Grandparental Involvement Among Muslim Families And Its Association With Adolescent Development Across Varying Economic Strata

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Abstract

Grandparents play a fundamental role in the lives of their grandchildren, with numerous studies providing evidence for a positive association between grandparental involvement and adolescent development. The vast majority of these studies were however conducted in countries in the Global North. Very limited research has been conducted on grandparental involvement in South Africa, especially over varying economic strata. Furthermore, no research has focused particularly on Muslim youth. This study explored the association between grandparental involvement and overall adolescent development across varying economic strata by administering a questionnaire specifically designed for South African youth to an all-Muslim sample of 82 adolescents between the ages of 13 and 16. The questionnaire assessed the adolescents' socio-economic status, their psychological and social well-being, and grandparents' involvement with their grandchildren. Results were partially in accordance international studies, as it was illustrated that grandparental involvement is indeed associated with adolescent well-being. Results further illustrated that there was no difference in grandparental involvement across varying economic strata. However, this result can be attributed to the religion and culture of the sample, who were all Muslim. Cultural differences arose, and it was illustrated that among Muslim families, grandparental involvement is high irrespective of socio-economic status due to the vast amount of importance Muslim families place on extended kin relationships.

Keywords: Grandparental involvement, grandchildren, adolescent well-being, socioeconomic status

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Introduction

Families play a fundamental role in child development. Not only is parental involvement an integral factor in determining the future wellbeing and adjustment of children (Clarke-Stewart & Dunn, 2006), but recent research has focused increasingly on understanding the role of grandparents as well. With the increasing amounts of divorce and single parenting, grandparental involvement has become an important determinant of child well-being (Attar-Schwartz, Tan, Buchanan, Flouri, & Griggs, 2009b). Grandparents are believed to influence children's behaviour not only by acting as a role model for them (Kornhaber & Woodward, 1985), but also by acting as a moderator for families who are under economic pressure (Botcheva & Feldman, 2004). The association between grandparental involvement and adolescent well-being has therefore become an important issue, especially in modern societies.

Grandparental Involvement And Overall Adolescent Development

Defining grandparental involvement. Grandparental involvement can be defined as the amount of contact grandparents have with their grandchildren. It has been operationalized as being on a continuum that can range from absolutely no contact with grandchildren on one side, to full-time custodial care on the other (Griggs, Tan, Buchanan, Attar-Schwartz & Flouri, 2010). Recent researchers have however found limitations with this definition, explaining that more contact does not necessarily result in a closer relationship between grandparents and grandchildren (Gaibie, 2012). Researchers have therefore indicated that it is more accurate to study the quality of the grandparental relationship when measuring grandparental involvement (Attar-Schwartz et al., 2009b; Gaibie, 2012). Researchers therefore ascertain that the roles grandparents play in adolescent's lives' should be used to understand the quality of the relationships (Douglas & Ferguson, 2003; Elder & Conger, 2000; Gaibie, 2012; Griggs et al., 2010).

Defining adolescent well-being. Child and adolescent well-being has often been described in the grandparenting literature as a reduced prevalence of adjustment difficulties (Gaibie, 2012). A number of researchers have used the Strengths and Difficulties Questionnaire (SDQ) (Attar-Schwartz et al., 2009b; Gaibie, 2012; Griggs et al., 2010; Flouri, Buchanan, Tan, Griggs & Attar-Schwartz, 2010a) in order to determine adolescent wellbeing, while studying its association with grandparental involvement. Researchers have also made use of the Adverse Life Events Scale to measure adolescent well-being (Flouri et al., 2010a, Griggs et al., 2009).

The relationship between grandparental involvement and adolescent

development. Numerous studies have provided evidence showing an association between increased grandparental involvement and adolescent development (Attar-Schwartz et al., 2009b; Denham & Smith, 1989; Griggs et al., 2010; Ruiz & Silverstein, 2007). In accordance with Gaibie (2012), grandparental involvement has often been researched through the theoretical framework of the bioecological model (e.g. Attar-Schwartz et al. 2009b; Tan, Buchanan, Flouri, Attar-Schwartz, & Griggs, 2010). This theoretical model is used as it allows researchers to view adolescents within a developmental context and provides evidence for the various ways in which grandparents can impact the lives of adolescents. (Bronfrenbrenner, 1977). Grandparents have both direct and indirect influences on adolescents lives, and therefore their level of involvement can be understood as such.

Direct influences of grandparental involvement. Among countries in the Global North (countries in North America or Europe), studies show that more externalising problem behaviours are exhibited in children who have custodial grandparents (children live with grandparents, not parents), as opposed to their peers who do not (Pittman, 2007). A wealth of evidence exists illustrating that grandparental custodial care may be associated with health problems in children as well as adverse behaviours (Hansen, 2006, as cited in Griggs et al., 2010). However, in accordance with Gaibie (2012), and Pebley and Rudkin (1999), it cannot be assumed that grandparental involvement is the cause of these externalising behaviours. These externalizing behaviours are more aptly explained by underlying reasons such as lack of parental involvement.

On the contrary, research found that when grandparents co-resided with parents and children, adolescents exhibited fewer internalizing problem behaviours. This result must however be treated with caution as this difference could be the result of co-occurring factors such as positive aspects within their family life (Pittman, 2007). Studies show that this could be due to grandparents taking a more parent-like role when they are the primary caregiver, thus disciplining children. However, when parents are the primary caregivers, grandparents focus more on fostering positive development of key socio-emotional skills as opposed to disciplining transgressive behaviour (Yorgason, Padilla-Walker, & Jackson, 2011).

Grandparents can also affect grandchildren by enhanced emotional support, as well as through frequency of contact (Gaibie, 2012). Research shows that grandparents influence children's academic performance, and researchers often see them in the educational helper role, fostering academic competence (Elder & Conger, 2000). Grandparents are also seen as being emotional supporters of children at extramural and sporting activities. Studies also

suggest that grandparents foster child well-being by providing time away from the strictness of parents, and by also providing additional support in times of crisis as they may provide a more sensitive ear to children than parents do (Griggs et al., 2010).

Grandparental involvement is also associated with enhanced psychological well-being in grandchildren. Studying 18-23 year olds, Ruiz and Silverstein (2007) found that depressive symptoms in young adults were reduced when they shared close relationships with grandparents. However, this result was more applicable to grandchildren from single-parent households, as grandparents were seen more as a functional substitute in situations of inept parenting, therefore reducing distress in grandchildren. The authors further showed that in two-parent homes, grandparents still had a positive influence over grandchildren because they were seen as complementing good parenting relationships.

Grandparental involvement is also seen as a protective factor against distress for adolescents. Flouri et al. (2010a) conducted a study in England and Wales, researching 11 to 16 year old children and found that grandparents could moderate the negative effects life stress has on children's adjustment. This study also found that the relationship between grandparent and grandchild was integral. It was found that closeness to the most important grandparent moderates the association between proximal life stress and adolescents' broad psychopathology and hyperactivity.

Indirect influences of grandparental involvement. Grandparents can affect their grandchildren's lives in various indirect ways. These may include the influence grandparents have on parental behaviour. In accordance with Oyserman, Radin and Benn (1993) grandmothers had an indirect influence on grandchildren as they often influenced the dynamics of the family.

Maternal grandmother involvement in adolescent well-being. A rare longitudinal study conducted in England analysed data from 385 children and did follow-up longitudinal analysis on 140 of them. They found that following parental separation, there has been an accentuation in the matrifocal bias in kinship (Bridges, Roe, Dunn, O'Connor, 2007). This matrifocal bias in kinship is explained by noting that when parents separate, mothers often receive custody of the children. Therefore, maternal grandparental involvement is often higher than paternal grandparental involvement after parental separation (Bridges et al., 2007). In the longitudinal analyses of this study, it was found that after 5 years, even though closeness to the grandparents remained largely the same, adolescents seemed to form more relationships with their peers. Numerous studies were consistent with this one by showing that children often have closer relationships with maternal grandparents (Attar-Schwartz et

al., 2009a; Griggs et al., 2010; Lavers & Sonuga-Barke, 1997; Mueller & Elder, 2003; Pittman, 2007; Ross, Hill, Sweeting & Cunningham-Burley, 2005; Wood and Liossis, 2007).

Among adolescent parents, particularly mothers, research shows that grandparents play an important role in grandchildren's lives. Studies show that within this cohort, grandparents affect children's wellbeing both directly and indirectly.

Grandparental Involvement And Adolescent Development In Muslim Families

Research conducted by Dhami and Sheikh (2000) found that traditional Muslim families spanned over 3 generations, with importance being attached to extended families. They found that Muslim people view a balanced society as being centred around the extended family unit. In Muslim families, older parents and grandparents are greatly respected and often held in high esteem by their younger counterparts.

To date however, very little research has focused on grandparent-grandchild relationships across varying ethnic groups (Attar-Schwartz et al., 2009b). Szinovacz (1998) explains that grandchildren rely on grandparents for cultural heritage and economic support. However, subcultural variations in grandparent-grandchild relations are not well understood due to conceptual frameworks being derived from Caucasian societies in the Global North.

One study conducted by Ross et al. (2005) in Scotland researched grandparental involvement over various ethnic groups and found that overall grandchildren viewed grandparents as buffers during times of disagreement with parents. Grandchildren also ascertained that they could share their concerns and problems with their grandparents; and that grandparents often provided financial assistance in the form of pocket money and school fees. However, they also found that among Scottish Pakistani children (the majority of whom were Muslim), grandchildren were more inclined to view grandparents with respect and special emphasis was placed on responsibility towards them.

Research among Muslim families living in the US found that grandmothers were often associated with enhanced emotional and social development within grandchildren (Sonuga-Barke, Mistry & Qureshi, 1998). When studying immigrant Muslim families living in Britain, Sonuga-Barke and Mistry (2000) found that for Muslim adolescents, extended families were beneficial as grandparents act as a protective factor against various life stressors. They found that even teachers reported children living in extended families as being significantly better adjusted than those living in nuclear families. Children exhibited far fewer problems than their nuclear family counterparts.

In South Africa, no study has focused particularly on Muslim families with regard to grandparental involvement. The majority of Muslim families come from Coloured and Indian ethnicities, which is often an under represented sample in South African research. Furthermore, very little research has been conducted looking specifically at the quality of grandparental involvement and its association with adolescent well-being in Muslim families.

Socio-Economic Status and Adolescent Development

With the increase of poverty across the globe, so too has there been an increase in mental health issues. Many studies show that poverty, deprivation and overall low socioeconomic status are a determining factor in higher rates of family stress. Economic hardship has been seen to increase harshness of parenting and these disrupted parenting styles have in turn impeded the emotional well-being of children, thus increasing the risk for less competent development in adolescence (Conger & Elder, 1994). Limited research has been conducted studying the relationship of grandparental involvement to children's well-being across varying economic strata.

Economic pressures are associated with family conflict and higher levels of psychological distress, leading to disruption in family relations and to less competent parenting (Simons, Whitbeck, Melby & Wu, 1994). Research on socio-economic characteristics and child psychopathology shows that the child's family directly and independently predicted child psychopathology (Flouri, Tsavidis, & Kallis, 2010b). Research done primarily during the Great Depression in the United States of America showed that during times of hardship, the stressors associated with loss of income and being unemployed had an adverse effect on mental health. People living with these strains, and who had higher rates of depressive symptoms, were more likely to have hostile relations with other members of the family. These economic strains therefore affected the developmental trajectories of not only parents, but their children as well (Conger & Elder, 1994).

Studies conducted on African American children entering middle school, showed that those who experienced greater amounts of social risk, were more likely to experience externalising problems (Ackerman, Brown, Izard, 2004; Burchinal, Roberts, Ziesel, & Rowley, 2008). It is also ascertained by Simons et al. (1994) that psychological distress caused by economic pressure leads to harsh parenting, as parents are often frustrated, thus fostering hostility towards others. Research has further shown that among African American families, economic hardship fosters emotional distress in caregivers. This in turn, disrupts

parenting practices, which result in children exhibiting more externalising and internalising problems, as well as adjustment problems (Conger et al., 2002).

Grandparental Involvement In Situations Where Families Are Living Under Economic Hardship

In line with the bioecological model, (Bronfenbrenner, 1979) in order to study grandparental involvement, it is imperative to take a range of ecological factors into account. Children's lives are predominantly impacted by the context they grow up in. It is therefore important to understand this context, and to take into account factors such as socio-economic status and culture when researching nature of the grandparent-grandchild relationship (Attar-Schwartz et al., 2009a).

Grandparents can often be seen as a safety net for children, with large amounts of research indicating that in times of poverty, co-residence with grandparents is more prevalent. Grandparents (specifically African American grandmothers as opposed to any other ethnic group in the United States of America) are therefore seen as maintaining stability in the family. (Pebley & Rudkin, 1999).

In South Africa, research by Holborn and Eddy (2011) shows that there are 3.95 million orphans, with 8% of all children living with their grandparents. Their research also shows that 40% of South African children live in fatherless households, and these children are at a great disadvantage financially. In the South African context, where poverty is prevalent, those children who live in single parent households or grandparent headed households are much more disadvantaged economically compared to children who live in two-parent households. Grandparents are now being seen as an added resource to families, as research shows that when the grandparent-grandchild relationship is one of companionship, the grandparent often falls into the role of surrogate parent following family breakdown (Lavers et al., 1997).

Grandparents are often seen as adding to the family dynamic by acting as a buffer for harsh parenting. Research in Bulgaria has shown that, even under conditions of economic pressure, adolescents reported low levels of harsh parenting as well as moderate levels of depression (Botcheva & Feldman, 2004). The researchers ascertained that in cases where grandparents are supportive of the family, mothers are much less likely to use harsh parenting. Furthermore, they found that adolescent depression is not associated with harsh parenting when grandparents are supportive. It was further shown that when grandparents were perceived as non-supportive by adolescents, harsh-mothering was indeed a predictor for

adolescent depression. Thus showing that grandparental involvement acts as a moderator of the relationship between harsh parenting and adolescent depression. Numerous research therefore suggests that grandparental involvement is a determining factor in grandchildren's well-being during times of economic hardship. In addition, Roschelle (1997), ascertains that among low-income households, extended families are more often associated with better family functioning.

Yorgason et al. (2011) ascertain that a wealth of evidence exist, finding that grandparental involvement is overall positive to children's adjustment, however little research has been conducted analysing grandparents' financial involvement. The study conducted by Yorgason et al. (2011) however, focuses primarily on non-residential grandparents and the role they play both financially and in the emotional well-being of the child. They established that grandparental emotional involvement was correlated with school engagement in adolescents concurrently (even after parent-child attachment was controlled for), as well as longitudinally. Grandparental involvement was also associated concurrently with prosocial involvement. Additional results indicated that financial involvement of grandparents was longitudinally associated with school engagement in adolescents; however these result were stronger in single-parent families.

Conclusion

There is a wealth of evidence showing that there is a significant relationship between grandparental involvement and wellbeing in adolescents. Research overwhelmingly suggests that overall, grandparents impact children positively, however this is dependent on the type of living arrangements children have with grandparents. Research also suggests that maternal grandmothers play a pivotal role in adolescent well-being. Much research also shows that grandparental involvement is particular helpful and beneficial when families are living in poverty. Nevertheless, there is limited research on the implications of grandparental involvement on the well-being of adolescents and how this varies across different economic strata, and further research should therefore be conducted. Since a large majority of people in South Africa live in extreme poverty, it is therefore imperative to study the differences in the association between grandparental involvement and adolescent development across varying economic strata. Furthermore, research conducted on Muslim families suggests grandparents play a fundamental role in adolescents lives, and that adolescents living in extended families are often more well-adjusted than those who do not. However, very limited research has been conducted in this area, with previous studies primarily being conducted in the higher income

countries. Thus results cannot necessarily be generalised to children from lower income families.

Rationale for Research

Very limited research has been conducted in South Africa studying grandparental involvement and its association with adolescent development, with no research ever focusing on differences over economic strata. South Africa has an extremely diverse population where there are large amounts of inequality and varying disparities in socio-economic status. Studies show that in 2009, in South Africa nearly two-thirds of children (61%) lived in households with a per capita income of below R552 per month (Chennels & Hall, 2011). In 2011, over 6.6 million children lived in households where no adults were working (Chennels & Hall, 2011). Research also shows that in 2003, sub-Saharan Africa had over 11 million children under the age of 15 living without one or both of their parents due to HIV/AIDS. In South Africa 64% of double orphans (and children not living with a surviving parent) are being raised by their grandparents (UNICEF, 2003). It is therefore essential that we study grandparental involvement and adolescent development in South Africa.

It is also important to take factors such as culture and religion in order to understand adolescent development and perceptions. Attar-Schwartz et al., (2009a) ascertain that the association between grandparental involvement and child well-being should be guided by an ecological framework. It is therefore imperative to study different ethnicities, as they may have different family values, and therefore the nature of the grandparent-grandchild relationship could be different to what previous research has already found. Furthermore, no research in South Africa has focused on Muslim families with regard to grandparental involvement, and it would be interesting to note the differences in the relationship between grandparents and adolescents. This sample is also often under-represented in the literature. Differences in Muslim family relations were found in western societies, and it would be interesting to see what exists for those living in South Africa.

Research Aims and Hypotheses

The initial aim of the study is to explore the association between grandparental involvement and Muslim adolescent's development across varying economic strata. These specific hypotheses are examined:

- (1) There will be a positive relationship between grandparental involvement and adolescent well-being.
- (2) Higher socio-economic status will be positively associated with adolescent well-being.
- (3) Higher socio-economic status will be negatively associated with grandparental involvement.
- (4) The association between grandparental involvement and adolescent well-being will be stronger for children from lower socio-economic backgrounds than those from higher socio-economic backgrounds.

Method

Design

This research study made use of a quantitative design. This study was correlational and a cross-sectional survey designed was used to study the relationship between grandparental involvement and adolescent development, across varying economic strata. This design was optimal as it allowed the researcher to study the relationships between the variables without making assumptions of causality (Cozby, 2005).

Participants

The non-probability sampling method of purposive sampling was employed as the research required participants that met specific criteria, namely, that they be of a certain age, and of a certain religion (Cozby, 2005). In order to establish the best insight into grandparental involvement and its association with adolescent development, the sample was restricted to high school pupils of either gender between the ages of 13-16 years. This age range was used as it is the time when adolescents face various negative life stressors and positive impacts are likely to be gained from older parental figures (Attar-Schwartz et al., 2009b). Respondents also had to have at least one living grandparent to be included in the study.

A sample size of 82 participants was studied, with 37 participants from poorer economic backgrounds and 45 participants from more privileged economic backgrounds. Participants were recruited from a community centre based in Heideveld, as well as the private high school. These were convenient, as the researcher had good relationships with these institutions. They also provided a sample that adequately portrays the varying economic disparities between participants. Economic disparities of the pupils were determined by looking at the school fees of the private high school, which charges R21150 per grade 7-9 student, per year; and it can therefore be argued that this school provided children who are more economically privileged. The NGO is based in the Heideveld community, in the Cape Flats area where there is large-scale poverty. Furthermore, both groups of participants came from Muslim backgrounds.

Measures

The questionnaire incorporated a variety of scales developed by other researchers who conducted similar studies abroad. The questionnaire was therefore modified to suit the local context where necessary (see Appendix A). The purpose of this questionnaire is to assess what roles grandparents play in the lives of their grandchildren; and to assess whether their relationship is associated with well-being in the adolescent. The questionnaire also measures socio-economic status, and was be used to determine whether there is a difference in the relationship between grandparental involvement and adolescent well-being over varying economic strata. Only the measures relevant to this particular study will be discussed in detail below.

Demographic information. Adolescents were first asked to provide basic demographic information such as their age, their sex, which languages they speak most often. Measures of demographic information also included their religion as well as their ethnicity. Socio-demographics of adolescent's parents, such as their living arrangements, employment, health status and education were also asked. Socio-demographic backgrounds of their grandparents were then assessed using a similar format.

Grandparental involvement. The grandparental involvement scale was based on a scale developed by Griggs et al. (2010), and adapted in order to make it suitable to the local context of South Africa. The items were based on a pilot study conducted by Mia (2010), which was designed specifically to inform the construction of the questionnaire. The adaptations of the questionnaire also made use of the literature of the following authors:

Cherlin and Furstenberg (1985, 1986), Elder and Conger (2000), Silverstein and Chen (1999),

and Wood and Liossis (2007. Furthermore, six dimensions of grandparental involvement of Mueller and Elder's (2003) work were taken into account. These comprise of *face-to-face contact*, *activities* done together (e.g. attending the grandchild's events or joint projects), *intimacy* (grandparent taking the role of companion or confidante), *helping* (conversing about grandchild's problems or providing advice), *instrumental assistance* (supplying the grandchild with various resources or offering financial assistance) and taking on a role of *authority* in the grandchild's life, or disciplining the grandchild. In accordance with Gaibie (2012), when adapting the items for this scale, Flouri's (2005) three main forms of paternal involvement, namely cognitive (measured by planning, reasoning and monitoring), emotional (measured by affection, warmth and feelings of closeness) and behavioural (measured by the frequency of the father's involvement in child care), were also taken into account. After the completion of the adaptations, the grandparental involvement scale for the present study consisted of 11 items, each with the response options ranging from 1 to 3. The scores were then summed, with a higher score indicating increased grandparental involvement. The items in this scale were asked with regard each of the participants living biological grandparents.

Socio-economic status. Household socio-economic status was assessed in a child friendly manner using an asset index approach (Booysen, 2001). Participants were asked to pick which of 15 facilities or consumer durables were in their households and a composite score was formulated thereof. The items were based on a component of the Birth-to-Twenty (BT20) study (University of the Witwatersrand, Department of Paediatrics and Child Health, n.d.), and the Census@School survey questionnaire for Grades 8-12 (Statistics South Africa, 2009). This measure was used because it was child-friendly, and evidence suggests that the asset-based indices are a robust mechanism to measure socio-economic status in South Africa (Booysen, 2001). Furthermore, evidence exists showing that a simple additive socio-economic status index explains a similar proportion of the variance in child outcomes compared to more sophisticated indices derived from principal component analysis or factor analysis (Sheppard, Norris, Pettifor, Cameron & Griffiths, 2009).

Adolescent well-being. The psychological and social wellbeing of the participants were assessed using the self-report version of the Strengths and Difficulties Questionnaire (Goodman, 1997). This is a questionnaire, which has been designed specifically for 11-16 year olds, assessing their psychological attributes and peer relations. More specifically, this questionnaire consists of 25 psychological attributes divided into 5 scales measuring emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems and pro-social behaviour. The Strengths and Difficulties Questionnaire (SDQ) is high in

content validity as it is based on the Rutter (1967) parent and teacher questionnaires, and has correlations of between .78 and .92 with the Rutter SDQ scales (Achenbach et al., 2008). It is also high in construct validity, with correlations between the SDQ and ASEBA (Achenbach System of Empirically Based Assessment) being high in several studies. The SDQ has been used throughout the world in various clinics to test children's mental health and large amounts of evidence suggest that it is a reliable questionnaire. It has also been used in studies in Africa and thus can be used to study the mental health of children in South Africa (e.g. Cluver & Gardner, 2006; Gaibie, 2012). The items on the SDQ are 3-point Likert-type scales and they are scored between 0 and 2. The scores for each subscale are therefore summed to give the total amount for that subscale. For the total difficulties score, the scores of all the subscales, besides prosocial behaviour are summed.

Substance use in adolescents was also assessed, this was done using items drawn from a questionnaire designed to assess risk behaviour in students from various Cape Peninsula high schools in South Africa (Flisher, Ziervogel, Charlton & Robertson, 1993). Respondents asked about cigarette and alcohol use in the past months, as well as their use of methamphetamine and cannabis in the past year. This risk behaviour questionnaire was used as it has been used in a number of studies in South Africa and is therefore suited to this sample (Flisher, Mathews, Mukoma, & Lombard, 2006; Flisher, Parry, Evans, Muller, & Lombard, 2003; Plüddemann, Flisher, Mathews, Carney, & Lombard, 2008). The items have shown by their association with a number of variables that they have construct validity (Fakier & Wild, 2011; Flisher & Chalton, 2001; King et al., 2003). Evidence has also shown that the test-retest ability of these items are satisfactory (Flisher, Evans, Muller, & Lombard, 2004; Flisher et al., 2005). They were asked yes/no questions based on their use of the substances, with a score of 1 given each time they responded no, and a score of 2 given each time they responded yes. A total substance use score was then calculated by the sum of the 4 items.

Procedure

Preliminary procedure. Ethical approval for this study was granted by the UCT Research and Ethics Department. Thereafter, the principal and chairperson of the high school and institution, respectively, were contacted and meetings set up for when the research could be conducted. The participants were then randomly selected and informed consent was first attained from their parents a week prior to the questionnaire administration. Once the parents approved, the researcher met with the students.

Questionnaire administration. The questionnaire was administered in a classroom setting at the school or institution the participant attended. The participants were first given an information sheet with regard to the study and were also verbally informed thereof. They were then given an assent form and all those willing to partake in the study were be administered a questionnaire. All participants were asked to remain silent during the administration of the questionnaire and not look at what their peers were writing. They were also assured that they could withdraw from the study at any time. The data collection at the school and institution took approximately 45 minutes.

Debriefing. Participants were debriefed after all questionnaires were collected and they were thanked for their participation with a small token of appreciation (a lollipop). They were also allowed to express any opinions and ask the researcher any questions regarding the study and their experience. They were also all given a phone number for Child Line as a precaution, if they felt the questionnaire brought up any negative emotions. Furthermore, they were informed as to how they may access the final results of this study.

Ethical Considerations

This research study has thoroughly followed the guidelines prescribed by the University of Cape Town for research with human subjects. Ethical approval was applied for and granted by the Department of Psychology's Research Ethics Department. The ethical standards as stipulated by them were met.

Consent and assent. Informed consent was obtained from the parents, and assent was obtained from the children themselves, before the questionnaires were administered to them (see Appendices B and C).

Confidentiality and voluntary participation. All raw data collected from this study was kept strictly confidential, and the participants were informed thereof. They were also assured that only the researcher would have access to the raw data and it would not be distributed under any circumstances. The researcher also ensured anonymity of each participant and they were guaranteed that their identities were kept private. The researcher also reiterated that the study was voluntary and no participants were forced to partake in the study. They were also assured that if they wish to withdraw from the study at any time, they could do so, without penalty.

Data Analysis

The raw data was collected and analyzed by making use of SPSS version 20 software. The first research aim was to establish whether there was an association between grandparental involvement and adolescent well-being. In order to test this hypothesis, Pearson's bivariate correlations were conducted. Correlations were conducted between overall grandparental involvement, maternal grandmother involvement, maternal grandfather involvement, paternal grandfather involvement, and the SDQ total difficulties scores, the SDQ subscales, as well as substance use.

In order to further explore the relationship between grandparental involvement and adolescent well-being, a backward stepwise multiple regression was run. This was conducted in order to see which combination of variables best predicted adolescent well-being. A backward stepwise multiple regression was used in order for all variables to be added to the model first, and thereafter, any redundant variables could be removed in order to create a model that best predicted the outcome variable (Field, 2009). This data had several predictor variables (overall grandparental involvement, maternal grandmother involvement, maternal grandfather involvement, paternal grandmother involvement, paternal grandfather involvement). There were seven outcome variables, and therefore seven separate backward stepwise multiple regressions were run in order to determine the adolescent's development. The outcome variables were the SDQ total difficulties, the five different SDQ subscales, and substance use. The data was first checked in order to ensure that it met all the assumptions of multiple regression analysis. These assumptions are that the dependent variable be continuous, that data is normally distributed, that there is homeoscedasity for all data, that there is a linear relationship between the outcome variable and all predictor variables, that all observations are independent, and finally, that there is no multicollinearity (Field, 2009). After all assumptions were met, a backward stepwise multiple regression was run on the data. The data was then interpreted by assessing if the main predictor variables were good predictors of the outcome variables in each multiple regression run. This was assessed by analyzing R² and R² change in order to determine the amount of variation accounted for by the predictor variables, as well as the variation accounted for by each individual predictor variable, respectively. The regression equations were then drawn up by analyzing the regression coefficients; and I was therefore able to decipher whether the predictor variables did indeed strongly correlate with the outcome variables.

The second research aim was to establish whether socio-economic status was positively associated with adolescent well-being. In order to test this hypothesis, Pearson's

bivariate correlations were run. Correlations between socio-economic status and the SDQ total difficulties scores, the five SDQ subscales, and substance use were examined.

The third research aim was to establish whether socio-economic status was negatively associated with grandparental involvement. In order to test this hypothesis, Pearson's bivariate correlations were again run. Correlations between socio-economic status and overall grandparent involvement, as well as the four different types of grandparental involvement were examined.

Finally, the fourth aim of the research was to test the whether the association between grandparental involvement and adolescent well-being is stronger for children from low socio-economic backgrounds than those from higher socio-economic backgrounds. In order to test this hypothesis, a number of backward stepwise multiple regressions were conducted after all assumptions were checked an upheld. The same predictor variables and outcome variables were added to the models; however, a new interaction term was created by the multiplication of overall grandparental involvement and socio-economic status, and also added to the model as a predictor variable. The regression equation was then drawn up by analyzing the regression coefficients; and I was therefore able to decipher whether the predictor variables did indeed strongly correlate with the outcome variables.

Results

Descriptive Statistics

All of the adolescents in the sample had at least one living grandparent. In the sample, 80.5% had maternal grandmothers, 56.25% had maternal grandfathers, 80.4% had paternal grandmothers and 52.4% had paternal grandfathers. Almost 30% of participants had all four grandparents. There was a large amount of frequency of contact between grandchildren and grandparents. The majority of the participants (over 70%) said they saw their grandparents either everyday or about once a week. Geographical distance between participants and grandparents was also not large. The majority of participants (over 70%) said that their grandparents lived in Cape Town, but not with them. A further 18% of participants reported that they resided in the same household with at least some of their grandparents. Results with regard to grandparents looking after grandchildren were more varied. Thirty-four percent of grandchildren said that their grandparents only looked after them several times a year. In contrast 28.4% said their grandparents looked after them just about every day. Table 1

specifies the average amount of involvement for each grandparent reported by the sample as a whole.

Table 1.

Descriptive statistics

Variable	Mean	Std.	N
		Deviation	
Total grandparental involvement	60.37	29.4	82
Maternal grandmother involvement	25.49	4.93	66
Maternal grandfather involvement	23.89	5.7	45
Paternal grandmother involvement	22.08	6.30	60
Paternal grandfather involvement	20.21	7.02	43
SES: Household items	13.08	2.57	82
Total difficulties	11.98	4.45	82
Emotional symptoms	3.68	2.10	82
Conduct problems	2.38	1.79	82
Peer problems	2.02	1.79	82
Hyperactivity	3.16	2.09	82
Prosocial behaviour	8.14	1.77	82
Substance use	4.57	0.87	82

Hypothesis 1: There Is A Positive Relationship Between Grandparental Involvement And Adolescent Well-Being

Psychological well-being was measured using the SDQ total difficulties scores and scale scores. Goodman (1997) ascertains that for the SDQ total difficulties score, normal adolescents are in the range of 0-15, borderline, in the range of 16-19, and abnormal adolescents being in the range of 20-40. Of the participants 82.9% were in the normal range, 12.3% were in the borderline range, and 4.8% were in the abnormal range.

Pearson product-moment correlation coefficients were computed between each type of grandparental involvement and the SDQ total difficulties score, the SDQ subscales as well as substance use scores. Paternal grandfather involvement was significantly associated with less emotional symptoms in adolescents, with r(43) = -.27, p = 0.039. Significant associations were also found for paternal grandmother involvement and less peer problems prevailing in adolescents, with r(60) = -.24, p = 0.035. Maternal grandfather involvement was also significantly positively associated with prosocial behaviours in adolescents, r(45) = .34, p = 0.011. Other associations were found between grandparental involvement and adolescent well-being that were not significant, but tended towards significance. No significant results were obtained showing associations between any specific type of grandparental involvement and substance use. The results of the bivariate correlations between grandparental involvement and adolescent development can be found in Table 2 below. These results therefore support the hypothesis that grandparental involvement is associated with adolescent development.

Several backward stepwise multiple regression analyses were run in order to further explore the relationship between grandparental involvement and adolescent well-being. These multiple regression analyses were run in order to see which combinations of predictor variables best predicted the outcome variable. However, when regression analysis were run, none of the models were significant.

Table 2.

Correlations among the SDQ Total Difficulties, SDQ subscales, and Substance use

Variable	Total	Emotional	Conduct	Peer	Hyperactivity	Prosocial	Substance
	difficulties	symptoms	Problems	problems		behaviour	use
Grandparental							
involvement							
Overall	03	.10	05	18^	.12	10	18
grandparental							
involvement							
Maternal	.01	.13	002	09	.05	.13	07
grandmother							
Maternal	20	03	13	23	07	.34*	.07
grandfather							
Paternal	21	06	15	24*	.03	.03	12
grandmother							
Paternal	23	27*	001	09	10	08	18
grandfather							
Socio-							
economic							
status							
SES	30**	20*	40***	39***	.20	.05	40***

^{*} P < 0.05 **P < 0.01 ***P < 0.001

Hypothesis 2: Socio-Economic Status Will Be Positively Associated With Adolescent Well-Being

Pearson product-moment correlation coefficients were computed between socio-economic status and the SDQ total difficulties score, the SDQ subscales as well as substance use scores. Significant correlations were found between socio-economic status and SDQ total difficulties, r (82) =-.30, p = 0.007, as well as socio-economic status and emotional symptoms in adolescents, r (82) = -.20, p = 0.03. Socio-economic status was also significantly correlated with conduct problems r (82) = -.40, p < 0.001. Higher socio-economic status was also significantly correlated with fewer peer problems in adolescents, r (82) = -.39, p < 0.001. Higher socio-economic status was also a good predictor of less substance use in adolescents, r (82) = -.40, p < 0.001. These results therefore support the hypothesis. Further correlation results can be found in Table 2.

Hypothesis 3: Socio-Economic Status Will Be Negatively Associated With Grandparental Involvement

Socio-economic status was measured by using an asset index approach (Booysen, 2001). To test this hypothesis, Pearson product-moment correlation coefficients were computed between socio-economic status and the different types of grandparental involvement. None of these correlations yielded significant results, and it therefore failed to support to the hypothesis.

Hypothesis 4: The Association Between Grandparental Involvement And Adolescent Well-Being Will Be Stronger For Adolescents From Lower Socio-Economic Backgrounds Than Those From Higher Socio-Economic Backgrounds

A number of backward stepwise multiple regressions were performed to examine whether the association between grandparental involvement and adolescent well-being will be stronger for children from poorer backgrounds than those from more privileged backgrounds. The SDQ total difficulties scores, the SDQ subscales, and substance use were each separately regressed on an interaction term created by multiplying overall grandparental involvement by socio-economic status. Regression analysis revealed that none of the models were significant. The regression equation for the model using the SDQ total difficulties score as the outcome variable is as follows: ($\beta = 0.002$, SE = 0.006), $R^2 = 0.089$, F(1, 78) =, p = 0.777. The results therefore fail to support the hypothesis.

Discussion

Some of the key findings of this study are that there is a definite relationship between adolescent development and grandparental involvement. This is inferred by the association between grandparental involvement and psychological adjustment in adolescents. Research findings will be separated into the various hypotheses and other important themes that arose, and discussed as such.

The Association Between Grandparental Involvement And Adolescent Development

Results showed that paternal grandfather involvement was associated with less emotional symptoms in adolescents. This finding was in accordance with international studies, such as Ruiz & Silverstein (2007) who found that depressive symptoms in adolescents were decreased, with increased grandparental involvement. It is also in accordance with Flouri et al. (2010a) who found that closeness to the most significant grandparent was associated with less psychopathology in adolescents. Research by Ross et al. (2005) also found that grandfathers were often seen as playing active roles in fostering emotional well-being of children. They also ascertained that grandparents played the role of being a listener to the grandchild, thus increasing their emotional well-being. My research also supports that of Griggs et al. (2010) who found that during times of trouble, grandparents were seen as support structures by grandchildren. Mia (2010), however, found grandparents were often seen as support structures in general, irrespective of troubled times. This therefore shows that grandparental involvement is beneficial to adolescents as it fosters emotional wellbeing, and therefore increases adolescent development.

My research also found that paternal grandmother involvement was associated with less peer problems in grandchildren. Results from several international studies such as Attar-Schwartz et al. (2009b), Cherlin and Furstenberg (1985), and Creasey and Koblewski (1991), also found that grandparents played an important role in the development of social skills in grandchildren.

My study found that maternal grandfather involvement was positively associated with grandchildren's prosocial behaviour. This result was supported by evidence from international studies such as Flouri et al. (2010a) who also found that during times of distress, grandparental involvement acted as a protective factor in adolescent's lives. Flouri et al. (2010a) also found that grandparental involvement moderated the negative effects of distress on adolescent development and adjustment. My findings also support the proposal by

Yorgason et al. (2011) who found that grandparental involvement fostered positive development in adolescents because grandparents helped develop socio-emotional skills and did not seek to discipline transgressive behaviour. My research has shown that grandparental involvement is associated with prosocial behaviour in adolescents, which in the South African context is extremely important, and can benefit society as a whole.

My research found no significant correlations between any type of grandparental involvement and substance use. However, this can explained due to the sample being all Muslim, where substance use is seen as taboo.

Maternal Grandmother Involvement In Adolescent Development

A number of international studies have focused on maternal grandmothers as playing a key role in adolescent well-being. These studies include Attar-Schwartz et al. (2009a), Griggs et al. (2010), Lavers et al. (1997), Mueller and Elder (2003), Pittman (2007), Ross et al. (2005), and Wood and Liossis (2007). Pittman (2007) also found that grandmothers often play a pivotal role in grandchildren's lives, especially when they are growing up in poverty. However, my research was not as conclusive. My research found no significant results for maternal grandmother involvement in psychological well-being of grandchildren or in terms of substance use. Even though this result conflicted with most international studies, it was in accordance with some studies, which suggested that this trend may be increasing. Oyserman et al. (1993) found that grandmothers had no direct effect on grandchildren. Bridges et al. (2007) also stated that as children become adolescents, the closeness to their maternal grandmother tends to decrease, thus she often has less of an impact on their lives. Further explanations may include the fact that the entire sample was Muslim and came from either Cape Malay coloured families, or Indian families.

The significance of an all Muslim sample. Attar-Schwartz et al. (2009a) ascertain that the effects of racial diversity and various ethnicities with regard to grandparent-grandchild relationships have not been sufficiently studied. They further explain that grandparent-grandchild relationships are best understood when examined though Bronfenbrenner's ecological perspective, taking into account that various factors such as culture are at play. Creasy and Koblewski (1991) also viewed cultural backgrounds as playing a pivotal role in grandparent-grandchild relationships. This therefore leads to the argument that research on Muslim families may differ greatly when compared to international studies, because of the family dynamics that are at play. In the Ross et al. (2005) study, many Muslim participants had an added level of respect for grandparents, and felt that they had a

responsibility to them. Grandchildren also showed grandparents much appreciation and devotion, because they saw grandparents as caring for the families. This research was in accordance with Attar-Schwartz et al. (2009a), who showed that grandchildren from cultures that place emphasis on extended kin, tend to have stronger relations with grandparents that their Caucasian counterparts. Since the majority of international research had samples that consisted solely of Caucasian participants, it can therefore be argued that my research may not always follow international trends.

Among Muslim families in South Africa, it is important to note that there is to some extent a patrifocal bias. This is not to say that Muslim women are oppressed in any shape or form, but that men and women have different roles in family life. Research by Pels (2000) found that Muslims place great importance on extended families, with the eldest male playing the role of the patriarch who holds a large amount of authority. This perspective may be used to explain why maternal grandmother involvement did not have any large significant associations with grandchildren's' well-being.

Socio-Economic Status And Adolescent Development

Botcheva and Feldman (2004) ascertain that economic stress leads to adolescent depression. Thus adolescents from poorer economic backgrounds will present with more psychological problems. This reiterated what my study found; although it cannot be said that poorer adolescents were clinically depressed, they certainly exhibited more psychological difficulties than their wealthier counterparts. My study found that higher socio-economic status was associated with better overall development and less substance use. The poorer sample lived in areas on the Cape Flats. This areas is renowned as an area associated with gangsterism, high crime rates, and substance use, which may be detrimental to adolescent development. This research therefore replicates findings by Flouri et al. (2010b), who found that area and socio-economic status significantly predicted child psychopathology. It is also in accordance with international studies that argue that socio-economic status is a risk factor that leads to more externalising problems in adolescents (Ackerman et al. 2004; Burchinal et al., 2008). It is therefore integral to consider factors such as area and socio-economic status when studying grandparental involvement.

Socio-Economic Status Will Be Negatively Associated With Grandparental Involvement

Bivariate correlation results found no significant associations between socioeconomic status and grandparental involvement. This result therefore fails to support the hypothesis that the association between grandparental involvement and adolescent well-being will be stronger for children from poorer backgrounds than those from more privileged backgrounds. It does not follow international findings such as Botcheva and Feldman (2004) who found that under economic hardship, grandparents were seen as family stabilizers. Due to hypothesis three and four being linked, they will be discussed together, below.

The Interaction Between Grandparental Involvement And Socio-Economic Status, And Its Association With Adolescent Development

Results failed to support the hypothesis that the association between grandparental involvement and adolescent well-being will be stronger for adolescents from lower socio-economic backgrounds than those from high socio-economic backgrounds. Results were statistically insignificant, and showed that no major differences in grandparental involvement existed across varying economic strata.

This result may however, be more aptly understood and explained by exploring the culture of the all-Muslim sample. As noted above, research shows that Muslim people tend to place much more importance and significance on close family relations, and view grandparents and older people with much more respect. Botcheva and Feldman (2004) ascertain that in families where grandparents are held in higher esteem, and in cultures that give more power and status to older people, grandparents tend to have a greater effect on grandchildren. Yorgason et al. (2011) also found that in minority groups, family ties with extended families seem to be stronger. That said, differences in economic status in this sample may not exist due to both richer and poorer families having the same cultural values of respect and status granted to grandparents. It is therefore argued that irrespective of socioeconomic status, grandparental involvement will be high, thus the associations between grandparental involvement and adolescent well-being will be the same over varying economic strata. This notion is also supported by Sonuga-Barke and Mistry (2000) who found that Asian and Muslim families tend to attribute greater levels of adolescent well-being to aspects of traditional Asian families irrespective of socio-economic status. They also found that the protective characteristics of extended families in these communities were specifically related to grandparental involvement. Pittman (2007) also ascertains that in families where households are multi-generational, children are more well-adjusted than their peers. Therefore among adolescents who have increased grandparental involvement, and who have higher socio-economic status, it can be said that they would be less prone to psychological difficulties.

Limitations And Directions For Future Research

Due to the quantitative nature of this study, the measures may not have been able to grasp the full nature of the relationship between grandparents and grandchildren. It is therefore envisaged that future research incorporate some qualitative interviews with adolescents to more aptly study the relationship between the two, as well as impact grandparents have on grandchildren's lives.

The size of the sample was also quite small, with some participants only having one living grandparent whom they could respond about. It is believed that the small sample size may have contributed to the statistical insignificance of some of the results. Therefore, future research should aim to collect larger samples so that significant results can be obtained, so that the nature of the grandparent-grandchild relationship can be better understood.

Data was collected through self-report questionnaires, filled out by adolescents. This could therefore result in response biases, which could in turn lead to inflated results. Furthermore, the presence of the researcher during the questionnaire administration may have resulted in participants responding based on social desirability.

Further limitations include the nature of the study being correlational. It is not possible to draw conclusions based on causal relationships, and we cannot state that grandparental involvement results in adolescent well-being. Future research should therefore include longitudinal studies and more in depth qualitative research to better understand the relationship between grandparental involvement and adolescent well-being.

Although this study focused only on Muslim adolescents, future research should also incorporate the views of the grandparents, in order to better understand the grandparent-grandchild relationship. Further research should also be conducted on Muslim families in general in Cape Town and South Africa, if we wish to study this sample more broadly and generalize results to South African Muslim youth. Although this is one of the first of its kind in South Africa, results from this study cannot be used to generalise to the entire South African adolescent population due to it not taking adolescents from other ethnicities and cultures into account. It is recommended that future researchers conduct large-scale studies in this field, while being representative of the South African population so that generalizability may increase.

Conclusion

The present study provides evidence in favour of grandparental involvement contributing to the psychological well-being of adolescents. It has shown that a positive relationship exists between grandparental involvement and adolescent development among Muslim, South African youth. None of the data however supported the prediction that grandparental involvement would be associated with less substance use among adolescents.

Results also showed a particular patrifocal bias in the sample, where the relationship between grandparental involvement and adolescent well-being was stronger for either the participants grandfather involvement, or their father's mother's involvement. This result is in conflict with various international studies that found maternal grandmother involvement as playing a pivotal role in adolescent development. However, this result can be attributed to the sample being all Muslim. Research has shown that a patrifocal bias exists in Muslim families.

It was also proven that among Muslim South African adolescents, socio-economic status was positively associated with adolescent well-being. This finding is particularly important as many South African children and adolescents live in extreme poverty and are therefore at risk for substance misuse and are more prone to psychological difficulties.

No significant differences emerged for grandparental involvement across varying economic strata. This result may be attributed to the sample being all Muslim. Research has shown that among families where strong emphasis is placed on kin and extended families, that adolescents appear to be more well-adjusted. Sample sizes were however small, and therefore in order to get conclusive results, future research should place emphasis on collecting bigger samples.

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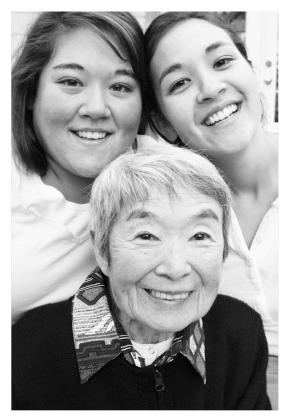
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My grandparents and me

Teen survey







What do you think?

Your views matter!

Can you tell us something about yourself? Α. 1. How old are you? (please tick one) 14 16 If you do not fit any of the above, please tell us your age in years Are you a boy or a girl? (please tick one) Boy Girl ___ 3. What is the language that you speak most often at home? (please tick one) Afrikaans English isiXhosa isiZulu If you do not fit any of the above, please tell us what language you speak 4. Are you.... (please tick one) Black African Coloured Indian White If you do not fit any of the above, please tell us how you would describe your population group Don't want to answer 5. 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

Computer

В. About your household Who do you live with most of the time? (please tick as many as necessary) 1. 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) 2. Which of the following do you have in your household at the present time? (please tick as many as necessary) Running water inside home Electricity inside home Radio/Hi-fi Flush toilet inside the home Motor vehicle Video machine/DVD Fridge Microwave ___ DSTV/Satellite

Washing machine

Landline telephone

Cell phone

С.	Schoo

1.	What grade are you in at school?	Grade 8	
		Grade 9	
2.	Have you ever repeated a school year?		
		Yes No	
3.	Are your school marks better than the marks of most of the children in your class?	Yes	
		No	



D. These questions are all about you.

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				
I am restless, I cannot stay still for long				
I get a lot of headaches, stomach-aches or sickness				
I usually share with others (food, games, pens etc.)				
I get very angry and often lose my temper				
I am usually on my own. I generally play alone or keep to myself				
I usually do as I am told				
I worry a lot				
I am helpful if someone is hurt, upset or feeling ill				
I am constantly fidgeting or squirming (wriggling)				
I have one good friend or more				
I fight a lot. I can make other people do what I want				
I am often unhappy, down-hearted or tearful				
Other people my age generally like me				
I am easily distracted, I find it difficult to concentrate				
I am nervous in new situations. I easily lose confidence				
I am kind to younger children				
I am often accused of lying or cheating				
Other children or young people pick on me or bully me				
I often volunteer to help others (parents, teachers, children)				
I think before I do things				
I take things that are not mine from home, school or elsewhere				
I get on better with adults than with people my own age				
I have many fears, I am easily scared				
I finish the work I'm doing. My attention is good				



E. And now some questions about some things that young people may have experienced.

	Have you any of the Yes	ever experienced ese? No	If yes, did you these in the si	
Someone in the family died				
Family member was seriously injured				
Saw a crime or an accident				
Lost a close friend (broke/split up)				
Close friend was seriously sick or injured				
Negative change in parent's financial situation				
Family had drug/alcohol problem				
Got seriously sick or injured				
Parents argued more than previously				
Mother/father figure lost job				
One parent was away from home more often				
Someone in the family was arrested				
Close friend died				
Family member had mental/emotional problem				
Brother or sister left home				
Being a victim of crime/violence/assault				
Parents separated				
Parent(s) got into trouble with the law				
Attended a new school				
Family moved				
Parents got divorced				
One of the parents went to jail				
Got a new stepmother or stepfather				
Parent got a new job				
Broke up with boyfriend/girlfriend				
Please answer as honestly as you can. Remember that the University of Cape Town will be looking at it.	at this ques	stionnaire is confider	itial and only the	research team
			Yes N	lo —
In the <i>past month</i> have you smoked a whole cigaret				
In the past month, did you use alcohol other than a	few sips?			
In the <i>past year</i> , did you smoke dagga?				
In the past year, did you use tik?				1

F.	Can you tell us something about your parents?		
1.	What parents do you have living? (tick those that apply)	Mother	Father
	With all the following questions, only answer for those parents who are still ali	ve	
2.	Do they work?		
	Yes part time		
	Yes full time		
	No		
	Don't know		
3.	How good is their health?		
	Very good		
	Good		
	Poor		
	Very poor		
	Don't know		
4.	What is the highest level of education they have completed?		
	No schooling		
	Primary school only		
	Some high school		
O	Grade 12/Std. 10		
	At least some college/university		
	Don't know		

6.	(Remember, we only need you to answer about your parents who are still alive)	,	
		Mother	Father
1.	How often does each of your parents talk over important decisions with you?		
	Never		
	Hardly ever		
	Sometimes		
	Often		
2.	How often does each of your parents listen to your side of the argument?		
	Never		
	Hardly ever		
	Sometimes		
	Often		
			_
3.	How often does each of your parents know whom you are with when you are when	n not at home	?
	Never		
	Hardly ever		
	Sometimes		
	Often		
			_
4.	How often does each parent miss the events or activities that are important to you	ı?	
	Hardly ever		
	Sometimes		
	Often		
5.	How close do you feel to each of your parents?		
	Not at all close		
	Not very close		
	Quite close		
	Very close		
	,		
6.	How well do each of your parents and you share ideas or talk about things that rea	Illy matter?	
	Not at all well		
	Not very well		
	Quite well		
	Verwell		

Н.	Can you tell us something about your grandparents?				
1.	What grandparents do you have living? (tick all that apply)	Mother's mother	Mother's father	Father's mother	Father's father
	With all the following questions, only answer for those grand	parents who	o are still aliv	ve.	
2.	How often do you see them?				
	Just about every day				
	About once a week				
	About once a month				
	Several times a year				
	Once a year or less				
	Never				
3.	How often do you have contact with them by telephone, the in	ternet (e.g.,	, email, Facel	book) or lette	er?
	Just about every day				
	About once a week				
	About once a month				
	Several times a year				
	Once a year or less				
	Never				
4.	Where do they live?				
	With me				
	In Cape Town (but not with me)				
	Further away (in South Africa)				
	Further away (in another country)				
	Don't know				
5.	How often do they look after you?				
	Just about every day				
	About once a week				
	Several times a year				
	Never				

		Mother's mother	Mother's father	Father's mother	Father's father
6.	Have you ever lived in your grandparent's home, without either Yes No	parent?			
	If yes, how long did you live with them?				
7.	How old are your grandparents? Younger than 50 In their 50s In their 60s In their 70s Over 80 Don't know				
8.	Do they still work? Yes part time Yes full time No Don't know				
9.	Are they married? Yes No Don't know				
10.	What is the highest level of education they have completed? No schooling Primary school only Some high school Grade 12/Std. 10 At least some college/university Don't know				

(Remember, we only need you to answer about your grandparents who are still alive)

			Mother's mother	Mother's	Father's mother	Father's father
11.	How good is their health?					
		Very good Good Poor Very poor Don't know				
12.	How many grandchildren do they have?					
		Just you 2 or 3 4 or 5 6 or more				
13.	How well does your mother get on with your gra	indparents?				
	Don't have this parent	Very well Well Not so well Not well at all Don't know				
14.	How well does your father get on with your gran	dnarents?				
		Very well Well Not so well Not well at all Don't know				
15.	Do your parents encourage you to spend time w	ith your grandp	parents?			
		Yes No				

(Remember, we only need you to answer about your grandparents who are still alive) Mother's Mother's Father's Father's mother father mother father 1. How much can you depend on your grandparent to be there when you really need him/her? Not much Some A lot 2. How much does your grandparent make you feel appreciated, loved, or cared for? Not much Some A lot How often do you talk to them about personal matters or things that are important to you? 3. Never Occasionally Often 🗌 How often does your grandparent help you by giving you advice or helping solve problems you have? 4. Never Occasionally Often 5. Do you talk to them about your future plans? Never Occasionally Often 6. Do they help you to learn or understand things? (for example, school work, family history) Occasionally Often

Can you now tell us something about your relationship with your grandparents?

I.

		Mother's mother	Mother's father	Father's mother	Father's father
7.	Do they get involved with things you like? (for example, sport, ma Never Occasionally Often	king things,	doing enjoya	able things	together)
8.	Do they come to school events or other activities that are importantly plays, religious activities)	int to you? (i	for example	, sporting n	natches,
	Never Occasionally Often				
9.	How often do you help your grandparent with something they are jobs)	doing or ma	aking? (for e	example, ho	usehold
	Never Occasionally Often				
10.	Does your grandparent get involved in telling you what you can an Never Occasionally Often	nd cannot do	o?		
11.	Do they give you or your family money or gifts? Never Occasionally Often				
J.	And finally, it would be good if you could tell us				
	What is the best thing about your grandparent(s)?				

Now, please put your answers in the envelope provided and seal it so no-one in the school will know what you have said.

Thank you for your help! Your views matter!

Appendix B: Parental Consent Form

Dear Parents

I am a student at the University of Cape Town completing my Honours degree in Psychology. My thesis topic is: Grandparental involvement and its association with children's wellbeing across varying economic strata.

I will be conducting research on children aged between 13 and 16 years, assessing their relationship with their grandparents and whether a relationship exists between grandparental involvement and overall child wellbeing. My research will specifically be focused on this relationship and the differences that arise across carrying economic strata.

I have received ethical approval from the Research Ethics Committee at the University of Cape Town, as well as the school principal and/or chairperson of this institute.

Please note that this research poses no harm to your child, and it will simply be conducted by administering to him/her a questionnaire, which will take him/her approximately an hour to complete. I will ensure the anonymity of each participant and make certain that all raw data collected from this study will be kept strictly confidential.

This research requires your consent, as well as the assent of your child; and please note that participation is completely voluntary. Children may also withdraw from the study at any time without being penalized. As a token of appreciation, your child will receive a lollipop whether he/she completes the questionnaire or not.

If you do not wish for your child to partake in this study, please return this form to the school. If you do not return the form, we will assume that you have given consent to your child being administered a questionnaire.

If you have any questions related to the study, please feel free to email me:

ngxama002@myuct.ac.za

My supervisor is Dr. Lauren Wild, her contact details are: 021 6504607 or

Lauren.Wild@uct.ac.za

Thank you for your co-operation Amal Nagia

The study involves grandparental involvement and its asso	ciation with child well-being
across varying economic strata.	
I parent/guardian of	
in grade do not want my child to partake in this s	study.
Sign	Date

Appendix C: Child Assent Form

University of Cape Town

Assent Form for Amal Nagia

I am a student at the University of Cape Town completing my Honours degree in Psychology. My thesis topic is: Grandparental involvement and its association with children's wellbeing across varying economic strata.

I will be conducting research assessing your relationship with your grandparents. I will ensure the anonymity of each participant and make certain that all raw data collected from this study will be kept strictly confidential.

You may also withdraw from the study at any time without being penalized. As a token of appreciation, you will receive a lollipop whether you complete the questionnaire or not.

I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions that I have asked have been answered to my satisfaction. I consent voluntarily for my child to participate as a participant in this study.

Print	Name of Participant	
Signa	ture of Participant	
Date _		
	Day/month/year	