

Grandparenting

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Researchers have become increasingly interested in grandparents as populations age and the economic and social roles of grandparents in society and family life have become more visible (Bengtson 2001). Rising life expectancy means that it is now common for a child to grow up with living grandparents and even great grandparents. Also, the rising percentage of mothers in paid work, and higher rates of divorce and relationship breakdown, mean that the role grandparents play in family life as providers of financial, emotional, and practical support has become increasingly important. In particular, although the role of grandparent may be enacted in very different ways, recent studies have particularly focused on grandparents as providers of informal childcare to families (i.e., grandparenting). Broadly speaking, grandparental childcare arrangements are distinguished by primary and secondary care. Primary carers are grandparents who assume primary responsibility for raising a grandchild. Secondary care refers to care complementary to parental care: grandparents taking care of grandchildren without replacing the parenting functions of the middle generation. In this case, support from grandparents can vary from being regular to occasional or only for special occasions, and its intensity can range from a few hours per year to several per day. Although definition of grandchild care can vary across studies and countries (Hank et al. 2018), a considerable body of work shows that around the globe grandparents are significant providers of secondary grandchild care. In Europe, in 2004/2005, 58 percent of grandmothers and 49 percent of the grandfathers looked after at least one of their grandchildren

under the age of 16, with 12 percent providing care almost daily or at least 15 hours a week. In China, about 58 percent of grandparents cared for their grandchildren in 2008. In the United States, a quarter of preschool children were regularly cared for by grandparents in 2011. Grandparents' involvement in grandchild care provision often reflects parents' working hours and school hours, with many grandparents looking after grandchildren particularly during the school holidays. In England, 56 percent of grandparents looked after their grandchildren throughout the year; one in six reporting grandchild care on weekdays or at weekends during the school term; and one in four during school holidays. A vast literature shows that grandmothers tend to provide more grandchild care than grandfathers, a finding often attributed to the gendered nature of different tasks, expectations of behaviors, and responsibilities. Moreover, grandmothers were generally more likely to undertake "caring" activities (such as cooking or caring for grandchildren when sick) as well as to provide emotional care, with mixed findings as to whether gender differences also exist when recreational activities are considered (Di Gessa, Zaninotto, and Glaser 2020).

Numerous studies have investigated the impact of grandchild care provision on a wide range of issues, including younger generations' fertility decision-making, labor force participation, and grandparents' health and well-being. Grandparental childcare provision might increase adult child's fertility transitions as it helps couples, and women in particular, to better reconcile work and family life. Indeed, receiving grandchild care support is generally associated with increased fertility intentions and with childbearing, particularly among women, although the strength of such associations varies by countries (Rutigliano 2020). Evidence also suggests that grandparents (and

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grandmothers in particular) even adapt their retirement preferences as well as the timing of their retirement to fit with their adult children's fertility behavior. For instance, both among older U.S. and European women, the birth of the first grandchild was associated with an increase in the probability of retirement.

More generally, the provision of grandchild care has been considered an important factor in shaping both grandparents' labor force participation and engagement in social activities, with grandparents likely to adjust their employment to accommodate caregiving. Several studies suggest that grandparents looking after grandchildren might be themselves less likely to be in paid work as well to participate in educational or voluntary activities, particularly when high levels of childcare were provided. For instance, employed European grandfathers who provided daily grandchild care worked on average eight hours less per week, with evidence of a negative association between daily grandchild care and employment being strongest in countries with familistic approaches to childcare. At the same time, it has been argued that the provision of regular grandchild care may facilitate labor force participation among the middle generation (and daughters/mothers in particular), particularly where little formal childcare is available (Di Gessa et al. 2016). Help to parents (give them a break, help them go to work, and go out) is the most often reported reason for grandchild care provision (Di Gessa, Zaninotto, and Glaser 2020), with more frequent grandchild care provided particularly in families where parents are in low-paid or insecure jobs or had fewer economic resources.

Looking after grandchildren might also have an effect on grandparents' health and well-being. The starting point of most of these studies is that caring for grandchildren may have both positive and negative health effects. According to role enhancement theory, which suggests that occupying multiple roles may provide individuals with a sense of usefulness and competence, enhancing control and reinforcing meaning in later life, grandparents

caring for their grandchildren may benefit from the emotional rewards and gratification stemming from this activity, and a sense of belonging, attachment, and usefulness, which in turn may enhance health and life satisfaction. Moreover, it is plausible that grandparents providing childcare have stronger social ties with both grandchildren and their parents and are, therefore, likely to benefit from greater emotional, instrumental, and social family support, which may act to buffer the potential negative effects of caregiving and have a direct positive impact on health by promoting healthy behaviors. Looking after grandchildren may also lead to grandparents maintaining or increasing their levels of physical activity and health behaviors, which in turn are associated with better physical health and well-being. Providing grandchild care, however, might also be demanding both physically and emotionally. Role strain theory postulates that multiple roles are associated with poor health outcomes because of the psychological and physical stressors caused by demanding and potentially competing role responsibilities. For instance, if an individual's obligations exceed their physical and psychological capacity to cope, this situation may cause an increase in stress and physical demands, which in turn may be detrimental for health. This problem may exist for those grandparents who act as primary carers or who provide full-time care for their grandchildren.

The relationship between grandparental childcare and health has been investigated in different societal contexts (ranging from Chile to the United States, Europe, and China) and have considered both primary and secondary grandchild care. Detrimental health effects have been found particularly among grandparents with primary care responsibilities or who coreside with grandchildren, whereas secondary grandchild care seem to have either beneficial or no major widespread health effects after controlling for socioeconomic and demographic characteristics, and for previous health status (Danielsbacka, Křenková, and

Tanskanen 2022; Kelley et al., 2021). However, the effect of grandchild care on grandparent's health is quite complex and seems to depend on a number of factors including the health measure considered, the intensity level and hours of care provided, the regional/cultural context, and socioeconomic characteristics and ethnicity. More detailed information on grandparental enactment of their roles as care providers, including grandparent–grandchild interactions, activities undertaken for and with grandchildren, and the motivations for looking after them, is also critical to understanding the health and well-being consequences of grandchild care provision (Glaser and Di Gessa 2025). Moreover, recent studies drawing on within-person variation found no beneficial effects of secondary grandparenting, suggesting that some of the associations found in previous studies may be explained by selection into grandchild care (with healthier grandparents or those with a preference toward family care more likely to provide grandchild care to start).

Despite varying levels of involvement, grandparenting generally provides meaningful and positive associations across generations. However, grandchild care provision may impact in different ways the engagement of all involved and the health and well-being of grandparents. More studies are needed to better disentangle and understand the grandparent–parent–grandchild relations by considering a multigenerational perspective (Price et al. 2018) across different institutional and cultural environments. Investigating how characteristics such as gender, ethnicity, employment and marital statuses, and age of all actors involved simultaneously interact with each other and with contextual–structural and cultural factors might shed further light on the complex family arrangements around grandchild care decisions. Moreover, it is likely that the grandparent–grandchild relations and childcare involvement change over time, as both grandchildren and grandparents age. It therefore seems important to monitor these dynamics over longer periods of time. Such

studies could further help to inform families and public policies on how the role of grandparents in family life can be best supported. Finally, during the recent COVID-19 pandemic and especially in its early phases, government around the world recommended that particularly older people should stay indoors, limit their travels and movements, and limit physical interactions with others. For many grandparents, this meant the (temporary) suspension of grandchild care provision. Evidence from England suggests that about 10 percent of grandparents stopped looking after grandchildren altogether during the first 9 months of the pandemic, with 22 percent reporting an overall decrease in the amount of grandchild care provided (Di Gessa, Bordone, and Arpino 2023). The (temporary) lack of such support has also highlighted both gaps in formal childcare provision and the role of grandparents as key contributors to the jigsaw of childcare provision. In emerging from the current pandemic and as restrictions are lifted, future studies will investigate whether the provision of grandparental childcare will resume pre-pandemic levels.

SEE ALSO: Aging and Health; Caregiving and Gender; Mental Health and Aging; Older Adults, Health of the; Physical Distancing; Stress and Relationships

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