

RESEARCH ARTICLE

Rural grandparenting: A Wellness approach

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Abstract: The study examined the experiences of African American grandmothers living in rural settings providing care to their grandchildren, in the mist of their own chronic health issues. The study explored the health, physical functioning, well-being, support, and resources of these grandmothers. The custodial grandmothers reported challenges and needs which included their own health issues, lack of support, financial concerns, transportation and childcare issues. The findings revealed that developing health education programs and other formal supports focusing on health, and resources have a positive effect on the grandmother's perceptions regarding their health and support.

Keywords: rural grandparenting, grandparent caregivers, kinship care, grandparent health, Wellness theory

1 Introduction

When children are unable to live with their birth parents it is typically their extended family that steps in to take care of them. This arrangement is typically called kinship care and is a global phenomenon. Although kinship care cuts across class and ethnic group lines, it is particularly prevalent among African Americans grandmothers. The grandparent as parent role tends to be the largest single group of such caregivers. Grandparents who take on primary responsibility for raising grandchildren face unique family challenges and are often referred to as “guardians” [1].

Foster care placement, child welfare, teen pregnancy, divorce, poverty, unemployment, substance abuse, mental illness, HIV/AIDS, incarceration of parents, parental incapacity, and death are all contributing factors in grandparents raising grandchildren [2].

In the United States, over 8 million grandchildren live in households headed primarily by grandparents and these numbers are rapidly growing [2]. Among this group, over 2.7 million grandparents serve as primary caregivers or custodial grandparents to their grandchildren with a many of these caregivers reporting a chronic illness and living in poverty (Generations United, 2017).

Around the world, grandparents continue to play a vital supporting role in caring for their grandchildren. The caregiving role may differ within various countries [3]. In most countries, care in extended families is the most long-standing and culturally acceptable form of providing care [4].

The concept of “family continuity” and the sustaining of family links and identity for children unable to live with their biological parents is now internationally seen as good social work practice. Governments across the industrialized world now prioritize kinship care as the preferred care option for children who cannot live with their parents [5].

In Australia, statutory kinship care, which includes friends and family placements, now provides over 50 per cent of all statutory care. Similarly, in New Zealand, 51 percent of children in out-of-home care are in a family placement. Although slower to advance in the United Kingdom, there has been an increase in the number of family and friends' placements in recent years [6]. Despite these increases, research and practice development has not kept pace with the increase of kinship care internationally [4].

This study explored grandmothers living in rural areas raising their grandchildren. These grandmothers were diagnosed with chronic health concerns. It also looked at their physical, and mental health as well as resources and support system. The research is important as rural communities have less options regarding health care services and transportation. This creates challenges for these families.

The research questions include: (1) What is the perceived impact of health issues on African American caregivers raising grandchildren in rural settings? (2) Do perceptions of social support and resources have an effect on the caregivers' health? These questions examined the gap in research and attempted to determine if the Wellness model predicted the findings.

2 Theoretical framework: Wellness theory

Practice frameworks have the potential to integrate research evidence, ethical principles and practitioner experiential knowledge in ways that support best practice in the field of human services [4]. The theoretical framework that guided the study was Wellness theory [7]. Wellness states that the thoughts and feelings we experience will have an impact on our physical functioning and wellness [8]. This theory offers a useful framework to explore the experiences of these grandmothers.

The World Health Organization defines health and wellness as a physical, mental, and social well-being. Wellness is described as including the recognition of a unifying force in ones' life, as well as the ability to cope with life's challenges and have hope. Wellness supports the approach that health is viewed in a broad aspect that includes interrelationships between physical, mental, emotional, social, and spiritual elements.

Emotional wellness, spiritual wellness and illness are particularly important when focusing on illness and health. Emotional wellness is considered a continual process that integrates the awareness, expression, and managing of emotions. This includes a realistic self-assessment and positive approach to life. Challenging risk, and conflicts are viewed as healthy and considered an opportunity for growth [9].

The key aspect of spiritual wellness is continuous in finding meaning and purpose in life in relation to others and the universe. Spiritual wellness is the development of values and the personal belief system. Spiritual wellness can be described as finding purpose, the pursuit of a fulfilled life, being loved, feeling joy, peace, and being helpful to those around you. Ultimately the relationship between, self, others and the universe are important [10]. The model specifies that wellness is the cumulative effect of many factors associated with human behavior and the efforts to meet life's challenges.

Wellness is considered the subjective experience of health. The wellness/illness relationship is considered dialectical where health, wellness and illness are the same. Both illness and wellness are needed to define the other. Without illness there would be no concept of wellness. This approach to health applies to health and illness as chronic health issues have an impact on all areas of a person's life [8].

3 Methodology

3.1 Design

A phenomenological methodology was used to understand the experiences of these grandmothers. When utilizing a phenomenological approach, it is the view of the researcher that the study participants are the experts. Through phenomenology, the accounts of events of caregiving, experiences were appreciated [11]. This study attempted to increase the researchers understanding of caregiving, particularly custodial grandparenting. The research also welcomed an opportunity for the grandparents to share their narrative, which allowed a very personal snapshot in their family and their lives.

3.2 Sample

The criteria for the study required that the participants be African American grandmothers taking care of a minimum of one grandchild, being diagnosed with a health issue and living in a rural setting [12]. Of the eight participants, one of the participants was a teacher, one a retired nurse, a cafeteria worker, a factory worker, a housekeeper at a hotel, a housewife, a retired school custodian and the final participant once worked as a certified nursing assistant but was currently unemployed. One of the grandmothers possessed a bachelor's degree, one a two year degree, three possessed a high school diploma, one earned a G.E.D., one had an 11th grade education, and one completed 9th grade. Two of the participants were married with their spouses residing in the home, two were widowed, and four were single and had never been married. All of the grandmothers had been diagnosed with chronic health issues and suffered from more than one illness. Four of the grandmothers suffered from diabetes, four had high blood pressure, three had arthritis, one had high cholesterol, three were overweight, one had a heart condition, one was a breast cancer survivor, and one had a sinus condition. Interestingly, all of the grandmothers were caring for their daughter's children. Each grandmother reported being of Christian faith and reported a strong sense of spirituality.

3.3 Instrumentation/Measures

Semi-structured in-depth interviews were conducted. The grandmothers were asked about their responsibilities, their physical and mental health, day to day activities, how they came to

took on the parenting role, their relationship with the grandchildren and their daughters, their challenges, and negative aspects of caregiving in a rural setting.

Although these grandparents had many challenges, they found strength. This strength was demonstrated in each grandmother providing care. These grandmothers were honest, and their stories were compelling. They told their stories in great detail. These grandmothers shared stories that were painful. They thought about the challenges as well as the obligation to their family. These findings are consistent with other studies and revealed consistency among the participants regarding the themes and patterns.

4 Data analysis

The composite textural and structural description was developed highlighting the experiences of these grandmothers raising their grandchildren, dealing with a health issue and living in a rural community. The essence of these experiences served to discover the perceptions of the participants regarding their lived experiences and to provide valuable information to human services and health care practitioners, educators, and social policy makers

The individual textual descriptions consisted of participants' verbatim statements regarding their lived experiences. The emerging textural themes are provided in the sample quotations below and are in the grandmother's own words. They include the circumstances leading to care which focused on the parent's substance abuse issues, the grandmother's health and their ability to provide care, their struggles as a result of a lack of resources, money/transportation, the parental responsibility and lack of support from the parents, suddenly becoming a parent again, and the strong sense of spirituality of all of the participants. (see [Table 1](#))

Table 1 Textural themes and universal constituents

| Theme | Invariant constituents | Sample quotations |
|---|--|--|
| Circumstances surrounding care | Most of the grandmothers took on the parenting role due to the substance abuse of the mother. They explained that they assumed the care of their grandchildren to prevent placement in the foster care system. | "The kid's mama was using crack and leaving the kids home; she came back when she came back" "My oldest was on drugs and on the street all the time." |
| Ability to provide care/health | Each grandmother was providing care to the best of their ability. They all admitted to suffering from more than one health issue | "I'm tired from my heart problems and my high blood pressure. I just don't move as fast as I used to but I'm doing alright." "I have all these issues (diabetes and arthritis) and I feel bad sometimes, but I do what I can with them grandkids." |
| Financial hardship/Resources | Most of the participants reported being on a fixed income. They all stated that they were receiving some financial assistance from their local social service agency. | "I am on a fixed income. I just don't have the money. If I could I would pay to put Jawan in Prime Time." "Things are expensive. It costs a lot to raise children. I'm not proud of it but we get help from social services. We need it." |
| Parenting again | The grandmothers had taken on the parenting role unexpectedly. They all had views of what grand parenting should be. | "Grandkids are supposed to come visit, not live with us." "I'm 64 years old. I'm supposed to be retired. Taking care of these kids is a lot of sacrifice." |
| Parental responsibility/ social support | Most of the participants felt that it was the parent's responsibility to provide care. Most admitted to getting minimal informal or formal support. | "Help, if they helped me I could do more but I will continue to do what I need to do. My sister helps out when she can. The mama could get herself together if she wanted to. She states that she does not have a lot of support outside the church and does need anything she can get." She says, " My daughter hurt everybody. She is just selfish and, I mean, she wasn't raised like that." |
| Spirituality | All participants admit that caring for their grandchildren had been challenging yet a blessing. They all shared a strong sense of spirituality. | "When things get rough, I go to my favorite scripture: We learned this when I was a little girl. Trust in the LORD with all your heart and lean not on your own understanding." "It's hard sometimes. I don't always see it this way, but the Pastor says God gave me a second chance. I thank God every day." |

The composite textural themes that emerged included the circumstances leading to care, the grandmother's health and their ability to provide care, the lack of resources/money and transportation, the parental responsibility, becoming a parent again, as well as their own spirituality. The participants talked extensively about their health, resources, transportation

social support, parenting again, spirituality and situations that necessitated removal of the grandchildren from the parents' custody.

Most of the participants reported being on a fixed income with at least one chronic health issue, lack of resources and social support, becoming a parent again unexpectedly, their own spirituality and the circumstances leading to care involved drug use. The grandmothers had taken on the parenting role unexpectedly and had views of what grand parenting should be. Most of the participants felt that it was the parent's responsibility to provide care and admitted to getting minimal informal or formal support. However, they also wanted the children to remain with family and prevent placement in foster care. All participants admit that caring for their grandchildren had been challenging yet a blessing. This was illustrated again and again with very similar responses by the participants.

The structural descriptions consisted of descriptions participants provided in regard to the setting or context in which their experiences took place [13]. These universal structures resulted in the following and are listed below: the unwavering sense of family obligation, determination to provide care even though they were not in the best of health, frustration with the lack of services, resentment with the parents as they provided the least amount of support, a sense of their own loss in their new role, and their amazing ability to cope and find strength in spirituality. (see Table 2)

Table 2 Structural themes and invariant constituents

| Theme | Invariant Constituents Sample Quotation |
|---------------------|--|
| Family obligation | All of the participants expressed that they loved their grandchildren, and it was their obligation to take care of their grandchildren. "The CPS (child protective services) they called me after they were put in jail. They wanted to give me temporary custody. I, I asked myself if I could live with myself if I didn't help take those children and the answer was no." "I never made a decision to take the children. I never thought about it. I had to do it." |
| Determination | Each participant was determined to care for their grandchildren even though they were not in the best of health. She explained that taking care of these kids is added stress on her but she states, "I will take care of these kids, I am their grandmother." While clenching her hands together she states with assurance, "it tires me out sometimes, but I will takes good care of them kids; yes mam." |
| Frustration | Most of the participants verbalized a frustration with services in a rural community. "Everything is so far. We walk to the store. I depend on my sister for rides. I don't always have money to pay her. The three-year-old has a lot of Dr.'s appt. in town. Transportation will take us, but they are always too early. They don't take me to my doctor's appointments, so I have a hard time matching my sister's schedule to go to the doctor. I get stressed out trying to get to places so sometimes I don't make my appointments. Things are expensive. It costs a lot to raise children. I'm not proud of it but we get help from social services. We need it. We have a car, but everything is so far away. We have to go to town to the doctor or for any appointments. Sometimes I just don't feel like the long ride." |
| Resentment | Each participant reported that they received minimal support from family. Each specifically resented the mothers for the lack of support they provided. "The mama doesn't really help. She'll have to deal with that when it's time for her to meet her maker." She says her daughter hurt everybody. "She is just selfish and wasn't. I mean, she wasn't raised like that." She felt compelled to add that she will do what she has to do with or without her daughter. |
| Sense of loss | All of the participants were caring for their grandchildren unexpectedly. They all expressed the losses associated with their new role. "I'm 64 years old. I'm supposed to be retired. Taking care of these kids is a lot of sacrifice. I don't have money to go to lunch on Saturdays with my club members. I can't even pay the dues. I used to make excuses all the time; now they just, just don't even ask anymore." "We don't have private time. My marriage is not like it was. It's been hard for us. At this age it was supposed to be just us two. Now it's us and the children. They, they just take so much of my time. I don't know when was the last time I bought something for myself or gone out to eat with my husband. I get frustrated sometimes." |
| Coping and strength | All of the participants reported that God is their one constant source of strength and use the power of prayer as a coping mechanism. "I have relied on my trust and faith in God." "My granddaughter is why I'm here. My daughter went to heaven, but I have a part of her. My granddaughter was placed with me for God's purpose." |

The lived experiences of these grandmothers were challenging yet they somehow found strength. This was present for all of the custodial grandmothers providing care. Their stories

were very candid. These grandmothers described their experiences in detail and why they were significant. Their stories painted vivid pictures of difficult, periods of adjustment in their lives across the life span. The grandmothers remembered the difficulties as well as the family obligation. They admitted that their lives had most likely changed forever, which contributed to the mixed emotions of stress, frustration and added blessing. These findings are consistent with other studies as well and revealed consistency among the participants regarding the themes and patterns.

5 Results

The results of the study support the body of scholarly findings cited in the literature relevant to the experiences of African American grandmothers with chronic health issues raising their grandchildren in rural communities [4, 9, 14–16].

The findings reveal the difficulties and the struggles, particularly in terms of health, limited resources and support in these rural areas. However, a major finding was that the health of the grandparents did not have an adverse effect on their parenting and the quality of care was not impacted [17].

6 Discussion

The study explored the concerns surrounding the grandmother's health, limited support and resources in rural areas. The findings demonstrate a connection between the limited resources and health as well as the limited social support and health. The results from this study indicate there is a relationship between caregivers' social support and health, as well as caregivers' resources and health. Research has indicated that the demands of caregiving affect most areas of the caretakers life [18–21]. The following studies revealed very similar outcomes:

A very relevant study conducted by Robitaille (2012) supports the literature in that rural grandparents experience high levels of stress. However, coping and social support have been found to mediate grandparent stress. A mixed methods approach was used to examine the physical and mental health, stress, coping, and social support of 21 custodial grandparents residing in rural Western Kentucky. The findings of this study contribute a deeper understanding of custodial grandparent health.

Another study by Peterson (2018) [2] explored the thoughts on future care planning among older grandparents raising adolescent grandchildren. In-depth, qualitative interviews were conducted with a diverse sample of 15 participants recruited from three states. The research revealed that the caregivers needed help with concerns regarding caregiving of the adolescents.

Research by Smith and Lee (2021) [22] examined how married custodial grandparents from the same household perceive the impact of caring for a grandchild on their sense of self, and how these appraisals are related to their psychological well-being. Findings revealed that grandmothers reported higher negative appraisals than grandfathers, with the grandfathers having much greater gain in the caretaker role.

A study by Peterson (2017) [23] explored health perceptions before and after becoming a primary caregiver among older Alaskan grandparents raising adolescent grandchildren. Face to face interviews were conducted with these grandparents; age 40 and older who were raising teenaged grandchildren. The study noted that before the grandparents assumed the caretaker role, they believed their health to be good. After beginning care the older grandparents of adolescents described functional restrictions and visible changes in physical health. These grandparents experienced anxiety, worry, depression, sadness, and frustration. The findings reveal the difficult caregiving circumstances and the need for health education and policy development.

This 2022 study by Xu et al. (2022) [24] and Xu examined relationships between material hardship, parenting stress, social support, resilience and psychological distress grandparent kinship caregivers during the COVID-19 pandemic. Results of the study revealed that additional emergency funds and more tailored financial services should be provided to meet material needs, and interventions with a focus on resilience and social support are needed.

An additional study by Bruder (2020) [25] explored the challenges faced by grandparents including their health issues and ability to cope with the challenges of raising grandchildren. The researchers analyzed cross-sectional data from the National Survey of Children's Health, comparing caretaker responses from 2400 grandparent-headed households and 78,000 parent-headed households with children aged 3 to 17 years. Results indicated that grandparents reported no greater problems with caregiver coping compared with parents.

African American grandmothers tend to place their own lives and happiness behind in place of their grandchildren. Grandparents put their lives on the back burner to provide for their

grandchildren. These roles are described as reciprocal obligations [26]. The health issues of caregivers in this study paralleled health issues reported in other studies. The research shows caregivers experience high levels of stress and increased stress levels with increasing caregiving responsibilities [27]. The body of literature disclosed that many of the caregivers faced health issues, as well as limited support and resources. However, the caregivers readily reported these challenges but admitted that there were no adverse effects on caring for the grandchildren.

7 Conclusion

Reviewing the literature on the perceived impact of chronic health issues on African American grandmothers raising their grandchildren in rural communities was important in addressing the gap in research. The findings reveal the difficulties and the struggles, particularly in terms of health, limited resources and support in these rural areas. However, a major finding was that the health of the grandparents did not have an adverse effect on their parenting [17].

The framework for Wellness explains that the feelings as well as thoughts that a person experiences has a direct impact on ones' physical functioning and well-being [28]. The wellness and illness relationship may be reciprocal where health, wellness, and illness can be considered the same. For example, wellness and illness are actually needed to define the other; without illness there would be no conceptualization of wellness [29]. This approach to health is critical as it applies to health and illness as chronic health issues have an impact on all areas of a person's life [8].

8 Implications for practice

It is important that human services and health care practitioners, educators, and social policy makers become more knowledgeable about kinship care and the many challenges that these families face. These findings inform many areas for further research which would provide family life programs focusing on health and wellness, social support and resources in rural settings. Considering the growing number of grandparents this emerging area of research holds promise for social policy makers and practitioners in their design of policies and programs to support grandparents providing care. There is a body of literature regarding grandparents raising grandchildren in urban areas. However, research on grandparents caring for their grandchildren in rural communities with health issues has been a relatively neglected area of scholarship and clarifies existing gaps for further theoretical development [17].

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