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Mattyna L. Stephens
*Texas A & M University - College Station, msteph06@tamu.edu*

Mary Alfred
*Texas A & M University - College Station, malfred@tamu.edu*

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Social Capital and Caregiving among Grandmothers in Rural Communities

Mattyna L. Stephens and Mary V. Alfred
Texas A&M University

Abstract: In this study we sought to discover how Black primary caregiving grandmothers in rural communities develop social capital in order to care for themselves and the children in their care.

Keywords: social capital, networks, caregiving, Black grandmothers

Introduction and Purpose

The U.S. Census (2013) revealed as of 2011 there were 7 million children under the age of 18 who resided in the home of their grandparents. Furthermore, the report indicated 2.7 million of these grandparents served in the role of primary caretaker of their grandchildren. Moreover, 63% of these caregivers are grandmothers and 52% are African American. Of the 5.5 million children living with a grandparent householder, 2.6 million were under the age of 6. Much of the academic scholarship has highlighted primary caretaking among grandparents in urban communities while failing to include grandparents in rural communities. Although a large number of grandparent caregivers reside in urban communities, there is much to be said about those who reside in rural communities. Therefore, the purpose of this study was to explore the experiences of Black primary caregiving grandmothers in rural communities to understand how they learn to develop social capital to navigate inequitable systems and acquire resources for themselves and the grandchildren in their care.

Theoretical Framework

Social capital was utilized as a theoretical framework for this study as it allowed for an examination of the bridging, bonding, and linking of networks (Putnam, 2000), as well as information flow (Coleman, 1988), and social networking (Lin, 1999) associated with one’s ability to gain access to pockets of information and resources for economic stability and upward mobility. Collins’ (1986) Black feminist thought, a critical race theory, was also utilized to frame the experiences from the standpoint of Black grandmothers caring for their grandchildren.

Research Design

A basic interpretive approach was best suited for this study as it allowed for an in-depth exploration of the individual experiences of African American grandmothers residing in rural communities who are the primary caregivers of their grandchildren. Given the current state of rural communities, it is important to capture the stories, experiences, and perceptions of those residents who may have membership in marginalized groups like Black grandmothers who are the primary caregivers of their grandchildren. As such, the following questions guided the research: 1) How do social networks contribute to the learning and development of Black primary caregiving grandmothers in rural communities? and 2) How do caregiving grandmothers utilize the knowledge and skills acquired through social capital in the caretaking of their grandchildren?

In locating participants for my study, I was given the opportunity to go before congregations with predominately Black congregants during the announcements as they
celebrated Family and Friends Day. For over two months, every Sunday evening, I would drive
to these churches to locate participants for my study. In the end, I had participated in more than
ten Family and Friends Day celebrations and had obtained seven participants. The remaining
three participants were referred by individuals who were partaking in the celebrations. All
participants chosen were Black women, were grandmothers or great-grandmothers, had primary
responsibilities of their grandchildren or great-grandchildren, and reside in a rural community
within the state of Texas. Semi-structured interviews constituted the primary data source. The
protocol was comprised of 25 interview questions. For each participant, the interviews lasted for
approximately 90 minutes and was conducted in a one-on-one forum. At the permission of the
respondents, the interviews were digitally recorded and transcribed.

Data were analyzed using Creswell’s (2003) six-step method including, (a) organizing and
preparing the data for an analysis process, (b) reading through the transcripts in their entirety to
generate meaning, (c) developing a narrative passage or charts that represent the findings from
the analysis, (d) implementing a coding process where data is segmented, (e) continued coding
process were the segmented data is organized into themes or categories, and (f) giving meaning
to the interpreted data. In order to increase the trustworthiness, the methods of member checking,
researcher reflexivity, and thick descriptions were conducted.

Research Findings

There were several themes that emerged relating to the research questions. They are
outlined in the following sequence: (a) micro support systems, (b) macro systems of support (c)
social networks as avenues for knowledge construction, and (d) application of learning for
caregiving. The subthemes identified were: non-profit organizations, governmental services,
educational programming, insider connection, name dropping, personal inquiries, education,
healthcare, and behavior.

Micro Support Systems

Focusing on a more central system of support, the grandmothers identified individuals,
namely, a combination of family members, church members, pastors, and friends whom they
counted on to assist in the caretaking of their grandchildren. The support came in the forms of
advice, financial assistance, babysitting or personal caretaking, and moral support. For example,
Barbara, Connie, Gracie, Mathilda and Lottie looked to their sister(s) for support. Mathilda
highlighted the support she received from her sisters. She explained, “My sisters. We are on the
phone all the time. I thank God for them….closeness. If I need something…my sisters is a
guarantee.” As for Lottie, Blossie and Kassey, they mentioned having a best girlfriend who they
relied on. Blossie explained,
I can call one of my girlfriends who is raising her grandchild and get advice. If I need 20 or 30
dollars I will call her. I don’t ask for big money, but if I need 20 or 30 dollars she will help me.
And I do the same for her.

Macro or Community Support Systems

In understanding their lines of outreach, the grandmothers identified support services that
existed within their rural communities, including, non-profit organizations, governmental
services, and academic programming.
Non-profit organizations. Non-profit organizations namely, MAS’s House, City
Mission, Do Gooders, and Ron’s Angels were recognized by the women as systems of support
within their community. MAS’s House is a help center developed from the coming together of several churches in the area to provide financial assistance for rent and utilities, address food insecurities, and to provide gently worn clothing to residents that are in need. Kassey acquired some gently used clothing for the children from MAS’s house. She stated, “I went there and got the children some clothes. I got them some nice stuff especially the younger ones.” The City Mission provides services to include shelter for the homeless, a food bank, rent and utility assistance, spiritual counseling, family counseling, psychological counseling, and medical assistance. When asked, Mathilda recalled how she was able to benefit from the services provided through the City Mission. She reported, “I don’t get food stamps or anything like that. I go to the City Mission and get some of the goodies. I get some of the free groceries…get vouchers to get clothes for me and the kids. The Mission gives us beans, and noodles, and I know how to put it together to make a meal. Do Gooders is an organization that supplies families with groceries during the month of December so they may enjoy the Christmas holidays. Ron’s Angels is a faith-based non-profit organization developed to provide services to families whose children have been diagnosed with cancer. Tessa utilized the services to help in the caretaking of her grandson.

**Governmental services.** Governmental support services was another system of support recognized among many of the grandmothers including, Women, Infants, and Children (WIC), Medicaid, Temporary Assistance for Needy Families (TANF), and Children’s Health Insurance Program (CHIP). Each of these governmental services existed within the grandmothers’ communities. Although Blossie recognized the usefulness of the services, she also informed me of the stipulations that came with being a recipient of TANF. She explained, “I use Medicaid. TANF never give you enough. But you have to make it last. They will always take back. They will give…one month…the next month…back. Anything can trigger them to take something back. If their father pays 50 dollars in child support…take 100 dollars’ worth of food stamps away.

**Educational programming.** Educational programming was also a community resource acknowledged by the participants. Such programming included afterschool academic services, tutoring, summer school, and Headstart programs. At least four of the women namely, Jacqueline, Lottie, Darlene, and Tessa acknowledged the educational services offered in their community. For example, Jacqueline sought out tutoring services to help her grandson improve upon his reading. She reported, “So, in other words, instead of me trying to do the tutoring, I hired a tutor for him. She was coming on Tuesdays and Thursdays to do the tutoring with him.”

**Social Networks as Avenues for Knowledge Construction**

When learning to access services, the women described networking systems including, having an inside connection, name dropping or name calling, and personal inquiries. Through such learning experiences, the women were able to develop their knowledge base in order to access the needed resources within their community.

**Insider connection.** Knowing an insider may give individuals leverage when understanding the “know how” or techniques to gaining access to certain services. Importantly, the insider has intimacy with the day-to-day operations of an organization or institution, and that knowledge can be transferred to an outsider. From bridging a connection with an insider, the women were able to learn step-by-step processes put in place by the institutions holding the resources they needed. For example, Kassey was privy to undisclosed information, and this made it easier for her to utilize the most appropriate language when requesting services that were often
hidden from the public. She reported, One of my girlfriends knows someone who works over there [Department of Human Services]. And she’ll like tell me word for word what to say and what to hold back. Shucks! You wanna be respectable about doing it, but they make you take the ugly route with the rules and stuff. I take the ugly route.

**Name-dropping.** Name-dropping can be identified as an urban colloquialism for using a person’s name as a way to gain affiliation with powers outside of their social circles. Since developing a relationship with a neighbor, Ida was led to a judge that headed a behavior program that was not widely publicized within her community. Upon arrival to the office, Ida offered the name of the neighbor, and the judge began making plans to assist her. Ida recounted, I got help with a judge and all in this town when that boy got off track. I knew this woman who knew the judge, and she told me to tell him that she sent me….judge worked right along with me. When they came and took him me, and his sister cried. I knew he needed the discipline.

In Blossie’s case, during her visit to the emergency room, the women whom she engaged in conversation were nuns who were able to place her in contact with other holy sisters that had ties to various organizations that offered support to individuals needing assistance with medical bills and other resources.

**Personal inquiries.** Through personal inquiries, researching and questioning those who may be knowledgeable of specific subject matter, the women learned various skills that helped them access services within their community. Tessa recounted, My husband was a truck driver. He made good money. I never had to really use the City Mission. Never had to get on food stamps. When my children were coming up, I never had to get housing. Never had to get Medicaid. My husband carried them on his insurance. I never had to use any of it not nothing until my grandson got sick. Me and my daughter went on the internet and found out the assistance we could get for him. We filled out the application online…

**Application of Learning for Caregiving**

When recalling their experiences, the grandmothers identified the ways in which they were able to apply their learning for the development and caretaking of their grandchildren. The three common subthemes centered on (a) education, (b) healthcare, and (c) behavior.

**Education.** Beyond meeting the basic material needs, attending to the educational needs of the children in their care was also part of the caretaking process. From their learning, the women were able to support their grandchildren’s academic progress. Much of the academic support centered on supplemental programming in the context of tutoring services. Importantly, as a result of their social networking experiences, the women were able to access tutoring services to help with their grandchildren’s learning. For instance, since Lottie’s granddaughter was admitted into the afterschool program, she was able to receive some assistance with her homework, and particularly math.

**Healthcare.** Being able to provide adequate healthcare to their grandchildren appeared to be a concern for some of the women. By learning to access resources resting within their community, the grandmothers were able to secure funding sources that helped to absorb the cost of healthcare. The healthcare resources were offered through either governmental services or non-profit organizations. Securing healthcare resources allowed Blossie and Kassey to afford the treatments when their grandchildren were seen by a doctor. With the support of Ron’s Angels, Tessa was able to afford the treatments, medical supplies, and other provisions needed to care for her grandson. While these women sought out healthcare funding sources to assist in their
caretaking, others acquired services that helped to improve upon their grandchild’s behavior. **Behavior.** There were grandmothers who experienced some behavioral problems with the children in their care. The children’s issues with behavior had a negative impact on their academic performance. By accessing behavior modification programming, the women were able to help improve upon their grandchild’s behavior and in turn increase their academic performance. For example, when Ida was able to gain access to a behavior management program, she was able to help her grandson improve upon his behavior. Similarly, Darlene sought some counseling services for her granddaughter to help ameliorate the emotional issues that she was experiencing as a result of not having her parents in her life.

**Discussion**

Simpson and Lawrence-Webb (2009) maintained, given the unique characteristics of rural communities, accessing community resources is essential to the well-being of residents, especially Black grandmothers providing care to their grandchildren. Importantly, they have membership in various marginalized groups—Black, women, for some, elderly, and poor. Without governmental support systems, Bachman and Chase Lansdale (2005) posited, grandmothers raising grandchildren, in particular, will face continued economic hardships. The findings from this research study suggest interconnectedness between social networking and learning among the women. Drawing from the work of McClanaghan (2000), there is a correlation between learning and social networking and in some instances, one may not occur without the other. From their ties to social fields, the women were afforded opportunities of knowledge construction in order obtain goods and services within their community. Overall, the knowledge acquired by the grandmothers added to their personal repository which Alfred (2010) and Moll, Amanti, Neff, and Gonzalez (1992) referred to as funds of knowledge. The grandmothers were constantly adding to their funds of knowledge as they learned for their development and the development of the children in their care. As they became more experienced and informed consumers, they became better able to provide for themselves as well as their grandchildren. Here, it can be noted that the transaction or flow of information within a rural community is significant to Black women becoming upwardly mobile. Although the information may be transacted on a smaller scale when compared to an urban community, the benefits from this flow of information remain substantial to the learning and development of Black women living in a rural community.

**Implications Research, Policy, and Practice**

The majority of the researches describing the experiences of Black grandmothers who are the primary caregivers of their grandchildren are usually situated in an urban context. As a result, research on Black primary caregiving grandmothers residing in rural communities is nearly non-existent within the literature. Researchers like Simpson and Lawrence-Webb (2009) made a call to include more voices from Black primary caregiving grandmothers in rural communities. This research attempts to answer the call by researching Black primary caregiving grandmothers in a rural context.

Policies that have been put in place deny informal kinship care providers, like many Black primary caregiving grandmothers, access to needed resources in order to provide adequately for the children (Letiecq, Bailey, & Porterfield, 2008). Caregivers, especially in rural communities, have become a more vulnerable population and are oftentimes overlooked in policy (Gibson, 2005). Therefore, the creation of policies that highlight the unique needs of caregivers providing informal care in rural communities would be beneficial to the caretaking
The decaying of rural communities has forced residents like grandmothers to become more detached from community resources, making such treasures more hidden (Bigbee, Musil, & Kenski, 2010). Access to digital information can no longer be identified as a luxury (Rural Broadband Policy Group, 2009). Adult educators may be called upon to assist primary caregivers in becoming more computer literate in order to broaden their knowledge base. Instead of relying heavily upon the information provided by more narrow systems of support, they can begin to widen their network pool by drawing from the intellectual capital of individuals in the broader society through the Internet.

References