; a sample item is "I don't enjoy things as I used to." The parent-child dysfunctional interaction sub-scale evaluates the (grand)parent-child bond and the degree to which the child meets the (grand)parent's expectations, for example, "when I do things for my child, I get the feeling my efforts are not appreciated very much." The difficult child sub-scale appraises behavioral and temperamental characteristics of the child, such as "my child gets upset easily over the smallest thing." The validity of the PSI has been established through extensive research of the instrument with numerous populations, including children with developmental problems, behavioral issues, physical illness, and disabilities and at-risk families in the US and internationally; correlations of the PSI with other instruments support its construct validity (Abidin). Reported reliability for the total scale was .91, with sub-scales alphas of .80 to .87. Test-retest reliability over 6-months was .84 for total stress, and .68 to .85 for the sub-scales (Abidin). In this study, alphas were .94 for grandmothers and .91 for mothers for the total score and ranged from .86 to .91 for grandmothers and from .76 to .87 for mothers for the sub-scales.

Demographic variables included in the analysis were age in years, race (Caucasian coded 1, and African-American coded 0), partner status (partner/husband = 1, no partner/husband = 0), education (coded 1 for less than high school, 2 for high school graduate, 3 for some college, or 4 for college graduate), employment status (employed = 1, not employed = 0), number of children, and the age of the youngest child. Family income was dichotomized (\$30,000 or more = 1, less than \$30,000 = 0) because of the different response categories used in the two studies.

Procedure

Grandmother Study—The study was approved by the university's Institutional Review Board and appropriate approval was secured from each recruitment site. Participants responded to recruitment materials and contacted the project office by telephone at which time they were screened for eligibility and informed about the study requirements. All potential participants received a mailed packet that contained a cover letter explaining the study, a self-administered questionnaire that included the PSI/SF, and a pre-addressed stamped envelope for returning the questionnaire. Participants received \$15 for their time after completing the questionnaire. The response rate was 80%.

Maternal Employment Study—After obtaining approval of the appropriate institutional review boards, a systematic, random sample of families with full-term preschool children and all families with pre-term preschool children were sent a letter briefly describing the study. An interviewer then telephoned the family to screen for eligible families, answer parents' questions, and schedule a home visit for data collection. Parents completed the PSI as part of a battery of instruments and received a \$25 incentive. The response rate for the full sample was 72%.

RESULTS

The matched samples were compared on demographic variables (Table 1). Grandmothers were older and had significantly less education than mothers. More grandmothers had not completed high school, and more mothers had some education beyond high school. Family income for grandmothers was significantly lower than that of mothers. The mean age of the youngest (grand)child was older for grandmothers than mothers, although the number of (grand)children at home was similar between the two groups.

Parenting stress scores for the overall parenting stress index was 85.24 ($SD = 23.95$) for grandmothers and 74.95 for ($SD = 17.92$) for mothers. For the sub-scales, grandmothers' mean scores were 31.40 ($SD = 10.59$) for the difficult child sub-scale, 22.29 ($SD = 7.93$) for the dysfunctional-parent child interaction sub-scale, and 31.54 ($s.d. = 10.64$) for the parental distress sub-scale. The mothers' mean scores were 28.24 ($SD = 7.92$) for the difficult child sub-scale, 20.44 ($SD = 5.48$) for the dysfunctional-parent child interaction sub-scale, and 26.26 ($SD = 7.45$) for the parental distress sub-scale.

The first research aim examined the main and interaction effects for caretaker status, employment status, and race on the overall parenting stress score and the three PSI sub-scales using three-way analysis of variance (ANOVA) (Table 2). Grandmother caretakers experienced significantly greater overall parenting stress ($F(1, 171) = 7.59, p < .05$) and more parental distress ($F(1, 171) = 11.48, p < .001$) than mothers. Women who were not employed reported greater parenting stress overall ($F(1, 171) = 4.49, p < .05$), perceived their child as more difficult ($F(1, 171) = 5.49, p < .05$), and reported more dysfunctional parent-child interactions ($F(1, 171) = 4.13, p < .05$) than employed women. Main effects for race and all interaction effects were not significant.

The second aim of the study focused on whether differences in caretaker status, employment, and race remain after controlling for the contextual variables. As part of this analysis, the relationships between parenting stress and caretaker status, employment status, and grandmother characteristics the contextual variables were examined using Pearson Product Moment Correlations (Table 3). Number of children cared for was not related to overall or specific dimensions of parenting stress. Older age, less education, lower family income, and having older children were related to greater overall parenting stress and to

higher scores on all PSI sub-scales. In addition, having a parenting partner was related to less overall stress and less parenting distress.

Next, four hierarchical, multiple regression analyses were conducted to evaluate the effects of caretaker status, employment status, and race on overall parenting stress and the three specific types of parenting stress (perceptions of a difficult child, parent-child dysfunctional interaction, and parental distress) when controlling for the contextual variables of women's education, partner status, family income, number of (grand)children, and age of youngest (grand)child. The control variables were entered first (Table 4). For overall stress, having older children accounted for 14% of the variability in the overall stress measure. When caretaker status, race, and employment were added, only race contributed significantly to overall stress and raised the R^2 to .16. For the difficult child and dysfunctional parent-child interaction sub-scales, having older children explained 10% and 12% of the variance in these sub-scales respectively. For the difficult child sub-scale, being Caucasian raised the R^2 to .14. For the parenting distress sub-scale, being Caucasian, not having a parenting partner, and being a grandmother caretaker contributed to 12% of the scale variability.

DISCUSSION

Grandmother caretakers experienced more overall parenting stress than mother caretakers in this study, a finding consistent with studies by Kelley (1993) and Musil (1998) in which the parenting stress scores of grandmothers were compared with published norms from the Parenting Stress Index (Abidin, 1995). This higher stress level is not unexpected because of the context of grandmother caretaking, especially because grandmothers may have less energy to put into parenting efforts compared to mothers. However, when the effects of the contextual variables were controlled, grandmother caretaker status was no longer a significant predictor of overall parenting stress.

Grandmother caretakers did experience more parenting-related distress, indicating more personal adjustment difficulties that are relatively independent of the caretaker-child relationship (Abidin, 1995). This finding, which remained after statistical control of contextual factors, may indicate the strain that grandmother caretakers experience because of needing to make unanticipated changes in their lives to accommodate caring for a dependent child. The grandmothers' report of greater distress than mothers supports Kelley's findings (1993) that grandmother caretakers tend to report more symptoms of depression than other women. Other reports (Minkler, Fuller-Thomson, Miller, & Driver, 1997; Strawbridge, Wallhagen, Shema, & Kaplan, 1997) have indicated that women who became grandmother caretakers had more depressive symptoms and worse health prior to assuming the caretaker role than those who did not eventually become caretakers. Thus, whether the grandmother's personal distress pre-dates her caretaking or results from such responsibilities remains unclear, but continued attention to the mental health concerns of these caregivers is warranted.

Despite greater parenting distress, grandmother caretakers enjoyed a similar quality of relationship with their grandchildren as mothers did with their children. There were no differences in caretaker perceptions of the children or their interactions with them regardless of whether the children were raised by a grandmother or mother. This is an important finding because child outcomes are often found to be related to the quality of the parent-child relationships (Singer et al., 1999). Given the broader strains that many of these caregivers encounter, grandmothers raising grandchildren need recognition for creating functional family environments for their grandchildren. Since child age, but not caretaker status, explained these dimensions of parenting stress, and the correlation of caretaker status with children's age was $r = .61$, additional analyses were conducted to examine whether

child age masked the effects of caretaker status on perceptions of the child or interactions with them. When age of children was not included in the regression equations, caretaker status remained non-significant, underscoring the influence of children's ages on these aspects of parenting stress. Those raising children can benefit from programs about child-rearing issues facing families with elementary and middle school children as well as adolescents. Compared to the educational efforts focused on pregnancy and parenting during the first year of life, there is a paucity of information about the developmental struggles of families at other stages of development.

Being employed was related to more positive perceptions of the child, less overall parenting stress, and better parent-child interactions, as reflected in the ANOVA results. Other studies have also found that non-employed mothers experienced higher levels of parenting stress and more negative, psychological effects than their employed counterparts (Baruch & Barnett, 1986; Lavee et al., 1996; Youngblut et al., 1998), although in this study these effects centered on the caretakers' perceptions of their children or interactions with them. The effect of non-employment on parenting stress also may be related to the caretakers' employment-attitude consistency, which was not considered in this study. If the grandmother or mother relinquished employment in order to provide care for a child, she may report more parenting stress as a result of the inconsistency between her desired and actual employment status, particularly if she prefers to remain employed. In related studies (Hock & DeMeis, 1990; Parry, 1987), employment attitude-behavior consistency was especially important for women who were not employed. Non-employed mothers who would have preferred to remain employed reported more psychological symptoms than other mothers. Even though employed women reported better interactions with their children and were less likely to regard them as difficult, these differences were not significant when contextual factors were controlled, similar to findings of Youngblut and colleagues (1998) and Lavee and colleagues (1996). Despite finding no apparent effect of employment on parenting stress when demographic variables such as partner status, race, or age of children were removed, there may be benefits of employment for women and their families that were not revealed in this study.

Little of the variability in either the difficult child sub-scale or the parent child interaction sub-scales were accounted for by the variables in the model, suggesting that factors external to the caretaker contribute to these dimensions of parenting stress. For example, characteristics of the child, such as behaviors, temperament, intelligence, and health status, may affect the difficulty the mother or grandmother has in parenting the child. Indeed, a child's prenatal exposure to drugs and/or alcohol may introduce a number of ongoing problems in daily life that require special care and attention by the caretaker. Given the circumstances under which many grandmothers assume care of grandchildren, the resemblance of a child to his or her absent parent (physically, psychologically, or behaviorally) may increase the grandmother's stress, particularly as the child matures. Considering the consistent relationship between older age of the youngest child and parenting stress, the growing influence of school and peers may have an impact on the grandmother caretaker's parenting stress. Subsequent studies should include data about the health and other characteristics of the children. Likewise, caretaking of other family members, such as of a dependent adult, could contribute to broader perceptions of stress.

There was an effect of race on caretaker stress. Although there were no main effects for race on parenting stress in the analyses of variance, race contributed to the explanation of overall parenting stress and parental distress in the regression analyses; Caucasian women, in general, perceived higher levels of parenting stress than African-American women, regardless of caretaker status. When examining multiple factors, grandmothers and Caucasian women reported more parenting distress than mothers and African-American

women. Since there were no race-by-caretaker interactions, these results only partially support other findings in which African-American grandmother caretakers perceived themselves more favorably than Caucasian grandmother caretakers (Strom et al., 1993). However, the findings about the effects of race on the sub-scale scores support the findings of others (Pruchno, 1999; Sands & Goldberg-Glen, 1998) about the effects of race on caregiving burden and anxiety among grandmothers raising grandchildren. African-American grandmothers have historically played a crucial role within the African-American family, and greater familial support for this role may be associated with less stress and overall parenting satisfaction. Further examination of parenting stress in conjunction with cultural expectations of Caucasian and African-American mothers and grandmothers would add to our understanding of the cultural dimensions of such stress.

This secondary analysis was limited to those variables that existed in the combined data set. Thus, the influence of the caretaker's health on her perception of parenting stress could not be considered, even though health problems might restrict activities and detract attention from child care, a potentially greater risk for grandmothers raising grandchildren. Similarly, whether social support reduced parenting stress could not be evaluated. Another issue is that family income was dichotomized as above or below \$30,000, a limitation of combining two existing data sets. Although family income was not significant in explaining parenting stress in this study, using a range of income levels may have revealed income-related effects on parenting stress. Finally, parenting stress was the only type of stress that was evaluated in this comparison. The ways in which caretaker status, employment, and/or race may affect child and family outcomes are also important considerations for future study.

In summary, grandmothers and non-employed women experienced greater parenting stress than mothers and employed women, respectively, although this was not consistently maintained when controlling for other contextual factors. As a larger number of women find themselves with the primary responsibility of raising their grandchildren, identifying factors that distinguish women who may be vulnerable to the stress of caretaking becomes increasingly important. Concurrently, evidence accumulates that maternal employment presents both rewards and challenges to women and their families. Clarifying the relationships between employment, stress, and the caretaking of children will allow us to design strategies to improve well-being of women and families regardless of structure.

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REFERENCES

- AARP. Grandparent-headed households and their grandchildren. AARP Grandparent Information Center. 1994 September.8:1-3.
- Abidin, RR. Parenting stress index: Professional manual. 3rd ed.. Odessa, FL: Psychological Assessment Resources; 1995.
- Abidin RR, Jenkins CL, McGaughey MC. The relationship of early family variables to children's subsequent behavioral adjustment. *Journal of Clinical Child Psychology*. 1992; 21:60-69.
- Adelmann PK. Multiple roles and physical health among older adults: Gender and ethnic comparisons. *Research on Aging*. 1994; 16:142-166.
- Baruch GK, Barnett R. Role quality, multiple role involvement, and psychological well-being in midlife women. *Journal of Personality and Social Psychology*. 1986; 51:578-585.
- Baydar N, Brooks-Gunn J. Profiles of grandmothers who help care for their grandchildren in the United States. *Family Relations*. 1998; 47:385-393.

- Beck RW, Beck SH. The incidence of extended households among middle-aged black and white women. *Journal of Family Issues*. 1989; 10:147–168. [PubMed: 12342281]
- Burnette D. Grandmother caregivers in inner-city Latino families: A descriptive profile and informal social supports. *Journal of Multicultural Social Work*. 1997; 5:121–137.
- Burton LM. Black grandparents rearing children of drug-addicted parents: Stressors, outcomes, and social service needs. *The Gerontologist*. 1992; 32:744–751. [PubMed: 1478492]
- Ehrle GM, Day HD. Adjustment and family functioning of grandmothers rearing their grandchildren. *Contemporary Family Therapy*. 1994; 16:67–82.
- Emick MA, Hayslip B. Custodial grandparenting: New roles for middle-aged and older adults. *International Journal of Aging and Human Development*. 1996; 43:135–154. [PubMed: 8945645]
- Gelfand DM, Teti DM, Fox CER. Sources of parenting stress for depressed and nondepressed others of infants. *Journal of Clinical Child Psychology*. 1992; 21:262–272.
- Goodman CC. Grandparents who parent: Family structure and life satisfaction. *The Gerontologist*. 1997; 37:334.
- Hock E, DeMeis DK. Depression in mothers of infants: The role of maternal employment. *Developmental Psychology*. 1990; 26:285–291.
- Holden EW, Banez GA. Child abuse potential and parenting stress within maltreating families. *Journal of Family Violence*. 1996; 11:1–12.
- Kelley SJ. Caregiver stress in grandparents raising grandchildren. *Image: Journal of Nursing Scholarship*. 1993; 25:331–337.
- Kivett VR. Racial comparisons of the grandmother role: Implications for strengthening the support system of older black women. *Family Relations*. 1993; 42:165–172.
- Lavee Y, Sharlin S, Katz. The effect of parenting stress on marital quality: An integrated mother-father model. *Journal of Family Issues*. 1996; 17:114–135.
- Minkler M, Fuller-Thomson E, Miller D, Driver D. Depression in grandparents raising grandchildren: Results of a national longitudinal study. *Archives of Family Medicine*. 1997; 6:445–452. [PubMed: 9305687]
- Minkler M, Roe KM, Robertson-Beckley RJ. Raising grandchildren from crack-cocaine households: Effects on family and friendship ties of African-American women. *American Journal of Orthopsychiatry*. 1994; 64:20–29. [PubMed: 8147424]
- Moen P, Robison J, Dempster-McClain D. Caregiving and women's well-being: A life course approach. *Journal of Health and Social Behavior*. 1995; 36:259–273. [PubMed: 7594358]
- Musil CM. Health, stress, coping, and social support in grandmother caregivers. *Health Care for Women International*. 1998; 19:101–114.
- Musil C. Health of grandmothers as caregivers: A 10-month follow-up. *Journal of Women and Aging*. 2000; 12:129–145. [PubMed: 10986855]
- Musil C, Ahmad M. Health of grandmothers: A comparison by caregiver status. *Journal of Aging and Health*. 2002; 14:96–121. [PubMed: 11892763]
- Parry G. Sex-role beliefs, work attitudes and mental health in employed and nonemployed mothers. *British Journal of Social Psychology*. 1987; 26:47–58. [PubMed: 3828678]
- Pearson JL, Hunter AG, Cook JM, Ialongo NS, Kellam SG. Grandmother involvement in child caregiving in an urban community. *The Gerontologist*. 1997; 37:650–657. [PubMed: 9343915]
- Pett MA, Vaughn-Cole B, Wampold BE. Maternal employment and perceived stress. *Family Relations*. 1994; 43:151–158.
- Pruchno R. Raising grandchildren: The experiences of Black and White grandmothers. *The Gerontologist*. 1999; 39:209–221. [PubMed: 10224717]
- Sands RG, Goldberg-Glen RS. The impact of employment and serious illness on grandmothers who are raising their grandchildren. *Journal of Women and Aging*. 1998; 10:41–58. [PubMed: 9870046]
- Scharlach AE. Caregiving and employment: Competing or complementary roles? *The Gerontologist*. 1994; 34:378–385. [PubMed: 8076880]

- Singer L, Salvator A, Guo S, Collin M, Lilien L, Baley J. Maternal psychological distress and parenting stress after the birth of a very low-birth-weight infant. *Journal of the American Medical Association*. 1999; 281:799–805. [PubMed: 10071000]
- Simon-Rusinowitz L, Krach CA, Marks LN, Piktalis D, Wilson LB. Grandparents in the workplace: The effects of economic and labor trends. *Generations*. 1996; 20:41–44.
- Strawbridge W, Wallhagen M, Shema S, Kaplan G. New burdens or more of the same? Comparing adult grandparent, spouse, and adult-child caregivers. *The Gerontologist*. 1997; 38:37–52.
- Strom R, Collinsworth P, Strom S, Griswold D. Strengths and needs of black grandparents. *International Journal of Ageing and Human Development*. 1993; 36:255–268.
- Szinovacz ME. Grandparents today: A demographic profile. *The Gerontologist*. 1998; 38:37–52. [PubMed: 9499652]
- U.S. Bureau of the Census. *Statistical Abstract of the United States*. Washington DC: Author; 1996.
- Webster-Stratton C, Hammond M. Maternal depression and its relationship to life stress, perceptions of child behavior problems, parenting behaviors, and child conduct problems. *Journal of Abnormal Child Psychology*. 1988; 16:299–315. [PubMed: 3403812]
- Youngblut JM, Brooten D, Singer LT, Standing T, Lee H, Rodgers WL. Effects of maternal employment and prematurity on child outcomes in single parent families. *Nursing Research*. 2001; 50:346–355. [PubMed: 11725936]
- Youngblut JM, Singer LT, Madigan EA, Swegart LA, Rodgers WL. Maternal employment and parent-child relationships in single-parent families of low-birth-weight preschoolers. *Nursing Research*. 1998; 47:114–121. [PubMed: 9536195]
- Youngblut, JM.; Singer, LT.; Rodgers, WL. Maternal employment and LBW infant outcomes (Grant No. R01 NR02707). National Institute of Nursing Research, National Institutes of Health; 1992.

TABLE 1

Demographic Characteristics

	Grandmothers		Mothers		Statistics
	n	%	n	%	
Age+	56.0	(8.4)	31.2	(6.3)	$t = 22.0$ ****
Race					
Caucasian	54.0	(62.8)	54.0	(62.8)	
African American	32.0	(37.2)	32.0	(37.2)	
Partner status					
Yes	49.0	(57.0)	49.0	(57.0)	
No	37.0	(43.0)	37.0	(43.0)	
Education					
Some high school	22.0	(25.6)	7.0	(8.1)	
High school diploma	26.0	(30.2)	19.0	(22.1)	
Some college	34.0	(39.5)	34.0	(39.5)	
Baccalaureate or more	4.0	(4.7)	26.0	(30.3)	$\chi^2 = 25.0$ ****
Employment status					
Employed	33.0	(38.4)	33.0	(38.4)	
Not employed	53.0	(61.6)	53.0	(61.6)	
Family income					
<\$30,000	64.0	(75.3)	45.0	(52.3)	$\chi^2 = 9.8$ **
<\$30,000	21.0	(24.7)	41.0	(47.7)	
Number of (grand)children	1.6	(1.0)	1.8	(0.9)	$t = 0.82$
Age of youngest (grand)child	8.5	(4.6)	3.3	(1.4)	$t = 10.1$ ****

* $p < .05$ ** $p < .01$.*** $p < .001$.

TABLE 2
Differences in Parenting Stress by Caretaker Status, Employment Status, and Race ($N = 172$)

	Main Effects						Interaction Effects						
	Caretaker Status		Employment Status		Race		Caretaker by Employment		Caretaker by Race		Employment by Race		
	<i>F</i>		<i>F</i>		<i>F</i>		<i>F</i>		<i>F</i>		<i>F</i>		
Overall stress	7.59**		4.49*		1.59		0.001		0.81		0.87		0.10
Difficult child	3.28		5.49*		0.70		0.54		0.14		0.01		0.08
Dysfunctional parent-child interaction	2.27		4.13*		1.97		0.13		0.06		0.41		0.10
Parental distress	11.48***		1.02		1.03		1.00		2.28		3.06		0.04

* $p < .05$

** $p < .01$.

*** $p < .001$.

TABLE 3

Relationships Between the Contextual Variables and Overall and Specific Aspects of Parenting Stress ($N = 172$)

	Overall Stress	Difficult Child	Dysfunctional Parent-Child Interaction	Parental Distress
Age	.25***	.19**	.18*	.25***
Education	-.28***	-.24***	-.23**	-.24***
Family income	-.24***	-.19**	-.18*	-.24**
Partner/husband	-.16*	-.09	-.11	-.19**
Number of (grand)children	-.05	.03	.03	.07
Age of youngest (grand)child	.29***	.28***	.32***	.17*

* $p < .05$.

** $p < .01$.

*** $p < .001$.

TABLE 4

Predictors for Overall and Specific Aspects of Parenting Stress ($N = 172$)

	Overall Stress		Difficult Child Parent-Child Interaction		Dysfunctional Distress		Parental	
	1	2	1	2	1	2	1	2
Education	-.15	-.10	-.13	-.09	-.10	-.08	-.14	-.09
Partner/husband	-.10	-.18	-.04	-.10	-.10	-.17	-.12	-.19*
Family income	-.08	-.11	-.08	-.10	-.03	-.07	-.09	-.10
Number of (grand)children	.07	.06	.05	.04	.07	.06	.06	.06
Age of youngest (grand)child	.27***	.23*	.24**	.26**	.31***	.37***	.15	-.01
Caucasian		.18*		.12		.16		.18*
Grandmother caretaker		.05		-.04		-.13		.24**
Employed		-.10		-.14		-.10		-.01
Adjusted R ²	.14***	.16***	.09***	.10***	.12***	.14***	.08***	.12***

* $p < .05$.** $p < .01$.*** $p < .001$.