

Grandparenting and the Mental Well-being of Selected Filipino Grandparents



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ABSTRACT: This study determined the impact of caring for grandchildren on the mental well-being of elderly grandparents. Specifically, it determined the length of grandparenting, number and ages of grandchildren living with them, influential grandparenting experiences, level of mental well-being, and impact of the grandparenting role to the mental well-being of the grandparents. Respondents were 96 Filipino senior citizens residing in Calamba City, Laguna. An interview schedule was utilized for data gathering. Results showed a weak relationship between age of grandchildren ($p = 0.284$; $p > 0.05$) and number of grandchildren ($p = 0.780$; $p > 0.05$) with the level of mental well-being. The length of grandparenting ($p = 0.011$; $p < 0.05$) had a significant effect on the level of mental well-being of the grandparents. Regression analysis showed that those who became grandparents at the age of 46-55 are more likely to have mental well-being scores five times lower than those who do not belong to this age category. Grandparenting may become stressful due to the added responsibility of childcare. However, grandparenting is considered a fulfilling responsibility and gives a rewarding feeling. In totality, grandparenting positively heightens mental well-being.

KEYWORDS: Filipino grandparents, grandparenting, grandchildren, grandparenting experiences, mental well-being

I. INTRODUCTION

The most significant social transformation of the twenty-first century is population aging or the increase in the number and proportion of older persons in the population. Globally, the number of elderly people is increasing faster than people in other age groups (World Population Ageing 2015). These rapid population changes are more evident in developing countries, especially in Asia and the Pacific. The Philippines, one of the developing countries in Asia, has a growing elderly population of 9.4 million or about 8.6% of the total population (Ageing Asia 2020).

There is a dramatic increase in the life expectancy of people (Crimmins 2015) due to advanced medical and scientific discoveries. The extent of the elderly's prolonged contribution to society and their family highly depends on one important factor – their health and well-being (World Health Organization [WHO] 2016). One of the most anticipated family roles of the elderly is grandparenting. A healthy life implies that grandchildren can develop into adulthood while possibly experiencing the love and care of their maternal and paternal grandparents (Stelle et al. 2013).

Having grandchildren does not just add new members to the family but it also changes the family dynamics and the roles of every member. Oftentimes, grandparents do not realize the significant change when they become first-time grandparents (Dunifon & Bajracharya 2012). Grandparenting is a role that many adults may experience in their life and the experiences vary depending on their culture and ethnicity, age, educational attainment, and socioeconomic status. Some cultures directly dictate the role of grandparents as provider of childcare to their grandchildren if the parents are working. In some countries, it is also the responsibility of the grandparent as a socializing agent to pass on the culture, traditions, and language of their country of origin to their grandchildren. Providing financial assistance may also be an added role.

Globally, it has become a norm for grandparents to serve as surrogate parents to their grandchildren. This commonly happens in response to family crises and challenges such as poverty, disease epidemics, and migration (Ochiltree 2006). Moreover, in most Asian countries, extended families are evident and widely practiced. In the Philippines, grandparents are not considered as part of the extended family but rather as part of the immediate family because of their valuable contribution, especially, in providing care for their grandchildren. This may not be an easy role given their developmental capabilities, thus,

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there is still the presence of stressors in grandparenting which may substantially affect their health and wellbeing. Some of these are the lack of access to support and financial issues and crisis in choosing between their jobs and other priorities or their family responsibilities (Schulz 2016). Further, these stresses may be caused by a lack of physical resources such as money, inadequate housing conditions or food; lack of emotional support; adjustments in child-rearing; children's problematic behaviors; or deteriorating health (Wright & Brown 2016). These may lead to stress and depression (Baker and Silverstein 2008). On the other hand, grandparents may also find great fulfillment in taking care of their grandchildren. They find new meaning and purpose in life in old age since they perceive an opportunity to experience a sense of satisfaction and an opportunity to nurture their grandchildren. A sense of integration with the family remains (David 2014). Therefore, it may also lead to positive health and well-being of the elderly (Park 2018; Wellard 2012).

Despite the vast impact of grandparenting on the elderly's well-being, it remains an understudied topic. Most studies focus on the implications of grandparent-grandchild relationship to the life of the child or youth (Lehti et al. 2019; Dunifon and Bajracharya 2012). Majority of the research are also in the Western context. Thus, sufficient studies are needed to fully understand the effects of grandparenting on the health and well-being of the Filipino elderly (Antonio 2009). Results of this study may help the parent, grandparent, practitioners, and researchers to have a deeper understanding of the impact of grandparenting on the elderly's mental well-being. Understanding the varied roles of grandparents in child-rearing will help them as they fulfill these roles in their families. In addition, studying the mental well-being of the elderly can improve the elderly's quality of life.

This study was conducted to investigate the effect of grandparenting on the mental well-being of the grandparent. Specifically, it aimed to determine the length of the grandparenting role, the number and ages of the grandchildren in their custody, level of mental well-being, influential grandparenting experiences, and the effect of the grandparenting role to the mental well-being of the grandparents.

II. METHODOLOGY

This research utilized a quantitative design wherein mental well-being, length of grandparenting, and number and ages of grandchildren were the variables. A cross-sectional design was used to gather all data at one point in time.

The study was conducted in Calamba City, Laguna which is comprised of 54 barangays. It has a total population of 389,377 as of May 2010 (City Government of Calamba, 2015). The total number of senior citizens in the entire city is 38,596 as of March 2018. The city was chosen to be the research locale due to the high number of senior citizens and the presence of an organized committee with complete records of the senior citizens. Data gathering was done in different barangays within Calamba City, Laguna namely, Canlubang, Majada Out, Makiling, Maunong, Milagrosa, Poblacion I, Puting Lupa, and Turbina. Random sampling was done with the roster list of adults in each barangay to obtain the respondents. Selection was based on the following criteria: a) the grandparents were aged 60 years old and above, of any gender and social status; and b) with a grandchild or grandchildren residing with them. The number of respondents was obtained using a 95% confidence level and a margin of error at 0.10, yielding a sample size of 96.

Data was collected through a questionnaire composed of three parts. The first part gathered information about the socio-demographic characteristics of the respondents such as age, gender, educational attainment, number of grandchildren, age of grandchildren, and length of grandparenting. The second part assessed the level of mental well-being using the Warwick Edinburgh Mental Well-being Scale (WEMWBS), a 14-item positively worded questionnaire adapted from the University of Warwick, United Kingdom and last validated in June 2013 (Warwick University, 2015). Answers to the questions have corresponding scores from 1 to 5 respectively, giving a minimum score of 14 and a maximum score of 70. The overall score in WEMWBS is calculated by totaling the scores for each item with equal weights. A score of 0-32 is in the very low category, 33-40 is in the below average category, 41-59 is in the average category and lastly, 60-70 is in the above average category. A higher WEMWBS score indicates a higher level of mental well-being. WEMWBS showed good content validity with a Cronbach's alpha score of 0.945. It was translated to Filipino for better understanding of the respondents. The third part of the questionnaire explored the grandparenting experiences to supplement the quantitative data. There were four questions wherein the first two questions were about what they like and dislike the most about being grandparents, the third question asked about the support provided by other family members in terms of childcare, and the fourth asked about the community organizations they are involved in.

Prior to data collection, a letter was provided to the Mayor of Calamba City to ask for permission to conduct the study. The roster list of citizens was requested from the Office of Senior Citizen Association. Respondents were randomly selected from the list using random number generator software. It was then forwarded to the Barangay Health Worker of the selected barangays for verification.

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The study was reviewed by a panel of department faculty and was performed in accordance with ethical standards. The respondents first filled out the informed consent form presenting the purpose of the study. Confidentiality was assured for the information to be gathered. The questionnaire was filled out by the respondents or assisted by the researcher as needed.

Responses were tabulated and percentage distributions were determined. Raw data from the answers of the respondents in the 14-item Warwick-Edinburgh Mental Well-being Scale were ranked accordingly. Moreover, descriptive statistical analyses were used. Bivariate regression analyses were utilized to explore the relationship of variables and to determine the existence of an association and the strength of this association. A thematic approach was used to analyze the responses to the open-ended questions to see the emerging themes on influential grandparenting experiences.

III. RESULTS AND DISCUSSION

A. Demographic Profile of the Respondents

Table 1 presents the descriptive statistics which shows that about 77% of the respondents are female and more than half are aged 60-65 years old. Nearly three-fourths have been taking care of their grandchildren who are aged one year old or less. Nearly half have one-two grandchildren with them and nearly half were caring for grandchildren aged 9 and below followed by adolescents (24%). Ages of the grandchildren were categorized according to the WHO age categories, categorized as follows: infant (1 year and below), child (1-9), adolescent (10 to 19), and adult (above 19).

Hayslip and Kaminski (2005) found that elderly caring for their grandchildren on a full-time basis are becoming more prevalent with approximately 5.7 million grandparents living with their grandchildren and approximately 2.4 million raising their grandchildren. Weichold (2009) reported that around 40% of adults aged 40-85 years in Asia regularly take care of their grandchildren. David (2014) reported that, in a study conducted by the University of the Philippines Population Institute in 2007, 35% of Filipino grandparents were the primary caregivers of their grandchildren while 56% were engaged in caring for their grandchildren such as baby-sitting, feeding, playing, and bringing/fetching the child from school. Antonio (2009) found in his study that majority of the grandchildren cared for were aged 6-12 or in grade school. The most cited reason for this situation is due to the child's parent working, especially if the work location is out of their town or out of the country (David 2014; Statham 2011). This family dynamic is common in Filipino families. In Filipino culture, the family is the major source of economic, moral, and emotional support (Yeo & Gallegher-Thompson 1996). Married adult children continue to live with their parents so they can work while the parents can help take care of the grandchildren. Sometimes, elderly parents reside with their adult children because they also need to be cared for. This kind of living arrangement is common in many developing countries in Asia, particularly in the Philippines. Families face the challenges of life together such as taking care of the younger generation, caring for the elders, and sharing the living costs. As more women/mothers enter the workforce, there is a need for reliance on the older family members, particularly the grandparents (Lusterio-Berja 2007).

Majority of the respondents are no longer working and can supervise their grandchildren. Some of those who are working work as barangay health workers and barangay task force members because of the flexibility of schedules. Antonio (2009) found that grandparents may stop working to be able to care for their grandchildren or may engage in part-time work to gain additional income to meet the family's needs.

All are members of community organizations, and all are members of the Senior Citizen Association of their barangay. There were also a few who are members of other community service organizations or of religious organizations. According to Morrow-Howell et al. (2003), there are more people in late adulthood who become interested in volunteer work and engage in health, social or community programs due to the desire to help and stay active regardless of age.

B. Mental Well-being of the Grandparents

Table 2 shows the mental well-being scores of the respondents based on the WEMWBS. The mean score was 61.27 (SD=7.09). Results show that almost 66% of the respondents have mental well-being levels in the above average category. In a study conducted by Hitchcott et al. (2017), a similar scale was used to assess the mental well-being of the grandparentrespondents and the mean score computed was 46 (average). They emphasized that active involvement in social activities provides elderly people with positive relationships that contribute to well-being. Lukaschek et al. (2017) found that 79% of the elderly respondents aged 65-90 years had high levels of well-being and this was associated with an adequate income, physical activity, and relatively good health. Black et al. (2015) did a study on 60-64-year-old respondents and used the WEMBS to determine well-being. The respondents had well-being levels in the average age with a mean score of 51.6. Black et al. (2015) pointed to the importance of leisure-time physical activities such as sports and exercises at least five times a month to maintain adequate well-being.

On the other hand, depression, anxiety, and health constraints (Lukaschek et al. 2017) and increased levels of caregiving burden and pressure from adult children (Tang et al. 2016) were related to increased psychological distress and limited life satisfaction and well-being.

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In terms of the level of agreement of the respondents for the WEMWBS items, the statements with the highest levels of agreement were for Statement 6: I've been dealing with problems well (mean=4.84; SD=.55), Statement 12: I've been feeling loved (mean=4.78; SD=.55), Statement 14: I've been feeling cheerful (mean=4.78; SD=.51), and Statement 7: I've been thinking clearly (mean=4.68; SD=.59). These validate the general finding that the grandparents' state of mental well-being is high.

C. Influential Grandparenting Experiences

Positive Experiences

Generally, respondents reported that they have a positive outlook towards grandparenting (Table 3). Most of the grandparents said that being a grandparent is a happy experience. Further, they also reported that being with their grandchildren makes them feel loved and loving, that they have a companion, and they feel contentment in life.

One grandfather, aged 62, stated that: "It makes me happy to be a grandfather. Seeing my grandchildren makes me very happy. They are affectionate to me and my wife. We will just lie on our bed together and watch TV shows. We are contented like that. It relieves my tiredness."

A grandmother, aged 68, stated that: "I'm always happy because every time I come home from the meeting with seniors, they are there to welcome me. Even though I feel bad due to the heat, it fades because of them."

Grandparenting can ease the physical and emotional pains that they are experiencing. Seeing their grandchildren makes them feel better, physically and emotionally. Coleman-Reed (2016) found that custodial grandparents experience positive life satisfaction despite the tremendous stressors and challenges encountered. Life satisfaction and health are only affected if the care offered by the grandparents is perceived as a source of difficulty (Villar 2012). Smith et al. (2009) stated that most of the grandparents in their study provided care and assistance to their children and grandchildren because it is enjoyable for them even if the assistance is financial in nature. For the grandparents, the feeling of being useful and valued and having close relationships with the grandchild are the main motivations for providing assistance.

Antonio (2009) reported that majority of the grandparents in his study judged themselves as good at listening to and staying in touch with their grandchildren. The grandparents found satisfaction in three aspects of grandparenting: when their grandchild shares his/her feelings, how the grandchild stays in touch, and the grandchild's school performance. One of the positive grandparenting experiences is related to giving advice to their grandchildren.

Another positive grandparenting experience is about helping the grandchild in their studies. Antonio (2009) stated that grandparents in his study gave efforts to teach their grandchildren about good and bad behaviors, what is right and wrong, and to keep on learning as they grow.

King and Elder (1998) did a study on perceived self-efficacy and grandparenting. According to them, individuals who feel efficacious as a grandparent will play a larger and more active role in the lives of their grandchildren than grandparents who feel that they have little influence. The perception that they can help and that they are actually of help to their families and grandchildren may be significant factors to their positive grandparenting experiences.

Negative Experiences

Some respondents reported that it can also be difficult being a grandparent (Table 3). The most cited difficulty is in relation to the generation gap between them and their grandchildren. Since the respondents are all above 60 years and most of their grandchildren are aged 0-9, there is a 40 to 50-year age gap. This seems to influence their perception of their grandchild as physically active, naughty, and stubborn.

One grandmother, aged 63, noted: "It is happy being a grandmother. However, it is tiring at times. It is difficult to discipline them. Sometimes, they do not listen to me."

There are also some respondents who have a negative outlook in grandparenting because they think that they are already old and cannot contribute to the family anymore. Due to their age, they believe that they have a low capacity to work and help in the household. In addition, physical limitations also make caring challenging. They are experiencing age-related disorders such as osteoporosis, arthritis, glaucoma, cataract, and hearing disorders. When taking care of grandchildren who are infants, they said that carrying the baby makes them exhausted especially when they are alone in taking care of the child and doing the household chores. Moreover, some think that they have become forgetful, making it hard to take on the role and responsibilities as grandparents.

One grandmother, aged 70, said: "Honestly, I cannot work much here at home. I feel weak, that is why I usually stay in our store. I am not able to take care of my grandchildren. I only look after them when they are playing and call their attention when they are naughty. I have asthma, that is why it is more difficult. Even if I want to work in our house, they tell me not to. But I am a grandmother, I can't avoid looking after them."

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Bullock (2004; 2009) said that generally, the grandparents' time for rest and relaxation is compromised and they do not give attention to their own physical and mental health states. Sampson (2015) stated that custodial grandparents describe more limitations in performing daily activities such as physical and emotional limitations which extend to one's health status. In addition, they seek health services less frequently and have reported feelings of being physically tired, having less privacy, and having less time with friends, family, and spouses which all add up to the challenges faced by the grandparents and often influence their emotional and social health states.

Smith et al. (2009) point out that it may happen that even if grandparents want to care for their grandchildren, they may also feel pressured to be more involved than they would like. Grandparents indicated that they felt frustrated with certain behaviors of their grandchildren like TV viewing habits, discipline issues because of how their parents raised them, and how the children treat their own parents (Antonio 2009). Thus, they communicated their need for more information about their grandchildren's education, fears and other stressors, values, and experiences with their peers.

D. Relationship of Grandparenting Role to the Mental Well-being of the Grandparents

Length of Grandparenting and Mental Well-being

The relationship between length of grandparenting and mental well-being was found to be very weak (Table 4). It also implies an indirect relationship wherein, as the length of grandparenting increases, the mental well-being decreases. The test for correlation produced a p-value of 0.011 ($p < 0.05$), which implies a significant correlation. According to Glaser et al. (2005), caring for grandchildren may have both positive and negative health effects. For grandparents who provide full-time care for their growing grandchildren, they may experience increased stress and physical demands when the grandparent's obligation exceeds his or her physical and psychological capacity to cope over time (Glaser et al. 2005). Szinovacz et al. (1999) found that long-term duration of surrogate parenting by the grandparent may heighten stress levels due to the sense of permanency of care and living arrangements with the grandchildren, especially, if they were forced into the situation due to a family crisis.

On the other hand, those providing occasional grandchild care may benefit from the emotional rewards and gratification which comes from the activities with the grandchildren and, therefore, yields positive effects on the health of grandparents (Glaser et al. 2005). Ku et al. (2013) found that, in Taiwan, long-term caregiving is associated with perceived better health, higher mobility, higher life satisfaction, and less symptomatology of depression. Due to contradictory findings, this area warrants further exploration.

Number of Grandchildren and Mental Well-being

The correlation between the number of grandchildren and the mental well-being of the grandparent appeared to be positively high with a p-value of 0.780 ($p > 0.05$). It also shows an indirect relationship which means that, as the number of grandchildren increases, mental well-being decreases. Moreover, the degree of their association was found to be insignificant and very low.

Results of this study are in accordance with those of Kim et al. (2015) wherein the number of grandchildren and weekly hours spent with them do not significantly correlate with well-being (Kim et al. 2015). The number of grandchildren is only related to either the potential demand for grandparent caregiving or the grandparent's ability to provide the help in taking care of the grandchildren (Brunello and Rocco 2016). Grandparents consider their caregiving capabilities, their time and resources vis-à-vis the number of grandchildren in the provision of childcare. Ku et al. (2012) posits that the role strain theory can explain this relationship given that the additional role of being a caregiver will put additional strain on their time, energy, space, and all other resources.

On the other hand, Grundy et al. (2012) reported that better life satisfaction can be expected in grandparents living with one or more grandchildren. Tang et al. (2016) found in their study that the grandparents took care of as many as 15 grandchildren with a mean of 4.6 grandchildren but more than 80% reported that they perceived no negative effects in relation to this and no burden in caring for their grandchildren.

Age of Grandchildren vs Mental Well-being

The age of grandchildren and mental well-being of grandparents appear to have a negligible correlation with p-value of 0.284 ($p > 0.05$) which implies an insignificant result. Still, as the age of the grandchild increases, mental well-being slightly increases. Caring for infant and young grandchildren is more tiring and prompts greater responsibilities than caring for schoolaged grandchildren (Hughes et al. 2008). Handling all aspects of infant childcare daily can cause exhaustion due to the presence of physical and emotional limitations of the grandparents. In caring for infant grandchildren, grandparents experience back pain as they carry them, and other chronic illnesses brought about by stress and disrupted sleep due to the grandparenting roles that they fulfill. On the other hand, taking care of school-aged grandchildren is less tiring and stressful because when grandchildren leave home for around 6-7 hours of schooling, they can have more time for themselves. They can focus on the household chores

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and socialize with people in their age group afterwards. This implies that grandparents can manage their own health and well-being as their responsibilities at home lessens.

E. Effect of Grandparenting Role to the Mental Well-being of the Grandparents

Table 5 shows that, of the three aspects of the grandparenting role, it is the length of grandparenting which has an effect on the grandparents' mental well-being. The mental well-being score of grandparents whose age when they became a grandparent was between 46-55 is lower by about 5 times than those who were not aged between 46-55. This means that the grandparents assumed the role when they were in their middle-aged years. According to Leopold and Skopek (2015), this is usually the case, with adults becoming grandparents in the US, Canada, and Netherlands in the 46-57 age range. Becoming a grandparent early in life may be due to a child's teenage years or early pregnancy which may mean greater involvement from the grandparent due to the unprepared state of the young parent. Young or new parents may also place the grandparents in a more involved role due to circumstances such as their school or work demands, separation from the partner, mental health problems, substance abuse, incarceration, or neglect of the grandchild (Dunifon and Bajracharya 2012).

Much as being a grandparent in this age range is considered as on-time grandparenthood, the issue is about grandparenthood as an anticipated or desired role (Leopold and Skopek 2015). The introduction of grandparent responsibilities or burdens coincide with responsibilities and demands of the middle adulthood life stage, especially in the work and family domains. In addition to the possible role strain, the lower mental well-being can also be an economic issue (Chen et al. 2017). With a bigger household size to care for, there are fewer resources available for all the family members. Saxena (2013) stated that there are several factors affecting grandparents as they assume the care-giving role. These are attitude adjustments (i.e. time they should spend enjoying their privileges are turned into another responsibility); mixed feelings because grandparents may experience anxiety and pressure in raising their grandchildren while appreciating the closeness of their relationship with them; sense of purpose because they can feel their importance within their families due to the responsibilities they are fulfilling; heightened stress due to tasks such as financial planning, guiding and disciplining the children; the presence of physical limitations in care-giving while still supporting their own health and well-being; and need for support especially if they are retired and do not have enough money to support their family in terms of education and basic needs.

Being a grandparent earlier also means that they have been grandparents for a longer time now. As the number of years spent in taking care of the grandchildren progresses, the age of the grandchildren also increases because they grow older and the amount of time spent with their grandchildren lessens, which may affect the grandparents' psychological wellbeing. Won (2009) pointed to the frequency of contact with grandchildren and closeness of relationship as important to wellbeing. Grandparents taking care of adolescent and adult grandchildren tend to feel the physical and emotional distance with them due to their grandchildren's education and career. Adolescent grandchildren attend universities and may start to live away from parents and grandparents while adult grandchildren start to get busy with work and bond less frequently with grandparents living with them. There is an added dimension of stress, worry, and longing that may lead to a negative impact on their well-being.

Antonio (2009) found that intergenerational disclosure between grandparents and grandchild appears to increase intimacy levels. The grandparents in the study desired to keep in touch with their grandchildren. Won (2009) found that the mental well-being of most of the respondents is above average. Most of the respondents are living with the grandchildren due to both parents working. The grandparenting satisfaction level provided support that grandparents feel rewarded for taking the responsibility of child-rearing regardless of the physical limitations due to their age (Won 2009). Moreover, results showed that grandparents performing this role to their grandchildren have high mental well-being.

IV. CONCLUSIONS AND RECOMMENDATIONS

This study aimed to determine the impact of caring for grandchildren on the mental well-being of grandparents. Results showed that the length of grandparenting had a significant effect on the mental well-being of the grandparents. Regression analysis showed that the mental well-being score of grandparents whose age when they became a grandparent was between 46-55 is lower by about 5 times than those who were not aged between 46-55.

In support of previous literature, custodial grandparenting is more stressful due to the added responsibility of the elderly in terms of childcare, especially for young children. However, grandparents feel rewarded and fulfilled as they take on the grandparenting role despite the presence of physical limitations due to age. Generally, grandparenting positively heightens their mental well-being.

For future studies, it is recommended that the current health condition of the respondents be considered since this may influence the grandparenting role. Additional variables such socioeconomic status or family income can also be considered in

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further studies in relation to grandparent's well-being. The difference between grandfathering and grandmothering can also be explored since this study provides only a brief overview of this. A comparative study between custodial and non-custodial grandparents can be investigated. Being a paternal or maternal grandparent can also be considered to see if this can cause varying results in mental well-being. In this research, it was not verified in the representative population. Lastly, it may be helpful to follow grandparents over time to see the long-term effects of grandparenting to well-being.

For the grandparents, more frequent interaction and activities with people outside the home are encouraged. Balancing the roles within the family is beneficial to avoid physical and psychological stress. Being part of an organization or volunteer work can be a venue in releasing the stress at home brought about by grandparenting. In this way, grandparents can interact with their elderly peers.

Family members are encouraged to support each other in taking care of the young. Knowing the difficulties and limitations of grandparents due to age, family members, especially the parents, are encouraged to help in balancing the roles within the household. They should provide financial support and be willing to provide hands-on care to the children so as not to overly burden the grandparents.

Grandparenting can be a blessing or a burden. A positive appraisal of grandchild care-giving and adequate social support can help grandparents enjoy this role to the fullest.

Table 1. Demographic profile of the respondents

Characteristic	Frequency (n=96)	Percent
Age		
60-65	52	54.20
66-70	31	32.30
71-75	9	9.40
76-80	4	4.10
Sex		
Male	22	22.90
Female	74	77.10
Length of Grandparenting		
Less than a year	71	73.96
1-5 years	12	12.50
6-10 years	7	7.29
11-15 years	2	2.08
16 years and above	4	4.17
Number of Grandchildren		
1-2	46	47.92
3-4	26	27.08
5-6	12	12.50
7-8	4	4.17
9-10	6	6.25
11 above	2	2.08
Age of Grandchildren		
Infant	13	13.53
Child	46	47.92
Adolescent	23	23.96

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Adult	14	14.58
Participation in the Community		
Working	14	14.58
Not working	82	85.42
Member of organization(s)	96	100.00

Table 2. Mental well-being scores of the respondents based on the WEMWBS

Mental well-being Scores	Frequency (n=96)	Percent
Above average (60-70)	63	65.63
Average (41-59)	31	32.29
Below average (33-40)	2	2.08
Very low (0-32)		

Table 3. Summary of responses on grandparenting experiences

Theme	Frequency
Positive	
Always happy	36
Feel loved and loving	30
Nothing negative	18
Have a companion in life	13
Contentment in life	11
Caring for grandchild	7
Affectionate	6
Can give advices	3
Can help in studies	2
Relieves tiredness	2
Gives fulfillment	2
Negative	
Generation gap	21
Very active children	12
Stubborn	12
Physical hindrances	12
Added responsibility	9
Discipline concerns	8
Stressful	3
Financial concern	1

*Multiple responses

Table 4. Association of grandparenting role to the mental well-being of the grandparents

Grandparenting dimension	Correlation coefficient	Mental well-being
Length of grandparenting	0.011	$\rho = -0.0689^*$
Number of grandchildren	0.780	$\rho = -0.0108$
Age of grandchildren	0.284	$\rho = 0.0501$

*Significant at $p < 0.05$

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Table 5. Regression analysis for the variables

	Coefficient	Standard error	t	P>t	95% Confidence Level	Interval
Length of grandparenting	-4.839938	1.873762	-2.58	0.011	-8.560337	-1.11954
Constants	63.25373	1.029859	61.42	0.000	61.20892	65.29854

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