

# **Grandparenting and Caregiving Grandmother's Depressive Symptoms in South Korea**

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## OVERVIEW OF STUDY

As older populations are now living longer and healthier lives, an increasing number of grandmothers provide daily childcare for their grandchildren in South Korea (hereafter, Korea) (Korea Institute of Child Care and Education, 2015). Traditional family culture highlighting intra-family support and insufficient number of quality daycare are the reasons why older Korean women are more associated with the intensive grandparenting role compared to grandparents in Western contexts.

Few studies have investigated the health implications of grandparenting in Korea despite the growth of the trend. While the findings from other cultural contexts have reported both positive and negative impacts of grandparenting on health in later life, extant Korean literature mainly shows that grandparenting is associated with poor health outcomes, such as chronic diseases and functional limitations (Kim & Seo, 2007; Park, 2013). In terms of mental health, little research has been done (Bae, 2007; Baek, 2009). In addition, the majority of Korean studies have focused on grandparents who provide skipped-generation household grandparenting (i.e., grandparent-headed families lacking adult children) (Lee & Han, 2008; Park, 2010). It is unknown whether other types of grandparenting have beneficial or adverse effects on later health. Moreover, prior research has primarily utilized either cross-sectional regional data or qualitative data.

The major goal of this study is to untangle the association between grandparenting and mental health, specifically depressive symptoms, among older women in Korea. I first examine whether and how grandparenting influences the trajectory of depressive symptoms over time. Second, given research that posits socioeconomic status (SES) as a key factor that links grandparenting and later health (Hughes, Waite, LaPierre, & Luo, 2007), I assess how SES contributes to depressive symptoms differences among caregiving and noncaregiving grandmothers.

## DATA AND METHODS

### *Data*

I use the Korean Longitudinal Study of Aging (KLoSA) to examine the relationship between grandparenting and older women's depressive symptoms. The KLoSA is a longitudinal study of a nationally representative sample to collect data on older Korean adults' labor force participation, family life, financial status, health transitions, and social welfare. Three waves (2008, 2010, and 2012) of the KLoSA are utilized in this study. Of the 8,688 respondents in 2008, I restrict the sample to grandparents aged less than 85 ( $N = 3,263$ ) since the oldest older adults are less likely to care for grandchildren because of health declines (Ku et al., 2013).

### *Measures*

I use depressive symptoms as a dependent variable to explore older Korean women's mental health. Depressive symptoms are measured using the Center for Epidemiologic Studies-Depression (CES-D) scale, ranging from 1 to 10. The CES-D is constructed as a time-varying variable. The independent variable of this study is grandparenting. I use family structure and care intensity (i.e., hours spent on childcare per week) to measure grandparenting as a time-varying categorical variable. The categories include no grandparenting (=reference), skipped-generation household grandparenting, multigenerational household grandparenting, and part-time (<40 hours) and full-time (40 or over hours) noncoresident grandparenting. This classification reflects the trend of highly intensive grandparenting among Korean grandmothers who report approximately eight hours of daily child care for over five days per week, on average (Korea Institute of Child Care and Education, 2015). On the basis of previous studies on grandparenting and health, control variables comprise three main groups, including socioeconomic status, health condition and behaviors, and social support.

### *Analytic strategy*

This study applies latent growth curve modeling to examine how grandparenting affects the trajectory of depressive symptoms over the life course. The growth curve model has an advantage that distinguishes two different types of variance (i.e., within-individual level and between-individual level) in estimating population average difference to remove possible bias

from repeated measures. Weights are used to take into account the complex sampling design of the KLoSA. I impute missing data using multiple-imputation (MI) analysis.

## PRELIMINARY RESULTS

The preliminary results for descriptive statistics from pooled data (2008-2012) show that grandmothers scored approximately 4.31 on the CES-D. Among caregiving grandmothers, those who provide part-time noncoresident grandparenting were the largest group (1.69%). 1.68% of grandmothers offered full-time noncoresident grandparenting, followed by those who took care of grandchildren in multigenerational households (1.35%) and skipped-generational households (0.49%). The results from the growth curve analysis (not shown) indicate that grandmothers providing skipped-generation household grandparenting are more likely to be depressed than noncaregiving grandmothers at baseline. On the other hand, grandmothers offering multigenerational household grandparenting and full-time noncoresident grandparenting have a lower level of depressive symptoms than that of noncaregiving grandmothers. However, the level of depressive symptoms for grandmothers with skipped-generation household grandparenting significantly decreases between 2008 and 2012. As a future step, I further examine how SES explains the association between grandparenting and depressive symptoms over time.

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**Table 1.** Descriptive Statistics for Grandmothers Aged 47-85 from Pooled Data, Korean Longitudinal Study of Aging, 2008-2012 (N = 9,789)

Variable	Mean or %	SD
CES-D (1-10)	4.31	3.39
Grandparenting		
No grandparenting (ref.)	94.79	
Skipped-generation household Grandparenting	0.49	
Multigenerational household Grandparenting	1.35	
Noncoresident grandparenting: Part-time	1.69	
Noncoresident grandparenting: Full-time	1.68	
Age	67.98	9.99
Married (=1)	64.33	
Sociodemographic Characteristics		
Elementary school or less (ref.)	70.96	
Middle school	14.89	
High school diploma or more	14.15	
Household income (Ln, 10,000 Won)	7.06	1.35
Household net asset (Standardized)	-0.06	1.08
Working (1=yes)	25.35	
Health Condition and Behaviors		
Chronic diseases (1=yes)	71.25	
Exercise (1=yes)	29.64	
Smoking (1=yes)	3.25	
Drinking (1=yes)	16.48	
Social Supports		
Social activity (1=more than monthly)	87.17	
Support from adult children (1=yes)	82.92	
Support to adult children (1=yes)	25.00	