

Pathways to grandparents' provision of care in skipped-generation households in Thailand

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ABSTRACT

In many parts of the world, grandparents live with their grandchildren in 'skipped-generation households' in which no parent resides. In Thailand, this living arrangement is more common in rural areas where parents often migrate to find employment. The focus of this article is on how grandparents make the decision to live in skipped-generation households. Our study is based upon open-ended interviews with 48 grandparents who lived in three rural areas of Thailand. Using an interpretative phenomenological approach, the analysis uncovers several factors that contribute to grandparents' decisions about their living arrangements. These factors include: norms about care-giving and family obligation, inadequate child-care options, the need for financial support, problematic relationships within the family and a desire for companionship. We also identify three different decision-making patterns: grandparents initiating the decision to provide grandchild care, adult children asking grandparents to assume this role and adult children abandoning grandchildren to the grandparents. Based upon these findings, we provide implications for practice that address the conditions of grandparents and their family members.

KEY WORDS – intergenerational relationships, living arrangements, migration.

Introduction

Grandparents often play a key role in maintaining the functioning of their families, contributing to the resilience of family members as they encounter life challenges (Hayslip and Goodman 2008; Hayslip and Smith 2013). The importance of grandparents may be evidenced most keenly in 'skipped-generation households' in which the parent generation is absent and grandparents act as primary care-givers for their grandchildren. Due to a

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number of demographic transitions (*e.g.* the migration of the middle generation, the death or illness of the middle generation), skipped-generation households are a worldwide phenomenon and an increasing proportion of older adults are living in such households (Das and Zimmer 2015).

In Thailand, the migration rate, especially internal migration for employment or education, is especially high (Chamrathirong 2007; Huguet and Chamrathirong 2011). Adults from rural areas in Thailand frequently migrate to urban areas where economic opportunities are greater. According to recent survey data, 21 per cent of the children in Thailand are living without their parents due to internal migration (UNICEF 2014). When their parents migrate, it is often their grandparents who step in to care for these children. In rural areas of Thailand, especially in the north-east regions, the proportion of older adults living in skipped-generation households is as high as 15 per cent (Knodel *et al.* 2015).

While there are no studies that focus exclusively on the perspective of grandparents in skipped-generation households in Thailand, there is a small body of literature on grandparents caring for grandchildren. The findings about how these Thai grandparents are faring are contradictory. A few studies highlight the positive aspects of grandchildren care. For example, Knodel and Nguyen (2014) found that grandparents caring for grandchildren in Thailand, as well in as Myanmar and Vietnam, were more likely to say they were happy as compared to grandparents who did not care for their grandchildren. In Thang's study of grandparents in several Asian countries (China, Hong Kong, Malaysia, Thailand, Japan and Singapore), she notes that the Thai grandparents stood out as enjoying the raising of their grandchildren, and referred to their care-giving as 'a pleasure' (2012: 66). In contrast to these two studies that highlight the positive aspects of grandchild care, research by Kamnuansilpa and Wongthanavas (2005) provides another perspective. In their study, grandparents felt burdened by caring for their grandchildren. Many felt that they had no choice in whether they provided care, and felt stressed and frustrated. These negative feelings seemed to outweigh positive feelings about raising their grandchildren. In another study, among care-givers in Thailand (most of whom were grandparents) of children who were left behind when their parent migrated, the prevalence of mental health problems was quite high (Jampaklay *et al.* 2012). Here, we explore both why and how skipped-generation households are formed as a way of understanding the contrasting findings about Thai grandparents who are caring for their grandchildren.

Literature review

To understand the perspectives of grandparents in skipped-generation households, it is important to consider the context in which they become primary care-givers for their grandchildren. Timonen and Arber (2012) describe a typology of reasons for grandchild care-giving that provides a useful contextual framework. In this typology, grandparents may serve as 'child savers' (2012: 6), rescuing or caring for children whose parents are unwilling or unable to care for them. Alternatively, grandparents may serve as 'mother savers' (2012: 7) and care for their grandchildren so that their adult children are free to work or attend school in contexts where child-care options are limited. Relatedly, grandparents are sometimes referred to as 'family savers' (Herlofson and Hagestad 2012: 29). This term is generally applied to grandparents who provide backup assistance to parents but not as much support as 'mother savers'. Baker and Silverstein (2012: 51) add another category to the typology, noting that in China, grandparents may also serve as 'family maximisers' by caring for their grandchildren as part of the extended family's co-ordinated and collective strategy to increase their financial security. Here, we combine 'mother saver' and 'family saver' categories and use this three-part typology to review the literature on the different explanations for why grandparents step in to care for their grandchildren in skipped-generation households.

Grandparents as 'child savers'

There is a plethora of research on contexts in which grandparents serve as 'child savers'. The literature in North America points to family crises as primary motivators for the formation of skipped-generation households. In the early 1990s in the United States of America (USA), researchers took note of the growing trend in skipped-generation and multigeneration households, and found that such households were associated with parental drug addiction (Minkler, Roe and Price 1992), increasing rates of HIV (Burnette 1997), death of the parent, mental illness and teen pregnancy (Fuller-Thompson, Minkler and Driver 1997). Economic recession is also a correlated factor, insofar as when jobs are scarce, multigenerational households increase (Scommegna 2012). This research is primarily deficit-focused, explaining American skipped-generation households in terms of crises in which the grandparent takes on the role of care-giving out of necessity.

Within the USA, grandparents serve as 'child savers' disproportionately in specific sub-populations. The percentage of skipped-generation households is highest among minorities such as black or Hispanic Americans (Caputo

2000; Minkler, Roe and Price 1992), and the burdens of living in skipped-generation households is more keenly felt by minorities. For example, Mills, Gomez-Smith and De Leon (2005) found that in the USA, the most significant psychological stressors for the custodial grandparents they studied were being black, being poor and not receiving public assistance. Henderson and Cook (2006) noted that black Americans are 83 per cent more likely to become custodial grandparents – the primary care-taker of their grandchildren – than are white Americans. Their qualitative study of black custodial grandmothers revealed that many were struggling with poverty, had insufficient public assistance, and were disrespected and stereotyped by case workers when they sought assistance due to institutional racism.

In Africa, there has also been an increase in skipped-generation households as a result of the growing number of adults succumbing to HIV and AIDS in the last decades. Ice *et al.* (2012) observe that in sub-Saharan Africa, because multigenerational households and extended family involvement are normative, it is not unusual for grandparents to care for their grandchildren. Oduaran and Oduaran (2010) note that it is a cultural expectation for grandparents to help care for their grandchildren. However, though grandparent care is normative, such customs become difficult to uphold when the reason grandparents must provide care is the death of such a large number of the middle generation – known as the ‘missing generation’ because of the extent of the loss (Oduaran and Oduaran 2010: 97). Additionally, this ‘missing generation’ is the elderly generation’s primary means of support as they age, due to a lack of state-provided pensions in most sub-Saharan African countries.

Grandparents as ‘mother savers’ or ‘family savers’

Grandparents also step in to help out of a different kind of necessity; that is, on behalf of their adult children, who may need child care so that they can work or attend school. Arber and Timonen (2012: 254) note that ‘mother savers’ are ‘substitute[s] for the inadequacy of state childcare support’. The phenomenon of the ‘mother saver’ has become more common due to globalisation and the widespread economic shifts that have normalised women’s involvement in the workforce. They also highlight that the ‘mother saver’ grandparenting role exists primarily in places where countries do not provide child care. In other countries, formal child-care services are provided but parents often need access to back-up help in which case grandparents may step in as ‘family savers’ (Herlofson and Hagestad 2012: 29).

Herlofson and Hagestad (2012) conducted an analysis of several European counties to examine the extent to which grandparents provided

child care for their grandchildren. They found that grandparents played a significant 'mother saver' role in Southern European countries where, because of insufficient formal child-care services, they provided full-time care for their grandchildren. In contrast, in Scandinavian countries and France, where public child care is affordable and parental leave is generous, grandparents were more likely to provide care on a part-time basis typical of 'family savers'. Interestingly, they found that, in the United Kingdom, grandparents served as both 'family savers' and 'mother savers'. They tended to serve in the latter capacity if the parent was a single mother.

The lack of formal child-care opportunities applies to many countries in Asia where there are skipped-generation households. When their adult children are unable to locate child care, there are cultural understandings of filial piety that guide the decisions that grandparents make to assume responsibility for their grandchildren. For example, in Cong and Silverstein's (2012) study in China, many grandparents felt obliged to care for their grandchildren if asked due to duty to their children.

In South America, there is a somewhat similar phenomenon, as increasing numbers of people are forced, due to economic circumstances, to migrate for work in a context where child care is not easily accessible. In Boehm's (2012: 118) ethnography of transnational Mexican families (where parents live and work – either with legal documentation or without – in the USA), she found that the families she studied were separated due to poverty and economic pressure, 'for [their] children' to have a better life. Research in Nicaragua also reveals similar considerations in parents' decisions to migrate without their children. In addition to the intense danger inherent in crossing the border illegally (for those who are reduced to that option), child care is also a crucial factor. Yarris (2014: 288) states that, 'whereas mother migrants can count on members of extended kin networks to provide unpaid child care in Nicaragua, in destination countries they would probably have to pay for child care from limited immigrant wages'. In such cases, it is often grandparents – specifically grandmothers – who help their children by taking care of their own grandchildren (Yarris 2014).

Grandparents as 'family maximisers'

In countries where rural life is becoming increasingly synonymous with poverty, it is common for elderly parents to believe that their children – and perhaps, as a result, their whole family – will have better opportunities if they migrate to a city. Baker and Silverstein (2012) have noted that, in China, many old adults volunteer to care for their grandchildren to enable their children to migrate to find such opportunities. Since the

decision for an adult to migrate and leave their children with their parents is often made collectively with the whole family's benefit in mind, Baker and Silverstein have coined the term 'family maximiser' as an apt description of the role of these grandparents. Conceiving of grandparents as 'family maximisers' transforms the discussion from 'crisis' to 'strategy' (Baker and Silverstein 2012: 55), though perhaps it is both given the poverty that tends to drive such strategising.

When adult children migrate to urban areas, their ability to find work benefits not only the migrant but also the older grandparents. As a part of their decision to care for grandchildren, some grandparents also consider the remittances they are likely to receive. These have been referred to as 'time-for-money' exchanges – situations where a grandparent provides child-care labour and their adult migrant child provides money (Baker and Silverstein 2012; Cong and Silverstein 2012). Baker and Silverstein (2012) found that grandparents in these mutually decided upon skipped-generation families experienced enhanced psychological wellbeing, and also received material benefits (*i.e.* remittances) through the economic successes of the middle generation working in China's industrial cities.

The present study uses the three-part typology to illuminate the experiences of Thai grandparents. Using the constructs of 'child saver', 'mother or family saver' and 'family maximiser', we seek to understand these grandparents' decisions to care for their grandchildren in skipped-generation households.

Methods

Recruitment of participants

Our research project first underwent an ethics review and was approved by the two collaborating universities: the University of Michigan Institutional Review Board and the Institute for Population and Social Research Institutional Review Board at Mahidol University. The grandparents in this study were recruited from three areas of Thailand: Phitsanulok (in Northern Thailand), Khon Kaen (in Northeastern Thailand) and Kanchanaburi (in Western Thailand). There are two reasons why these areas were selected for this study. First, these regions have disproportionately high rates of adults migrating to other parts of the country for work (Jampaklay *et al.* 2012; Thailand National Statistical Office 2006). Second, these areas have been studied in previous research (Jampaklay *et al.* 2012) because they afford diversity in relation to socio-cultural and economic context. The criteria we used to select participants included: (a) the participant was at least 50 years old; (b) the participant was a

grandparent to at least one grandchild who lived with him/her; (c) both of the grandchild's parents had migrated from the region at least three months prior and had not visited during that time; and (d) none of the participant's other children lived in the household.

We used two strategies to recruit participants who met our study criteria. The first was to contact the director of the community health centre at the sub-district level (*i.e.* the Tambon Health Promoting Hospital) in each region where we planned to conduct fieldwork. These directors then identified potential participants, and asked local village health volunteers (VHVs) to introduce us to them. The second strategy was to work directly with the VHVs or village headmen and women who knew the people in their villages and could introduce us to potential participants. We met with potential participants in their homes, described the study to them, established their eligibility and obtained informed consent from those who were eligible. After each interview, we provided participants with a carrying bag from Mahidol University.

Characteristics of the participants

Interviews were conducted in 42 skipped-generation households (14 households from each of the three regions) resulting in a total of 48 grandparents (36 grandmothers and 12 grandfathers). We conducted 36 interviews with a single grandparent and six interviews with both members of a couple. Participants ranged in age from 51 to 82. Twenty-nine were married and living with their spouse, two were married but living separately from their spouse, 13 were widowed, and four were separated or divorced. Their years of education ranged from none to 14 years. About two-thirds of the participants worked – generally as farmers, food sellers or weavers. All participants were Buddhist.

In terms of living arrangements, their households were comprised of between two and six people (including the grandparent), and participants lived with one to five grandchildren, with the average number of grandchildren at 1.9. These grandchildren ranged in age from seven months to 28 years (with older grandchildren living in households with younger siblings), with an average age of 8.7. Among these grandchildren, 39 were children of the participants' daughters and 39 were children of the participants' sons. Four of the participants were living with grandchildren from both their sons and their daughters.

Participants indicated that up to eight of their adult children had migrated. On average, 2.7 adult children had migrated within each of the 42 households. These adult children had migrated from between six months and 23 years earlier with an average of 9.9 years earlier per

household. They were living a distance of 20–1,195 kilometres away from their original region with the exception of one adult child who had migrated to South Africa.

Most of the participants indicated that they were in fair to good health with only a few grandparents who described their health as either very bad or very good. With respect to income, the grandparents were fairly evenly divided between those who said they had insufficient income and those who said they had sufficient income.

Questionnaire and field notes

To address our research questions, we developed a questionnaire with open-ended questions focusing on intergenerational family relationships (Bengtson and Roberts 1981; Clarke *et al.* 1999; Katz and Lowenstein 2010). Additionally, we kept field notes based upon our observations during the interviews. These field notes were organised around three areas: the setting of the interview, a summary of the interview and family relationships.

Analysis of interviews with grandparents

Interviews averaged 64 minutes in length and ranged from 28 to 104 minutes. Interviews were tape recorded, transcribed in Thai and translated into English. We used an interpretive phenomenological approach to analyse the interviews. This approach is especially well suited to understanding topics that are under-studied, subjective and related to sense-making (Smith and Osborne 2007). Our analysis included several steps. First, the Thai and American investigators independently read a subset of the transcripts to identify salient topics that emerged from the interviews. From this preliminary analysis, it was apparent that one of the most salient issues was the way in which different grandparents became involved in providing care for their grandchildren. Next, the first author re-read the transcripts to identify emergent themes on pathways to grandparents' decisions to provide care. These emergent themes were then reviewed with the research team. Based on the team's discussion, the themes were further refined and clustered into two master themes: (a) how grandparents made the decision to care for their grandchildren; and (b) the reasons behind their decision-making.

To address concerns about trustworthiness and rigour when conducting qualitative data analysis, we used several strategies suggested by qualitative researchers (Padgett 2008): (a) we used data triangulation (*i.e.* analysing the open-ended interview questions in Thai and English and comparing

participant responses with our field observation notes) and interdisciplinary triangulation (*i.e.* our team included demographers and a social worker); (b) we had regular team debriefing sessions in which investigators discussed their analytic decisions and interpretations; and (c) we kept an audit trail to document decisions made during our meetings.

Findings

Interviews with the grandparents in our study provided several clues about why they provided care to their grandchildren. Importantly, these interviews also pointed to how the families went about making the decision that grandparents would provide care. In this section, we organise the discussion of our findings into two sections. First, we describe the factors that help us understand why grandparents are involved in grandchild care. Then we turn to how the grandparents and their adult children made decisions about grandchild care arrangements.

Why grandparents care for grandchildren

The grandparents whom we interviewed described a number of reasons why they cared for their grandchildren, including: norms about care-giving and family obligations, inadequate child-care options, their need for financial support, problematic relationships within the family and their desire for companionship.

Care-giving as a cultural norm. Some grandparents explained that in Thailand, caring for grandchildren was a cultural expectation. Interestingly, this explanation is consistent with all three reasons for grandchild care from the original typology (Arber and Timonen 2012; Baker and Silverstein 2012; Herlofson and Hagestad 2012): grandparents as 'child savers', 'mother or family savers' and 'family maximisers'. Each of these reasons has a normative component; that is, a cultural explanation about what grandparents should do under certain circumstances.

The notion of grandchild care as normative was perhaps best illustrated when one of our interviewees barely had time to introduce the study before a grandfather began discussing grandchild care as part of a cultural norm. The interviewer began by explaining, 'We are studying families in which the adult children have gone away to work and left their children with their parents to raise.' The 66-year-old married grandfather who was the interviewee immediately volunteered, 'Well, it might be in the Thai nature of wanting to have it easy. A son or daughter moves away, finds a

spouse and has a child or two, but still wants to work and live an easy home life. So they drop the kids off with the grandparents to raise. But we don't object. It's part of the culture and tradition these days.'

The provision of grandchild care as a norm was also evidenced by a few of the grandparents who traced this pattern of care-giving back to their own parents. A couple, aged 56 and 61, whose parents had provided assistance caring for their children emphasised how, in Thailand, it was an expectation that older adults would care for their grandchildren. The wife explained that, when she and her husband were first married and had their sons, their parents lived with them and helped raise their sons. Though their own situation had been different in that the three generations lived together, these grandparents felt that the norm of caring for grandchildren still applied to them. As the husband explained, 'It is an obligation and still is a cultural norm of Thailand for older relatives to help raise the younger ones.'

Additionally, grandparents believed that it was an extension of their responsibility as parents to support their adult children's ability to earn a living. A 51-year-old recently widowed grandmother had two children each of whom left a granddaughter in her care when they migrated. The grandmother explained, 'In our society, if the grandparents can't raise the grandchildren, our children can't earn a living. We have to raise our children and then our grandchildren.' Another 51-year-old grandmother who was married and caring for three grandchildren echoed this sentiment, 'We're helping our kids so they can go and build up their lives. It's not a good thing if we can't support them like this.' Thus, these grandparents viewed their care-giving role as an obligation.

Inadequate child-care options. Another reason that grandparents provided care to their grandchildren was limited child-care options—a clear example of grandparents serving as 'mother savers'. One common explanation was that formal child care was expensive. For example, a 53-year-old grandmother explained that her daughter had been able to care for one child by enrolling her in pre-school but that when she had a second child, 'it was too much. She asked me if I could take the two children, and I said "sure"'. According to this grandmother, 'It is cheaper to let me care for them. Also, some months they don't have enough extra money. If they had a nanny, they would have to pay every month regardless.'

Associated with this situation was the explanation that hiring a babysitter for grandchildren was unreliable. To illustrate, a 58-year-old widowed grandmother talked about her daughter's frequent problems with child-care arrangements. Her daughter had tried numerous options, including

hiring several babysitters. The grandmother recounted that her daughter, 'complained about hiring a babysitter – that they were not very reliable, that they were not nice people. She was afraid that her son would grow up to be a bad person'. Others expressed misgivings about the safety of their grandchildren when they were cared for by a paid non-family member. One 67-year-old widowed grandmother who was caring for four grandchildren related a story of what happened when her oldest migrant daughter had hired a nanny for her grandson: '[The grandson's] mother made the mistake of hiring a nanny for [the grandson] who gave the baby some medicine to make it sleep. We managed to save [the grandson] but, after that experience, we did not want to trust a nanny again.' These findings are similar to those of Thang (2012). Based on the interviews of grandparents from several Asian countries (China, Hong Kong, Malaysia, Thailand, Japan and Singapore), she observed that many grandparents believed that 'they were the best available care-giver for their own grandchildren' (Thang 2012: 66).

Need for financial support. Others discussed their care-giving role in terms of a 'family maximising' strategy that allowed them and their migrant children to make a living. Like the skipped-generation households in China that were exchanging 'time-for-money' (Cong and Silverstein 2012), a few grandparents in our study had the understanding that they committed their time to caring for grandchildren and, in turn, their adult migrant children would send home money. In one instance, a 67-year-old grandmother had been caring for her 15-year-old granddaughter since she was an infant. Though the grandmother had worked in the past, she had to stop when she began caring for her daughter's child. Her daughter sent home remittances which helped compensate for these lost wages. In so doing, her daughter was providing financial resources and the grandmother was providing her time as a care-giver.

In another situation, a grandmother and grandfather, both 59, were caring for their seven-month-old grandchild. Neither of the grandparents worked and the grandmother had a chronic health condition that necessitated expensive treatments. The remittances that their daughter sent were vital to the grandparents' ability to pay for their living and their health-care expenses; however, this financial assistance did not meet all their expenses. As the grandmother explained, 'This 11,000 baht that my daughter sends us goes to pay for the baby's milk and food and my cleansing treatments, and is barely enough because I need to receive blood often ... about two bags per month. So what I have left is not enough to pay for the food and the milk sometimes. I have to ask her to send some more.'

Problematic family relationships. Another reason that grandparents provided care for their grandchildren was because their adult children were experiencing relationship difficulties with their partners. Some adult children were separated and others were divorced making it difficult for them to care for their own children. A few had become pregnant unintentionally and did not want to care for their children. In such instances, the grandparents served as 'child savers' because their adult children were having difficulty fulfilling their parenting roles.

In most instances, grandparents cared for their grandchildren due to problems between adult migrant children and their partners. For example, a 52-year-old widowed grandmother explained that her daughter's marriage had been unstable for some time. At first, the daughter had left her child with the grandmother on a temporary basis with the hope that she would reunite with her husband and take the child back. However, the daughter's husband became involved with other women and their marital situation continued to deteriorate. The dissolution of her marriage resulted in the daughter's decision to leave her now 13-year-old child in the care of the grandmother on a more permanent basis. In another situation also related to marital problems, a 62-year old grandmother was raising two of her son's children and two of her daughter's children. The reason she was raising her son's children was that his wife had left him for another man. The son had become deeply depressed and had tried to commit suicide. The grandmother explained, 'We caught him in time. He said he didn't want to go on and asked me to take his children. But I said I didn't have enough [money] and that he needed to help take care of his kids.' In this case, caring for her grandchildren was a way in which the grandmother supported her son's migration to escape his despondency over his failed marriage. However, she was careful to make sure that her son contributed to the care of his children via remittances.

The previously mentioned grandmother and grandfather, aged 56 and 61, whose parents had cared for their children when they were working were also experiencing problematic family relationships. They told the story about how they became the care-givers for their 11-year-old grandson when their son's wife divorced him and he subsequently migrated to Bangkok. The grandmother cried as she talked about her son's divorce and its impact on her grandson. More recently, the son had remarried and started a new job. Now, with his new family, the son had little money to send back to the grandparents.

In addition to marital problems, a few grandparents stepped in when their daughters or daughters-in-law became pregnant unexpectedly. This was the case for one 63-year-old widowed grandmother whose daughter

had migrated to finish her education. While in school, the daughter had become pregnant. This was an unwanted child and the daughter tried unsuccessfully to terminate the pregnancy. As the grandmother related, 'I got angry at her for trying the abortion and told her if she didn't want to care for her child then I would.' Ultimately, the daughter gave birth to a baby boy who went to live with the grandmother.

The grandparents who were caring for grandchildren due to problematic relationships shared some of the concerns expressed by the grandparents in the study conducted by Kamnuansilpa and Wongthanavas (2005). That is, the grandparents felt burdened by their care-giving role. Kamnuansilpa and Wongthanavas (2005) noted that grandparents in their study provided grandchild care when their adult children migrated or when they divorced. Interviews with our grandparents showed how migration and marital dissolution resulted in the need for them to step in, sometimes reluctantly, to care for their grandchildren. In several instances, grandparents needed to contend with difficult family dynamics and increased worries about finances when their adult children were unable to send remittances. Taken together, these factors may account for some of the same feelings of stress, frustration and burden that Kamnuansilpa and Wongthanavas (2005) uncovered.

Grandparents desire companionship. Other grandparents gave a distinctly different explanation for why they cared for their grandchildren: they enjoyed having the companionship of a grandchild, and would feel lonely otherwise. For example, a grandmother, aged 52, and grandfather, aged 60, cared for three grandchildren. During the interview, the grandfather swung their eight-month-old grandchild in a hammock while the grandmother held both the older children, aged five and six, in her lap. The grandmother talked about wanting to care for her grandchildren because, 'if there are no grandchildren, it is quiet'.

Another married grandmother, aged 56, also described the pleasure she derived from providing care to her grandchildren. Initially, she had cared for her migrant daughter's child. This experience, she said, made her feel less lonely and gave her a chance to get to know her grandchild better. The grandmother acknowledged that she was disappointed when, after two months, her daughter returned to retrieve the child. This grandmother was pleased, however, when she had a second chance to provide care to a grandchild; her son had a child and asked her to care for him. She had been caring for this second grandchild since he was three months old. The grandmother explained that 'I want him here. He is someone to talk with ... With a grandchild, there is laughter and conversation.'

Similarly, the 56-year-old wife and her 61-year-old husband who had lived with their own parents when they were young and whose son and daughter-in-law were divorced described the enjoyment they derived from their grandson's companionship. The grandfather observed, 'If he wasn't here, we'd be lonely.' The grandmother echoed her husband's sentiments when she anticipated an upcoming separation from her grandson: 'His father will take him for a month during school recess; I know we will be lonely without him.'

The grandparents who talked about enjoying the companionship of their grandchildren are similar to those in previous studies of grandparents caring for grandchildren (Knodel and Nguyen 2014; Thang 2012) that emphasise the benefits of such arrangements for the grandparents. For these grandparents, having a positive relationship with their grandchildren was part of the motivation for wanting to provide care. They perceived this relationship as providing mutual satisfaction for both themselves and their grandchildren. Our grandparents also observed that living with their grandchildren made them feel more connected to their grandchildren and less lonely. Interestingly, several of the grandparents talked about how having a grandchild reduced their loneliness, even when they were living with their spouses. For them, living with grandchildren added enjoyment to their lives over and above their marriage.

How families decide that grandparents will care for grandchildren

Of the three-part typology for grandparent care-giving, only the 'family maximiser' role explicitly addresses the agency of the grandparent in deciding whether to care for grandchildren. Based upon their research in China, Baker and Silverstein (2012) found that grandparents had an equal share, and sometimes an instigating role, in the decision for their child to migrate and leave their grandchildren in their care. Abas *et al.* (2009) concluded that older adults in Thailand whose adult children had migrated were less depressed than those with adult children who had not migrated. They speculated that these older adults (who were often caring for their grandchildren) were less depressed because they not only had pre-existing advantages, but they also likely participated in their adult children's decision to migrate.

In this section, we highlight the extent to which grandparents were involved in the decision to provide grandchild care when their children migrated. Some of the grandparents' narratives featured themselves as the driving force in the decision-making while others highlighted the adult children as the main decision-makers. Three patterns of decision-making emerged as most salient: Grandparents initiating the role of care-giver,

adult children asking grandparents to assume the role of care-giver and adult children abandoning their children to the grandparents.

Grandparents initiate the decision to provide care. Like many of Baker and Silverstein's (2012) interviewees, who inspired their coining of the term 'family maximiser', some grandparents took the first step in suggesting that they provide care for their grandchildren. For example, a married 60-year-old grandfather explained that initially he was surprised and angry when he learned that his daughter, who had migrated with her boyfriend, had a baby. At first, his daughter stayed home to care for her son. However, with his daughter not working, there was very little money to support her family. The grandfather recalled, 'I said to my daughter that she was wasting my time, my effort, and the money I spent, sending her to school by staying home and not working.' The grandfather and grandmother offered to care for the grandson with the expectation that the daughter would work to send money to cover the cost of milk for her child. The daughter was initially reluctant to part with her child but eventually agreed. She later had a second child and now both children are cared for by their grandparents.

The previously mentioned grandmother, married and 51 years old, who was caring for three grandchildren, told a different story about how she had decided to care for them. In her case, since she was already caring for the two daughters of her older son, the grandmother offered to also care for the child of her younger son. She initiated this care-giving arrangement, in part, because she wanted to maintain good feelings within the family. That is, she did not want the younger son to feel hurt by the fact that she was caring for his older brother's children and not his own child. Like several of our interviewees, this grandmother did not expect to be caring for grandchildren. In fact, she had originally thought that her primary family responsibility was to ensure that her own adult children were educated. Now, as she saw her younger son struggling with trying to work and raise a family, her view of her family responsibilities had broadened such that she offered to care for her grandchildren as well.

In another case, a 58-year-old grandmother proposed to her daughter that she would care for her grandson. She had been living with her husband in Germany and listening to the complaints of her daughter and son-in-law about the difficulty of finding reliable child care. The grandmother was concerned that her grandson had very little time with his parents who both worked six days a week. After her husband died, the grandmother decided to return home to her own village in Thailand and told her daughter that her grandson could live with her in the village. Though there are elements of 'mother saver' in this example, due to the

expense of child care, it is also an example of 'family maximising' insofar as this decision would be likely to benefit the child, the parents and potentially the grandmother, as she had recently found herself living alone in Germany following the death of her husband. However, the benefit was not purely financial – the grandmother's key concern appeared to be the child's emotional wellbeing which might be reduced by so little time with his family.

Adult migrants initiate decision that grandparent will provide care. In other families, it was the adult migrant who took the first step in the decision-making process by asking their older parents to provide grandchild care. When asked to assume this role, grandparents often had a variety of reactions.

The most common response described by the grandparents was that they were pleased to accommodate the request. For example, the previously mentioned 55-year-old grandmother who had raised her daughter's child for a few months was delighted when her son and his wife asked her to care for their son. This grandmother said about her first grandchild care-giving experience, 'I was happy doing it; it was not a burden. It reduced the loneliness.' Similar was the response of a 63-year-old grandmother and 66-year-old grandfather who were asked by their migrant daughter to provide care for her two children. The daughter was considering both safety and convenience when she asked her parents to care for her children rather than her parents-in-law. The grandparents' living situation was such that the grandchildren's transportation to school was better than it would have been with the parents-in-law. As the grandfather explained, 'We didn't offer but are happy to do it because they are our grandchildren, like our own children.'

In a few cases, when adult children asked their parents to provide care to their children, the grandparents had misgivings about this arrangement. To illustrate, a 77-year-old married grandfather, who was caring for his grandson, told about how he had been blind-sided by his daughter's request. In the beginning, he and his wife had been surprised to learn that their daughter had a baby. The daughter was living with her parents-in-law, was unhappy with this living situation and contacted her own parents for help with caring for the baby. Initially, the grandfather was very angry with his daughter who had not even let him and his wife know that she was pregnant. However, his wife's reaction was quite different. She insisted that they invite their daughter and grandson to live with them. At first, the grandfather refused to allow his daughter to return home but his wife argued on behalf of their daughter saying, 'We can raise dogs for seven or eight years. How come we can't take care of our children and grandchildren?' This case highlights how men and women can have different reactions to grandchild care. Although the

grandfather eventually acquiesced, the initial request for assistance led to considerable conflict with his wife. The grandfather ultimately relented and the young grandson came to live with his grandparents while his daughter worked elsewhere. The grandfather assumed much of the daily care of this young grandson because his wife worked outside the home on a regular basis.

Adult migrants abandon grandchild to grandparent. A few grandparents described how their adult children had left their own children behind with minimal to no discussion, which rendered them 'child savers'. For example, a 72-year-old widowed grandmother cared for her two grandsons despite deep poverty and poor health. The mother had left them in the care of the grandmother and then remarried. The grandmother referred to her daughter as 'abandoning' the family and had little notion of when her daughter would return. As the grandmother said, 'She has left them to me and just gone away. Sometimes she comes home and stays for one or two months. Then she leaves again. She just keeps disappearing like this.'

In another situation, a 67-year-old widowed grandmother was caring for four grandchildren left in her care by three of her children. During the course of the interview, it appeared that there had been little discussion about her assuming the role of care-giver. The grandmother seemed to be resigned to her role as indicated by this portion of the interview:

Interviewer When the mother was pregnant, did your [children] tell you they would leave the infant with you to care for?

Grandmother No. The mother came back to the house with the newborn and stayed for a short while. Then she left to resume her job without coming back.

Interviewer How did you feel about that?

Grandmother What choice did I have? She left. Who else would take care of the child?

A similar story was told by a married 76-year-old grandfather. Both sons had left their children in their parents' care with minimal discussion. First, one son left with a group of friends. This son had not spoken with his parents about care-giving arrangements or sending remittances. Then, their second son followed a similar pattern. The grandfather related the leave-taking of his second son by saying, 'Then he went off to work elsewhere and simply said, 'Help take care of [my daughter] for me.' We had no choice – she is our granddaughter.'

In another situation, a 59-year-old grandmother who was separated from her husband, recounted how initially the family lived together – she along with her son, her daughter-in-law and her grandchildren. However, this

living arrangement had been stressful because her son was a harsh disciplinarian and would often scold and hit his children. A series of events led to the abandonment of the children. First, her son's wife left him. Then the son decided that he would leave home. At that point, there was very little discussion between the son and the grandmother. Instead, it was the grandmother who did most of the talking. As she described the decision-making process, 'He never explained. I just told him to send back some money if he wanted his kids to eat at all. He just said, "okay, okay..." I did all the talking. He didn't say much. He just said he would send something once in a while.' Here the grandmother had little opportunity to contribute to the decision as to whether or not she would care for her grandchildren. However, she did take a more active role in deciding the conditions of the arrangement by laying some ground rules about sending home remittances.

The case illustrations provided here range from grandparents initiating the process of care-giving to grandparents being left to care for their grandchildren. Grandparents' role in the decision-making process likely had an influence on their reactions to grandchild care. It is significant that words such as 'abandonment' and 'no choice' emerged in the narratives of this latter group of grandparents. When grandparents were left to care for their grandchildren in this way, there was little discussion about when the adult children would return or when they would send remittances. The lack of agency among our grandparents who were left to care for their grandchildren is similar to what Kamnuansilpa and Wongthanavas (2005: 53) observed in their sample of grandparents who were sometimes 'forced to take care of their grandchildren'. The experiences of the grandparents whom we interviewed helps us understand why some of the grandparents interviewed by Kamnuansilpa and Wongthanavas were overburdened by their care-giving role, particularly if they had little choice in the decision-making process.

Discussion

The Thai grandparents in our study provided many explanations for why and how they came to care for their grandchildren in a skipped-generation household. Some of the factors they described placed them in the role of 'child saver' (*e.g.* in the case of family problems such as separation or divorce, or unwanted pregnancy). While none of the grandparents were 'family savers' because they all provided full-time care, several grandparents fit into the 'mother saver' role because their migrant children had inadequate child-care options. Still others fit the category of 'family maximiser' by agreeing to care for their grandchildren so that their children could

migrate in search of better economic opportunity that might also benefit themselves and their grandchildren through remittances. Few of these explanations stood alone; there was rarely a single explanation for how and why grandparents found themselves living in a skipped-generation household. A grandparent might find themselves forced into care-giving through a family crisis, but speak also of enjoying it. This reveals how individual life experiences may or may not neatly fit into typologies, encouraging researchers and practitioners to account for the nuances of human stories.

Findings from this study help explain the conflicting results from previous research on grandparents caring for grandchildren in Thailand. Specifically, Kamnuansilpa and Wongthanavasu (2005) emphasised that grandparents in their study felt burdened by their grandchild care roles, in spite of also having love for their grandchildren. Many of the grandparents we interviewed also talked about feeling burdened and worried about their adult children's marriages and their ability to send home remittances, as well as their fondness for their grandchildren. Worries about limited financial resources likely influenced their feelings about care-giving. In contrast, other researchers (Knodel and Nguyen 2014; Thang 2012) have emphasised the positive aspects of grandchild care. As noted, the grandparents we interviewed described positive feelings as well. In particular, they described the emotional connection they had with their grandchildren and how these relationships helped reduce feelings of loneliness. Some of the grandparents also noted that responsibility for one's grandchildren is a cultural norm. For these grandparents, it is likely that fulfilling this cultural expectation gave them a sense of purposefulness and satisfaction. Thus, the grandparents whom we interviewed shed light on both positive and negative aspects of caring for grandchildren within the context of a skipped-generation household, demonstrating the importance of a balanced perspective when addressing issues of care and support in intergenerational families.

Our research suggests the need for additions to the three-part typology (Arber and Timonen 2012; Baker and Silverstein 2012; Herlofson and Hagestad 2012) – 'child saver', 'mother or family saver' and 'family maximiser' – that we used to understand how and why Thai grandparents became primary care-givers for their grandchildren. The typology provides an excellent framework for uncovering the economic impetuses that result in skipped-generation households (*e.g.* lack of child-care options, need for financial support). However, the typology provides less direction for understanding the interpersonal factors that give rise to a family's pathway to becoming a skipped-generation household.

Our research highlights the importance of grandparents' agency in the decision-making process. In so doing, we add to the literature on grandparents as 'influential and strategic agents' in the lives of their children and grandchildren (Timonen and Doyle 2012: 161). As the findings revealed, grandparents had varying degrees of choice about whether they cared for their grandchildren. Only one part of the typology ('family maximiser') considers that older adults have agency and may play an active role in deciding the care-giving arrangements. However, we found that grandparents experienced varying degrees of choice when they stepped in as 'mother savers' or 'child savers' as well. In cases where adult children abandoned their grandchildren, some grandparents were able to exert a degree of agency by specifying the conditions under which they would provide care. That is, a few insisted that their adult children send home remittances. Grandparents' involvement in whether and how they provide grandchild care is likely to have important consequences for their feelings about living in a skipped-generation household.

These findings also emphasise the affectual aspect of grandparents' decision-making. Based on our findings, grandparents considered their own feelings as well as those of their family members as they decided whether to care for their grandchildren. Grandfathers and grandmothers did not always agree on the best course of action. Their disagreements could become quite heated as evidenced by the case in which the grandmother argued that if they could care for their dogs, they could care for their grandson. Grandparents considered their own desire for companionship and their enjoyment of their grandchildren. They also considered the emotional wellbeing of their adult children. They stepped in when adult children were overwhelmed by their own suffering, such as when the adult son tried to commit suicide after his wife left him. They focused on 'keeping the peace' (Wang and Nolan 2016: 1535) among siblings by offering similar child-care arrangements to their adult children. Their efforts to maintain family harmony sometimes resulted in the provision of grandchild care for multiple adult children. Grandparents also took the emotional wellbeing of their grandchildren into account as they decided whether to provide care. If their grandchildren were cared for inadequately by paid care-givers, grandparents considered the negative consequences on their grandchildren and then offered to help. Our work highlights the importance of taking into account grandparents' feelings about their own situation and that of their family members as we seek to understand why they would decide to live in a skipped-generation household.

Despite these significant contributions, there are limitations to our study that suggest the need for further research. One limitation is that this study

focused only on grandparents who were Buddhist. Including the perspectives of grandparents from varying religious backgrounds may shed light on additional factors that contribute to their decision-making process. A second limitation is that we differentiate only minimally between the perspectives of grandfathers and grandmothers. A larger study that includes more grandfather care-givers would be informative to allow a more fine-grained analysis of the role of gender in the decision-making process. Finally, the focus of this study was on grandparents and not on other family members. It may be that interviewing adult children and grandchildren would provide more insight into factors that play a role in how and why families decide to form skipped-generation households.

Taken together, findings from this study of Thai grandparents living in skipped-generation households points to the need for additional programmes and services. Grandparents' efforts to enhance family resilience by serving as 'child savers', 'mother or family savers' and 'family maximisers' should be supported. Since adult child migrants are often not able to send home sufficient remittances, there should be other ways in which grandparents can obtain financial resources. For example, community-sponsored programmes could provide opportunities for grandparents to earn money while working on projects based in their home. Alternatively, the government could provide small grants for grandparents, as there are for grandchild care-givers in other countries, such as South Africa (Dolbin-Macnab *et al.* 2015). In addition, there is a need for more child-care options. If child-care options were available in rural areas, they could provide grandparents with a respite from their care-giving responsibilities. If these child-care options were more available in urban areas, the adult migrants could have their children live with them. With improved formal child care, more grandparents could serve as 'family savers'; that is, providing occasional rather than full-time assistance. Enhancing child-care options in both rural and urban areas would likely reduce the burden for grandparents caring for their grandchildren and reduce the need for skipped-generation households. As they seek to support families whose members must migrate to find work, policy makers and service providers need to find creative ways in which to expand upon existing programmes.

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