

# Grandmothers Raising Grandchildren: Family Structure and Well-Being in Culturally Diverse Families

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**Purpose:** This study addressed well-being of grandmothers raising grandchildren in coparenting and custodial households in a sample of African American, Latino, and White grandmothers. **Design and Methods:** A sample of 1,058 grandmothers was recruited through the schools and media. Grandmothers raising or helping to raise school-aged grandchildren in Los Angeles were interviewed, and analyses were conducted within ethnic groups. **Results:** African American grandmothers experienced equal well-being in coparenting and custodial families; however, if the stresses related to the parents' problems were removed by statistical control, they favored the custodial arrangement. Latino grandmothers had greater well-being in coparenting families, reflecting a tradition of intergenerational living. White custodial grandmothers experienced somewhat higher levels of affect (positive and negative) but showed no difference in other types of well-being. **Implications:** The cultural lens through which grandparenthood is viewed has a marked impact on the adaptation to custodial or coparenting family structures.

**Key Words:** *Custodial, Coparenting, African American, Latino, White*

During the past 30 years, the number of American children raised in grandparent-headed households has more than doubled, growing from 2.2 million in 1970 to 4.5 million in 2000—currently 6.3% of all children. In the 1980s, increases were primarily in three-generation households with a parent also present in the family. Since 1990, the increases have been greatest in

households without a parent present (Bryson, 2001; Casper & Bryson, 1998; Saluter, 1996).

In this study, we examined the social etiologies, filial stressors, and psychological well-being experienced by two types of grandmothers raising their grandchildren: those for whom the parent is absent (custodial grandmothers) and those for whom the parent is present (coparenting grandmothers). We used a unique sample that was designed to provide near equal representations of African American, Latino, and White grandmothers across custodial and coparenting household types. Custodial and coparenting families are compared for stressors resulting from the parent's circumstances (e.g., reasons the grandmothers assumed care and intergenerational relationship quality) and grandmother well-being within each ethnic group. The intent of this analysis is to examine the influence of household structure on the antecedents and consequences of raising grandchildren as a grandparent.

## *Custodial Versus Coparenting Grandparents*

Over the past 10 years, a great deal of attention has focused on custodial grandparent-headed families owing to the important societal gap these grandparents fill (Cox, 2000b; Hayslip & Goldberg-Glen, 2000; Minkler & Roe, 1993). Grandparents typically assume full-time care for grandchildren under disruptive circumstances, usually the consequence of serious problems experienced by the parents (Jendrek, 1994; Minkler & Roe, 1993). Jendrek found that mothers' emotional or mental problems and drug or alcohol abuse were common reasons for grandmothers to assume custodial care of their grandchildren. These parental stresses erode family relationships, and low family cohesion has been linked to anxiety among primary caregiving grandparents (Sands & Goldberg-Glen, 2000). Particularly when substance abuse is an issue, the absent parent's level of involvement is often ambiguous and of uncertain duration, producing depression in the custodial grandparent (Hirshorn, Van Meter, & Brown, 2000). Minkler and Roe have documented the difficult lives of African American grandparents raising grandchildren abandoned by parents

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who were victims of the crack cocaine epidemic. As a result of the strained family conditions under which care is typically assumed, custodial grandparenthood is often unanticipated, involuntary, and indefinite and is therefore a risk factor for psychological distress (Pearlin, 1993). Several studies comparing grandparent caregivers to noncaregivers have identified greater depression and worse health (Fuller-Thomson & Minkler, 2000b; Solomon & Marx, 2000) in national samples, and caregiving grandparents were more depressed than noncaregivers in an Alameda County study (Strawbridge, Wallhagen, Shema, & Kaplan, 1997).

Grandparents who house both grandchildren and their parent(s) are typically partners in child rearing, in contrast to parent-headed families that may provide for an older, often ill grandparent (Bryson & Casper, 1999). Studies of coparenting families have focused primarily on grandparents assisting young mothers. However, the advantages attributed to multigenerational coresidence—such as family closeness and increased resources (Stevens, 1984)—may be counteracted by disengaged parents, conflict over child rearing, low family cohesion, and loss of privacy. For example, the grandmother's interference in child rearing (e.g., unwanted advice and assistance) and emotional friction (e.g., criticism and antagonism) have been found to cause strain among young parents living with their mothers (Richardson, Barbour, & Bubbenzer, 1991). Low family cohesion has been related to depression (Kalil, Spencer, Spieker, & Gilchrist, 1998), and intergenerational conflict has been found to increase the risk of depression among both mothers and grandmothers in coparenting families (Caldwell, Antonucci, & Jackson, 1998).

Only a few studies have compared the well-being of coparenting and custodial grandparents in grandparent-headed families (Jendrek, 1993; Musil, 2000; Pruchno & McKenney, 2000). Most have found lower well-being among custodial grandparents in terms of restrictions in privacy and on time use (Jendrek, 1993), levels of parenting stress and available supports (Musil, 2000), and caregiver burden and reduced life satisfaction (Bowers & Myers, 1999). One study showed custodial grandparents to be more burdened, although they did not differ in caregiver satisfaction and mood (Pruchno & McKenney, 2000). Thus, the weight of evidence supports the view that custodial grandparents are at risk of social isolation and elevated emotional distress compared with coparenting grandparents.

### *Ethnicity and Grandparent Caregivers*

Although large cultural groupings mask many subgroups with diverse experiences, national backgrounds, and socioeconomic strata, we have pursued census-accepted and inclusive categories of African American, Latino, and White for this study. The incidence of grandparents who are raising their grandchildren varies by these ethnic groups, suggesting culturally relevant pathways to caregiving roles, shaped by different family composition and values and unique

role expectations regarding grandparenting. African American children are more apt to live with grandparents than other groups: Thirteen percent of African American children lived in grandparent-headed households compared with 5.7% of Latino and 3.9% of White children in 1994 (Saluter, 1996), and a higher proportion of African American grandparent-headed families than other groups have no parent at home, reflecting a cultural tradition of surrogate parenting (Burton & Dilworth-Anderson, 1991). Although fewer Latino children are raised in grandparent-headed families compared with African American children, proportionally more Latino grandparent-headed families coparent (Saluter, 1996). Three-generation living is common in parent-headed Latino families, particularly among immigrant families (Bryson & Casper, 1999) and to provide for older adults (Lubben & Becerra, 1987). White families have the lowest proportion of children raised in grandparent-headed families, and more of them are in coparenting families (Saluter, 1996).

Research on ethnicity and grandparenting has shown important differences in family composition and role expectations. African American grandparents have historically served as kinkeepers (Burton & Dilworth-Anderson, 1991) and have often raised their grandchildren as a result of African tradition, family survival during slavery, and the parents' search for economic opportunity in the North (Hunter & Taylor, 1998). In spite of the tradition, qualitative studies of Black grandmothers in urban communities have described neighborhood dangers, multiple caregiving roles, financial drain, and stress resulting from raising grandchildren (Burton, 1992). Coparenting in African American families has traditionally been a response to the needs of single and teen parents, and studies with African American samples have found that grandmothers played highly utilitarian and active roles in terms of transmitting knowledge about infant development to their daughters (Stevens, 1984) and serving as a parental replacement, supplement, and support (Apfel & Seitz, 1991). On the other hand, coparenting in the same household has been related to lower levels of maternal competency than when mothers lived independently (Wakschlag, Chase-Lansdale, & Brooks-Gunn, 1996).

In contrast to African American grandparents, little has been written about Latino grandparents raising grandchildren until recently (Burnette, 1999; Cox, 2000a). A training program for Latino and African American caregiving grandparents showed Latino grandmothers were more likely to be involved with parents and to be providing day care, in contrast to custodial African American grandmothers (Cox, 2000a). Even custodial Latino grandmothers often had a nonparent adult child living at home to help (Burnette, 1999). Thus, Latino grandparents were more likely to play support roles to the parent, to coparent in intergenerational households, and to rely on adult children even in custodial situations, consistent with the values of familism. The preference for familism involves frequent and close family contacts and the

expectations of reciprocal mutual aid, including filial responsibility in old age (Vega, 1995). These values ultimately have a bearing on the quality of family relationships and emotional well-being in custodial and coparenting Latino families.

The surrogate parent role for White grandmothers emerged in the literature in an early typology developed by Neugarten and Weinstein (1964), and the tradition for a small proportion of children to be raised by custodial grandparents has been documented back to 1940. Coparenting is also a consistent, somewhat more prevalent tradition in response to single parenthood or economic need (Uhlenberg & Kirby, 1998). Nevertheless, the style of grandparenting that predominates is companionate, and White grandmothers are less apt to discipline and correct their grandchildren than African American grandparents (Cherlin & Furstenberg, 1992). Pruchno (1999) found White grandparents to be less familiar and more burdened with the custodial role than African American grandmothers. Although longstanding, the tradition has not been widespread, and the lack of well-known, shared norms for primary grandparent caregiving may limit the support available to White grandmothers as they assume the role.

### *Hypotheses*

The literature suggests that grandparents who assume care for grandchildren tend to have many difficult challenges that produce elevated levels of stress. At the same time, cultural and ethnic perspectives and traditions shape expectations and values about grandparent roles, and therefore may shape grandparent well-being in this increasingly prevalent grandparent-headed type of family. Given the different pathways by which grandparents achieve caregiving with respect to parental coresidence, we hypothesized that custodial grandmothers would have more serious reasons for assuming care than coparenting grandparents and would experience lower intergenerational cohesion as a result. Owing to stressors related to the etiology of role adoption and lower family cohesion, we expected that custodial grandmothers would have lower psychological well-being than coparenting grandparents. As a result of differences in ethnic traditions and expectations about grandparent caregiving roles, we further hypothesized that departure from ethnic traditions in household structure would result in lower well-being among caregiving grandmothers. Therefore, we predicted that Latino and White grandmothers would have lower well-being when they were in custodial circumstances than in coparenting circumstances and that the coparenting advantage would be less pronounced for African American grandmothers.

## **Methods**

### *Sample*

We addressed our hypotheses using a sample of custodial or coparenting grandmothers living in Los

Angeles County in 1998–2001. Criteria for selection were grandparent head of the household; school-aged grandchild living in the household; residence in Los Angeles County; and African American, Latino, or White grandmother. The sample was recruited in order to obtain near equal representation of African American, Latino, and White grandmothers. A total of 1,058 grandmothers were interviewed for the study: 360 African American (247 custodial and 113 coparenting), 354 Latino (158 custodial and 196 coparenting), and 344 White (176 custodial and 168 coparenting). Ethnicity of grandmothers was defined by self-report. Custodial grandmothers were differentiated from coparenting grandmothers on the basis of whether the parent was a current resident in the household.

Grandmothers were recruited into the study through the schools and the media. Almost two thirds (63%) of the sample was recruited through grandchildren attending public schools in the Los Angeles Unified School District. Notices that announced the study and incentive (\$15 payment for the grandmother and a \$5 McDonald's gift certificate for the grandchild) were sent home to all students in targeted schools. Notices were distributed in 223 of 792 schools in the district and reached 32% of all students. To supplement this sampling technique, grandmothers were also recruited, using the same incentives, through media ads (24%) and community contacts (13%). One-hour interviews were completed in the grandmothers' homes by ethnically and linguistically matched interviewers by the Survey Research Center, Institute for Social Science Research, University of California, Los Angeles.

Because the sample was recruited purposively, it did not provide the advantages of a sample randomly selected from a known population. Sample selection decisions in the study of relatively rare populations must be viewed in light of the unique nature of the population being studied. The most often used random sample of a couple hundred caregiving grandparents (see Fuller-Thomson & Minkler, 2000b; Minkler, Fuller-Thomson, Miller, & Driver, 1997) presents low power and makes subgroup analyses difficult. Pruchno (1999; Pruchno & McKenney, 2000), in her national study of African American and White caregiving grandmothers, recruited a large sample of over 700 through media ads. Our use of several recruitment strategies optimized sample size while representing a good deal of the ethnic, economic, and lifestyle diversity in the study population. Nevertheless, owing to the unique characteristics of our quota sample, findings on the total sample cannot be generalized to the population of caregiving grandmothers.

The full sample of custodial and coparenting grandmothers consisted of 43% married grandmothers, with 43% working full or part time. The mean age for the total sample was 56.7 years. Overall educational level was 11.5 years, which is almost at the level of high school graduate. Average yearly family income level was between \$30,000 and \$35,000. The distribution of income was broad, with 46% having a yearly family income of \$30,000 or less, 38% having

a yearly family income of \$30,001 to \$60,000, and 15% having a yearly family income of \$60,001 or more. There was a 23% poverty rate.

### Measures

Survey questions included those concerning grandmothers' and grandchildren's demographic and social characteristics, reasons for caregiving, family relationships, and psychological well-being. Survey questions that were not already available in Spanish were translated and reviewed by bilingual persons of three different nationalities (Mexican, Spanish, and Salvadoran) to account for regional variation.

Demographic characteristics of grandmothers included their marital status, age, health, ethnicity, education, work status, yearly family income, and per capita income. Acculturation was assessed for Latino grandmothers on the basis of responses to a four-item measure (Marín, Sabogal, Marín, Otero-Sabogal, & Pérez-Stable, 1987) that tapped preferred language use in different social contexts. Responses were rated on a 5-point scale ranging from only Spanish to only English. Coefficient alpha for this sample was .95.

One target grandchild was selected—the child in the targeted school or with the most recent birthday—and a series of detailed questions was asked, including those concerning child welfare involvement, and the child's gender, the child's age, and the number of years lived with grandmother. The child's behavior problems were listed using a 10-item Behavior Rating Index for Children, rated on a 5-point scale ranging from rarely or never to most or all of the time (Stiffman, Orme, Evans, Feldman, & Keeney 1984). The coefficient alpha for this sample (.78) was slightly lower than at the time of development, but was acceptable.

Stress resulting from the parent's circumstance was described using a problem list developed by Jendrek (1994) through in-depth interviews, which elucidated the reason the grandmother assumed care. The final list of 36 reasons was adapted for the current study. The resident parent—mother, father, or couple—was also described for coparenting families.

Family stress was also measured as the quality of intergenerational relations, which were assessed using the affectual solidarity and conflict scales developed by Bengtson (1991). The grandmother described her relationship with the target grandchild and with the father and mother of the child and provided an estimate of the grandchild's relationship with each parent. A 5-item version of the affectual solidarity scale was adopted, including assessments of understanding, getting along, emotional closeness, communication, and affection. In addition, a single conflict item was used that reflects conflict, tension, or disagreement in the relationships (Bengtson, 1991). Coefficient alphas for affectual solidarity ranged from .83 for grandmother and grandchild to .93 to .95 for other relationships.

Psychological well-being of grandmothers was measured using four different scales discussed below,

all available in Spanish as well as in English. Each scale taps a unique aspect of well-being related to depression, general affect, global mental health, and satisfaction with aspects of daily life.

The Center for Epidemiological Studies–Depression scale (Radloff, 1977) is a 20-item scale designed to measure depression in the general population and has also proved useful for clinical and psychiatric research. Items are rated on a 4-point frequency scale that assesses frequency over the past week, ranging from rarely or none of the time to most or all of the time. The measure has been and continues to be used with Spanish-speaking samples and with older adults. Coefficient alpha of the 20 summed items was .89.

The Short Form-36 health survey (Ware, 1993) was used to assess the physical and mental health of the grandmothers. This 36-item measure has scales measuring physical functioning, role disability due to physical health problems, bodily pain, general health perceptions, vitality, social functioning, role disability due to emotional health problems, and general mental health. The measure meets generally recommended reliability standards for group comparisons. Subscale internal consistency for this sample ranged from .74 for the social functioning component to .93 for the physical functioning component. Algorithms provided were used to construct general physical health and mental health component scores from the subscales. General physical health was used as a control variable, and general mental health was used as a measure of well-being.

The Positive and Negative Affect Scale (PANAS) was used to measure positive and negative mood (Watson, Clark, & Tellegen, 1988). This is a 20-item measure of mood that uses descriptive positive adjectives, such as *interested*, *strong*, *enthusiastic*, or negative adjectives, such as *distressed*, *scared*, or *hostile*. Respondents described how they felt during the past few weeks, by means of a 5-point scale ranging from very slightly or not at all to extremely. Given the literature showing the independence of positive affect and negative affect, we formed two scales, each consisting of pure markers of positive or negative affect. Variables were selected, based on factor loadings from a principal-components analysis, if they had substantial ( $\geq .4$ ) loading on one factor and a near-zero loading on the other. Coefficient alpha for this sample was .87 for positive affect and .88 for negative affect.

Life Satisfaction, a cognitive judgment of subjective well-being, was measured using the Satisfaction With Life Scale (Diener, Emmons, Larsen, & Griffin, 1985). The measure consists of five items scored on a 7-point Likert scale ranging from strongly agree to strongly disagree. Life satisfaction also met criteria for discriminant validity from affective components as measured by the PANAS (Lucas, Diener, & Suh, 1996). The coefficient alpha for this sample was .84.

### Results

The first three sections of our presentation of results compare custodial and coparenting grandmothers

Table 1. Demographic and Social Characteristics of Custodial (Cust) and Coparenting (Copar) Grandmothers

Characteristics	African American			Latino			White			Total		
	Cust (n = 247)	Copar (n = 113)	F or $\chi^2$	Cust (n = 158)	Copar (n = 196)	F or $\chi^2$	Cust (n = 176)	Copar (n = 168)	F or $\chi^2$	Cust (n = 581)	Copar (n = 477)	F or $\chi^2$
<b>Grandmother</b>												
Age												
M	56.49	56.70	0.05	56.21	54.70	2.72	57.61	59.28	3.56	56.75	56.79	0.00
SD	8.44	8.51		8.67	8.48		7.55	8.81		8.25	8.82	
Years of school												
M	12.96	13.31	1.74	9.17	7.91	7.35**	13.04	12.90	0.26	11.95	10.95	17.69***
SD	2.39	2.21		4.45	4.25		2.51	2.62		3.55	4.17	
Married (%)	25.5	32.7	2.02	46.8	56.1	3.02	53.4	44.0	3.02	39.8	46.3	4.62*
Working (%)	42.9	48.7	1.04	37.3	41.8	0.74	40.3	50.0	3.24	40.6	46.3	3.48
Poverty (%)	25.5	20.4	1.13	36.1	32.1	0.60	11.9	12.5	0.03	24.3	22.4	0.49
Family income <sup>a</sup>												
M	30,312	40,727	20.59***	26,339	33,100	14.71***	42,878	46,830	2.49	33,038	39,743	26.49***
SD	18,636	23,296		16,827	16,212		23,988	22,366		21,032	21,142	
Per capita income <sup>a</sup>												
M	8,588	8,753	0.06	6,917	5,220	13.68***	13,072	10,176	14.63***	9,492	7,802	27.21***
SD	6,271	5,675		5,645	2,754		8,087	5,690		7,147	5,195	
Health												
M	47.27	45.67	1.51	48.58	48.22	0.10	45.39	43.55	1.80	47.05	45.97	2.17
SD	11.63	12.37		9.86	11.03		12.72	12.75		11.58	12.13	
Acculturation												
M												
SD												
M												
SD												
<b>Target Grandchild</b>												
Male (%)	48.2	46.0	0.15	46.8	49.5	0.25	46.6	51.2	0.73	47.3	49.3	0.39
Child welfare (%)	39.7	8.8	35.08***	34.2	4.1	54.85***	31.8	4.2	43.93***	35.8	5.2	142.45***
Age												
M	9.48	8.50	7.62**	9.32	7.73	23.72***	9.57	8.99	2.92	9.46	8.36	32.85***
SD	3.32	2.63		3.50	2.61		3.43	2.82		3.40	2.74	
Behavior problems												
M	26.85	21.37	11.59***	23.95	21.27	2.67	26.37	22.13	5.64*	25.92	21.60	20.69***
SD	14.88	12.51		16.75	14.08		18.16	14.65		16.46	13.91	
Years with GM												
M	6.90	5.99	4.49*	7.03	6.26	4.32*	5.75	5.84	0.06	6.59	6.05	5.94*
SD	4.07	3.14		4.05	2.86		3.63	3.19		3.97	3.04	
<b>Resident Parent</b>												
Mother (%)												
M												
SD												
Father (%)												
M												
SD												
Couple (%)												
M												
SD												

Notes: No parents were in residence in custodial families. For F tests,  $df = 1,358$  for African Americans; 1,342 for Whites; and 1,1056 for the total, except for health and acculturation, which had 5 and 3 missing values, respectively. For all chi-square tests,  $df = 1$ .

<sup>a</sup>Data on yearly income were collected in categories with intervals of \$5,000, and the midpoint was used for missing income data.

\* $p \leq .05$ ; \*\* $p \leq .01$ ; \*\*\* $p \leq .001$ .

within each of the three ethnic groups with respect to their demographic and social characteristics, the reasons they adopted the caregiving role, and the quality of their intergenerational relationships. In these sections, chi-square tests and Fisher exact tests were used to test household type differences on categorical variables, and one-way analysis of variance and *F* tests were used to examine the mean differences between household type for interval-level variables. In the fourth section, multivariate analyses were used to examine differences in well-being between custodial and coparenting grandmothers with and without various risk factors of distress controlled.

### Demographic Differences Between Household Types

Demographic and social characteristics are shown in Table 1 for grandmothers in each of the two household types within ethnic group and for the total sample. The total sample showed custodial families to have a smaller proportion of married grandmothers, higher educational level, lower yearly family income, and higher per capita yearly income compared with coparenting grandmothers. There were no differences in age, working status, health, or proportion in poverty, using the 1999 poverty guidelines ("Annual Update," 1999). Educational differences resulted from less acculturated and less educated Latino grandmothers in coparenting families. Higher yearly income among coparenting grandmothers was a result of larger household size, and per capita income was higher in custodial families. Thus, grandmothers in custodial and coparenting families were similar on many important factors. Where differences existed, they were not consistent across all ethnic groups. In terms of the target grandchild's characteristics, there were no gender differences in custodial versus coparenting families. As might be expected, there were more custodial grandchildren supervised by child welfare agencies. They were also older, had more behavioral problems, and had stayed longer with their grandmothers. Child welfare oversight was consistent across ethnic groups, but other differences were not. The resident parent was typically the mother, although Latino families had a high proportion of couples living in the family.

### Reasons to Assume Care in Custodial Versus Coparenting Families

Reasons for assuming care were dramatically different for custodial and coparenting grandmothers. Roughly two thirds of the reasons listed showed significant family structure differences, and the most frequently selected reasons were consistent for all ethnic groups. Custodial grandmothers assumed care most often because of the mother's drug use, mental or emotional problem, or child neglect (see Table 2) or the father's drug use (Table 3). Grandmothers also often assumed care to avoid foster care for their grandchild (Table 4). Less frequently selected but significant differentiating reasons were mother's alcohol problem, trouble with the law, physical illness, and physical

Table 2. Percentage of Distribution of Reasons Grandmother Assumed Care Related to the Grandchild's Mother

Reasons to Assume Care	African American			Latino			White			Total		
	Cust (n = 233)	Copar (n = 112)	$\chi^2$	Cust (n = 151)	Copar (n = 154)	$\chi^2$	Cust (n = 164)	Copar (n = 168)	$\chi^2$	Cust (n = 548)	Copar (n = 474)	$\chi^2$
Teenager	28.9	24.1	0.87	34.4	31.8	0.27	18.3	16.1	0.29	27.2	24.4	1.09
Working	18.5	33.0	8.90**	14.0	28.5	10.29**	6.7	13.7	4.40*	13.7	24.3	18.69***
In school	24.6	31.3	1.72	15.9	21.9	1.95	3.0	10.2	6.78**	15.7	20.0	3.12
Drug problem	51.9	13.4	47.04***	45.0	4.1	81.84***	65.9	22.8	62.35***	54.2	12.9	189.53***
Alcohol problem	27.5	4.5	25.02***	28.9	2.1	50.33***	30.7	10.7	20.19***	28.8	5.7	90.71***
In trouble with the law	20.2	4.5	14.58***	26.7	2.1	45.40***	31.7	10.1	23.49***	25.4	5.5	73.96***
Emotional/mental problem	31.2	13.4	12.59***	33.3	13.0	20.29***	61.0	31.1	29.66***	40.7	19.5	53.18***
Physical illness <sup>a</sup>	3.9	3.6	0.02	8.1	3.6	3.15	15.9	6.0	8.31**	8.7	4.5	7.10**
Physically abusive	6.0	1.8	3.08	10.0	1.0	14.49***	16.5	4.2	13.52***	10.3	2.3	25.95***
Sexually abusive <sup>a</sup>	1.3	0.0	1.46	0.7	0.0	1.31	1.8	0.6	1.08	1.3	0.2	3.76
Neglectful	43.6	15.2	27.10***	41.7	6.2	62.64***	68.7	22.0	72.86***	50.5	14.0	152.39***
Deceased <sup>a</sup>	5.3	0.9	3.98	2.5	1.0	1.20	5.7	0.0	9.83	4.6	0.6	15.35***
Nothing known about mother <sup>a</sup>	0.4	0.0	0.46	1.9	0.0	3.75	1.1	0.0	1.92	1.0	0.0	4.95

Notes: Reasons were not asked for 30 deceased or 6 unknown mothers, and the *n* excludes these cases; most items had a few additional missing cases. For all chi-square tests, *df* = 1. Cust = custodial; Copar = coparenting.

<sup>a</sup>Fisher's exact used to test differences.  
\**p* ≤ .05; \*\**p* ≤ .01; \*\*\**p* ≤ .001.

Table 3. Percentage of Distribution of Reasons Grandmother Assumed Care Related to the Grandchild's Father

Reasons to Assume Care	African American			Latino			White			Total		
	Cust (n = 197)	Copar (n = 106)	χ <sup>2</sup>	Cust (n = 120)	Copar (n = 168)	χ <sup>2</sup>	Cust (n = 157)	Copar (n = 153)	χ <sup>2</sup>	Cust (n = 474)	Copar (n = 427)	χ <sup>2</sup>
Teenager	17.3	16.0	0.07	20.8	17.4	0.55	9.6	5.8	1.50	15.6	12.9	1.37
Working	24.4	31.1	1.61	21.4	41.5	12.45***	10.3	15.3	1.77	18.9	29.5	13.66***
In school	18.3	15.1	0.49	9.2	7.9	0.15	3.2	3.9	0.12	11.0	8.3	1.88
Drug problem	34.7	12.4	17.31***	40.0	10.2	34.91***	59.1	34.5	18.38***	44.1	19.3	62.05***
Alcohol problem	17.3	5.7	8.09**	27.4	15.6	5.88*	38.3	26.1	5.20*	26.7	16.9	12.49***
In trouble with the law	24.9	12.3	6.73**	29.4	10.2	17.28***	37.3	19.5	11.94***	30.1	14.1	32.93***
Emotional/mental problem	14.8	10.4	1.17	17.1	8.4	4.87*	40.4	29.4	4.04*	23.7	16.5	7.19**
Physical illness	2.6	1.9	0.13	1.7	1.2	0.12	8.4	6.5	0.38	4.3	3.3	0.58
Physically abusive	2.5	0.9	0.90	6.0	3.6	0.90	11.5	6.5	2.29	6.4	4.0	2.55
Sexually abusive	2.0	0.0	2.18	0.9	0.0	1.45	1.3	0.0	1.99	1.5	0.0	6.44*
Neglectful	16.8	8.5	4.00*	24.1	9.0	12.20***	48.1	20.9	25.17***	29.1	13.1	33.49***
Deceased	7.3	3.5	1.90	3.8	5.1	0.35	4.0	2.4	0.71	5.3	3.8	1.45
Nothing known about father	13.0	2.7	9.37**	20.3	9.2	8.84**	6.8	6.5	0.01	13.1	6.7	11.60**

Notes: Reasons were not asked for 49 dead or 108 unknown fathers and *n* excludes these cases. Most items had a few additional missing cases. For all chi-square tests, *df* = 1. Cust = custodial; Copar = coparenting.

\*Fisher's exact used to test differences.

\**p* ≤ .05; \*\**p* ≤ .01; \*\*\**p* ≤ .001.

Table 4. Percentage of Distribution of Family Reasons Grandmother Assumed Care

Reasons to Assume Care	African American			Latino			White			Total		
	Cust (n = 247)	Copar (n = 113)	χ <sup>2</sup>	Cust (n = 158)	Copar (n = 196)	χ <sup>2</sup>	Cust (n = 176)	Copar (n = 168)	χ <sup>2</sup>	Cust (n = 581)	Copar (n = 477)	χ <sup>2</sup>
Parents divorcing	3.2	13.3	13.06***	5.7	13.8	6.33*	9.7	22.0	9.93**	5.9	16.6	31.64***
Unmarried parents	20.2	30.1	4.20*	42.4	33.7	2.84	16.5	13.7	0.52	25.1	25.8	0.06
Help financially	49.4	60.7	3.96*	40.5	70.9	33.08***	15.9	61.9	76.90***	36.8	65.3	85.03***
Child's medical problem	15.0	10.6	1.25	9.5	6.6	0.98	11.9	5.4	4.67*	12.6	7.1	8.52**
Better school district	48.6	32.1	8.48**	31.8	37.2	1.12	8.5	10.1	0.26	31.9	26.5	3.71
Avoid day care	18.6	15.9	0.39	35.4	34.7	0.02	10.2	17.9	4.17*	20.7	24.3	2.03
Avoid foster care	29.0	12.4	11.76***	46.8	21.0	26.47***	63.1	30.4	36.91***	44.2	22.3	55.82***
Something to do	44.5	38.1	1.33	47.5	54.4	1.67	6.3	11.3	2.76	33.7	35.2	0.26

Notes: For all chi-square tests, *df* = 1. Cust = custodial; Copar = coparenting.

\**p* ≤ .05; \*\**p* ≤ .01; \*\*\**p* ≤ .001.

abuse to the child and father's alcohol problem, trouble with the law, emotional or mental problem, and child neglect or sexual abuse. The child's medical problem was also a reason more frequently selected in custodial families. Thus, the most serious parental problems were most often found in custodial families. There were only a few variations within ethnic groups that departed from the overall pattern of custodial versus coparenting families, although proportions of serious problems varied considerably across ethnicity.

In contrast, the most common reason coparenting grandmothers assumed care was to help financially, although working mother or father and parents divorcing were also significantly more prevalent among coparenting families. Teenage mother/father and mother/father in school were equally prevalent in both groups. Unmarried parents, better school district, avoiding day care, or "gave the grandmother something to do" were reasons that were equally endorsed by custodial and coparenting grandmothers. Only a few differences emerged for one ethnic group when the total sample showed no differences between custodial and coparenting families, although the proportions selecting a particular reason varied by ethnicity.

### *Intergenerational Relationships in Custodial Versus Coparenting Families*

There were no differences between custodial and coparenting grandmothers in terms of closeness with the target grandchild (Table 5). However, all intergenerational relationships involving parents showed differences in closeness by household type, with closer relationships characteristic of coparenting families. These results were consistent within ethnic groups, with one exception. The relationships involving African American fathers were equally close in custodial and coparenting families.

Conflict was higher between grandmother and grandchild in custodial families than in coparenting families across all ethnic groups. Thereafter, conflict was greater in custodial families in relationships with the mother, except for African American families, which showed no differences in conflict in relationships with the parent.

### *Well-Being of Custodial Versus Coparenting Grandmothers*

We used multivariate linear modeling to examine the differences in well-being of grandmothers across the household types, using all five indicators of well-being simultaneously. Analyses were conducted separately for each ethnic group so as not to obscure the distinct patterns by ethnicity. We built our models hierarchically, such that the impact of household type could be examined after sequentially controlling for many of the stresses that differentiate grandparents in the two family structures. In the first model, no control variables were applied, and results reflected these grandmothers as they appeared in the community. The second model added demographic factors as con-

trols and thus isolated the impact of household type on well-being after variances due to socioeconomic correlates of well-being were removed (age, education, per capita income, working status, marital status, physical health, recruitment method, and acculturation for Latino grandmothers). The third model followed with the addition of reasons for assuming care and the quality of intergenerational relationship, therefore statistically removing stress resulting from the parent generation (see Table 6 for multivariate *F* test, Wilks's lambda).

To reduce the number of variables in Model 3, the most frequently described reasons relating to the parents were selected, and related reasons were summed for each parent. Substance abuse was the sum of drug and alcohol abuse; child abuse was the sum of child neglect and physical and sexual abuse. The reasons used in this analysis were mother's substance abuse, mother's child abuse, mother's emotional or mental problem, father's substance abuse, and financial assistance for the parents, all incorporating variables endorsed by 40% or more of custodial or coparenting grandmothers. Model 3 also added intergenerational relationships to the existing controls. Because of the high bivariate correlations, grandmother/mother closeness and mother/child closeness were summed for a mother closeness index. Similarly, father closeness, mother conflict, and father conflict indices were constructed to reflect their closeness and conflict within the family. Preliminary analyses using a broader range of parental control variables showed essentially the same results for custodial versus coparenting family structure, although significance for control variables shifted somewhat. The reduced multivariate model appears here for ease of presentation (Table 6). Control variables did not apply uniformly to well-being across all ethnic groups; only health status was important for all ethnic groups.

Univariate *F*-test results are displayed in Table 7 in order to provide detail regarding responses for each dependent measure. This is important in light of previous research that has shown different cultural response to positive aspects of well-being (Diener & Lucas, 1999). For African American grandmothers, there were no significant differences in household type among the five well-being indicators for Model 1 (no controls) or Model 2 (demographic factors controlled; see Table 7). When the reasons for assuming care and intergenerational relationships were controlled in Model 3, household type differences emerged. African American grandmothers in custodial families showed less negative affect, more positive affect, and better mental health. Statistically removing the problems of the parent generation revealed a greater well-being in response to custodial over coparenting circumstances for African American grandmothers.

In marked contrast, Latino grandmothers had significantly lower negative affect and greater life satisfaction in coparenting households in Model 1, which had no controls. Demographic controls in Model 2 extended the result, and greater well-being in coparenting grandmothers was also evident in higher



Table 5. Means and Standard Deviations for Closeness and Conflict in Intergenerational Relationships

Relationship	African American			Latino			White			Total		
	Cust	Copar	F(df)	Cust	Copar	F(df)	Cust	Copar	F(df)	Cust	Copar	F(df)
Closeness GM-GC												
M	26.58	27.28	3.20(1,358)	24.96	25.40	1.54(1,352)	25.36	25.50	0.13(1,342)	25.77	25.88	0.26(1,1056)
SD	3.64	2.98		3.53	3.18		3.89	3.64		3.75	3.39	
Closeness GM-Mother												
M	19.84	24.07	27.92***(1,332)	16.88	23.67	99.81***(1,334)	15.30	21.49	68.84***(1,326)	17.64	23.00	154.19***(1,996)
SD	7.20	6.25		7.20	5.26		6.76	6.75		7.33	6.15	
Closeness GM-Father												
M	16.97	18.00	0.88(1,276)	13.85	17.87	14.36***(1,264)	13.54	15.41	3.94*(1,284)	15.04	17.03	11.30***(1,827)
SD	8.99	8.37		7.74	8.90		7.65	8.25		8.40	8.61	
Closeness Mother-Child												
M	20.42	25.78	49.69***(1,317)	17.41	24.90	153.01***(1,321)	16.09	23.00	98.46***(1,307)	18.30	24.45	235.08***(1,949)
SD	7.18	4.87		6.43	4.45		6.19	6.04		6.95	5.26	
Closeness Father-Child												
M	19.85	21.48	2.59(1,250)	17.73	22.38	26.20***(1,215)	14.98	19.62	27.38***(1,235)	17.75	21.19	39.36***(1,704)
SD	8.01	7.54		6.32	6.57		6.85	6.81		7.55	7.01	
Conflict GM-GC												
M	1.93	1.66	5.05*(1,358)	1.83	1.48	13.97***(1,352)	2.36	2.02	8.43*(1,342)	2.03	1.71	25.28***(1,1056)
SD	1.11	0.89		0.96	0.80		1.18	0.98		1.11	0.92	
Conflict GM-Mother												
M	2.22	2.03	1.15(1,332)	2.32	1.77	12.45***(1,334)	3.14	2.42	15.79***(1,326)	2.53	2.06	21.96***(1,996)
SD	1.59	1.39		1.67	1.19		1.90	1.34		1.75	1.32	
Conflict GM-Father												
M	1.73	1.45	3.18(1,275)	1.91	1.63	2.42(1,215)	2.44	2.35	0.19(1,283)	2.02	1.84	2.71(1,825)
SD	1.43	0.95		1.53	1.34		1.80	1.72		1.61	1.46	
Conflict Mother-Child												
M	2.09	1.95	0.76(1,317)	2.35	1.84	11.77***(1,321)	2.86	2.49	5.84*(1,309)	2.40	2.10	11.38***(1,951)
SD	1.36	1.29		1.54	1.13		1.58	1.13		1.51	1.21	
Conflict Father-Child												
M	1.80	1.71	0.30(1,249)	1.79	1.81	0.01(1,214)	2.38	2.41	0.02(1,234)	1.99	1.99	0.00(1,701)
SD	1.29	1.20		1.21	1.16		1.57	1.28		1.40	1.25	

Notes: Many relationships with parents were not rated when parents were deceased, unknown, or there was not sufficient relationship for a rating. Therefore,  $n = 998$  for GM-mother relationships;  $n = 830$  for GM-father relationships;  $n = 953$  for mother-child relationships;  $n = 709$  for father-child relationships. Sample sizes for groups ranged from 81 to 247 depending on the relationship, family structure, and ethnic group. Cust = custodial; Copar = coparenting; GM = grandmother; GC = grandchild.

\* $p \leq .05$ ; \*\* $p \leq .01$ ; \*\*\* $p \leq .001$ .

Table 6. Summary Multivariate *F* Tests<sup>a</sup> for Three Models of Well-Being

Variable	African American ( <i>n</i> = 358)			Latino ( <i>n</i> = 351)			White ( <i>n</i> = 343)		
	1	2	3	1	2	3	1	2	3
Coparenting vs. custodial family	0.55	0.79	2.73*	4.52***	3.35**	0.57	3.04*	3.68**	2.05
<i>df</i>	(5,352)	(5,345)	(5,334)	(5,345)	(5,338)	(5,323)	(5,337)	(5,330)	(5,319)
Age		6.64***	5.95***		0.97	0.79		2.72*	2.40*
Education		2.21	1.93		0.34	0.43		2.21	1.99
Per capita income		3.23**	3.23**		1.92	1.77		3.11**	3.91**
Marital status		1.49	1.19		2.69*	2.64*		3.78**	3.59**
Working status		0.65	0.82		0.66	0.69		2.75*	2.62*
School recruitment		3.19**	2.25*		2.17	1.57		1.38	0.99
Health status		7.11***	6.37***		12.12***	11.84***		13.10***	12.78***
Acculturation					4.22***	3.44**			
Mother's substance abuse			1.42			1.63			2.68*
Mother's emotional/mental			1.20			1.90			0.99
Mother's child abuse			2.29*			0.32			1.97
Father's substance abuse			0.65			2.99*			1.90
Financial assistance			5.98***			0.14			0.60
Closeness with mother			1.90			3.42**			1.98
Closeness with father			1.52			1.83			3.43**
Conflict with mother			3.67**			3.78**			1.51
Conflict with father			0.31			0.67			3.39**

<sup>a</sup>Wilks's Lambda.

\**p* ≤ .05; \*\**p* ≤ .01; \*\*\**p* ≤ .001.

positive affect and better mental health, four of five indicators (see Table 7). In Model 3, controlling for parental stresses, all well-being differences between custodial and coparenting grandmothers disap-

peared. In short, there was little difference between the household types for Latino grandmothers beyond the stresses from the parent generation.

White custodial grandmothers showed higher pos-

Table 7. Well-Being of Custodial versus Coparenting Grandmothers: Estimated Means and Univariate *F* Tests

Dependent Variable	African American			Latino			White		
	Cust ( <i>n</i> = 246)	Copar ( <i>n</i> = 112)	<i>F</i>	Cust ( <i>n</i> = 156)	Copar ( <i>n</i> = 195)	<i>F</i>	Cust ( <i>n</i> = 176)	Copar ( <i>n</i> = 167)	<i>F</i>
Model 1: No Control									
Negative Affect	16.22	16.39	0.05	17.89	15.53	11.71***	20.00	18.50	3.64
Positive Affect	40.90	39.73	1.65	34.42	34.60	0.05	38.41	36.75	4.55*
Depression	9.08	9.46	0.13	11.24	10.21	0.96	11.38	10.74	0.30
Life Satisfaction	24.13	23.30	0.81	24.87	27.46	15.64***	23.21	24.58	3.00
Mental Health	53.72	52.68	0.77	52.18	53.86	2.88	50.96	52.57	1.85
Model 2: Demographic Controls									
Negative Affect	16.16	16.52	0.24	17.70	15.64	8.03**	20.14	18.36	4.37*
Positive Affect	40.98	39.56	2.45	33.46	35.35	5.09*	38.60	36.54	6.34*
Depression	8.98	9.69	0.48	11.74	9.85	3.04	11.26	10.87	0.10
Life Satisfaction	24.22	23.12	1.58	25.00	27.36	11.75***	23.09	24.70	3.71
Mental Health	53.86	52.37	1.61	51.92	54.05	3.91*	51.36	52.14	0.38
Model 3: Demographic and Parent Stress Controls									
Negative Affect	15.64	17.66	6.38*	17.23	16.01	2.01	19.26	19.28	0.00
Positive Affect	41.40	38.65	7.85**	34.09	34.85	0.55	39.09	36.03	8.95**
Depression	8.57	10.59	3.29	11.07	10.38	0.28	10.51	11.66	0.54
Life Satisfaction	24.35	22.82	2.51	26.24	26.38	0.03	23.86	23.89	0.00
Mental Health	54.47	51.04	7.15**	52.88	53.29	0.10	52.44	51.00	0.84

Notes: Model 1 has no controls. Model 2 controls for age, education, per capita income, marital and working status, physical health, recruitment method, and acculturation for Latino grandmothers. Model 3 builds on Model 2 by adding controls for reasons grandmother assumed care and intergenerational relationships. For Model 1, African American (*df* = 1,356); Latino (*df* = 1,349); White (*df* = 1,341); for Model 2, African American (*df* = 8,349); Latino (*df* = 8,342); White (*df* = 8,334); and for Model 3, African American (*df* = 19,338); Latino (*df* = 20,327); White (*df* = 19,323). Cust = custodial; Copar = coparenting.

\**p* ≤ .05; \*\**p* ≤ .01; \*\*\**p* ≤ .001.

itive affect in Model 1 when there were no controls. In Model 2, they showed higher negative and positive affect, suggesting the custodial situation is emotionally charged, with greater affect overall once demographic factors were controlled. In Model 3, when the stresses from the parent's circumstances were controlled, they continued to show higher positive affect in the custodial situation (see Table 7) although the multivariate *F* did not reach significance. Thus, without the stress from the parent, custodial and structures were roughly equal or somewhat more positive for White grandmothers.

## Discussion

In these analyses, we investigated the impact of household structure on the stress and distress experienced by grandmothers who are raising their grandchildren. Using a unique sample of African American, Latino, and White caregiving grandmothers, we found evidence that household structure is associated with differential exposure to stressful experiences and that the impact of those experiences on well-being is conditioned by the cultural context in which expectations of grandparents are formed. African American grandmothers showed no differences as a result of household structure until the stressful parental conditions and precursors associated with custodial grandparenting were statistically controlled. With these controls, African American custodial grandmothers had greater well-being than their coparenting counterparts—signifying acceptance of a surrogate parenting role that has a long historical precedent in the African American community. By contrast, the coparenting arrangement was associated with greater well-being among Latino grandmothers, the product of a different cultural role ideal—that of close intergenerational relationships and reciprocal contact. White grandmothers showed no difference on most indices of well-being but found custodial grandparenthood emotionally evocative, demonstrating higher positive and negative affect. For Latino and White grandmothers, well-being was the same in custodial and coparenting families once parental stress factors were statistically removed—demonstrating the importance of parental factors in the grandmother's response to these family structures.

Although the sample provided great strengths in terms of its cultural diversity, as a quota sample it overrepresented some groups and cannot be compared to the U.S. population of grandmothers who are raising their grandchildren. Only grandmothers raising school-aged children were included, and the sampling frame of urban Los Angeles restricts generalization beyond the urban context, particularly among Latino grandmothers, who were more likely to be immigrants than in other regions of the nation. In comparison with national data on coresident grandparents, grandmothers in our sample had lower household income level (approximately \$34,000 compared with \$43,783 nationally in 1997) but virtually the same poverty rate (23.4% compared with

23% nationally; Casper & Bryson, 1998). Compared with those of other studies, the sample was younger (Fuller-Thomson & Minkler, 2000a; Pruchno, 1999), fewer were married (Fuller-Thomson & Minkler, 2000a; Pruchno, 1999), and fewer were employed (Casper & Bryson, 1998). These differences from national studies are the result of quota sampling; we adjusted for these apparent biases by conducting analyses within ethnic groups. Another limitation of the analysis is related to the study's cross-sectional nature. We were unable to determine to what extent differences in well-being in custodial or coparenting families were a result of the household structure or the social forces predisposing grandmothers to adopt their particular living arrangement. We sought to remedy this limitation by controlling for the most salient precursors and consequences of living in a custodial or coparenting household that are also risk factors for distress among caregiving grandparents.

### *Stress and Family Disruption in Custodial Versus Coparenting Families*

Although not surprising, our hypothesis that greater disruption from the parent's problem would characterize custodial families was confirmed. We affirmed, as have other studies (Jendrek, 1994; Pruchno & McKenney, 2000), that parental drug use was a reason to assume care in around half of custodial families, whereas it was a reason for one in five or fewer grandmothers in coparenting families. Similarly, financial reasons motivated most grandmothers in coresident situations but not those in custodial situations.

The grandmother-grandchild relationship was equally close in both family types, although this relationship was more conflicted in custodial families, suggesting that some conflict accompanies parental responsibility for discipline of the grandchildren. Because all grandmothers in our sample participated to some extent in the care of their grandchildren, our finding is consistent with Fuller-Thomson and Minkler (2000b), who found that self-defined, primary caregiving grandmothers had greater closeness to their grandchildren than noncaregiving grandmothers. As expected, we found that closeness was lower in custodial families in all relationships with the parent. The only exception was the relationship with the father in African American families. Thus, the relationship with the mother more consistently reflected the stresses of custodial grandparenting. Custodial African American families showed less relationship disruption in terms of conflict with the parent generation than custodial Latino or White families.

The African American tradition of grandparent surrogate care is longstanding and did not originate with the parent's inability to parent (Burton & Dilworth-Anderson, 1991), a history that may reduce stigma and conflict with the parent, in spite of contemporary parental problems and reduced closeness with the mother. Latino custodial grandmothers may experience conflict with the mother, as their expectations of *familism* and close intergenerational relation-

ship are not fulfilled. The intricate interdependence in Latino families implies future reciprocity: Adult children are expected to care for their parents in old age, as well as engage in ongoing social and supportive family involvement (Vega, 1995). White families have a tradition of custodial care with very low prevalence (Uhlenberg & Kirby, 1998), and the problematic circumstances of custodial care may generate conflict with the parents in light of norms for independence and noninterference. Thus, the stresses experienced as a result of the parent are both common and unique, with a subtle effect on the quality and dynamics of intergenerational relationships resulting from ethnic traditions and expectations.

### *Grandmother Well-Being in Custodial Versus Coparenting Families*

We also hypothesized that disruptions and stress resulting from the parent's problem and from problematic intergenerational relationships would result in lower well-being among custodial families than among coparenting families. This hypothesis was confirmed unequivocally for Latino grandmothers. In contrast, African American grandmothers showed no significant differences in well-being as a result of custodial or coparenting circumstances. For White grandmothers, three of five indicators showed no differences, but the custodial family was related to higher affect (positive and negative), a somewhat ambiguous result. Most studies of grandparent well-being have focused on the comparison between caregiving and noncaregiving grandparents, showing greater depression and lower physical well-being for the former (Fuller-Thomson & Minkler, 2000b; Solomon & Marx, 2000). One study compared custodial and coparenting grandparents with noncaregiving grandparents (Szinovacz, DeViney, & Atkinson, 1999). Szinovacz and colleagues found greater depression when a grandchild entered a grandparent-headed family for both custodial and coparenting grandmothers, suggesting that both circumstances exert considerable stress on grandmothers.

Although household structure is typically a response to the parent's problems, we can address the impact of the structure itself, separated from the parent's problems by statistical control. Among African Americans, without the stresses of the parent's serious problems, grandmothers would appear to adapt with greater well-being to custodial situations. Coparenting also presents struggles and hazards, including the tendency of some young mothers to abdicate parenting responsibility (Apfel & Seitz, 1991) or exhibit reduced parenting competence in three-generation families (Wakschlag et al., 1996). Latino and White grandmothers in custodial and coparenting households fared equally well after the effects of parental and relationship problems were statistically removed. Latino family traditions include the expectation that grandmothers will be involved in the lives and upbringing of their grandchildren (Williams & Torrez, 1998). Once the disappointments over the parent's circumstances

are removed, the preference for coparenting disappears. For White families, this statistical simulation resulted in similar well-being in both types of families, although univariate positive affect remained higher in custodial families. Both custodial and coparenting roles may be contrary to cultural ideals of independence and noninterference, and the preferred role is companionate (Cherlin & Furstenberg, 1992).

### *Implications for Practice and Research*

Because of the failure to identify a coparenting advantage for African American and White caregiving grandmothers, the findings of this study point to more in-depth analysis of coparenting stress. Many stress factors associated with multigenerational living were not captured in this research (e.g., extent of shared parenting, parental competence and individuation, and conflict over child-rearing decisions; Apfel & Seitz, 1991; Wakschlag et al., 1996). The lack of a stronger coparenting advantage alerts the professional to the needs of coparenting families as well as custodial families. For custodial families, the problems of the parent are a major source of stress. Controlling for parental stresses shifted results for all ethnic groups toward improvement of well-being for custodial grandmothers. Important practice goals are dealing with the grief and disappointment over the parent's situation and helping to salvage whatever is possible of the relationship with the parent.

Although not the focus of the study, demographics of the sample showed that poverty was a concern for a large proportion of the grandmothers (a third of Latino grandmothers and 25% of custodial African American grandmothers). Latino families, in addition, have lower education, and many are recent immigrants. They may have an acculturation and language gap in accessing resources for their families, and many families do not have legal immigrant status, which would qualify them for most types of assistance. Welfare reform under the Personal Responsibility and Work Opportunity Act of 1996 (P.L. 104-193) has mandated work requirements and time limits for welfare (Temporary Assistance to Needy Families, or TANF), and the status of caregiving grandparents in relation to these regulations is still being clarified by the states. States are allowed to exempt 20% of their caseload from time limits (Minkler, Berrick, & Needell, 1999). In California, time limits do not apply if caregivers are older (60 or older); however, the average age of grandparent caregivers in this study was 57 years of age. Regulations excluding persons with drug-related felonies and requiring teen mothers to live with their parents will certainly affect the parent generation, who may be rendered ineligible or must meet behavioral standards to qualify (Minkler et al., 1999). In addition to welfare (TANF), some grandparents assume care for grandchildren through the child welfare system as a result of parental abuse or neglect. If children are wards of the court, grandparents may be paid as foster parents if they qualify for state licensing, although state regulations vary widely and continue to

shift (Gleeson, 1999). As these policies are further defined over the next decade, the interests of caregiving grandparents should be represented and protected. Grandparents often make enormous personal sacrifices to assume roles they are not legally obligated to fulfill and that provide a contribution to society and to the well-being of the family.

Finally, the study makes it clear that cultural ideals, norms, and traditions make a difference in assuming custodial and coparenting roles. These ideas and traditions may provide a protection against the daily stresses inherent in both these family types. Where there are no cultural templates that normalize a family situation, subcultural enclaves can be created to provide support and a positive ideology. Support groups are one example that are effective for some caregivers. Other means that create and modify institutions also need to be developed in order to provide greater support for the courageous and dedicated efforts grandparents are making to provide for the next generation.

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