

Investigating the Link Between Involvement in Raising Grandchildren and Seniors' Self-Assessed Quality of Life

Badanie związków pomiędzy zaangażowaniem w wychowywanie wnuków a samoocena jakości życia seniorów

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Introduction

Ageing is something that affects us all. We all know this, but are aware of it to different extents. Seniors who do not accept the idea that an activity is now beyond their reach suffer all sorts of injuries, as evidenced by the many articles on this subject in monographs and medical journals in particular. However, this does not mean that the “Third Age” must be associated with passivity, loneliness, poor health, and withdrawal from social life. Quite the opposite – the extension of human life and consistent improvement of the quality of later life, including in relation to health (owing to the development of medicine and other fields of science), means that old age can be a time spent in an active fashion – be this in professional or social activity.

An active old age is still something that is accepted far too rarely in the Polish context. We are still inclined to succumb to the stereotypes associated with an elderly person: sick, lonely, and inactive. Unfortunately, these stereotypes are supported by the media, and the image of the elderly is becoming ever worse in times of the SARS-CoV-2 pandemic announced in spring 2020 (Report 2021). I trust that this will change, albeit slowly, and that this change will occur mainly due to examples of older people taking an active part in social, economic, and political life. Voluntary initiatives established to help those in need during the pandemic have revealed a great deal of strength, energy, good will and willingness to help, including among seniors.

Social organisations that engage the elderly in active life play a significant role in activating people in the autumn of their lives;

however, this role could be much greater. This is also important because an active senior citizen tends to be a healthier senior citizen who is in better physical and mental condition and who does not place a burden on state finances by needing to undergo treatment or rehabilitation or use care services. The most recent statistics show that Poland is not particularly well placed in terms of active ageing. Only 33.5% of Poles over 50 are employed. Among people aged 65 and more, those who are employed account for less than 5% (the black economy is a separate issue here that still needs exploring). Volunteers aged over 60 constitute less than 2% of the entire population of Polish volunteers, and less than 2% of people aged over 50 engage in any form of education. In the 65 to 74 age range, as many as 88.9% of people have never used a computer.

There is no doubt that with age, the efficiency of the organism decreases and the risk of illness or disability rises. This is one of the reasons why seniors are less active. However, it should be remembered in this regard that there is a clear correlation: inactivity in professional and social life and reduced interpersonal contacts clearly contribute to the deterioration of mental and physical condition in the elderly, which has been proven by global research carried out in recent decades.

Landscape of research on the relationship between the health condition and social activity of seniors

Research conducted as part of the Berlin Seniors Study shows that older people who look after children (not necessarily related to them) statistically live longer. The difference in life expectancy may not be large – in fact, it is around seven years – but we should remember that seven years in statistical terms means two years for some and ten or twelve for others, which is considerable. The Berlin Seniors Study was conducted among a group of 500 individuals aged 70 or more. Individuals who cared for a child were less likely to die over a 20 year period than those who did not do so at all. In other words, caring for grandchildren can prolong life. The study did not include people who looked after a child regularly; it only considered those who looked after grandchildren from time to time. Dr Ronan Factora, a geriatrician at the Independence Family Health Center in Cleveland, affirms that a sense of responsibility and the feeling of being needed make us happier. Taking care of grandchildren helps bring these two factors about. Ronan Factora also stresses that there are other

determinants that can enable us to live a long and happy life. According to him, these include, among other things, keeping in touch with friends and staying fit.

Based on other research, prof. Marian Cleeves Diamond (2001), the founder of modern neuroscience, has challenged previous knowledge about the brain, genetics, and the invariability of brain potential. She proved that the brain is not determined by genetics but is rather influenced by the environment. Professor M. Diamond and her team established 5 standards, or the most important factors influencing the learning potential of the human brain. These are:

1. An appropriate diet (a diet rich in nutrients. It is worth remembering that modern children tend to be overfed but that their brains are often malnourished).
2. Physical activity and exercise (learning is a process based on the movement of the whole body. Movement increases blood supply to the cells and the so-called "master" molecule, a small protein called BDNF. When the BDNF level is elevated, the part of the hypothalamus responsible for memory and learning is most active. If this is not the case, the brain "shuts down" to learning. As such, we can only learn effectively in the right psycho-physical state).
3. Taking on tasks that are challenging to a certain degree (corresponding to Vygotsky's zone of proximal development).
4. Newness (which is related to the phenomenon of habituation; becoming accustomed to stimuli).
5. Love (relationships, good communication, a sense of bonding, security, trust, and shared responsibility).

The last factor should be emphasised because caring for grandchildren is what provides seniors with bonding opportunities, relationships and a sense of co-responsibility. This means that if grandparents attend to the other factors supporting the functioning of their brains, they will be able to retain a high level of brain functioning for many years and successfully assimilate new information and skills in old age.

In Poland, prof. Beata Tobiasz-Adamczyk (2001) investigates how factors such as social support, social networks and relationships can affect the self-assessment of the life situation of seniors. She writes that "conclusions which can be drawn to promote the concept of healthy aging or successful aging include, first and foremost, building, maintaining, or rebuilding strong ties that would help counteract all negative consequences of old age". Such negative consequences of the Third Age of life include loneliness and a negative

assessment of one's own health status that causes actual regressive changes in health and other areas of functioning.

In her article, B. Tobiasz-Adamczyk writes that "a disadvantageous feature of old age is fading or visible reduction of pre-existing ties, caused by the natural passing away of previous interaction partners or as a result of 'forced' limitations in interpersonal relationships resulting from limitations in health, from disability, institutionalisation, and other determinants related to the exclusion of older people from previous social structures (e.g. long-term hospitalisation). The convey theory allows us to look at the network of social relationships from the perspective of the course of earlier periods of life and to answer the question of what ties have survived from childhood, early adolescence, the different stages of adult life, giving the opportunity to enter old age with 'rich or poor' (Tobiasz-Adamczyk 2011) psychosocial resources", which help to facilitate a longer and more meaningful life in the Third Age. In her work B. Tobiasz-Adamczyk refers to many examples of research on the relationship between social networks and seniors' quality of life, health or mortality. These include, for example, the analyses described by Teresa Seeman (1987), Dan Blazer (1982), Motoki Iwasaki (2002), and Kathryn Wilkins (2003).

Family ties – an example of social bonds (Przygoda 2017)

The family bond is a type of social bond. Jerzy Szacki explains a social bond as a response to human needs, or rather the result of the fulfilment of basic human needs (social contact, belongingness), otherwise known as the need for affiliation and social recognition (Szacki 2002). This explanation, however, does not seem to address the essence of the phenomenon, but rather refers to the role the bond plays in lives of family members. Therefore, in the light of this definition, it can be stated that through the existence of bonds, all members of the family have the opportunity to satisfy individual needs relating directly to their herd nature.

According to Jan Turowski (2001), a social bond is defined as a constitutive element of a social group, i.e. a social group must create a bond in order to exist (thus it is the basis of the group's existence) and develop, and the social bond by its very nature does not exist outside the group. As such, one can say that a group cannot exist without ties that bind its individual members together, but one cannot speak of a tie in isolation from the group, because the existence of ties outside the group is impossible.

Such ties can also be discussed:

- in structural terms. This refers to interdependencies, relationships and interactions; in other words, functional bonds;
- in psychosocial terms. This relates to an emotional relationship or subjective bond (Turowski 2001).

Meanwhile, a definition of bonds pertaining directly to the family and concerning the deepest essence of the phenomenon has been developed by Leon Dyczewski (2002, 2005), who explains that a family bond is a whole complex of forces attracting members to each other and binding them together. Leon Dyczewski posits that these forces result from a number of factors: relationships of marriage, awareness of genetic bonds, emotional experiences, relations of dependence, cooperation, legal, religious, and customary factors, and similar attitudes of family members towards social, cultural, and economic events (Dyczewski 2005). Thus, the family bond is a result of internal forces existing in the family and external forces acting on its members and on the family group as a whole. These forces intertwine individual persons into a structural whole in which they can maintain their separateness and individuality.

Leon Dyczewski distinguishes between three types of family bonds:

- The structural-objective bond is composed of relationships and contacts between family members and generations that arise due to the roles and tasks performed by individuals and generations. The content of this bond is focused on child-rearing, children, parents, household chores and mutual support.
- The personal bond in a family is formed through relationships and contacts between persons and generations based on the cognitive sphere and the emotional-volitional sphere. Its content includes thoughts, feelings, desires, aspirations, and mutual attitudes towards other members of the family.
- The cultural bond is the relationship between persons in a family and is made up of attitudes of conformity or non-conformity towards the same values, standards, patterns of behaviour, persons, social institutions, and cultural products.

The family is the only social group in which ties are natural: descent and kinship create the basis for the social connection of individual members and their mutual relationships. The natural character of ties based on common descent is a particular advantage of the family, since children, living in the family from the moment of birth, assimilate behavioural patterns typical of the

family and develop attitudes towards themselves and towards others within and outside the family without subjecting these matters to any particular reflection. Thus, initially, a strong symmetrical bond is formed in the family without children's knowledge and will. Instead, it is built on a strong emotional connection with other members (distributive nature of the bond) (Turowski 2001). It is only in subsequent phases of family development that one can speak of the existence of a collective bond. Extracts from the analyses presented in this paper demonstrate that in modern multigenerational families, strong ties are still established according to Leon Dyczewski's definition (ties of a structural-objective, personal and cultural nature), but that with the passage of time and the corresponding entry of young people (grandchildren) into the subsequent stages of the moral development, these ties are slightly weakened¹.

Methodological approach of the research

The results presented here represent a small portion of a broader analysis aimed at identifying the specific nature of relationships between the youngest and the oldest family members: grandparents and grandchildren. A diagnostic survey method was used in the research (Pilch, Bauman 2001). The questions in the interview questionnaires were answered by 113 people of both sexes, aged 52 to 78, all with grandchildren. The research results are based on the analysis of answers to questions regarding seniors' self-assessment of their economic situation and their ability to satisfy their own needs. The research problem was formulated as follows: How does involvement in caring for grandchildren differentiate the self-esteem of the quality of life of seniors?

A hypothesis was proposed that frequent and close contact with grandchildren is a condition for a better self-assessment by seniors of their own quality of life, which in turn is determined by economic conditions and their ability to satisfy their own needs.

Old age (according to WHO) is the period from 60 years of age. The study was attended by respondents from the age of 52, but since all respondents

¹ Cf. J. Piaget, *The Psychology of the Child*. Piaget wrote in the 1970s that the period of moral autonomy in a child starts at the age of 14. Even if, in accordance with the results of contemporary research, we postpone this threshold by a few years, it can still be said of the analysed youth that they begin to create their own moral laws on the basis of those already known.

have already finished their professional work, it was concluded that they are already in the “third phase of life”, i.e. they can be called seniors (Szarota, Kijak 2013).

Once the survey was complete, the data gathered from participating seniors were divided into two groups for the purpose of the analysis: “involved grandparents” and “uninvolved grandparents”. “Involved grandparents” were those who declared very close and frequent, close and frequent, or occasional but affectionate contact with their grandchildren. The total number of respondents in this group was 66. On the other hand, the “uninvolved grandparents” consisted of those participating seniors (47 individuals) who declared rare or very rare contact with grandchildren. Although such a situation is sometimes due to reasons beyond the control of either party, it means that there are no relationships or ties between grandchildren and grandparents in this group other than formal ones, i.e. those resulting from the grandchildren’s formal family membership.

Results of the analysis

I will begin the analysis by presenting the gender and age structure of the respondents. I classified the respondents into three age categories and two gender categories. Overall, 94 of the respondents were women and only 19 were men. In the age bracket 50–60, the participants were mainly women (14 women, 2 men). In the age bracket 61–70, the vast majority were also women (51 women, 12 men). The final age bracket was 71–80. Here, too, women were far more numerous (29 women, 5 men). However, taking into account the demographic (*Duration of life*) data on life expectancy of women and men, the representation of men can be considered satisfactory, as it has been recognised that fewer men than women live to this rather advanced age (*Mortality in Poland*).

Table 1. Gender and age structure of the respondents

No.	Gender	Age			Total
		50–60	61–70	71–80	
1.	Female	14	51	29	94
2.	Male	2	12	5	19
3.	Total	16	63	34	113

The surveyed grandparents were divided into two groups, labelled as “involved grandparents” and “uninvolved grandparents” in relation to their involvement in raising their grandchildren. Involved grandparents were all those who declared very close and frequent, close and frequent, or occasional but affectionate contact with their grandchildren. The total number of respondents in this group was 66. The uninvolved group, on the other hand, consisted of those participating seniors (47 people) who declared rare or very rare contact with their grandchildren. Although this sometimes happens for reasons beyond the control of either party, it means that there are no relations or ties between grandchildren and grandparents in this group beyond the formal ones (i.e. those resulting from the fact that the grandchildren are the offspring of the grandparent’s own children; blood ties). These subgroupings can be seen in table 2.

Table 2. Involvement in raising grandchildren by age group

No.	Frequency and nature of contacts with grandchildren	50–60	61–70	71–80	Total
1.	Very close and frequent contact – living together	3	7	6	16
2.	Close and frequent contact – assist daily in taking care of grandchildren, spend free time together	5	16	8	29
3.	Occasional but affectionate contact with grandchildren – a couple of visits a month plus frequent phone calls	1	8	12	21
4.	Rare contact with grandchildren – a couple of times a year; grandchildren are perceived to have little interest in grandparents’ fate	4	10	3	17
5.	Very rare contact with grandchildren – grandchildren live far away and seldom visit their grandparents	3	22	5	30
6.	Total	16	63	34	113

Rows 1, 2, and 3 together represent the involved grandparents, while rows 4 and 5 together represent the group of grandparents who are not involved in raising their grandchildren. The table also shows the number in each age cohort who are involved in raising grandchildren. As can be seen, respondents aged 61–70 demonstrated the greatest involvement, which seems natural when we consider their (lack of) professional responsibilities. These respondents have close and

frequent contact with their grandchildren, they help to take care of them, and they spend their free time with them. A high number of respondents from the 71–80 age group also declared themselves to have occasional but affectionate contact with their grandchildren. Although this is different from regular or daily contact, which is understandable due the grandparents' increasing age, this group is often in touch with their grandchildren by phone to talk about problems and provide them with support.

The largest group of uninvolved respondents fell in the 61–70 age bracket. These people declared rare or very rare contact with their grandchildren and a lack of emotional relationship with them. They reported a lack of interest in their fate on the part of their grandchildren. Another aspect is the link between respondents' self-assessments of their own economic situations and their involvement in raising their grandchildren. Even without using statistical measures, i.e. based on simple tabulation only, a fairly clear link can be seen between these two variables. Indeed, respondents who are involved in raising their grandchildren are much more positive about their economic situation. On the other hand, those in the uninvolved group rate their economic situation much more unfavourably. Almost 23% of involved grandparents rate their economic situation very favourably, while almost 32% rate it favourably and 30% as average. In the case of uninvolved grandparents, higher percentages are seen in the lower rows of table 3.

Table 3. Grandparents' self-assessment of their own economic situation in relation to their involvement in raising grandchildren.

No.	Self-assessment of economic (financial) situation	Involved grandparents		Uninvolved grandparents	
		N	%	N	%
1.	Very good	15	22.70	0	0.0
2.	Good	21	31.80	5	10.6
3.	Average	20	30.30	27	57.4
4.	Bad	8	12.10	10	21.3
5.	Very bad	2	3.03	5	10.6
6.	Total	66	100.00	47	100.0

This means that they are more likely to assess their economic situation as average, bad or very bad, with 57% of respondents choosing average, 21% choosing bad, and almost 11% choosing very bad. It is interesting to

note that no respondents in the uninvolved group reported their economic situation as very good and that only 10% of participants in this group reported it as good. In the involved group, the situation is reversed: very few of the respondents fall at the bottom of table 3, which means that very few of the involved grandparents rate their own economic situation as bad or very bad. There is a clear distribution of the lowest number of responses in the top right and bottom left corners of table 3 and the highest number of responses in the top left and bottom right corners. Thus, it can be concluded that there is a link between these two variables (involvement in raising grandchildren and self-assessment of economic situation).

Table 4, meanwhile, presents the results of the analysis of seniors' self-assessment of their ability to satisfy their own needs in relation to their involvement in raising their grandchildren, i.e. the self-assessment ratings are presented separately for the involved and uninvolved groups.

Table 4. Self-assessment of grandparents' ability to satisfy their own needs in relation to their involvement in raising grandchildren

No.	Grandparents' self-assessment of their ability to satisfy their own needs	Involved grandparents		Uninvolved grandparents	
		N	%	N	%
1.	Very good (I do not lack anything, I have family, I have friends and I have everything I need)	20	30.3	4	8.5
2.	Good (children and grandchildren are a source of satisfaction for me)	18	27.3	9	19.1
3.	Average (I have no complaints about my life)	22	33.3	9	19.1
4.	Bad (I face disadvantages due to my poor economic situation)	4	6.1	10	21.3
5.	Very bad (I experience low economic status and poor health)	2	3.0	15	32.0
6.	Total	66	100	47	100

From the analyses presented in table 4, it is again quite clear that involved grandparents rate their ability to meet their own needs much more favourably than those in the uninvolved group. They give favourable ratings significantly more often; meanwhile, almost 70% of all participants in the uninvolved group rate their ability to meet their own needs as average (19.1%), bad (21.3%), and

very bad (32%). Among those in the involved group, the situation is almost exactly the opposite; that is, they tend to rate their ability to meet their own needs as very good (30.3%), good (27.3%), or average (33.3%). By contrast, a very small percentage of individuals in this group rate their ability to meet their own needs as bad (6.1%) or very bad (3%).

Discussion

The research described herein confirms the hypothesis, which was formulated as follows: frequent and close contact with grandchildren is linked to a better self-assessment of the quality of life of seniors. The hypothesis was verified positively. The analyses also confirm the findings of the underlying theories (M.C. Diamond, B. Tobiasz-Adamczyk). Contact with grandchildren may indeed promote the health of grandparents and the health of their brain, which is why it is worthwhile facilitating close relationships between grandparents and grandchildren. It is worth noting here that the Berlin Seniors Study refers to children in general. In this case, the children do not need to be related to the elderly at all; however, such extrafamilial contacts can only be made possible through social projects, which are usually expensive. Establishing strong emotional bonds with grandchildren in their early childhood allows grandparents to have a better, more relaxed view of their own lives, both in terms of economic opportunities and their ability to meet their own needs (both physiological and psychological).

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STRESZCZENIE

W powyższym artykule podejmuję próbę wykazania na podstawie studiów literaturowych i badań własnych, że istnieje prawdopodobieństwo występowania korelacji między udziałem seniorów w wychowaniu wnuków a samooceną ich sytuacji życiowej. Z dokonanych analiz wynika, że dziadkowie uczestniczący w procesie wychowania własnych wnuków znacznie korzystniej oceniają swoją sytuację życiową niż ci, którzy nie uczestniczyli w wychowaniu wnuków i nie nawiązali bliskich relacji z nimi. Z badań wynika, że samoocena jakości życia seniorów jest wyższa w przypadku „dziadków aktywnych” w procesie wychowywania wnuków niż ma to miejsce w przypadku „dziadków nieaktywnych”.

SŁOWA KLUCZOWE: senior, relacje z wnukami, samoocena jakości życia seniora

SUMMARY

In this paper, I make an attempt to show, on the basis of literature studies and own research, that there is a high probability of a link between the participation of seniors in raising their grandchildren and the former's self-assessment of their own life situation. The analysis shows that grandparents who are involved in this process evaluate their economic situation and their ability to satisfy their own needs much more favourably than those who have not developed close relationships with their grandchildren or participated in their upbringing. The self-assessed quality of life of seniors, as determined by the variables described above, is higher for grandparents active in the process of raising their grandchildren.

KEYWORDS: senior, relationships with grandchildren, senior's self-assessed quality of life

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