ABSTRACT

GUALTIERI, MARIE C. The Golden Years or an Age of Insecurity?: The Experiences of Food Insecurity among Grandfamilies. (Under the direction of Dr. Sarah Bowen).

Americans are living in an age of insecurity. Food insecurity is one example of how families in contemporary America experience uncertainty. The United States Department of Agriculture (USDA) defines food insecurity as “the limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways” (United States Department of Agriculture 2016). At its root, food insecurity is tied to poverty. However, when overall food insecurity rates began falling after 2011, in response to economic improvements and decreases in poverty and unemployment rates, food insecurity rates among older adults (aged 60 and older) remained high (Whoriskey 2017).

This study contributes an aging and life course perspective to the existing foodwork literature by focusing specifically on the experiences of food insecurity among grandparents raising grandchildren. I draw on in-depth, semi-structured telephone interviews with 30 grandparents (ages 54 and older) raising grandchildren in North Carolina. Ultimately, my findings create a deeper understanding of how these older grandparents navigate their everyday lives raising their grandchildren and point to potential areas for opportunities in creating supports to assist these families. In Chapter 3, I explore how age and the aging body shape people’s experiences performing foodwork. Building on previous literature, I argue that foodwork involves not just emotional labor, but also extensive physical labor, and that this poses contributes to distinct how the physiological and emotional stress among older adults feeding their grandchildren. In Chapter 4, I explore the meanings that food-insecure grandparents attribute to food and their foodwork. I argue that grandparents’ life course experiences contribute to the meanings they create regarding food; moreover, grandparents make food-related sacrifices that have important
and detrimental consequences for their overall health. In Chapter 5, I explore the ways grandparents’ respond to the dominant ideology of the family in relation to the care work that they provide. Although many grandparents do not have legal custody of their grandchildren, they cite their daily care work as a way of validating to others that they are a family, in a concept that I call *defensive caregiving*. Overall, this dissertation helps to illuminate the everyday experiences of grandfamilies. By providing such accounts, we can pinpoint areas of challenges and barriers these grandfamilies experience, and begin providing adequate support to improve their health and well-being.
The Golden Years or an Age of Insecurity?: The Experiences of Food Insecurity among Grandfamilies

by

Marie Catherine Gualtieri

A dissertation submitted to the Graduate Faculty of North Carolina State University in partial fulfillment of the requirements for the degree of Doctor of Philosophy

Sociology

Raleigh, North Carolina
2019

APPROVED BY:

Dr. Sarah Bowen
Committee Chair

Dr. Maxine Thompson

Dr. Steve McDonald

Dr. Dara Bloom
DEDICATION

I dedicate this dissertation to my family. I would not be who I am today without you all. I love you.

I also dedicate this dissertation to my teachers of Marjory Stoneman Douglas High School in Parkland, FL. Ms. Davis, Ms. Hitchcock, Ms. Reoven, and Ms. Verba—thank you for your support and encouragement for over half of my life. Among many things, you taught me that I can be a catalyst for change; I am truly thankful for that. Your strength and courage to carry on after tragedy has been such an inspiration. I love you all.

Finally, I dedicate this dissertation to my mentor, Dr. James D. Wright who passed away on April 29, 2019. Thank you for teaching me to keep fighting the good fight. I will be sure to keep your mantra of “Onward!” alive. I miss you, Jim.
BIOGRAPHY

Marie Catherine Gualtieri was born on February 16, 1990 in Syosset, New York to Barbara and John Gualtieri. After graduating from Marjory Stoneman Douglas High School in Parkland, FL, Marie moved to Orlando to attend the University of Central Florida (UCF). At UCF, she earned a Bachelor’s degree in Sociology (2012) and a Master’s degree in Applied Sociology (2014). From there, she moved to Raleigh, NC to attend North Carolina State University for her PhD studies. Her research primarily focuses on the experiences of food insecurity among older adults, and the impact of food insecurity on their health and well-being. She is particularly interested in conducting research that is applicable to transforming public policy. Marie was selected as a 2019-2020 fellow for the Health and Aging Policy Fellows Program. She is honored to join such a prestigious program that values creating leaders for change in the world on issues related to health and aging policy for older adults.
ACKNOWLEDGMENTS

It certainly takes a village. I would first like to thank my family. Mom and Dad, thank you for your unwavering support throughout my life. I am truly lucky to have you both as my parents. Thank you for giving me life, and for not making my middle name ‘Crucifix’—you really did me a solid there. To my siblings, John, Sal, Loretta, and Justin—thank you for your support. It has been inspiring as the youngest sibling to watch my older siblings forge their own paths. We all have come a long way, and I have loved seeing everyone on their own journeys. Thank you for being a part of mine. Thank you to my Nana, Anna Gualtieri, who is such an inspiration at 96 years old. As I have been telling you since I was 8 years old, I love you up to the sky, and the sky never ends. I am also grateful for my Aunt Marie (the original Dr. Marie) for your advice and guidance throughout the dissertation process. I would also like to thank all of my other family members (too many to list)—thank you for your support, and for retelling really entertaining stories from the past that has us all buckling over in laughter—I always enjoy our time together.

I am truly grateful for those who have mentored me along the way. My experiences at the University of Central Florida certainly shaped the way I view the social world and conduct research. I am thankful for my mentors at UCF, Dr. James D. Wright and Dr. Amy M. Donley who both provided me with opportunities to engage in community-based research. Thank you for giving me guidance, for nurturing my passion to make an impact, and for seeing my potential. I am also grateful for my dissertation committee and other faculty members at North Carolina State University. First, my chair, Dr. Sarah Bowen. Thank you, Sarah, for taking me on as a full-time student. I will always be thankful for our shared love for making the dissertation journey a productive and efficient process. Thank you for not only believing in and supporting my ideas,
but also for giving me a space to share my ideas, and actually listening to those ideas. To my committee members, Dr. Steve McDonald, Dr. Maxine Thompson, and Dr. Dara Bloom, thank you for your willingness to serve on my dissertation committee. I really appreciate your support throughout the process.

I am truly thankful for the friendships I have gained during my time in the program. Jenn, Sarah, Laura, Nicholas, Nicole, Kim, Emily, Karen, Heather, Nate, Pete, Tyler, Janelle, Alex and Kelsey—thank you for keeping me grounded throughout the process. I will always remember the constant laughter, and I will take all of our jokes with me.

I am appreciative to those from the Raleigh community that I have met along the way. First, I would like to thank those at Night Kitchen Bakehouse and Café, the place for my daily writing sessions. You all nourished this dissertation; not only with delicious food, but with your kindness and pleasant conversations—those breaks were necessary! I would also like to thank those at YoBa Studio. You all created such a wonderful community; I always enjoyed the laughs and the awesome playlists for barre and yoga. Thank you for your kindness, for providing a space for me to disconnect from the outside world so I could connect with myself, and for teaching me how to move mindfully. Thank you to those at Core Fitness. JoJo, I will forever appreciate your personal story, your classes, your workout playlists, and your reminders during class to DIG. Thank you for providing a space for me to build my strength and perseverance after my injuries. And, finally, thank you to those at Trellis Beauty. You all created such a wonderful space for me to relax, unwind, and just be after really long work days. Bundling facial steams with dissertation work really allowed me to have some ‘me time’ during the process.

Last, but certainly not least, I would like to thank all of my participants. My research would not exist without you. Since 2013, I have been grateful and inspired by the stories of my
participants. Thank you for allowing me into your homes and for sharing your stories with me. Interview after interview, project after project, something you all have said was that you wanted people to hear your story, and I intend to continually make good on my promise to make sure your stories are heard—to make sure that you are heard.
# TABLE OF CONTENTS

LIST OF TABLES .......................................................................................................................... ix  
LIST OF FIGURES ....................................................................................................................... x  

CHAPTER ONE: INTRODUCTION ............................................................................................... 1  
  Poverty and The Age of Insecurity ......................................................................................... 2  
  Poverty, the Life Course, and Social Immobility .................................................................. 6  
  Food Insecurity among Older Adults ..................................................................................... 7  
    Measuring Food Insecurity ................................................................................................. 8  
    Causes of Food Insecurity ................................................................................................. 9  
    Barriers to Addressing Food Insecurity among Older Adults .......................................... 10  
  Grandparents Raising Grandchildren .................................................................................. 10  
    Contextual Factors and Social Safety Nets ...................................................................... 13  
  The Current Study .................................................................................................................. 15  

CHAPTER TWO: METHODS AND SAMPLE ........................................................................... 18  
  Research Approach .............................................................................................................. 18  
  Recruitment and Gaining Access ......................................................................................... 19  
    Study Criteria .................................................................................................................... 20  
    Incentives .......................................................................................................................... 21  
  Sample Characteristics ......................................................................................................... 21  
  Data Collection .................................................................................................................... 24  
    Telephone Interviews ....................................................................................................... 25  
    Semi-Structured Interviews ............................................................................................. 26  
  Data Analysis ....................................................................................................................... 27  
  Reflexivity and Positionality ............................................................................................... 29  

CHAPTER THREE: FATIGUED FOODWORK: THE AGING EXPERIENCE AND  
FOODWORK ................................................................................................................................. 31  
  Introduction ........................................................................................................................... 31  
  Background ........................................................................................................................... 33  
    The Current Study ............................................................................................................ 36  
  Findings ................................................................................................................................. 38  
    Not Meeting Expectations ............................................................................................... 38  
  Feeding the Family…Again .................................................................................................. 41  
  Lacking the Physical Capacity ............................................................................................ 43  
  Coping Strategies in Response to Fatigued Foodwork ....................................................... 45
LIST OF TABLES

Table 1: Table of Demographics............................................................... 21

Table 2: Individual Demographics........................................................... 116
LIST OF FIGURES

Figure 1: Fatigued Foodwork Conceptual Map ................................................................. 37
Figure 2: Defensive Caregiving Conceptual Map ............................................................ 72
CHAPTER ONE:
INTRODUCTION

Americans are living in an age of insecurity. After World War II, sustained economic growth, combined with the effects of policies like the New Deal, brought prosperity to the lives of many Americans, especially white Americans. However, since the 1970s, economic and political changes have reshaped how Americans build security in their daily lives (Cooper 2014). During this time, the government adopted policies based on neoliberal values and curbed its responsibility for providing social safety nets and managing the poor (Brenner 2004; Cooper 2014; Harvey 2005; Lobao 2016; Soss et al. 2011; Wacquant 2009). Now, more than ever, people are responsible for providing their security—paying for their own health care needs, funding their retirement—while also contending with higher costs of living and a precarious job market. Ultimately, these large-scale shifts trickle down into the everyday lives of many Americans.

Food insecurity is one example of how families in contemporary America experience uncertainty. The United States Department of Agriculture (USDA) defines food insecurity as “the limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways” (United States Department of Agriculture 2016). At its root, food insecurity is tied to poverty. Food insecurity is strongly associated with low incomes (Coleman-Jensen et al. 2017; Gundersen 2013). Food insecurity and poverty rates are positively correlated; as poverty rates increase, food insecurity rates tend to increase as well. For example, the poverty rate grew to 14.3% in 2009, the highest level recorded since 1994 (Bishaw and Macartney 2010). Food insecurity increased from 11.1% in 2007 to 14.7% in 2009 (Coleman-Jensen and Gregory 2014; Nord et al. 2010). However,
when overall food insecurity rates began falling after 2011, in response to economic improvements and decreases in poverty and unemployment rates, food insecurity rates among older adults remained high (Whoriskey 2017). In order to understand this phenomenon, this dissertation draws and builds on the recent work of scholars like Abramson (2015), who adopt a life course perspective and argue that “[getting] old is a different animal altogether” (p. 19). I note that the solutions that are typically offered for families experiencing poverty and food insecurity, including finding a job, drawing on social networks, and using social welfare programs for temporary relief (Edin and Lein 1997; Edin and Shaefer 2015; Liebow 1993; Soss et al. 2011), often do not work for older people. This is particularly true in the light of neoliberal reforms that have made anti-poverty efforts increasingly privatized, punitive, insufficient, and dependent on wage work (Edin and Lein 1997; Edin and Shaefer 2015; Liebow 1993; Soss et al. 2011).

This study contributes to existing literature by examining one particular facet of social immobility at the end of the life course: food insecurity. This research contributes to knowledge on the implications of poverty and food insecurity among a growing segment of the older adult population: grandparents raising grandchildren. More specifically, I explore how their food habits and experiences of food insecurity are distinct from those of younger families based on what we know from existing social research.

**Poverty and The Age of Insecurity**

Since the 1980s, neoliberal ideology has shaped how we structure anti-poverty and social welfare policies in the United States. Neoliberalism is a political economic ideology that can be defined as “the process in which human well-being can best be advanced by liberating individual entrepreneurial freedoms and skills within an institutional framework characterized by strong
private property rights, free markets, and free trade” (Harvey 2005: 2). Starting in the 1970s, the federal government began cutting public expenditures for social safety net programs and privatizing goods and services that had previously been public (Harvey 2005; Wacquant 2009). Scholars note how neoliberal ideology changed our conception of who has the responsibility for managing and addressing social problems. More specifically, responsibility shifted away from the purview of the federal government towards states, cities, local organizations, and individuals (Brenner 2004; Lobao 2016; Soss et al. 2011). These shifts led to cuts in the amount of social assistance provided and stricter restrictions on how this assistance is provided (Lobao 2016; Soss et al. 2011).

Soss and his colleagues (2011) examine how the rise of market fundamentalism (neoliberalism) and paternalism guide the way that the United States ‘manages’ the poor, arguing that this disproportionately affected people of color. Welfare programs shifted to “emphasize behavioral expectations and monitoring, incentives for right behavior, and penalties for noncompliance” (p. 2). Today, poverty governance is implemented as a form of social control within a broader quasi-market environment. Soss et al. (2011) show that the devolution of federal authority to the state and local level contributed to the maintenance of racial disparities in policy outcomes. For example, they found that states with larger black populations adopted the most disciplinary welfare policies.

Social assistance policies also rely on distinctions between those who are ‘deserving’ or ‘undeserving’ (Katz 2013). Katz (2013) argues that these distinctions are central to many debates around poverty: “How do we draw boundaries between who does and who does not deserve to be helped?; How can we provide help without increasing dependence or creating moral hazard?; What are the limits of social responsibility? What do we owe the poor and each other?” (p.268).
These distinctions consequently shape ideologies surrounding race and poverty (Katz 2013; Soss et al. 2011), and they are further perpetuated by the media’s negative stories about poverty, which tend to focus primarily on black women and men (Gilens 1999).

The neoliberal focus on individual responsibility contributes to the stigmatization of people experiencing poverty. More specifically, Gans (1995) suggests that the dichotomy of “deserving” and “undeserving” stigmatizes the poor and relieves social assistance providers of accountability for not meeting outcomes, thus contributing to “the reproduction of stigma and the stigmatized” (p. 100). This stigma is further perpetuated by many anti-poverty programs because they tend to be job-centered; these programs often require clients to either obtain a job or be actively searching for one, making individuals ‘undeserving’ if they are unsuccessful in obtaining employment (Gans 1995; Katz 2013; Liebow 1993). Similarly, many policymakers adhere to the belief that having a job is the solution for getting out of poverty, even though scholars argue that securing a job is not necessarily a viable way to lift people out of poverty (Gans 1995; Katz 2013; Liebow 1993; Edin 2015). Ultimately, low wages, precarious work, and the rising cost of living make it difficult for people to make ends meet (Edin and Shaefer 2015; Liebow 1995; Desmond 2016). For example, in Edin and Shaefer’s (2015) $2 A Day: Living on Almost Nothing in America, the authors illuminate how the low-wage labor market fails to provide a living wage. Therefore, people often resort to other strategies (e.g., living with others, couch surfing, donating plasma, and food rationing) to survive.

In the last three decades, a considerable amount of research has examined the lived experience of residents in poor neighborhoods. Scholars note the importance of social networks to help people obtain everyday basic needs (Edin and Shaefer 2015; Desmond 2012; Mazelis 2017; Stack 1974). For example, Stack’s (1974) findings suggest that kin networks help poor
people stay afloat. These reciprocal networks allow people to swap goods and services on a daily basis (p. 93). People use kin networks to find housing, by moving in with others and “doubling up” (Edin and Shaefer 2015). For low-income single mothers, living with others can help with financial burdens and childcare (Hogan et al. 1990; Jayakody et al. 1993; Dominguez and Wakins 2003). However, Edin and Shaefer (2015) find that living with relatives or friends also comes with a risk for sexual, emotional, and/or physical abuse. Other researchers find that poor people depend on informal social networks and “disposable ties” with strangers to make it from one day to the next (Desmond 2012; Mazelis 2017). Although they only last for short periods of time, these disposable ties are used to meet some pressing and basic needs, such as food, shelter, and childcare. These ties are invaluable when it comes to multiple aspects of poverty, including “navigation of social services, emotional support and validation, and help with everyday needs, such as food, transportation, housing, clothing, child care, finding a job, and money” (Mazelis 2017: 9).

While previous research tells us a lot about poor people’s survival strategies, fewer studies focus on experiences of poverty and social immobility at the end of the life course. Harrington (1962) suggests that older adults experience poverty quite differently from their younger counterparts. He states:

The aged members of the other America are often sick, and they cannot move. Another group of them live out their lives in loneliness and frustration: they sit in rented rooms, or else they stay close to a house in a neighborhood that has completely changed from the old days. Indeed, one of the worst aspects of poverty among the aged is that these people are out of sight and out of mind, and alone (p. 5-6).

One difference relates to hope, or the absence of hope, among older adults. Research on experience of poverty among younger populations highlights how people often have aspirations of hope of turning their circumstances around, whether or not those aspirations become reality.
Edin and Shaefer (2015) calls this “stubborn optimism” (p.116), and believe that it is an important attribute for persevering through the hard times that come with poverty—the belief that in time it will all change. Time is another factor that may differ with older populations. For example, Edin and Shaefer (2015) mention that “one way the poor pay for government aid is with their time” (p. 2). And, as Poppendieck (1998) suggests, “The longer the wait, the higher the opportunity cost, the greater the benefit needs to be to justify the inconvenience or sacrifice of other activities” (p. 213). But we do not know what this looks like for individuals for whom time is running out.

**Poverty, the Life Course, and Social Immobility**

Much of the previous work on experiences of poverty focuses on children or working-age adults, ignoring the experiences of older adults. 9.3% of older adults ages 65 and older are living below the poverty line (Semega et al. 2017). To understand their experiences, this study draws on a life course perspective, which provides a longitudinal view of life circumstances among different groups of people. While the origins of this perspective can be found in work dating back to the 1920s, the approach gained traction in the 1960s with the work of sociologist Glen Elder, Jr.. Examinations of the life course are concerned with “the interplay of human lives and historical times, the timing of lives, linked or interdependent lives, and human agency and choice making” (Elder 1994: p. 5). Scholars argue that the life course perspective is ideal for examining how cumulative disadvantage and cumulative advantage play out over lifetimes (Dannefer 1987, 2003; Ferraro 2007; Ferraro and Pylypiv Shippee 2009; O’Rand 1996, 2003).

Abramson (2015) conducted interviews and ethnographic observations with older adults in four neighborhoods in order to understand how mechanisms of inequality shaped people’s differential experiences of aging. He finds that despite their varied life experiences, all the older
adults in his study experienced a shared set of symbolic and physical issues associated with the aging body. He thus shows the importance and significance of the aging body as its own source of inequality. Moreover, he argues that while neighborhood resources are important in navigating our everyday lives, our individual resources are just as or even more important. In other words, when people lack individual resources (e.g., strong cognitive abilities), living in an affluent neighborhood does not improve their lives.

**Food Insecurity among Older Adults**

National surveys track the prevalence and demographics of food insecurity among older adults. Older adults are more likely to be food insecure if they are female, a person of color, divorced or separated, living in a non-metro area, considered “young old” (ages 60-69), physically disabled, living below the poverty line, and living with a grandchild (Ziliak and Gundersen 2019). These trends have remained consistent over time (Ziliak et al. 2008; Ziliak and Gundersen 2009a, 2009b, 2011, 2013, 2015, 2016, 2018, 2019). As noted in a report by Feeding America and The National Foundation to End Senior Hunger (2013), these demographics are important because service providers need to take into account who is experiencing food insecurity and make their programs accessible to these individuals.

However, we do not fully understand why some groups of older adults are more likely to experience food insecurity. Some studies have examined the experiences of older adults who have physical disabilities (Wallace et al. 2007; Auslander and White 2009; Brewer et al. 2010), but we know little about how gender, race, marital status, age, and family configuration intersect to shape older adults’ experiences.
Measuring Food Insecurity

In the United States, food insecurity is officially measured by the United States Department of Agriculture (USDA)’s scale, which categorizes food insecurity according to four levels: high, marginal, low, and very low (see Appendix A for definitions). A household’s placement on this continuum is based on how a member of the household answers questions from the USDA’s Household Food Security Survey. This questionnaire consists of ten questions for single adults without dependents (about not having enough food, losing weight, and skipping meals) in the past twelve months (see Appendix B). If a respondent lives with a dependent under the age of 18, they are asked an additional eight questions (also see Appendix B).

Critics argue that the USDA’s scale may underestimate the prevalence of food insecurity, specifically for the older adult population. All of the questions ask if the individual has had a particular experience because they could not afford food (a monetary issue), but they do not ask about other barriers, such as mobility issues, health issues, and the like (Gualtieri 2018; Gualtieri and Donley 2016; Thomas 2015). Ignoring other potential barriers is problematic because, especially in the case of older adults, income is far from the sole driver of food insecurity (Gualtieri 2018; Gualtieri and Donley 2016; Lee and Frongillo Jr 2001; Thomas 2015; Wolfe et al. 2003). Moreover, responses are all self-reported; this is methodologically concerning because scholars have found discrepancies between older adults’ self-reports regarding nutrition and their actual food consumption (Gualtieri and Donley 2016). Self-reporting error may be a particular issue among this population if older adults are not fully capable of understanding the questions and therefore fail to properly report the severity of their situation.
Causes of Food Insecurity

Another body of research examines causes of food insecurity, within the general population and specifically among older adults. Scholars note that food insecurity is correlated with income (Ziliak and Gundersen 2013, 2015, 2016, 2018, 2019) and rising food prices (Sedensky 2010; Wenzlau 2013; Whoriskey 2017). Following price increases associated with inflation in the late 1970s, food prices remained relatively stable until 2006. Since then, they have risen steadily (Wenzlau 2013). In 2008, many people found themselves unemployed, while many others had their salaries and/or benefits cut as a result of the Great Recession. However, even while people were experiencing these cuts, food prices continued to rise. Additionally, the Recession gave way to cost and benefit freezes in safety net programs for the elderly, including Social Security from years 2009-2011 (Sedensky 2010). Social Security is crucial to many seniors; without it, the number of seniors living in poverty would quintuple (DeNavas-Walt et al. 2013). Due to the freeze of social security payments, seniors had to adjust to having their stagnant monthly income cover costs for food, rent, consumer goods, taxes, and medical expenses. Even after the freeze was lifted, the prevalence of food insecurity among older adults has continued to rise (Whoriskey 2017; Ziliak and Gundersen 2019), which could be a consequence of older adults being considered as “too old” to hold a job and work for pay (Abramson 2015).

Financial resources are not the only factors that contribute to food insecurity among older adults. Other factors include functional impairments, health problems, and lack of social support (Lee and Frongillo Jr 2001). The aging process lends itself to distinct concerns regarding physical mobility and cognitive impairment that make the experience of food insecurity different from that of able-bodied people (Johnson et al. 2011). Even when older adults are able to obtain
food, their lack of mobility hinders them from preparing meals at home (Gualtieri 2018; Gualtieri and Donley 2016). Therefore, even if older adults are able to acquire food or money to purchase food through benefit programs and non-profit agencies, they may still have difficulty with the physicality of transporting, preparing, and cooking the food (Gualtieri 2018; Gualtieri and Donley 2016).

Barriers to Addressing Food Insecurity among Older Adults

Older adults experience multiple challenges when accessing food and food resources. First, it is difficult to access public (e.g., SNAP) and private (e.g., food pantries) food assistance programs without a car. This is a particular barrier for older adults, who often lack a driver’s license or car or have a physical disability that limits mobility (Wolfe et al. 2003). For example, in order to procure food at food pantries, participants must not only be present to receive the food, but must typically go to a particular location to file paperwork to even start receiving the benefits. Older adults often have difficulty filling out this paperwork, which might deter people from enrolling in services (AbuSabha et al. 2011). Finally, because there is not enough funding for public food assistance programs, potential clients are often placed on a waiting list. Most waiting lists are ranked by priority, and priority is determined by how each individual scores on a needs assessment. Because some older adults face cognitive issues, they might not understand the questions on the enrollment assessment; therefore, their actual needs could be underestimated.

Grandparents Raising Grandchildren

This dissertation focuses on the experiences of food-insecure grandparents raising grandchildren. Grandparents are a vital source of care for their grandchildren. Existing research examines grandparents’ reasons for providing care and how their caretaking roles influence their
responsibilities and their well-being. In particular, scholars find that grandparents become caretakers in response to family crises (Bullock 2007; Jarrett 1998; Jendrek 1994; Letiecq et al. 2008; Pittman 2015). These crises include, but are not limited to, substance abuse, child abuse and neglect, and incarceration (Generations United 2017). While providing this care work can be rewarding, grandparents endure substantial mental and physical health problems as a result (Bachman and Chase-Lansdale 2005; Doley et al. 2015; Jang and Tang 2016). The challenges of aging, changing family roles, and toxic social environments are all contributing factors (Blackhouse and Graham 2012; Dolbin-MacNab 2006; Dunifon 2018).

In the United States, more than 2.5 million grandparents are primarily responsible for children under the age of 18 (Lent and Otto 2018; U.S Census Bureau 2017). Many of these grandparents are providing primary care for their grandchildren through informal, private arrangements without the involvement of the child welfare system (Letiecq et al. 2008). Roughly, one-fifth of skipped-generation households (SGHs) are poor and living below the Federal Poverty Level (FPL), even though 1.5 million caregivers are in the workforce, with 368,348 being 60 years old and older (Lent and Otto 2018; U.S Census Bureau 2017). The literature’s lack of attention to grandparents is not only problematic from a demographic standpoint, but also because older adults are more likely to be food insecure if they are caring for a grandchild (Ziliak and Gundersen 2008, 2009a, 2009b, 2011, 2013, 2015, 2016, 2018, 2019).

Scholarship has revealed substantial racial and ethnic differences of grandparents providing care to their grandchildren. Overall, Black and Hispanic grandparents are more likely to become custodial grandparents, and they care for their grandchildren longer compared to their White counterparts (Dunifon 2018; Kolomer 2008; Lent and Otto 2018). Furthermore, U.S. Census Data indicates that older women are more likely to care for their grandchildren alone
than older men (Dunifon et al. 2014); 49% of children in grandfamilies live with both grandparents, 46% with a grandmother, and 5% with a grandfather. This pattern is most likely a consequence of gendered expectations regarding who is responsible for family caregiving in the household.

Grandfamilies within rural areas fare worse than those living in urban neighborhoods (Baker and Silverstein 2008), mainly stemming from the lack of resources within rural areas to assist these families (Bailey et al. 2013; Bailey et al. 2019). Rural areas are geographically isolating and therefore typically lack public transportation and have fewer services available for families compared to urban areas (i.e. food banks, support groups, childcare programs). Rural America is “graying”, meaning that many older adults either move out to these areas, or they are staying in place. These communities are also experiencing job loss and out-migration of younger adults (Bullock 2004). Therefore, while younger generations are moving more towards urban areas for economic opportunities, grandparents are remaining in rural areas even when they are caring for their grandchildren.

While living alone or caring for children, older adults have few economic opportunities, and therefore, many are unemployed or work in low-wage, and often precarious, jobs. Ageism, changing skill requirements, and limited access to training all contribute to this problem (Anderson et al. 2013). In addition, older workers have a greater likelihood of health limitations and disability than their younger counterparts, which may lead them to cut back on work hours. Yet to receive benefits, depending on their age, grandparents may be subject to work requirements and time limits on assistance (Cox 2009). For grandparents who are able to secure employment, they are forced to juggle family and work (Harrington Meyer 2014). Harrington Meyer’s (2014) research unravels the employment challenges that grandparents face, specifically
grandmothers, when they act as babysitters for their grandchildren. Even when a parent is present, employment is still difficult (Harrington Meyer 2014). Grandparents not only have to adjust work hours to meet the demands of caring for children, but more money is being spent on the children than is coming in, and therefore, employment is associated with a loss of economic stability. For skipped-generation households, grandparents take full responsibility in caring for their grandchildren without a buffer of a parent.

*Contextual Factors and Social Safety Nets*

Existing research also suggests that many contextual factors, such as housing and economic security, play a role in *how* grandparents are able to provide care (Hayslip 2017; Park 2005; Pittman 2015). The highest poverty rates among skipped-generation households occur in those headed by single grandmothers (Park 2005). Grandparents who lack legal custody of their grandchildren face particular risks, as they are not seen as a family by social assistance programs or according to legal standards (Pittman 2015). These grandparents struggle to maintain the resources they use for themselves, such as subsidized housing (for facing eviction for lease violations see Fuller-Thomson and Minkler 2003 and Pittman 2015), while also trying to obtain additional resources to offset the expenses of caring for their grandchildren. For example, Pittman (2015: 82) argues, “These caregivers try to maintain their own public assistance even as their grandparent caregiving role undermines their efforts and eligibility. They must gauge whether they can obtain public support for the grandchildren in their care without losing custody or jeopardizing their own fragile financial status.”

Practices and policies create constraints and opportunities for grandparents (Gladstone et al. 2009; Hendersen 2004; Henderson and Cook 2005; Letiecq et al. 2008). Grandparents might not utilize existing resources because of uniformed lack of understanding by social workers, a
lack of trust among grandparents towards social workers, and agency policies and practices that
counter the interests of the family (Gladstone et al. 2009). Child welfare services (e.g., Child
Protective Services; Women, Infants, and Children) are complex systems and service providers
do not know enough about grandfamilies to be able to adequately support them (Fruhauf et al.
2015) or have resources dedicated to this specific population (Simpson and Lawrence-Webb
2009). Moreover, older, poor caretakers (i.e. grandparents) might not fit into policies meant to
aid families, as they present unique needs that should be taken into account (Berrick et al. 1999).
For example, Berrick et al. argue:

New welfare law may provide a variety of important opportunities for families to
improve their economic well-being and to secure a more comfortable living standard for
children. Nevertheless, important sub-groups should be followed more closely to
determine whether these beneficial effects are realized, or whether more severe economic
conditions prevail (p. 863).

Service providers believe that they need more education regarding grandparents raising their
grandchildren, specifically their needs and struggles (Fruhauf et al. 2015). Continued funding is
crucial to maintain services already implemented (Fruhauf et al. 2015; Pittman 2015).

Administrative records suggest that a disconnect exists between grandfamilies’ needs and
services offered. In 1996, Congress said that one of the four primary purposes of TANF is “to
provide assistance to needy families so that children may be cared for in their own homes or in
the homes of relatives.” Yet, while nearly all are eligible, less than 12% of kinship families
receive assistance from Temporary Assistance for Needy Families (TANF), and only 6 % of
kinship families receive TANF child-only payments (Beltran 2014). TANF is an important
program, especially to grandfamilies, because it is the one of the few supports outside of the
foster care system that has an exemption for employment for people who are 59 and older. Also
crucial from a provider standpoint, TANF is seen as a “gateway program” for low-income
households; it is typical for families who receive TANF to connect with other programs that they are also eligible for, such as SNAP (Supplemental Nutrition Assistance Program). According to most recent numbers, only 17% of low-income working kinship families receive childcare assistance and only 15% receive housing assistance. Furthermore, less than half (42%) of these families receive SNAP, even though most of them report experiencing food insecurity within their households (Annie E. Casey Foundation 2012). The disconnect between documented need and receiving assistance could be a consequence of risk negotiation (i.e., maintaining the resources they use for themselves, given that their caregiving role undermines their eligibility) (Hendersen 2004; Pitman 2015) or interactions with service providers (Gladstone et al. 2009; Hendersen 2004; Henderson and Cook 2005; Letiecq et al. 2008).

The Current Study

This study contributes to existing literature by focusing specifically on foodwork and experiences of food insecurity among grandparents raising grandchildren. I draw on in-depth, semi-structured telephone interviews with 30 grandparents (ages 54 and older) raising grandchildren in North Carolina. Ultimately, my findings create a deeper understanding of how these grandparents navigate their everyday lives raising their grandchildren and point to potential areas for opportunities in creating supports to assist these families.

In Chapter 2, I explain the methodological components of my research. Specifically, I discuss the research approach, recruitment, sample characteristics, data collection, and analysis.

In Chapter 3, extending from research regarding mothers performing foodwork, I explore what age and the aging body can add to our understandings of performing foodwork. I argue that there is more than emotional labor within the experiences of older individuals performing foodwork; there is extensive physical labor, as well. By using grandparents raising grandchildren
as a case, I ask, *how does the aging experience shape foodwork?* To answer this question, this research analyzes how aging and the physical body play a role in shaping food practices, particularly highlighting how the physiological and emotional stressors of older adults may differ from individuals within the current foodwork literature.

In Chapter 4, contributes to previous research on low-income mothers’ meanings of food, I explore the meanings these food-insecure grandparents associate with food and their foodwork. I argue that grandparents’ life course experiences contribute to the meanings they create regarding food. Additionally, I maintain that the consequences of food-related sacrifices are more significant for these grandparents, especially for their overall health. I ask, *how do grandparents raising grandchildren view food in the context of food insecurity? How do these grandparents manage food insecurity?* This chapter extends the previous literature by including grandparents raising grandchildren as a case and the different contributing factors they cite as influencing their meanings for food.

In Chapter 5, adding to the current literature on low-income mothers’ responses to paradigmatic shifts within social assistance programs, I explore the ways grandparents’ respond to the dominant ideology of the family in relation to the care work that they provide. In contrast to mothers, these grandparents may not have legal custody of their grandchildren. I ask, *how do grandparents define and defend their caregiving? How do the social processes of othering contribute to their caregiving experiences?* This study contributes to the current poverty literature by drawing upon the concept of *defensive mothering* (Elliot and Bowen 2018), offering the concept of *defensive caregiving* as an alternative. Grandparents defend their work and their families by citing the daily care work that they provide.
In Chapter 6, I conclude with the theoretical contributions and policy implications of my research. I also note limitations, and areas for future research.
CHAPTER TWO:  
METHODS AND SAMPLE

Research Approach

I used an inductive approach guided by a grounded theory framework (Charmaz 2006, 2014; Glaser and Strauss 1967) to understand how grandparents raising grandchildren perform food-related care work in their households. In contrast to a deductive approach, which infers hypotheses from existing theory, a grounded theory approach develops new theory from observations and data. Grounded theory framework is a prevailing approach within qualitative research, as it allows the researcher(s) to move beyond the descriptive to “construct abstract theoretical explanations of social processes” (Charmaz 2014: 7). I chose a grounded theory approach because I was initially curious as to how food-insecure grandparents raising grandchildren fed everyone in the household. While I was conducting and analyzing the interviews, different themes and patterns emerged from the data to make sense of and ultimately used to create new original concepts and theoretical contributions.

The grounded theory approach I employ is constructivist in nature. The constructivist approach stresses social contexts, interactions, sharing of perspectives, and interpretative understandings (Charmaz 2014). I am aware that individual experiences reflect a relationship with broader society; therefore, I recognize how current social structures, institutions, and interactions with others influence my participants’ everyday experiences. The constructivist approach also “shreds notions of a neutral observer and value-free expert” (Charmaz 2014: 13); reflexivity is essential to qualitative research. Therefore, “researchers must examine how their privileges and preconceptions may shape the analysis, and how their values shape the facts in which they identify” (Charmaz 2014: 14). It is important to note here that when “facts” is used, I
do not mean universal truth. Rather, I mean that these “facts” are perceptions that I develop from my time in the field.

**Recruitment and Gaining Access**

First, participants for this research were recruited through initial contacts made through the North Carolina State Cooperative Extension, where Extension Specialists work with community organizations to conduct research. These initial university contacts were able to introduce me to professionals working for community-based programs that offer services to older adults in North Carolina (e.g., Grandparents Raising Grandchildren support groups, YMCAs, and Health and Human Services offices). These contacts handed out my IRB-approved recruitment flyer to potential participants, and introduced me to other helpful contacts in the field. The flyer contained information about the study, the study criteria, incentive information, and my contact information to call if they were interested in participating or were looking for more information. I also used North Carolina’s Area Agencies on Aging (AAA) division website\(^1\) to identify other gatekeepers/contacts to relevant organizations.

Second, I contacted food pantries all over the state of North Carolina, with the assumption that grandfamilies experiencing food insecurity may be using their local food pantries as resources. The contacts for these resources were found online through (1) websites for specific food pantries, or (2) websites with a database of food pantries in North Carolina by county. Some of the food pantries are located within churches, and for some churches, the only way to contact them were through their prayer request pages. Therefore, I pasted the text from my recruitment email in the textbox for prayers to reach a contact at the church. I was then guided to the person of contact for the food pantry of the organization.

---

Third, participants were also recruited via snowball sampling. Snowball sampling is defined as a procedure in which “informants whom the researcher meets are those who supply the referrals” (Noy 2008). Many of the participants who reached out to me knew of other grandfamilies through their support groups, allowing me to have additional contacts for potential participants. More specifically, participants told their other grandfamily friends about my research and their participation and gave my contact information to other grandparents who were interested, and they followed up with me. It is important to note here that snowball sampling occurs through social networks; therefore, participants must be socially connected for this sampling to occur (Noy 2008).

These recruitment practices are standard and widely accepted practices in qualitative research (Esterberg 2002; Gilgun et al. 1992; Greenstein and Davis 2013; Maxwell 2005). I found that having someone (i.e., a gatekeeper) vouch for me and my study was more effective in getting people to volunteer to participate for my study, as scholars note that recruiting without a gatekeeper can be difficult (Esterberg 2002; Gilgun et al. 1992; Greenstein and Davis 2013; Maxwell 2005). It is important to note here that participants were told that participation in this research would not affect their access to any groups they are involved in or any pantries that they utilize. Also, they were told that their participation in this research was not a requirement of any program they participate in.

Study Criteria

In order to participate in my study, participants had to be 54 years old and older and have at least one grandchild living with them. They also had to feel like they do not have enough food to feed everyone in the household, or feel that they have trouble in obtaining enough food for everyone in the household. I chose these criteria because grandparents can be as young as in their
30s; because I wanted to focus on aging and foodwork, it made sense to create requirement minimum age. I chose 54 years and older to reflect people who are among the youngest of the Baby Boomer generation and older. I chose to describe food insecurity the way I did (i.e., as people who do not have enough food or have trouble obtaining food) because many people do not identify as food insecure due to reasons of pride and stigma, even though they are.

**Incentives**

Each participant was given a $10 Wal-Mart gift card for participating in the project. At the end of each interview, grandparents gave me their home addresses, and I sent the gift cards to them via mail. All addresses were kept confidential, on a password encrypted file only available to the Principal Investigator.

**Sample Characteristics**

Table 1: Table of Demographics

<table>
<thead>
<tr>
<th>Demographic Data (N=30)</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Average Age</strong></td>
<td>61</td>
<td>(54-75)</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>83.3%</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>16.7%</td>
<td></td>
</tr>
<tr>
<td><strong>Race</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>43.3%</td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>56.7%</td>
<td></td>
</tr>
<tr>
<td><strong>Marital Status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single/never married</td>
<td>16.7%</td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>33.3%</td>
<td></td>
</tr>
<tr>
<td>Divorced</td>
<td>43.3%</td>
<td></td>
</tr>
<tr>
<td>Widowed</td>
<td>6.7%</td>
<td></td>
</tr>
<tr>
<td><strong>Number of Grandchildren Living With Them</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 grandchild</td>
<td>40%</td>
<td></td>
</tr>
<tr>
<td>2 grandchildren</td>
<td>50%</td>
<td></td>
</tr>
<tr>
<td>3 or more</td>
<td>10%</td>
<td></td>
</tr>
</tbody>
</table>
Table 1 (continued)

<table>
<thead>
<tr>
<th>Employed</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Unemployed</td>
<td>6.7%</td>
</tr>
<tr>
<td>Disability</td>
<td>36.7%</td>
</tr>
<tr>
<td>Part-time</td>
<td>20%</td>
</tr>
<tr>
<td>Full-time</td>
<td>6.7%</td>
</tr>
<tr>
<td>Retired</td>
<td>30%</td>
</tr>
</tbody>
</table>

Average Monthly Income $1,454

<table>
<thead>
<tr>
<th>Housing Unit</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>House</td>
<td>68%</td>
</tr>
<tr>
<td>Apartment</td>
<td>20%</td>
</tr>
<tr>
<td>Mobile Home</td>
<td>12%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Own</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>25%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Housing Duration</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 1 year</td>
<td>8.7%</td>
</tr>
<tr>
<td>1-10 years</td>
<td>60.9%</td>
</tr>
<tr>
<td>10-20 years</td>
<td>21.7%</td>
</tr>
<tr>
<td>More than 20 years</td>
<td>8.7%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Benefits Received</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>SSI</td>
<td>48%</td>
</tr>
<tr>
<td>Disability</td>
<td>44%</td>
</tr>
<tr>
<td>Medicare</td>
<td>36%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>36%</td>
</tr>
<tr>
<td>SNAP</td>
<td>56%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Benefits Received (for grandchildren)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>WIC</td>
<td>16%</td>
</tr>
<tr>
<td>School Breakfast Program</td>
<td>52%</td>
</tr>
<tr>
<td>School Lunch</td>
<td>80%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Benefits</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>12%</td>
</tr>
</tbody>
</table>

The sample consisted of 30 grandparents (across 25 households) raising grandchildren in North Carolina. Participants’ demographic and household characteristics come from self-reports by the participants. [Note: there is a more detailed account of individual-related characteristics in Appendix C (i.e., Table 2: Individual Demographics)]. The average age of participants was 61
years old (range: 54-75: σ 5.23). A majority of the participants were women (83.3%). It is important to note here that all of the men in the sample (16.7%) were married to women in the sample. Therefore, I did not interview any men who were raising their grandchildren on their own. While I did not particularly sample for women caregivers, women were the people who volunteered to participate. This is not surprising, as national data finds that women are more likely to be primarily responsible for caring for their grandchildren compared to men (Lent and Otto 2018; U.S. Census Bureau 2017).

All participants identified as Black (56.7%) or White (43.3%); no one identified as Hispanic or Latino/a. A plurality of participants were divorced (43.3%), followed by married (33.3%), single/never married (16.7%), and widowed (6.7%). According to national statistics concerning grandparents raising grandchildren, about 69 percent are married (Lent and Otto 2018; U.S. Census Bureau 2017). Furthermore, a “slim majority” (53 percent) are White, approximately 20 percent are Black or African American, 20 percent are of Hispanic or Latino origin, 3 percent are Asian, and 2 percent are American Indian or Alaska Native (Lent and Otto 2018).

A plurality of participants were currently receiving disability benefits (36.7%), followed by retired (30%), working part-time (20%), working full-time (6.7%), and unemployed (6.7%). It is important to note that of the participants who were disabled, retired, or unemployed, many noted that they were currently looking for employment. Fifty-percent of the households in my study were caring for two grandchildren in their household, 40% were caring for one grandchild, and 10% were caring for three or more grandchildren (10%). Participants’ average monthly household income was $1,454 (range $320-$4,000).
A majority of participants lived in a house (68%), but only 25% of participants owned their houses or apartments. A majority of participants had lived in their current home for 1-10 years (60.9%), followed by 10-20 years (21.7%), more than 20 years (8.7%), and less than one year (8.7%). Typically, we envision older adults living in their homes for decades, but for some of these aging grandparents, responding to their family crisis had led them to relocate.

Participants received a range of public benefits. 56% of households were receiving SNAP (Supplemental Nutrition Assistance Program) benefits, but as will be noted in in Chapter 5, this figure is full of complexities. Forty-eight percent of participants received SSI benefits, followed by disability (44%), Medicare (36%), and Medicaid (36%). It is important to note here that some of those who received Medicare also received Medicaid because they were dual-eligible. All of the households received Medicaid (100%) for the grandchildren, and a majority of households received free or reduced school lunches (80%) and/or breakfasts for the grandchildren (52%). Many of the grandparents revealed that it was difficult to make up for these meals during the summer months when schools are closed. Only 16% of the households received WIC (Women, Infant, and Children) benefits, which are only available to pregnant or nursing mothers and children under age 5. It is important to note here that I asked about current benefits; some of these grandparents had received these benefits when their grandchildren were younger. Twelve-percent of household received “other benefits,” including veteran benefits, pensions, or retirement.

Data Collection

The majority of the telephone interviews were conducted between August 2018 and January 2019, with one interview conducted in April 2019. The interviews span in duration from 43 minutes to 1 hour and 22 minutes, with an average duration of 54 minutes. I recruited
participants who were at least 54 years old, raising one or more grandchildren, and experiencing food insecurity. For the sample, I was not looking for representation or generalizability, but rather increased understanding of my research questions vis-à-vis saturation (Small 2009; Yin 2017). Therefore, findings from this study do not reflect the experiences of all grandfamilies. But consistent themes emerged from the data, allowing for confidence regarding saturation, or when “no new information or themes are observed in the data” (Guest et al. 2006: 59).

Telephone Interviews

While in-person interviewing is generally preferred in qualitative research (Arksey and Knight 1999; Berg and Lune 2012; Novick 2008; Weiss 1994), relying on this type of interviewing creates constraints, especially in terms of geographical location and scheduling (Berg and Lune 2012). This was particularly evident in my data collection process, which is why I chose to conduct telephone interviews. Scholars note specific advantages to conducting telephone interviews, such as decreased cost of travel (Chapple 1999), expanded geographical reach (Sturges and Hanrahan 2004; Sweet 2002; Tausig and Freeman 1988), and increased interviewer safety (Carr and Worth 2001; Sturges and Hanrahan 2004). Telephone interviews also allow the interviewer to unobtrusively take notes (Carr and Worth; Smith 2005; Sturges and Hanrahan 2004; Tausig and Freeman 1988). For participants, phone interviews allow them to remain on “their own turf” (McCoyd and Kerson 2006: 399), permit more anonymity (Sweet 2002; Tausig and Freeman 1988) and privacy (Sturges and Hanrahan 2004), and decrease social pressure (McCoyd and Kerson 2006).

While there is some bias against telephone interviews in qualitative research, there is no evidence that telephone interviews yield lower quality data (Novick 2008). In fact, telephone interviews are a “versatile data collection tool” (Carr and Worth 2001: 521) and may allow
respondents to feel more relaxed and able to disclose sensitive information (Novick 2008). Research shows qualitative telephone data are just as rich, vivid, detailed, and of high quality compared to in-person interviews (Chapple 1999; Kavanaugh and Ayres 1998; Sturges and Hanrahan 2004). While telephone interviews do not allow for the observation and exchange of non-verbal cues (Arksey and Knight 1999; Berg and Lune 2012), interviewers can still pick up on verbal cues, such as exhaustive sighs, crying, and other emotions. In my interview transcripts, I was able to note the instances when the grandparents verbally displayed emotions, such as crying, sighing, and laughter.

Semi-Structured Interviews

I used interviewing in lieu of other research methods because I want to gain a deeper understanding into the food-related care work experiences of food insecure grandparents raising grandchildren. From national data we know that older adults are more likely to experience food insecurity if they are raising a grandchild (Ziliak and Gundersen 2011, 2013, 2015, 2016, 2018, 2019). Yet, beyond simple statistics, we do not know how people in these households experience food insecurity. Therefore, interviewing is the ideal method to use because it provides an opportunity to illuminate the experiences and meanings people attach to their behaviors and decisions (Arksey and Knight 1999); it reveals the how and why of broader phenomena.

Interviewing is particularly a useful method to gain holistic insight into one of the most intimate social settings: the family. Sociologists have long used interviews to delve into the intricacies of family life, particularly relating to care work and feeding practices. For example, scholars use interviews to examine how social class influences foodwork and motherhood (Bowen et al. 2019; Cairns and Johnston 2015; Edin and Kefalas 2011; Hays 2003), how parenting and feeding practices of families vary across racial and class backgrounds (Bowen et
al. 2019; Brenton 2017; Elliott et al. 2015; Lareau 2011), and the gendered division of household labor (DeVault 1991; Hochschild 1989). Ultimately, interviewing allows researchers to “catch the process of interpretation through which [people] construct their actions” (Blumer 1969:86), which is of the utmost importance for the examination of food-related care work in these skipped-generation households.

For this dissertation, I conducted in-depth, semi-structured telephone interviews. Semi-structured interviews allow researchers to modify questions in an interview schedule to fit the flow of conversation by revising questions, forming probing questions, and removing questions that lack intelligibility (Berg and Lune 2012). This flexibility was essential during the interview process because some questions proved to be meaningless in practice, and needed to be revamped. This method also allowed me to incorporate new questions once I was in the field and to delve into unanticipated topics. For example, a prominent theme that emerged during the interviews was that the grandparents compared their current experiences to the first time parenting. I therefore added some questions about this comparison, which proved beneficial in capturing their food-related care work experiences over the life course.

Broadly, I asked questions relating to resources and safety nets, employment, housing, caregiving practices, shopping and meal preparation, grandparents’ diets and health, grandchildren’s diet and health, and health care (Appendix D). Initially, I did not think that the grandparents would be open to discussing why their grandchildren were living with them, but to my surprise, they discussed these circumstances in detail.

Data Analysis

My analysis integrated conceptual and theoretical insights from previous scholars on foodwork (DeVault 1991, Cairns and Johnson 2015; Beagan et al. 2008; Wright et al. 2015;
Szabo 2013) and poverty (Edin and Lein 1997; Edin and Shaefer 2015; Liebow 1995; Desmond 2016). I further contextualized the data (regarding participants’ experiences) by heavily drawing upon the arguments of Harrington (1962) and Abramson (2015) regarding poverty and aging adults. Because I argue that aging adults’ experiences differ from those of the young mothers in the current foodwork literature, their insights assisted in illuminating how aging influences experiences of poverty and food insecurity.

All interviews were audio recorded with participants’ permission. Interviews were professionally transcribed verbatim immediately after each interview. From there, I compared each audio file to the corresponding transcript to correct any mistakes in the transcription process. This approach yielded to the immediate coding of data, which ultimately allowed me to recognize emergent themes and expand upon these themes in subsequent interviews. Scholars argue, “‘Doing’ and ‘writing’ should not be seen as separate and distinct activities, but as dialectically related and interdependent activities” (Emerson et al. 1995:15). Therefore, in addition to coding, I spent time writing thumbnails and memos on the interviews and emergent themes. “Thumbnails” allow for the beginning stages of analysis; these are summaries that I wrote upon the completion of each interview, highlighting connections between participants’ experiences and the broader literature.

After the transcription process was complete, I imported each interview into the qualitative analysis software NVivo. First, I gave all participants pseudonyms to keep their identities confidential. Then, I employed an open-coded analysis of the interviews. During open-coding process and while writing my thumbnails, I noted emergent themes that guided the rest of the analysis. From there, I employed several rounds of focus-coding based on the codes developed through the open-coding process; these codes included “life course,” “coping
strategies,” “feeding children,” “meeting expectations,” and “assistance.” During this phase of coding, I wrote detailed memos, ultimately linking group patterns and trends to the broader literature, specifically highlighting the gaps in the current literature and emerging theoretical contributions. Finally, I calculated descriptive statistics regarding the demographic information of each participant using SPSS.

**Reflexivity and Positionality**

When I started this project, I understood that my ability to relate to participants and their caregiving experiences would be limited, as I have never been a parent or caregiver. Therefore, I was mindful about the differences between the lived experiences of these grandparents and my own experiences and background. This included paying attention to how I asked my questions and in what order, and stopping at different parts of my interviews when grandparents became overwhelmed or started to cry. While all of the grandparents wanted to continue the interview when this happened, I was sure to give them time to express their emotions. I felt that the fact that the interviews were conducted by telephone was an advantage; it allowed them to express more emotion, as I was not present and witnessing them crying.

I would be remiss if I did not discuss the generational differences between me and the grandparents. Because of this difference, I feel that the grandparents shared explicit details of their experience with me. For example, when I asked about preparing meals, they were sure to tell me very specific issues relating to their physical mobility issues so that I could get a sense of how aging played a role in their caregiving practices. Also, because I am not a caregiver, the grandparents went into extensive detail as to what it was like to provide daily care for young children. At the same time, my previous experiences interviewing older adults helped me to ask important probing questions.
While conducting these interviews, I quickly learned that these grandparents did not get to share their stories often, as all of the grandparents thanked me for giving them “a voice” by allowing them to “vent” and share their experiences with me. Perhaps because they did not often share their experience with others, they really opened up on topics that I assumed might be uncomfortable. For example, I thought that grandparents would be reluctant to discuss the reasons as to why their grandchildren were living with them. However, to my surprise, the grandparents were extremely open about these and other intimate topics, discussing their children as being “incapable of parenting” and citing details of their substance abuse, child neglect, and incarceration. I understand as a researcher, and because these grandparents volunteered to participate in my study, that I have the privilege of learning the experiences of these grandparents. These grandparents did not have to participate or share intimate details of their life with me. Therefore, I made no attempt to take any parts of the stories for granted. I do not see their experiences exclusively as data, or intend to solely benefit from their stories for my own professional gain. I will continue to share their stories so that more people are aware of the daily barriers and challenges they face while raising their grandchildren.
CHAPTER THREE:  
FATIGUED FOODWORK: 
THE AGING EXPERIENCE AND FOODWORK

Introduction

Individuals perform care work every day in society. In contrast to other forms of work, care work may not be compensated. For example, care workers include paid employees like childcare providers and therapists, as well as children caring for their elderly parents, parents rearing their children, or someone caring for a family member with a disability (England 2005). Care work is important because providing such care improves the quality of life for the person receiving assistance. Scholars document that this type of work is ultimately a source of stress for those performing these tasks (Orbell and Gillies 1993).

Sociologists have long been interested in unpaid care work, or invisible work (Daniels 1987), as well as the division of this care work within households (England 2005; Hochschild 1989). Often, unpaid care work is associated with assumptions around gender, work, and family (Blair-Loy et al. 2016; Harrington Meyer 2014; Maume et al. 2010; Stone 2007). Among heterosexual couples, women are disproportionately accountable for unpaid care work, due to the consequences of societal gender norms, roles, and stereotypes that place greater responsibility on women for family caregiving (Chodorow 1999; Daniels 1987; England 2005; Hochschild 1989). Foodwork is a type of care work. More specifically, foodwork refers to unpaid labor in the home as it pertains to food, including cooking, meal planning, food procurement, and food provisioning (DeVault 1991).

Previous research focuses on women’s experiences of foodwork within their households: the labor, expectations, emotions, and practices involved with this type of work (Beagan et al. 2008; Bowen et al. 2014; Brenton 2017; Cairns et al. 2010; Daniel 2016; Elliott and Bowen
Foodwork is mentally strenuous due to rising expectations associated with feeding the family. Furthermore, these stressors appear different for those performing this work when considering the intersectional factors of race, class, and gender. Most previous studies have focused on the experiences of young mothers feeding their children. Thus, we are missing the experiences of a specific group of people also responsible for care work: grandparents who are caring for their grandchildren.

In the United States, more than 2.5 million grandparents report that they are primarily responsible for their grandchildren under the age of 18 (Lent and Otto 2018; U.S. Census Bureau 2017). Many of these grandparents are providing primary care for their grandchildren through informal, private arrangements without the involvement of the child welfare system (Letiecq et al. 2008). Roughly, one-fifth of skipped-generation households (SGHs) are poor and living below the Federal Poverty Level (FPL), even though 1.5 million caregivers are in the workforce, with 368,348 being 60 years old and older (U.S. Census Bureau. 2017). Not having grandparents included in the literature is not only problematic from a demographic standpoint, but also because older adults are more likely to be food insecure if they are caring for a grandchild (Ziliak and Gundersen 2008, 2009a, 2009b, 2011, 2013, 2015, 2016, 2018, 2019), and are more susceptible to physical limitations stemming from the natural aging process.

The extant literature provides an understanding of the mental stressors that individuals, specifically women, endure while performing foodwork. Contributing to previous research, I argue that there is a missing piece of the puzzle within the examination of the experiences of performing foodwork: physical labor, and more specifically, how the ability to perform physical tasks shapes foodwork. By using grandparents raising grandchildren as a case, I ask, *how does...*
the aging experience shape foodwork? My research analyzes how aging and the physical body play a role in shaping food practices, particularly highlighting the experiences of grandparents performing foodwork, specifically, how the focusing on the physiological and emotional stressors that older adults experience.

**Background**

The emotional labor of foodwork has long been at the forefront of sociological research examining families. One way women experience these mental stressors stems from pressures and expectations of motherhood. In her seminal work on feeding the family, DeVault (1991) shows how women are bound to this work and how the responsibility of feeding acts as a mechanism that continually oppresses women. Furthermore, her work demonstrates how feeding the family is linked to the construction of a family unit, and identity formation within the household—specifically, how one constructs themselves as a woman and mother. While women spend less time cooking than they did decades ago, women are still primarily responsible for performing foodwork within households in the United States (Sayer 2005; Smith et al. 2013; Zick and Stevens 2010).

Expanding upon DeVault’s (1991) work, scholars note the continuous pressure placed upon women to be “good mothers” (Cairns et al. 2013) by feeding their children the “right” food (i.e., healthy, ethically produced) (Beagan et al. 2008; Hook 2010). A mother’s ability to achieve this proper nourishment connects to her identity, femininity, and societal self-worth (Cairns and Johnson 2015; DeVault 1991). Moreover, mothers are responsible for eliminating all health risks for their children through their caregiving and feeding practices, even before motherhood begins (Mackendrick 2014; Waggoner 2013; Wolf 2011). As a result, children’s bodies become symbols used to determine a mother’s ability to feed and care for them, as the human body
“serves as visible signs of health, morality, responsibility, discipline, and self-control” (Elliott and Bowen 2018: p. 3). These standards and mothering ideologies encourage the stigmatization, or “mother-blame,” of mothers (Blum 2007), and contribute to the intensification of their caretaking practices (i.e., intensive mothering).

*Intensive mothering* refers to the belief that good mothers should be caregivers that invest all of their time, energy, finances, and emotional labor into their children (Hays 1996). If these mothers are able to adhere to an intensive feeding ideology, or “the widespread belief that good mothering is synonymous with intensive food labour” (Brenton 2017: p. 864), then they can move towards upward mobility in accordance to the expectations of “good mothering” and femininity. These pressures also foster what scholars call “defensive mothering” or how “mothers respond to the dominant ideology of intensive mothering in relation to their feeding and management of their children’s bodies” (Elliott and Bowen 2018: 4) when they are unable to meet mothering ideals.

Women also experience these mental pressures while performing foodwork. Whether it is preparing meals or grocery shopping, mothers must strategize with time and scheduling, as well as with their money (Bowen et al. 2014, 2019; Cairns and Johnston 2015; Cassady et al. 2007; DeVault 1991; Mulik and Haynes-Maslow 2017). Finding the time to grocery shop and make homecooked meals is difficult, as mothers continuously juggle work and family life. Regardless of the predictability of one’s schedule, carving out the time to meet the demands of the various components of making a homecooked meal is challenging (Bowen et al. 2019; DeVault 1991).

However, this emotional turmoil permeates far beyond the kitchen. While tasks such as food shopping allow mothers to adhere and perform their motherhood and femininity, women with limited material resources have challenges in meeting their ideals, and thus, food shopping
“generates feelings of frustration, guilt, and anger” (Cairns and Johnston 2015: p. 43).

Ultimately, the cost of food plays a role in the type of foods that mothers are able to purchase for their families (Bowen et al. 2014; Cassady et al. 2007; Mulik and Haynes-Maslow 2017).

Healthy foods are more expensive, and low-income families may not be able to afford them. Conversely, middle to upper-class families have less financial strain. The consequences of socioeconomic status go far beyond the quantity and quality of food. Food is not just as a material or basic good, but rather serves as a symbol that encompasses taste, food choice, family dynamics, and risk (Backett-Milburn 2010; Daniel 2016; Fielding-Singh 2017; Wright et al. 2015).

The meanings surrounding food add more emotional tensions to foodwork. For example, high-income parents are less likely to give into their children’s food requests in order to construct their children’s palates and ways of distinguishing “good” foods from “bad” foods. Low-income parents may be more likely to buy the food that their children want, to avoid food waste by buying food that they know their children will eat and because they have few opportunities to say “yes” to their children’s requests. However, these mothers are also at risk of being blamed or seen as bad mothers.

Racial/ethnic hierarchies also shape feeding practices and the symbolic value of food (Brenton 2017). The meanings surrounding health and food are associated with middle-class whiteness and cultural capital, which can be often isolating for those who do not identify (Beagan et al. 2015; Brenton 2017; Guthman 2008; Slocum 2007). Furthermore, mothers of color find it challenging to integrate culturally-relevant foods into their children’s diets (Anguelovski 2015; Bowen et al. 2019). First, depending on where the family lives, these foods might be challenging to access. Secondly, these foods may require additional time to prepare and
cook. Lastly, due to peer pressures and other factors (e.g., school foods), second-generation immigrant children may be more likely to adhere to an “Americanized diet.”

While scholars have examined the emotional aspects of foodwork, such as the stresses around competing expectations around food, there is still a gap within the current literature. Little research has examined how the physical body shapes the performance and experience of foodwork. The physical aspects of foodwork become especially important when examining the experiences of older adults, because physical limitations may emerge as people age (Abramson 2015). Therefore, the performance of foodwork may yield different experiences for older adults than the young mothers highlighted in the current literature. Ultimately, this study examines how the physical labor, age, and the aging body itself can contribute to our current understanding of foodwork.

The Current Study

This research uses the case of grandparents raising grandchildren to explore answer the question, how does the aging experience shape foodwork? Focusing on the physical, emotional, and life course aspects of foodwork brings a new dynamic into the literature, allowing for a greater understanding of how foodwork tasks are not limited to emotional labor. Furthermore, this study extends previous work on foodwork by developing the concept of fatigued foodwork. This concept is tri-fold, incorporating the redundancy of this foodwork throughout one’s life course and the physical body. I define fatigued foodwork as the process by which foodwork is conducted repeatedly throughout one’s life course, as well as the emotional and physical strain on one’s body. Fatigued foodwork is exemplified by the experiences of aging persons and their aging bodies.
The concept itself builds from Marjorie DeVault’s (1991) original concept of foodwork by placing it within a life course perspective. From the extant foodwork literature, we gain insight into the emotional strains women endure to meet the expectations of motherhood and complete daily foodwork tasks. Fatigued foodwork frames the original concept within an aging and life course perspective. This approach also incorporates the physical body and physical capacity into the current understanding of foodwork experiences, particularly in meeting expectations and successfully completing the foodwork practices. Shilling’s (2012) concept of physical capital, inspired by Bourdieu’s forms of capital, refers to drawing upon the physical body as a resource. The body plays an important role in the concept of foodwork, as individuals use their physical body to purchase food, as well as prepare and cook meals for the family. Because the foodwork literature focuses largely on young mothers’ experiences in the kitchen, aspects of physical labor remain relatively absent. Ultimately, the case of older grandparents raising grandchildren and their foodwork experiences in the kitchen is an ideal case to study and an essential addition to the current literature. In essence, their aging bodies are the mechanism in
which they are able to complete foodwork in their households, and provides a case for how physical labor plays a role in the performance of foodwork.

**Findings**

In what follows, I focus on how these grandparents discuss the performance of foodwork in their households through the conceptual lens of *fatigued foodwork*. *Fatigued foodwork* manifests itself in three ways for these grandparents: not meeting expectations, repeating foodwork over the life course, and lacking the physical capacity to perform this work. Findings also illuminate how the aging body and physical capacity play a role in grandparents’ ability to successfully perform foodwork and meet expectations, showing how the physical body, particularly the aging body, exacerbates inequality by imparting an additional disadvantage.

**Not Meeting Expectations**

Grandparents discussed how they are not meeting life course expectations. Specifically, these grandparents compared where they are currently in life versus where they would expect to be in this stage of their lives. Raena, a 62-year-old grandmother caring for two grandchildren, ages 5 and 7, said, “I thought, you know like any other parent, like our parents thought, that our children would be fine— they raise the grandchildren, they come to visit, and you know, you do other things with your life.” Here, Raena mentions how she thought she would be a typical grandparent, where she would only see her grandchildren when they visited. Raena emphasizes predictability of one’s life course: how she expects that at particular times in a person’s life, they should engage in specific activities. At her age, Raena expected that she would have the freedom to “do other things with [her] life” instead of taking on a caregiving role. Later in the interview, Raena mentioned how her everyday experiences bring back painful memories, such as when she struggled as a single mother raising her children. She said, “Sometimes it [raising grandchildren]
brings back memories [of] when I was a single parent, and I was working. It’s hard, and it was hard sometimes getting the groceries, but I made sure they ate and making sure the bills were paid.” For Raena, taking care of her grandchildren sometimes triggers her past experiences, not fully allowing her to move forward with freedom in her life. For example, during the interview, she said, “I should be enjoying retirement at this stage of life.” Instead, she is disappointed because she is not able to fulfill the expectation of the enjoyable retirement experience because she is raising her grandchildren.

Christine, a 58-year-old grandmother caring for a five-year-old grandson, also compared the reality of her life to her initial expectations. At this point, she thought that she and her husband Dean would be enjoying retirement and traveling. However, Christine and Dean found themselves as the only resource available to take care of Dawson [the grandson] when their daughter was arrested for child neglect and drug use. Christine explained, “Beforehand, Daddy and I [were] empty nesters, and we had always told the kids we were going to buy us a mobile home and travel.” She briefly paused, and let out a longing sigh as she continued. “But you know, it wasn’t in God’s plans for this situation.” By referring to “God’s plans,” Christine uses her faith as a way to cope with the disconnect between expectations and reality. Much like Raena, Christine discussed how she envisioned this stage of life; specifically, Christine and Dean had plans to travel. Yet, the reality of her day-to-day experiences are very different; her days consist of helping Dawson get ready for school, washing clothes, preparing dinner, bathing Dawson, and helping with homework.

Donna, too, pointed out the unanticipated nature of her caretaking role. After her daughter was incarcerated for substance abuse, Donna and her husband took on the parenting role for their two grandchildren. She explained, “Trying to juggle their lives as well as our own,
and we really didn't plan on doing that again at this point of our lives because I have several health issues now.” In fact, Donna and Eric had already begun the retirement process. Donna mentioned, “We actually had moved to the coast in 2004 thinking it was gonna be our empty nester home because we thought the kids were out on their own and doing okay on their own.” Donna and her husband thought that their children were “doing ok on their own,” and she felt that there is a sense of stability in “doing okay.” When their daughter was incarcerated, they had to suddenly shift their lives. They had to give up their house on the coast to move into an apartment so that the grandchildren could stay in their current schools. She said, “I'd like to see us get a bigger apartment or even a house, but it's not affordable.” Therefore, there are three ways in which Donna and Eric feel that their lives are not meeting expectations: (1) the unanticipated nature of their care, (2) the disappointment of losing their beach home, and (3) the recognition of how they forfeited their (financially) comfortable retired lifestyle to raise their grandchildren.

Other scholars have found that grandparents raising grandchildren experience a life course role conflict (Dunifon 2018). There is a shared concept within the family and life course literature of a “typical” life course, meaning that there is predictability in an individual’s life course. Towards the end of one’s life course is when many people assume they will be able to retire and focus on personal hobbies or travel, or simply just have more time for oneself. According to Dunifon (2018: 59), undergoing an event at a stage in the life course when it is not common, can be stressful and may also isolate a person from those around them. In the case of these grandparents, their experiences and responses illustrate these conflicts emerging from a life event (i.e. raising their grandchildren) that they did not anticipate.
Many grandparents said they did not expect foodwork to play such a central role in their lives. More specifically, grandparents did not believe they would still be responsible for feeding the family. Grandparents who raise their grandchildren are often responding to family crises, and therefore did not anticipate on providing this type of care repeatedly throughout their lives.

Trisha was a 56 year old, divorced grandmother who has been taking care of her granddaughter since she was 10 months old, after the death of her daughter. Trisha explained how her rheumatoid arthritis kept her from being able to work. However, to keep up with the demands of raising her granddaughter, Trisha had taken on seasonal work cleaning houses to earn some income to supplement her SSI-Disability benefits. If Trisha wanted to be able to purchase food for the household, she felt that the work was necessary, even though she did not anticipate having to work again to raise a family at this stage of her life. After eleven years of raising her granddaughter, Trisha still found foodwork to be difficult and stressful to complete. When asked how she felt about cooking and preparing meals, she explained:

I didn’t think I’d be doing this all with feeding again…Lord, that stuff [cooking a preparing meals] be stressing me out. Lord, Jesus! But, sometimes, it's -- you know you look at it like being my age 56, almost 60 – That you done raised your kids and then you have to start all over again.

By saying that she didn’t think she would “be doing this all with feeding again,” Trisha emphasizes the unanticipated repetitiveness of this foodwork in later life and how she had to start the process from the beginning. Trisha mentioning having to “start all over again” implies that there is moment in which parents believe that foodwork, at least in terms of being primarily responsible in nourishing children, is finished or completed. Being forced to repeat this process, then, creates a disconnect between what grandparents anticipate and their current food-related responsibilities.
Some grandparents performed foodwork over the span of multiple generations. For example, April, a 67 year-old great-grandmother, had been caring for her two great-grandsons since they were born. April stated, “I’m struggling but I just, you know, thank God, I’m able to do what I do. But I did this once with my children, and then my grandchildren, and now my great-grandchildren…I just didn’t think I’d be doing this over and over and over again, you know?” April indicated that it was difficult to take on the role of the parent (again), mainly because she does not receive support from others. She said, “It’s hard…it’s like there’s not enough time in the day for me. You know because I do everything by myself you know and my granddaughter, it’s like she sees them when she want to be here. It’s not that she’s here when I need her; she’s here when it’s convenient for her.” Because she couldn’t depend on her granddaughter, April felt she was solely responsible for caring and providing nourishment for her great-grandchildren. Similar to Trisha, April mentioned that she did not think she would be “doing this over and over again,” also suggesting that there is a point in life where parents or caretakers believe the work should end.

Scholars find this tension to be quite common among grandparents raising grandchildren (Backhouse and Graham 2012; Clarke and Roberts 2004; Cox 2000; Dunifon 2018; Neugarten and Weinstein 1964). Cox (2000) argues that grandparents, specifically in Western societies, anticipate having a “peripheral role” in their grandchildren’s lives; they will assist parents with the grandchildren, but not assume full child-rearing responsibilities. In other words, they expect to have what other scholars call “pleasure without responsibility” (Neugarten and Weinstein 1964: p. 31). In her recent work, Dunifon (2018) discusses the “reactive” and “proactive” roles grandparents play. These grandparents are typically responding to family crisis and the only viable resource for their grandchildren short of the foster care system. Because they have these
responsive roles, these grandparents typically do not have the opportunity to prepare for raising their grandchildren, either physically and/or emotionally. Ultimately, these feelings of conflict surround what Gidden’s (2006) calls the “detraditionalization” of the family.

**Lacking the Physical Capacity**

Physical capacity shaped grandparents’ performance of foodwork. As Donna mentioned earlier, she did not anticipate performing this work again, especially given the health issues she currently had. At 62 years old, Donna had COPD from lung cancer and needed to be on oxygen; she also had Multiple Sclerosis (MS). Beth, a 68-year-old raising her 17-year-old granddaughter, similarly stated, “You know, as older adults, we don’t have the energy that we usually have.” These grandmothers argued that their physical body contributed to their difficulties with cooking and preparing meals. The aging body was also how they saw the labor of foodwork changing over time in their lives, as they created coping strategies to perform this work. Lucy, a 75-year-old grandmother who had been taking care of her grandson, now 18, for the last 17 years, discussed how her physical limitations made it difficult and stressful to prepare meals. Lucy said:

> I don’t know what happened to me. I do not know what happened to me, but it’s like I went in – I’ve gotten in a state for the last year that it stirs my nerves up to go in there [the kitchen] and cook. I feel like I cannot stand it sometimes. I have arthritis and a bad mobility. But I can’t take any medicine for it, because I have a bowel problem, and it aggravates the bowel problem and makes my life a livin’ hell, so – [the] only thing I can do for it is go to bed, with a heatin’ pad, put it on wherever’s hurtin’, but that don’t help the mobility. And gettin’ up in the mornin’ sometimes is just more than I can hardly stand.

Lucy highlighted both emotional and physical strains of performing foodwork, and, more specifically, the emotional turmoil that had arisen from her aches and pains. But Lucy is in a “no-win” situation, meaning that because she has multiple ailments, the medications that she uses to alleviate some of her health issues exacerbate others. While she tried to assuage some of
the pain she experienced by using a heating pad, she had nothing to help with her mobility issues.

In addition to causing stress, grandparents’ physical limitations elicited feelings of fear, a fear that they could not trust themselves to perform foodwork in a safe manner given their physical capacity. For example, Ivy was a 56-year-old grandmother raising her 10-year-old granddaughter. When discussing her physical limitations, Ivy said:

Yeah I have arthritis in my hands, my neck, no place else that they’ve definitely identified…It has lots to do with cooking opening cans, scraping, stirring, kneading, mixing, yeah all kinds of things. Lots of things with my hands, cutting, food prep-- I’ve had to learn to cut vegetables and prepare vegetables in new ways because it wasn’t safe anymore. Peeling a cucumber the way I’ve always peeled a cucumber, I don’t do it that way anymore because I can’t trust myself. It started with the harder vegetables like a potato or a squash an orange squash, but now it’s the cucumbers too and everything… it’s just harder to peel stuff.

Ivy’s arthritis makes it difficult for her to cut vegetables and open cans; moreover, she feels that she can no longer “trust herself” to do it the way she used to. This lack of trust coincides with fear; because Ivy cannot trust that she can safely peel vegetables, she fears that she would injure herself in the process if she were to try. The only way she feels comfortable in performing this work is by developing new adaptations and ways to prepare meals, as when she mentioned how uses a different technique to peel vegetables. However, Ivy’s arthritis has also gotten worse over time, and her physical limitations will most likely continue to worsen over time, causing more problems, more fear, and more adaptation when preparing meals.

For some grandparents, preparing the actual food was not the only issue; navigating the kitchen and using kitchenware also became more difficult. Susie, also 56 years old, had been taking care of her 5-year-old grandson for the duration of his life. She said, “I have arthritis. Sometimes it’s bad because I have these heavy pots. I have enamel pots. Those are real heavy… but how am I supposed to cook with no pots? What am I supposed to cook [with no pots]?” Susie
also highlighted how walking around the kitchen, taking meals out of the oven, and cooking on the stove became more difficult, especially when the appliances do not work well. “You can’t really bake in it [the oven] because if you don’t really watch it, you know, stuff burns up fast.” Given her physical ailments, Susie preferred to sit down and take breaks in between the steps in making meals, but she found herself having to stand by the oven to make sure the food did not burn.

In general, I find that grandparents’ physical ailments and mobility issues represent a form of cumulative disadvantage that manifests itself as a physical form of inequality (i.e., an inability to successfully perform foodwork). The concept of cumulative disadvantage allows scholars to explore how inequalities throughout one’s life course—for example, a lack of adequate medical care or social support and assistance—intersect to further disadvantage people as they age (Abramson 2015; Carr 2019; Crystal and Shea 1990; Crystal et al. 2016; Dannefer 2003; Ferraro and Shippee 2009). My research shows how physical limitations are a source of cumulative disadvantage, particularly because these ailments shape how grandparents perform foodwork, often creating additional challenges and barriers to preparing meals.

_Coping Strategies in Response to Fatigued Foodwork_

In response to the challenges their physical limitations create in preparing meals, grandparents develop a number of coping strategies. The first coping strategy was enlisting others to help. Donna, a 62 year-old grandmother, was caring for her two grandchildren (ages 15 and 13). While she was married, she was solely responsible for the foodwork in the household. Sometimes, she found it too physically difficult to cook meals, and she enlisted her oldest granddaughter, Jane, to assist her.

For me, if I wanted to try and cook, I’d have to do it all at the kitchen table and then have the oldest granddaughter move it to the oven or to the stove, and I’d have to direct her…
but then I’m worried about her and cooking… making sure that she does it correctly… it can be stressful.

But, as Donna revealed, this can be quite difficult and sometimes stressful. While having assistance from her granddaughter helped with the physical aspects of foodwork, it created additional emotional strain. Ultimately, this management of her granddaughter created extra work for Donna, and if her granddaughter did not follow the steps “correctly,” then the expectations for the meal could go unmet, potentially ruining the dinner and resulting in food waste, which was a particular problem given that food was already scarce in the household. Previous research has found similar stresses among young mothers, as the family meal is "a place where families come together, with the hope of staying together" (Bowen et al. 2019: p. 219). If a family meal is ruined or not made "correctly," this has negative implications for the togetherness of the family.

The second coping strategy was sitting down to cook. April, the great-grandmother, said, “I have to sit down if I’m peeling something, making a cake, using the mixer, yeah I have to sit down. I broke my femur bone in two places, and then my ankle swells so bad because I got arthritis in it, plus I get fluid on it too. Then I have back problems too.” Sitting down allowed April to still cook meals for her family, despite her physical limitations. Similarly, Beth discussed sitting down to prepare and cook meals and when cleaning up afterward. She said, “I sit down in between cooking or slicing, dicing or whatever. Even when I’m washing dishes afterwards, you know, I sit down in between when it starts hurting.” Sitting down provided comfort when the physical body ached while performing this work. These grandmothers discussed sitting down while performing the work, or sitting down and taking a break before continuing. But by sitting down in between tasks, grandmothers are likely prolonging the amount of time spent conducting foodwork.
The third coping strategy was changing expectations and simplifying meals. Camille, a 60-year-old woman who had been raising three grandchildren for the past 13 years, said:

It was very difficult because, I was used to, you know, cooking those country meals… I used to love the meals I used to make…big country meals. And now, I was like, everything in one pot… that’s it. One pot. So, I put it in – if it can't be done in a crockpot, we won't eat it, so it works out that way. For me, sometimes, you know, it’s just my lower back pain….and maybe a cramp or two in my leg… but it’s not like how it used to be.

Here, Camille gave up her love for cooking large country meals, and now resorted to cooking in a crockpot to make foodwork easier on her because of her physical limitations. Sylvia, a 58-year-old grandmother caring for her two granddaughters (ages 11 and 5), mentioned that she purchased frozen, microwaveable meals so that she would not have to endure physical strain for every meal. She stated, “But I sadly do a lot of processed foods that you can pop in the microwave, heat it up; like Swanson Dinners. Any kind of chicken nuggets, French fries, pizza; which I cook a lot. Just because my back, it hurts a lot and this [microwaving meals] makes it easier.” Here, Sylvia acknowledged that her physical ailments changed the meals that she provided (i.e., microwavable meals versus homecooked meals); by using the word, “sadly,” Sylvia expresses a sense of disappointment that she has resorted to feeding her grandchildren microwavable and processed meals.

Finally, some grandparents relied on formal support groups as a coping strategy. To cope with some of the emotional strains of raising grandchildren, whether they came from cooking meals or everyday caregiving, some of the grandparents found solace in support groups for grandparents raising grandchildren. Raena, introduced above, discussed how the support group helped her cope by feeling a sense of commonality. She explained, “[The group] is a blessing for me to help me really understand and express how I was feeling and knowing that other people...they going through the same thing. I worry… I used to cry for my granddaughters— I
didn’t know what was happening to them. But with the support group, other people did the same thing.” Several grandparents noted that support groups are helpful, but they are not available geographically everywhere. The support group programs are a result of state-disbursed funding; therefore, some areas have more funding than others and are able to host these support groups.

**Discussion and Conclusion**

Physical capital exacerbates inequality by creating an additional point of disadvantage. For example, physical limitations and ailments influence the type of meals that grandparents are able to provide, ultimately contributing to their experiences of food insecurity. This is important for a few reasons. First, the meals provided to the grandchildren impact their overall nutrition and health. As a coping strategy, some grandparents resorted to providing microwavable and processed meals; these meals are often high in sodium and fat and may provide fewer nutrients. Second, these types of meals impact the overall health and nutrition of the grandparents themselves. Specifically, due to the unhealthy quality of these processed foods, these meals can exacerbate current health conditions for these older adults, further perpetuating inequality and impairing their ability to perform foodwork. Lastly, my findings suggest that when considering tangible or instrumental supports for grandfamilies, it is not just enough to provide food for these homes, but rather prepared meals. In particular, my findings highlight that physical ailments make it difficult for grandparents to prepare and cook meals (e.g., peeling vegetables and opening cans).

My findings influence the growing literature on foodwork by adding a dimension of how the physical body, specifically the aging body, shapes the performance of foodwork. Particularly, the experiences of these grandparents illustrate that foodwork is not limited to emotional strain and labor, but is a privileged experience based also on physical ability. Furthermore, aging
contributes to distinct emotional and physical strains. My concept fatigued foodwork provides a lens for viewing these experiences and addressing the gaps in the existing literature by considering the physical experience of foodwork and a life course perspective. First, the unanticipated and repetitive nature of foodwork highlights the emotional aspects of the concept, showing that these grandparents endure emotional strains when performing this work. Diverging from the existing literature, these emotional strains are almost exclusively related to the aging process. Grandparents struggle with the conflict between their expectations of life course stages (i.e., retirement) and their current realities (i.e., raising their grandchildren and conducting the caregiving process all over again). Second, my findings relating to health and the aging process highlight the physical aspects of the concept, showing that these grandparents experience physical barriers and challenges when performing foodwork. Third, in response to these physical challenges, these grandparents create a number of adaptive strategies. These strategies are important because they show how these grandparents adapt their aging bodies and practices to meet food-related caregiving expectations (i.e., providing nourishment for children).

Furthermore, it is important to note that the challenges these grandparents face are exacerbated by their experience raising children. Although older adults without caregiving responsibilities likely also experience physical limitations that make it difficult to perform foodwork (Gualtieri and Donley 2016), they may have more freedom in the way and frequency with which they perform foodwork (making meals only once a day, for example, or as they become hungry). When older adults are responsible for nourishing children, it creates additional responsibilities and burdens as they try to meet children’s expectations (including trying to accommodate multiple and competing preferences, as discussed by DeVault 1991 and Bowen et al. 2019) and adhere to children’s strict feeding schedules.
CHAPTER FOUR:
MEANINGS OF FOOD:
HOW GRANDPARENTS VIEW FOOD IN THE CONTEXT OF FOOD INSECURITY

Introduction

Sociologists have a growing interest in the meanings that low-income mothers associate with food (Bowen et al. 2019; Cairns and Johnston 2015; Caspi et al. 2012; Daniel 2016; Darmon and Drewnowski 2008; Evans 2015; Fielding-Singh 2017). Material conditions impact people’s ability to provide food for their families, which in turn influences the meanings people give to food (Caspi et al. 2012; Daniel 2016; Darmon and Drewnowski 2008; Evans et al. 2015; Fielding-Singh 2017). Poverty impacts the type of foods that low-income mothers can purchase for their families (i.e., healthy foods are expensive) (Bowen et al. 2014, 2019; Cairns and Johnston 2015; Cassady et al. 2007; Darmon and Drewnowski 2008; DeVault 1991; Mulik and Haynes-Maslow 2017). Furthermore, low-income mothers experience sacrifice and tension when trying to feed everyone in the household and managing the expectations of motherhood (Bowen et al. 2014; 2019, Cairns and Johnston 2015; Daniel 2016; Fielding-Singh 2017; Martin and Lippert 2012).

Previous research focuses on the experiences of mothers feeding their children, excluding other family structures. The past 40 years has led to shifts in American family structures, including the increased participation of women in the workforce, changes in living arrangements, and shifts in social and cultural ideals and values (Cherlin 2010; Farrell et al. 2012; Goldscheider and Waite 1991; McLanahan and Casper 1995). Moreover, two-parent, heterosexual married households are on the decline in the United States as rates of divorce, remarriage, and cohabitation increase and the numbers of same-sex couple families and grandfamilies are on the rise (Cherlin 2010; Pew Research Center 2015). Furthermore, children growing up in “complex
family households” (Balistreri 2018: 1172) are more susceptible to food insecurity (Balistreri 2018).

The current study focuses on the case of grandparents raising grandchildren experiencing food insecurity. In the United States, the prevalence of grandfamilies is increasing through informal, private arrangements without the involvement of the child welfare system (Letiecq et al. 2008), with roughly one-fifth living in poverty, despite that fact that many grandparents participate in the workforce (U.S. Census Bureau 2017). Not having grandparents included in the literature is not only problematic from a demographic standpoint, but also because older adults are more likely to be food insecure if they are caring for a grandchild (Ziliak and Gundersen 2008, 2009a, 2009b, 2011, 2013, 2015, 2016, 2018, 2019), and are more susceptible to physical limitations stemming from the natural aging process.

Previous studies have examined the meanings that low-income mothers associate with food and the processes that influence the creation of these meanings (Daniel 2016; Fielding-Singh 2017). Contributing to this research, I focus on how grandparents raising grandchildren create meanings about food and how these are shaped by the life course and aging process. I ask, how do grandparents raising grandchildren view food in the context of food insecurity? How do these grandparents manage food insecurity? The current study extends the previous literature by shifting analytic accounts from that of young mothers to grandparents providing the same care work, specifically highlighting the food experiences and contributing factors for grandparents raising grandchildren.

**Background**

Approximately 40 million people, including more than 12 million children, in the United States, experienced food insecurity in 2017. 1 in 8 individuals (13%) and 1 in 6 children (17%)
live in households without consistent access to food. Food insecurity rates are higher in rural areas; rural counties comprise 63% of all U.S. counties but 78% of counties with the highest rates of food insecurity (Feeding America 2019). Cross-state analyses find that housing costs, state median hourly wages, and the average tax burden on low-income families are associated with food insecurity (Bartfeld et al. 2006).

People develop coping strategies in response to food insecurity. Researchers have examined the strategies that people employ to try to avoid food insecurity and feed everyone in the household. Food insecurity is a “managed process” (Radimer et al. 1990), meaning that families strategize and diligently work to avoid hunger. Previous research focuses on mothers because women are more likely to be responsible for food-related tasks in the household (Bowen et al. 2019; Cairns and Johnston 2015; DeVault 1990). Mothers manage the household food environment for other family members. Furthermore, mothers make sacrifices to try to protect other family members, particularly children, from food-related hardships (Fram et al. 2011; Martin and Lippert 2012). Some strategies employed by mothers involve grocery shopping tactics (e.g., buying in bulk, shopping at multiple stores to ensure the lowest prices, or using coupons) (Bowen et al. 2019; DeVault 1991; Wiig and Smith 2008). Other strategies involve sacrificing and making tradeoffs. For example, research findings estimate that 69% of food insecure households are forced to choose between food and utilities, 66% choose between food and medical care, and 31% choose between food and education (Weinfield et al. 2014). Food insecure mothers also skip eating meals, postpone eating, or eat less to protect their children from hunger and nutritional deprivation (Badun et al. 1995; Bowen et al. 2019; DeVault 1991; Martin and Lippert 2012; McIntyre et al. 2000; McIntyre et al. 2003). Consequently, mothers in
food insecure households are at increased risk of nutrient deficiencies (Tarasuk and Beaton 1999).

Given that mothers tend to be at the forefront of these coping strategies, their experiences shape the meanings they have surrounding food. Sociologists express a growing interest in understanding how mothers view food in the context of food insecurity, particularly because caregiving and food-related responsibilities tend to fall on mothers. For some low-income mothers, food is a reward (Bowen et al. 2019; Fielding-Singh 2017). Low-income mothers often accommodate children’s food requests to counter feelings of scarcity within the household. By doing this, mothers can emotionally satisfy their children while reinforcing their own sense of worth as caregivers. For other low-income mothers, food may represent a failure to meet expectations of femininity and ideals of motherhood (Bowen et al. 2019; Cairns and Johnston 2015; Elliott and Bowen 2018). Mothers are held responsible for ensuring their children’s health through food; because low-income mothers find it difficult to afford “healthy foods,” they often feel inadequate in adhering to this standard and providing for their families. Some low-income mothers will accommodate their children’s food requests to avoid food waste (Daniel 2016), as the cost of providing children a healthy diet may include the possible cost of foods that children do not eat as they acquire new tastes.

While parents discuss these experiences, scholars have also examined children’s accounts within food insecure households (Fram et al. 2011). Even though parents try to shield their children from the effects of food insecurity, children have cognitive, emotional, and physical awareness of food insecurity within their households. Children worry about parental stresses and hardships, monitor household food goods, and preserve and provide food resources for the household (Fram et al. 2011). Scholars argue that these strategies could potentially have harmful
long-term physical and developmental effects on children (Burke et al. 2012). While parents try to protect children (McIntyre et al. 2003), children still experience the impacts of food insecurity within some households. In some cases, children experience reductions in food intake and disrupted eating patterns (Coleman-Jensen et al. 2014).

Because it has focused largely on mothers, the existing literature does not account for food meanings of others performing foodwork in the context of food insecurity, such as grandparents. Yet, grandfamilies are a growing segment of the population and are at an increased risk of food insecurity (U.S. Census Bureau 2017; Ziliak and Gundersen 2008, 2009a, 2009b, 2011, 2013, 2015, 2016, 2018, 2019). Ultimately, the case of older grandparents raising grandchildren is a relevant case. In essence, these families are a growing segment of the population, and given their non-parent relationships, aging bodies, and various health conditions, their experiences of food insecurity are potentially different from the young mothers and the mother-child relationships included in the current literature.

The Current Study

This research explores the meanings that grandparents raising their grandchildren associate with food and their food practices. How do grandparents raising grandchildren view food in the context of food insecurity? What strategies do these grandparents use to try to avoid and minimize the effects of food insecurity? I argue that these grandparents have similar meanings of food compared to low-income mothers in the current literature, but these meanings diverge according to factors relating to life course and aging experiences. I also argue that grandparents’ coping strategies have negative consequences for their health and well-being, and that these consequences are particularly severe.
Findings

In what follows, I focus on how grandparents discuss and manage food in their households. Data from the interviews provide additional insight on the meanings that food-insecure families attribute to food. I organize the findings into three emerging themes: food as failure, tension, and sacrifice.

Food Equates to Failure

To these grandparents, food signified failure. Food was an example of how they were not meeting societal caregiving expectations related to food (i.e., the idea that a “good mother” provides her children with healthy foods and proper nourishment). For these grandparents, this failure was twofold. First, grandparents argued that limited or fixed finances made it difficult to afford healthy food. Second, grandparents compared their inability to provide food as grandparents to their ability to provide food (in the past) as parents, acknowledging a downward shift in their social mobility over the life course.

For example, Beth, a 68-year-old grandmother raising her 17-year-old granddaughter, said:

The prices [of food] went up, of course; I don’t have the income that I had then so it’s more of a challenge to derive what we can afford and what is healthy… I think [healthy food] is more expensive, and I think it is a good thing [healthy food, in general], and you know if my finances were different I would be buying fresher food and more those type of things. But when you have a limited income, it makes a difference.

Beth indicated that the price of food had increased since she was a parent. For Beth, failure lies within her lacking the economic means to provide healthy food for her granddaughter. She noted that healthy food is a “good thing,” implying that the foods she provides are, in essence, not “good” enough. Currently, Beth only received Social Security and retirement benefits. By acknowledging the rising food prices the fact that she finds it difficult to provide food for her
grandchild, Beth emphasizes how her current finances are different from her younger years (i.e., she is experiencing downward mobility).

For grandparents who received federal financial assistance to purchase food, such as The Supplemental Nutrition Assistance Program (SNAP), this created additional feelings of failure. For example, Donna and Eric were caring for her two grandchildren (ages 15 and 13). In their early 60s, Eric was retired, and Donna had been on disability for 15 years when doctors diagnosed her with Multiple Sclerosis (MS). As she discussed of the difficulty of affording healthy foods, Donna exclaimed, “Food was cheaper back then [when she was raising her own children]. You know, and then, of course, my husband and I were both able to work back then and had more income.” Because their retirement and disability benefits did not meet the threshold for a family of four\(^2\), and because they had legal custody of their grandchildren, Donna and Eric met the eligibility requirements to receive SNAP. During the interview, Donna spoke to how the family runs out of food, but cannot afford to purchase more. Donna started to cry, and took a deep, shaky breath before she continued. She said, “We run out of food before they renew our food stamps, and we never ran out of food when raising our kids, and [we] didn’t have to use food stamps either.” Although Donna needed SNAP, she felt ashamed of it, as indicated by the fact that she said she “didn’t have to use food stamps” earlier. Overall, Donna expresses her feelings of failure in several ways: (1) by noting that she and her husband have difficulty in affording food for their grandchildren compared to when they were raising their own children, (2) by crying as she mentions her need to rely on federal financial assistance to purchase food, which is something she did not have to do in the past, and (3) by acknowledging that even with

\(^2\) According to 2019 Line guidelines, the threshold for a family of four is $25,750. The guidelines can be found at: https://aspe.hhs.gov/poverty-guidelines.
financial assistance, her family still runs out of food before they can afford to purchase more. For Donna, their lack of food and use of food stamps are signs that they are not meeting feeding expectations and evidence of the downward shift in their socioeconomic status over the life course.

For grandparents who actively sought out employment, this created another set of distinct challenges and feelings of failure. For example, Lucy, a 75-year-old grandmother, understood the importance of providing healthy foods, but financially, was unable to purchase them. She said, “Juices and fruits are very important for children to have, and it – and fruits can be so expensive…” Lucy paused and let out an exhaustive sigh as she continued. “That [is] somethin’ I just cannot buy…whatever fruits I can get on sale, and I try so hard to get him the fruits that’s on that nutrient program [MyPlate], but I don’t – I’m not able to do that.” Here, Lucy acknowledges that she cannot meet feeding expectations; particularly, Lucy is disappointed that she cannot provide her grandson with the recommended daily servings of specific foods, noting that she tries so hard, but in the end she is “not able to do that.” Lucy proclaimed that this was not always the case. In fact, Lucy had easily purchased fruits and vegetables for her children, citing rising food costs and insufficient finances as the reasons she could not do the same for her grandson. The fact that she cannot provide the same food-related care as she did with her children is another way Lucy sees that she is failing. Lucy was currently participating in WorkFirst through the Temporary Assistance for Needy Families (TANF) program as a way to earn income. WorkFirst is a program that assists parents, or in this case, grandparents, by offering short-term training and other resources to help yield employment. However, at 75 years old, it was challenging for Lucy to secure a job, which is another way in which she sees that she is failing. However, sociologists would cite Lucy’s experience as very common, documenting the
prevalence of age-related downward occupational mobility and noting the challenges and vulnerability that aging adults experience in the workforce (Harrington Meyer 2014; Roscigno et al. 2007). Therefore, the solutions that are typically offered for people experiencing poverty, including finding a job (Edin and Lein 1997; Edin and Shaefer 2015; Liebow 1993; Soss et al. 2011), often do not work for aged adults.

Similar to previous research focusing on low-income families, grandparents discussed the importance of healthy foods and diet quality, citing costs as a barrier in their ability to purchase these foods (Bowen et al. 2019; Cairns and Johnston 2015; Daniel 2016, Fielding-Singh 2017). Ultimately, this financial strain manifests in feelings of failure: failure to meet feeding expectations and failure to provide for their family (Bowen et al. 2019; Cairns and Johnston 2015; Daniel 2016, Fielding-Singh 2017). For example, Lucy, in particular, discussed how she attempted to meet dietary guidelines but disclosed the difficulty she had in following these recommendations because of her finances; several grandmothers similarly mentioned the challenges they experienced in meeting feeding expectations.

In contrast to the existing literature, some forms of failure are specific to a life course and aging perspective. Grandparents often compared their present to their past, noting how they had previously been able to provide and purchase foods easily, but were no longer able to do so. In order to make ends meet, some grandparents sought employment or federal financial assistance. Yet, these ‘solutions’ are not really solutions at all, and created additional distinct challenges and feelings of failure. For example, Lucy felt failure when she had trouble obtaining employment, which was mainly a consequence of her age. Additionally, while Donna and Eric received SNAP, it was still not enough, as they ran out of food before the end of the month, and Donna felt failure around having to use SNAP in the first place. Some of these feelings of failure are
specific to this stage of their lives. I argue that this comparison is an essential addition to the current literature as it gives a life course perspective and understanding of how food is a means in which individuals recognize a shift in their class identity throughout their life course.

*Food Equates to Tension*

Grandparents also associated food with tension. First, tensions arose from the emotional stresses they experienced while employing strategies to obtain enough food for their growing grandchildren. This was particularly evident in finding coupons and sales, as well as implementing strict planning. “It’s just kinda stressful finding the sales…I have to plan before I shop. At Food Lion, I will use their kiosk and use those coupons. I do look through the sales paper and buy out of it, too. But I didn’t have to do that in the past,” explained Mildred, a 59-year-old grandmother who was caring for her two teenage grandchildren. Here, Mildred highlights that she uses resources now that she never had to use in the past. Mildred further noted that using coupons added stress to the food shopping process because she now has to diligently plan her food shopping trips instead of just going shopping. She also admitted that raising her grandchildren had been difficult; as growing teenagers, they “eat me out of house and home,” she stated. Several other grandparents spoke about the difficulties of feeding teenagers with growing appetites. Mildred disclosed that affording food had always been a challenge while raising her grandchildren, but that it had recently become even more of a struggle, given that they needed more food to nourish their growing bodies.

Second, grandparents described tensions that emerged between them and their grandchildren, particularly while going grocery shopping. They responded by trying to go grocery shopping alone. For example, Camille, a 60-year-old grandmother, was caring for her
three grandchildren. In the past, her grandchildren would accompany her while food shopping, but now they do not. She stated:

We had to change that. I go without them now. When they used to shop with me, I had one that’s only interested in pushing the buggy. They fight over who’s going to push the buggy. My granddaughter, she loves to just put everything [food] in the buggy … and Will, he is like can I just push the buggy?... you know, it started becoming a hectic and an all-day adventure in there.

By describing her shopping trips as hectic, Camille’s narrative illuminates the frenzied nature of grocery shopping with her grandchildren. She continued by describing a previous food shopping experience:

One time, [the granddaughter] put all these different foods in the buggy, and I would just look inside [the shopping buggy] and be like ‘Where is all this food coming from? No, this needs to go back.’ As I put the foods back, she started to cry. So there I am in the food store with a crying child with people staring at me trying to put all this food back.

Camille now shops alone because it allows her to only shop for the grocery items the family needs and minimize the time she spends shopping, and because it helps her avoid outbursts from her grandchildren. Similar to Camille, Margaret, a 66-year-old grandmother caring for her two grandchildren, also mentioned how she did not shop with her grandchildren because of their demands. She recounted, “No way. No. They want too many things. ‘Oh, can we get this? Oh, can we get this? Oh, no, no, no. Can we get--no, no.’” She describes the repetitive nature of her grandchildren’s questioning while in the grocery store. Margaret has to deny their food requests because she cannot afford it. She later mentioned that navigating the grocery store and sales were challenging enough. Demanding grandchildren only added stress to the shopping process.

Finally, grandparents described tensions that arose while preparing meals. Donna, a 62-year-old grandmother, sometimes found it physically demanding to cook meals, as she had several physical ailments and limitations from Multiple Sclerosis (MS). While her
granddaughter, Jane, helped her with the physical aspects of preparing and cooking meals.

Donna had to strictly monitor the process to ensure that Jane was preparing the meals correctly.

For me, if I wanted to try and cook, I’d have to do it all at the kitchen table and then have the oldest granddaughter move it to the oven or to the stove, and I’d have to direct her… but then I’m worried about her and cooking…making sure that she does it correctly… it can be stressful.

As Donna reveals, monitoring this process can be quite difficult and sometimes stressful. If her granddaughter does not follow the steps “correctly,” then she risks the food, and entire meal, going to waste. Several grandparents noted how they had to strictly monitor others when they cooked, to ensure that food in not wasted. Ivy, a 56-year-old grandmother, explained, “She [her granddaughter] is young, and so she doesn’t know measurements or cooking to stretch [food]. She doesn’t realize that we don’t have a lot of money, and can’t just go out and buy more.” Ivy feared that her granddaughter would waste food because she had yet to understand their financial struggles and lacked the specialized knowledge of how to stretch their food resources. This specialized knowledge is something that Ivy, and other grandmothers, had to learn as well.

In sum, food signified tension for grandparents; tensions arose as they used coupons and sales as strategies to counteract the financial burdens of increasing food prices, striving to purchase enough food to feed their families. Planning allowed grandparents to fulfill the budget expectations of their shopping trips. These financial challenges often manifested in emotional pressures for grandparents, as they were caught between providing as caregivers and adhering to a strict household budget. For example, Mildred discussed how it was stressful locating sales, and how she had to efficiently plan before every food shopping trip to ensure she was able to purchase everything the family needed without overspending. Other scholars find that similar emotional pressures are prevalent among low-income mothers purchasing food for their families (Bowen et al. 2019; Cairns and Johnston 2015; Cooper 2014; Daniel 2016, Fielding-Singh 2017).
Tensions also arose between grandparents and their grandchildren, specifically while grocery shopping and preparing meals. Similar to the current literature, I find that food shopping with children can be difficult (Bowen et al. 2019; Daniel 2016; Fielding-Singh 2017). Grandparents found it overwhelming to manage the grocery shopping experience and grocery list while also accommodating (or trying to resist) their grandchildren’s food requests (Bowen et al. 2019; Daniel 2016; Fielding-Singh 2017). Therefore, they tried to shop alone to negate the tensions that arose during these shopping trips. Also similar to current literature, grandparents assume that their grandchildren lacked awareness of food insecurity (Fram et al. 2011). The current study did not explore the meanings that grandchildren associated with food, but it would be a fruitful area to explore in future research.

While there are similarities between grandparents’ narratives and those expressed by mothers in the existing literature, I argue that there are some differences, particularly related to the tensions surrounding meal preparation. Because of the natural aging process, these grandparents experienced various physical limitations. Thus, grandchildren became the only viable resource in the home to assist with the meal preparation process. However, my research shows how transferring meal preparation tasks to children could be a very stressful and tedious process.

Food Equates to Sacrifice

Grandparents made sacrifices to ensure that their grandchildren were fed. First, grandparents avoided paying bills to ensure there was enough money to purchase food for the family. Gertrude, a 63-year-old grandmother, frequently paid bills late in order to provide food for her two grandchildren. When asked what it was like to raise grandchildren, Gertrude said, “Oh, my, God. It’s very challenging… you know, it’s – I don’t want to sound like ugly. It’s a no-
win situation.” To Gertrude, her no-win situation was particularly related to household finances the affordability of food. For example, when she asked about this “no-win situation” she talked about her bills. Sighing, Gertrude said, “I always try to get caught back up and stuff…you got to pay your rent…you got to pay your lights…you know, my car payment, which I tell them ‘look, I need some food, so it’s gonna be late,’ which I always have to pay the late charge...” Gertrude focuses on how she prioritizes feeding her family, even if this means she is delayed on other bills. But these trade-offs come at a price; she must pay late fees.

Second, grandparents skipped refilling their medications and prescriptions to have enough money for food. Raena, a 62-year-old grandmother raising her two granddaughters (ages 5 and 7), found herself struggling with health problems. Raena had high blood pressure and acid reflux disease, both of which were exacerbated by the stress of caretaking. Even with Medicare and a Medicare supplement, Raena found it difficult to afford her medications all the time, especially when she had “to get food on the table.” She explained, “Most of the time I will skip one of mine [prescriptions] or cut back on one of mine [to pay for food].” Skipping medication was detrimental to Raena’s health; if she did not take her medications, she put herself at higher risk from suffering from a heart attack or stroke. Similarly, Mildred emphasized that she skipped her medication to purchase food for her family. She relied on her Social Security benefits and had only $750 per month to spend on household bills. While she received $136 in SNAP benefits every month, it was not enough. She said, “I’ve gone without medication to provide food.”

Mildred discussed the stressful aspects of prioritizing health and food purchases. She said:

I’ve got heart conditions now [in comparison to the past]. But I don’t worry about myself. It’s trying to keep the meals right for the kids. Trying to make sure that they get the right amount of fruits, the right amount of vegetables. It’s stressful. I try to keep them on that plate schedule [MyPlate]. Because my granddaughter is borderline diabetic. And if it wasn’t so expensive [fruits and vegetables], we would have a lot more [food], and I wouldn’t have to skip my medicine.
Mildred sacrificed her health for the sake of her grandchildren. Guaranteeing that her grandchildren’s meals follow dietary guidelines adds a layer of stress. These financial stressors are specific to this stage in her life; as discussed earlier, Mildred mentioned that she had never experienced challenges in purchasing food while raising her children. Her health had also deteriorated over time, as she now had various heart conditions. But if Mildred had more money, she could potentially avoid some of these trade-offs.

Finally, grandparents skipped meals to ensure that their grandchildren had enough to eat and that food lasted longer in the household. Sylvia was a 58-year-old grandmother caring for her two granddaughters (ages 11 and 5) with her husband. Similar to Lucy, Sylvia was in the WorkFirst program and worked as a veterinary technician, earning approximately $350 per week. She had to adjust her work hours and had missed days of work because of her caregiving duties. She said, “I'm having to miss some work for their doctor's appointments; I'm having to miss some work to go to court for them. I've missed five days for court already. That hurt… if you don't work, you don't get paid – it puts a struggle on you.” Even when she was able to work a full month, it did not guarantee financial stability; the family still ran out of food a few times a month. She said, “When we come close [to running out of food], we usually don't eat and let them [the grandchildren] eat.” By emphasizing how she lets her grandchildren eat even if this means that she and her husband don’t eat, Sylvia indicates how she prioritizes the well-being of their grandchildren over themselves, even though she and her husband have health issues. Sylvia had diverticulitis; by not eating, her intestines become more inflamed, producing more pain in her body. She also found it challenging to keep up with administering her medications when food was limited. Sylvia’s prescriptions required her to eat while taking her medication; when she doesn’t eat, Sylvia is unable to take her medicine.
Overall, grandparents associated food with sacrifice. Similar to the current literature on low-income mothers, grandparents emphasized that they prioritized their grandchildren over their own well-being, which included foregoing bill payments and skipping meals (Badun et al. 1995; Bowen et al. 2019; DeVault 1991; Fram et al. 2013; McIntyre et al. 2000; McIntyre et al. 2003; Weinfield et al. 2014). Ultimately, these sacrifices are made to protect children and their well-being, but are not without risks. Mothers who skip meals experience nutritional deficiencies and other health consequences (Tarasuk and Beaton 1999). I argue that the consequences of these sacrifices may be more significant for grandparents, especially in terms of their overall health. Ultimately, for older adults, malnutrition and skipping medications lead to hospitalization, robust medical costs, readmission, and death (Cerri et al. 2015; Lim et al. 2012; Mangels 2018). This is especially crucial for grandparents raising grandchildren, as these grandparents are the last viable resource to provide care for their grandchildren short of the child welfare system (Dunifon 2018).

**Discussion and Conclusion**

These grandparents have similar meanings of food compared to the low-income mothers discussed in the current literature. However, these meanings diverge according to factors relating to life course stage and aging experiences. For example, similar to the literature regarding low-income mothers, these grandparents view food as failure: their failure to meet expectations and failure to provide. Yet my findings demonstrate that these grandparents experience an additional dimension of failure. They compare their current circumstances to their first time parenting, noting the differences and acknowledging a downshift in social mobility over the life course. Additionally, the consequences of the their sacrifices may yield particularly harmful effects for these older adults—for example, by exacerbating current health conditions. Several grandparents
in my study either skipped meals or medication to provide meals for their grandchildren. Malnutrition and foregoing medication places these older adults at higher risk for hospitalization (Cerri et al. 2015; Lim et al. 2012; Mangels 2018). This is important both because medical care is expensive, and because these grandparents are the last viable resource short of the child welfare system to provide care for their grandchildren. Moreover, these grandparents live on fixed or limited income, and find it difficult to obtain employment. Therefore, common rhetoric and solutions to combat poverty (i.e., get a job) do not work for these aging adults.

My findings advance the growing literature examining food-insecure caregivers’, specifically mothers, experiences and the meanings they give to food, by showing how aspects pertaining to the life course shape these meanings. Particularly, the experiences of these grandparents illustrate how the meanings of food can vary throughout one’s life course. These findings are important because they not only provide insight into how these grandparents experience food insecurity, but how food shapes their internal feelings about their own identity. Overall, my findings illustrate that aging and the life course contribute to distinct challenges and emotional tensions that food-insecure individuals experience while feeding their families.
CHAPTER FIVE:
WE ARE FAMILY?:
SYSTEMIC CONSEQUENCES OF COMPETING FAMILY CONTRACTS

Introduction

What makes a legitimate family? The U.S. Census Bureau defines family as a “group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered as members of one family” (U.S. Census Bureau 2019). Sociologists critique this simple definition because it suggests that defining a family is relatively straightforward, ignoring the nuances surrounding family meanings and expectations, as well as the evolution of diverse family structures (Bourdieu 1996; Hays 2003; Meadow and Stacey 2006). The past 40 years has generated change within the American family structure, including the expansion of women in the workforce, changes in living arrangements, and shifts in social and cultural ideals and values (Cherlin 2010; Farrell et al. 2012; Goldscheider and Waite 1991; McLanahan and Casper 1995).

Welfare law and programs are slowly adjusting in response to changes in family structures (Hays 2003; Sugarman 2008). Existing literature examines the ways in which families respond to the constraints of social assistance programs (Bowen et al. 2019; Edin and Lein 1997; Edin and Kefalas 2005; Elliott and Bowen 2018; Hays 2003). For example, Elliott and Bowen (2018) show how low-income mothers defend their household feeding practices, trying to construct themselves as good mothers in the face of the scrutiny and surveillance of food assistance programs. The existing literature provides an understanding of the experiences of families, particularly mothers, living in poverty and their interactions with social assistance providers. This study contributes to the current poverty literature by drawing upon Elliott and Bowen’s concept of defensive mothering to develop the concept of defensive caregiving, or the
ways individuals respond to the dominant ideology of the family by citing the actions of the care
work that they provide. By using grandparents raising grandchildren as a case, I ask, *how do
grandparents define and defend their families? How do the social processes of othering
contribute to their caregiving experiences?* To answer these questions, the current study extends
the previous literature by analyzing the strategies grandparents use to make sense of and to
defend their familial status. Grandparents raising grandchildren is an ideal case because these
grandparents typically do not have legal custody of the grandchildren, and therefore, are often
not recognized as a "family" when seeking assistance from welfare programs.

**Background**

The American family structure has changed over time. As a result of the Industrial
Revolution and the increase in urbanism, individualism, and the emancipation of women, the
meaning of “family” shifted, from law and tradition to companionship and affection (Burgess
1926: 104, reiterated by Ogburn 1932, Davis 1941, and Parsons 1944). Today, the traditional
family remains the ideal structure of family units and social organization. More specifically,
“ideal families consist of heterosexual couples that produce their own biological children. Such
families have a specific authority structure; namely, a father-head earning an adequate family
wage, a stay-at-home wife, and children” (Collins 1998: 62). Many sociologists find that families
that meet these “ideals” present a “privileged exemplar of intersectionality” (Collins 1998: 62);
thus, if families do not adhere to the socially constructed meanings surrounding this ideal, they
are ‘othered.’

Ultimately, othering is a product the politics of exclusion, or the language used to
marginalize others (Riggins 1997). Scholars describe othering as an interactive process through
which inequality is created and reproduced over time (Schwalbe et al. 2000). Not only specific to
discourse, othering also occurs through action. Schwalbe and colleagues explain “…the reproduction of inequality, even when it appears thoroughly institutionalized, ultimately depends on face-to-face interaction, which therefore must be studied as part of understanding the reproduction of inequality” (Schwalbe et al. 2000: 420). Therefore, while studying the consequences macro-level practices and rhetoric have on micro-level experiences, it is essential to include ground-level interactions to fully understand the complexities and social processes that perpetuate inequality.

Current poverty literature focuses on how families navigate scarce resources. Sociologists present in-depth accounts of the realities of families living in poverty (Bowen et al. 2019; Edin and Lein 1997; Edin and Kefalas 2005; Hays 2003). Reforms made to social assistance programs ostensibly aim to reduce people's dependency on such programs, relying on distinctions between those who are ‘deserving’ or ‘undeserving’ (Katz 2013). Katz (2013) argues that these distinctions are central to many debates regarding poverty and interventions: “How do we draw boundaries between who does and who does not deserve to be helped?; How can we provide help without increasing dependence or creating moral hazard?; What are the limits of social responsibility? What do we owe the poor and each other?” (p.268). This is particularly true in the light of neoliberal reforms that have made anti-poverty efforts increasingly privatized, punitive, insufficient, and dependent on wage work (Bowen et al. 2019; Edin and Lein 1997; Edin and Shaefer 2015; Elliott and Bowen 2018; Liebow 1993; Soss et al. 2011).

Existing literature focuses on families’ responses to these shifts. In particular, scholars have examined the experiences of low-income mothers and single-mothers and their interactions with welfare service providers (Edin and Kefalas 2005; Edin and Lein 1997; Elliott and Bowen 2018; Elliott et al. 2015). Low-income mothers and single mothers defend their parenting
practices by emphasizing traditional family values. For example, mothers describe the way in which they nurture their children, and how they place their motherhood and children as priorities over other relationships (Edin and Kefalas 2005; Edin and Lein 1997; Hertz 2006). Nurturing and prioritizing children are aspects of being a “good mother” and a way in which these mothers try to meet mothering expectations (Hays 2003; Hochschild 1989). Neoliberal shifts present a new paradigm for which mothers must defend their mothering. For example, Elliott and Bowen (2018) focus on “the agentic ways low-income mothers respond to dominant ideology of intensive mothering in relation to their feeding and management of their children’s bodies” (Elliott and Bowen 2018: 4). Overall, mothers feel as though they need to defend their mothering practices to social workers and others, in order to show that they are good mothers and are worthy of assistance. Elliott and Bowen also note that “expectations that mothering should be expert guided can also reproduce social inequalities, because poor mothers are not given the same leeway as wealthy mothers to adapt recommendations to their situation” (Elliott and Bowen 2018: 2). Therefore, poor mothers face additional pressures compared to higher-income mothers.

Of course, mothers are not the only individuals providing care for their families. In some specific situations, fathers are primarily responsible for their children. Single-father families are distinct from two-parent families and single-mother families (Brown 2004; Demuth and Brown 2004; Eggebeen et al. 1996; Hawkins et al. 2006). Single-fathers define their parenting practices through traditional family values (Edin and Nelson 2013). Traditional family values present fathers as providers (i.e., breadwinners within their families). Fathers, specifically single fathers, often see themselves as failures when they are unable to provide for their families (Edin and Nelson 2013).
Existing literature focuses on parents who have legal ties to their children as opposed to those that do not have legal family guardianship. The current study uses grandparents raising grandchildren as a case. I argue, along with other scholars, that the expectation that families have legal status reproduces inequality because caregivers who do not possess legal status are not given the same opportunities for supports to assist them in their caregiving.

In the United States, understandings of social institutions and social policies are often constructed through family rhetoric (Collins 1998). Some families are cut out of benefit programs, namely same-sex couples and families, due to heterosexual bias in policy frameworks (Chauncey 2005; Lind 2004; Powell et al. 2010). These biases create structural vulnerability for certain types of families. Families are changing, and welfare law and programs have been slow to adjust in response to this change. The structure of these programs continues to favor those who are of an “ideal family” (Sugarman 2008), marginalizing families who do not meet the “1950s Leave-It-to-Beaver model” (Hays 2003: 24). Ultimately, this lack of recognition further perpetuates inequality, as nontraditional families cannot access resources that would otherwise support them. For example, without legal status or recognition, families are not able to obtain certain benefits for their household (e.g., health insurance, social security benefits, Women, Infants, and Children (WIC), Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP)). Without resources for support, nontraditional caregivers like grandparents are at a disadvantage. This is particularly important in households living in poverty, because they cannot access resources to reduce the impact of or prevent poverty and food insecurity.
The Current Project

This project examines the ways grandparents (ages 54 and older) respond to the dominant ideology of the family in relation to the care work that they provide. For various reasons, many grandparents who are raising grandchildren do not have legal custody of their grandchildren and are cut out of traditional means of assistance. Focusing on grandfamilies experiencing food insecurity, the findings in this chapter reveal the ways these grandparents define and defend their families while trying to obtain SNAP (Supplemental Assistance Nutrition Program) and other benefits.

Figure 2: Defensive Caregiving Conceptual Map

This study contributes to the current poverty literature by developing the concept of defensive caregiving. The existing literature demonstrates that low-income mothers defend their parenting practices (Edin and Kefalas 2005; Edin and Lein 1997; Elliott and Bowen 2018; Elliott et al. 2015). The theoretical concept of defensive mothering is used to explain these responses, given that the responsibility and expectations of care work particularly falls on mothers. However, growing family dynamics and changing family structures illustrate that mothers are not the only ones providing care (Cherlin 2010; Farrell et al. 2012; Goldscheider and Waite
The term defensive mothering excludes other individuals who are providing similar care, as scholars argue that 'othering' is not just through action, but also through language (Riggins 1997; Schwalbe 2000). Therefore, I develop the term defensive caregiving to create a more inclusive term to describe the range of individuals providing care for their families. I define defensive caregiving as the ways individuals respond to the dominant ideology of the family by citing the specific tasks of care that they provide and use grandparents raising grandchildren as a case. I chose the word caregiving because these grandparents cite their daily care work as a way of validating to others that they are a family. Ultimately, these grandparents define family through their everyday care work (i.e., defining a family unit through the care that they give or provide) rather than according to a particular family structure (i.e., two-parent households). Furthermore, grandparents use examples of their everyday care work to show how they fit within the traditional family care model, defending their families. They do not try to do care work differently, but rather aim to care for grandchildren in a way that is similar to how members of more traditional family models would care for their children through everyday parenting practices. These grandfamilies experience othering as a consequence of how governmental institutions define family (i.e., through the traditional family model); specifically, grandparents are othered through their interactions with service providers.

**Findings**

Of the 25 households in my sample, 12 have full legal custody of their grandchildren, while 13 do not. In most cases, when grandparents were able to obtain legal custody of the grandchildren, it was because the parents had passed away (most commonly from substance abuse) or the parents had been incarcerated. I detail below the experiences of the grandparents
who did not have legal custody of their grandchildren, how they define and defend their family, and the interactions they had with social service providers when pursuing SNAP benefits.

**Becoming a “Family”**

Grandparents described how they faced challenges while seeking full custody to gain legal designation and “family” status. Here, I focus on the experiences of the households who do not have full custody. However, those who do have full custody described facing similar challenges before gaining full custody.

Connecting with legal assistance was difficult for grandparents who sought legal custody (but still did not have custody). Beth, a 68-year-old grandmother raising her 17-year-old granddaughter, recounted the time she tried to get a lawyer. “I tried once through this grandparents raising grandchildren [support group] but it just never worked out,” she explained. “There was supposed to be free [legal] advice but when I called [the lawyer], she was busy, and so I just kind of dropped it; I just never could connect. I wish there was something legal that would give us the rights instead of us having to struggle so much.” Accessing legal assistance programs is vital when trying to make ends meet. Even if these grandparents showed initiative and interest, they still struggled in making connections. Because of this, they often refrained from seeking future assistance to avoid the hassle.

Affording legal assistance was also challenging. “I can’t afford to pay $1,500.00 to have it done that’s how much it cost for a lawyer to assist me. Then some of the legal aids say that they can’t help for whatever reason, so it’s like, ‘Wow, whatever. We need assistance here,’” explained Yvonne, a 54-year old grandmother raising two grandchildren (ages 14 and 6). As summarized in Chapter 2, the average monthly household income participants in my study is approximately $1,454, which includes both paid employment and governmental benefits.
Therefore, $1,500 is a significant sum of money. Additionally, hiring lawyers also requires court appearances. For grandparents working low-wage jobs to make ends meet, going to court might mean missing work, which could lead to lost wages or even the loss of a job.

The grandchildren’s parents also presented a barrier to gaining full custody. “I have asked but the way I understand it you know the parents have to give up their rights and, of course, her Mom has no rights at the moment but her dad has refused… I wish there was something legal that would give us the rights instead of us having to struggle so much” said Beth, introduced above. Even when the children’s parents were not providing any care or financial assistance, they still retained parental family rights. The refusal of these parents to give up their rights made it difficult for grandparents to obtain legal custody, despite their daily caregiving practices. Erika, a 63-year-old grandmother raising two granddaughters (ages 12 and 15), said, “It’s really, really, tough because I just stopped, you know, because I had a legal aid lawyer. And she’s telling me so far what to put in the paper. But, you know, he [Erika’s son/ her granddaughters’ father] won’t answer to that either. I don’t know what to do anymore. I don’t know what to do anymore.” For grandparents like Erika, the main challenge was that they could not get in contact with their children; Erika could not tell me anything about her son, his location or what he was doing. Erika’s son had been out of her life and the lives of his daughters for years. Lawyers could theoretically help Erika gain custody of her grandchildren, but because of the lack of access and affordable services, she did not get support.

In sum, these grandparents experience challenges when seeking full custody and trying to gain legal family designation. As other scholars have found, when families do not meet the ideal of the “traditional family” structure, they are often excluded from receiving assistance from social programs and policies (Collins 1998; Hays 2003; Sugarman 2008). Thus, the lack of
access to legal assistance puts these grandparents at a disadvantage when trying to secure other assistance, namely SNAP benefits. I argue that the lack of access perpetuates further inequality for these families as they are not able to obtain support services to help them provide care for their grandchildren.

Consequences of the Meanings of “Family”

Grandparents cited difficulty in securing aid because of their lack of legal family designation, and often described their interactions with social workers as negative. To these grandparents, these interactions with service providers are critical, because service providers are essentially the gatekeepers into these programs. Yet, it is important to note that these service providers are constrained by institutionalized definitions of families. Therefore, their denial of benefits stems from the rules and regulations of the broader system. These grandparents do not necessarily see this broader system, but focus on how service providers ultimately deny them services. These interactions are ways in which we see the social processes of othering and that this marginalization influences the type of care they are able to provide, particularly when feeding the family.

Grandparents felt that they are not taken seriously as caregivers within their interactions with social workers. Mary, 60 years old, said, “We went through that [SNAP application] when we first got the [grand]kids, and they pretty much laughed it off [because they do not have legal custody].” While Mary and her husband considered themselves to be their grandchildren’s sole caretakers, they did not have legal custody of their grandchildren, which means they could not apply for benefits. Christine, 58-year-old grandmother raising her 5-year-old grandson, said, “What would really be helpful to us is food stamps, but they shrug us off because we don’t have custody. That’s not fair. In order to provide, you know, proper nourishment and food sometimes
you feel like you’re robbing Peter to pay Paul in order to have a food budget.” Christine focuses on how it is not fair that she does not have the resources to provide nourishment. By saying that she has to rob Peter to pay Paul, she is discussing the tradeoffs she makes to feed her grandchildren. For example, Christine forewent paying bills and refilling her medication to be able to feed her grandchildren. Not being taken seriously as caregiver during their interactions with service providers is an example of how these grandparents are othered.

Legally, grandparents without legal custody were only seen as individuals, versus a family, and therefore, their caregiving was not taken into account when they tried to obtain benefits for the entire household. This matters because they may retain “too much” financially through Social Security benefits, retirement, and/or income from low wage work as individuals, but these resources are not enough to provide care for their entire household. Erika, introduced above, said, “It would be nice if I could get some food stamps [SNAP] but they [service provider] say I make too much money. But, you know, it’s not for me. It would be for the kids.” Here, Erika notes that she was denied benefits by the service provider because she was only recognized as an individual, even though she would be using these benefits for her grandchildren. Like Erika, other grandparents without legal custody experienced similar issues. In particular, grandparents would actively seek out SNAP benefits solely for the benefit of their grandchildren and their nourishment. Beth, introduced above, said, “You know I asked for food stamps and my, I’m just like a few dollars too much. It seems like I’ve never had any assistance… I’ve never… I’ve always worked…” Here, Beth was referring to a time when she went to the local Health and Human Services office to sign up for SNAP benefits. Ultimately, the service provider told her she was not eligible for the program because her income was too high, and she was denied benefits.
While some grandparents without custody were not eligible for SNAP benefits at all, some were eligible for SNAP, but only for themselves or their partners. Still, SNAP benefits were insufficient to feed the entire family. Grandparents who did receive SNAP recalled times when their benefits changed or were cut entirely. Gertrude, a 63-year-old grandmother raising two grandchildren, said, “I get — was getting food stamps, but they said, you know, I re-upped and everything. They [the service provider] said I make a dollar too much.” Shifts in SNAP benefits made it difficult for them to provide care and proper nourishment. Similarly, Ester, a 71-year-old grandmother caring for her 6-year-old grandson said, “I do receive food stamps, but he’s [grandson] not on my food stamps. And they have cut them, too.” Without notification, SNAP benefits can be reduced in a household. But for these grandparents, this unanticipated reduction is significant. Not only do they not have enough money to feed themselves, but now even more so for the entire household.

Overall, grandparents’ lack of legal custody makes it difficult for them to secure food assistance. While it is generally difficult for families to secure social assistance (Edin and Lein 1997; Edin and Kefalas 2005; Edin and Nelson 2013; Hays 2003), these grandfamilies face additional barriers, including the challenges of gaining recognition as a family, not just legally, but also by others (e.g., service providers). Grandparents described negative interactions with service providers, such as being laughed off or denied benefits. These negative experiences with service providers are a consequence of an interactional form of othering, as described by Schwalbe and colleagues (2000). The denial of benefits (that occur through these interactions) affect the type of care these grandparents are able to provide, particularly when feeding the family. This marginalization further perpetuates inequality. Ultimately, these grandparents are
not able to access assistance that would help assuage some of their food-related needs, and must continue to go without.

**Defining and Defending the Family**

These grandparents define family by citing caregiving practices as central to the symbolic meaning of family, meaning that the actions of care work are what make a family. They defend their family and caregiving by comparing their caregiving practices to those of others. By doing this, they are expanding upon who is providing this care, but citing examples using the framing of traditional family models.

Grandparents cited examples of their daily tasks as a way to define and prove their role as a caregiver. Ivy, a 56-year-old grandmother caring for her 10-year-old granddaughter, noted her frustration:

> It’s so frustrating. I do everything a parent does. She gets up, we have cereal... we brush her hair, brush her teeth or put on her clothes ...we try to pick out her clothes the night before. She gets up at 6:05 and she’s on the bus at 7:05... she gets off the bus at 3:45...we get home and it’s late, and it’s still homework and 30 minutes of reading and then our own reading time, which is usually when she reads to me or I read to her or we talk, and we have our prayers, you know, that special night time.

By stating that she does “everything a parent does,” Ivy compared herself to other parents, arguing, in frustration, that her daily caregiving work is the same. Many of the grandparents in the study used similar comparisons, often citing specific examples and walking me through a day in their shoes. For example, Gertrude, introduced above, explained a typical day for the family:

> You know, getting up -- I get up at 5 AM. I get the kids up at 6 AM, you know, getting Brandon ready. You have to tell Julie ten times to do everything. Then, you know, drop Brandon off at the church. He goes to church in the morning time to school and back, because of that before and after school program. If he’s not ready – he’ll stay by himself, but he won’t stay all day by himself, so he goes there. And then, I drop Brandon off and then I come to work and do my eight hours here. Get off of work, pick Brandon up, pick Julie up. It’s like the same routine, you know, I get home, which Julie does help me out by doing her chores. Brandon don’t help me out a lot, but he will if I ask him. And, Julie will watch Brandon, so I can take a shower, then I get, you know, dinner ready. Make
sure Julie’s school work’s done and signed. And, try to, you know, spend some time with
the kids, and try to spend more time with them on the weekend. And I feel like, God, if I
ain’t washing, I’m cooking. If I ain’t cooking, I’m washing. I tend to cook, but
sometimes I say okay, it’s a break. We’re freestyling it people, pizza tonight. But, I do
cook every single day. I do everything a parent does every single day.

Gertrude describes a litany of tasks and an exhausting schedule. While she has a routine,

Gertrude mentions some hectic moments throughout her day, such as having to ask her
granddaughter ten times to do something or schlepping her grandchildren from place to place. By
saying that she does “everything a parent does every single day,” Gertrude emphasizes that her
everyday care work is identical to that of parents.

Grandparents compared themselves to their own children (or grandchildren, in the case of
great-grandparents), maintaining that they do a better job raising the grandchildren than their
children would. “I do everything by myself you know and my granddaughter, she just it’s like
she sees them when she want to be here. It’s not that she’s here when I need her; she's here
when it’s convenient for her,” says April, a 67-year-old great-grandmother. April suggests that
her great-grandchild’s parents are only parents when it is convenient for them, instead of
providing the full-time care that she gives. April and other grandparents saw their care as
superior, because they are able to provide a better environment for the children. Debra, 55 years
old, says, “My grandson, Hudson, is my son’s. My son tried to come back and take him when he
was like, six. But you know, I said, “Uh-uh, you can’t get him back now.’ And now his daddy’s
in prison… so how was that a safe environment to go back to?” Debra sees the environment she
provides as better and safer. She exhibits protective behaviors towards her grandchildren, even if
it means raising tension within her own parent-child relationship.

Grandparents also compared the care they provided to the care of foster parents, claiming
that they should receive the same support for the same work. Christine, introduced above, said,
“Our biggest factor is that they seem to take and give foster care parents more money than they do for us taking care of our grandkids. It’s just a sad situation that grandkids end up becoming ours again and us raising kids, because their parents aren’t capable of doing so. But in the meantime, you know you don’t get any assistance.” Lucy, a 75-year-old grandmother raising her grandson, described the time when he was about to go into the child welfare system. She said:

I knew that this child had my bloodline runnin’ through him, and I could not turn my back and say no, then put him in a foster home. I can’t do it. But I did do this [raise him]. I got on my knees, and I earnestly prayed that God would give me the strength to raise him. And right now, I don’t know where God is because I need support and I don’t get any. But foster parents do? They’re not blood. I don’t know where God is [cries], because it’s so rough right now.

Like other grandparents in the study, Lucy recognizes that her efforts of raising her grandson kept him out of the child welfare system. She emphasizes how she is related to her grandson by blood, comparing herself foster parents, who are “not blood” but maintain family recognition and have greater access to support and resources.

These grandparents defend their families by discussing the caregiving practices that they implement on a daily basis, often comparing their caregiving to that of others. This is similar to defensive mothering because the mothers in previous research often cite their practices (specifically their feeding practices) to show how they are providing for their children and following program requirements (Elliott and Bowen 2018). For these grandparents, in particular, it is the actual action of care work that allows them to define themselves as a family, because they perform the same work within the traditional family model (e.g., waking the grandchildren up, taking them to school, cooking meals, doing homework, getting them ready for bed).

Because these grandparents do not have inherent legal guardianship and custody of their grandchildren, they experience additional barriers to gain recognition as a family.
Discussion and Conclusion

Grandfamilies’ lack of legal status reproduces inequality because caregivers without legal status are not given the same opportunities for supports to assist them in their caregiving. For example, my findings show that grandparents without legal custody are excluded from receiving SNAP benefits for their grandchildren. Without access to these benefits, they struggle to feed their families. While not legally recognized as families, grandparents defend their families by emphasizing the caregiving practices that they implement on a daily basis, often comparing their caregiving to that of others. For example, grandparents compared themselves to foster parents, often noting that they should receive similar assistance and support as these families. Although grandparents tried to pursue legal custody of their grandchildren, access to these services was challenging. Grandparents often cited problems with connecting to and affording these services.

My findings advance the literature on family care work by showing how legal status and recognition shape the care people are able to provide to their families. Furthermore, my findings illustrate how caregivers defend their families in their response to not being recognized as a family. My concept of defensive caregiving provides a framework for viewing these experiences by considering a broader range of individuals who provide this care (i.e., not strictly mothers). Grandparents cited their daily tasks as a way to define and prove their role as a caregiver. Grandparents’ narratives emphasized a traditional family model, as they suggested that because they provide the same care, they, too, should be recognized as a family. Grandparents also noted that they did a better job in raising their grandchildren compared to the care their children could provide, because they created a more stable and safe home environment. Additionally, grandparents compared themselves, and the care they provide, to foster parents, claiming that they should receive the same support for the same work. Therefore, we need to close the gap in
between changing family dynamics and welfare policies so that *all* families have the opportunity to provide adequate care.
CHAPTER SIX:
CONCLUSION AND IMPLICATIONS

This dissertation offers three theoretical contributions to the literatures on families, poverty, aging, and food insecurity. In particular, this dissertation is a response to the lack of inclusion of older persons and diverse family structures in the current sociological poverty and food-related caregiving literatures.

First, building on DeVault’s (1991) concept of foodwork, I argue that foodwork requires more than just emotional labor; it is also physically arduous. My concept of fatigued foodwork is crucial in understanding foodwork as an emotional and physical experience by considering a life course perspective. The current definition of foodwork, relating to the unpaid labor in the home as it pertains to food, including cooking, meal planning, food procurement, and food provisioning (DeVault 1991), assumes that beyond the compounding influences of how people conduct foodwork, that people ultimately can perform the physical labor of this work relatively easily. But it is important to take the physical body into account when considering the performance of foodwork because I find that physical limitations and ailments influence the type of meals that these grandparents are able to provide, ultimately contributing to their experiences of food insecurity.

Second, building off sociologists’ work focusing on the meanings of food, I find that the meanings that grandparents associate with food are similar to those of mothers analyzed in the current literature. However, these meanings diverge according to grandparents’ life course and aging experiences. The strategies that grandparents employ to manage their household food insecurity risk dire consequences to their health and well-being. This is important because (1) medical care is expensive, and (2) these grandparents are the last viable resource short of the
child welfare system to provide care for their grandchildren. Ultimately, the meanings of food can vary throughout one’s life course. These findings are important because my research not only provides insight into how these grandparents experience food insecurity, but how food shapes their feelings about their own identity.

Third, I argue that the expectation for families to have legal status reproduces inequality because caregivers who do not possess legal status are not given the same opportunities for supports to assist them in their caregiving. For example, grandparents without legal custody of their grandchildren are excluded from receiving programmatic assistance, such as SNAP. Not having access to this program affects the care these grandparents are able to provide as they struggle to feed their families. In response to being denied benefits, grandparents define family through their everyday care work (i.e., using the care that they give or provide as how they define a family unit) rather than aspects relating to actual family structure (i.e., two-parent households). Furthermore, they defend their families by using examples of their everyday care work to show how they fit within the traditional family care model. This builds off of the work of Elliott and Bowen (2018), and their concept of defensive mothering, by extending the framework to include a broader range of individuals who provide this care, through defensive caregiving. Grandparents raising grandchildren is just one case in which we see defensive caregiving. Ultimately, these findings are important because the American family structure is more heterogeneous today than previous decades. Therefore, we need to close the gap in between changing family dynamics and welfare policies so that all families have the opportunity to provide adequate care.

Finally, this dissertation contributes to larger debates in the discipline. Sociologists have long focused on how race, class, gender, and other social hierarchies constitute interlocking and
intersectional systems of oppression (Collins 1990; Collins and Bilge 2016). I argue that age represents another aspect of identity that intersects with race, class, and gender to shape people’s experiences in day-to-day life and contribute to inequalities. Scholars note that “[getting old] is a different animal altogether” (Abramson 2015: 19), and that older adults experience poverty quite differently from their younger counterparts (Harrington 1962). Aging and the aging body cannot be separated from an individual—they are factors that he or she must navigate throughout their everyday lives. Overall, this project expands theoretical and empirical insights on intersectionality by broadening what we view as systems of oppression. For example, my findings show how the aging body can create additional challenges and burdens for older adults as they perform everyday tasks. Alternatively, how individuals age cannot be separated from aspects of culminative disadvantage experienced over the life course based on the factors of race, class, and gender (Abramson 2015; Carr 2019; Crystal and Shea 1990; Crystal et al. 2016; Dannefer 2003; Ferraro and Shippee 2009). For example, aging may compound health disparities linked to race and class (Pampel 1998). These health disparities are consequences of racial discrimination in the health care system, the lack of access to adequate health care and preventative medicine by socioeconomic status, and access to health insurance and coverage (Ferraro et al. 2017; Fiscella et al. 2000; Nelson 2002; Shi and Stevens 2010). Taken together, these disparities conjoin and ultimately impact an individual’s quality of life in older age (Abramson 2015; Carr 2019; Ferraro and Shippee 2009; Pickard 2016; Stoller and Gibson 2000).

While essential to our understanding of intersectional disadvantages, aging still remains an understudied aspect in the discipline. As scholars point out, “Even professionals within our discipline assure us that the topic we study is important but not the stuff of ‘real’ sociology. The subjects of our work, the old, seem to hold little value for most people, and so the study carries
low prestige as well” (Calasanti and Slevin 2001: 1). Moving forward, the discipline would benefit from incorporating age into our research by expanding our understanding of intersecting social hierarchies.

**Limitations and Directions for Future Research**

This study is not without limitations. First, given the qualitative nature of this project, the findings are not generalizable to grandfamilies across the United States. However, the intent of this project was not meant to be generalizable, but rather allow for a greater understanding of the food-related care work experience of these families. Still, coherent themes emerged from the research, and I am confident that I reached saturation for my sample.

Additionally, similar to Cairns and Johnston (2015), it was difficult to find male grandparents to participate in the study. All of the men in my sample were married to women who were also part of my sample. Given national data supporting that women are more likely to care for their grandchildren compared to men, this is not that surprising. Also, throughout my interviews with married couples, women were the ones performing the foodwork and food related care work in these households. While their narratives are included in the qualitative analysis, the men did not have much to say about these tasks. Their responses focused mainly how their wives were responsible for food-related caregiving tasks. The men discussed their experiences and responsibilities as they related to other aspects of the interview schedule that did not relate to procuring food, meal preparation, or cooking. Given historical trends related to gender and foodwork (Cairns and Johnston 2015; DeVault 1991; Hochschild 1989), it was not surprising that women completed these tasks. Future research should seek out grandfathers raising their grandchildren to illuminate their experiences, as they might face additional tensions.
with role identity conflict being solely responsible for caregiving tasks, as well as being providers.

Second, I conducted my interviews via telephone. While face-to-face interviewing is the gold standard in qualitative research, scholars note that telephone interviews still yield quality data. For this project, conducting telephone interviews was ideal. As noted in Chapter 2, telephone interviews are beneficial because of they allow for a wider geographical reach, reduced travel costs, and improved interviewer safety, and because they allow the interviewer to unobtrusively take notes during the interviews. Future research should employ additional qualitative methods, such as face-to-face interviews and ethnography, to further delve into the everyday lived experiences of grandfamilies.

Finally, my data are geographically constrained to North Carolina. I purposefully focused on one state because resources and funding for support programs vary by state. Therefore, depending on state-level policies and program funding, the experiences of grandfamilies elsewhere may be different. North Carolina is also ranked within the top 10 states experiencing household food insecurity for families and for older adults, making it an ideal state to conduct this research. Scholars should conduct future research in other geographical locations to examine potential connections of experiences. Conducting research in multiple states could also allow for state-level policy and funding evaluation, allowing policymakers, service providers, and advocates to see what works, what does not work, and areas for opportunity.

**Policy Implications**

Overall, in their current form, social insurance and welfare programs do not consider the growing changes in the American family structure, which is more heterogeneous today than in previous decades. For example, grandparents raising grandchildren find it difficult to access
these programs for a myriad of reasons. Thus, these grandparents do not receive the support they need to adequately provide care for their grandchildren without facing significant trade-offs for themselves.

In 2018, Congress passed S.1091: Supporting Grandparents Raising Grandchildren Act (Public Law No: 115-196), which will create a Federal Advisory Council on providing support to grandfamilies. This Federal Advisory Council will make recommendations to Congress on best practices and critical federal programs that can support grandfamilies in the United States, as they have become more prevalent over time, but without supports and programs in place to assist them. Additionally, FY2018 appropriations bill designated “$20 million to states, tribes, and territories to create kinship navigator programs in communities where they are currently absent, as well as to evaluate and improve existing kinship programs” (Lent and Otto 2018: p. 20).

In May 2019, members of Congress introduced the Grandfamilies Act of 2019 to both the House of Representatives (H.R.2967) and the Senate (S.1660). If passed, this law would provide greater support for grandfamilies and older caretaker relatives. Specifically, this law would accomplish the following:

1. Provide grandfamilies with greater access to Social Security child’s benefits.
2. Undo prohibitive rules that limit cash assistance for grandfamilies.
3. Support service coordinators in grandfamily housing.
4. Promote temporary guardianship laws so that caregivers will have the authority to make critical decisions for a child.
5. Ensure states are prepared to provide streamlines support to grandfamilies.

Findings from this research can assist in the development of policies and programs to support these families.

First, there is a need for adequate legal assistance for family custody. Grandparents in my study argue that lacking affordable access to legal assistance makes it difficult to legal custody of their grandchildren. Creating an approachable, streamlined navigation process to gaining legal
assistance could allow more grandparents to gain legal custody of their grandchildren. This type of initiative could help streamline the process and promote temporary custody so that grandparents are given decision-making power. Additionally, it would give grandfamilies a legal family designation, which would help families procure support through assistance programs such as SNAP.

Second, these grandfamilies need access to adequate food resources. In its current form, the Grandfamilies Act of 2019 does not mention food or food access. Regardless of the passing of the act, programs, such as SNAP (Supplemental Nutrition Assistance Program), should be expanded to include kinship families as eligible households to receive benefits. Additionally, funding should be allocated to service providers with the intention to create and provide summer meal programming. Among the grandfamilies in my study, 52% of grandchildren were enrolled in the free school breakfast program, and 80% were enrolled in the free school lunch program. The grandparents mentioned that it was difficult to provide these meals themselves while the children were home from school. Therefore, school food programs should be extended into the summer months or other programs should take over in providing these meals.

Finally, older adult-headed grandfamilies should have dedicated supports. As findings from this research suggest, grandparents require additional assistance due to lack of transportation, limited mobility, and other issues associated with the natural consequences of aging. For instance, preparing meals safely in their homes and going grocery shopping present everyday obstacles for grandparents. Therefore, programs that provide only financial support may not be adequate. Creating an accessible meal program that requires only minimal effort to prepare meals would be helpful. It could not only provide nourishment to, but also minimize
potential sacrifices and trade-offs that place grandparents’ health at risk (e.g., skipping meals or skipping medications).

To conclude, grandparents raising grandchildren are a growing segment of the U.S. population. For every child being raised in foster care, there are twenty children living with grandparents or other relatives outside of the foster care system (Generations United 2017). Despite the caregiving support these grandparents offer, they remain relatively hidden from social service agencies, policymakers, the general public, and research. This dissertation research provides a starting point for future research to illuminate the everyday experiences of these families. By providing such accounts, we can pinpoint areas of challenges and barriers these grandfamilies experience, and begin providing adequate support to improve overall outcomes.
REFERENCES


Ziliak, James P. and Craig C. Gundersen. 2008. “Senior Hunger in the United States: Differences Across States and Rural and Urban Areas.” University of Kentucky Center for Poverty Research Special Reports.


### Definitions of Food Insecurity (by levels)

<table>
<thead>
<tr>
<th>Level</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>High food security</td>
<td>Households had no problems, or anxiety about, consistently accessing adequate food.</td>
</tr>
<tr>
<td>Marginal food security</td>
<td>Households had problems at times, or anxiety about, accessing adequate food, but the quality, variety, and quantity of their food intake were not substantially reduced.</td>
</tr>
<tr>
<td>Low food security</td>
<td>Households reduced the quality, variety, and desirability of their diets, but the quantity of food intake and normal eating patterns were not substantially disrupted.</td>
</tr>
<tr>
<td>Very low food security</td>
<td>At times during the year, eating patterns of one or more household members were disrupted and food intake reduced because the household lacked money and other resources for food.</td>
</tr>
</tbody>
</table>
APPENDIX B

USDA’s Federal Food Insecurity Assessment Questionnaire

Now I’m going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for (you/your household) in the last 12 months—that is, since last (name of current month).

1. The first statement is “(I/We) worried whether (my/our) food would run out before (I/we) got money to buy more.” Was that often true, sometimes true, or never true for (you/your household) in the last 12 months?

   [ ] Often true
   [ ] Sometimes true
   [ ] Never true
   [ ] DK or Refused

2. “The food that (I/we) bought just didn’t last, and (I/we) didn’t have money to get more.” Was that often, sometimes, or never true for (you/your household) in the last 12 months?

   [ ] Often true
   [ ] Sometimes true
   [ ] Never true
   [ ] DK or Refused

3. “(I/we) couldn’t afford to eat balanced meals.” Was that often, sometimes, or never true for (you/your household) in the last 12 months?

   [ ] Often true
   [ ] Sometimes true
   [ ] Never true
   [ ] DK or Refused

4. In the last 12 months, since last (name of current month), did (you/you or other adults in your household) ever cut the size of your meals or skip meals because there wasn't enough money for food?

   [ ] Yes
   [ ] No (Skip AD1a)
   [ ] DK (Skip AD1a)

5. [IF YES ABOVE, ASK] How often did this happen—almost every month, some months but not every month, or in only 1 or 2 months?

   [ ] Almost every month
   [ ] Some months but not every month
6. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?
   [ ] Yes
   [ ] No
   [ ] DK

7. In the last 12 months, were you every hungry but didn't eat because there wasn't enough money for food?
   [ ] Yes
   [ ] No
   [ ] DK

8. In the last 12 months, did you lose weight because there wasn't enough money for food?
   [ ] Yes
   [ ] No
   [ ] DK

9. In the last 12 months, did (you/you or other adults in your household) ever not eat for a whole day because there wasn't enough money for food?
   [ ] Yes
   [ ] No (Skip AD5a)
   [ ] DK (Skip AD5a)

10. [IF YES ABOVE, ASK] How often did this happen—almost every month, some months but not every month, or in only 1 or 2 months?
    [ ] Almost every month
    [ ] Some months but not every month
    [ ] Only 1 or 2 months
    [ ] DK

11. “(I/we) relied on only a few kinds of low-cost food to feed (my/our) child/the children because (I was/we were) running out of money to buy food.” Was that often, sometimes, or never true for (you/your household) in the last 12 months?
    [ ] Often true
    [ ] Sometimes true
    [ ] Never true
    [ ] DK or Refused
12. “(I/We) couldn’t feed (my/our) child/the children) a balanced meal, because (I/we) couldn’t afford that.” Was that often, sometimes, or never true for (you/your household) in the last 12 months?

[ ] Often true
[ ] Sometimes true
[ ] Never true
[ ] DK or Refused

13. "(My/Our child was/The children were) not eating enough because (I/we) just couldn't afford enough food.” Was that often, sometimes, or never true for (you/your household) in the last 12 months?

[ ] Often true
[ ] Sometimes true
[ ] Never true
[ ] DK or Refused

14. In the last 12 months, since (current month) of last year, did you ever cut the size of (your child's/any of the children's) meals because there wasn't enough money for food?

[ ] Yes
[ ] No
[ ] DK

15. In the last 12 months, did (CHILD’S NAME/any of the children) ever skip meals because there wasn't enough money for food?

[ ] Yes
[ ] No (Skip CH5a)
[ ] DK (Skip CH5a)

16. [IF YES ABOVE ASK] How often did this happen—almost every month, some months but not every month, or in only 1 or 2 months?

[ ] Almost every month
[ ] Some months but not every month
[ ] Only 1 or 2 months
[ ] DK

17. In the last 12 months, (was your child/were the children) ever hungry but you just couldn't afford more food?

[ ] Yes
[ ] No
[ ] DK
18. In the last 12 months, did (your child/any of the children) ever not eat for a whole day because there wasn't enough money for food?

[ ] Yes
[ ] No
[ ] DK
## APPENDIX C

Table 2: Individual Demographics

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Gender</th>
<th>Race</th>
<th>Marital Status</th>
<th>Employed</th>
<th>Housing</th>
<th># of Grandchildren in Household</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Debra</td>
<td>55</td>
<td>F</td>
<td>White</td>
<td>Divorced</td>
<td>Unemployed</td>
<td>House</td>
<td>1</td>
<td>$667</td>
</tr>
<tr>
<td>Mildred</td>
<td>59</td>
<td>F</td>
<td>White</td>
<td>Divorced</td>
<td>Disability</td>
<td>Mobile Home</td>
<td>2</td>
<td>$886</td>
</tr>
<tr>
<td>Margaret</td>
<td>66</td>
<td>F</td>
<td>Black</td>
<td>Never married</td>
<td>Disability</td>
<td>Apartment</td>
<td>2</td>
<td>$4000</td>
</tr>
<tr>
<td>Susie</td>
<td>56</td>
<td>F</td>
<td>Black</td>
<td>Divorced</td>
<td>Unemployed</td>
<td>House</td>
<td>1</td>
<td>$320</td>
</tr>
<tr>
<td>Veronica</td>
<td>62</td>
<td>F</td>
<td>Black</td>
<td>Never married</td>
<td>Retired</td>
<td>Apartment</td>
<td>2</td>
<td>$494</td>
</tr>
<tr>
<td>Miriam</td>
<td>60</td>
<td>F</td>
<td>White</td>
<td>Married</td>
<td>Retired</td>
<td>House</td>
<td>2</td>
<td>$2300</td>
</tr>
<tr>
<td>Robert</td>
<td>67</td>
<td>M</td>
<td>White</td>
<td>Married</td>
<td>Retired</td>
<td></td>
<td></td>
<td>--</td>
</tr>
<tr>
<td>Erika</td>
<td>63</td>
<td>F</td>
<td>Black</td>
<td>Divorced</td>
<td>Part-Time</td>
<td>House</td>
<td>2</td>
<td>$936</td>
</tr>
<tr>
<td>Rebecca</td>
<td>57</td>
<td>F</td>
<td>Black</td>
<td>Married</td>
<td>Disability</td>
<td>Apartment</td>
<td>1</td>
<td>$797</td>
</tr>
<tr>
<td>Edward</td>
<td>67</td>
<td>M</td>
<td>Black</td>
<td>Married</td>
<td>Disability</td>
<td></td>
<td></td>
<td>--</td>
</tr>
<tr>
<td>April*</td>
<td>67</td>
<td>F</td>
<td>Black</td>
<td>Divorced</td>
<td>Disability</td>
<td>House</td>
<td>2</td>
<td>$1403</td>
</tr>
<tr>
<td>Beth</td>
<td>68</td>
<td>F</td>
<td>White</td>
<td>Divorced</td>
<td>Retired</td>
<td>House</td>
<td>1</td>
<td>$2000</td>
</tr>
<tr>
<td>Raena</td>
<td>62</td>
<td>F</td>
<td>Black</td>
<td>Divorced</td>
<td>Disability</td>
<td>House</td>
<td>2</td>
<td>$1953</td>
</tr>
<tr>
<td>Gertrude</td>
<td>63</td>
<td>F</td>
<td>White</td>
<td>Divorced</td>
<td>Full-Time</td>
<td>Mobile Home</td>
<td>2</td>
<td>$1600</td>
</tr>
<tr>
<td>Camille</td>
<td>60</td>
<td>F</td>
<td>Black</td>
<td>Never married</td>
<td>Part-Time</td>
<td>House</td>
<td>3</td>
<td>$1400</td>
</tr>
<tr>
<td>Donna</td>
<td>62</td>
<td>F</td>
<td>White</td>
<td>Married</td>
<td>Disability</td>
<td>Apartment</td>
<td>2</td>
<td>$1800</td>
</tr>
<tr>
<td>Eric</td>
<td>63</td>
<td>M</td>
<td>White</td>
<td>Married</td>
<td>Disability</td>
<td></td>
<td></td>
<td>--</td>
</tr>
<tr>
<td>Ivy</td>
<td>56</td>
<td>F</td>
<td>White</td>
<td>Divorced</td>
<td>Part-Time</td>
<td>House</td>
<td>1</td>
<td>$1000</td>
</tr>
<tr>
<td>Sylvia</td>
<td>58</td>
<td>F</td>
<td>White</td>
<td>Married</td>
<td>Part-Time</td>
<td>House</td>
<td>2</td>
<td>$1400</td>
</tr>
<tr>
<td>Howard</td>
<td>54</td>
<td>M</td>
<td>White</td>
<td>Married</td>
<td>Retired</td>
<td></td>
<td></td>
<td>--</td>
</tr>
<tr>
<td>Stella</td>
<td>64</td>
<td>F</td>
<td>Black</td>
<td>Divorced</td>
<td>Disability</td>
<td>House</td>
<td>5</td>
<td>$850</td>
</tr>
<tr>
<td>Ester</td>
<td>71</td>
<td>F</td>
<td>Black</td>
<td>Never married</td>
<td>Retired</td>
<td>House</td>
<td>1</td>
<td>$845</td>
</tr>
<tr>
<td>Lucy</td>
<td>75</td>
<td>F</td>
<td>White</td>
<td>Divorced</td>
<td>Retired</td>
<td>House</td>
<td>1</td>
<td>$1220</td>
</tr>
<tr>
<td>Christine</td>
<td>58</td>
<td>F</td>
<td>Black</td>
<td>Married</td>
<td>Retired</td>
<td>House</td>
<td>1</td>
<td>$2851</td>
</tr>
<tr>
<td>Dean</td>
<td>61</td>
<td>M</td>
<td>White</td>
<td>Married</td>
<td>Retired</td>
<td></td>
<td></td>
<td>--</td>
</tr>
<tr>
<td>Ava</td>
<td>59</td>
<td>F</td>
<td>Black</td>
<td>Never married</td>
<td>Full-Time</td>
<td>House</td>
<td>2</td>
<td>$1700</td>
</tr>
<tr>
<td>Yvonne</td>
<td>54</td>
<td>F</td>
<td>Black</td>
<td>Widowed</td>
<td>Disability</td>
<td>House</td>
<td>2</td>
<td>$2800</td>
</tr>
<tr>
<td>Trisha</td>
<td>56</td>
<td>F</td>
<td>Black</td>
<td>Divorced</td>
<td>Part-Time</td>
<td>Apartment</td>
<td>1</td>
<td>$1091</td>
</tr>
<tr>
<td>Name</td>
<td>Age</td>
<td>Sex</td>
<td>Race</td>
<td>Marital Status</td>
<td>Disability</td>
<td>Housing Type</td>
<td>Room Count</td>
<td>Monthly Rent</td>
</tr>
<tr>
<td>--------</td>
<td>-----</td>
<td>-----</td>
<td>-------</td>
<td>----------------</td>
<td>----------------</td>
<td>-----------------</td>
<td>------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Lidia</td>
<td>59</td>
<td>F</td>
<td>Black</td>
<td>Widowed</td>
<td>Unemployed</td>
<td>House</td>
<td>1</td>
<td>$925</td>
</tr>
<tr>
<td>Robin*</td>
<td>60</td>
<td>F</td>
<td>White</td>
<td>Divorced</td>
<td>Disability</td>
<td>Mobile Home</td>
<td>4</td>
<td>$1129</td>
</tr>
</tbody>
</table>
# APPENDIX D

## Interview Schedule

**CLOSE-ENDED**  
PARTICIPANT: _______________________________  
DATE: ________________

### Household Members  
*Asked during Health Qs, but organized here*

<table>
<thead>
<tr>
<th>Grandchild</th>
<th>Age</th>
<th>Gender</th>
<th>Race</th>
<th>Duration of Stay</th>
<th>How often they stay</th>
<th>Health Condition Y/N</th>
<th>Name of Health Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How many grandchildren they have in total (not necessarily living with them):

<table>
<thead>
<tr>
<th>Other HH members (relationship)</th>
<th>Age</th>
<th>Gender</th>
<th>Race</th>
<th>Employment Status</th>
<th>Duration of Stay</th>
<th>How often they stay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Household Benefits/ $$- Grandparent: What benefits do you currently receive?**

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Y/N receive</th>
<th>Amount</th>
<th>(Name of benefit if other)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSI</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

118
### Household Benefits- Grandchildren: What benefits for you currently receive for your grandchild(ren)?

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Y/N receive</th>
<th>Who receives (parent and GC or GP)</th>
<th>Do all GC receive? Y/N</th>
<th>Name of benefit (if other)</th>
</tr>
</thead>
<tbody>
<tr>
<td>WIC</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Free and reduced lunch</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breakfast program</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicaid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Housing Question Chart**  
*Asked during housing Qs, but organized here*

<table>
<thead>
<tr>
<th>Apt or House</th>
<th>How long reside? # in mths</th>
<th>Who owns/ name on lease?</th>
<th>Paid off? Y/N</th>
<th>Monthly payment? Y/N (If Y, amount?)</th>
<th># Bedrooms</th>
<th># Bathrooms</th>
</tr>
</thead>
</table>

**Marital Status**

<table>
<thead>
<tr>
<th>Single/ Never Married</th>
<th>Married</th>
<th>Divorced</th>
<th>Separated</th>
<th>Widowed</th>
</tr>
</thead>
</table>

119
INTRO/ RAPPORT
1. Let’s talk about your grandchildren. Tell me about your grandchildren that live with you.

2. Describe what it’s like to live a day in your shoes.

RESOURCES AND SOCIAL SAFETY NETS
I know we talked about benefits that you receive, so let’s talk about programs that help you within your community.
3. What help do you receive from programs in your community? **Probe:**
   a. What programs are these?
   b. How did you find out about them?

4. How is it to access resources in your area? **Probe:**
   a. What is easy about accessing the resources?
   b. What are your challenges?
   c. Which programs are harder to access?

5. What resource do you not receive now that would be helpful to you? What are your biggest needs right now?

Also, I know before you said that you were currently (employed or not employed).

a. **If employed:** What do you do? **Probe:**
   i. How many hours a week do you typically work?
   ii. Have you had to adjust your hours at work since caring for your grandchild(ren)?
      1. If yes, Is your employer ok with that?

b. **If not employed:** Have you worked in the past? **Probe:**
   i. If yes, what did you do and how long did you work?

HOUSING/ NEIGHBORHOOD
Speaking about your community…
6. Describe your neighborhood to me. **Probe:**
   a. What are your neighbors like?
   b. What do you like/not like about your neighborhood?
   c. (if it doesn’t come up) Do you feel safe in your neighborhood? Why or why not?

Let’s talk about where you live…
7. Do you live in an apartment or a house? **Probe:**
   a. (If house): Is it completely paid off?
   b. (If not paid off): About how much a month do you pay for your apartment/ house?
   c. How long have you been living there? Who owns it? (if apt) Who is on the lease?
   d. How many bedrooms?
   e. How many bathrooms?
   f. What is the kitchen like?
BASIC CAREGIVING QUESTIONS

Now let’s talk more about the grandchild(ren) you care for…

8. For the grandchild(ren) that currently live(s) with you, what is the reason that led to them living with you?

9. (If not full time) Where do they stay when they aren’t with you? Why do they stay with you rather than another family member or neighbor full time?

10. Does anyone help you with caring for your grandchildren? Such as another family member or a neighbor? If so, what do they help you with?

11. What is your grandchildren’s relationship with their parent(s) like? **Probe:**
   a. daily care
   b. how involved they are in decisions
   c. emotional relationship

12. Do you currently have legal guardianship of your grandchild(ren)? (If more than one grandchild) Do you have legal custody of any of your grandchildren? **Probe:** Why or why not? Have you looked into obtaining legal guardianship? If not, why not?

13. Did you even think you would be raising your grandchild(ren)? How did you envision this stage of life before all of this?

SHOPPING/ MEAL PREP

I know you mentioned that you used a food program in your area, so let’s talk about food shopping and meal prep…

14. Who would you say does the shopping for food in your household? Where do you typically shop? How do you get there?
   a. (IF GP shops for food):
      i. Do you typically shop with any of your grandchild(ren)?
      ii. What is the grocery shopping experience like?

15. What would you say are the main things that influence your food shopping decisions when you are buying food? (Price, what people will eat, etc?)

16. Who does most of the cooking?
   a. If GP: What is easy about preparing food? What is difficult?
   b. If GC: Why do they do most of the cooking? How long have they been doing most of the cooking?

17. Tell me about mealtimes for you and your family (breakfast, lunch, dinner).
   a. Where do you normally eat breakfast/lunch/dinner?
   b. Do you all eat at the same time?
18. Describe some of the typical meals you and your family eat.

19. Do you ever come close to running out of food? **Probe:**
   a. What do you do?
   b. When does that tend to happen?
   c. What are your strategies to avoid running out of food? i.e. tradeoffs, skipping meals, etc.

20. Within the last year, has anything affected the food you and your family were eating? (This could mean the amount of food you had to eat or the kinds of foods you were eating.) Tell me about that event.

21. Do your grandchildren use a school program (such as free and reduced lunch/ breakfast)? What happens during the summer? Do you face any challenges?

**GRANDPARENT EATING**
22. When feeding yourself, what would you say are your top priorities? What would you say influences you to have these priorities?

23. Do you have any concerns about your eating habits?

24. Are there any foods you wish you ate more or less of? What? Why?

**KIDS EATING**
25. How would you describe your general approach to feeding your grandchild(ren)?

26. When feeding your grandchild(ren), what would you say are your top priorities? What would you say influences you to have these priorities?

27. Do you have any rules when it comes to food? If so, what are they?

28. What happens when your grandkids don’t want to eat something you want them to eat?

29. Do you introduce new foods often? Why or why not?

30. Do you have any concerns about the child(ren)’s eating habits? **Probe:**
   a. If yes, have you talked with anyone else about your concerns? Like a doctor or a case worker, or someone at your grandchild's school?

31. Are there any foods you wish they ate more or less of? What? Why?

32. Do you receive or look for any information on child nutrition? **Probe:**
   a. If yes, where do you get this information from?
   b. How easy or difficult is that information to understand? Easy/difficult to follow?
   c.
PAST V. PRESENT
33. What would you say is different now feeding your grandchild(ren) than it was feeding your own children? **Probe:**
   a. Have your priorities changed? (nutrition pressures)
   b. Have the meals changed?
   c. (If yes to any questions)
      i. How so?
      ii. Why do you think it has changed?

HEALTH AND HEALTHCARE
*So now let’s talk a little bit about health and medical care in your household…*
34. How would you describe your overall health? Has anything changed in your health as you have cared for your grandchild(ren)?

35. Do you have any health conditions? **Probe:**
   a. If so, what are they?
   b. How do you manage this health condition(s)?

36. How would you describe your grandchild(ren)’s overall health?

37. Do(es) your grandchild(ren) have any health conditions? **Probe:**
   a. If so, what are they?
   b. How do you manage this health condition(s)?

38. Do you take your grandchild(ren) for medical care? **Probe:**
   a. What is easy/ difficult about this?
   b. Do you face any barriers in doing so?

39. Do you have health insurance? Does everyone in your household have health insurance?
   a. If not, why not?
   b. If yes, do the grandchildren have insurance through their parents or another source? **Probe:**
      i. Do you think you get everything you need from everyone’s coverage?
      ii. If not, what do you need?

WRAP-UP
*Before we finish the interview…*
40. What are the most important issues facing you and your family?

41. In an ideal world, what would help you and your family the most in your current situation? (e.g., time, money)

42. Is there anything you want to add? Is there anything that you thought I would ask you that I didn’t?
43. Do you have any questions for me?