



Native Hawaiian Grandparents: Exploring Benefits and Challenges in the Caregiving Experience

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Abstract

Background: Increasingly, U.S. grandparents are raising their grandchildren. In Hawai'i, 12% of Native Hawaiian grandparents live with grandchildren, compared to 7% of grandparents in all races combined in the state, and to 3.6% of grandparents in the total U.S. Although strong family-centric cultural values may provide Native Hawaiian grandparents with caregiving benefits, a generally poor health profile suggests they may also face challenges in this role. In this study, we talked to Native Hawaiian grandparents raising grandchildren (GRG) about the benefits and challenges of their caregiving experiences. **Method:** Three focus groups were conducted with Native Hawaiian grandparents (n=33) in Hawai'i who were 55 years of age or older and caregivers to their grandchildren. **Findings:** The most prevalent themes voiced by



grandparents spoke of the benefits of being a grandparent caregiver (the greatest being the experience of mutual, unconditional love) and the enjoyment of passing on “life lessons” to their grandchildren. Grandparents identified concrete examples of what they provided to grandchildren and also spoke of their role in transmission of Native Hawaiian cultural values, practices, and stories to their grandchildren. A number of challenges pertaining to grandparent caregiving were identified along with needed services—respite care, financial assistance, children’s programs, and information on grandparent legal rights. Despite these challenges, grandparents preferred to seek help from extended family rather than from formal supports. Our results support previous research on a number of universal GRG needs and services (i.e., legal rights of GRG) but also suggest potential directions to meeting the needs of Native Hawaiian GRG that are responsive to indigenous cultural values and preferences. Given the number of unmet needs expressed, further research is needed to design interventions for this population of grandparents raising grandchildren.

INTRODUCTION

In most cultures, grandparenting is an expected life event (Thomas, Sperry, & Yarbrough, 2000). Typically it is a time cherished by grandparents who anticipate playing significant roles in imparting family values, customs, traditions, and history to youth, while living independently from their grandchildren (Connor, 2006; McCubbin, 2006). A number of social factors have resulted in changes to nuclear family structures and roles, and now it is increasingly common to find grandparents functioning as primary caregivers to their grandchildren (AARP, 2012; AoA, 2011; Connor, 2006; Downie, Hay, Horner, Wichmann, & Hislop, 2010). Grandparents who step in to provide for most of their grandchildren’s needs are referred to as grandparents raising grandchildren (GRG). They do so when their grown children are absent because of numerous health and social problems such as physical and mental illness, poverty, and homelessness (Downie et al., 2010; Dunne & Kettler, 2008; Hayslip & Kaminski, 2005; Kelley, Whitley, & Campos, 2010; Neely-Barnes, Graft, & Washington, 2010; Watkins, 2006; Yancura, 2012). Nationally, it is estimated that more than 2 million grandparents live in a household with a grandchild present, and about 25% of them have primary responsibility for the grandchild’s care (AoA, 2014). Grandparents from racial/ethnic minority groups are more likely than Caucasian grandparents to be raising their grandchildren, and the majority of studies that examined GRG have focused on the African American and Latino experience (Cox, Brooks, & Valcarcel, 2000; Fuller-Thompson & Minkler, 2007a, 2007b; Minkler & Fuller-Thompson, 2005).

This present study undertook a qualitative approach to examine the grandparent caregiving experience in Native Hawaiians. Grandparents of Native Hawaiian ancestry are more likely to be living with grandchildren (12%) compared to grandparents of all races combined in Hawai‘i (7%) and in the total United States (U.S.) population (3.6%) (EOA, 2006). At the same time, Native Hawaiian elders disproportionately experience health and social disparities compared to elders of other ethnicities in Hawai‘i (Ka‘opua, Braun, Browne, Mokuau, & Park, 2011) which may influence their ability to provide for this grandparent role. In this study, we aimed to document the benefits and challenges experienced by Native Hawaiian GRGs. Knowledge from this study can help to identify needed programs and services that are both universal and available to all GRG, as well as those that are culturally specific to Native Hawaiian grandparents.

BACKGROUND

Nationally, an increasing number of grandparents are raising grandchildren (Fuller-Thompson, 2009). They do so for various reasons, including when the parents—their adult children—are incapable of parenting due to incarceration, substance abuse, physical and mental illness, poverty, and homelessness (Downie et al., 2010; Dunne & Kettler, 2008; Hayslip & Kaminski, 2005; Kelly, Whitley, & Campos, 2010; Neely-Barnes et al., 2010; Watkins, 2006; Yancura, 2012). Research has identified benefits that result to both grandparent and grandchild when grandparents have to assume responsibility for providing primary care. Closer grandparent-child bonds and improved mental and health outcomes for both populations have been reported in earlier studies (Fuller-Thompson, 2009; Ka‘opua & Linsk, 2011). Nonetheless, many grandparents face challenges in caring for their grandchildren due to a lack of essential resources, such as space in their home and financial means (Baldock, 2007; Connor, 2006; Kelley et al., 2010; Watkins, 2006; Yancura, 2009). Grandparents are most often retired older adults who live on fixed incomes, and have numerous chronic diseases and disabilities (AoA, 2011; Dunne & Kettler, 2008; Kelly et al., 2010; Neely-Barnes et al., 2010). Their grandchildren also may have physical and emotional needs and behavioral challenges that precipitated and/or resulted from their parental abandonment. This is especially problematic for children whose parents are incarcerated (Dunne & Kettler, 2008; Kelly et al., 2010; Neely-Barnes et al., 2010). Additionally, GRG may be coping with grief related to the problems of their adult children, and intergenerational relational strain can be exacerbated when grandparents find they lack legal rights needed to attain health care and education for their grandchildren (Baldock, 2007; Connor, 2006; Dunne & Kettler, 2008; Kelley et al., 2010). Despite these issues, researchers have documented what appears

to be low service utilization among GRGs, especially from racial/ethnic minorities (Burnette, 1999; Cross, Day, & Byers, 2010; Fuller-Thompson & Minkler, 2007a, 2007b; Hayslip & Kaminski, 2005; Minkler & Fuller-Thompson, 2005).

NATIVE HAWAIIAN GRANDPARENTS

Similar issues face grandparent caregivers in Hawai'i, a state of 1.3 million multicultural residents that include Caucasians (25%), Native Hawaiians (22%), Japanese (22%), Filipino (20%), and other ethnic groups (U.S. Census, 2011). In Hawai'i, it is estimated that 49,247 grandparents lived in the same home with their grandchildren; of these, 10,588 reported being head of household (Simmons & Dye, 2003; Yancura, 2009). As stated earlier, Native Hawaiian grandparents are more likely to be living with grandchildren (12%) compared to grandparents of all races combined in Hawai'i (7%) and when compared to the U.S. population (3.6%) (EOA, 2006). Grandparenting usually occurs in middle to later years when adults begin to be at risk for more health issues. Specific to Hawai'i, Native Hawaiian elders experience greater health and social disparities compared to elders of other ethnicities in Hawai'i (Ka'opua et al., 2011). Yancura's (2007) research on grandparents in Hawai'i found that they most often assume responsibility for their grandchildren due to the child's parent's drug use (37.5%) or incarceration (22.5%). Additional factors include shared housing and homelessness, parental absences due to military deployment, or parental need to work multiple jobs (Yancura, 2007; 2012).

NATIVE HAWAIIAN CULTURAL VALUES AND GRANDPARENTING

The assumption of care of grandchildren by grandparents is a Native Hawaiian cultural tradition. Native Hawaiians hold a collectivist conceptualization of the *'ohana* (family) where there is a shared responsibility and involvement in caring for nuclear and extended members (Rezentes, 1996). The definition of *'ohana* is broad and can include fictive kin (Mokuau, 2011). Further, a traditional practice of *hānai* (foster care and adoption) existed before contact with western civilization (1778) and continues in some informal care today (McGlone, 2009). In some cases, grandchildren were given to grandparents to raise, allowing the child to learn family history, skills, and train directly from an elder (McGlone, 2009). The child would receive food, shelter, clothing, socialization, and education from their *hānai* grandparents, while being encouraged to maintain a close relationship with their birth parents (Handy & Puku'i, 1998; McGlone, 2009). Grandchildren reciprocate by assuming responsibility for perpetuating their family's traditions and legacy into the future (McGlone, 2009). Native Hawaiian grandparent-and-grandchild kinship is an essential symbiotic relationship in which elders provide links from the past in the form of cultural practices, and grandchildren reciprocate by holding the *kuleana* (responsibility) for perpetuating family and cultural practices (Handy & Puku'i, 1998; McGlone, 2009).

TABLE 1: CHARACTERISTICS OF FOCUS GROUP PARTICIPANTS

Characteristics	Values (%)
Age	n=33
<55 years old	7 (21)
55-64 years old	14 (42)
65-74 years old	10 (30)
75+ years old	2 (6)
Gender	n=33
Male	7 (21)
Female	26 (79)
Employment Status	n=33
Employed	4 (12)
Retired	16 (49)
Unable to work	5 (15)
Other	8 (24)
Health Status	n=32
Poor	2 (6)
Fair	10 (31)
Good	19 (59)
Excellent	1 (3)
Live with grandchildren	n=33
Yes	23 (70)
No	10 (30)
Provide(d) care to grandchildren	n=33
Yes	33 (100)
No	0
How many grandchildren cared for at one time?	n=32
1	8 (25)
2	6 (19)
3	5 (16)
4	3 (9)
5	5 (16)
6	1 (3)
7	3 (9)
How long have you provided care over the course of your life?	n=30
<1 year	2 (7)
1-5 years	8 (27)
6-10 years	7 (23)
11-15 years	6 (20)
16-19 years	3 (10)
20+ years	4 (13)

Support for cultural justifications in GRG in Native Hawaiians was found in a recent study by Yancura (2012). Yancura applied a modified version of the 10-item Cultural Justification for Caregiving Scale (CJC) (Dilworth-Anderson et al., 2005).

She found that the CJC items loaded in two factors--custom and responsibility, and that Native Hawaiian GRG had significantly higher scores than White or Asian American GRG on "custom" and higher scores than Asian American GRG on "responsibility." Given the importance placed on family centric values and the role of grandparenting in the Native Hawaiian community, we also sought to explore if there was something unique about Native Hawaiian values and history that grandparents want to transmit to their grandchildren. Studies with grandparents from other racial/ethnic populations in the U.S. have reported a strong desire to pass on to their grandchildren their cultural values, norms, and histories (Cross et al., 2010).

METHODS

SAMPLE

We employed the qualitative method of focus groups, engaging 33 Native Hawaiian grandparents who were 55 years and older, resided in Hawai'i, and served as primary caregivers for their grandchildren (in the same residence or not). Caregivers were defined as those who provide protection, and physical and emotional support. A culturally appropriate recruitment flyer with a multi-generational photo was developed for the study. Convenience sampling was employed, relying on referrals from organizations that work with elders. Approval for data collection was obtained from the University of Hawai'i Institutional Review Board.

DATA COLLECTION

Each participant signed a consent form and completed a brief demographic questionnaire that solicited age, gender, employment status, health status, living arrangements with grandchildren, and number of years providing care to grandchildren. Each focus group was led by a Native Hawaiian researcher, began with pule (prayer) by the senior participant in the group, and all participants were invited to partake in a light meal. After the welcome, the group was facilitated through a discussion with questions that aimed to uncover both benefits and challenges to grandparenting. These included: (a) What are some of the ways in which you care for your grandchild(ren)? (b) What are some of the challenges in providing care for your grandchild(ren)? (c) Are you aware of services or programs that can help you meet some of the challenges of providing care for your grandchild(ren)? (d) What kinds of services or programs do you think are needed to help meet the challenges or to provide care for your grandchild(ren)? (e) What do you enjoy most in caring for your grandchild(ren)? (f) What do you think are important lessons for your grandchild(ren) to learn? (g) What things from Hawaiian culture do you feel are important to teach your grandchild(ren)?

Focus groups lasted 90-120 minutes. The Principal Investigator facilitated the discussion while another member of the research team recorded each of the participants' responses on the computer, projecting notes on a screen/flat screen TV in real time. This method allowed the participants to view, comment on, and correct what they saw to ensure the reliability of the data. The note taking was verbatim. At this stage, nothing was interpreted and thus we recorded each individual's responses. Researchers, who use qualitative designs such as focus groups, can be concerned that the silence of some participants is in some way ignored, or misinterpreted, or delegitimized. To address this, the researcher presented and explained the rules of the focus group; namely, that participants were invited to speak when comfortable, and that there were no right or wrong answers to the questions. We also explained that participants may at times be invited to share their thoughts by the facilitators but could always refuse to do so. These rules resulted in full participation with most of the questions. At all times comments were welcomed and encouraged. Following each group, the full and complete transcripts were printed out for analysis. Each participant received a gift card for a local grocery store.

DATA ANALYSIS

The framework approach to analysis was used, in that focus group questions were based on pre-set aims (Pope, Ziebland, & Mays, 2000). Following the five steps of this approach to analysis, researchers read the full (entire) transcripts to become familiar with the raw data. They then identified key ideas and recurrent themes derived from the aims of the study and by the respondents (Crabtree & Miller, 1999). A codebook was created, and transcripts were systematically coded by three investigators (NM, KS, PH). There was disagreement between the reviewers on about 5% of the codes, and these discrepancies were resolved through discussion among all researchers. The data then were charted (i.e., rearranged and synthesized) into core themes. In the interpretation phase, key quotes were identified that illustrated the primary themes and findings.

RESULTS

Seven males and 26 females participated in the focus groups, ranging in age from 55 to 91 years old, with a median age of 60 (Table 1). With regards to employment, 12% were still working for wages, 49% were retired, and 15% said they were unable to work. Twenty (62%) rated their health as good or excellent. All 33 said they were caring for their grandchildren as primary caregivers, and (23) 70% lived with the grandchildren. Eight (25%) were caring for one grandchild, 11 (35%) were caring for two to three grandchildren, and 12 (37%) were caring for four to seven grandchildren (two did not specify). Grandparents had been caring for grandchildren between 1 and 30 years, with a median of 10 years. Nearly 80% of the grandparents were married.

We present results in two major areas: benefits and challenges of GRG.

BENEFITS IN THE GRANDPARENT CAREGIVING EXPERIENCE

Concrete benefits to grandparents. The question that elicited the greatest number of responses was when we asked: What do you enjoy most about your role as caregiver? The overwhelming response to this first question was “*unconditional love*.” This benefit of grandparenting was mentioned 55 times across the three groups. Participants noted that this love goes both ways, from grandparent to grandchild, and from grandchild to grandparent. There was a voiced perception that grandparenting in the Native Hawaiian culture was more grounded in unconditional love than grandparenting in other cultures. For example, one said: “there is such a big difference from the love grandparents have for grandchildren in Hawai`i than in the Mainland [US]. Here the love is regardless. There, the love is there, but not there. There are cultural differences.” Another said, “here, when you having hard time you come home. The door is never locked....You always know you have a home. Other families, Mainland families, close and lock the door.”

Concrete benefits to grandchildren. Beside unconditional love, grandparents spoke to *concrete benefits* they provide their grandchildren: (a) material support, including food, shelter, transportation, and financial support; (b) life skills and guidance, including discipline; and (c) transmission of culture through values and stories, including spiritual support (Table 2).

TABLE 2: FOCUS GROUP THEMES

Themes	Groups	Individuals	Frequency
Love	3	24	92
Material Support	3	31	61
Culture Transmission through Values, and Family Stories (mo`elelo)	3	24	49
Life Skills & Guidance	3	27	38

Material support. In all focus groups, participants gave examples of the kind of *material support* they provide to grandchildren. This theme was mentioned 61 times by 31 (94%) grandparents. For example, 23 grandparents said that they provided housing for the grandchild(ren), while the rest were providing child care in the home of their adult child(ren). Fourteen spoke to their need to use their own income to fully provide for the grandchild(ren), while others said their adult children also contributed financially to the care. None of the grandparents appeared resentful toward the grandchildren, as exemplified in this quote: “I always told my girls if they ever needed anything, I am there. If I have to give up something, I will. Whatever way I can help, I do.” However,

some expressed resentment toward their adult children, as illustrated by this quote: “Some of the problems with taking care of the grandchildren is that the parents rely on us. They sleep in [un]til noon, and I’m watching the grandkids, washing their clothes.”

Life skills. Grandparents talked about teaching their grandchildren *life skills* and providing guidance, including discipline. Life skills are non-academic and foundational skills that people need to master to thrive individually and live optimally with others. These include skills in personal care, organization, communication, social interaction, and respect for self and others. This theme was mentioned 38 times by 27 (82%) grandparents. For example, grandparents talked about the importance of teaching grandchildren to “believe in themselves, take chances, and put their minds to whatever they want to do.” They also taught them how to cook, to care for the yard, to do chores, and to “jump in and help without asking.” Several mentioned that they knew their grandchildren were listening and learning, as illustrated by this quote from a grandmother that was teaching her granddaughters a new skill: “I hear them talking to each other about the way grandma said, ‘this is how you do it.’ One sister was sitting on the ground saying ‘I cannot do it,’ and the other said ‘[I know] you can do it, grandma said.’”

Life guidance. Grandparents also gave examples of *guiding their grandchildren to be good citizens*, for example to “keep your word, to respect others, to not talk back, and to appreciate the limits and rules of the household.” One grandparent talked about rules related to electronics. “We go to dinner and they have all their electronics out. That stuff needs to go. We need to talk while we are together. They are not socializing. I take that stuff away at dinner. We need them to have a balance between technology and social skills.”

Cultural transmission. Native Hawaii grandparents shared many examples of the *transmission of their culture*; i.e., what they taught their grandchildren about cultural values and practices (i.e., customs) and family history. This theme was mentioned 49 times by 24 (73%) grandparents across three groups. Several grandparents gave examples of teaching cultural practices, starting with *aloha* (love and acceptance). “There is a difference for sure. Aloha to me describes all of what we’re saying....aloha is a way of life.” Another said, “Some of them have lost the cultural value of greeting others [with aloha]. You are supposed to *honi* (kiss) everyone at a party.” Another said, “I taught them to be humble, respectful, to say hi to everyone and kiss them hello [in the Hawaiian way].” The value of *‘ohana* (family) also was transmitted. “You have to take care of one another, love each other, help each other out. That’s why you have *‘ohana*, to help each other out.” Another noted: “If you are Hawaiian, you always have a place to stay, even if it’s the garage or the floor. Always do that for family.” Grandparents knew that grandchildren learned a lot from all members of the *‘ohana*. For example one told how older male members of the family taught younger males how to build an *imu* (traditional earth oven for roasting pig).

Several other participants talked to the importance of teaching grandchildren how to honor the *‘āina* (land). One grandparent gave an example of how her grandchildren are learning from her sister about the way to show respect to the *‘āina* before harvesting. “My sister goes to take from the land and from the ocean, but talks to it first. She asks permission.” Teaching grandchildren about spiritual life was important as well. Most Hawaiians are Christian and related how they involved their grandchildren in the church, made sure they said their prayers, and learned to “go to the Lord first.” Grandparents also transmitted family stories, as in this example: “My grandson likes to hear stories about when his father was young. So I would tell my grandson what his dad did when he was little. Now my grandson wants to be more like his father.” Another related a story he told his grandchildren about his own childhood:

Where we used to live we had plenty stuff to do. We had pigs in the pen, we caught tilapia in the river, fed the cows, lotta stuff to keep busy. My family used to run the slaughterhouse and we used to live there. Right in the back was the piggery and in the back was the beef. We used to have luau [feast], we could make plenty noise... I never know what baseball/football was. I was isolated from everything. Fishing diving, hunting, I learned on the Big Island. Teaching my grandchildren things like that is important and telling them how it was.

CHALLENGES IN THE GRANDPARENT CAREGIVING EXPERIENCE

Grandparents admitted that caring for grandchildren was a full-time job and could be challenging. One respondent illustrated this well: “I’m full time. Three grandchildren are downstairs, and I live with the other two upstairs. I cared for all of them on and off, just full on day care, teaching them, I’m basically their ‘everything,’ their care provider and teacher. I’m pooped out. I’m their sole provider.” Another grandparent said, “I’m a grandparent that still has their [adult] children with them. We’re trying to raise them both at the same time; our kids never finish growing up yet. You’re raising kids, grandkids, and taking care of parents too.” Others commented on the different childrearing practices of today compared to their own family practices and histories. Disciplinary styles were viewed as more lax, and participants also spoke of the “disconnect” with their knowledge of technology and that of their grandchildren.

Few identified programs or services that they accessed or wanted to access. Safety net programs too often had “long lines.” When asked about available programs, one knew of a program that provided scholarships for Native Hawaiian children to attend pre-school and two others knew of programs that offered home-based early childhood education for preschoolers and their caregivers. When asked what services

they would like, several elders noted that Hawaiians preferred to turn to family for help, rather than to formal services. However, one elder said she would like a Zumba class, another wanted a class in technology (e.g., computers, iphones, and ipads) so that she could be more helpful to her grandchildren, and two others said they would like help getting legal custodianship or guardianship for their grandchildren. One grandparent said: “You raise the grandchildren, and they get removed. In the foster care system, children get removed, fostered, and adopted out.”

DISCUSSION

The purpose of this study was to examine the challenges and benefits of Native Hawaiian GRGs with an aim to inform service design and development. As we noted earlier, the GRG experience is more prevalent among Native Hawaiians in Hawai‘i compared to grandparents of all other races in the state and in the total U.S. population. Nonetheless, the majority of studies that examined GRG have focused on the African American and Latino experience (Burnette, 1997; Cox et al., 2000; Fuller-Thompson & Minkler, 2007a, 2007b; Minkler & Fuller-Thompson, 2005).

In our study, we found that Native Hawaiian GRG are similar to GRG of other racial/ethnic backgrounds in several ways. They become GRG because their adult children are not available to care for their children, and they face material and legal challenges in providing this care (AARP, 2012; Fuller-Thompson, 2009; Harris & Skyles, 2008; Hayslip & Kaminski, 2005). National studies have found that GRG rarely use formal social services (Fuller-Thompson, 2009; Hayslip & Kaminski, 2005) and this was also true of our sample. As other investigators have suggested, low service utilization may stem from lack of information and access and/or limited available services (Yancura, 2007). But, we also wondered, as others have asked, if the expectation of extended family to care for its own was also influencing use of formal services (Kataoka-Yahiro, Ceria, & Caulfield, 2004; Mokuau, 2011). For example, caregiving studies in other marginalized populations in the U.S. suggest that (low) service utilization may be influenced by past sociohistorical forces and experience with discrimination (Burnette, 1997; Cox et al., 2000; Cross et al., 2010). This history may also explain why grandparents from racial/ethnic groups report a strong desire to pass on to their grandchildren their cultural values norms and histories, as this may help strengthen and confirm a distinct identity from the cultural majority (Cross et al., 2010; Mokuau & Browne, 1994). This can be especially critical for Native Hawaiians, who experience historical trauma from forced colonization (Mokuau, 2011). In oral-aural cultures, such as Native Hawaiian, proverbs can be especially meaningful. The proverb, “Ke ha‘awi nei au iā ‘oe. Mālama ‘oe i kēia mau mea” emphasizes the passing of knowledge from one generation to the next, in its translation: “I pass on to you. Take care of these things”. (McGregor, 2007, p.5).

Despite this inclination not to seek formal services, we confirmed that GRG need support related to children's programs, financial assistance, respite, and grandparent rights (Yancura, 2007). Many of these needs have been found to be universal for many GRG populations (Burnette, 1999; Yancura, 2009). Thus, we advocate for the expansion of existing services to better assist GRG. Grandparents should be aware of their rights to access programs for themselves, such as Medicare, Medicaid, Supplemental Security Income (SSI), and programs funded through the Administration on Community Living (ACL), formerly the Administration on Aging (AoA). GRG also should be able to access programs that they may qualify for because they are caregivers to young children, such as Temporary Assistance for Needy Families (TANF) and the Supplemental Nutrition Program (SNAP). Meanwhile, opportunities for respite care, after school programs, counseling, legal services, and education on technology should be expanded. Policies and programs that assure the availability, affordability, and coordination of services may be especially helpful here and are provided in all states and jurisdictions. The eligibility requirements for some of these programs, however, need to be investigated as not all GRG are poor or over the age of 60 years.

There is also a need to advocate for the rights of GRGs. Subsidized guardianship is an increasingly popular permanency option that provides an ongoing financial payment to eligible children who exit the child welfare system into the permanent care of a legal guardian, often a grandparent. Studies have found that subsidized guardianship benefits children by respecting cultural practices and norms (Generations United, 2006). Adoption and foster grandparenthood may also be explored as legal options. Kinship Care Navigators (www.2.grandfamilies.org) provides for education, support groups, and technology assistance through Internet resources on grandparenting and other resources.

We also confirmed that Native Hawaiian GRG embrace their role as transmitters of culture and family history. Findings suggest that Native Hawaiian cultural traditions, views and practices, together with a number of social and health ills, can explain the higher percentage of Native Hawaiian GRGs reported earlier in this paper. For many GRG, the philosophy of care has cultural origins. Expectation that family will provide care is rooted in the value of "collective" as well as the practice of *hānai*. Our participants indicated that unconditional love is rooted in native culture with the expectation that the home is always open for family members who need care, love is reciprocal, and care provided by grandparent to grandchild is always returned.

We found numerous examples of cultural nuances in lessons imparted to grandchildren. Values such as *aloha* (love), *'ohana* (family), and *'āina* (land) manifest in behaviors such as *honi* (an embrace or kiss of family members at a party), or *malama 'āina* (caring for the land as an extension of the 'ohana) (Mokuau, 2011). From grandparents, grandchildren learn and experience the strong human bonds that later emerge into the intense affiliative ties that Native Hawaiians have for one

another, and that resonate in grandparents willingly and lovingly caring for their grandchildren (Young, 1980). Thus, there continues to be a need for more culturally appropriate services—those that are designed by Native Hawaiians and tailored to a groups' values, customs, and norms (Mokuau, 2011; Mokuau, Braun, & Daniggelis, 2012). Culturally based approaches may better respond to the reasons behind the high proportion of GRG among Native Hawaiians, for example, those linked to poverty—substance abuse, incarceration, and homelessness—as well as culture (Ka'opua & Linsk, 2013; Yancura, 2012). Advocating for culturally based programs and services for GRG is equated with the assurance of equitable access, the promotion of service utilization, and the promise of improved economic and physical well-being for both grandparents and grandchildren.

RESEARCH IMPLICATIONS

There continues to be a strong need to conduct research to develop and test interventions that can improve the lives of GRG, especially interventions that honor indigenous approaches to research and practice (Braun, Browne, Ka'opua, Kim, & Mokuau, 2013). Also, interventions should be designed and tested that can prevent or reduce conditions that have led to the increase in GRG needs, for example HIV, substance abuse, poverty, incarceration, and changing marital patterns. Increases in longevity may result in the role of great-grandparents taking on child-rearing duties, and knowledge on this population is seriously lacking.

Although research on native GRG and culturally based programming for them is limited, we can learn a great deal from the growing literature on culture-based health programs that are improving health outcomes in other areas, such as diabetes care, chronic disease self-management, obesity prevention, smoking cessation, substance abuse prevention, and breast cancer treatment (Ka'opua, et al., 2014; Mau, et al., 2010; Mokuau et al., 2012). Findings from these and other studies on culture-based programming with Native Hawaiians also point to benefits of constituent-involving strategies (e.g., Community Advisory Boards) built on principles of community based participatory research (CBPR) to facilitate success in achieving positive outcomes (Mokuau, 2011). These suggest that the design and implementation of health programs and social services should commit to the: (a) integration of native cultural values and traditional ways, respect for elders, knowledge of history, and the impact of discrimination, marginalization and poverty on service design; (b) recognition of a broad definition of family and fictive kin as family caregivers; (c) assurance that social services and other programs and services are delivered in ways that are non-blaming, welcoming and equitable; and (d) strengthening of community-based resiliencies and initiatives with evidence-based practices (Kaholokua, Iwane, & Nacapoy, 2010; Ka'opua et al., 2014; Mau et al., 2010; Mokuau, 2011; Mokuau et al., 2012).

There are numerous limitations of this study, including the small sample and that data were only collected on Oahu. Nonetheless, both national and Hawai'i projections estimate that this trend of GRG will increase (Fuller-Thompson, 2009; Yancura, 2012). Our findings suggest there is a need to understand and recognize the grandparent experience in Native Hawaiians and other native populations who may share similar concerns, while providing support to those who provide this care. Specific to Native Hawaiians, although many benefits to providing care were noted, there were also challenges that will be best met by some combination of universal and culturally specific services that are designed, tested, and disseminated by the grandparent group to be served.

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