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The association between grandparental involvement and
adolescent psychological well-being independent of parental
involvement

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A dissertation submitted in partial fulfilment of the requirements for the award of the
degree of Master of Arts in Clinical Psychology

Faculty of Humanities
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2012

COMPULSORY DECLARATION

This work has not been previously submitted in whole, or in part, for the award of any degree. It is my own work. Each significant contribution to, and quotation in, this dissertation from the work, or works, of other people has been attributed, and has been cited and referenced.

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ACKNOWLEDGEMENTS

I would like to thank everyone who helped make completing this thesis possible. Firstly, I would like to thank my supervisor, Lauren Wild, for her invaluable expertise, efficiency, professionalism and constant availability. Without her efficiency I would never have finished this thesis as soon as I did.

I would also like to thank the staff at the school at which the data was collected for allowing me to approach their learners for participation. I would also like to say a big thank you to the participants who gave of their time to answer the questionnaire.

Lastly, and most importantly, I would like to thank my husband Salie for his unwavering support, encouragement, praise and belief in my ability, as well as the huge sacrifices he has made for me.

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ABSTRACT

Background and objective: Grandparents have the potential to play a supportive and nurturing role in the lives of their grandchildren. Grandparents have always had an important role to play in South African society. Traditionally, developmental psychology has not focussed much attention on the role grandparents have to play in the adjustment of children and adolescents. The current study aimed to determine: (a) whether there is an association between grandparental involvement and adolescent well-being; and (b) whether that association remained when parental involvement was taken into consideration.

Method: Cross-sectional survey data was collected from a convenience sample of 217 adolescents, aged 13 to 15 years of age. Grade eight and Grade nine learners were purposively selected from a single school. Correlational and multiple regression analyses tested relationships between a grandparent involvement measure, scores on the five sub-scales of the self-rated version of the Strengths and Difficulties Questionnaire (SDQ) for 11- to 17-year-olds, and a parental involvement measure. The SDQ was used for the measure of adolescent well-being.

Results: Grandparental involvement was significantly correlated with two of the five SDQ sub-scales, namely prosocial behaviour (positive correlation) and peer problems (negative correlation). When the influence of parental involvement was controlled for, however, grandparental involvement was significantly associated only with prosocial behaviour.

Conclusion: Grandparental involvement is associated with increased prosocial behaviour in adolescent grandchildren, irrespective of parents' level of involvement with the child. Future South African studies should include nationally representative samples in order to produce more generalisable findings.

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Chapter One: Introduction

It is well established that grandparents can play a positive and supportive role in their grandchildren's lives (Attar-Schwartz, Tan, Buchanan, Flouri, & Griggs, 2009b). The role of grandparents in families is becoming increasingly important. In Northern countries, such as Europe and North America, factors such as increasing life-span and people having fewer children mean that grandparents have a longer period of time to spend on fewer grandchildren than in the past (Attar-Schwartz, Tan, & Buchanan, 2009a). Grandparents therefore have the potential to be a significant and sustained presence in the family.

In South Africa, grandparents have always had an important role to play because of a significant proportion of South Africans traditionally needing to work in other cities, away from home (Schröder-Butterfill, 2004; Zimmer & Dayton, 2005). The most common reason for parents being employed far away from home was the migrant labour system, which resulted in significant proportions of black men moving away from home, severely disrupting their families (Madhavan, 2004). Grandparents in these instances would take over as primary caregivers, with parents only visiting on annual visits back home (Burman, 1996). The collectivist culture of many African countries has been a further reason for reliance and connectedness with extended family in South Africa, especially with grandmothers.

The effect of HIV/AIDS in South Africa has meant that even more grandchildren are taken care of by their grandparents (Chazan, 2008; Madhavan, 2004). HIV/AIDS is known to affect more South Africans in the 25- to 34-year-old age group than in any other age range (Shisana et al., 2009). The high burden of HIV/AIDS in this age range also means that people living with HIV and AIDS are more likely to be parents of children who are still minors. Parents becoming ill or dying because of the disease often leave their children to be taken care of by extended family members, often grandparents (Madhavan, 2004).

Some of the latest statistics reveal that 38 percent of South African children under the age of four years and 29 per cent of children aged between five and 13 years live in households in which a grandparent is the head of the household (Statistics South Africa [STATSSA], 2005). If one considers all minors in households in which the grandparents are not the heads but live in the same household as their grandchildren, the figure could be significantly higher. When one adds those children who are cared for by non-residential grandparents, it seems likely that grandparents play a significant role in the lives of the majority of South Africa's children.

While there has been an increase in studies into the role of grandparents in families, the field of developmental psychology has traditionally paid very little attention to the influence of grandparental involvement on child and adolescent adjustment (Cherlin & Furstenberg, 1986; Uhlenberg & Cheuk, 2010). The available South African research on this matter is even sparser, further reinforcing the need to investigate the role grandparents have to play in the lives of children in this country.

1.1. Defining grandparental involvement and adolescent well-being

1.1.1. Grandparental involvement

Previous research has typically operationalised grandparental involvement in terms of the amount of face-to-face contact children have with their grandparents, rather than the closeness of the grandparent-grandchild bond. Studies have generally measured the quantity of contact in the following ways: whether or not the grandparent lives with the grandchild (Dunifon & Kowaleski-Jones, 2007; Pittman & Boswell, 2007), the regularity with which the grandparent is in contact with the grandchild (Bray & Berger, 1990; Uhlenberg & Hammill, 1998), and/or whether or not the grandparent is responsible to some degree for caregiving to the grandchild (Fergusson, Maughan, & Golding, 2008; Hank & Buber, 2009). When operationalising grandparental involvement according to quantity of contact, it is therefore commonly agreed upon that the construct should be viewed as being on a continuum, with no contact at all on the one end of the continuum

and the grandparent providing the child with full-time care on the other (Attar-Schwartz et al., 2009b; Griggs, Tan, Buchanan, Attar-Schwartz, & Flouri, 2010).

The problem with defining grandparental involvement only in terms of the amount of face-to-face contact a child has with the grandparent is that it does not make allowances for the fact that more contact may not be fostering more closeness between grandparent and grandchild. In fact, it is possible for a grandparent who sees his/her grandchild often to be abusive toward that child. In other words, frequency of contact between grandparents and grandchildren does not necessarily translate into emotional closeness. As a result, other researchers have chosen to use the quality of the grandparental relationship as a more accurate indicator of grandparental involvement (Attar-Schwartz et al., 2009b; Elder & Conger, 2000). For example, Attar-Schwartz et al. (2009b) have chosen to focus on the extent to which “they [adolescents] could depend on their grandparents, they felt appreciated, loved or cared for; the grandparent helped them in significant ways; and they were close compared to other grandchildren to grandparents” (p. 70).

The quality of the relationship between grandparents and their grandchildren has also been looked at in terms of the roles that grandparents play in the children’s lives (Cherlin & Furstenberg, 1985, 1986; Douglas & Ferguson, 2003; Eisenberg, 1988; Elder & Conger, 2000; Griggs et al., 2010; Svensson-Dianellou, Smith, & Mestheneos, 2010). These roles could be grouped in the following way:

- *Carer or surrogate parent:* Many grandparents assist with caregiving activities such as fetching grandchildren from school and looking after them in the afternoons, babysitting to allow parents time alone, and sometimes standing in for parents as full-time caregivers.
- *Companion, friend and confidante:* grandparents are often a source of fun and treats. They are the ones who spoil with presents, outings and holidays. They are also there for ordinary day-to-day activities such as sharing a meal or watching

TV. They can also be the confidante that children speak to about difficulties they are experiencing.

- *Mentor, teacher and role model:* For many grandchildren, grandparents are an abundant source of knowledge and wisdom. They could share hobbies with their grandchildren, such as gardening or baking, and guide them in those activities or help them with homework and school projects. They may also be a role model and guide regarding values and beliefs, for example through guiding and informing about religious activities.
- *Family custodian and historian:* Grandparents are frequently the keepers of knowledge on family history and the upholders of traditions.
- *Provider of tangible support:* Lastly, grandparents often provide their grandchildren with financial or practical support, especially in times of crisis.

There are a few important points to note regarding these roles, however:

1. They are not one-way and are a product of the dynamic between a grandchild and his or her grandparent or grandparents (Dench, Ogg, & Thomson, 1999).
2. Grandparents also often provide indirect support through financial assistance or support to the parents (Elder & Conger, 2000).
3. Grandparental roles are very much influenced by societal and family norms (Hank & Buber, 2009; Silverstein, Giarrusso, & Bengtson, 2003, as cited in Hank & Buber, 2009). In addition, grandparental roles are often determined by necessity so they would be different in some respects in more affluent countries compared to poorer countries. The roles required from grandparents in poorer countries may be more practical compared to the more indulgent roles found in countries of the Global North.

1.1.2. Child and adolescent well-being

In a review of the available literature by Pollard and Lee (2003) on child well-being, it was found that there are many and varied definitions of well-being. Some of the popular ways to define child well-being have included focusing on individual characteristics, purporting that well-being is an inherently positive state or happiness (Pollard & Lee,

2003). Others have looked at well-being as occurring on a continuum, much like a construct such as self-esteem (Martinez & Dukes, 1997, as cited in Pollard & Lee, 2003). Then there have been definitions that have emphasised context (for example, standard of living) or the absence of well-being (for example depression) (McFarlane, Bellisimo, & Norman, 1995, as cited in Pollard & Lee, 2003).

The literature on grandparenting has typically defined child well-being as reduced adjustment difficulties (e.g., Attar-Schwartz et al., 2009a; Griggs et al., 2010; Lussier, Deater-Deckard, Dunn, & Davies, 2002). Several studies have used the Strengths and Difficulties Questionnaire (SDQ) (Attar-Schwartz et al., 2009b; Griggs et al., 2010; Lussier et al., 2002) and the Child Behavior Checklist (CBCL) (Bridges, Roe, Dunn, & O'Connor, 2007; Lussier et al., 2002) as measures of child well-being.

1.2. Theoretical framework

The theories that have guided the way in which the link between child well-being and grandparental involvement has been conceptualised include the bioecological model of human development and family systems theories, evolutionary theories, attachment theory, social capital theory and developmental psychopathology. In this study, the bioecological model of human development will be used to guide the way in which grandparental involvement and its influence on children is thought of.

1.2.1. The bioecological model of human development

Bronfenbrenner's ecological model allows one to view children in their developmental context. According to this model, children are intricately intertwined with the environments in which they find themselves (Bronfenbrenner, 1977). They exert an influence on these environments, just as their environments influence them, whether directly or indirectly. Similarly, these environments have an impact on one another (Bronfenbrenner, 1994).

Bronfenbrenner conceptualises the various contexts in children's lives as nested structures that fit inside one another, much like a set of Russian dolls. The Microsystem comprises the environments in which children have continuous face-to-face interactions. Examples of these settings would include their home, school and peer group.

The next level is the Mesosystem, which is the interaction between the Microsystems, that is the linkages and processes between children's school and home, home and peers, etc. The Mesosystem can be viewed as a system of Microsystems (Bronfenbrenner, 1994).

The Exosystem is the settings to which the child has no direct access, although these settings have an influence on individuals close to the child, thus influencing the child's immediate environment. Examples of Exosystems would be the effect of the parent's workplace or the neighbourhood and community context on the child's home environment.

Next is the Macrosystem, which includes the characteristics of a particular culture or subculture. The particular characteristics that the Macrosystem refers to are aspects of the Micro-, Meso-, and Exosystems that include the "belief systems, bodies of knowledge, material resources, customs, life-styles, opportunity structures, hazards, and life course options" of a culture or subculture (Bronfenbrenner, 1994, p. 6). The Macrosystem can therefore be thought of as the "blueprint" of a particular culture. The ecological model highlights the importance of ascertaining the social and psychological features of the culture that a child comes from in order to understand how his or her everyday Microsystemic environment is affected (Bronfenbrenner, 1994).

The last level, the Chronosystem, represents another unique feature of the ecological model. Whilst most developmental theories view time merely as chronological age, the Chronosystem is the history not only of the child in question, but also of his or her environments over time. This history would note both change and consistency in the

child, the “family structure, socioeconomic status, employment, place of residence”, etc. (Bronfenbrenner, 1994, p. 6).

The ecological model has evolved over the decades and has now come to be known as the bioecological theory to highlight the change in the model, namely the recognition that the child’s own biology is instrumental in determining his or her development through his or her interaction with the environment.

This model has been used by recent studies in the area of grandparental involvement (e.g. Attar-Schwartz et al., 2009a; Attar-Schwartz et al. 2009b; Tan, Buchanan, Flouri, Attar-Schwartz, & Griggs, 2010). From the perspective of the bioecological model, children are potentially influenced and affected by their grandparents in different ways. In terms of the Microsystem, children may be cared for by residential or non-residential grandparents, in which case the impact could be negative or positive. The bioecological model has tended to emphasise positive impacts, such as the direct support and role model grandparents could provide to their grandchildren (Bronfenbrenner, 1979). It is also possible, however, for the contact with the grandparent to be harmful, in the case of an abusive or over-critical grandparent.

In terms of the Exosystem, grandparents can influence grandchildren through the children’s parents. Examples of this are the attachment style of the parents, the way in which they parent, and resources they may receive from the grandparents. Attachment styles may be handed down in what Bowlby termed the “intergenerational transmission” of attachment (Bowlby, 1940, as cited in Bretherton, 1992). In other words, when grandparents’ parenting style resulted in securely attached children, these children were most likely to parent in ways that resulted in *their* children (i.e. the grandchildren) being securely attached, too. Material resources that grandparents contribute to a grandchild’s household could result in a better-resourced home with parents who are not significantly worried about providing their children with their material needs. At the Macrosystemic level, societal and cultural norms and expectations regarding the role of a grandparent would be at play. In some societies, such as in the South African context, grandparents

may be accepted to have a very involved role in the grandchildren's lives, in the form of daily child-minding or taking up the role of surrogate parent while the parents work in another city. In other, more developed nations, such as Anglo-American cultures, grandparents may be expected to keep their distance somewhat and allow the parents to make all decisions pertaining to the grandchildren.

1.3. Grandparental involvement and child well-being

According to bioecological theory, grandparents are able to exert influence on a child's life both directly and indirectly. Research has investigated both the direct and indirect influences of grandparental involvement (Attar-Schwartz et al., 2009a; Botcheva & Feldman, 2004). Direct influences cover grandparents' direct one-on-one contact with their grandchildren, such as minding them on a daily basis or living in the same home as their grandchildren. Indirect influences, on the other hand, include the indirect ways in which it is possible for grandparents to affect their grandchildren's lives by the ways in which they influence the parents. For example, grandparents can positively influence parenting style through the financial and emotional support they provide to parents.

1.3.1. Direct influences

Custodial grandparental care

Research into children who were reared by custodial grandparents has produced conflicting results regarding child well-being. Studies, by and large, have pointed to a higher risk of mental health, academic and behavioural problems for children who live with their grandparents as their full-time caregivers. These children have been found to perform significantly worse at school than children who live with both biological parents, although their performance tends to be on a par with children who live in single-parent families (Pittman & Boswell, 2007; Solomon & Marx, 1995). Adolescents in their grandmother's custody have also been shown to have more externalizing problem behaviours as well as emotional difficulties compared to adolescents who come from

homes in which the grandmother either does not live with them or is absent altogether (Smith & Palmieri, 2007). Smith and Palmieri (2007) conducted a survey using a national US sample of custodial grandmothers, in which they specifically found that these grandchildren had more conduct problems, hyperactivity, inattention and peer problems than children from a normative sample. Interestingly, an earlier US study, which also used a national sample, did not find any significant difference in problem behaviours displayed by grandchildren in grandparent custody (Solomon & Marx, 1997). In fact, the children in this study displayed less problem behaviour than children who came from single-parent families, particularly if both the grandmother and grandfather lived in the home.

The underlying reasons for poor outcomes, however, are often the extenuating circumstances that have resulted in these children being placed in the full-time care of their grandparents. In countries in the North, this is often due to parents not wanting to or not being able to take care of their children. These children may therefore have been exposed to child abuse and neglect, parental substance abuse, teenage pregnancy, imprisonment, illnesses such as HIV/AIDS, or death (Pebley & Rudkin, 1999; Smith & Palmieri, 2007).

The reasons for custodial grandparental care are somewhat different for countries in the Global South, however, since most of the children who are in their grandparents' custody have living parents who reside elsewhere. Grandparental custody is also often temporary in these cases (Chazan, 2008). The outcomes for these children are also often not good. A study of foster children in Sierra Leone found that children suffered a higher morbidity and mortality rate when they were fostered by their grandparents (Bledsoe, Ewbank, & Isiugo-Abanihe, 1988, as cited in Madhavan, 2004). The authors believed that this was the case because the elderly tended to have less knowledge of modern health care. They do caution against drawing the conclusion that negative outcomes always result from grandparental fosterage, as they point out that often grandchildren come to live with their grandparents as a result of a crisis. Had the living arrangement been voluntary, grandparents may have had the necessary resources to

adequately care for their grandchildren (Bledsoe, Ewbank, & Isiugo-Abanihe, 1988, as cited in Madhavan, 2004). Interestingly, however, there are studies from sub-Saharan Africa that suggest that grandparents can provide similar care to their grandchildren as parents do. Oburu's (2005) study of Kenyan orphans raised by their grandmothers found that there were no differences in adjustment when the orphans were compared to children who were raised by their biological mothers. The author suggested that this finding could have been due to grandmothers not wanting to be viewed as neglectful of their grandchildren. Oburu (2005) also cautioned that the time that had elapsed since the children had been orphaned had not been noted, and so the orphaned children may have experienced high levels of maladjustment in the early days after their parents' passing. A 2010 study on AIDS orphans in a semi-rural municipality in the Free State, South Africa, found that the quality of material care provided by grandparents was virtually the same as the care provided by other carers (including biological parents) of non-orphaned children (Tamasane & Head, 2010). The authors purport that this could be due to the fact that the old age pension that these grandparents received was substantially higher than the child support grant or the foster-care grant.

Grandparents living in multi-generational households

While living in a multi-generational home does not necessarily mean that grandparents assume a significant amount of child care, it has been shown that co-resident grandmothers tend to play a large role in caregiving (Pebley & Rudkin, 1999). Most of the research on grandmothers living with their children and grandchildren has focused on adolescent mothers.

Of the few studies that have not used adolescent mothers, the findings have not been clear. Dunifon and Kowaleski-Jones's (2007) study into multi-generational families revealed dramatically different results for white children than for African-American children. White children who lived with a single mother and a grandparent experienced more cognitive stimulation and displayed higher reading recognition scores than children who lived only with a single mother. African-American children in the study who

lived with a single mother and grandparent, however, received less cognitive stimulation relative to children who resided with married or single parents, and displayed lower maths scores in comparison to children living with married parents. Pittman (2007) found that adolescents who lived in a multi-generational household displayed fewer depressive symptoms than adolescents not living in multi-generational households. It was acknowledged, however, that the reasons for this difference were the positive factors that were present in the family and that it was not a direct result of the family structure (Pittman, 2007). A US study looking at single-parent, multi-generational households and adolescent adjustment yielded positive results (DeLeire & Kalil, 2002). They found that these adolescents were either equally likely or even more likely than adolescents from families with married parents to graduate from high school and attend college. In addition, adolescents from single-parent multi-generational homes were less likely to smoke or drink and initiate sexual activity. These positive outcomes were still present even when factors such as economic resources, parenting behaviour, and home and school characteristics were controlled for.

Non-resident grandparents

Low-risk families

Most research in this area has focused on grandchildren who are in difficult circumstances, making them high-risk youth. The research on grandchildren who do not come from at-risk circumstances has yielded mixed results. This could be due to variations in the methodology used and in the way in which grandparental involvement was operationalised. The research findings in this area will now be summarised based on the way grandparental involvement was measured, namely provision of childcare, quantity and quality of contact, and grandparent-grandchild closeness.

Among studies that defined grandparental involvement as whether or not grandparents were involved with caregiving for the grandchild, British studies revealed negative associations between grandparental involvement and the children's well-being,

including hyperactivity in young children and peer difficulties among both young children and adolescents (Fergusson et al., 2008; Griggs et al., 2010). Fergusson and others (2008) do point out, however, that children who were most likely to receive care by their grandmothers were born to mothers who were less educated, less financially stable, adolescent, or who were single or in unstable marriages.

When the quantity and quality of contact was used as an operationalisation of grandparental involvement, the associations were largely positive with pre-adolescents and adolescents displaying significantly fewer emotional problems and more prosocial behaviour (Attar-Schwartz et al., 2009b). In this 2009 study by Attar-Schwartz and others, a grandparental involvement measure was used that consisted of items regarding the direct and indirect influence of grandparents. This scale measures how close grandchildren feel to their grandparents by asking them questions – such as how involved grandparents are in the grandchildren's activities – that the child rates on a four-point Likert-type scale.

Closeness to grandparents has been linked to fewer depressive symptoms in adolescents and young adults (Ruiz & Silverstein, 2007), as well as an increased sense of academic competence and improved self-esteem (Elder & Conger, 2000). In Elder and Conger's (2000) study, it is interesting to note that, when parental warmth was considered in the analysis, the impact of grandparental closeness was no longer significant. Elder and Conger (2000) have therefore concluded that, in families where there is sufficient closeness and nurturing from the parents, the role of grandparents is largely reinforcing and not as important as it is in families where that parental closeness is lacking. A 2011 American study seems to contradict this theory. It found that the emotional relationship that grandparents had with their grandchildren was uniquely related to prosocial behaviours in the grandchildren even when parent-child attachment was controlled for (Yorgason, Padilla-Walker, & Jackson, 2011).

High-risk families

Most research in the area of grandparents has focused on families in some kind of crisis, such as parental divorce and remarriage, poverty and maternal depression. Researchers therefore have often viewed grandparents to be an ever-present resource, at the ready should they need to be called upon (Cherlin & Furstenberg, 1986).

Marital transitions resulting in children living without one of their biological parents are known to be likely to cause a multitude of problems for these children (Amato, 2005). Research findings on the influence of grandparental involvement on children who have experienced family transitions have shown that closeness with grandparents can act as a buffer to the potentially harmful effects of divorce, a parent remarrying, or other family transitions (Dunn, Fergusson & Maughan, 2006). In particular, adolescents from divorced, single-parent and step-families who have positive relationships with their grandparents have not only displayed fewer externalising and internalising problem behaviours, but also greater social competence, self-efficacy and self-esteem (Attar-Schwartz et al., 2009b; Henderson, Hayslip, Sanders, & Loudon, 2009; Lussier et al., 2002; Ruiz & Silverstein, 2007).

Maternal depression puts the children of these women at increased risk of depression and other adjustment difficulties themselves (Cummings & Davies, 1994). Grandparents can potentially be a powerful protective factor in such children's lives (Silverstein & Ruiz, 2006). Silverstein and Ruiz's (2006) findings revealed that, among the children of mothers with depression, late adolescents and young adults who were the closest to their grandparents did not develop depression, whereas those with only weak to moderate levels of closeness did develop depression.

Therefore, while studies have found negative associations with care by grandparents, this is usually due to extenuating factors unrelated to the grandparents. The ways in which grandparental care is associated with positive outcomes for children's development and psychological well-being in children are encouraging, especially when

the quality, rather than the quantity, of that involvement is looked at. These positive outcomes include fewer internalising and externalising problems, an increased sense of academic competence and improved self-esteem, more prosocial behaviours, greater social competence, self-efficacy and self-esteem, and a lowered risk of developing depression and depressive symptoms. It is still unclear, however, whether these positive outcomes associated with grandparental involvement still remain when parental involvement is taken into account.

1.3.2. Indirect influences

As has been outlined above, grandparents can affect their grandchildren directly through the frequency of the contact between them and the emotional support they offer them. There are many ways in which they affect the lives of their grandchildren indirectly as well, mainly through influencing parents' behaviour and their quality of marriage. Parents' behaviour and the quality of their marriage is often influenced by whether or not grandparents provide financial assistance and social support to the family, as well as how grandparents have modelled to their own children how to parent (Botcheva & Feldman, 2004; Chase-Lansdale, Brooks-Gunn, & Zamsky, 1994; Hetherington, 1989).

It has been found that parenting attitudes and styles are largely inherited, with harsh, punitive parenting styles being the most likely to be passed on from grandmothers to mothers (Chase-Lansdale et al., 1994). In addition, it has been established that there is a strong predictive relationship between parents' attachment style and children's attachment style (Benoit & Parker, 1994; Fonagy, Steele, & Steele, 1991; Van Ijzendoorn, 1995).

Another indirect way in which grandparents affect the lives of their grandchildren is illustrated by the findings of studies on kinship support. Kinship support has largely been found to result in positive outcomes for parenting styles as well as child well-being. In a study of low-income African-American families, support from relatives was

associated with mothers who accepted their children and encouraged their psychological autonomy, and in turn these children displayed greater self-reliance and less externalising behaviours (Taylor & Roberts, 1995). This study unfortunately did not differentiate between the support from grandparents and the support from other relatives. In a separate kinship study, support from grandparents during economic hardship has been found to result in mothers using more positive parenting practices and adolescent children, in turn, being at reduced risk of depression (Botcheva & Feldman, 2004).

It is therefore clear that there have been mixed findings regarding whether grandparental involvement is associated with adolescent well-being. Research indicates that grandparents can directly and indirectly affect adolescent well-being and that this influence varies depending on certain factors. These include:

- (a) Whether or not children live with their grandparents (for example in their custody or as part of a multi-generational household)
- (b) The quality of contact with grandparents
- (c) The quantity of contact with grandparents
- (d) Family difficulties such as marital transition or maternal depression
- (e) The support that grandparents provide to parents
- (f) The parenting style that parents inherited from grandparents.

1.4. Gaps in and limitations of the current research

The gaps in the current literature include the limited cultural range that these studies have spanned. Most studies in the area of grandparental involvement have been concentrated in Europe and the United States (Smith, 1995). There have been a limited number of studies done in Africa, and even fewer in South Africa. Some of the grandparental research based in the UK has also failed to include ethnic minorities. For example, the 2009 study by Attar-Schwartz and others did not proportionately represent ethnic minorities, and so their study mainly reflected the child care practices of white families (Attar-Schwartz et al., 2009b).

The conflicting findings of both positive and negative outcomes for children with involved grandparents mean that it is not possible to generalise these findings (King and Elder, 1995). Adding to the difficulty of developing a coherent body of knowledge on the subject is the disparity in the ways in which grandparental involvement has been defined and operationalised. Most studies have focused on the quantity of contact between grandchildren and their grandparents, while others have used the quality of the grandchild-grandparent relationship as their definition of grandparental involvement.

It also has not yet been established whether grandparental involvement, in and of itself, has a positive contribution to make to adolescent well-being. In other words, is there a relationship between grandparental involvement and adolescent well-being, irrespective of the level of parental involvement? The Elder and Conger (2000) and Yorgason and others (2011) studies highlight the necessity of research that investigates the association of grandparental involvement with adolescent well-being independently of parental involvement. The present study will seek to investigate this association in order to add to the knowledge in this area.

1.5. Research aims of the present study

The first research question in this study is whether or not there is an association between grandparental involvement and adolescent well-being. The second research question, if such an association is established, is whether the association is still significant even when parental involvement is taken into consideration. A secondary research aim is to establish the internal consistency of the parental involvement measure (a pre-existing scale that slight modifications were made to for the purposes of the current study) and the grandparental involvement measure (which was developed for the purposes of this study and a larger study that will take place at a later date).

This study's research hypotheses are:

1. More grandparental involvement is associated with better adolescent well-being.

2. Even when the influence of parental involvement is considered, grandparental involvement is still significantly and positively associated with adolescent well-being.

A few things should be noted about the context and scope of this study. Firstly, this study is set in Cape Town, South Africa and was conducted on a sample that almost exclusively belongs to the ethnic group known as “coloured”. During the country’s period of legally enforced racial segregation and discrimination (apartheid), the opportunities, resources and amenities available to the coloured population, along with the country’s black population, were very limited. This history has left a legacy of race determining one’s socio-economic status. The coloured population were among the lower socio-economic strata and, by and large, continue to be so today. The implication of this lack of financial resources on living arrangements and family structure in the coloured population has been that multiple generations often live on the same property or housing structure. Grandparents often lived in the same households as parents and children, and grandmothers often served as caregivers to children. These living conditions often resulted in close-knit families in which parenting duties were shared among parents, aunts, uncles and grandparents. Seventeen years into the country’s democracy, the social circumstances of coloured people have changed, but it is likely that much of this social structure still remains.

Secondly, the differences between the coloured population in South Africa that was used in the present study and those populations in US and European research that dominate grandparental involvement research should be noted. Among the coloured population, by virtue of the socio-economic conditions present, there is a higher likelihood of multi-generational households, as well as a greater permissiveness by parents of grandparental involvement in parental duties than in Northern countries (Amoateng, Richter, Makiwane, & Rama, 2004; Bray, Gooskens, Kahn, Moses, & Seekings, 2010). Grandparental involvement would probably be more likely or even expected. Due to the lower socio-economic status of the coloured population in comparison to the populations in the North), it is also possible that the role of

grandparents takes the shape of parental duties and roles as opposed to the more indulgent, auxiliary role of European and US grandparents. Oburu and Palmerus (2005) found this (namely that grandparental roles were more similar to parental roles) in their Kenyan study of grandmothers who are part-time or primary caregivers to their grandchildren.

Thirdly, in terms of the age range of the study, the 13- to 15-year-old age range was chosen because it falls within the 11- to 16-year-old age range used by recent literature in the field (e.g. Attar-Schwartz et al., 2009a; Attar-Schwartz et al., 2009b; Griggs et al., 2009). This allows for the results of the present study to be compared with data obtained from the studies mentioned.

The last point of consideration is that the present study is focused solely on the direct associations between grandparental involvement and child well-being, not on indirect effects that are mediated by parents. Thus, from a theoretical perspective, the present study looks solely at Microsystem influences as conceptualised in Bronfenbrenner's bioecological model. It is acknowledged, however, that the nature and effects of grandparent-grandchild interactions at the Microsystem level are likely to be influenced by broader cultural (Macrosystem) ideas about the roles of grandparents and grandchildren.

Chapter Two: Method

2.1. Study design

The present study was correlational and made use of a cross-sectional survey design. Surveys enable one to get information from a relatively large number of individuals quickly and efficiently (Babbie, 2004). This was important due to the time limit of one year that was placed on the study.

2.2. Participant characteristics

The sample consisted of 204 Grade eight and Grade nine learners from a school in Cape Town. Of the participants, 101 were female and 103 were male, while most were 14 years old (110) or 13 years old (77). The mean age was 13.69 years (SD = 0.62).

2.3. Sampling procedure

A mixture of purposive and convenience sampling was used. The sampling was purposive in that young adolescents in particular were targeted to participate in this study, although this specific sample was chosen due to the researcher having access to the school. These participants were accessed through the principal and the Life Orientation teacher at the school. The inclusion criteria were that they were Grade eight and Grade nine learners who had at least one living grandparent. Five classes of Grade eight learners and one class of Grade nine learners were approached, and of the approximately 240 learners that these classes comprise, 217 learners participated. The 23 learners who did not participate did not receive consent from their parents to do so. Of the 217 participants that participated, 204 had at least one living grandparent. The 13 participants who did not have at least one grandparent living were excluded from the analysis.

Permission to conduct the study was obtained from the Western Cape Education Department before data collection commenced. As the study involved minimal risk, passive parental consent procedures were used. Forms were sent to all Grade eight and Grade nine learners' parents informing them of the study. Parents were informed in the consent forms that they were to return the forms should they object to their children participating in the study. Those parents who did not return the forms were considered to have given their consent. Assent was obtained from each respondent. Both parents and respondents were informed that the respondents were free to withdraw from the study at any time.

Once the deadline for consent had elapsed, the learners who had assented to participating in the study had the questionnaires administered to them during their Life Orientation period. This period was 45 minutes long. Most respondents were first language English speakers or taking English as a first language at secondary school level, as the school is an English medium school. The questionnaires and the consent forms were therefore made available only in English. Questionnaires were administered to respondents by the researcher and a research assistant.

In addition to the research assistant, a teacher from the school was present while handing out the questionnaires in order to aid the researcher in settling the class. The teacher remained present throughout the duration of the completion of the questionnaires. Those learners who were not participating in the study occupied themselves with another activity while the participants completed the questionnaires.

The researcher and research assistant collected the questionnaires immediately after they had been completed and stored them in the researcher's home in a locked filing cabinet so as to ensure the continued protection of the anonymity and confidentiality of the participants.

2.4. Measures and covariates

The data collection instruments used were questionnaires (see Appendix 1) that comprised a grandparental involvement scale, a parental involvement scale, an adolescent well-being scale (in the form of the Strengths and Difficulties Questionnaire), and items to ascertain some demographic information about participants.

The outcome variable for the present study was adolescent well-being. The Strengths and Difficulties Questionnaire (SDQ) (Goodman, 1999) was used as a measure for well-being. Specifically, the one-sided self-rated version for 11- to 17-year-olds was used. The SDQ is a 25-item, 3-point Likert-type scale that consists of five sub-scales, namely hyperactivity, emotional symptoms, conduct problems, peer problems and prosocial behaviour. The range of scores on each of these items were from “0” to “2”. The SDQ is internationally used as a screening tool for child adjustment internationally (Goodman, 1994, 1997), as well as in South Africa (e.g., Cluver & Gardner, 2006; Cluver, Gardner, & Operario, 2007; Emerson, 2003). A pilot study of the self-report version of the SDQ found the following Cronbach alpha coefficients: hyperactivity ($\alpha = .65$), emotional symptoms ($\alpha = .72$), conduct problems ($\alpha = .69$), peer problems ($\alpha = .61$), prosocial behaviour ($\alpha = .65$), and total difficulties ($\alpha = .82$) (Goodman, Meltzer, Bailey, 1998). The sample used in this pilot was 116 young people between the ages of 11 and 16 who were being routinely screened at a child and adolescent mental health clinic on the periphery of London. Other forms of reliability have also been established, such as test-retest reliability and inter-rater reliability (Muris, Meesters & van den Berg, 2003). Its validity is well-established (Goodman et al., 1998; Goodman, 1999, 2001; Muris, Meesters, Eijkelenboom, & Vincken, 2004; Muris et al., 2003), including its convergent validity (Muris et al., 2004), and it has been tested on a variety of nationalities including Dutch, US and British samples.

The predictor variable used was grandparental involvement. The grandparental involvement scale was based on that of Griggs et al. (2010), although slight modifications were made to most of the questions and response options. Permission

was obtained to make these modifications. These modifications were designed to make the items more suitable to the South African context and were based on a pilot study that was designed to help inform the development of the questionnaire (Mia, 2010). The modifications incorporated and took the work of the following authors into consideration: Cherlin and Furstenberg (1985, 1986), Wood and Liossis (2007), Silverstein and Chen (1999) and Elder and Conger (2000). In addition, Mueller and Elder's (2003) six dimensions of grandparental involvement were taken into consideration. These include *face-to-face contact*, *activities* done together (e.g. joint projects or attending the grandchild's events), *intimacy* (grandparent serving as a confidante or companion), *helping* (offering advice or discussing the grandchild's problems), *instrumental assistance* (providing the grandchild with money and other resources) and having a role of *authority* or discipline in the grandchild's life. Flouri's (2005) three main forms of paternal involvement, namely behavioural (measured by the frequency of the father's involvement in child care), cognitive (measured by reasoning, planning and monitoring), and emotional (measured by warmth, affection and feelings of closeness), were also considered in choosing and modifying the items for this scale. Once the modifications were completed, the grandparental involvement scale for the present study consisted of eleven items, each with the response options ranging from 0 to 2 with a higher score indicating more grandparental involvement (see Appendix 1). The eleven questions were asked regarding each of the respondent's living biological grandparents. The variable used in analysis was the involvement score of the grandparent who was rated as being the most involved by each participant.

The covariates used were mother involvement, father involvement and the gender of the participants. For the parental involvement measure, six questions were taken from the self-administered supplement of the 1979 US National Longitudinal Survey of Youth (U.S. Department of Labor, U.S. Bureau of Labor Statistics, 1990). Mother and father involvement was measured using adolescents' responses on these items. The response options were modified slightly from the original scale so that all items were scored on a four-point rating scale. Total scores ranged from six to 24, with a higher score indicating greater parental involvement and a lower score lower parental involvement. Two of

these items were reverse-scored. The range of scores on each of these items were from “0” to “3”. As with the grandparental involvement scales, the parental involvement scale items were asked twice, of living fathers and of living mothers. At present, little is known about the psychometric properties of the parental involvement measure. While Carlson (2006) and Pleck and Hofferth (2008) have found that the items load on a single factor, the response options and scoring procedures for this measure were modified for the purposes of the present study. One of the purposes of the current study was therefore to investigate the reliability of this measure.

2.5. Analysis

The data from the questionnaires were captured and analysed in a statistical analysis programme, SPSS version 19.

The first research aim was to determine the internal consistency of the grandparental involvement scales and the parental involvement scales. Cronbach’s alpha coefficients were calculated in order to do so.

The second aim of the research was to determine whether or not there was a relationship between grandparental involvement and adolescent well-being. In order to answer this question, Pearson’s correlations were conducted. Correlations between parental involvement and adolescent well-being were also examined. Correlations were also used to determine whether gender is related to grandparental involvement and to child well-being.

The third research aim involved further exploration of the relationship between grandparental involvement and adolescent well-being, to investigate whether this relationship exists independently of the effect of parental involvement. In order to answer this third aim of the research, hierarchical multiple regression analysis was done. The variables included in the analysis were adolescent well-being (as the outcome variable) and grandparental involvement and parental involvement (as

predictor variables). Gender was also included in the regression analyses as a control variable.

Chapter Three: Results

This chapter outlines the results of the analysis that was conducted to answer the aforementioned research questions.

3.1. Descriptive statistics

Detailed descriptive statistics, including means and standard deviations, can be found in Table 1.

Table 1. Descriptive statistics

Variable	<i>n</i>	<i>M</i>	<i>SD</i>
Mother Involvement	200	11.66	2.44
Father Involvement	201	10.03	3.51
Grandparental Involvement	204	14.34	4.68
Prosocial Behaviour	202	7.10	1.81
Peer Problems	200	1.74	1.44

3.2. Reliability of the grandparental involvement and parental involvement scales

The version of the grandparental involvement measure that was used in this study was modified slightly and has never been used before in its current form (in South Africa or elsewhere). No evidence that the parental involvement measure has been used previously in South Africa could be found. Because of this, preliminary analyses were conducted to assess the reliability of these two measures. The Cronbach alphas for

these scales were as follows: maternal grandmother involvement scale ($\alpha = .84$), maternal grandfather involvement scale ($\alpha = .88$), paternal grandmother involvement scale ($\alpha = .87$), paternal grandfather involvement scale ($\alpha = .90$), mother involvement scale ($\alpha = .66$), and father involvement scale ($\alpha = .82$). It should be noted that one item was removed from the mother involvement scale as it did not appear to be loading as well as the other items and resulted in a lower alpha coefficient ($\alpha = .63$). This item was the question “How often does each parent miss the events or activities that are important to you?”. In the interest of uniformity and comparability, the same item was removed from the father involvement scale. The aforementioned alpha scores indicated a good internal consistency for all of the scales, except that the mother involvement scale was slightly below the acceptable range for good internal consistency.

3.3. Hypothesis one: Grandparental involvement is associated with adolescent well-being

In order to test this hypothesis, Pearson product-moment correlation coefficients were computed between grandparental involvement and the measure of well-being in the form of all of the SDQ subscales, as well as the SDQ total difficulties score. Significant correlations were only found between grandparental involvement and prosocial behaviour and between grandparental involvement and peer problems. There was a significant positive correlation between prosocial behaviour and grandparental involvement and a significant negative correlation between peer problems and grandparental involvement, indicating that grandparental involvement was associated with fewer peer problems and more prosocial behaviour. None of the correlations between grandparental involvement and the other SDQ sub-scales and the SDQ total difficulties score were significant (see Table 2). The other relationships that existed between parental involvement and adolescent well-being and between gender and adolescent well-being were also examined (See Table 2). Significant positive relationships were found between mother involvement and prosocial behaviour and mother involvement and grandparental involvement. Significant negative relationships were found between mother involvement and: 1) hyperactivity, 2) conduct problems,

and 3) the SDQ total difficulties score. Father involvement was positively and significantly associated with mother involvement and grandparental involvement and displayed a significant negative relationship with emotional problems. Being male was significantly and negatively related with prosocial behaviour, $r = -0.21$, $p = 0.00$, and was also negatively correlated with emotional problems, $r = -0.33$, $p = 0.00$.

Table 2 Correlations among Gender, SDQ subscales, SDQ Total Difficulties, Parental Involvement, and Grandparental Involvement

	1	2	3	4	5	6	7	8	9
1. Gender	—								
2. Prosocial Behaviour	-.21**	—							
3. Emotional Problems	-.33***	.13	—						
4. Conduct Problems	.11	-.20**	.12	—					
5. Hyperactivity	.02	-.17*	.26***	.36***	—				
6. Peer Problems	.10	-.12	.16*	.15*	.08	—			
7. SDQ Total Difficulties	-.07	-.11	.67***	.60***	.73***	.46***	—		
8. Grandparental Involvement	-.06	.20**	.05	-.03	.01	-.14*	-.03	—	
9. Mother Involvement	-.01	.17*	-.12	-.21**	-.16*	-.11	-.24**	.25***	—
10. Father Involvement	.12	.07	-.16*	-.10	-.08	-.06	-.16	.17*	.37***

* $p < .05$. ** $p < .01$. *** $p < .001$.

3.4. Hypothesis two: Grandparental involvement is still associated with adolescent well-being when parental involvement is taken into consideration

To examine whether the relationship between prosocial behaviour and grandparental involvement still existed when parental involvement was taken into account, a hierarchical multivariate regression model was performed. Preliminary analyses were conducted to ensure no violation of the assumptions of normality, linearity, multicollinearity and homoscedasticity. See Table 3 for detailed results of the regression analyses.

Adolescent gender was entered into the model in the first step as a control variable. In the second step, parental involvement (mother involvement and father involvement) were entered. Grandparental involvement was added in the third and final step. In this final step, the additional variance explained by the addition of grandparental involvement was significant. In the final model, only gender and grandparental involvement were significantly related to an increase in prosocial behaviour. The analysis showed that the association between prosocial behaviour and parental involvement (mother involvement or father involvement) was not significant in the final model, although the overall final model was significant.

The second set of regression analyses was run with peer problems as the outcome variable. When grandparental involvement was added in the last step, the additional variance explained by grandparental involvement was not significant. In the final model, none of the variables, including grandparental involvement, were significantly related to a decrease in peer problems. The overall model was not significant. These results are presented in Table 3.

Table 3. Results of Hierarchical Multiple Regression

Step	Variable	Adolescent well-being					
		Prosocial behaviour			Peer problems		
		ΔR^2	β	SE β	ΔR^2	β	SE β
1.	Gender	.05**	-.21**	.25	.01	.01	.21
2.	Parental involvement (set of two)	.03*			.01		
	Mother involvement		.15*	.06		-.09	.05
	Father involvement		.04	.04		-.03	.03
3.	Grandparental involvement	.02*	.15*	.03	.01	-.11	.02
			R = .31, Adj. R ² = .08*		R = .18, Adj. R ² = .01		
	<i>n</i>		204		204		

* $p < .05$, ** $p < .01$

In conclusion, the main findings were that grandparental involvement was significantly associated with two aspects of well-being, namely prosocial behaviour and peer problems. Grandparental involvement, however, was not significantly correlated with the following aspects of well-being as defined by the SDQ: conduct problems, emotional problems, hyperactivity and total difficulties. When gender and parental involvement were taken into account, grandparental involvement was still associated with prosocial behaviour but not with peer problems.

Chapter Four: Discussion

The results provide partial support for the hypotheses in this study. A relationship was found between grandparental involvement and two aspects of adolescent well-being, namely prosocial behaviour and peer problems. More grandparental involvement was associated with more prosocial behaviour and fewer peer problems. No relationship was established, however, between grandparental involvement and the other aspects of adolescent well-being as conceived by the SDQ (hyperactivity, conduct problems, emotional problems). Also, no relationship was found with the total difficulties SDQ score. The relationship between grandparental involvement and prosocial behaviour remained when the effect of parental involvement was taken into consideration. The association between grandparental involvement and peer problems, however, did not remain when gender and parental involvement were factored in. The finding that grandparental involvement was associated with positive outcomes (namely better adolescent adjustment) is in keeping with some of the grandparental research (Attar-Schwartz et al., 2009b; Dunifon & Kowaleski-Jones, 2007; Pittman, 2007; Ruiz & Silverstein, 2007; Yorgason et al., 2011). In terms of an association with prosocial behaviour in particular, this finding is in keeping with Attar-Schwartz and others' (2009b) findings as well as Yorgason and others' (2011) finding that grandparental involvement was significantly associated with more prosocial behaviour in adolescents. Research findings regarding the association of peer problems with grandparental involvement have been contradictory. Attar-Schwartz, Tan, Buchanan, Flouri, & Griggs's 2009 study concurs with the results of the present study, as they too found that fewer peer problems occurred with more grandparental involvement in the adolescents in their study. An increase in peer problems has also been associated with more grandparental involvement in some large-scale British surveys (Fergusson et al., 2008; Griggs et al., 2010). While the present study found no correlations with hyperactivity, conduct problems and emotional problems, other studies have found significant correlations between grandparental involvement and these difficulties. Adolescents who shared their problems with their grandparents were found to display more hyperactivity and conduct problems (Griggs et al., 2010). Adolescents who experienced more involvement from

their grandparents, however, have been shown to struggle with fewer emotional difficulties (Attar-Schwartz et al., 2009b; Ruiz & Silverstein, 2007) and to have a lower risk of transmission of depression from depressed mothers (Silverstein & Ruiz, 2006).

The finding that the association of grandparental involvement with prosocial behaviour remained, even when parents were involved, confirms relatively new knowledge in grandparental research (Yorgason et al., 2011). Prior to Yorgason and others' study, there had been the belief that grandparents have no independent influence of their own to add to the well-being of children who come from families that are stable and nurturing. This is not necessarily an accurate conclusion to make, as most studies in this area have not teased out the influence that involved grandparents have on grandchildren's lives over and above the influence of the parents of these children. This study, however, confirms that grandparents have their own distinct and separate positive role to play in adolescents' lives and imply that, even when parents are involved, grandparents still have a role to play in adolescent prosocial behaviour.

4.1. Limitations and directions for future research

In interpreting these findings, a few limitations should be noted and taken into consideration. Firstly, the way in which adolescent well-being was operationalised in this study, namely through the aspects of prosocial behaviour, peer problems, conduct problems, hyperactivity and total difficulty, incorporates some, but not all, facets of well-being. For example, scholastic achievement and physical well-being were not looked at.

Another caution is in regard to the analysis of the data. While data for the grandparental involvement measure was collected for all of the participants' living grandparents, only the grandparent with highest involvement score was included in the analysis. Had grandparental involvement somehow been able to factor in the different levels of involvement for all of the participants' grandparents, the results may have turned out very differently. Having said this, however, factoring in all of the grandparents' levels of involvement is a difficult task. Simply providing a composite score of all of the scores

would render a largely meaningless score. The decision to use the highest-scoring grandparent's score was considered an appropriate compromise.

The fact that all of the data collected were obtained from the same rater, namely the adolescents themselves, runs the risk of inflated correlations due to response biases. Also it should be noted that, because the study was correlational and conducted at a single time of measurement, no conclusions about causal relationships or the direction of effects between the variables can be drawn. Therefore, while it is possible that having more involved grandparents leads children to be kinder and more altruistic towards others, it is also possible that grandparents are more likely to get involved with more considerate, helpful, empathic grandchildren because they are more endearing. Longitudinal studies would therefore be useful in terms of future research in order to determine the direction of effects. Qualitative research might also be helpful for trying to understand how and why an association between grandparental involvement and adolescents' prosocial behaviour might come about.

The grandparental involvement measure used in the analyses did not distinguish between grandparents based on their gender or residential status. Had there been the scope to take this into consideration, the analyses may have yielded different results.

In addition, the presence of the teacher in the class while the questionnaires were being administered may have affected the way in which some of the participants answered the questions.

Lastly, regarding the sample used in this study, the convenience sampling method was not ideal as it resulted in a sample which is not representative of all South African adolescents. It also had a relatively limited size. Time constraints did not, however, allow for gaining a larger and more representative sample. The results of this study, however, will be used to improve the questionnaire, which will then be administered to a larger and more representative sample of adolescents.

Another direction for future studies would be to aim to measure well-being in a more comprehensive, holistic way, in order to get a better idea of all the ramifications of grandparental involvement for grandchildren. A more comprehensive measure of adolescent well-being would include the other aspects of well-being missing in the present study's measure, such as academic performance, physical well-being and spiritual well-being. As for the way in which grandparental involvement was measured, future research may take into consideration all grandchildren's grandparents, including step-grandparents. The involvement of step-grandparents was not included in the current study. It was felt that including step-grandparents as well may have made the questionnaire too long to have been completed in the 40-minute school period allotted to the researcher.

Useful areas of interest in future studies would include determining which factors are associated with more or less grandparental involvement in South Africa. In addition, it needs to be investigated whether the associations between grandparental involvement vary depending on the broader context in which they occur. For example, do different family structures or socioeconomic contexts affect these associations at all?

4.2. Conclusion

In summary, this study has emphasised the role that grandparents can play in the lives of their adolescent grandchildren. It has suggested that grandparental involvement is positively associated with prosocial behaviour of adolescents, regardless of the nature of the adolescents' relationships with their parents.

Despite the shortcomings in representivity, this study has sought to contribute to the knowledge of the role of grandparents in South Africa's unique social landscape. How much one can extrapolate to the South African context from research done on grandparental involvement and adolescent well-being in other countries, particularly in developed countries, is dubious, making local research necessary. The present study is a first step toward adding to local research on grandparenting. Another contribution that

this study has added is on the role grandparents play on the behaviour of adolescents. It serves to suggest that grandparents do have their own contribution to make to their adolescent grandchildren's lives, separate to the role of the parents. Lastly, as a pilot study, it has served to test the grandparental involvement and parental involvement scales that have specifically been modified for a study to take place in the near future.

Theoretically, the present study's findings imply that grandparental involvement is a variable that is associated with adolescent prosocial behaviour and that this association is distinct and separate from any association between parental involvement and adolescent prosocial behaviour.

From these findings it would seem that a positive relationship between grandparents and their adolescent grandchildren should be encouraged. Grandparents appear not to be the ancillary, optional family members that research has previously pointed to. If the conclusion from this study is correct – that grandparents have their own unique, positive role to play in adolescents' lives – then grandparents need not be viewed as a support that need only step in when a family or adolescent is in crisis or in order to reinforce the positive effects of good enough parenting. It would seem that the grandparent-grandchild relationship should be viewed as an important relationship in its own right that can potentially improve the behaviour and attitude of teenagers during the tumultuous period of adolescence.

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Appendix 1: Questionnaire

We are very interested in your thoughts and opinions. What you tell us may be able to help other teenagers. It is therefore very important that you think carefully about your answers and that you are honest in answering these questions. If you are not sure or do not understand what a question is asking, please ask the researcher to explain it to you.

1. How old are you? (please tick one)

- 12
- 13
- 14
- 15
- 16
- 17
- 18

If you do not fit any of the above, please tell us your age

2. Are you male or female? (please tick one)

- Male
- Female

3. Which of the following languages do you speak at home? (please tick as many as necessary)

- Afrikaans
- English
- isiXhosa
- isiZulu

If you do not fit any of the above, please tell us what language you speak

.....

4. What is your religion? (please tick one)

- Christian
- Hindu
- Jewish
- Muslim

No religion

If you do not fit any of the above, please tell us what your religion is

.....

5. Who do you live with most of the time? (please tick as many as necessary)

Mother

Father

Stepfather or your mother's partner

Stepmother or your father's partner

Grandmother(s)

Grandfather(s)

Aunt(s)

Uncle(s)

Sister(s)

Brother(s)

Someone else. Please tell us their relationship to you (e.g. foster mother, friend)

.....

6. Which of the following do your family have at home? (please tick as many as necessary)

Refrigerator

Radio

Television

Computer

7. What grade are you in at school?

8

9

8. Have you ever repeated a school year?

Yes

No

9. What was your aggregate (average mark) last year?

		Mother	Father
What parents do you have living? (tick those that apply)		<input type="checkbox"/>	<input type="checkbox"/>

With all the following questions, only answer for those parents who are still alive

- | | | | |
|---|----------------------------------|--------------------------|--------------------------|
| 10. Do they work? | Yes part time | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes full time | <input type="checkbox"/> | <input type="checkbox"/> |
| | No | <input type="checkbox"/> | <input type="checkbox"/> |
| | Don't know | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are they... | Never married | <input type="checkbox"/> | <input type="checkbox"/> |
| | Married | <input type="checkbox"/> | <input type="checkbox"/> |
| | Separated/divorced | <input type="checkbox"/> | <input type="checkbox"/> |
| | Widowed | <input type="checkbox"/> | <input type="checkbox"/> |
| | Remarried | <input type="checkbox"/> | <input type="checkbox"/> |
| | Don't know | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. How good is their health? | Very good | <input type="checkbox"/> | <input type="checkbox"/> |
| | Good | <input type="checkbox"/> | <input type="checkbox"/> |
| | Poor | <input type="checkbox"/> | <input type="checkbox"/> |
| | Very poor | <input type="checkbox"/> | <input type="checkbox"/> |
| | Don't know | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. What is the highest level of education they have completed? | No schooling | <input type="checkbox"/> | <input type="checkbox"/> |
| | Primary school only | <input type="checkbox"/> | <input type="checkbox"/> |
| | Some high school | <input type="checkbox"/> | <input type="checkbox"/> |
| | Grade 12/Std. 10 | <input type="checkbox"/> | <input type="checkbox"/> |
| | At least some college/university | <input type="checkbox"/> | <input type="checkbox"/> |
| | Don't know | <input type="checkbox"/> | <input type="checkbox"/> |

14. How often does each of your parents talk over important decisions with you?
- | | | |
|-------------|--------------------------|--------------------------|
| Never | <input type="checkbox"/> | <input type="checkbox"/> |
| Hardly ever | <input type="checkbox"/> | <input type="checkbox"/> |
| Sometimes | <input type="checkbox"/> | <input type="checkbox"/> |
| Often | <input type="checkbox"/> | <input type="checkbox"/> |
15. How often does each of your parents listen to your side of the argument?
- | | | |
|-------------|--------------------------|--------------------------|
| Never | <input type="checkbox"/> | <input type="checkbox"/> |
| Hardly ever | <input type="checkbox"/> | <input type="checkbox"/> |
| Sometimes | <input type="checkbox"/> | <input type="checkbox"/> |
| Often | <input type="checkbox"/> | <input type="checkbox"/> |
16. How often does each of your parents know whom you are with you are when not at home?
- | | | |
|-------------|--------------------------|--------------------------|
| Never | <input type="checkbox"/> | <input type="checkbox"/> |
| Hardly ever | <input type="checkbox"/> | <input type="checkbox"/> |
| Sometimes | <input type="checkbox"/> | <input type="checkbox"/> |
| Often | <input type="checkbox"/> | <input type="checkbox"/> |
17. How often does each parent miss the events or activities that are important to you?
- | | | |
|-------------|--------------------------|--------------------------|
| Never | <input type="checkbox"/> | <input type="checkbox"/> |
| Hardly ever | <input type="checkbox"/> | <input type="checkbox"/> |
| Sometimes | <input type="checkbox"/> | <input type="checkbox"/> |
| Often | <input type="checkbox"/> | <input type="checkbox"/> |
18. How close do you feel to each of your parents?
- | | | |
|------------------|--------------------------|--------------------------|
| Not at all close | <input type="checkbox"/> | <input type="checkbox"/> |
| Not very close | <input type="checkbox"/> | <input type="checkbox"/> |
| Quite close | <input type="checkbox"/> | <input type="checkbox"/> |
| Very close | <input type="checkbox"/> | <input type="checkbox"/> |

19. How well do each of your parents and you share ideas or talk about things that really matter?

Not at all well	<input type="checkbox"/>	<input type="checkbox"/>
Not very well	<input type="checkbox"/>	<input type="checkbox"/>
Quite well	<input type="checkbox"/>	<input type="checkbox"/>
Very well	<input type="checkbox"/>	<input type="checkbox"/>

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- | | | Mother's
mother | Mother's
father | Father's
mother | Father's
father |
|-----|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 20. | What grandparents do you have living? (tick all that apply) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

With all the following questions, only answer for those grandparents who are still alive.

- | | | | | | |
|-----|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 21. | How often do you see them? | | | | |
| | Just about every day | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | About once a week | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | About once a month | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Several times a year | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Once a year or less | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Never | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- | | | | | | |
|-----|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 22. | How often do you have contact with them by telephone, the internet (e.g., email, facebook) or letter? | | | | |
| | Just about every day | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | About once a week | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | About once a month | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Several times a year | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Once a year or less | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Never | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- | | | | | | |
|-----|-----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 23. | Where do they live? | | | | |
| | With me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | In Cape Town (but not with me) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Further away (in South Africa) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Further away (in another country) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Don't know | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

24. How old are they?

Younger than 40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In their 40s	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In their 50s	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In their 60s	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In their 70s	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Over 80	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. Do they still work?

Yes part time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes full time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. Are they...

Never married	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Married	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Separated/divorced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Widowed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remarried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. How good is their health?

Very good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very poor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28. What is the highest level of education they have completed?

No schooling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary school only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Some high school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grade 12/Std. 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At least some college/university	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. How many grandchildren do they have?

Just you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 or 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 or 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30. How well does your mother get on with your grandparents?

Very well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not so well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not well at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't have this parent	<input type="checkbox"/>			

31. How well does your father get on with your grandparents?

Very well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not so well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not well at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't have this parent	<input type="checkbox"/>			

32. Does your mother encourage you to spend time with your grandparents?
Yes
No
Don't have this parent

33. Does your father encourage you to spend time with your grandparents?
Yes
No
Don't have this parent

34. How often do your grandparents look after you?
Just about every day
About once a week
Several times a year
Never

35. How much can you depend on your grandparents to be there when you really need him/her?
Not much
Some
A lot

36. How much do your grandparents make you feel appreciated, loved, or cared for?
Not much
Some
A lot

37. How often do you talk to them about personal matters or things that are important to you?
Never
Occasionally
Often

38. How often do your grandparents help you by giving you advice or helping solve problems you have?

Never	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

39. Do you talk to them about your future plans?

Never	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

40. Do they help you to learn or understand things? (for example, school work, family history)

Never	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

41. Do they get involved with things you like? (for example, sport, making things, doing enjoyable things together)

Never	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

42. Do they come to school events or other activities that are important to you? (for example, sporting matches, plays, religious activities)

Never	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

43. How often do you help your grandparents with something they are doing or making? (for example, household jobs)

Never	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

44. Do your grandparents get involved in telling you what you can and cannot do?

Never	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

45. Do they give you or your family money or gifts?

Never	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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For each of these items, please mark the box for Not True, Somewhat True or Certainly True.
 It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of how things have been for you over the last six months.

	Not true	Somewhat true	Certainly true
I try to be nice to other people. I care about their feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am restless, I cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get a lot of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually share with others (food, games, pens etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get very angry and often lose my temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am usually on my own. I generally play alone or keep to myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually do as I am told	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I worry a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have one good friend or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I fight a lot. I can make other people do what I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am often unhappy, down-hearted or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other people my age generally like me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am easily distracted, I find it difficult to concentrate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am nervous in new situations. I easily lose confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am often accused of lying or cheating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other children or young people pick on me or bully me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often volunteer to help others (parents, teachers, children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think before I do things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I take things that are not mine from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get on better with adults than with people my own age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I have many fears, I am easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I finish the work I'm doing. My attention is good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>