

The Effect of Grandparents Caring for Grandchildren on Depression Trajectories: The Intersectionality of Race/Ethnicity, Gender, and SES

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Extended Abstract

In the United States, the issue of grandparents raising grandchildren has received considerable attention in the public media and from social scientists. Researchers have investigated the relationship between grandparent caregiving and health of grandparents and have found both positive and negative effects. On the one hand, “off-time” parenting responsibility can create a great deal of stress and financial burden, leading to deteriorating health conditions. On the other hand, it is noteworthy that grandparenting has been found to have positive consequences on the well-being of many grandparents, with the grandparent and grandchildren relationship constituting an important element of the social support network of the elderly.

While it is known that African American and Hispanic grandparents (grandmothers in particular) often provide extensive childcare for grandchildren, it is striking that there is a paucity of empirical studies focusing on racial-ethnic disparity in the net health consequences of such caregiving. While some studies provide very detailed information on the experience and health implications of caregiving for the minority grandparents, the samples are often selective. This is the first study that specifically focuses on the impact of caregiving for grandchildren on grandparents’ mental health (measured by depressive symptoms) for different racial-ethnic groups in the U.S., using data from a nationally representative, longitudinal panel study of older adults in the United States. While it is known that African American and Hispanic grandparents are more likely to co-reside with grandchildren and to provide routine care for grandchildren than their white counterparts, much less is known about whether such varied level of caregiving has differential effects on their health. On the one hand, the socioeconomic disadvantage of African American and Hispanic minorities may induce additional stress and exacerbate existing poor health conditions. On the other hand, the presence of strong familistic tradition and mobilization of social support networks may act as a buffer to adverse socioeconomic conditions, in addition to the emotional reward generally associated with grandparenting. Further, grandparent caregiving is a gendered process. Grandmothers perform a disproportionate amount of grandchild care compared to grandfathers, which may influence depression over time. By incorporating an intersectional consideration of socioeconomic status, race/ethnicity, and gender, we hope to improve our understanding of different mechanisms through which grandparent caregiving influences depression outcomes and depression trajectories.

Research Hypotheses

African American and Hispanic grandparents are disproportionately disadvantaged in the socioeconomic ladder and often have poor health conditions regardless of their caregiving status. Heavy childcare involvement may induce additional stress and take an extra toll on their health.

We hypothesize that socioeconomic status affects racial-ethnic disparity in grandparents' health in several distinctive ways. First, the influence can be direct as socioeconomic status affects one's life style and health behavior, exposes one to different levels of stress, hazard, and risk, and is often associated with unequal access to health care. Second, the SES effect could also reflect selection, as grandparents in the lower socioeconomic strata are more likely to have adult children caught in troubled circumstances, e.g., drug abuse or divorce, and are therefore forced to take over the parenting role. Third, socioeconomic status could have a moderating effect on grandparents' health. Financial deficits could compound the stress brought by off-time parenting, while more economic resources could help grandparents meet the demands of childcare.

In contrast to the norm of noninterference for white, middle class families, African American and Hispanic grandparents traditionally provide extensive childcare for grandchildren. It is not known whether such racial-ethnic differences in subcultural norms about grandparenting result in differential health effects. For example, the strong tradition of familism in Hispanic subcultures could mean that caring for grandchildren may induce less stress than in a cultural context where such caregiving is considered off-time and non-normative. Similarly, the kinship care network of African American families could provide essential social support to grandparents caring for grandchildren and serve as a buffer for adverse socioeconomic conditions. In addition, we hypothesize that the health consequences of grandparent caregiving is conditioned by different levels of caregiving (e.g., part time vs. full time) and structure of care (e.g., skipped generational household vs. multigenerational households). Social resources, (such as marital status and friend/kin ties) are key support systems for grandparents living with grandchildren and may help offset the negative effects of the caregiver burden. These social resources clearly differ by racial-ethnic groups.

Further, grandmothers are more likely to provide care for grandchildren than grandfathers. Therefore, socioeconomic and racial/ethnic differences in grandparent care are deeply intertwined with issues of gender. We hypothesize that the experience of grandparent caregiving is strongly conditioned by gender. Further, grandmothers' elevated risk of depression likely differs by racial-ethnic group and socioeconomic status. Studies of grandparents caring for grandchildren are rarely able to examine the intersectional influence of socioeconomic status, race/ethnicity, and gender due to data limitations. The theoretical and methodological "intersectionality" framing of our study provides a unique opportunity to investigate grandparents' depression.

Finally, we investigate the influence of grandparent caregiving on racial-ethnic disparity in depression trajectories from a life course perspective. Another major limitation in existing studies on the impact of the caregiving experience on grandparents is that most of the studies examined health cross-sectionally or health change between two time points at best. Nonetheless, health change usually does not take place suddenly, but is likely a gradual, interactive, and cumulative process. Further, disadvantages associated with socioeconomic status, race/ethnicity, and gender also accumulate over time. The cumulative disadvantage theory emphasizes the importance of considering inequality across the life course and its effect on health, specifically highlighting the risk women and minorities face. Using panel data spanning eight years, we are in an excellent position to capture the immediate and long term consequences

of grandparent caregiving and how it may intersect with SES, race/ethnicity, and gender to influence one's depression trajectory.

Data and Methods

The proposed paper uses the Health and Retirement Study (1998, 2000, 2002, 2004, and 2006), a nationally representative, longitudinal panel study of older adults (aged 50 and over) in the United States. African Americans and Hispanics are oversampled in the HRS. The baseline sample in 1998 contains 12,033 non-Hispanic white grandparents, 2,218 non-Hispanic African American grandparents, and 1,335 Hispanic grandparents.

The dependent variable is depressive symptoms (based on an 8-item short form of the CES-D measure). In the HRS sample, depression clearly varies by race/ethnicity and gender (see Figure 1). Hispanic grandmothers have the highest level of depressive symptoms and non-Hispanic grandfathers have the lowest level.

Our key independent variables measure difference aspects of grandparents' caregiving. In addition to the question of whether the respondent is a grandparent or not, the HRS collects information on household structure: whether the household is multigenerational, skipped-generation (i.e., no parents present), or has no grandchildren present. HRS respondents were also asked whether they had spent 100 hours or more taking care of grandchildren in the previous two years. If respondents answered yes, they were then asked how many hours they had spent on grandchild care. These multiple measures of grandparent caregiving allow us to examine the health implications of the difference in the structure and intensity of grandparent caregiving for different racial-ethnic groups. As seen in Table 1, Hispanic and Black grandparents are much more likely to live with their grandchildren and also have a higher level of care.

Socioeconomic status (SES) is expected to have a direct effect as well as a moderating effect on the relationship between grandparent caregiving and health. We include measures such as employment status, years of education, income, net wealth, health insurance, and pension. Social ties may be another potential source for moderating effects. They are measured by household structure, marital status, number of living children, relatives or friends living nearby, relatives or friends available to help with future needs, and frequency of interaction with friends, relative and neighbors.

We analyze the data using growth curve models, which allow us to examine the effects of grandparent caregiving on depressive symptoms initially and over time, and to incorporate other time varying predictors. We specify two-level hierarchical linear models to estimate age trajectories of depressive symptoms and heterogeneity in these trajectories by grandparent caregiving:

Level-1 Model:

$$y_{it} = \beta_{0i} + \beta_{1i}Age_{it} + \beta_{2i}Age_{it}^2 + e_{it} \quad (1)$$

Level-2 Model:

Model for the intercept:

$$\beta_{0i} = \gamma_{00} + \gamma_{01}CARE_i + \gamma_{02}RACE_i + \gamma_{03}CARE_i \cdot RACE_i + u_{0i} \quad (2)$$

Model for the linear rate of change (age):

$$\beta_{1i} = \gamma_{10} + \gamma_{11}CARE_i + \gamma_{12}RACE_i + \gamma_{13}CARE_i \cdot RACE_i + u_{1i} \quad (3)$$

The level-1 model characterizes within-individual change over time or individual growth trajectory with age. In this model of repeated measurement within individuals, the response variable y_{it} for person i at time t is modeled as a function of linear and quadratic terms of age for person i at time t . The coefficients β_{0i} , β_{1i} , and β_{2i} represent the intercept or mean level, the linear rate of change, and the quadratic rate of change with age, respectively.

The goal of the level-2 analysis is to detect heterogeneity in change across individuals and to determine the association between predictors and the shape of each person's growth trajectory. Each of the parameters of age trajectories, β_{0i} , β_{1i} , and β_{2i} , is further modeled as functions of person-level attributes. For the purpose of simplicity in presentation, we only include two main predictor variables in Equation (2) and (3), that is, hours of grandparent caregiving (CARE) and race-ethnicity (RACE). In actual analysis, we will test the effect of SES, social support, as well as their interaction with caregiving for both the intercept and the growth rate model. Control variables can be entered at level-1 for time-varying covariates and at level-2 for time-constant covariates. To test both the direct and moderating effect of SES and social support on depressive symptoms trajectories, they will be entered into the models both by themselves and their interaction with hours of caregiving. In addition, to give a better test of the cumulative disadvantage perspective and intersectionality between race, gender and class, we will run separate analyses by the sub-samples of grandmothers and grandfathers. We did not put the variable of gender in the equations (2, 3), because interpretation of the effects become too complicated, particularly in the linear growth rate model (that is, four and five way interaction terms among age, SES, gender, race and caregiving).

Figure 1. Mean Depressive Symptoms of Grandparents by Race/Ethnicity and Gender

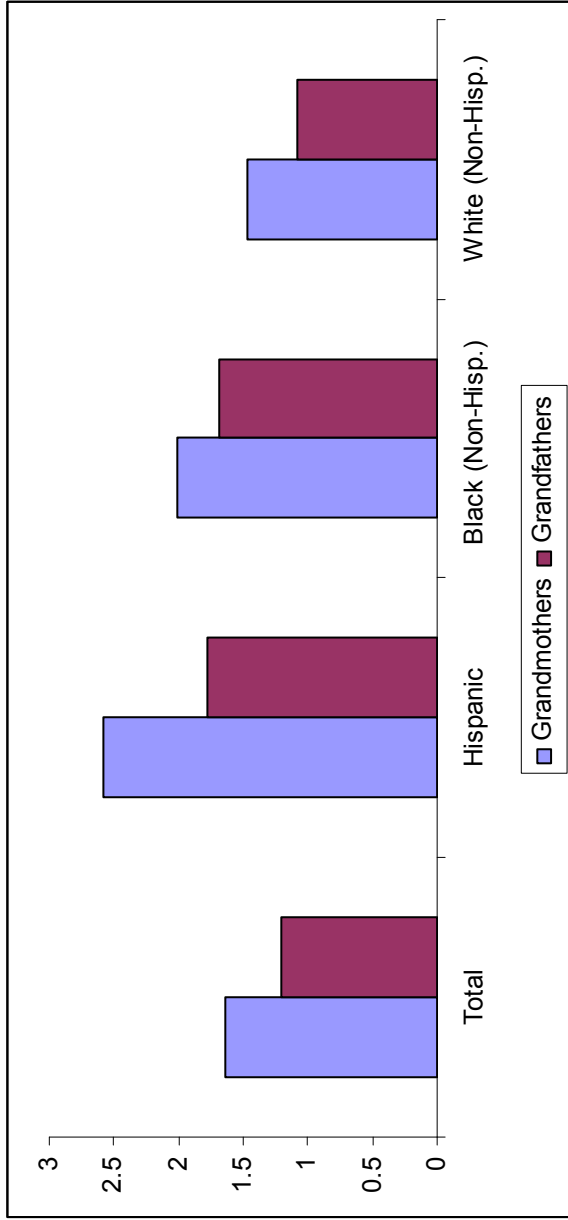


Table 1. Descriptive Statistics for Grandparents by Race/Ethnicity and Gender, 1998-2006

	Total Grandmothers (N=25185)	Total Grandfathers (N=16735)	Hispanic Grandmothers (N=2164)	Hispanic Grandfathers (N=1361)	Black (Non-Hisp.) Grandmothers (N=3498)	Black (Non-Hisp.) Grandfathers (N=1815)	White (Non-Hisp.) Grandmothers (N=19523)	White (Non-Hisp.) Grandfathers (N=13559)
Household Structure								
Multi-Generation HH	3.24%	2.35%	10.63%	8.52%	8.00%	4.52%	1.57%	1.45%
Skipped Generation HH	0.91%	0.51%	1.66%	1.03%	3.14%	1.49%	0.42%	0.33%
Grandchild Caregiving								
Avg. Hours Cared/2 Yrs.	143.97	126.99	160.04	150.62	200.36	134.24	132.09	123.65
# Grandchildren	6.71	6.34	9.24	8.39	8.23	8.14	6.15	5.89

N=41,920 person-year cases