

Research Article

“We Were Held in Bondage”: A Case Study on Grandparents Raising Grandchildren in Skipped Generations in Rural Northern Thailand

Salisa Kodyee ¹, Katemanee Moonpanane ^{1,2}, Jintana Thepsaw ¹
and Nathamon Wuttiapan ¹

¹School of Nursing, Mae Fah Luang University, Chiang Rai, Thailand

²Nursing Innovation Research and Resource (NIRR) Unit, School of Nursing, Mae Fah Luang University, Chiang Rai, Thailand

Correspondence should be addressed to Katemanee Moonpanane; katemanee.moo@mfu.ac.th

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Although grandparents play a significant role in caring for their grandchildren in Asian culture, few studies have examined how grandparents from skipped families care for their children in rural areas. This study aims to explore grandparents' perceptions and experiences in providing care for their grandchildren in rural Thailand, where support is limited. Utilizing a qualitative approach, in-depth interviews and focus group discussions were conducted with 20 grandparents caring for children under 5 years old. The coding of interview transcripts was followed by thematic analysis. In this study, the participants shared their experiences about raising and caring for their grandchildren in rural areas. “We were held in bondage” is the overarching theme. Interviews revealed two main themes: (1) feeling of burden, divided into the following three subthemes: lack of parenting skills, worries regarding grandchildren's health and well-being, and emotional stress and financial/physical strain; (2) maintaining family bonds, which were further divided into the following subthemes: supporting adult children, being parents again, and becoming more loving and bonded. According to the findings, healthcare providers may be able to anticipate the needs of grandparents in rural areas and provide support, culturally relevant interventions, and training programs for grandparents to care for their grandchildren. Further research is essential to explore the dynamics of family bonding and responsibilities in Thai families and to develop interventions supporting these families.

1. Introduction

The prevalence of skipped generations is on the rise worldwide as middle-aged family members leave their hometowns and move to cities for various reasons [1, 2]. Demographic and health surveys (DHS) conducted in 49 countries between 1990 and 2016 revealed an increase in the proportion of children under the age of 15 years living in skipped-generation households from 1.7% to 2.4% during that period. Moreover, the number of older adults caring for their grandchildren increased from 5.4% to 6.7% [2]. In the United States, over 70 million people are grandparents, and more than 10% of them live with their grandchildren, taking on the roles of both surrogate parents and caregivers [3].

Grandparents taking on the role of primary caregivers bear a multitude of responsibilities, including providing basic personal care, managing nutrition, promoting children's health and development, supporting education, and covering various expenses [4]. However, many grandparents find themselves unprepared for this task and may consequently struggle to offer adequate care for their grandchildren [5]. This lack of preparation may be particularly evident in their support for children aged one to five years old, a critical period for promoting physical-mental health, social development, and personality [6].

The challenges faced by these grandparents can lead to high levels of stress, causing some to perceive themselves as

their children's servants, resulting in negative emotional and physical health outcomes [7, 8].

It is well known that grandparents play a significant role in caring for young children [9, 10]. However, parenting the second time around may have a very different and alienating experience compared to raising their own children due to unfamiliarity with digital technology, such as social media, and evolved parenting recommendations. Importantly, some parenting practices and approaches to supporting children's development and education may have changed since grandparents raised their children [7, 11]. While knowledge about parenting practices is accessible through several channels, such as textbooks, infographics, and social media, older people often lack the confidence to learn about technology. They also lack trust in the Internet, leading to an apprehension about online activities [12]. The costs associated with owning a computer or tablet, paying for an Internet connection, and geographic isolation have been cited as key constraints to technology usage, especially among those living below the poverty line. At the same time, the overuse of technology could have a negative impact on a child's health in terms of emotional, physical, cognitive, language, and social skills. As a result, there exists a notable barrier for older individuals to explore and embrace the wealth of parenting knowledge available through digital platforms [13–16].

A growing body of literature has extensively explored the specific factors contributing to grandparents' challenges and negative emotional experiences when raising their grandchildren. Additionally, this literature has demonstrated that grandchildren in skipped-generation families often encounter various health and behavioral issues, including lower levels of school engagement and substantial exposure to adversity from an early age [17, 18]. However, as of now, no study has delved into the experiences and perspectives of grandparents in skipped-generation families in Thailand [19]. These grandparents differ from the mainstream population, primarily due to their limited educational and economic opportunities and inequities in healthcare services [20]. In order to support grandparents in caring for and promoting their grandchildren's health, it is crucial to gather information regarding their challenges, the obstacles they face, and the support they need. This research aimed to address this gap by exploring the perceptions and experiences of grandparents involved in the care of their grandchildren in rural Thailand. The outcomes of this study are anticipated to contribute to the development of community health policies, aiming to enhance the quality of life for skipped-generation families and alleviate their healthcare burdens.

2. Methods

As part of this study, qualitative methods, in-depth interviews, and focus group discussions (FGDs) were employed to examine the grandparents' experiences of caring for their grandchildren in skipped-generation families.

2.1. Participants and Setting. The research was conducted in Pa-Tueng, a subdistrict in the northern region of Chiang Rai Province, Thailand. This location was chosen due to a significant trend of both internal and external migration, which played a pivotal role in the selection process. Residents in this area have notably lower levels of formal education and incomes compared to those in urban areas, primarily influenced by factors such as geographical isolation, poverty, and limited access to education. To gain a deeper understanding of these complex experiences, participants were recruited through purposeful sampling. Coordination with the teacher from the child development center facilitated the recruitment of participants meeting specific criteria: (1) currently acting as a grandparent responsible for raising a grandchild aged 1 to 5 years old; (2) serving as the primary caregiver, with parents being physically absent or having delegated full childcare responsibility to the grandparents, who have fulfilled the role of sole caregiver for over a year; (3) proficient in communicating in the Thai language; and (4) willingness to participate in the study.

Participants who met the inclusion criteria were provided with detailed information about the purposes, risks, confidentiality, and benefits of the study before voluntarily choosing to participate. All methods adhered to the principles outlined in the Declaration of Helsinki and relevant guidelines and regulations (protocol no: EC 21001-19 COA 038/2021). In total, 17 grandmothers and three grandfathers were interviewed for this study. The participant gender distribution was not balanced (male and female) as older female adults predominantly serve as primary caregivers for children in the rural Thai context. However, the data obtained indicate no significant differences in the experiences between men and women.

2.2. Data Collection. Data collection took place between June and October 2021. The researcher scheduled an appointment at a time convenient for the participants to minimize any impact of being interviewed in an unfamiliar environment. All participants were interviewed in the meeting room of the child development center. The researchers (SK and KM) conducted in-depth semistructured interviews. At the beginning of each interview, they gathered basic information on the participants' socioeconomic demographics through rapport questions. The researchers then asked questions such as the following: "What is a typical day like for you as the primary caregiver for your grandchild?" "What challenges have you encountered in providing care for your grandchild, and how have you navigated or overcome them?" "At home, how do you promote the growth and development of your grandchild?" "What do you think about your grandchild's health and their health condition?" and "Would you like someone else to support you in caring for your grandchildren?"

The FGDs were deemed pertinent to capture the shared perceptions, attitudes, beliefs, and experiences of participants who shared a common background and trust. FGDs took place in a natural setting, mainly at participants' homes, with occasional sessions held in the community health

center. The FGDs and individual interviews, ranging from 45 to 65 minutes, were audio-recorded and transcribed with explicit permission from the participants.

2.3. Data Analysis. Using the six steps developed by Maguire and Delahunt [21] to review the data, two authors independently analyzed the data using thematic analysis. The first step was to listen to the audio recording and translate it verbatim into Thai. The transcripts were then read to gain a general understanding of the data. Afterward, the data were coded by underlining words or sentences and describing the content with codes. A code was created, patterns were found in the codes, and themes were then generated. To ensure that the data were accurate, we read the script and checked for consistency between the transcript and the theme. We analyzed the data and gave the theme a clear and understandable name after writing up our analysis.

2.4. Trustworthiness. A number of strategies were employed to enhance the trustworthiness of the study, including credibility, prolonged engagement with participants, non-participant observation, verification of participants, and the establishment of an audit trail. The prolonged engagement ensured constant interaction that allowed participants to set aside their prior knowledge of the phenomenon of interest and abandon ideas that did not support the data. A number of transcripts were read, and the results of the coding system were compared, resulting in the identification of themes and subthemes. To validate the results of the in-depth interview, an observation note was utilized, along with a discussion of how the data were interpreted to identify implicit bias. As a measure of the reliability of the data, transcripts were read multiple times and the coding system results were compared. The results led to the development of themes and subthemes as a measure of data trustworthiness. The emerging themes were compared to the transcripts as a whole and individually during the writing of the manuscript.

To confirm the accuracy of the findings and to increase trustworthiness, the findings were shared with five participants. The participants are asked to reflect on what they have narrated or discussed and what they have not narrated or discussed. In addition, readers were provided with as much contextual information as possible about the research findings in order to determine the transferability of the findings.

3. Results

Seventeen grandmothers and three grandfathers ($n = 20$), aged 44–62 years old (52 ± 5.18), participated in this study. Regarding the participants' educational backgrounds, eight had received no education, 11 had completed elementary school, and one had completed junior high school. Their occupations were housewives, day laborers, and agricultural workers. Most of the participants had an income of less than 5,000 baht (\$130 USD) per month (Table 1).

“We were held in bondage” is the overarching theme of the perceptions, attitudes, and experiences of grandparents

TABLE 1: Participants' demographics data.

Characteristics	Participants (%)
<i>Gender</i>	
Female	17 (85)
Male	3 (15)
<i>Age group (year)</i>	
40–49	6 (30)
50–59	11 (55)
60–69	3 (15)
<i>Religion</i>	
Buddhist	18 (90)
Christianity	2 (10)
<i>Education level</i>	
Uneducated	8 (40)
Elementary school	11 (55)
Junior high school	1 (5)
<i>Occupation</i>	
Employee	7 (35)
Agriculturist	3 (15)
Housewife	10 (50)
<i>Income (bath)</i>	
<5,000	16 (80)
5,000–10,000	2 (10)
10,000–15,000	2 (10)
<i>The number of children responsible for raising</i>	
1	17 (85)
2	2 (10)
3	1 (5)

raising children in rural areas in Thailand. Two main themes emerged from the interviews: (1) feeling of burden, divided into the following three subthemes: lack of parenting skills, worries regarding grandchildren's health and well-being, and emotional stress and financial/physical strain; (2) maintaining family bonds, which were further divided into the following subthemes: supporting adult children, being parents again, and becoming more loving and bonded.

3.1. Feeling of Burden

3.1.1. Lack of Parenting Skill. In rural areas, it is common for multigenerational families to live together. However, many grandparents in this study live only with their grandchildren due to labor-force migration, with the responsibility of raising grandchildren falling on the grandparents. However, the grandparents stated that they had forgotten the essential skills of being a parent, such as preparing infant formula, maintaining a healthy diet, and educating children. Moreover, due to a lack of knowledge and awareness about children's health, grandparents were less likely to engage in child development-related health promotion and prevention activities than parents. The difficulties were multiplied when the child was being raised without any additional support at home.

“I find it challenging to teach them because I didn't attend school, and at times, I forget the day-to-day care routines. It's been 20 years since I raised my daughter. . . It feels like

such a long time ago. I've been advised to read stories or play with my grandchild, but I don't know how to. I feel like I'm too old.—(GM, 67 years old)

It's essential to send her to school; the teachers there play a crucial role in guiding her to read and write and pursue further education. Their invaluable assistance includes providing guidance and advising me on what to do day by day.—(GM, 55 years old)

Eight grandparents in this study were illiterate and had not attended school, which led to complications in caring for their children. Participants stated that they could not help their grandchild with schoolwork and could not find any written or teaching materials either on their cell phones or in reports. While some grandparents observed that smartphones could help them take care of their grandchildren, they apathetically passed their phones to their grandchildren instead of engaging in physical activities.

When she struggles with her homework, it concerns me deeply. Typically, I rely on her aunt, who lives in the same village, to assist with her studies because I am illiterate. My capabilities are limited to teaching her basic counting, like numbers 1, 2, and 3.—(GM, 61 years old)

My son gave his cell phone to my granddaughter, and she often claims to be working on homework while spending a lot of time on the internet. I'm not familiar with her online activities and lack the know-how to monitor them. Due to my age, I find it challenging to use the applications, and although my grandchildren try to teach me, it remains difficult. This situation also raises concerns about protecting my grandchild from potential external dangers—(GF, 58 years old)

3.1.2. Worries regarding Grandchildren's Health and Well-Being. Due to unsuitable environments and practices for raising children, the participants lacked confidence in caring for their grandchildren and sought assistance from close friends and family. When their grandchildren became sick, a few grandparents sought advice from the child's parents through telecommunication channels, instead of relying on nearby relatives, neighbors, or village health volunteers (VHVs). Some participants reported that the way they treated their grandchildren was not suggested by healthcare providers, and they were unaware of how to carry out appropriate care.

If my grandchild is sick or behaves abnormally, I don't know whether that is abnormal development. I often consult my neighbors who are VHV instead of seeing the doctor. I realize it's not the right approach, but sometimes, I'm unsure of what to do.—(GF, 52 years old)

The participants' outdated knowledge about child growth, development, and mental health is also a concern. Some grandparents reported challenges in knowing how to monitor children's physical and mental well-being and

maintain appropriate behavior. Due to a lack of knowledge and outdated practices, grandparents may particularly have difficulty managing their grandchildren's bad behavior and inevitably punished them.

When the teacher or nurses informed me that my grandchild is at risk of becoming overweight. I am unsure of how to encourage her to participate in different activities because she tends to live quietly and avoids playing with other children. When I suggest that she go outside, she consistently refuses, leading to my frustration and occasional scolding, making it quite challenging—(GM, 50 years old)

I find myself uncertain about raising children in today's world. Concerns arise regarding potential accidents during outdoor play and the negative effects when using a smartphone. I notice that they remain sedentary for an extended period while on smartphones, which does provide me with convenience for managing household tasks. Nevertheless, I am unsure about the long-term repercussions of this behavior.—(GF, 58 years old)

3.1.3. Emotional Stress and Financial and Physical Strain. The participants addressed the problem of a lack of support due to generation gaps and physical problems. Stress was perceived as directly related to the responsibilities associated with child care and the participants' health conditions.

My daughter has left her baby with me since he (grandchild) was eight months old. Now she has a new family and never comes back, providing no financial support. I am over 60 and have to work every day on the farm to make a living. I have knee pain, but I cannot stop working. I cannot do the best . . . but there are times when he speaks harshly and screams. I once hit him and felt guilty. I don't want him to turn out like his mom, and I don't want my grandchild to leave me, except for education purposes.—(GM, 50 years old)

I have been raising my grandchild since she was three months old because her parents separated and went to work in another place. So, I have to take care of my grandchildren. My daughter sends money to spend on raising their child, but it is not enough. . . I had received the Municipal assistance funds (20 USD per month) but it is still not enough to cover all the expenses.—(GM, 48 years old)

One grandmother was raising three grandchildren at the same time and caring for her bedridden mother, which resulted in insufficient financial means and limited time to rest. She faced various difficulties, particularly health conditions, such as stress and depression.

She (grandchild's mother) left when the youngest child was 18 months old, and my son is in the prison . . . My husband is a construction worker and works every day for our living . . . I have also taken care of my mom since her stroke . . . I

have a busy and hard day . . . and so much pain . . . in my whole body. . . and I feel like, if I died first, I would end my suffering first . . . One minute later, I question who would take care of my children and my mom . . . and Buddha said that Dhukha does not end even when we die, “So live and do it better every day.”—(GM, 59 years old)

3.2. Maintaining Family Bonds

3.2.1. Supporting My Family Member. The participants also discussed their happiness as the primary caregivers of their grandchildren for various reasons. Some grandparents clarified that they assumed the role of primary caregivers due to their daughter’s young age and their son’s employment in Bangkok. They emphasized the importance of familial bonds and blood ties, asserting that grandchildren should be cared for by grandparents rather than by others or institutions.

“As a grandmother, I embraced the role of raising my grandchild when their parents, too young and working in Bangkok, faced challenges. Initially, I hesitated, contemplating the possibility of sending the child to my son-in-law’s family. Eventually, I made the decision to personally raise my grandchild. Now, looking back, I find immense joy and feel deeply loved by my grandchild.”—(GM, 53 years old)

“I did not want to take up care for the grandchild, but they [the grandchild parent] needed help and someone had to step in. If I ignored this responsibility, I would be dissatisfied with our ancestors and I will be blamed because we are family.”—(GM, 48 years old)

“My daughter (grandchild’s mother) chose to send my grandchild to avoid bothering other family members. However, I believe in being a lifelong supporter, and I am committed to taking on this responsibility.”—(GM, 50 years old)

3.2.2. Being Parents Again. While some grandparents faced numerous caregiving and health challenges, others acknowledged the personal benefits of being their grandchild’s primary caregiver. They expressed that their grandchildren made them feel happier and more joyful and gave them the feeling of parenting again. The participants felt that they had improved self-esteem, knowing that they are capable of helping and playing a substantial role in their grandchildren’s lives.

“It is hard to care for an innocent child, but they make me happy . . . and they prompt me to figure out what they are doing on the phone and how I can keep it far from my children without negative effects . . . and I want to be healthy for my grandchild . . . and I want to see them achieve in the future.”—(GM, 56 years old)

“I can raise my grandchild the way I am. We are all doing well . . . with help from a family member, we will make it . . . Bonding . . . we were held in bondage that we

produced. . . for me parenting is not over yet . . . If I die, my husband will continue this role, and one of my adult children will get older and have grandchildren . . . It will be the same.”—(GM, 53 years old)

3.2.3. Becoming More Loving and Bonded. Most grandparents spoke in the same way about their feelings of love and bonding. Even though they were forced to care for the children, they felt more love and bonding with their grandchildren than with their children. The grandparents made an effort to understand what their grandchildren wanted and to provide the best life possible for them, often to the point of appearing indulgent to their children.

“I do love her more than my son. It is hard to explain why. . . it might be because blood bond relationship”—(GF, 58 years old)

“I love my grandchild more than my life. I don’t care about my son, but if I pass away, I do worry for my granddaughter. I am scared of dying because I’m getting older and getting more and more illnesses every day. If I die, who will take care of her? I can only pray every day for long life until my grandchild grows up.”—(GM 67 years old)

4. Discussion

This qualitative exploratory study contributes to the international literature on grandparent caregivers’ perceptions and experiences of navigating care processes for their grandchildren in the parents’ absence. The study has indicated that grandparents play a pivotal role in linking generations in Thai families. However, the grandparents in this study stated that they lacked knowledge, parenting skills, and technological literacy and acknowledged holding out-of-date views on children’s health and development [7, 22]. This study also demonstrated that the grandparents also perceived being in a servitude situation because, as aging grandparents, they were forced to care for their young grandchildren without adequate preparation and support. Some grandparents coped with the problem by seeking help from relatives, teachers, and community, as well as VHV’s. Such support people are important considerations in the community healthcare system as they care for and provide various services to people in their communities [11]. The study findings also demonstrated the need to address issues outside the healthcare system relevant to grandparents, such as the education of young children and financial burden. For example, self-help groups or local government funding systems could be employed to help grandparents who live in rural areas [23, 24].

Raising their young grandchildren frequently causes health deterioration for grandparents due to the strain of the role and its associated daily tasks. In prior studies focusing on grandparents raising their grandchildren in an Asian context, it was observed that taking care of very young grandchildren creates highly stressful circumstances in skipped-generation families [4, 13, 22, 25, 26]. A study carried out in Cambodia highlighted that grandparents

undergo significant complexity and stress while caring for their grandchildren. The research revealed that receiving financial support, instrumental assistance, and advice from family members or neighbors regarding the child's health and available facilities played a crucial role in alleviating stress, anxiety, and mental health problems among grandparents [9]. In instances where grandparents encounter challenges perceived as insurmountable, negative mental health outcomes may arise. These may include feelings of loss, grief, and loneliness, disruptions in social activities, changes in family relationships, heightened stress levels, and depression [27–29]. However, our study noted that some participants found solace in Buddhist practices or beliefs, which helped them cope with distress, life risks, and unexpected negative events [30, 31].

The current study also found that some grandparents were raising multiple grandchildren with inadequate support, resulting in insufficient funds, and depression. The responsibility for these young children diminishes the time available for self-care activities, such as exercise, medical appointments, and social interactions. Moreover, it can result in a lack of sleep and increased vulnerability to infections [32, 33]. Additionally, findings indicate that grandparents in skipped-generation families tend to experience higher levels of depression compared to their peers once they assume the responsibility of caring for their grandchildren. Concerns also extend to food preparation, with worries about using poor-quality ingredients that may affect the children's health [34].

While raising grandchildren can pose a burden or difficulty for grandparents, our study identified a growing appreciation for the roles that older individuals play as support providers for their families. In Asian cultures, there has traditionally been a strong emphasis on valuing the relationship between older and younger generations [35, 36].

Grandparents who received support—whether financial or instrumental—from family members were the least likely to report that caring for their grandchildren was a difficult experience. They were willing to sacrifice the end of their lives for their family, allowing their family members to save money and offering their grandchildren a secure environment, encouragement, and unconditional love. In the Thai cultural context, certain grandparents underscore the significance of beliefs and Buddhism, guiding their mindset that performing benevolent acts for family members will attract positive karma into their lives [20, 28]. Moreover, most of the study participants in our research expressed the hope of remaining continually with their grandchildren [25, 37, 38].

5. Limitations

The study's findings must be considered within the context of grandparents who live in rural areas in Thailand. There is potential for bias in the findings because most of the participants had low levels of education, which may affect their experiences of caring for their grandchildren including ways to promote child's development or school tasks. Another limitation is that many of the participants were interviewed

for approximately one hour, which may be too short a time for the participants to reflect adequately on their caring experience.

6. Conclusion

This study is a comprehensive examination of the experiences of grandparents in skipped-generation families in rural Thailand. “We were held in bondage” emerges as the theme that explains how grandparents viewed taking care of their grandchildren. Burdens were experienced when the grandparents were faced with difficulties such as a lack of parenting skills, a lack of support, and physical health issues. However, grandparents also indicated feelings of bonding when raising their biological grandchildren. The study also demonstrates how grandparents obtain support from the healthcare system, teachers, and community, which offer recommendations on caring for young children. When reading and analyzing the narrative texts, the researchers were also surprised to discover how grandparents coped with complicated situations through alternative means, such as by drawing on Buddhism or other beliefs.

Data Availability

The data used to support the findings of this study are available on request from the corresponding author.

Conflicts of Interest

The authors declare that they have no conflicts of interest.

Authors' Contributions

All authors contributed to the design of the study. SK and KM contributed to conducting interviews, performed analysis, and interpreted the findings of this study. SK and KM drafted the manuscript and contributed in making critical revisions to different versions of the manuscript. All authors have read and approved the final version of this manuscript.

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