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ABSTRACT

“IT’S PARENTING WHETHER YOU’RE THE GRANDPARENT OR PARENT”: GRANDFATHERS’ EXPERIENCES RAISING GRANDCHILDREN

by

Avielle N. Raymore

In the U.S., 2.7 million grandparents are responsible for a grandchild in their home. Grandfathers are present in the majority of grandparent caregiver households, but the contributions and voices of grandfather caregivers are often overlooked. Therefore, the goal of this qualitative study was to explore how grandfathers experience caregiving as men. Exploring the experiences of grandfather caregivers will improve the understanding of this often overlooked population and will offer insight into how grandfathers experience caregiving. Two face-to-face, semi-structured interviews were conducted with 11 grandfather caregivers while a telephone interview was conducted with 1 grandfather caregiver. Interviews focused on the grandfathers’ life story, experiences as grandfather caregivers, and feelings about male caregiving. Data were analyzed using coding and thematic analysis. Findings show that grandfathers were engaging in both instrumental and non-instrumental caregiving activities. Gender was important in grandfathers’ experiences, and they discussed their perspectives on caregiving using language that reflected traditional gender norms, also. Even though grandfathers experienced caregiving challenges, they were confident that they were better prepared to be caregivers at this point in their lives. Issues surrounding aging played a role in their experiences as well as their status as either a biological or step-grandfather. This study offers insight into the voices and experiences of grandfather caregivers which may improve the understanding of this often overlooked population for service providers working with grandparent caregivers.

“IT’S PARENTING WHETHER YOU’RE THE GRANDPARENT OR PARENT”:
GRANDFATHERS’ EXPERIENCES RAISING GRANDCHILDREN

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DEDICATION

I dedicate this dissertation in loving memory of my two grandfathers. To my grandpa, Guy Franklin, we never had the chance to meet, but I admired your hard-working spirit. To my grandpa, Sylvester Raymore, Sr., for always believing in me. You always encouraged me in furthering my education.

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Chapter 1: Introduction

Grandparents have played important roles in their families throughout history including taking responsibility to care for a grandchild when the parents are unable. Many grandparents assume this responsibility in response to difficult family situations such as child abuse, abandonment, substance abuse, incarceration, or death of a child's parent (Waldrop & Weber, 2001). Grandparent caregivers, who are defined as assuming primary responsibility for a grandchild under the age of eighteen residing in their household, have become a common phenomenon (Hayslip, Hemington, Glover, & Pollard, 2013; Kolomer & McCallion, 2005; Landry-Meyer & Newman, 2004). In 2012, 2.7 million grandparents in the United States were responsible for a grandchild living in their household (Ellis & Simmons, 2014). One-third of those 2.7 million grandparents are raising their grandchildren without the grandchild's parent(s) present in the household (Ellis & Simmons, 2014).

Grandfathers are present in the majority of grandparent caregiver households, but they are rarely considered as a primary caregiver of the grandchild in their household (Patrick & Tomczewski, 2007). There is an assumption that grandmothers are more engaged in grandchild care because women are viewed in society as natural caregivers. Therefore, the grandparent literature focuses primarily on the thoughts and experiences of grandmothers while overlooking or underestimating those of grandfathers. When grandfathers are included in the literature, their experiences are often compared to those of grandmothers with grandmothers representing the ideal. As a result, grandfathers are portrayed as less valuable and less active in the lives of their grandchildren (Stelle, Fruhauf, Orel, Landry-Meyer, 2010). Hayslip, Fruhauf, and Dolbin-MacNab (2017) reviewed the last decade of literature on grandparents raising grandchildren. The prominent issues present in the grandparent caregiver literature were the strengths of grandparent caregivers, diversity among grandparent caregivers, using a process perspective to understand grandparents' relationships to others, grandparents' parenting skills, the importance of family relationships, psychological distress from caregiving, and interventions to help grandparent caregivers (Hayslip et al., 2017). After decades of research on grandparents raising grandchildren, gender issues and the experiences of

grandfathers have still received little attention. Hayslip et al. (2017) indicated that there is a need for research in the area of grandfather caregivers.

As suggested in the previous paragraph, gendered views about caregiving responsibilities and abilities play a role in the types of caregiving activities grandfather do in the household. Therefore, grandfathers tend to engage in mostly instrumental activities when caring for their grandchildren compared to grandmothers who engage in both emotional and instrumental activities (Mann, 2007). These differences in activities may be due to differences in social role expectations and may be more engrained in older cohorts of men who are over the age of 65 because of beliefs centered on stereotypical attitudes about men and women's roles, such as men being the primary breadwinners and women being responsible for childcare (Leopold & Skopek, 2014; Craig & Jenkins, 2016; Wilton & Davey, 2004). Because some grandfathers draw distinct boundaries between what are men and women's roles, they may feel like they are unable to contribute much to the daily care of a grandchild.

Despite gendered expectations, grandfathers often endure many of the same challenges grandmothers face when caring for a grandchild. Both grandfathers and grandmothers experiences social isolation and changes in retirement and travel plans as a result of their new responsibilities (Bullock, 2005; Bullock, 2007; Kolomer & McCallion, 2005). Many grandparent caregivers, regardless of gender, feel obligated to take in a grandchild because of no other options for care; and they often worry about what would happen if they were unable to care for their grandchildren (Bullock, 2005; Bullock, 2007; Kolomer & McCallion, 2005).

Overall, the types of care grandfather caregivers provide and their in-depth thoughts about being caregivers have still been largely unexplored. Therefore, the goal of this dissertation is to explore how grandfathers experience caregiving as men.

Research Questions

The following research questions guided this study:

1. What are the types of care that grandfather caregivers provide in the home when there is a grandmother figure present (including both instrumental and non-instrumental caregiving activities)?

2. How do grandfather caregivers feel about their abilities to effectively function as a caregiver?
3. What are grandfathers' attitudes as men being caregivers?

Exploring the experiences of grandfather caregivers will improve the understanding of this often overlooked population and will offer insight into how grandfathers experience caregiving. It may help service providers who work with grandparent caregivers understand grandfathers' needs so they can tailor services and supports that acknowledge how grandfathers provide care. Grandfather caregivers face a lack of appropriate services and supports available to them (Bullock, 2005) which may be due to an assumption that grandmothers are providing the care in their household.

Exploring grandfathers' thoughts regarding their abilities to effectively function as a caregiver is also relevant to issues of kinship placement. Questions surrounding grandfathers' and other's perceptions of the competency of grandfathers to care for a grandchild in the absence of supervision factors into whether state agencies place grandchildren in the care of their grandparents (Mann & Leeson, 2010). In assessments of caregiver competency, state agencies may rely on gendered expectations surrounding men's roles in society by assessing male caregivers based on dominant cultural expectations of men as being engaged in paid work and displaying dominance and authority (Reich, 2007). Knowing how grandfathers perceive their caregiving competency can be important to interventions that aim to support grandparents in achieving kinship placement. Also, exploring the gendered language used to discuss caregiving may help providers develop program materials for grandfather caregivers that reflect how they view or talk about caregiving.

Chapter 2: Literature Review

Introduction

This chapter will provide an overview of the current issues surrounding grandfathers as caregivers. It will begin with an overview of ideas of ‘doing gender’ and hegemonic masculinity which will serve as the theoretical framework. Next, it will explore the gendered nature of caregiving among grandparents and how grandfathers do caregiving according to gendered expectations. Next, it will look at the challenges grandfathers face surrounding their abilities to perform everyday caring tasks, such as meal preparation and bathing, and the role age plays in the caregiving experience. Then, it will explore the gendered views of grandfathers including the traditional work of grandfathers as part of a larger kinship network, the view that grandfathers’ contributions are less important, and societal views towards grandfathers and other men as caregivers. Finally, it will look at the role age plays in the caregiving experience and the role challenges grandparent caregivers face.

Theoretical Framework

The ‘doing gender’ theoretical framework has been used to explore the caregiving experiences among men and women. According to the theoretical framework of ‘doing gender,’ gender is “constructed through psychological, cultural, and social means (West & Zimmerman, 1987:125). Gender is something that people do in social interactions, and it becomes an “outcome and rationale for various social arrangements (West & Zimmerman, 1987: 126)”. It creates differences between men and women that are not essential. ‘Doing gender’ is routine, and people are typically unaware that they are ‘doing gender’ in the majority of their everyday roles and activities. ‘Doing gender’ involves a self-regulating process where people “begin to monitor their conduct with regard to its gender implications (West & Zimmerman, 1987: 142). Therefore, people perform different activities and tasks in order to affirm their gendered selves.

Gender norms provide a proper way for men and women to behave, and abiding by those norms seem natural. Gender roles are produced and reproduced through interactions with others. Acting outside of those gender norms is sanctioned by others, and people are held accountable for those actions. Because this research explores the

experiences of grandfathers as male caregivers, this theoretical framework can shed light on the roles that grandfather caregivers adopt and why they may adopt those roles. Many roles in society are marked by gender, and the grandparent caregiver role is typically marked by society as a female role. Grandfathers may take on traditional gender roles in order to show that they are competent members of their sex category. For example, traditional grandfathers interact with their grandchildren through sports which is considered a place for the “expression of manliness (West & Zimmerman, 1987: 137)”. They may interact in this way in order to affirm their masculinity. This theoretical framework suggests that grandfather caregivers will enact roles and perform caregiving activities that are in line with their gender roles.

Concepts surrounding masculinities particularly hegemonic masculinity have been used to explore caregiving among men. Connell (2005) describes hegemonic masculinity as the dominant cultural form of masculinity in society. It exists in direct opposition to femininity and gives men a dominant position in society (Connell, 2005). Hegemonic masculinity is associated with paid work, being a breadwinner in the household, sports, dominance, and authority (Connell, 2005); and these characteristics are important to a masculine identity. Connell (2005) states that many men do not fully meet the standards of hegemonic masculinity and suggests that there are multiple masculinities that men may perform. In some of the research on male caregivers of children, men will emphasize that they are men and that they participate in masculine activities when caregiving. It appears that they are trying to meet those dominant forms of masculinity in society.

Grandparents and Gendered Caregiving

Research suggests that grandmothers and grandfathers contribute differently to their grandchildren, and gender plays an important part in determining the activities men and women do as grandparents. For example, a gendered division of labor influences much of the types of caring activities men do as grandfathers. Grandfathers tend to engage more in activities outside of the home, such as playing, outdoor activities, and taking their grandchildren to appointments while grandmothers tend to engage more in activities centered in the home, such as household chores, bathing and dressing grandchildren, and the emotional care of grandchildren (Horsfall & Dempsey, 2015;

Marhankova & Stipkova, 2015; Tarrant, 2013; Mann & Leeson, 2015). Several studies have explored the gendered division of labor among traditional grandparents when babysitting their grandchildren.

In a qualitative study of fourteen grandparents in Australia, a gendered division of labor was present among the caring activities of grandparents (Horsfall & Dempsey, 2015). Grandparents held different expectations about their role in caring for a grandchild. When asked about what caring for a grandchild entailed, grandmothers emphasized domestic labor tasks, such as household chores, and the direct and emotional care of their grandchildren (Horsfall & Dempsey, 2015). Those tasks were considered important aspects of grandmothering but not grandfathering. Grandfathers did not have to engage in those care tasks, such as changing diapers or bathing; and they were able to enjoy more time with their grandchildren without worrying about completing domestic labor tasks (Horsfall & Dempsey, 2015). Compared to grandmothers, grandfathers expressed different ideas about what their role entailed. Grandfathers spoke about being a male role model by passing on skills and knowledge to their grandchildren (Horsfall & Dempsey, 2015). When interacting with their grandchildren, grandfathers emphasized play and activities to build emotional ties which they considered as helping them be involved grandfathers (Horsfall & Dempsey, 2015).

In a qualitative study that examined the tasks and responsibilities of grandparents, twenty mothers and grandmothers were asked about the caregiving tasks of grandparents in their families (Marhankova & Stipkova, 2015). Participants described grandparents as different caregivers with different responsibilities (Marhankova & Stipkova, 2015). They held stereotypical beliefs about men and caregiving, and the responsibilities assigned to grandparents reflected a gendered division of labor. For example, providing emotional help and meeting the everyday needs of a grandchild was not considered the responsibility of a grandfather (Marhankova & Stipkova, 2015). Grandmothers were described as being more competent in caring for a child while grandfathers were described as clueless and unable to care for small children (Marhankova & Stipkova, 2015). Therefore, women excused grandfathers from providing routine care. They felt that it was the grandfathers' job to play, entertain, and joke with their grandchildren (Marhankova & Stipkova, 2015). Also, they expressed that grandfathers were supposed

to be role models especially to grandsons by leading and teaching them values (Marhankova & Stipkova, 2015).

In interviews with thirty-one British grandfathers, Tarrant (2013) explored grandfathers' practices of care and the spaces in which their care takes place. Some of the grandfathers made distinctions between their care practices and the care practices of their wives or partners (Tarrant, 2013). They expressed that they do not do the same care activities as grandmothers. A sixty-one year old, married grandfather reinforced the gendered division of labor present in caregiving by stating that his wife does the domestic labor while he takes the grandchildren out to play, and he expressed that he is not good with the dressing and bathing aspects of care (Tarrant, 2013). Overall, the gendered division of labor established when these grandfathers were fathers earlier in life continued in later life, and they used that earlier established division of labor to justify their care as grandfathers (Tarrant, 2013).

In some instances, a gendered division of labor was less evident; and grandfathers also participated in more hands-on aspects of caregiving along with the grandmothers. In a study of sixty British grandfathers, Mann and Leeson (2010) explored grandfathers' experiences with grandfatherhood. In certain circumstances, some of the grandfathers were more involved in the hands-on care of their grandchildren and performed activities typically associated with grandmothers, such as changing diapers, fixing bottles, and putting their grandchildren to bed (Mann & Leeson, 2010). Grandfathers became more involved in hands-on care when they were retired, when the grandmother worked outside the home, or when both grandparents evenly distributed caregiving tasks (Mann & Leeson, 2010).

Masculine notions of care. For grandfathers, the activities they engaged in when caring for a grandchild often focused on stereotypical masculine activities, such as outdoors and sports, and their role as a provider. Therefore, grandfathers create “masculine concept[s] of caring” (Tarrant, 2013; 199). Tarrant (2013) suggests that activities and practices in the home are often constructed as feminine. Therefore, grandfathers often engage in activities with their grandchildren outside of the home which is considered important to their care work (Tarrant, 2013). Grandfathers “engage in a range of tasks that reflect their identities as men” (Tarrant 2012:186). Those tasks

center around instrumental tasks, such as chauffeuring their grandchildren to various activities and appointments, playing with them, educating them, and taking them out to do activities (Tarrant, 2012). These activities, such as physical play, outdoor activities, and instrumental tasks, are ways for grandfathers to still connect to traditional masculinities as older men (Tarrant, 2013).

In a qualitative case study of five British grandfathers, grandfathers discussed their caregiving experiences (Mann, Tarrant, & Leeson, 2015). These grandfathers viewed themselves as surrogate fathers to their grandchildren who lacked father figures, and they emphasized being a provider for their grandchildren (Mann et al., 2015). According to Mann et al. (2015), being a surrogate father provided grandfathers with a way to stay connected to forms of hegemonic masculinity that is associated with fathering but not grandfathering. The relationships between these grandfathers and their grandchildren focused on activities, such as sports, outdoors, and other physical activity (Mann et al., 2015). When asked about his interactions with his granddaughter, one 71 year old grandfather emphasized that he taught her how to ride a bike, teaches her mathematics, and encourages her in sports despite his granddaughter's interest in theatre (Mann et al., 2015). Another 64 year old grandfather expressed that his grandson views him as a hero; and he plays football, play fights, and wrestles with his grandson (Mann et al., 2015). Engaging in these stereotypically masculine activities appeared to be the grandfathers' way of caring and being involved. These grandfathers often described caregiving in masculine ways by continually referring to sports, outdoors, and staying active. For these men, grandfathering allowed them to form close bonds with their grandchildren and show affection but also allowed them to stay connected to forms of traditional masculinities (Mann et al., 2013).

For other types of male caregivers, such as stay-at-home fathers, issues of masculinity factored into how they care for a child. When Doucet (2006) asked stay at home fathers about caring for their child(ren), they emphasized getting their children outdoors as much as possible, engaging in physical activity, and being involved in their children's sports. Overall, they took an active approach to caregiving. Fathers were quick to highlight how their caregiving approach was different from mothers, and they viewed themselves as "strong, physical, and active beings" (Doucet, 2006; 701). One stay-at-

home father with two daughters mentioned that he is the one that plays, and he has not seen the wife take that playful approach (Doucet, 2006). Stay-at-home fathers wanted to distinguish themselves as men, masculine, and fathers (Doucet, 2004). They had to find ways to reinforce their hegemonic masculinity, and they did this by engaging in those stereotypical masculine activities of outdoors, sports, and physical activities. Stay-at-home fathers also emphasized work that had masculine qualities, such as becoming a sports coach for their child's team or volunteering with physical labor tasks at their child's school (Doucet, 2004).

Challenges Faced by Grandfather Caregivers

The gendered divisions of labor present among grandparent caregivers contributes to the unique challenges faced by grandfather caregivers surrounding their abilities to perform daily caregiving tasks. Grandfathers express that they do not feel like they have the same knowledge and experiences as grandmothers to carry out caregiving tasks (Mann & Leeson, 2010). Some grandfathers may feel helpless in their daily parenting skills especially if they were uninvolved in the daily care of their own children (Bullock 2005; Bullock, 2007). In Bullock's (2005) study of 26 rural dwelling grandfather caregivers over the age of sixty-five, more than half of the grandfathers did not help with everyday caring tasks, such as dressing, feeding, and bathing. They expressed a desire to help out more with those types of tasks. These grandfathers felt powerless because they did not know how to prepare a meal, do laundry, or attend to the everyday needs of their grandchild. These feelings may stem from being socialized into roles that did not typically include many domestic tasks. Since this cohort of grandfathers seldom engaged in domestic tasks as parents, they were unsure of how to carry out these tasks in the care of their grandchild(ren). A 70-year-old grandfather expressed that he did not have to cook, clean, or take care of his children's daily needs as a parent. He says, "I can't just go in the kitchen and make a meal if [his granddaughter] is hungry." (Bullock, 2005; 49). This grandfather wanted to help out more with the care of his six year old granddaughter, but he did not know how to begin. Even though the majority of the grandfathers in Bullock's study (2007) were married and had someone to help with caregiving tasks, they expressed frustration because no one was trying to help them become a better caregiver.

Gendered Views of Grandfathers

The views surrounding grandfathers' involvement in their grandchildren's lives often reflect gendered expectations about men's roles in the family. Gendered views of grandfathers includes both the work and roles of traditional grandfathers, the perception that grandfather' contributions are somehow less than, and overall views towards male caregiving.

Work of traditional grandfathers. Even though the work of grandfather caregivers have been largely unexplored, the work of traditional grandfathers (those without primary responsibility for grandchildren in the household) has been studied. In two qualitative studies, traditional grandfathers discussed the various jobs they occupy as grandfathers in their families (Bates & Goodsell, 2013; St. George & Fletcher, 2014). One of the jobs grandfathers felt was most important was to build a connection with their grandchildren through activities and spoiling them (St. George & Fletcher, 2014). Bates and Goodsell (2013) outline six types of work that grandfathers perform in their families: lineage, mentoring, spiritual, recreation, family identity, and investment. Lineage work includes bringing the family together by hosting large family gatherings, such as holiday dinners. Grandfathers who engage in mentoring work help their grandchildren develop practical skills, such as outdoor skills or athletics. Spiritual work includes loving and supporting their grandchildren. Recreation work involves engaging their grandchildren in recreational activities, such as games and sports, to form bonds. Family identity work involves teaching their grandchildren about family and their family culture. Finally, grandfathers who engage in investment work invest in their grandchildren's future by helping with educational costs, housing, and other living expenses (Bates & Goodsell, 2013).

In a qualitative study, Waldrop et al. (1999) also explored the work of grandfathers in their families particularly the work of mentoring, teaching, and being a role model. The majority of grandfathers aimed to be role models for their grandchildren through teaching values, such as the values of respect, love, patience, and kindness and the importance of compassion, work ethics, and education (Waldrop et al., 1999). For men, being a mentor was important to their work as grandfathers, and mentoring included

sharing resources and experiences and providing guidance (Waldrop et al., 1999).

Overall, grandfathers just wanted to make a difference in their grandchildren's lives.

Neugarten and Weinstein (1964) explored grandparents' roles and styles of grandparenting. Interviews were conducted with grandparents in their 50s and 60s from seventy families. Grandfathers were found to take on various roles within their families, such as the resource person or teacher, the formal grandparent, the fun seeker, the reservoir of family wisdom, and the distant figure (Neugarten & Weinstein, 1964). The resource person or teacher helps their grandchildren in any way necessary and teaches them through sharing life experiences. The formal grandparent maintains strict lines between grandparent and parent and avoids involvement in parenting their grandchildren. The fun seeker is characterized by an informal relationship with their grandchildren, playing, and having fun. The fun seeker would be considered a playmate to their grandchildren. The reservoir of family wisdom is viewed as an authoritarian figure and source of wisdom and resources. Finally, the distant figure is characterized by limited involvement with their grandchildren except for holidays and birthdays. All of these roles are present among both grandmothers and grandfathers except for the reservoir of family wisdom which was only present among grandfathers (Neugarten & Weinstein, 1964).

Later, Cherlin and Furstenberg (1985) also explored the styles and roles of grandparents. Through telephone interviews with 510 grandparents of teenagers, five grandparenting styles and roles were found: detached, passive, supportive, authoritative, and influential (Cherlin & Furstenberg, 1985). Grandfathers were more likely to take on supportive and authoritative roles compared to detached or passive roles, and they were also found to be influential (Cherlin & Furstenberg, 1985). Cherlin & Furstenberg (1985) suggests that this may reflect typical roles men take in their families. The supportive role involves supporting their grandchildren and exchanging services or resources while the authoritative role involves being an authoritative figure in their grandchildren's lives and having influence over parenting (Cherlin & Furstenberg, 1985). The influential role includes frequent contact, giving advice, talking with their grandchildren, and being an important figure in the daily lives of their grandchildren (Cherlin & Furstenberg, 1985).

Secondary contributions. When it comes to caregiving, some grandfathers felt that their contributions were secondary to the grandmother (Horsfall & Dempsey, 2015;

Mann & Leeson, 2010). They felt that it was natural for grandmothers to be more involved because of the experience of being a mother (Mann & Leeson, 2010). Grandfathers continually expressed that grandmothers did more important work, and they did not feel like they had the same level of knowledge and experience with caregiving tasks as a grandmother (Mann & Leeson, 2010). Married grandfathers may feel that it is their role to assist their wives when providing care for a grandchild by completing the tasks delegated to them by their wives, such as doing the grocery shopping before their grandchild was to arrive or keeping a grandchild occupied while the grandmother fixed a meal (Horsfall & Dempsey, 2015).

Views towards male caregivers. Stereotypes surrounding men and issues of masculinity also influence how men are viewed as caregivers in society. There is a suspicion surrounding male caregivers in society (Doucet, 2006). Gender stereotypes of men as “sexual aggressors” can lead others to view male caregivers as either perverts or dangerous (Evans, 2002: 441). In Evans’ qualitative study (2002) of eight male nurses in Canada, these men discussed how they were always cautious when they interacted with female patients because of how others may interpret those interactions. They were careful when it came to touching female patients, and they believed women may be uncomfortable or misinterpret their touch as sexual (Evans, 2002). Therefore, they were constantly afraid that accusations of sexual misconduct could arise (Evans, 2002). One man described how a female nurse reported him for misconduct because she saw him reassure a female patient by putting his arm around her while she was partially dressed (Evans, 2002). Because of the fear of accusations of misconduct, these men created strategies to reduce the risk when interacting with female patients.

In a qualitative study of 118 Canadian fathers who identified as the primary caregivers of their children, fathers expressed how society viewed them differently as caregivers (Doucet, 2006). They felt that they were being constantly watched when out with their children which made them feel uncomfortable in public spaces. One father expressed that he felt uncomfortable taking his child to the doctor’s office because the women would stare at him. Other fathers felt unwelcome getting involved with their children’s school as a male around young children, and that they were viewed suspiciously while waiting on their children after school. It was common for these fathers

to express “feeling like a pervert [or] one of the bad guys” when they go to their children’s school (Doucet, 2006: 704). These fathers talked about the challenges of having a preteen or teenage daughter and how they were perceived when out in public with their daughters. They were nervous about showing physical affection, such as hugging, toward their daughters in public; and they avoided hosting their daughters’ sleepovers because it may be misinterpreted (Doucet, 2006).

In a qualitative study of 14 stay-at-home fathers, fathers reported feeling a societal gaze on them (Rochlen, Suizzo, McKelley, & Scaringi, 2008). They experienced negative comments from women and believed women were suspicious of them or perceived them as perverts or criminals. Ideals of masculinity affected how other men viewed stay at home fathers. Other men teased these stay at home fathers by calling them “Mr. Mom” and joking that they were not men which made some feel as if their masculinity was in question (Rochlen et al., 2008).

Aging Bodies. The intersection between age and masculinity also plays a role in how older male caregivers are viewed by others, particularly those in the child welfare system (Reich, 2007). Reich (2007) explores the Cortez case which involved a 63-year-old, African-American grandfather’s attempt to gain custody of his young grandson. In the Cortez case, the mother was unable to care for her son due to mental health issues; and she wanted her son to be placed with her father, Mr. Cortez. The court had objections to placement with Mr. Cortez, and their objections centered on issues of age and masculinity. They argued that Mr. Cortez’s criminal history in his younger years made him morally unfit to care for his grandson. Even though Mr. Cortez was doing well caring for a teenage granddaughter at the time, the court argued that his declining health and aging body would prevent him from providing adequate care for his grandson. The court expressed that they aim to place children with “someone who can provide adequate care to a child, protect them from harm, and act in a parental capacity until the child is an adult” (Reich, 2007:297); Mr. Cortez’s aging body was viewed as a problem to achieving those goals. Throughout this case, the aging body became linked with parental incompetence. Because Mr. Cortez was an older man, he faced additional scrutiny of his caregiving abilities. Another reason the court objected to placement with Mr. Cortez centered on his masculine competence. The child welfare system tends to evaluate male

caregivers by using language reflecting dominant cultural definitions of masculinity, such as authority, positions of responsibility, and self-control. Mr. Cortez had a house, but he was unemployed and lacked other status markers. The state presented him as predatory, morally corrupt, and “physically damaged” as an aging, African-American man (Reich, 2007: 295). Therefore, his masculinity and masculine competence was in question by the court. In the end, issues of age and masculinity played a role in how Mr. Cortez was viewed as a caregiver which ultimately led to the court denying him custody of his grandson.

Age and Caregiving

Age also plays a role in grandfathers’ caregiving practices. In Tarrant’s (2013) study of grandfathers and their caregiving practices, grandfathers associated grandfathering with old age; and they worked to resist negative notions surrounding old age by engaging in more masculine practices, such as physical play and outdoor activity (Tarrant, 2013). One 65-year-old grandfather expressed that it was good to be active with his grandchildren because it made him feel young in old age (Tarrant, 2013). Some grandfathers described how they were frustrated that they were not always able to engage in certain physical activities with their grandchildren because of health issues or impairments, but they expressed that they still continued to engage in physical play even though it could be risky (Tarrant, 2013). Engaging in physical play was a way for grandfathers to fulfill a more youthful form of masculinity that is associated with being a father (Tarrant, 2013). According to Tarrant (2013), some grandfathers stories revealed feelings that their masculinity was threatened because they could no longer engage in the same practices that they did as fathers, such as physical activities.

Grandparent caregivers faced issues surrounding declining health and energy but also feeling of youthfulness as a result of caregiving. In qualitative interviews among 45 Hispanic grandparent caregivers, participants discussed issues of aging and youthfulness (Ebert & Alemán, 2008). Grandparents expressed concerns about their declining health and their ability to continue to raise their grandchildren. Grandparents felt that they should be free to do as they pleased in their retirement age and that they should be free from raising children at that point in their lives (Ebert & Alemán, 2008). Through raising

their grandchildren, they also felt a sense of youthfulness and energy (Ebert & Alemán, 2008).

In a mixed-methods study of ten grandparent caregivers, grandfathers suggested that poor health limited the types of activities they did (Marken & Howard, 2014). One grandfather said that raising a grandchild provided him with a more active lifestyle which benefitted his health issues (Marken & Howard, 2014). Compared to grandmothers, grandfathers were energized by their caregiving role which provided them the opportunities to be active both physically and socially (Marken & Howard, 2014).

In a qualitative study of eighteen grandparent caregivers over the age of 65, grandparents experienced health issues that prevented them from engaging in physical activity with their grandchildren (Weller, 2011). One grandfather had chronic obstructive pulmonary disorder and arthritis which prevented him from playing football or playing in the snow with his grandchildren (Weller, 2011). Some grandparents experienced frequent tiredness or low energy and needed to take frequent rest breaks (Weller, 2011). Even though health problems limited their abilities, their grandchildren kept them active and young (Weller, 2011).

Role challenges

Role theory suggests that there are behaviors and expectations associated with the roles people occupy (Biddle, 1986). As people age, they may gain new roles, such the role of grandparent. There are behaviors and expectations one traditionally associates with the role of grandparent such as visiting their grandchildren or leaving the disciplining to the parent(s) (Landry-Meyer & Newman, 2004). The grandparent caregiver role has its own set of expectations and behaviors that may be different from the grandparent role, and the transition to grandparent caregiver can bring new challenges. Also, issues of role timing and role conflicts are role theory constructs related to grandparent caregiving (Landry-Meyer & Newman, 2004).

In a study of 335 Australian grandparent caregivers, caring for grandchildren was a disruption in their lifecourse (Purcal, Brennan, Cass, & Jenkins, 2014). Younger grandparents in the study had to either delay retirement or continue working past retirement (Purcal et al., 2014). Grandparents were unable to enjoy the retirement and leisure activities typical in later life (Purcal et al., 2014). For older grandparents,

retirement funds were used to care for their grandchildren (Purcal et al., 2014). Their social relationships suffered, and they stopped participating in their communities because they were busy with caregiving and did not believe their peers would understand. Grandparents had to endure changes in their living arrangements by adding onto their homes, moving homes, and dealing with cramped spaces and lack of privacy (Purcal et al., 2014).

In 2 qualitative studies with 27 grandmothers and 7 grandfathers in Australia, grandparent caregivers experienced role challenges, role conflicts, and grief due to losses associated with their role (Backhouse & Graham, 2012; Backhouse & Graham, 2013). Grandparents faced daily challenges to ensure their grandchildren were taken care of including financial, legal, health, and parenting problems and lifestyle changes. Grandparents dealt with changes in retirement plans, friendships, routines, and hobbies (Backhouse & Graham, 2012; Backhouse & Graham, 2013). They were also concerned about their future plans including who will take care of them if they need care in the future (Backhouse & Graham, 2013). There was a role identity conflict between being a grandparent and acting as a parent to their grandchildren. Grandparents had their ideal view of grandparenting which did not align with their current role as a grandparent caregiver. They wanted to spoil their grandchildren, but they had to be the parental figure and the disciplinarian (Backhouse & Graham, 2012; Backhouse & Graham, 2013). Therefore, they felt a loss of a traditional grandparent role where full-time care was not involved. The grandmothers in the study experienced grief with the role because of the unexpected losses of lifestyles, future plans, and relationships (Backhouse & Graham, 2013). The grandfathers did not talk about loss and grief and focused more on legal and financial challenges and their future plans (Backhouse & Graham, 2013). Despite these role challenges, grandparents cared deeply for their grandchildren and could not imagine a life without them (Backhouse & Graham, 2012; Backhouse & Graham, 2013).

Landry-Meyer and Newman (2004) explored the transition to becoming a grandparent caregiver for 26 grandparents. Only 1 of these grandparents was a grandfather. For these grandparents, role timing, role ambiguity, and role conflict were issues that arose. The caregiving role was often unexpected and off-time for many (Landry-Meyer & Newman, 2004). These grandparents were “recycling” the parent role,

and they felt that they were too old to be raising children (Landry-Meyer & Newman, 2004: 1020). Grandparents were not experiencing anticipated life events like retirement which made them feel different from their peers (Landry-Meyer & Newman, 2004). In terms of role ambiguity, grandparents experienced clarity in their role especially if they had legal custody of their grandchildren (Landry-Meyer & Newman, 2004). Obtaining legal custody gave grandparents a sense of control and security (Landry-Meyer & Newman, 2004). They were trying to seek normalcy in their role by enacting the normal roles in a 2 parent family (Landry-Meyer & Newman, 2004). Grandparents also experienced conflict between the grandparent and grandparent caregiver roles. They wanted to be the fun grandparents who took their grandchildren places and then gave them back to their parents, but they had to be the parents (Landry-Meyer & Newman, 2004). Therefore, they could not enact their ideal grandparent role.

Summary

Overall, the literature suggests that the types of care provided by grandfathers reflect gendered expectations in society. Grandfathers emphasized being providers in their families and forming connections with their grandchildren through sports and physical activity. They relied on a masculinized view of involvement to understand their roles as grandfathers (Mann et al., 2015). Because of these gendered expectations surrounding caregiving, grandfathers may face unique challenges, such as difficulties performing more domestic, daily care activities. The views toward men as caregivers may affect their approach to caregiving and may contribute to grandfathers' feelings that their contributions to their grandchildren are less important than a grandmothers' contributions. Much of the literature has focused on the caregiving experiences of grandfathers who may only have their grandchildren for a short period of time, such as a weekend visit. The caregiving experiences may differ for grandfather caregivers who are responsible for the daily needs of a grandchild living in their home. Age plays a role in the caregiving experience with grandparents experiencing declining health but also feelings of youthfulness and being active. Grandparents also experience numerous challenges in their roles as grandparent caregivers including role conflicts, changes in lifestyles, financial issues, legal issues, and changes in future plans. Little attention has been paid to grandfather caregivers' thoughts on their caregiving abilities and male

caregiving. This current research will address these gaps by exploring the types of care grandfather caregivers of young grandchildren provide, how grandfather caregivers feel about their ability to effectively function as caregivers, and their attitudes as men being caregivers to their grandchildren.

Chapter 3: Methodology

Introduction

This chapter will discuss the methods used for this research study. Overall, a qualitative design with semi-structured, in-depth interviews was used to explore grandfathers' experiences caregiving as men. Throughout this chapter, the following areas will be addressed: research design, recruitment, sample selection and rationale, sample size, interview strategy, field notes and memos, and data analysis.

Research Design

A qualitative design was appropriate because the experiences of grandfather caregivers are phenomena that have not yet been fully explored (Creswell, 2007). Merriam (2002) explains that qualitative research is concerned with learning about the experiences and interactions individuals have with the social world. It allows for detailed, rich descriptions and an in-depth understanding of an individual's experience, and it is concerned with the meanings people give to their experience (Creswell, 2007; Lichtman, 2006; Ritchie & Lewis, 2002; Sofaer, 1999; Stake, 2010; Yin, 2016). Qualitative research uses an inductive approach where concepts emerge from the data (Merriam, 2002). Since grandfather caregivers are often overlooked in the grandparent caregiver literature, using a qualitative design offered them a voice and allowed them to share their experiences (Sofaer, 1999).

Participant Recruitment

Initial participant recruitment began by contacting 12 kinship caregiving groups through telephone and email in Ohio and western West Virginia. Initial contact was established with 8 kinship caregiving groups where a brief conversation was held with either a kinship care coordinator or outreach worker about the services they provide to grandparent caregivers, the demographics of their clientele, any strategies they had for reaching a population of grandfather caregivers, other agencies or individuals who should be contacted, and whether or not they would be willing to either distribute fliers to their clientele or allow a personal visit to talk to clients about the study. Two of the kinship caregiving groups provided referrals to other kinship groups that had previously been contacted. Six of the kinship caregiving groups agreed to post or distribute fliers to their clients, but they expressed that they did not know how helpful they could be because they

only have contact with grandmothers. All of the 8 groups said that they mainly serve single grandmothers and rarely have contact with any grandfathers or married grandparents. Three of these kinship caregiving groups allowed a personal visit to be made to one of their educational or support groups to discuss the research opportunity with their clients and gauge interest.

Ten agencies that serve older adults including 4 Area Agencies on Aging (AAAs), 2 senior centers, and 4 councils on aging were contacted by either telephone or email. Six agencies responded with 2 AAAs providing referrals to kinship groups in their area and 2 councils on aging agreeing to distribute fliers to participants in their kinship support groups. The kinship support groups run by the 2 councils on aging only had female participants, and they did not believe it would be helpful to make a personal visit to talk to their support groups. One personal visit was made to a senior center luncheon to talk about the research. Four family and children's service agencies were contacted; but after multiple attempts to reach a contact person, contact was established with only 1 agency. This agency did not have any grandparent caregivers as clients, but they provided a referral to a kinship care group in their area.

Since only 3 participants were recruited from a social service agency particularly a kinship care group, recruitment was expanded to churches, libraries, and community centers. Six churches (2 in southeastern Ohio and 4 in southwestern Ohio) were contacted to assist with recruitment efforts, and 4 of the churches responded to email or telephone. A personal visit was made to 1 of the churches in southeastern Ohio to discuss the research. Three of the churches declined to have a personal visit made to their congregation because they did not believe it was appropriate, but they agreed to place fliers on their bulletin board or in their weekly newsletters. With permission, fliers were placed on bulletin boards in public spaces, such as libraries, community centers, and grocery stores. Information about the study was also placed in a newsletter for an educational group for older adults.

An additional 3 participants were recruited from this second round of recruiting from churches, libraries, and other public spaces. Therefore, networking within the community was used as an alternative strategy to recruit participants. The researcher reached out to those in the community including local business owners, neighbors, and

friends to talk about the research and ask if they knew of any men who were raising grandchildren. These individuals were also given fliers to place at their jobs or to give to those they may know. This last round of recruiting proved to be the most successful with 6 of the participants being recruited in this way.

The grandfather caregiver population proved to be a difficult one to recruit. One barrier to recruitment included difficulty reaching some of the kinship care groups and other social service agencies. For some of the agencies, it took several attempts before a contact person was reached either through telephone or email. Another barrier included the clientele demographics of the social service agencies. When speaking to agencies who work with grandparent caregivers about their programs, they expressed that they served predominately single grandmothers; and they rarely had contact with married or coupled grandparent caregivers. It became a challenge to recruit grandfather caregivers from these agencies because grandfathers were not seeking services from them. Therefore, recruitment was expanded to other places within the community as a way to overcome this barrier.

If someone expressed interest in the study, he was contacted by telephone or email to be screened for eligibility. If they met the eligibility criteria, the first interview was scheduled for a day and time of the participant's choosing. Four men who expressed interest did not meet the eligibility criteria because they did not have full responsibility for their grandchild or the grandchild's parents lived in the home with them. Also, 3 men were referred to the researcher through snowball sampling, but they declined to participate because they did not like talking about their experiences. For participating in face-to-face interviews, each participant received \$20 as a thank you.

Sample selection and rationale

A purposive sampling technique was used which is a common sampling strategy in qualitative research. A goal of purposive sampling is to improve the understanding of a person's experience (Devers & Frankel, 2000). In purposive sampling, participants are selected because they can provide "insight" into research questions (Devers & Frankel, 2000: 264). Therefore, participants are purposely selected because they have certain characteristics of interest that are important to the issue being studied (Mapp, 2008;

Ritchie & Lewis, 2003). Purposive samples are non-probability samples, and their goal is not to be statistically representative (Ritchie & Lewis, 2003).

Another sampling technique applied was snowball sampling which is used to locate difficult-to-reach or hidden populations (Given, 2008). In snowball sampling, participants provide referrals to others who could be potential participants (Given, 2008; Yin, 2006). Participants were asked if they knew of other grandfathers who were raising their grandchildren and to pass along a flier to those individuals. Because of the challenge of locating grandfather caregivers, snowball sampling was employed since grandfather caregivers may be more likely to be connected to fellow grandfathers in a similar situation.

Inclusion criteria. Participants were selected according to several key criteria. Participants had to identify as a grandfather to either a biological, foster, or step-grandchild under the age of sixteen. The age of sixteen was chosen as a cutoff because children over the age of sixteen are able to obtain a driver's license which allows them to be more independent, and they may not need as much supervision from their grandparents. It was acceptable if the participant had more than one grandchild in their care as long as one of them was under the age of sixteen. Participants had to be currently responsible for the care of the grandchild(ren) living in their home either through formal custody or an informal arrangement. The grandchild(ren)'s parents could not reside in the household because their continual presence may alter the grandfather's caregiving experiences. Participants had to be either married or partnered because of the focus on their caregiving experiences when a grandmother figure is present. The majority of grandfather caregivers live in households where a grandmother is also present (Patrick & Tomczewski, 2007).

The sample was divided by age with half of the sample being age sixty-four and younger, and the other half being age sixty-five and older. Age sixty-five was the division point because it is the starting age that characterizes the older adult population in gerontology. This age division allowed for a range of ages to be represented.

Sample size

The final sample included twelve participants which is the number where saturation was reached. Saturation is the point where no new information is being learned

(Merriam & Tisdale, 2016; Yin, 2016). According to Guest, Bunce, and Johnson (2006), saturation involves reaching the point of no new information or data, no new coding, or no new themes. There is a lack of consensus on the number of participants or interviews needed to reach saturation. Creswell (2007) indicated that saturation can be reached between 5 and 30 interviews. Guest et al. (2006) explored the number of interviews it took to reach saturation in their study of reproductive health among African women. They found that saturation could be reached with as little as 6 interviews, but they reached saturation after 12 interviews (Guest et al., 2006). Recruitment and interviewing ceased after 12 participants (24 total interviews) because they were not adding new information to the topic. After 8 participants, similar answers were being heard in the interviews particularly the 2nd interview on their caregiving experiences and views on caregiving. Therefore, an additional 4 participants were recruited to see if they would add new information to the topic.

Interview strategy

This study included both in-depth, semi-structured, face-to-face interviews and telephone interviews. Qualitative interviewing involves understanding participants' experiences and lives in their own voice, and it allows for the exploration of the depth and richness of a subject (Kvale, 1996; Lichtman, 2006; Rubin & Rubin, 1995; Yin, 2016). Within the qualitative interview, knowledge is formed through a dialogue between the interviewer and the participant (Kvale, 1996). The semi-structured nature of the interviews combined structure with flexibility which allowed the questions structure to be adjusted if needed (Kvale, 1996; Ritchie & Lewis, 2005). A list of interview questions was developed beforehand to guide the interviews (Appendix D), but follow-up and probing questions were also asked to obtain more depth or to explore topics that unexpectedly arose (Rubin & Rubin, 1995; Ryan, Coughlon, & Cronin, 2009). Two, 60 minute, face-to-face interviews were conducted with eleven of the participants while one, 90 minute interview was conducted with one participant. For the face-to-face interviews, the two interview strategy allowed for an understanding of the context and meaning of the participant's experiences (Knox & Burkard, 2009). It provided an opportunity to develop rapport with the participant where they could be more comfortable talking about their personal experiences with grandparenting and family life (Knox & Burkard, 2009).

Interview one began with an introduction to the study, an explanation of the consent form, and obtaining informed consent. Participants were asked to provide demographic information such as date of birth, race, marital status, highest level of education completed, current health status, income, whether they were a paternal or maternal grandfather, and if they practiced a religion. Interview one included context questions to better understand their caregiving experiences in light of their life events. Participants were asked to tell their life story including their childhood, family, education, and work experience; their experiences with their own grandparents; their thoughts on becoming a grandfather; how they become responsible for their grandchild(ren); and questions on the types of household and caregiving tasks they do.

Interview two provided time to revisit additional questions or to follow-up on topics from interview one and typically took place a week after interview one. In this interview, questions were asked about the participants' experiences raising a grandchild, how they and others perceive their caregiving abilities, their views on male caregiving, societal views on male caregiving, and what it means to be a man.

The face-to-face interviews took place at a time and setting that was comfortable and convenient for the participant. Interviews were held in participant's homes, restaurants, libraries, a senior center, church meeting rooms, and one participant's business. Telephone interviews were introduced towards the end of data collection in order to expand recruitment efforts to additional areas in Ohio. Instead of a two interview strategy, telephone interviews consisted of a single 90-minute interview which unfolded similarly to the face-to-face interviews. Only one telephone interview was conducted. All of the participants consented to having the interviews audio-recorded.

Field notes and memos

In addition to the interviews, field notes and memos were written. Field notes were written after each interview. Field notes allowed the interviewer to record the sights and sounds surrounding the interview and to provide context for the interview (Ritchie & Lewis, 2003). Field notes included descriptions of the interview setting and the participant, the overall atmosphere of the interview, and any initial thoughts or questions about each interview. Memos were also written and kept during the research process. In qualitative research, memos help to extract meaning from the data (Birks, Chapman, &

Francis, 2008). These memos served as supportive documents to the transcripts and were used to document various perspectives throughout the research process. Through these memos, the steps taken at each stage of the research and their justification were documented (Birks et al., 2008). During the data collection phase, memos were written on any ideas and questions that emerged from the interviews. During the data analysis phase, memos were written to record how the data was coded, the descriptions of the codes that were created, and initial patterns or themes among the data. These various types of memos provided a greater understanding of the data.

Data analysis

Interviews were transcribed, and potential identifiers were removed for confidentiality purposes. For example, if a participant mentioned the name John or the city of Dayton, it was changed in the transcript to [male name J] and [city name in OH] respectively. Data analysis, such as coding and the initial thematic analysis, was ongoing with data collection. Dedoose, a qualitative data analysis software, was used for data management purposes. It was used to store and retrieve data, manage codes, sort and organize data, and assist with coding, comparing and developing themes. Analysis began as soon as the first transcripts were complete. The data which included demographic forms, transcripts, memos, and field notes were organized and labelled with an identification number that corresponded to each participant.

Transcripts were analyzed using coding and thematic analysis. Coding involved “generating ideas and concepts from raw data (Given, 2008:85).” During the coding process, the data was disassembled into pieces and grouped into categories that share similar ideas, concepts, or themes (Rubin & Rubin, 1995). Coding began with multiple, careful readings of the transcripts to become familiar with the text (Lichtman, 2006; Ritchie & Lewis, 2003). The researcher conducted a close reading of the transcripts from interviews 1 and 2 from the first 2 participants. In these first sets of transcripts, words or phrases were highlighted that were potentially relevant to the study’s goals and research questions. Transcripts were also coded for repetitive text, unusual text, and important pieces of the participant’s experience (Yin, 2016). Codes were created for these various pieces of text. For example, mentions of favorite things to do with their grandchild(ren) was coded as ‘activities with grandchildren’ or talking about what it means to be a man

was coded as ‘definition of a man.’ An initial codebook was created which included each code’s name and definition. The next four sets of transcripts were coded using the initial codebook, and new codes and code definitions were added as the coding process continued. After coding the first 6 sets of transcripts, the codebook was finalized and used to code the remainder of the transcripts.

Themes were developed using thematic analysis. In thematic analysis, the data are organized and described in vivid detail (Yin, 2016). It involved searching for patterns across the transcripts and among the relationships between codes (Braun & Clarke, 2006). Analytic memos indicating ideas and patterns present in the data were used to establish a preliminary list of themes. Themes “capture something important in the data in relation to the research question and represents some level of patterned response in the data (Braun & Clarke, 2006:82). Themes do not depend on quantifiable measures (Braun & Clarke, 2006). After a list of initial themes were developed, participants were contacted by phone to provide additional information relating to some of the initial themes. Five of the participants responded and provided additional information and clarification. The additional information gathered from participants was used to help refine the themes (Rubin & Rubin, 1995). After refining the themes, they were reviewed and finalized.

Steps were taken to assure the trustworthiness of the study. Memos documenting all steps taken in the research from sampling to data collection to analysis were written (Cope, 2014; Yin, 2016). Also, memos were written on the challenges that occurred during the research process and how they were resolved (Yin, 2016). Member checking was another step taken for trustworthiness. Member checking involved taking the data back to the participants to confirm that their experiences were represented correctly (Creswell, 2007; Creswell & Miller, 2000; Cope, 2014; Given, 2008). Participants were sent a brief summary of the findings. A brief email correspondence was conducted, and participants were asked if it represented their experiences or if they had any additional thoughts to share. Participants did not have anything new to add to the findings. To assure that the data represented participants’ experiences, vivid and rich quotes from participants were used to illustrate the themes.

Chapter 4: Findings

Introduction

This chapter will present the results of the study. It will begin with basic demographic information about the participants, characteristics about the grandchildren in their care, how they became responsible for their grandchild(ren), and a description of the types of caregiving activities grandfathers do in their homes in order to provide context to their experiences. Then, the themes that emerged from the interviews will be discussed.

Participant demographic information

The demographic information provided in the following sections is from the demographic information sheet grandfathers were asked to complete and questions from the first interviews which focused on their life stories, family, and caregiving activities they do in the home.

Table 1. Basic demographic characteristics

Demographic Characteristic	
Age	Age 50-64: 7 Age 65+: 5
Race	White: 6 African-American: 6
Marital status	Married: 11 Widowed: 1
Education	Less than a Bachelor's degree: 6 Bachelor's degree or higher: 6
Employment status	Employed: 6 Unemployed: 1 Retired: 5
Income	More than enough money: 2 Just enough money: 9 Not enough money: 1
Rent/own home	Rent: 1 Own: 11
Practiced a religion	Practiced a religion: 8 Did not practice a religion: 4
Health	Excellent: 1 Very good: 4 Good: 5 Fair: 1 Poor: 1

Twelve men from the ages of 50-76 participated in the study. The average age was 63 years old. As shown in Table 1, 7 grandfathers were considered younger grandfathers (< 65 years old), and 5 were considered older grandfathers (65+ years old). The racial background of the grandfathers was evenly split with half of the grandfathers identifying as White and half identifying as African-American. All but one of the grandfathers were married. For educational background, half of the grandfathers had less than a Bachelor's degree, and half had a Bachelor's degree or higher. The grandfathers were also evenly split between those who were in the workforce (full and part-time employment) and those who were not in the workforce (either unemployed or retired). Of the 6 employed grandfathers, 3 worked in chemical plants, 1 owned his own business, 1 worked in a juvenile detention center, and 1 worked in a coffee shop. One of the retired grandfathers did small jobs such as hauling furniture for people and singing in long-term care facilities to supplement his income. The younger grandfathers were likely to be employed with 5 out of the 7 younger grandfathers being employed. The older grandfathers were likely to be retired with 4 out of 5 of the older grandfathers being retired. As shown in Table 1, the majority of the grandfathers reported having just enough money to get by while 2 reported having more than enough money, and 1 reported having not enough money. All but 1 of the grandfathers owned their home. In terms of health status, the grandfathers reported being in either good, very good, or excellent health. One grandfather reported being in fair health, and one reported being in poor health. These 2 younger grandfathers had recently recovered from surgeries and were dealing with health issues.

According to table 1, the majority of grandfathers practiced a religion. The 8 grandfathers who practiced a religion identified as Christian. All but 1 of the African-American grandfathers were heavily involved in their churches. One was a Pentecostal minister, three were Deacons in Baptist churches, and one was the leader of a men's group at his church. Only 1 one of the White grandfathers was heavily involved in his church. He was the treasurer and helped with other church programs. Overall, religious involvement was important in the lives of the African-American grandfathers. The church has served as an integral piece in African-American communities for centuries, and it provided a source of social support for these communities (Krause & Bastida, 2011).

During the first interview, religion was a prominent feature in their life stories; and they discussed how they have been involved in the church from a young age. They were bringing up their grandchildren in the church and making sure their grandchildren were involved in church activities, also. For these African-American grandfathers, their churches provided a source of support as they were caring for their grandchildren; and church members would sometimes offer respite for the grandfathers. Religion was not a central feature in the life stories of the White grandfathers.

Grandchildren Characteristics

Table 2. Grandchildren characteristics

Grandchild(ren) characteristic	
Grandchild relationship	Biological grandchild: 6 Step-grandchild: 5 Biological and step-grandchild: 1
Gender of grandchild	Grandson only: 6 Granddaughter only: 2 Both granddaughter and grandson: 4
Maternal/paternal grandfather	Maternal: 9 Paternal: 2 1 was both a maternal & paternal grandfather
Length of caregiving	< 3 years: 3 3-5 years: 3 6+ years: 6
Age of grandchild(ren) Total number of grandchildren in care = 15	< 8 years old: 7 8+ years old: 8
Type of custody arrangement	Informal: 7 Formal: 5

As shown in Table 2, grandfathers were fairly, evenly split between caring for a biological grandchild and caring for a step-grandchild. One of the grandfathers was caring for a biological grandson and a step-granddaughter. Step-grandfathers defined as caring for their step-child's child(ren). The step-grandfathers in the study did not view their step-grandchildren as just being their grandchildren. All but 1 of the step-grandfathers were present in their grandchildren's lives since their birth. The gender of the grandchildren was evenly split with half of the grandfathers caring for only a grandson and half caring for either a granddaughter only, or both a grandson and a granddaughter. The majority (9) of the grandfathers were maternal grandfathers while 2 were paternal grandfathers. The grandfather who had both a biological and step-

grandchild in his care was also both a maternal and paternal grandfather. The grandfathers had been caring for their grandchildren for less than a year to up to 14 years, and the average length of time they had been caregiving was 6 years. The length of time grandfathers had been caregiving was evenly split between those who had been caregivers for less than 6 years and those who had been caregivers for 6 years or longer. Also, half of the grandfathers had been caring for their grandchildren since birth. The grandfathers were caring for grandchildren from 11 months old to 16 years old, and the average age of the grandchildren was 8 years old. Seven of the grandchildren were under the age of 8 years old while 8 grandchildren were 8 years old or older. The older grandfathers appeared to be primarily caring for grandchildren less than 4 years old. Three out of the 5 older grandfathers were caring for toddler-aged grandchildren compared to 1 out of 7 of the younger grandfathers.

Seven of the grandfathers had an informal custody arrangement in caring for their grandchild(ren). They generally made arrangements with the grandchild's parents to care for the child until the parent(s) were able to. Many of these grandfathers with informal arrangements thought they would be caring for their grandchild(ren) for only a short amount of time (up to 2 years), but they ended up caring for them for multiple years. The longest informal arrangement has lasted 13 years for one step-grandfather. Because these grandfathers have an informal arrangement, they are often ineligible for certain financial assistance and have difficulty getting services for their grandchildren. In one situation, one step-grandfather's granddaughter had health problems and sometimes needed to take medicine at her school. The school would not contact the grandparents to ask permission to give his granddaughter any medicine or medical care because he was not considered the legal guardian. Even though the grandfather and his wife were her primary caregivers, the school would contact his granddaughter's mother since she was still the legal guardian.

Five of the grandfathers had a formal custody arrangement where the court system granted them legal custody of their grandchildren. Two of the grandfathers were contacted by the child welfare system to see if they could take their grandchildren following incidents with either their child or stepchild, and three grandfathers actively

sought and were awarded legal custody for their grandchildren for reasons described in the following section.

Reasons for taking responsibility of their grandchild(ren)

There were various reasons why these grandfathers took responsibility for their grandchild(ren). Two of the grandfathers, Mr. A and Mr. W, were caregivers because of teen pregnancy. Mr. A's daughter became pregnant when she entered college, and Mr. A and his wife decided to care for their grandson until their daughter finished college. Even though Mr. A's daughter finished college years ago, they were still taking care of their 9-year-old grandson because they were unsure of how to transfer care back to the mother. The grandson also expressed that he would like to continue living with his grandparents. Mr. W's step-daughter became pregnant while in high school, and he and his wife stepped in to care for the child until she finished school. Once his step-daughter finished school, she moved and Mr. W is continuing to care for his 13-year-old granddaughter in an informal arrangement.

One grandfather, Mr. Y, was a caregiver because his daughter had multiple chronic illnesses that made it difficult for her to care for her children. Mr. Y described how there were days where his daughter was unable to move or even get out of bed. She lived nearby to Mr. Y with her college-aged son. Mr. Y and his wife decided that it would be best if his granddaughter lived with them due to the mother's illnesses. They have been caring for their 14-year-old granddaughter for 5 years.

Two grandfathers, Mr. C and Mr. D, were caring for their grandchildren due to neglect issues. For Mr. C, his grandson's parents would leave him with Mr. C and his wife and not return for several days. Mr. C decided that since his grandson was there all the time, they would take responsibility for him. Mr. C had been caring for his 2-year-old grandson for a year and had an informal custody arrangement. For Mr. D, there was an incident of neglect that occurred when his grandson was an infant that prompted the court system to grant temporary custody to Mr. C and his wife. Mr. C had been caring for his year old grandson for less than a year.

Mr. F was caring for his 13-year-old grandson because the mother died in a car accident when his grandson was a toddler. They tried to share custody with the father for

a while but decided that it would be best if they had sole legal custody. He had been taking care of his grandson for 10 years.

Four of the grandfathers were caregivers because of drug abuse of the grandchild's parent(s). Mr. V and his wife sought legal custody of his two grandchildren because his step-daughter had a history of drug abuse. They had been raising their 10-year-old granddaughter and 14-year-old grandson informally since birth but felt that a legal custody arrangement would be more appropriate to ensure that their grandchildren would always be well-taken care of. Mr. E had been caring for his 7-year-old grandson for three years because of his step-daughter's issues with drug abuse. Mr. E and his wife had an informal arrangement with the mother to care for their grandson until she received help. They would transfer the care of their grandson when she demonstrated to them her ability to take responsibility. Mr. X had been caring for his 8-year-old granddaughter and 6-year-old grandson for five years because his daughter and her boyfriend had drug abuse problems. He recalled child welfare services calling him and his wife one night to ask if he could take in his grandchildren. Shortly after, he was awarded legal custody of his grandchildren. Mr. B and his wife found out about their daughter-in-law's drug abuse, and that their granddaughter had been placed in foster care as an infant. They were upset that they were not contacted to take their granddaughter because they lived in the area. Mr. B and his wife went through the court system to obtain legal custody of their granddaughter who is currently 2 years old. Three of the four grandfathers who took responsibility of their grandchild(ren) due to the drug abuse of either their child or stepchild had legal custody arrangements.

Finally, three grandfathers were caring for grandchildren due to the parent's work schedule. Mr. Z and Mr. U's step-daughters both worked in a health care setting where they worked long hours on varying shifts. Mr. Z began by having his grandson for a couple days a week, and then it extended to having him full-time. It was becoming a hassle to get the grandson back and forth between two homes so they decided to take him full-time. They have been caring for their 6-year-old grandson for 5 years. The mother will often give Mr. Z and his wife a break once a week on one of her off days. For Mr. U, his step-daughter worked in an area far from him and his wife. Mr. U's wife made the decision to raise their 19-month-old grandson since birth so his step-daughter could focus

on working. In addition to the grandson Mr. C was caring for due to neglect, he also had been caring for 16-year-old granddaughter for 8 years. Mr. C and his wife were only meant to care for their granddaughter until her mother (his step-daughter) found a job and got settled in another state, but they decided to continue caring for her so the mother could focus on her career. Both of the grandchildren in Mr. C's care had different parents.

Grandfathers' caregiving activities

Grandfathers were engaging in a variety of both instrumental and non-instrumental caregiving activities. Instrumental activities were defined as hands-on activities or support grandfathers physically provide to meet the everyday needs of their grandchild(ren). This includes bathing, changing diapers, feeding, grooming, getting them ready for the day, preparing meals, laundry, and transportation. Non-instrumental activities involve informational and emotional support, such as teaching their grandchildren; helping with homework; providing advice, guidance, or comfort; and listening to grandchild(ren)'s issues or problems. Disciplining and participating in recreational activities or outings with their grandchild(ren) were also included as non-instrumental activities. All of the grandfathers had been involved in changing diapers, giving baths, feeding, transportation, providing emotional support, disciplining, and participating in recreational activities throughout the time they have been providing care for their grandchildren.

Grandfathers caring for grandchildren aged 8 or younger were primarily engaged in activities, such as bathing, changing diapers, and feeding (in the case of infant to toddler-aged grandchildren), grooming, getting them ready for the day, preparing meals, transportation, recreational activities, disciplining, and providing comfort. Grandfathers with grandchildren over the age of 8 were primarily engaged in activities, such as preparing meals, waking them up for school, helping with homework, providing advice and guidance, listening to their problems, disciplining, recreational activities, and transportation. When asked about the activities they did with the grandchildren in their care, all of the grandfathers reported doing sports and outdoor activities as the main activities they did. Grandfathers enjoyed activities such as play wrestling, playing football and basketball, water gun fights, camping, fishing, hunting, bowling, swimming, and going to the park. The only caregiving activity that all grandfathers did not do was

their grandchildren's laundry either because they did not know how to do laundry or their wives preferred to do the laundry.

The 3 employed grandfathers whose wives were not employed expressed that they were not as involved in the daily care of their grandchildren since they were not present during the day. Therefore, their wives provided the majority of care during the weekdays. Retired grandfathers appeared more involved in their grandchildren's daily care. They spent more time doing hands-on care, such as cooking, bathing, feeding, transportation, etc. In households where both the grandfather and grandmother were employed, they appeared to share more responsibilities for their grandchildren. They each had child-care tasks that they were responsible for, and they often worked together when caring for their grandchild(ren).

Themes

The remainder of the results chapter will discuss the themes that emerged. The interviews, observations made during the interviews, and memos written throughout the research process were used to develop each theme. Four themes were identified that illustrated grandfathers' experiences raising grandchildren – gender and caregiving, societal confidence in male caregiving, parenting vs. grandparenting, and aging issues and caregiving. Each theme will be presented along with its sub-themes and examples from participants that illustrate each theme and sub-theme. Not all of the grandfathers' experiences were present within all of the themes. Two participants requested for direct quotations to not be used. Therefore, their thoughts and experiences will be paraphrased when presenting the themes.

Gender and caregiving

Gender and caregiving was a theme that was woven throughout the grandfathers' experiences. Grandfathers were asked several questions relating to being a male caregiver; and from the interviews, gender played a role in grandfathers' caregiving experiences and views on caregiving. They drew upon traditional gender norms when discussing themselves as male caregivers. Certain stereotypical characteristics associated with being a man (such as responsibility) were important to them as caregivers. Grandfathers also emphasized differences between female and male approaches to caregiving, and they appeared to connect caregiving to femininity. Several sub-themes

are discussed below, such as responsibility, male caregiving examples, grandchild's gender and care, hairstyling, and differences among men and women's caregiving.

Responsibility

This sub-theme was almost universal among the grandfathers. All but one of the grandfathers emphasized the importance of responsibility. For them, being a man was about being responsible and taking care of business. It was what they were supposed to do. Grandfathers felt that men bore certain responsibilities to take care of their family's needs, to provide for them, and to serve as an example for their family. This was an important part of their identity as male caregivers, also. For many of the grandfathers, family came first. They made sure their family was taken care of including making sure the bills were paid and food was on the table. Sometimes this meant making sacrifices and giving up their plans to make sure their grandchildren were cared for because they were their responsibility now. This was something that they took seriously. Some grandfathers learned this importance of responsibility from other men in their families such as fathers, grandfathers, uncles, and brothers. They recalled watching the men around them taking care of their own families and handling their responsibilities.

Mr. Z and Mr. V appeared to have traditional views of what it means to be a man. Responsibility was an important part of who they were as men and caregivers. Mr. Z was a 65-year-old employed grandfather taking care of a 6-year-old step-grandson. For him, taking care of one's responsibilities was important to being a male caregiver. Earlier in his life, he recalled times where he was not as responsible as he should have been, and no one held him accountable for it. As a father, he was not responsible for the upbringing of his children when they were teenagers, but he made sure to be present in their lives. He believed an ideal male caregiver should be one who "steps up to the plate and does what is responsible." He says, "An ideal male caregiver to me means I'm going to have to give up some of my wants to do things to make sure that child is covered, is taken care of, is looked after properly."

Mr. V said, "Men bear certain responsibilities that...is to work, to provide, to achieve something, to serve as an example to his children." Mr. V was a 64-year-old retired step-grandfather but did other odd jobs for additional income. He took care of many of the household duties, such as cooking and cleaning, because his wife worked.

He did not believe that men should be the breadwinners in their families, but he did believe men had particular family responsibilities they needed to fulfill. Mr. V made sure to fulfill these responsibilities to the best of his ability by continuing to work to ensure his grandchildren had everything they needed and being an example to them.

Male caregiving examples

A few grandfathers recalled that they learned about caregiving from watching other male caregivers. The grandfathers primarily identified men in their own families that showed them how to be a male caregiver. The men that grandfathers' identified seemed to serve as an example and influenced them in taking care of a grandchild.

Mr. U was 76 years old and caring for his 19 month old step-grandson. He looked to his father as an example of a good caregiver. He talked about watching his father take care of his wife and 7 children when he was younger. His father always put his family first and often went without certain things to ensure that his children had good Christmases and anything the other children in the neighborhood had. He remembered sitting and singing with his father as their family tradition which is something he carried on today with his grandson. Through his father, Mr. U learned the importance of caring for his wife and grandson. He made sure that his grandson has everything he needs and helps his wife in any way he can like he witnessed his father doing. For Mr. U, it appeared that caregiving was linked to doing everything you can for your family.

Mr. D was a 66-year-old grandfather caring for 2 grandchildren. When he was younger, his father cared for 2 nieces and 2 nephews in addition to his own 8 children. Growing up, Mr. D watched his father step in and care for additional children which influenced him to take responsibility for his biological grandson and step-granddaughter. He said, "If you watch, and I guess most of it rubs off on you. I guess that's part of why I take care of mine." For Mr. D, watching his father be a caregiver made him realize that he could do it, also.

Mr. A was a 51-year-old biological grandfather who was taking care of a 9-year-old grandson. He talked about how seeing an example of men caring for children helped him realize that men can be good caregivers. He mentioned how the show Full House (show about a widowed dad caring for his 3 daughters with the help of his 2 best male friends) solidified this for him. Before Full House, he mentioned that there were not

many portrayals of male caregivers on television. He said, “I don’t think without seeing an example that I would really be equipped to do it, but after seeing that other males do it and how they handle situations...it makes it more real.”

For these men, seeing an example of other men being caregivers was important. It seemed to influence them to become grandparent caregivers. For Mr. U and Mr. D, they watched their fathers growing up and carried the lessons they learned about caregiving through parenthood and grandparenthood. These examples of other male caregivers showed them that it can be done.

Grandchild’s gender and care

All but 2 of the grandfathers had grandsons in their care. They had close relationships with their grandsons and often spent much time in the household with them. There were a couple of instances where grandsons wanted their grandfathers to do certain activities for them, such as grooming (bathing, cutting nails, brushing hair). Sometimes this occurred after the grandson went to the grandmother for assistance.

Mr. E was a 55-year-old grandfather caring for a 7-year-old grandson. Mr. E and his grandson had a close relationship where his grandson often followed him around everywhere he went. Mr. E sometimes referred to his grandson as his “shadow.” He said, “He usually rather me give him a bath because I was a little bit more lenient on him ... He wouldn’t trust no one to cut his fingernails or toenails or nothing like that except me.” Mr. E may have had a different approach to grooming than the grandmother that the grandson preferred sometimes. Mr. E did suggest later in the interview that he was easy-going and did not discipline him as much as his wife which may contribute to his grandson wanting him to help with grooming. Also, sometimes his grandson just wanted his grandpa to do these activities or his grandpa was the one available at times when he wanted a bath.

Five grandfathers were caring for granddaughters. They had close relationships with them, also; but there were no instances of granddaughters preferring either grandparent to do certain caregiving activities. Grandmothers were the ones who usually helped their granddaughters get ready for the day, styled their hair, and bathed them when they were younger. These grandfathers spoke about how their granddaughters spent a lot of time with their wives. Especially in households where there was both a granddaughter

and a grandson, granddaughters generally spent more time with their grandmothers, and grandsons generally spent more time with their grandfathers. Grandfathers indicated that their wives and granddaughters had similar interests, such as cooking, shopping, seeing movies, etc. Grandfathers and their grandsons had similar interests, such as playing ball, wrestling, hunting, and fishing.

Hairstyling

Another issue related to gender and caregiving involves styling female's hair. For the 6 grandfathers with granddaughters, all of them said that their wives were the one's responsible for doing their granddaughters' hair. They expressed that hairstyling was a skill they had not yet developed, and they felt they were not good at it. It may have been a task that they never did before either because they did not have daughters or it was something their wives did. Some of the grandfathers said that they can do the basics of hair care, such as brushing it; and one grandfather, Mr. B, of a 2-year-old granddaughter said that he may could put it in a ponytail if needed. They expressed that when they did have to do their granddaughter's hair, it did not look as good as if their wives did it. Their wives would curl it, braid it, or put bows in it.

One grandfather, Mr. F, was actually the single father of a daughter for the first several years of her life. Now, he was currently caring for a 13-year-old grandson. He talked about styling and braiding his daughter's hair when she was younger and how women would try to fix it because it did not look great. He said, "When you raise a little girl and you keep her clean, but you might not be that good at her hair and stuff, women will see her and say hey, she can come over and play with my kids. The only thing they want to do is get in there and fix her hair."

Mr. V was a retired grandfather and would spend a few days taking care of his 14-year-old grandson and 10-year-old granddaughter on his own because his wife often went out of town for business trips. He talked about getting his granddaughter ready for school and having to brush her hair. He said, "Her hair might not look as good as it would if my wife was there to do it. She's got very long hair. Very, very long hair, and she screams and protests anytime a brush goes into it. So I just let her look like Cousin It."

For these grandfathers, hairstyling may not be high on their priority list when caregiving. Ensuring that their hair is combed may be enough for these men. They may

be more focused on ensuring that their basic needs are met, such as being fed, clean, clothed, etc. If their hair is not perfect, then that is ok for them. For women, society places importance on appearance; and hair is an important part of that. Therefore, the women in their lives may try to ensure that either their granddaughter or other female's hair is styled nicely.

Differences among men and women's caregiving

Men drew upon traditional gender roles when discussing differences among men and women's caregiving. This sub-theme was present among almost all of the grandfathers' experiences. Most of the grandfathers viewed women as being nurturing caregivers. For them, both men and women were good caregivers; but women had something that men did not. Women had maternal instincts and nurturing characteristics that stemmed from carrying a child in the womb. Some felt that men and women had different bonds with their children and that contributions from both mothers and fathers were important.

Mr. F believed that men were not as emotional as women. He provided an example of how mothers and fathers respond differently when their child has a minor injury. Mr. F said, "You know a mom is maybe going to investigate and take them to a doctor or hospital. We are just going to wrap it up most of the time."

Both men and women are going to make sure their child is ok, but the overall approach may be different. For this grandfather, women appear to have a more nurturing approach. He attributed these different approaches to gender.

Mr. U was a minister and felt that nurturing qualities were something given to a woman by God. He discussed how women know how their child feels. A gentle touch or word from a mother could change a bad situation to a good one for a child. He believes that a man does not know his child as well as a woman. He talked about how his own mother could sense when something was not right with one of her children. He also talked about how his wife can easily understand their 19-month-old grandson's needs and wants. Mr. U sits and watches his grandson to learn what his cries and mannerisms mean while his wife can come in, know the problem, and correct it in no time. He felt that this was because of maternal instincts.

Mr. E had a similar stance on caregiving. He said, “I think a woman has a nurturing effect with a kid. There’s a different connection with a woman to a child than it is for a man to a child. I think you need the man and the woman in there. A child needs to see both sides to understand the world.”

For many of these grandfathers, they felt that women were more nurturing because their wives and mothers possessed nurturing qualities. Women are stereotypically viewed as the more nurturing caregivers which may play a role in these grandfathers’ thoughts.

Gender and caregiving summary

This theme suggests that gender was important in caregiving. They emphasized traditional gender norms, such as men’s role to take care of the family and women being more nurturing and emotional. Observing the men and women in their lives seemed to influence their views on gender and caregiving. They placed emphasis on how men and women possess different traits, roles, and possibly caregiving approaches. Gender may also influence their caregiving tasks with grandsons sometimes preferring their grandfathers to do grooming activities or grandfathers’ challenges with doing their granddaughter’s hair.

Societal confidence in male caregiving

This theme focused on societal confidence in male caregivers and its impact on grandfathers as male caregivers. This theme was universal among the grandfathers. Grandfathers were aware of how society viewed men as caregivers to children. As male caregivers, they had to confront what Mr. F called the “stereotype challenge.” Society was constantly telling them that they were incompetent in caring for children and that they did not have the abilities to be caregivers which the grandfathers emphasized was untrue. Some expressed that it is a challenge to shift these views because society depicts women as the one providing the care. All of the grandfathers believed that either the man or the woman could be a primary caregiver.

Mr. Z was a 63-year-old step-grandfather who felt that society favored female over male caregivers. He mentioned how the court system tends to favor the mother over the father in custody issues. Mr. Z said, “I mean you have some women that can’t take care of kids. That have a condition after they have a kid that causes them to do things to

hurt the kid, but yet and still if there is a break in the male/female parenting bond, then the courts will say the mother gets the child even though as documented that that mother is going to abuse and hurt that child whereas the dad wouldn't." Mr. Z felt that societal views on caregiving could impact custody decisions. Since women are often considered as the primary caregivers, they were the ones who were favored.

Not only were these grandfathers aware of society's views toward them as caregivers, some personally dealt with the stereotypical views of male caregivers either in their communities or their own homes. They had experiences with others, mostly women, who did not believe they could do certain childcare tasks properly. When Mr. E's 7-year-old grandson was younger, his wife would not allow him to change his diaper or pick out his clothes because she did not believe that he could do it properly. When asked about who used to change his grandson's diapers, he said, "My wife, you don't do that, I'll take care of this, mainly because I don't trust you, I'll think he'll get diaper rash if you do it so that's how it worked out." When asked about who gets his grandson dressed, he continued to say, "I didn't do it. She pretty much did that because she said you can't pick out clothes. That's what I heard because I would put on stuff that I would want to wear."

Mr. B was a 57-year-old grandfather caring for a 2-year-old granddaughter. Mr. B worked part-time so he was often home with his granddaughter in the day while his wife was at work. Mr. B dealt with women giving him advice in grocery stores when he was runs errands with her. They offered him advice on how to calm her crying. He said,

People react oddly to a man tending to a small child. They really do. I get so much unsolicited advice from women in grocery stores... So it's amazing to me the things I've seen, the things I've lived through that it still surprises people to see a caring, nurturing man. Where have you been? [laughing] This has been going on for a long time, and it went on before too whether people admit it or not... Just like the women in this world who are just smugly certain that no man can ever properly care for a toddler which is just silly.

These particular women in Mr. E and Mr. B's case may have assumed that they did not know how to do these caregiving activities. Some individuals in society may not be exposed to seeing men caring for children. Therefore, they believe the stereotypes that

men are incompetent in caregiving. This was something that was frustrating to grandfathers because they knew they could be good caregivers.

Grandfathers mentioned how views on male caregiving are shifting and that it is becoming more acceptable to see men as caregivers; but there was a long way to go. They did not let these views affect how they saw themselves as caregivers. Their main concern was doing the best they could as caregivers to their grandchildren.

Societal confidence in male caregiving summary

In this theme, grandfathers were well-aware of the stereotypes society held towards male caregivers. They expressed that this was a unique challenge men faced as caregivers. Some grandfathers dealt with these societal stereotypes directly though those who assumed they could not do certain caregiving tasks. Because of these societal views, male caregivers may feel like they have to prove that they can be good caregivers; but these grandfathers tried to not allow this to affect them.

Parenting vs. grandparenting

Parenting vs. parenting was a theme that discussed the similarities and differences grandfathers encountered as a caregiver for their grandchildren vs. a caregiver for their children. All of the grandfathers expressed that caring for their grandchildren was similar to caring for their own children when they were younger. The childcare tasks and responsibilities were exactly the same for them. They had to change diapers, get them ready for school, discipline them, etc. Many grandfathers felt that they were parents all over again. Mr. Z explained that “It’s parenting. Not grand, the parent. So in essence you’re raising kids and it’s the same.” They also indicated that they had different attitudes toward caregiving and that they are trying to better understand their grandchildren in today’s times. There were 4 sub-themes detailing their experiences parenting vs. grandparenting – previous parenting experiences, different attitude as grandparents, cultural differences, and challenges in helping with school work.

Previous parenting experiences

This sub-theme was common among the vast majority of the grandfathers’ experiences. Almost all of the grandfathers were confident in their abilities to manage daily parenting tasks because they had done it before with their own children. Three of the grandfathers had the experience of being single fathers for a few years. Mr. F raised

his daughter on his own from the time she was 18 months old until age 6. He raised her in an area where he did not have any family to assist him. When he became responsible for his grandson, it was not a problem because he had the experience of raising his daughter. He said, “Didn’t have no problem changing diapers. Didn’t have no problem disciplining. I didn’t have a problem playing with him. It was just next.” For him, his grandson was just another child he needed to care for. He did it before, and he could do it again.

Mr. C also explained that it was not a problem managing daily parenting tasks for his infant grandson. Doing parenting tasks was easy to him because he had done it in the past. He said, “More importantly it’s not new to either one of us...so therefore it’s almost taken for granted. We did it before twice with our own kids. We changed diapers. Put the kids to bed. Bathe them, etcetera. This part’s easy.” Knowing what to do in terms of parenting/caregiving tasks was the easy part for Mr. C because of his previous experiences as a parent. Later on in the interview, he discussed the challenges he faced such as having to rearrange his lifestyle and preparing for the future if he were to continue to be a caregiver to his grandson. These additional challenges may have been the difficult part of caregiving for him.

Another thing some grandfathers mentioned was that they learned from the mistakes of parenting their own children which made them better prepared this time around. Mr. A had 4 adult children and was currently caring for a 9-year-old grandson. When talking about caregiving at this point in his life, he said, “It’s kind of like cruise control because you been there and done that...you made all of your mistakes.”

Mr. D was retired and caring for 2 grandchildren. He also had raised 4 children as a father. He said, “Grandfathers learned so much from taking care of their children that they apply to taking care of their grandchildren. Because any mistake you made with yours, you can kind of pick it up on your grandkids. So you kind of straighten things out a little...Just another chance to improve your grandkids.”

Mr. B had raised his children as a single father at different points in his earlier years. He believed that as he became older, he became a better caregiver. Mr. B said, “I do think that I’m better able to manage myself in the framework of parenting...because I did have a temper, but I think I’m more patient now, and I think that makes a big difference.”

For these grandfathers, their previous experiences with their own children prepared them to take on the responsibility of their grandchildren. The wisdom and knowledge gained over the years made them better caregivers because they learned what did and did not work in parenting their own children. For some, it was another opportunity grow as a caregiver.

Different attitude as grandparents

Some grandfathers expressed that they had a different attitude in parenting their grandchildren compared to their children. They felt that they were more lenient and easy-going with their grandchildren. They did not discipline them as much as their own children when they were younger. Some grandfathers just wanted to be the ones to spoil their grandchildren.

Mr. Y was caring for a 14-year-old and had a different attitude as a caregiver this time around. He said, "I am probably not as strict on the grandchildren as I was on the children, but I think that's because I'm older. You know you let things slide sometimes. Things that bothered me then don't bother me as much now. I can tune them out better I guess."

Mr. D expressed a similar feeling. He said, "It's a difference in an attitude that you have with them because you usually are a little easier going on your grandkids than you were with the kids."

It appears that these grandparents were more relaxed as grandparent caregivers. The model grandfather for some of them was one who can do whatever they wanted with their grandchildren and spoil them because ideally they could return them to their parents at the end of the day. Even though these grandfathers did not have the ability to give them back to their parents, they may have been holding on to that ideal of being more lenient with your grandchildren. For some, it was a shift in what was important to them as they aged. With Mr. D, things his children did that were a nuisance to him in the past became inconsequential now.

Cultural/societal differences

Even though the caregiving tasks and responsibilities were similar to parenting their own children, some grandfathers expressed that they were raising their

grandchildren in a very different world compared to when they raised their own children. These grandfathers had difficulty understanding their grandchildren's world.

Mr. W was caring for a 13-year-old step-granddaughter. For him, it was an interesting experience to watch her grow up; but a challenge to understand some of the changes that have occurred since he was younger. He said, "I think the hardest part probably trying to really understand the kids in the same things that they go through nowadays as opposed to me being a kid growing up on a farm...it's a major change."

Since him and his granddaughter grew up in different eras and locations, relating to her may be difficult. When Mr. W was younger, he recalled working on the farm, playing with the barn animals, and playing in the creeks nearby. Nowadays, his granddaughter likes to stay inside on the computer. He does spend time with her doing things she enjoys, such as playing computer games. It appears that this was his way of trying to understand her better.

A few grandfathers discussed how they did not understand their grandchildren's fascination or reliance on electronic devices, such as iPads and cell phones. This was something many did not deal with in parenting their own children because technology was not widely available.

One of the younger grandfathers, Mr. A (aged 51), talked about how his 6-year-old grandson watches YouTube videos every Saturday morning. Mr. A recalled watching Saturday morning cartoons with his children because Saturday morning cartoons used to be the exciting thing on the weekends. He said, "He likes to watch YouTube. I don't know what the sensation is...he watches YouTube like we used to watch Bugs Bunny on Saturday morning."

Another grandfather, Mr. Y, who was 64 years old expressed how the world has changed since he raised his children. To him, the world had changed because of technology. When his children were younger, he would go outside with them to play and ride bicycles. Now, it is a challenge for him to get his 14-year-old granddaughter to go outside to play basketball. His grandchildren are not as active and spend much of their time on their cell phones. In response to this, he said, "They cannot put their electronic devices down. It drives me up the wall...I don't understand it. These kids can't talk to people."

For Mr. Y and Mr. A, technology appeared to be a cultural difference between themselves and their grandchildren. Their grandchildren have grown up with technology being available while the grandfathers have not. Therefore, technology may not be as important to them. These grandfathers were having to adapt to these cultural differences that were not present when they were fathers.

Challenges in helping with school work

Another difference between parenting and grandparenting was the changes in school curriculums. For the grandfathers with school aged grandchildren, helping their grandchildren with homework was more of a challenge now than when they were parents. They talked about how schoolwork is very different and more complex from when their children were in school. Grandfathers did not quite understand it at times. The grandfathers whose grandchildren were not quite in school anticipated having difficulties helping with homework.

Mr. Y discussed difficulties helping his grandchildren with their homework as they advanced grades. He said, “I was fine until they got to middle school and high school. By 2nd grade, it was passing us by. Basically the math they teach now, I don’t have a clue what they are trying to do.” Mr. Y would try to seek assistance from a co-worker who used to be a math teacher to help him understand his granddaughter’s homework. He appeared frustrated that he could not help her, and he was having to re-learn certain school subjects along with her in order to try to help with homework.

Parenting vs. grandparenting summary

This theme suggests that there were similarities and differences between being a parent and a grandparent caregiver for these grandfathers. As grandparent caregivers, they felt as if they were parents all over again. The responsibilities were the same, but they had more knowledge and were better equipped as caregivers because of previous parenting experiences. The main difference they experienced this time around was societal or cultural differences between parenting now and parenting in the past.

Aging issues and caregiving

Aging issues and caregiving was another theme that emerged. Issues related to aging were important in grandfathers’ experiences caring for their grandchildren. They were aware of their aging and felt that it made it difficult parenting this time around.

There were 4 sub-themes associated with aging issues and caregiving- lower energy levels; physical health issues; a feeling of youthfulness; and role timing, retirement, and future plans.

Lower energy levels

Lower energy levels were an issue some grandfathers' attributed to age. As they were getting older, grandfathers felt that they did not have as much energy as they did when they were younger. This sometimes made their caregiving duties difficult. Lower energy levels are also related to the differences between parenting and grandparenting. Having less energy was something expressed by both younger and older grandfathers. All of the 5 grandfathers who talked about a lack of energy had younger grandchildren under the age of 10 years, and their grandchildren were energetic. They were constantly taking their grandchildren to various activities, trying to keep them entertained, or chasing after them. This was tiring and difficult to manage, and sometimes they needed to either rest or slow down.

Mr. Z, a 65-year-old grandfather was caring for a 6-year-old step-grandson with autism. His grandson was very energetic and always on the go, and it was challenging to get him to settle down. He said, "If you allow him to go like the energizer bunny, we're at the age where we can't handle that." Him and his wife did not have the energy to keep up with their grandson.

Mr. A was a 51-year-old grandfather with a very active 9-year-old grandson. Mr. A was aware that he was a younger grandfather but still experienced lower energy levels. He said, "The energy levels are not quite there obviously with running around...because as you get older, you need a little more time to digest things and you got a kid that wants to go out, a super amount of energy and play."

These 2 grandfathers felt that a lack of energy was associated with aging. At their age, they felt they did not have the energy to keep up with their grandchildren. This sometimes made caregiving challenging for them.

Physical health issues

Physical health problems created challenges in caring for grandchildren. These appeared to be more of an issue for grandfathers over the age of 65 because they discussed it more compared to grandfather under the age of 65. Caregiving appeared to

make them aware of their physical aging process. They expressed that they could no longer do what they used to when they were younger. Achy joints and back problems were the primary physical problems grandfathers faced. In some cases, physical problems hindered their abilities to do certain activities, such as playing with their grandchildren or lifting them. They had to find ways to manage their conditions so that they could continue caregiving in the future.

Mr. U was the oldest grandfather in the study at age 76, and he was caring for a 19-month-old grandson. Physical health issues played a large role in his caregiving experiences, and he attributed his health issues to age. For him, it was important to discuss an older man's experiences with caregiving because he felt it was different than a younger man's experience. He continually referenced his age when discussing his physical challenges. He explained that he had a lot of wear and tear on his body. He had diabetes and also experienced frequent back and ankle pain, and it was difficult for him to manage these conditions. He had to be cautious with his diabetes because he did not want his blood sugar to drop when he was with his grandson. Mr. U had trouble lifting his grandson and running after him, and he often relied on his wife to take their grandson for a while so he could either take his pain medications or lie down to rest his back. He sometimes missed out on outings with his grandson because of these issues.

Mr. U associated these physical health issues with his age. He wanted to continue to be hands-on in his grandson care, but he was aware that he did not have the same physical abilities as a younger grandfather. Aging appeared more important to his experiences as a caregiver compared to gender.

Feelings of youthfulness

Even though the grandfathers experienced physical health issues and declining energy, some of the grandfathers expressed that they also felt young and active as a result of caring for their grandchildren. This was a benefit to caregiving for them. Caregiving brought life in the house for these grandfathers. These grandfathers were attending soccer games, bowling leagues, swim meets, band concerts, and other school functions. They were playing and chasing them around the house and yard. Grandfathers were continually on the move with their grandchildren. It kept them going and allowed them to participate in similar activities as when they were parents.

As he aged, Mr. X, a 50-year-old grandfather, discussed how it was becoming harder for him to get his grandson and granddaughter to all of their activities because he did not always have the energy; but he also felt that caring for his grandchildren kept him feeling young and active. He played catch football with his young grandson and participated in activities, such as bowling and playing outside. He indicated that he would not be doing these activities if his grandchildren were not in his care.

When asked what he enjoyed most about caring for his young grandson, Mr. E, a 55-year-old grandfather, talked about how caregiving made him feel young. Mr. E would run around with his grandson, play with him, take him camping, and help him with school along with many other caregiving activities. He said, “It kind of made you feel young again. It made you forget about the fact that you were getting older.” When talking to Mr. E, he did not appear happy about aging; and he would usually shave his hair and beard so no one could see that he had grey hair. It seemed that caregiving helped him push aside those negative thoughts he had about growing older.

It appears that caregiving provided these grandfathers opportunities to be active as they aged. They were being physically active by playing with their grandchildren and somewhat socially active though taking their grandchildren to events and possibly engaging with other parents there. Engaging in a variety of caregiving activities may have brought a youthfulness they may have felt when they were parenting their own children.

Role timing, retirement, and future plans

Another impact related to aging involved issues of role timing, retirement, and future plans. These areas were interrelated and grandfathers talked about them together as one piece of the caregiving experience. This sub-theme was universal for all of the grandfathers. For the grandfathers, becoming a grandfather caregiver was unexpected; and many were not prepared for this responsibility. These grandfathers did not anticipate raising children at this point in their lives, and many thought they were done raising children. Some, whose children had been out of the house for years, had to quickly reacquaint themselves with caring for a child full-time. They had an image of what they wanted to be doing at their age, and it did not align with what they were currently doing as grandparent caregivers. As Mr. A stated, “It’s like raising a family all over again.” They were essentially recycling the parenting role, and it seemed like this role was off-

time for them. Grandfathers had to change their lifestyles and routines, such as bedtimes, activities they did, or how they cooked.

All of the grandfathers imagined travel to be an important part of their lives at their current age. They wanted to do the activities they could not do when they were parents. Grandfathers wanted to be able to pick up and go whenever and wherever they pleased, but they were unable to because of their childcare responsibilities. They also experienced social isolation because they were unable to get out and spend time with others. Many of their friends were not raising grandchildren so it may have been difficult for their friends to understand their current circumstances and to maintain shared interests.

Mr. C, a 72-year-old, retired, grandfather caring for his 11 month old grandson, discussed how he and his wife usually visit their friends in the winter. He said, “We couldn’t go down this year because of our grandson. I’m not going to take him down there and change their life.” Mr. C also talked about cancelling other trips he had planned later in the year. Grandfathers had to choose whether to take their grandchildren or make alternate childcare arrangements if they wanted to travel or go out, so most of the time they would just opt to stay at home because it might be too difficult to take the grandchildren. It appeared as if grandfathers experienced a loss because they were not able to do what they had envisioned in later life.

Retirement plans were disrupted for most of the grandfathers. For the employed grandfathers who were under the age of 65, they anticipated postponing retirement. These grandfathers knew that they would probably have to continue working past their imagined retirement age due to financial reasons.

Mr. X, a 50-year-old employed grandfather with 2 elementary school aged grandchildren, enrolled them in a private school when he became responsible for them a few years ago. He was aware that he would have to be paying for tuition for several more years and maybe through college. He wanted to retire early in the next 5-10 years; but because of financial pressures, he needed to put retirement on hold.

Mr. Y was 64 years old and employed. His wife was unemployed but did side jobs, such as cleaning and painting. He had been responsible for his teenage granddaughter for the previous 5-6 years. His granddaughter was currently in the 9th

grade, and his biggest concern was providing for her through high school and college. The costs of caregiving continued to add up from providing food, clothing, and school supplies. Therefore, he worked overtime anytime it was offered. When talking about his retirement plans, he said, "I'm going to work until I die. I wanted to be retired by now but I'm not."

Mr. Y's retirement was reliant on when his granddaughter would finish all of her years of school. He did not imagine to still be working at this point in his life, but he did not have another choice. He needed to provide for his granddaughter.

For grandfathers who were already retired which included the majority of older grandfathers, they were unable to do what they envisioned as retired men. They wanted to pursue new projects, continue established hobbies, or travel to new places. Mr. U was heavily involved in his church's ministry and wanted to pursue other areas of the ministry in retirement. Caregiving for his grandson altered his plans. He could not spend all day in his office studying the Bible like he wished because his toddler-aged grandson would disrupt him by making noise and taking things off of the shelves. Mr. U and the other retired grandfathers did not currently experience the traditional image society has of retirement where you relax, travel, and do as you please. They were fulfilling a parental role again which meant they had to put their plans on hold.

One 64-year-old grandfather, Mr. V, took on various side jobs for additional income in retirement. He had a hauling business where he would haul furniture items for people, and he also sang at parties at long-term care facilities. Even though his wife was employed, the costs of raising grandchildren were high so he decided to do small jobs to help. Mr. V and his wife also wanted their 2 grandchildren to be able to participate in extracurricular activities, such as dance, sports, and community theatre. He said, "You got to find a way to make it happen and provide them with opportunities. So we do."

Aging issues and caregiving summary

Overall, there were various issues related to aging that impacted grandfathers' experiences as grandparent caregivers. A lack of energy and physical health problems made it difficult for them to keep up with their grandchildren or do certain activities with them. Despite the difficulties, caregiving made them active and brought them a sense of youthfulness. Being a grandparent caregiver appeared to be an off-time role for these

grandfathers. They were taking on a parental role at a time when they thought they should be finished raising children. Therefore, this new parental role caused grandfathers to change their future plans, including retirement, in order to meet the needs of the grandchildren in their care. Even though there were challenges, grandfathers tried their best to do what they needed to do as caregivers. Many of them found ways to either cope or adapt to these issues.

Supportive vs. equal vs. primary roles in caregiving

There appeared to be distinctions between biological and step-grandfathers in response to whether they played either an equal or supportive caregiving role in their households. This was not necessarily a theme, but it was an important finding. Playing a supportive role in caregiving was present among more step-grandfathers. Step-grandfathers talked about how their role was to support their wives in caregiving for their grandchild(ren). Biological grandfathers talked about having a partnership with their wives where they worked together and equally shared responsibilities for caregiving. One biological grandfather was considered the primary caregiver in the household where his wife supplemented the caregiving skills he had not yet developed.

Supportive roles in caregiving

Mr. Z, a step-grandfather, supported his wife and let her take the lead in decision making for their grandson. He said, “I support more and let her make the decisions. She has a better understanding of his allergies.” Mr. Z’s grandson had severe food allergies and other health issues. Since he was the primary cook in the household, he would ask his wife what he should fix for their grandson’s meals every day. Mr. Z was aware of these issues, but he felt that his wife had a better understanding of them.

For Mr. V, a step-grandfather, he looked to his wife to make decisions about their grandchildren’s care when asked if he played a more supportive or equal role. He said, I probably defer to her in most situations. You know there will be times when [granddaughter’s name], the 10 year old girl, last year struggled in the 4th grade, and they promoted her over my vehement objections. My wife...there was a whole team of experts who, professional educators, counselors, and psychologists who all weighed the pros and the cons of holding her back vs. sending her on, and they decided that the benefits, you know it was a no brainer to them. And my wife

was saying these are the experts, this is what they do... So I thought [granddaughter's name] should have spent another year in the 4th grade for a number of reasons.

Even though Mr. V did not always agree with his wife when it came to their grandchildren, he decided to allow her to make most of the decisions regarding their care.

Both of these grandfathers, Mr. Z and Mr. V, were involved in their grandchildren's life since birth. When it came to making decisions about their grandchildren's care, they felt that their wives were the ones who should make the decisions. They both felt that women had natural caregiving abilities and maternal instincts so it may be tied to gender. The step-relationship to their grandchild might also play a role in this.

Equal roles in caregiving

Mr. C, a biological grandfather, talked about caregiving in terms coordination and shared responsibilities with his wife. When asking about a typical day with his grandson, he said, "We team tag." They took turns caring for their grandson while the other one either went to their exercise class or took care of other appointments. When asked about the caregiving tasks each person did in the household, he said:

It's all shared... It's all a rhythm... We've lived together a long time. You know it's funny we're the typical married couple. We will disagree a lot, but we really don't disagree on who's doing what. Who's responsible about what regarding him... We just coordinate. Ok. Around our own kids and then now our grandson.

Mr. X, a biological grandfather, talked about caregiving in terms of a partnership with his wife. He said they have a system and a routine where they share caregiving responsibilities, such as picking them up from school, making lunches, fixing dinner, and taking them to their extracurricular activities.

For these grandfathers, they worked together with their wives to care for their grandchildren. They felt that they were equals in caregiving.

Primary roles in caregiving

Mr. B, a biological grandfather, indicated that he played a primary role in the care of his granddaughter. Mr. B worked part-time while his wife worked a full-time job in a city an hour away from their home. In response to the role he plays in the household, he

said, “I’d say I have the primary role, but I also think that she fills in what gaps I do have.”

Employment status may play a role here since Mr. B worked less hours than his wife which allowed him to be more available in the day. Mr. B only worked a few hours in the morning on certain days, and he would pick up his granddaughter from daycare after work. He would care for her during the day until his wife came home in the evenings to help.

Supportive vs. equal vs. primary roles in caregiving summary

This suggests that step-grandfathers felt that they played a more supportive caregiving role in their households. Biological grandfathers talked about partnerships and having shared responsibilities with their wives when it came to caregiving. They equally shared tasks and worked together to care for their grandchild(ren). One biological grandfather did have a more primary caregiving role in his household where his wife supplemented the skills he had not yet developed, such as hairstyling and other grooming activities.

The positives of caregiving

This was not necessarily a theme, but it was an important piece of the grandfathers’ experiences. Even though caregiving changed their lives and had some negative impacts, all of the grandfathers found satisfaction and/or meaning in their role. They expressed how their grandchildren were a blessing and how they enjoyed spending time with them. Some grandfathers did not know how much they would get to interact with their grandchildren if they were not in their care. They enjoyed watching their grandchildren grow and learn, and grandfathers liked participating in activities with them. No grandfather regretted their decision to care for their grandchild(ren). For them, the decision was automatic because it is what family does. Mr. A said, “It does cut into your personal time like that but your family’s worth it.”

Mr. U said that even when his 19 month old grandson is making a lot of noise and getting on his nerves, he could never be mad at his grandson because of his smile. His grandson would run up to him and hug him with a big smile on his face which would make Mr. U forget all about being mad. Also, caregiving brought a lot of love, excitement, and fun for Mr. U.

Mr. V enjoyed caring for his 10 year-old step-granddaughter and 14-year-old step-grandson because there were always opportunities for learning. He said, “I’m a lifelong learner, and even though none of them is academic, there’s teaching opportunities everywhere... but that’s what I enjoy about having them around. There’s things to teach.”

Some felt that they were providing a chance at a better life for their grandchildren. Mr. D was taking care of his toddler grandson due to neglect issues and his teenage step-granddaughter due to her mother working out of the state. He said, “You don’t want to see nothing happen to them. You want them to be in a better position than what you see they are in so you kind of take them in.”

Mr. E took responsibility of his 7-year-old step-grandson due to his step-daughters’ issues with drug abuse. He said, “I don’t regret any of it, but it’s upsetting to know that you don’t get to do a lot of things that you want to do, but at the same time, you know you did something right.”

For Mr. D and Mr. E, this may be how they dealt with the negative aspects of caregiving by knowing they were trying providing a better life for their grandchildren. This appeared to give meaning to their role as a grandfather caregivers.

Summary of the positives of caregiving

Overall, there were positives that arose from the grandfathers’ caregiving situations. They were able to play a large role in their grandchildren’s lives which they enjoyed. Grandfathers were able to cope with the negative aspects of caregiving by reminding themselves of the satisfactions they received from the role.

Themes summary

Overall, the themes and findings presented in this chapter demonstrate how men experience caregiving for their grandchildren. The themes illustrated how being a man was important in how grandfathers do caregiving and influenced their attitudes towards caregiving. The themes also showed how grandfathers are recycling the parenting role in later life and how they experience that parenting role differently now due to aging issues.

Chapter 5: Discussion

Introduction

As mentioned, the purpose of the study was to explore how grandfathers experience caregiving as men. The findings suggest that gender and age play important roles in the grandfathers' caregiving experiences. This chapter discusses the major findings of this study and their significance. The four major findings to be explored are 1) gendered notions of care and masculinities, 2) awareness of age and caregiving, 3) role issues and caregiving, and 4) biological vs. step-grandfathers. This chapter begins with a discussion of each finding including its relationship to the current literature. Next, policy and practice implications are considered. Specifically, suggestions for new programming and the importance of outreach and listening to grandfathers' experiences are discussed. Then, study limitations and directions for future research are explored. Finally, a conclusion for the study is offered.

Gendered notions of care and masculinities

An interesting finding was that grandfathers were adhering to traditional forms of masculinity but also rejecting pieces of those traditional forms at the same time. This finding is similar to the literature on the experiences of stay-at-home fathers (Doucet & Merla, 2007; Hunter, Riggs, & Augoustinos, 2007; Lee & Lee, 2018). Hegemonic (or traditional) masculinity drives what a man should be and what it means to be a man (Hunter et al., 2017). There were ways that grandfathers were adhering to traditional forms of masculinity. Grandfathers were heavily involved in their grandchild(ren)'s sporting activities, such as soccer, cross-country, bowling, baseball, and basketball. These were activities they enjoyed doing, and it was a way for them to connect with their grandchildren. According to Doucet and Merla's (2007) work on stay-at-home fathers, engaging in play and sports were important to being a father and a way to showcase their masculinity. These types of stereotypical male activities, such as sports and doing activities outside the home, are important to men's care work (Tarrant, 2013; Tarrant, 2012). Another way grandfathers were adhering to traditional masculinity was through their emphasis on certain societal responsibilities of men. Being providers, role models, and taking care of the family was important to these grandfathers as male caregivers. It was a part of their identity, and it was their responsibility as men. These grandfathers did

their best to fulfill these responsibilities in their household. Among fathers, being a provider was associated with being a good father (Hunter et al., 2017), and these grandfathers appeared to associate providing with being a good male caregiver, also. Though adhering to traditional masculinity, grandfathers were “doing gender” (West & Zimmerman, 1987). According to West and Zimmerman (1987), doing gender is routine; and for these grandfathers, adhering to traditional notions of masculinity was natural for them. Doing gender seemed to be a way for them to affirm their masculinity. Many were taught from the men in their lives and from society that these are the activities men are supposed to do, and these are the ways that men are supposed to behave. Doing gender created differences between men and women that were attributed to gender (West & Zimmerman, 1987).

While grandfathers were adhering to traditional masculinity, they also appeared to reject it in a few ways. The grandfathers appeared to reject some of the traditional gender norms. Grandfathers strongly believed that that men could be primary caregivers, and a few of the grandfathers had acted as primary caregivers to their children at certain points in their life. Similar to Snitker (2018), they rejected the societal belief that caregiving was associated with mothering. Grandfathers participated in caregiving activities that were stereotypically associated with females. Some were the primary cooks and cleaners in their households. They were involved in changing diapers, giving baths, cuddling their grandchildren, and comforting their grandchildren. Grandfathers appeared caring and nurturing towards their grandchildren, also which is in contrast to notions of traditional masculinity (Connell, 2005). Through the simultaneous adopting and rejecting of traditional masculinity, grandfathers could be trying to negotiate between traditional notions of masculinities and an alternate form of masculinity where it is acceptable to have qualities stereotypically associated with femininity, such as being caring, sensitive, and emotional (Hunter et al., 2017).

Something that was not surprising was that grandfathers emphasized the differences between men and women’s caregiving (Doucet, 2004). To the grandfathers, women had a more nurturing approach to care and had maternal instincts which led them to be better caregivers. Grandfathers made it clear that they could not do what a mother could do. They felt that women knew their children and could understand them better

than a man could. Women had a different connection to their children due to carrying the child in the womb. Grandfathers also believed that women had certain qualities or skills that they did not, such as being nurturing and understanding. They were using traditional gender norms to justify women's ability to be better caregivers. Grandfathers emphasized play and activity when talking about caring for their grandchildren. In the literature on the roles of stay-at-home fathers, fathers often try to distinguish their role from the role of a mother (Doucet & Merla, 2007; Snitker, 2018). Fathers emphasize that they are not mothers and that they do things differently than a mother would (Doucet & Merla, 2007; Snitker, 2018). Grandfathers also may have been trying to distinguish themselves from grandmothers through emphasizing these caregiving differences. It was interesting that grandfathers did not view men as being nurturing, but it appeared that they were engaging in activities one might consider as nurturing, such as cuddling with their grandchildren, rocking them to sleep, or comforting them when they were sad or hurt. They may not have associated their behaviors with being nurturing. Since men are not considered the nurturing gender, they may have a difficult time viewing themselves as nurturing. Asking grandfathers what they consider to be nurturing behaviors should be further explored.

In contrast to the literature on grandfathers, grandfathers were doing a wide variety of caregiving activities including both instrumental and non-instrumental care for their grandchild(ren) (Horsfall & Dempsey, 2015; Marhankova & Stipkova, 2015; Tarrant, 2013; Mann & Leeson, 2015). Similar to Mann and Leeson's (2010) study of grandparents' division of labor, grandfathers in this study were involved in hands-on care, such as changing diapers, bathing, grooming, fixing meals, and putting their grandchildren to bed. For grandfathers with grandsons, their grandsons often only wanted their grandfather to do those hands-on care tasks. According to Mann and Leeson (2010), grandfathers were more involved in hands-on care when they were retired. In this study, households with an employed grandfather and an unemployed grandmother followed a traditional gendered division of labor with the grandmother doing the majority of caregiving tasks. For employed grandfathers, they may have to negotiate the amount and types of hands-on care they can provide. In households with a retired grandfather, there was a more equitable division of labor with both grandparents doing an equal share of

caregiving tasks. Grandfathers' engagement in a variety of caregiving tasks suggests changing gender dynamics and men's roles within some grandparent caregiver households. Traditional ideas surrounding gender role expectations can overlook the variations in the care grandfathers provide relating to employment status and/or gender of the grandchild(ren).

Awareness of age and caregiving

Another interesting finding was that grandfathers were aware of the role age played in their caregiving experiences. They viewed age as something that made caregiving a challenge but also made it easier. One of the ways they believed age posed a challenge was through the various health issues and the lack of energy they encountered as they grew older. Health problems and a lack of energy are frequent challenges for grandparent caregivers in the literature. Some of the grandfathers had health problems, such as back pain, arthritis, diabetes, and other chronic conditions, which are common among grandparent caregivers (Purcal, Brennan, Cass, & Jenkins, 2014). These health problems made it difficult to do certain activities with their grandchildren. Playing with their grandchildren, lifting them up, and keeping them occupied were a challenge at times. Both younger and older grandfathers also experienced a lack of energy as they aged. They dealt with chasing after their younger grandchildren and taking their older grandchildren to various school functions and extracurricular activities. This was often difficult for grandfathers to manage, and they needed time to slow down and rest. Grandfathers associated physical health challenges and a lack of energy with the aging process. They continually talked about how they were getting older and how it was becoming more difficult to keep up and do certain caregiving activities as they aged.

Grandparent caregivers are likely to experience health declines during their time caregiving (Purcal et al., 2014). In the literature, grandparent caregivers are often worried about further health declines as they age and who would care for their grandchildren if they were unable due to health reasons (Ebert & Aléman, 2008). For grandparents, there may be a conflict between addressing their own needs and caring for their grandchildren (Shakya, Usita, Eisenberg, Weston, & Liles, 2012). The grandfathers in this study were trying to take care of themselves so that they could continue to care for their grandchildren. In the future, it could become an issue if grandfathers experience health

declines. They would need to have alternate care arrangements in place for their grandchildren or seek possible caregiving options for themselves which would place stress on both the grandfathers and the grandchildren.

Grandfathers were also aware that they could no longer do what they used to when they were younger fathers. Some talked about still running around outside and playing basketball, baseball, and wrestling with their grandchildren even though they either did not have the energy or experienced aches and pains while doing so. According to Tarrant (2013), grandfathers try to resist negative connotations associated with aging. Grandfathers continue to do activities that may be risky for their health because they are trying to adapt to a youthful form of masculinity associated with fathering (Tarrant, 2013; Tarrant, 2012). The grandfathers in this study may be trying to achieve that youthful form of masculinity. They felt that engaging in these activities with their grandchildren made them feel active and young. Also, it appeared that the grandfathers were doing these activities because they wanted their grandchildren to be happy, and they did not want to miss out on experiences with their grandchildren. According to Backhouse and Graham (2012), grandparents may be afraid of missing out on experiences with grandchildren because they could not do the physical activities they did as parents.

Even though grandfathers were aware that certain aging issues, particularly health declines and low energy, made caregiving a challenge, they also describe how their age served as a benefit in caregiving. These grandfathers expressed that they had more experience raising grandchildren at their age. They also had a different attitude at this point in their life which they attributed to aging. As they aged, what was important to them changed. Grandfathers became more patient and laid back which they believed made them better caregivers. For them, age brought experience. The wisdom and knowledge they gained over the years helped them as caregivers this time around. This is similar to the literature on grandparent caregivers. One of the benefits that grandparent caregivers associate with the role is feeling more experienced in caregiving because of the knowledge accumulated over time (Backhouse & Graham, 2012). According to Backhouse and Graham (2012), grandparents believed they were more patient and tolerant at this point in their lives which allowed them to better deal with caring for a grandchild.

Role issues

There were various role issues intertwined among the grandfathers' experiences including issues of role timing, role conflict, and role loss. These role issues were not surprising because they are consistent with the literature on the grandparent caregiver role. In the literature, the role impacts are often from the perspective of the grandmother because the vast majority of the samples are grandmothers, but it is interesting because these role issues were from the perspective of the grandfathers.

For these grandfathers, becoming a grandfather caregiver was an off-time role. Caregiving disrupted the lives grandfathers felt they should be living at their age (Purcal et al., 2014). They did not expect to be responsible for a child at this point in their lives. Therefore, many were unprepared for the role. As an off-time role, being a grandparent caregiver can make grandparents feel out of step with their peers because their peers were usually not raising children (Backhouse & Graham, 2013; Landry-Meyer & Newman, 2004). Social isolation is often a result of the off-time nature of the grandparent caregiver role (Backhouse & Graham, 2013; Landry-Meyer & Newman, 2004). The grandfather caregiver role was an extension of the parental role, and grandfathers were raising a family at a time when they expected to be empty nesters. They wanted to enjoy the activities they were too busy for when they were raising their own children. Grandfathers wanted to travel, spend time with their spouses, partners, and friends, resume old hobbies, and pursue new hobbies.

Taking on the grandfather caregiver role altered grandfathers' retirement plans. Grandparent caregivers often experience changes in retirement plans, friendships, routines and hobbies due to it being an off-time role (Backhouse & Graham, 2013; Backhouse & Graham, 2012). Grandfathers who were employed anticipated delaying retirement for financial reasons. Those who were retired did not feel like they were fulfilling their role as retired men. They envisioned themselves having the stereotypical retirement role portrayed in society where they are supposed to be travelling, relaxing, and doing what they desire. Raising grandchildren did not fit in with their vision. Instead of fulfilling those roles as empty-nesters and/or retired persons, their days were filled with changing diapers, giving baths, feeding meals, taking grandchildren to school, helping with homework, playing, and disciplining. This is similar to Ebert and Aléman's

(2008) finding that retired grandparent caregivers feel they should be doing stereotypical retirement activities. Those grandparents wanted to be able to come and go as they pleased without dealing with children, but they had responsibilities which prevented that (Ebert & Aléman, 2008). Issues of responsibility and freedom was frustrating for the grandparents (Ebert & Aléman, 2008). Grandparent caregivers may feel a loss of time because they are not experiencing anticipated life events, such as retirement, and some may feel too old to be raising children again (Landry-Meyer & Newman, 2004). For now, the grandfathers in this study were experiencing a loss of that empty-nest and/or retired role which was frustrating for them because they could no longer live the life they envisioned for themselves at their age.

Grandfathers also encountered role conflicts. The literature on grandparent caregiving suggests that there is conflict between being a grandparent and enacting the parental role common of grandparent caregivers (Backhouse & Graham, 2012; Ebert & Aléman, 2008; Landry-Meyer, 2004). The grandfathers in this study were grandparents but they felt like they were acting as their grandchild(ren)'s parents. Many of them felt that an ideal grandparent would be one that could spoil their grandchildren, do all the fun activities with them, and then send them back to their parents. These grandfathers appeared to want that type of grandparent to the grandchildren in their care. According to Backhouse and Graham (2012), the conflict between the grandparent and parent roles could lead grandparent caregivers to experience a loss of the traditional grandparent role. It is common among grandparent caregivers to want to be the ideal grandparent where they get to have fun and spoil their grandchildren (Backhouse & Graham, 2012; Ebert & Aléman, 2008; Landry-Meyer, 2004). Grandparent caregivers have to be the parental figure and disciplinarian in their grandchildren's lives which is opposite of the ideal, traditional grandparent role they want (Backhouse & Graham, 2012; Ebert & Aléman, 2008; Landry-Meyer, 2004). They did have a traditional grandparent role with the grandchildren not in their care, but there could be conflict between managing both the grandparent and grandparent caregiver roles. For grandfathers with an informal arrangement, they may experience additional conflict between the grandparent and parental role they were now enacting. These grandfathers did not have the same rights as a parent or legal guardian. They could not authorize medicine to be given to a grandchild

at school or gain access to certain resources for their grandchildren. Grandfathers might not understand what their role and rights are as grandparent caregivers.

These role issues, such as role timing, role conflict, and role loss, can lead grandparents to feel disadvantaged and misunderstood (Backhouse and Graham, 2012). They may bring grief because grandparent caregivers are dealing with unexpected changes and losses, but learning to adapt and knowing that they are trying to provide a better life for their grandchildren can bring comfort (Backhouse & Graham, 2012).

Biological vs. step-grandfathers

An important yet unreported aspect of grandfather caregiving was the distinctions between biological and step-grandparent caregivers; this topic is not present in the grandparent caregiver literature. The findings suggest that biological and step-grandfathers experienced different caregiving roles in their households. Step-grandfathers appeared to take a more supportive role in the household where their wives told them what needed to be done, and their wives made the decisions regarding the care of their grandchild(ren). These step-grandfathers have been involved in their grandchildren's life since birth. They had strong relationships with the grandchild(ren) in their care and did not think of their grandchild(ren) as step-grandchild(ren). Biological grandfathers appeared to take a more equal or partnership role in the household where they made decisions together and had an equal division of labor in terms of caregiving. Even though the literature does not distinguish biological and step-grandfathers, married grandfathers felt that it was their role to assist their wives by completing the tasks delegated to them (Horsfall & Dempsey, 2015; Mann & Leeson, 2010) which is similar to this study's findings on the role of step-grandfathers. Step-grandfathers may not feel empowered to make decisions about their grandchild(ren)'s care because they are not the biological grandparent. There could also be other dynamics in their households that allowed them to take a more supportive role, such as being employed while their wife stays at home with the grandchild.

Implications for policy and practice

Based on the findings, there are several implications for policy and practice. These grandfathers were engaged in a wide variety of caregiving activities, but some of the grandfathers expressed that they had trouble with certain tasks such as hairstyling and

laundry. Research suggests that grandfathers may have difficulties with domestic tasks, such as laundry, bathing, feeding, dressing, or preparing meals which are activities typically associated with women's caregiving in society (Bullock 2005; Bullock 2007). Offering gendered caregiving workshops that could include both grandfathers and fathers may be an option. Issues surrounding male caregiving such as dealing with societal stereotypes of male caregiving, being a male caregiver in general, or how to deal with certain situations as a male caregiver could be addressed in these trainings. Having a male lead these gendered care trainings may make men feel more comfortable.

Confronting attitudes or views toward caregiving is another implication especially for those who work with grandparent caregivers. Those individuals may hold stereotypes of male caregivers. They may assume men are less knowledgeable about certain caregiving activities, such as changing diapers, giving baths, or getting children ready for school, or that men are incompetent caregivers. Being aware of the attitudes one holds and not assuming that the grandmother is providing all of the care becomes important. Those working with grandparent caregivers should listen to grandfathers' perspectives on their caregiving abilities and observe them. This can help providers better understand their needs and support them in kinship placement issues. Issues of caregiving competency factor into achieving kinship placement. If grandfathers are asked about their abilities and any challenges they may have with certain caregiving activities, interventions can be tailored to their meet their needs and help them if they seek legal custody of a grandchild.

There are also implications for those with an informal care arrangement with their grandchild(ren). Around half of the grandfathers had an informal care arrangement. Those who are informal caregivers are sometimes ineligible for certain resources such as financial help, and they may have difficulty enrolling their grandchildren in school or authorizing medical care. Grandfathers with an informal care arrangement may receive less resources than those with a formal care arrangement. One grandfather, Mr. W, had an informal care arrangement with his teenage step-granddaughter. He and his wife were unable to authorize medicine to be administered to his granddaughter by a nurse at school. This occurred because they were not the legal guardians even though they were responsible for all her care. One suggestion would be to have policies that would

increase access to resources for informal grandparent caregivers (medical resources, financial resources, housing assistance, counseling, etc.). It could ensure that those who have an informal care arrangement and are unable to obtain legal custody could access the resources they need. If increasing access for informal grandparent caregivers can not happen, it might be important for those working with grandparent caregivers to encourage grandparents to obtain legal custody of their grandchild(ren) if appropriate. Providers could discuss the benefits that a legal relationship with their grandchild(ren) could bring. This would allow those grandparents to access those benefits. It might be difficult to encourage grandparents to seek a legal custody arrangement because it could damage family relationships and change family dynamics especially if grandparents have to prove that the grandchild's parents are unfit.

Throughout the interview process, grandfathers expressed a lack of opportunities to talk about their experiences with others. Some said that no one has asked about their feelings towards their current situations. They were open to sharing their thoughts and experiences on raising grandchildren and enjoyed doing so if it would help others in a similar situation. They had questions and ideas to share about various issues, such as potential programs, court issues, and available supports. Grandfathers expressed that they have been caregiving for a while, but the focus has always been on the grandmother. It becomes important for those who serve grandparent caregivers to seek out this population. The grandfathers were unaware of services, programs, or agencies that may be able to assist them. Therefore, better outreach to this population, especially those with an informal care arrangement, is needed. It may be difficult for providers to locate informal grandparent caregivers because they are not linked to the child welfare system, and informal grandparent caregivers are not seeking services because they are unaware of them. Connecting with community members, churches, and schools may be a way for service providers to reach grandfathers raising grandchildren especially informal grandfather caregivers.

These grandparents suggested that it was challenging to understand the society their grandchildren were growing up in. They needed information on the current cultural climate and parenting in today's society. Information and resources on the stressors children and teens are dealing with today, such as cyberbullying, technology use, social

networking, peer pressure, dating and relationships, and drugs and alcohol, would be useful to grandfather and also grandmother caregivers. Educational groups for grandparent caregivers that provide resources on how to deal with these issues and how talk to their grandchildren about them would be beneficial.

For these grandfathers, the role of caring for a grandchild was often sudden and unexpected; and many were unprepared for the role. Policies that provide support for these grandparents should be strengthened. Having policies or programs in place to initially support grandparent caregivers when their grandchildren are placed in their care such as referrals to services, financial support, legal support, etc., and continuing to strengthen and expand kinship navigator programs would help more grandfathers connect with the resources they may need.

Limitations and future directions

Only married and/or partnered men were included in this study. Single grandfathers may have a different experience since they would be doing caregiving activities alone. Single grandfathers may also have different attitudes towards caregiving and different challenges. Even though they are a small population, single grandfathers should be included to explore their experiences in the future. The wives and partners of the grandfathers were not interviewed since it was not the focus of the study. Therefore, direct comparisons are unable to be made between the grandfathers and their wives and/or partners (the grandmothers). Grandfathers sometimes made comparisons between themselves and their wives in terms of caregiving, but the voices of the grandmothers were not present in the study. In the future, a sample of grandmothers should be included for comparison purposes and to see their views on what grandfathers are doing in the home, their own caregiving experiences, and attitudes toward caregiving.

These grandfathers were enthusiastic about the study and were willing to share their stories. Since they volunteered for the study, those that did not volunteer might have a different experience. These grandfathers had challenges and hardships but overall had positive experiences as caregivers. Those who did not volunteer could have more negative experiences, be too embarrassed to talk about their experiences, or they may not want to talk about their experiences.

There were challenges gaining access to this population of grandfathers. They were less likely to be reached through social service agencies such as kinship care organizations or family agencies because their clientele tend to be single women. Therefore, grandfathers had to be recruited through snowball sampling, churches, and networking with individuals in the community. In the future, developing rapport and establishing better connections with community organizations, churches, schools, recreational groups, or other establishments that grandfathers frequent may reach more grandfathers.

Since there may be distinctions between biological and step-grandfathers' caregiving roles, future research should further explore these differences and whether or not each group feels empowered in their caregiving role; and additional interview questions should be asked surrounding family relationships, feelings of empowerment, and their role as either a biological or step-grandfather. The grandparent caregiver literature does not make distinctions between biological and step-grandfathers. Future research about grandparent caregivers should make these distinctions to show the changing structures of families and to see if there are any differences between the groups.

Grandfathers were acting in nurturing ways towards their grandchildren, but they did not believe that men were the nurturing caregivers. Future research should explore what grandfathers consider to be nurturing behaviors and if they view themselves as nurturing.

The results are not generalizable to the entire population of grandfather caregivers due to the qualitative nature of the study, but they do offer insight into grandfathers' caregiving experiences. For the telephone interview, only one interview was conducted instead of two. Therefore, there was a lack of ability to build rapport and to reflect between interviews.

Conclusion

Grandmothers are often the focus of grandparent caregiver studies. Therefore, there has been limited literature focusing on the experiences of grandfather caregivers. This study offered insight into what grandfathers do as caregivers, their attitudes toward caregiving, and their overall experiences as male caregivers.

Grandfathers were providing a variety of instrumental and non-instrumental care in the home which is in contrast to the literature on the caregiving activities of non-caregiving grandfathers. They changed diapers, fixed meals, took their grandchildren to school, disciplined, provided advice, and comforted their grandchildren. Gender was important in the grandfathers' experiences and appeared to influence some of their caregiving activities. Grandfathers discussed their attitudes toward caregiving using language that reflected traditional gender norms. Women were nurturing caregivers while men were supposed to provide for their families as caregivers. Grandfathers also appeared to stay connected to notions of traditional masculinity through participation in sports and physical play and their emphasis on men as responsible and providers. Interestingly, they also rejected some notions of traditional masculinity. Grandfathers were aware that others may view them as incompetent caregivers, but they did not allow these stereotypes to affect how they viewed themselves as caregivers.

Even though grandfathers had difficulty with certain caregiving tasks like hair styling and understanding the societal changes in their grandchildren's lives, grandfathers believed that having previous parenting experiences and a more laid-back attitude as they aged made them better equipped to care for a child at this point in their lives. Aging issues, such as declining health and energy levels, played a role in their experiences and sometimes made caregiving challenging. For the grandfathers, it appeared that caregiving brought an awareness of aging. They were experiencing an off-time role which led to social isolation and changes in retirement and future plans. These challenges grandfathers experienced were frustrating and difficult for them, but they tried to be positive about their situation because they wanted to provide a better life for their grandchildren.

Grandfathers provided a glimpse into their experiences caring for grandchildren. These findings can improve the understanding of this population for service providers who work with grandparent caregivers. Grandfathers indicated that they were rarely asked about their experiences raising grandchildren. They strongly believed that their experiences were important, also. When strengthening services and supports for grandparent caregivers or considering kinship placement with grandparent caregivers, it is important to consider the voices and experiences of grandfathers.

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Appendix A

Face-to-Face Interview Recruitment Flyer

YOU ARE INVITED TO PARTICIPATE IN A RESEARCH STUDY ON GRANDFATHERS RAISING GRANDCHILDREN

I am a Ph.D. student at Miami University conducting research toward my degree in gerontology. I am interested in learning about the childcare experiences of grandfathers raising grandchildren.

To be eligible for the study, you must:

- Identify as a grandfather
- Have primary responsibility for a grandchild under the age of 16 living in your household
- Be either married or partnered

What will you be asked to do?

- Participate in two face-to-face interviews lasting approximately an hour at a place of your choosing (e.g. your home, coffee shop)
- Your participation is voluntary, and your information will be confidential.

Participants will be given \$20 for each interview as a thank you.

For more information about this research study or to volunteer, please contact:

AviElle Raymore
raymoran@miamioh.edu
(304) 593-2821

This research is conducted under the direction of Dr. Kate deMedeiros, Department of Sociology and Gerontology, Miami University, Oxford, OH, 513-529-9648, demedekb@miamioh.edu.

AviElle Raymore raymoran@miamioh.edu (304) 593-2821

Appendix A

Face-to-Face Interview Recruitment Flyer

YOU ARE INVITED TO PARTICIPATE IN A PROJECT ON GRANDFATHERS RAISING GRANDCHILDREN

I am a Ph.D. student at Miami University conducting research toward my degree in gerontology. I am interested in learning about the childcare experiences of grandfathers raising grandchildren.

To be eligible for the study, you must:

- Identify as a grandfather
- Have primary responsibility for a grandchild under the age of 16 living in your household
- Be married or partnered

What will you be asked to do?

- Participate in two face-to-face interviews lasting approximately an hour at a place of your choosing (e.g. library, coffee shop)
- Your participation is voluntary, and your information will be confidential.

Participants will be given \$20 for each interview as a thank you.

For more information about this research study or to volunteer, please contact:

AviElle Raymore
raymoran@miamioh.edu
(304) 593-2821

This research is conducted under the direction of Dr. Kate deMedeiros, Department of Sociology and Gerontology, Miami University, Oxford, OH, 513-529-9648, demedekb@miamioh.edu.

Appendix A

Telephone Interview Recruitment Flyer

YOU ARE INVITED TO PARTICIPATE IN A RESEARCH PROJECT ON GRANDFATHERS RAISING GRANDCHILDREN

I am a Ph.D. student at Miami University conducting research toward my degree in gerontology. I am interested in learning about the childcare experiences of grandfathers raising grandchildren.

To be eligible for the study, you must:

- Identify as a grandfather
- Have primary responsibility for a grandchild under the age of 16 living in your household
- Be married or partnered

What will you be asked to do?

- Participate in one phone interview lasting approximately 90 minutes at a time of your choosing
- Your participation is voluntary, and your information will be confidential.

For more information about this research study or to volunteer, please contact:

AviElle Raymore
raymoran@miamioh.edu
(304) 593-2821

This research is conducted under the direction of Dr. Kate deMedeiros, Department of Sociology and Gerontology, Miami University, Oxford, OH, 513-529-9648, demedekb@miamioh.edu.

Appendix B

Informed Consent Form for Face-to-Face Interviews

Consent Form

You are being asked to provide consent for your participation in a study on your experiences caring for a grandchild under the age of 16. This study is being conducted by AviElle Raymore, a PhD student in the Department of Sociology and Gerontology at Miami University in Oxford, Ohio. For this study, approximately 10-15 grandfathers age 50 and older who are currently responsible for a grandchild in their household are being asked to participate. You will be asked to answer some basic background questions and complete two face-to-face interviews at a location of your choice, such as your home, a library, or local restaurant. Each interview will take approximately one hour. The interview will be audio recorded with your permission and transcribed.

Your participation in the study is completely voluntary. You may withdraw from the study at any time. There is no physical risk involved in the study. However, you may become tired or bored with the questions. You will be provided with a \$20 cash payment at the end of each interview as a thank you for participating.

There are no direct benefits to participating in the study, but you may enjoy the opportunity to share your experiences with the researcher. More broadly, your participation will contribute to a better understanding of how grandfathers experience caregiving for a grandchild and the issues they may face.

The researcher will make every effort to ensure that the information you provide as a part of this study remains confidential. The information collected will be protected and treated as confidential to the extent allowed by law. You will not be identified by name on either the audio recording or transcripts. Any information that could identify you, such as names and places, will be removed. If you are interested, the researcher will provide you with a summary of the findings after all of the interviews have been completed and contact you to provide your thoughts on whether it represents your experiences.

AviElle (the PhD student) and her faculty advisor (Dr. Kate de Medieros) will be the only ones to have access to the information from this study. All materials will be stored safely in a locked file cabinet. Electronic data will be stored on a password secured folder on a non-Miami University networked computer.

For questions about the research or to withdraw from the study, please contact AviElle Raymore at raymoran@miamioh.edu or (304) 593-2821 or Dr. Kate de Medieros (faculty advisor) at demedekb@miamioh.edu or (523) 529-9648. For questions or concerns about the rights of research subjects or the voluntariness of this consent procedure, please contact the Research Compliance Office at Miami University: (513) 529-3600 or humansubjects@miamioh.edu.

By signing below, you agree to participate in this study. Your signature indicates that you have read the information within this consent form and that you have has the opportunity

to ask questions and that your questions have been answered adequately. Your collaboration and willingness is greatly appreciated.

Subject Name (Printed)

Subject Signature

Date

I give my permission to audio record the interview: yes_____ no_____

I give my permission to use quotations: yes_____ no_____

Appendix B

Informed Consent for Telephone Interviews

Consent Form

You are being asked to provide consent for your participation in a study on your experiences caring for a grandchild under the age of 16. This study is being conducted by AviElle Raymore, a PhD student in the Department of Sociology and Gerontology at Miami University in Oxford, Ohio. For this study, grandfathers age 50 and older who are currently responsible for a grandchild in their household are being asked to participate. You will be asked to answer some basic background questions and complete one telephone interview which will take approximately ninety minutes. The interview will be audio recorded with your permission and transcribed.

Your participation in the study is completely voluntary. You may withdraw from the study at any time. There is no physical risk involved in the study. However, you may become tired or bored with the questions.

There are no direct benefits to participating in the study, but you may enjoy the opportunity to share your experiences with the researcher. More broadly, your participation will contribute to a better understanding of how grandfathers experience caregiving for a grandchild and the issues they may face.

The researcher will make every effort to ensure that the information you provide as a part of this study remains confidential. The information collected will be protected and treated as confidential to the extent allowed by law. You will not be identified by name on either the audio recording or transcripts. Any information that could identify you, such as names and places, will be removed. If you are interested, the researcher will provide you with a summary of the findings after all of the interviews have been completed and contact you to provide your thoughts on whether it represents your experiences.

AviElle (the PhD student) and her faculty advisor (Dr. Kate de Medieros) will be the only ones to have access to the information from this study. All materials will be stored safely in a locked file cabinet. Electronic data will be stored on a password secured folder on a non-Miami University networked computer.

For questions about the research or to withdraw from the study, please contact AviElle Raymore at raymoran@miamioh.edu or (304) 593-2821 or Dr. Kate de Medieros (faculty advisor) at demedekb@miamioh.edu or (523) 529-9648. For questions or concerns about the rights of research subjects or the voluntariness of this consent procedure, please contact the Research Compliance Office at Miami University: (513) 529-3600 or humansubjects@miamioh.edu

Do you have any questions?

Do you agree to voluntarily participate in the interview? [Yes] [No]

Do you agree for the interview to be audio-recorded? [Yes] [No]

Do you give permission to use quotes? [Yes] [No]

Subject Name: _____ Date: _____

Appendix C

Participant Demographic Form

Demographic Form

1. Name:
2. City: _____ State: _____
3. Phone Number: _____
4. Email: _____
5. Date of Interview: __/__/__
6. Date of Birth: __/__/__
7. Race: _____
8. Marital Status: Single Married Divorced Separated
Widowed
9. Current Employment Status:
Full-time employment Part-time employment Retired Unemployed
 - a. If employed, what is your occupation? _____
10. Highest Level of Education:
Less than high school High school diploma/GED Some college/2-year degree
Bachelor's degree Master's degree or higher
11. Do you have more than enough money, just enough money, or not enough money to get by?
12. Do you own or rent your home?
13. Current Health Status: Excellent Very good Good Fair
Poor
14. Are you the maternal or paternal grandfather?
15. Do you practice a religion? If yes, which religion do you practice?

Appendix D

Interview Guides

Interview Guide

Interview 1

Interview 1 includes context questions to help me better understand their caregiving experiences in light of their life events. These will also act as rapport building questions.

It ends with some questions on the tasks they do.

1. Tell me your life story. [Probe for details Q2-4]
2. Tell me a little bit about yourself. (Probe for details - How long have you lived here? Do you work? If yes, what do you do? How long have you been in that line of work? If retired, what has retirement been like for you? Does your wife/partner work? If yes, what does she do?)
3. Tell me about your family. (If married, how long have you been married? When did you get married? Tell me about your children. How many children do you have? What are they like?)
4. Tell me about your childhood. (Where did you grow up? Did your father work? If yes, what did he do? Did your mother work? If yes, what did she do? Did you grow up knowing your grandparents? If yes, what were they like?)
5. Did you imagine what it would be like to be a grandfather? Did you ever think of what kind of grandfather you would be? What went through your mind when you first found out you were going to be a grandfather? What were your expectations for grandfatherhood? How did you imagine grandfatherhood? What are some things you thought about?

6. Is there someone you would consider a “model” grandfather? TV shows, movies, books, etc. What makes him a model grandfather?
7. Tell me about your grandchildren. (How many do you have? Ages, genders, where do they live? What is your relationship like with your grandchildren? Tell me about the grandchild(ren) in your household. How old are they? How long have you been caring for them? What are your favorite things to do together?)
8. Tell me the story of how you became responsible for your grandchild(ren). What circumstances led you to caring for them? How did you make the decision to care for them? Take me through that decision making process. How prepared were you to take responsibility for a grandchild?

Caregiving tasks

9. Take me through/describe a typical day for you and your grandchild(ren). Starting with when you wake up. (Probe for more details – walk them through their daily routine)
10. I want to ask you some questions about the types of tasks you and your wife/partner do in the household. (For each task, probe for who does this task, reason for why grandfathers do those tasks or not, how do they do these tasks, etc.)
 - a. Do you do and/or help with:
 - i. Bathing (if younger grandchild)
 - ii. Changing diapers (if have an infant/toddler)
 - iii. Feeding or preparing bottles (if have an infant)
 - iv. Getting grandchild dressed (if have a younger grandchild <8)

- v. Helping with grooming (brushing/styling hair)
- vi. Getting them ready for school/preschool/daycare (if applicable)
- vii. Preparing meals
- viii. Grocery shopping
- ix. Transportation - driving them to school/appointments/activities
(probe for where do they most often transport them to on a daily basis)
- x. Indoor household chores – cleaning, laundry, home maintenance, taking out the trash, washing dishes, etc. (probe for which indoor household chores they do or don't do)
- xi. Outdoor household chores – car maintenance, cutting grass, raking leaves, etc. (probe for which outdoor household chores they do or don't do)
- xii. Help with homework (if applicable-grandchild in school)
- xiii. Engaged in school/extracurricular activities – chaperoning trips, volunteering, coaching, attending performances/games, etc.
- xiv. Take them on outings – movies, park, trips, etc. (probe for where they go and what they do on outings)
- xv. Organize grandchild's schedule – making sure they get to where they need to be
- xvi. Provide advice/mentoring to grandchild
- xvii. Listening to grandchild's personal issues/problems
- xviii. Disciplining grandchild

- xix. Comforting grandchild when upset (if yes, what do you do to comfort them)

Interview 2

Interview 2 includes more detailed questions on their caregiving tasks, caregiving experiences, thoughts on masculinities, and attitudes toward male caregiving.

We talked last time about some of the tasks you do and about your life in general. Today I want to ask you some more details about how you feel as a caregiver.

1. Do you perceive any similarities and/or differences between the tasks you do vs. the tasks your wife/partner does?
2. How do you and your wife decide who does what in household? How do you negotiate these tasks?

Feelings on abilities as caregivers

3. How do you feel about your ability to manage daily parenting tasks (e.g. cooking, cleaning, bathing, doing laundry, helping with homework, and other daily needs of your grandchild(ren))?
4. If for some unforeseen reason you were to become a single grandfather caregiver and had to care for your grandchild(ren) alone, how would you feel?
 - a. Would you experience any challenges/difficulties? What challenges/difficulties would you experience?
 - b. What help or support would you need, if any?

5. How does your wife/partner view your abilities as a caregiver for your grandchild(ren)? How do other family members view your abilities as a caregiver for your grandchild(ren)? How do your friends view your abilities as a caregiver for your grandchild(ren)?

Caregiving experience

6. Tell me how caring for your grandchildren is different than caring for your own children when they were young. Did your responsibilities change? If yes, how did they change? What are you doing differently now?
7. Describe what your life is like now that you are caring/responsible for a grandchild. Where there any changes you had to make to your lifestyle/life/etc.? What were those changes? What are some things you had to start doing? What are some things you had to stop doing?
8. Tell me about how caring for a grandchild has influenced/changed your future plans. What were your future plans? What has caring for a grandchild meant for you and your future?
9. How does caregiving fit in with work/leisure/social life/etc.?
10. Tell me about a particularly difficult day you had caring for your grandchild(ren).
[What are your greatest challenges in taking care of a grandchild?]
11. Tell me about a particularly great day you had with your grandchild. [What are some good things that have come out of your situation?]

Masculinities and caregiving

12. How would you define what it means to be a man? Who/what influenced this definition?

13. Who would you describe as the ultimate masculine male? TV, movies, books, etc.
What characteristics make them the ultimate masculine male?
14. Who would you describe as an ideal male caregiver? TV, movies, books, etc.
What makes them an ideal male caregiver? What characteristics do they have?
15. Do you think you as a man face unique challenges as a caregiver for a grandchild?
If yes, tell me about those challenges.
16. How do you think your community views male caregivers? Has that affected how you view yourself as a grandfather caregiver?
17. How do other men your age view you as a caregiver?
18. Is taking care of a grandchild/being responsible for a grandchild something your father would have done? Your grandfather?
19. Some say men cannot be as effective caregivers as women while others say men can be just as good as a caregiver as a woman. What do you think? What are your thoughts on male caregivers?