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Grandmother Caregivers: Key Influencers in Children's Health Behaviors

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Abstract

Objective: To assess if a grandmother caregiver's participation in a Diabetes Prevention Program (DPP) influences the health behaviors of their grandchildren.

Research Design and Methods: Grandchildren (ages of 8-16 years) of women enrolled in a Diabetes Prevention Program (DPP) were invited to participate in a short interview to learn their perspectives about their grandmother's influence on their health behaviors. Deductive content analysis was used to analysis the data.

Results: Five children, ages 10-14 years were interviewed. Four children (3 boys, 1 girl) indicated that their grandmother had a greater influence on their health behaviors than other family members or peers at school, while one boy stated he and his father lost weight because of his grandmother's participation in the program.

Conclusion: Grandmothers enrolled in a DPP modeled healthy behaviors that decreased their risk of developing diabetes and influenced the health behaviors of their grandchildren.

Keywords: Prediabetes; African American Grandmothers; Caregivers; Grandchildren; Diabetes prevention; Diabetes prevention program

Abbreviations: A1C: Glycosylated hemoglobin A1C; DPP: Diabetes Prevention Program; AA: African American; HOPE: Healthy Outcomes through Peer Educators

Introduction

African American (AA) grandmothers are the cornerstone of the family unit, serving as a source of heritage and wisdom [1]. These women hold a reveled role that can be traced back to the ancestral role of grandmothers in Africa, who served as caregivers for their grandchildren [2]. Currently, one third of African American (AA) grandmothers living with grandchildren serve as primary caregivers compared to 9% of the general population [1]. This estimate does not include grandmothers who assume primary responsibility for their grandchildren without legal custodial rights due to a complicated and expensive legal process.

It is likely that 80% of AA grandmother caregivers are overweight or obese, many of whom care for a grandchild who is also overweight or obese [3]. The risk of overweight or obese AA children remaining overweight in adulthood is at least twice that for normal weight children. This increases their risk for developing diabetes, heart disease, and other obesity related complications [4,5]. Grandmothers influence their grandchildren's eating patterns both by modeling their own eating behaviors, food preferences and physical activity [5-6]. Therefore, empowering AA grandmothers to serve as positive role models should facilitate behavior change and healthy behaviors for themselves and their grandchildren [6-8]. Targeting grandmother caregivers for diabetes prevention programs may be key to preventing diabetes for these key family influencers as well other family members.

Healthy Outcomes through Peer Educators (HOPE), was a novel community-based study designed to educate and equip AA grandmother caregivers with sustained support needed to work toward better health for themselves and their grandchildren who might be at risk for diabetes. The grandmothers were randomized to a Diabetes Prevention Program (DPP) (active comparator)

or DPP + HOPE (intervention) where grandmothers served as peers to other grandmothers enrolled in the Diabetes Prevention Program (DPP). The methods for this study are described in detail in a previous publication [9].

Ninety two percent (n=11) of DPP + HOPE participants completed the 12-month DPP and lost an average of 5% body weight. The DPP plus HOPE participants described the program as a "source of support" that helped them stay on track with their health goals." [9]. We invited the grandchildren of these participants (ages 8 to 16 years) to participate in a thirty minute semi structured interview to learn if grandmother caregivers' participation in DPP + HOPE impacted the health behaviors of their grandchildren.

Research Design and Methods

The HOPE study was conducted in accordance with the Declaration of Helsinki [9]. The research protocol was amended to include interviews for children ages 8-16 years with written consent from the legal guardian and the child's assent. The amended research protocol was approved by the University Social Sciences Human Subjects Protection Committee.

Interviews

Grandmothers randomized to the DPP plus HOPE intervention (n=11) were asked to invite their grandchildren between the ages of 8-16 years to participate in a brief interview with a study staff member. The grandchild's legal guardian was required to provide consent and the grandchild was required to assent to participate in the interview. The grandchildren received $50 after completing the interview to compensate for their time. The interview was conducted virtually via an approved video conferencing platform.

The interview explored the child's perspective about their grandmother's health behaviors after joining the HOPE study. The following questions were asked:

a) Have you noticed any changes your grandmother's health behaviors recently?

b) Does your grandmother's health behaviors influence your dietary choices and physical activity?

Probes were used to assist the grandchildren in elaborating and clarifying statements.

A total of five audio recordings were transcribed. After transcription, two members of the study team, consisting of a graduate student and the Principal Investigator (PI) utilized a deductive content analysis approach, guided by the Social Learning Theory (SLT), which assumes that people are shaped by their environment and learn by observing others [10]. The five transcripts were independently coded then reviewed to compare agreement. Most of the coding between the two researchers was the same, and each discrepancy was discussed until the consensus was reached. Codes with similar content or context were collated into unifying themes.

Results

Grandchildren's Perspective

The grandmother participants invited thirteen grandchildren to participate in the interviews. Eight children were ineligible because they were younger than 8 years. Five grandchildren (4 boys, 1 girl) ages 10-16 years were eligible and agreed to be interviewed.

The categories identified in the analysis were predominately descriptive, (i.e., they described patterns in the data relevant to the research questions). Two categories were generated in the interviews: modelling and supporting healthy behaviors. Sample excerpts are provided.

Modelling healthy behaviors

All the children stated that they noticed changes in their grandmother's food choices and physical activity since joining the HOPE study. The grandmothers created a healthier food environment by replacing candy, potato chips and other 'junk food 'with colorful healthy snacks (e.g., bananas, apples, and citrus fruits). Boy 1 (age 11 years) stated: "My grandmother started cooking more vegetables. She didn't buy any more cookies and candy for us to eat at the house. I started eating apples and oranges and noticed my acne got better. I can tell she [grandmother] was moving better and looked better."

Boy 2 (age 14 years): "My doctor told me and my dad that I might get diabetes if I don't lose weight. My dad asked my grandmother about her program [HOPE] and said we should start doing what grandma did to lose weight. She always has different fruits in a basket on her kitchen countertop. Me and dad started going to the gym almost every day to play basketball. We ate at home and quit eating out. Daddy used to get fried chicken dinners and McDonald's for me because he knew I liked it. Now we have salad and meat at dinner all the time. I lost 15 pounds, and my dad lost weight too."

All the children reported that their grandmother was more physically active after joining HOPE. They also noticed that their grandmother was more energetic and lost weight after joining the study. Boy 3 (age 13 years) stated: "I walk with my grandmother after school because I don't want her walking alone in the evening-it's not safe. Boy 2: "My grandma and several other women at the center started a walking group for the women in the neighborhood. Me and dad volunteer to walk with them sometimes. "Girl 1 (age 12 years): I walk with my grandma every day and eat what she eats. I lost 17 pounds since the summer so far. I love her[grandmother] so much."

Supporting healthy behaviors

Two children described how school is a stressful environment due to the pressure of trying to "fit in with peers". The children praised their grandmothers for offering unwavering emotional support and love and providing a sense of security and stability.

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Boy 4 (age 16 years): "She [grandmother] comes to all my games [basketball] at school. This gives me confidence." She encourages me to eat better so I am a better athlete and student. She says junk in, junk out. She cleaned out her kitchen-no more chips, cookies, and candy. Now she has grapes, apples, oranges, and pears for me and my friends. I really got into the salads. I didn't eat them at school because they weren't fresh, but I love the salads my grandmother makes. She mixes fruit up with the lettuce. I am on the student council, and I plan to work on a petition to improve the quality of the food at our cafeteria."

Girl 1 described how her grandmother advocated for her physical and mental health. "I ditched school because I was called [fat] names by my classmates all the time. Everybody (boys and girls) teased me about my clothes. I hated gym class because I was slower than the other girls, and I was teased about my weight. I didn't tell my parents, but my grandma noticed because I go to her house after school and tell her about it. One time she saw some boys chasing me home. My grandma ran them [the boys] off. My grandmother spoke to my parents and went to the school with my mother to get me moved to another classroom. Now I meet with a counselor every week. My grandmother enrolled me in swimming classes at the YMCA. I really like it. Sometimes she goes swimming with me. We do Zumba and yoga together too."

Four children indicated that their grandmother had a greater influence on their health behaviors than other family members or peers at school. Boy 2 stated that he was indirectly influenced by his grandmother because she encourages his father to lead a healthy lifestyle. The children recommended that a monthly family night be included in the program so they and other family members could learn how to incorporate healthy strategies in their daily lives.

Discussion

This qualitative study highlighted the rich narrative of five grandchildren who described their grandmothers as the gentle listeners who lend an empathetic ear without judgment. Our results are similar to other studies reporting grandmother caregivers playing a vital role in the health behaviors of their grandchildren and other family members. [11-13] Grandmothers have a vested interest in the health of their grandchildren and often describe themselves as a 'change agent' for their family [9].

We were unable to interview many of the grandchildren of women enrolled in the study because the children were outside of the age range approved by the IRB. However, the five eligible children's insights brought to light the nurturing bond between grandmothers and grandchildren and demonstrated that grandmothers who model healthy behaviors have a positive impact on the health behaviors of their grandchildren.

Conclusion

The findings from this qualitative study indicate that grandmother caregivers enrolled in DPP were positive role models that influenced healthy behaviors for their grandchildren. Targeting these key family influencers for diabetes prevention programs is sensible since, grandmothers influence food acquisition and preparation behaviors for families, particularly grandchildren [9,12,13]. Future research is needed to examine this intervention delivery model in other high-risk groups at risk for diabetes.

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