



Male kinship caregivers: Do they differ from their female counterparts?



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ABSTRACT

Few studies have been conducted about male caregivers in general and even fewer about male caregivers who provide care for their relative's child when the child is in the custody of the child welfare or child- and family-serving systems. This exploratory study examined the motivations, parenting capacity, readiness, stress and strain, family support, and perceptions of child well-being of male caregivers and compared their experiences with those of their female counterparts. The study also compared the experiences of caregivers in different family roles (i.e., adult siblings, grandparents, aunts/uncles) to determine if gender differences exist. Results show a high level of capacity and ability of male caregivers and a relatively low level of stress and strain. Significant differences were not gender-defined; instead, as it pertains to caregiver capacity, stress and strain, and perceptions of child well-being, differences were distinguishable by such sociodemographic characteristics as marital status, educational attainment, number of children being cared for, ethnicity, and income. Practice, policy and research recommendations are offered.

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1. Introduction and background

The U.S. Census reports that there are 3.1 million children who do not live in the care of their parents, and of these children, approximately 59% reside with their grandparents (U.S. Department of Commerce, Census Bureau, 2011). Although there are 4.5 million grandmothers who are primarily responsible for the care of their grandchildren, there are also 2.5 million grandfathers who assume the same role independent of a spouse, wife, or female counterpart (U.S. Department of Commerce, Census Bureau, 2011). Children's separation from their parents is known to occur for a variety of reasons, but is primarily associated with cases of child maltreatment such as parental neglect and physical, psychological, or sexual abuse (U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, 2011).

The rate of children who live in kinship care arrangements has risen in recent years. In 2003 about 23% of foster care placements were made to kinship caregivers. From data gathered in 2012, it is estimated that 399,546 children were residing in foster care as a result of child maltreatment, and of these children more than a quarter (28%) resided in kinship care (Child Welfare Information Gateway, 2013). The profile

of the person who cares for children has long been that of an elderly female maternal relative. While certainly the majority of kinship caregivers are female and typically connected to the children in care through a maternal blood line, more and more the face of kinship caregiving is changing (Child Welfare Information Gateway, 2010) and involves different types of caregivers and diverse caregiver roles to include younger (including adult siblings) and male caregivers. Although the literature on kinship care in the context of the child welfare and other child- and family-serving systems has become more robust, there is still very little known about male kinship caregivers. Our lack of knowledge about these caregivers is very much in line with the meager literature on male or father involvement in child welfare in general (for a critique of the literature see Bellamy, 2009; Dubowitz, 2009; Saleh, 2013).

Consequently, this study had three aims. First, we sought to define, compare, and contrast the sociodemographic characteristics of male versus female caregivers. Second, we explored male caregivers' capacity and readiness to care, their childrearing abilities, any experiences that they might have encountered with stress and strain, their level of family involvement or social support, their motivations to care, and their service needs. Third, we wanted to determine where and the extent to which there may be differences between male and female caregivers in the afore-mentioned categories of caregiving experiences. Using a quantitative measure that recorded the self-reports of both male and female kinship caregivers, we examined the experiences of both in order to better understand what might be the unique strengths and needs of males. Guided by an empirical framework that examines

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caregiving experiences through the lens of stress and strain, we provide practice implications for supporting child well-being by understanding the experiences of male caregivers.

2. Understanding male caregivers: a review of the literature

2.1. Gender and caregiving

Most scholarly research demonstrates that women predominantly assume the responsibility of caregiving either directly or indirectly. Perhaps this is due to the traditional societal norm of men being responsible for financial stability while women are assigned the role of caregivers, as men who challenge this distinction are generally chastised or perceived with suspicion (Doucet, 2006; Hurd & Rogers, 1998; O'Donnell, Johnson, D'Aunno, & Thornton, 2005). Despite negative connotations, however, men are increasingly assuming the role of caregiver. But as a consequence of the predominance of women in that role, the efforts of men are notably overlooked (Bullock, 2005, 2007; Campbell, 2010; Fazio & Nguyen, 2005; Gerstel & Gallagher, 2001; Hurd & Rogers, 1998; Kaufman, Kosberg, Leeper, & Tang, 2010).

Men make the decision to become caregivers for a variety of reasons. They may choose to dedicate care to a spouse or an elderly parent, or provide care for their own children or the children of relatives. Sometimes the women in men's lives may provide a strong influence for men to undertake caregiving. Research shows that men are often "pulled into" caregiving by their wives, sisters, and daughters (Campbell, 2010; Gerstel & Gallagher, 2001). At other times men decide by choice that caregiving may be more desirable than working outside of the home (Campbell, 2010; Doucet, 2006), or they understand that the immense demands of caregiving may make working outside of the home unsustainable (Campbell, 2010). Of the men who feel they have little choice in assuming caregiver roles, many do so in response to feelings of obligation (Bullock, 2005, 2007; Campbell, 2010; Gleeson et al., 2009).

2.2. Male caregivers in child welfare and other child- and family-serving systems

The emergence of men assuming the role of caregiving has steadily increased in recent years, yet most of the research on caregivers has not accommodated this shift and continues to focus predominantly on women. Due to the overall disregard of men, particularly those involved in the child welfare and other child- and family-serving systems, child rearing may prove to be problematic with this population of caregivers as men may feel turned away or unable to ask for the help they need in supporting the children in their care. For instance, for men who desire to formally undergo the responsibility of kinship care, formal service systems and the courts recurrently offer limited support and often insist on referring the role to female kinship caregivers (Brown, Callahan, Strega, Walmsley, & Dominelli, 2009; O'Donnell et al., 2005). In addition, Bullock (2007) suggests that because of traditional values, men who assume the role of caregiving may be less inclined to ask for help. Not surprisingly, men who assume the responsibility of kinship care are often confronted with reservations concerning their capacity or readiness to provide adequate parenting (Bullock, 2007; Raschick & Ingersoll-Dayton, 2004). And as stated by Raschick and Ingersoll-Dayton (2004), male caregivers are "particularly susceptible to feeling abandoned and isolated, in part because the problems men face are not understood by family and friends" (p. 318).

Generally, not much is understood about the paucity of men assuming caregiving roles in child- and family-serving systems. In a national study by Bellamy (2009) that appraised the involvement of men in the child welfare system, it was found that biological or adoptive fathers, grandfathers, uncles, or other male biological relatives generally assume secondary caregiving roles while female relatives are the

primary assumers of the caregiving role. Additionally, although research finds that kinship care most often occurs voluntarily without the intervention of formal care systems (Denby, 2011), men by and large do not assume such roles. However, evidence demonstrates that children in the foster care system who are raised by male caregivers are considered to be less at risk than children devoid of male role models (see Bellamy, 2009). Also, there is emerging evidence that child welfare professionals desire more involvement with and expect to engage more actively with fathers, including such male caregivers as foster fathers (Saleh, 2013).

3. Empirical perspectives

3.1. Theories of caregiver stress and strain

Considering family caregiving in general, research suggests that there is a high likelihood that caregivers will experience elements of stress and strain while attending to their role. For example, according to Goode (1960), "role strain" is prone to occur when one experiences difficulty in simultaneously conforming to the social expectations of multiple roles; therefore, to relieve stress one must decide whether to terminate a role or compromise between the obligations of other roles. As defined by Brannan, Heflinger, and Bickman (1997), caregiver strain pertains to the "demands, responsibilities, difficulties, and negative psychic consequences of caring for relatives with special needs" (p. 212). England and Roberts (1996) suggest that caregiver strain encompasses three defining characteristics: "exhaustion," "emotional arousal," and "goal discrepancy distress" (p. 501). In congruence with this concept, caregiver strain additionally occurs in three dimensions: objective caregiver strain entailing the observable dimensions of burden; internalized strain referring to the internal subjective worrisome feelings of the caregiver; and externalized subjective caregiver strain regarding the negative feelings of the caregiver towards the recipient of care (Brannan et al., 1997). In a review of the literature, Hunt (2003) discovered that caregivers with a heavy subjective burden may have a higher risk for declining health than caregivers with other types of caregiver strain. Upon recognizing the components of caregiver stress and strain it may be assumed that although the previously described attributes are common among caregivers, the individual experiences of this population vary according to several variables, particularly age, income, and gender.

3.2. Stress and strain: gender differences

In the context of caregiving for children, while most research on kinship care shows that grandmothers overwhelmingly assume the caregiving role (Park, 2009), grandfathers often report experiencing less stress and strain while attending to their role. For example, Ekwall and Hallberg (2007) discovered that among their sample of 171 kinship caregiving grandparents, the men reported experiencing greater feelings of personal fulfillment, mutual engagement, self-awareness, and perceptions that caregiving "widened their horizon." Additionally, in a research by Park (2009) it was found that among grandparents who assumed primary caregiving roles, grandfathers were less likely than grandmothers to report poor psychological health. However, research suggests that age may predict caregiver strain as well because older grandfathers are more likely to report poor psychological health (Park, 2009). Caregiver strain may also be correlated to socioeconomic status, as a study on grandparent kinship caregivers revealed that caregivers with lower incomes reported greater amounts of strain than their counterparts with higher incomes (Williams, Forbes, Mitchell, Essar, & Corbett, 2003), and a research by Bullock (2005, 2007) found that grandfathers with lower incomes often report stronger feelings of powerlessness and depression than their wealthier counterparts.

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