



IMPORTANCE OF INTERGENERATIONAL SOLIDARITY TO IMPROVE THE HEALTH OF THIRD AGE PERSONS

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ABSTRACT

Intergenerational family solidarity is a construct that includes relations between family members and their exchange. The quality of life of older family members is associated with reciprocity in relationships. The aim of the study is to analyze the importance of intergenerational family solidarity to improve the health of third-life people. The material in this study consists of published research studies, which examined intergenerational family solidarity and the impact of the care of grandchildren on the psychophysical health of grandparents. Since most of the studies shown have proven the positive impact of caring for grandparents, encouraging grandparents to participate in the care of grandchildren would also mean the psychological benefit of the older parenting generation, as well as additional assistance to the middle generation. Providing care for grandchildren should be a way to address stress and slow down role loss, not an additional burden on grandparents.

KEYWORDS: grandparents, grandchildren, care and health.

INTRODUCTION

Intergenerational family solidarity is a construct that includes relations between family members and their exchange: relationships between grandparents and their grandchildren, social support, quality of marital satisfaction, intergenerational differences, the importance of the quality of the relationship between old people and their adult children. The quality of life of older family members is associated with reciprocity in relationships: the older they are more involved in the family, the more satisfied they are with life, and then it is reflected in younger generations and vice versa.^[1] Life expectancy and a significant reduction in child mortality in many countries around the world mean that more grandchildren are living with grandparents. Grandparents often provide care and assistance to their grandchildren, with levels of care ranging from occasional to constant care for grandchildren.^[2] Women and mothers have become much more integrated into the workforce around the world. Mothers have become increasingly difficult to balance raising their children with work. They are increasingly dependent on the wider family, especially grandparents, to provide care to children.^[3] Although the active participation of grandparents brings numerous benefits to their adult children and grandchildren, the consequences on the health of grandparents are far less explored.^[2]

Grandparents who care for grandchildren do a favor for both grandchildren and parents of children. This service has public, as well as private benefits. Relying on grandparents who care for their grandchildren are kept public funds and reject public responsibility. If caring for grandchildren has become more visible, there have been fears that this benefit could negatively affect grandparents' health. This concern stems from the realization that caring for grandchildren is an additional requirement in grandparents' lives. Everyday childcare, especially very small, is physically annoying and can include sleep loss. These physical requirements may be increased if the care for grandchildren coincides with the onset of physical aging.^[4] At the same time, it is notice that some studies support the theory that increasing roles also has positive consequences on the health of many grandparents. Grandparents' relationship is an important element of the elderly social support network. The role of grandparents points to social connections, which act as a trademark against the negative social and psychological consequences of aging. Social relations are related to the health of the elderly. Low levels of social support lead to higher mortality rates, while narrow social relations can extend life expectancy.^[2] As Grandma and Grandpa shape their role, it reflects their interpretation of what it means to be grandparents to them.^[5] The meaning of this

role includes a sense of continuity (continuing the family line or feeling living through the life of grandchildren), expanding yourself (a sense of personal value as an older person or intermediary of achievement through grandchildren) and pleasure (contribute to the well-being of grandchildren through help, advice or pleasure).^[6,7] Grandparents can be key agents in restoring a sense of continuity in the life of adolescents, connecting the past and present, transferring knowledge of culture and family heritage, thereby positively affecting adolescent identity searches, can have a positive impact on parent-adolescent relationships by transmitting information from parents to adolescents. Also, adolescents turn to grandparents as accomplices and arbitrators when at odds with their parents, can help adolescents understand aging and accept the elderly. Adolescents who see their grandparents more often have a good relationship with them and are more likely to develop positive attitudes towards the elderly.^[8] Grandchildren can be a source of pride, and grandparents from that relationship get pleasure and time spent hanging out with their grandchildren.^[6]

AIM

The aim of the study is to analyse the importance of intergenerational family solidarity to improve the health of third-life people.

MATERIAL AND METHODS

The material in this study consists of published research studies, which examined intergenerational family solidarity and the impact of the care of grandchildren on the psychophysical health of grandparents. This article presents a qualitative research, or a scientific review of the published literature where the databases were reviewed in which the key words for the review were: grandparents, grandchildren, care and health. Various databases were used in the preparation of this article,

including: PubMed, Google Scholar, Medline, Science Direct and Science Citation.

RESULTS

The results include a review and analysis of 12 published scientific articles in the period from 2016 to 2021. The studies shown investigated the impact of caring for grandchildren and the quality of life of grandparents, and their mental well-being. Although caring for grandchildren is an obligation for grandparents, which can be very stressful, the several studies shown the positive effect on the mental well-being of grandparents. Several factors had an impact on the health of grandparents such as: grandparents' education, the intensity of caring for grandchildren, pressure from their adult children, support from their adult children as well as social expectations. In several studies, research has shown that the intensity of caring for grandchildren is important in assessing the impact of care on grandparents' health (Table 1).

Table 1: Overview of research studies and outcomes.

| Citation | Country | Main aims | Subjects | Results | Conclusion |
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| Di Gessa (9) 2016 | Europe (Austria, Belgium, Switzerland, Germany, Denmark, Spain, France, Italy and Sweden) | The aim of the study is to examine the link between the care of grandchildren and grandparents who care intensively or occasionally for grandchildren. | Data from the Survey on Health, Aging and Retirement in Europe (SHARE) were used. Respondents are grandparents over 50. The study tracked the health of grandparents after 2 and 4 years | Longitudinal results showed positive links between caring for grandchildren and better self-assessed health: grandparents who cared intensively for grandchildren were less likely to report poor health after 2 years compared to those who did not care for their grandchildren, while those who cared for their grandchildren were unintensely likely to report poor health four years later. No significant links were found between worry and depressive symptoms or disabilities when monitoring. The results of these analyses provide proof that grandparents who look after grandchildren, whether intense or inintensive, have some health benefits, even when taking into account initial health, socioeconomic status and demographic characteristics. | Health is better among grandparents who cared for grandchildren in studied European countries. These results are important since care for grandchildren is widespread in Europe. Family relationships and support can also have a direct positive impact on health by promoting healthy behavior and providing opportunities for positive emotional exchange that can act to reduce potential negative effects of care. Finally, caring for grandchildren can help increase or maintain physical activity among grandparents, which is associated with improved well-being and physical health, as well as reducing symptoms of anxiety and depression. |
| Tang, F. (10) 2016. | Chicago | The aim of the study is to examine the relationship between caring for grandchildren and the psychological well-being of grandparents. | Data from the epidemiological Population Study of the Chinese Elderly Population (PINE) were used. Respondents are Chinese Americans above 60. age. Selection was made to offend the differences between grandparents who take care of grandchildren and those who don't care. | Compared to grandparents who do not care for their grandchildren, those who care for grandchildren had better psychological well-being, with much lower levels of depressive symptoms, anxiety, stress and loneliness. . Grandparents who don't care for grandchildren reported 40% more likely to increase depressive symptoms, 20% more likely to feel anxiety, 10% more likely to be stressed, and 60% more likely to feel lonely than those who care for grandchildren. Increased rates of psychological problems have occurred in those who have observed negative impacts due to increased load levels and pressure from adult children. | With strong cultural expectations for family care, the care of grandchildren for grandparents is generally associated with positive psychological well-being; but it is also a stressful process, especially when older adults are under pressure and/or load to provide care for grandchildren. The study implies that cultural values and life transitions can shape the experiences and care of grandparents, pointing to the importance of respecting cultural differences in family care. |
| Samuel P.S. (11) 2017. | Detroit | The aim of this study was to describe the | The data were obtained from a study of family, health and | Frequency analysis found that most (87.8%) of grandmothers said caring for | Requests for the care of grandchildren, including those with health problems, |

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| | | context and impact of caring for grandchildren who have health problems on grandparents | environmental life (LIFHE) conducted in 2011. The study involved 501 elderly people, 391 of whom confirmed that they had grandchildren or great-grandchildren, and this study included grandchildren and great-grandchildren. | grandchildren was pleasant. Only 2% said they did not enjoy caring for their grandchildren at all. Close to three-quarters of grandparents (72.7%) reported that caring for grandchildren did not negatively affect their health, and about half (49.6%) had not negatively affected their leisure time. Grandparents of grandchildren with psychiatric or behavioral problems were about eight times more likely to care negatively affect their health than those with grandchildren who do not have health problems. | do not deny joy for caring for grandchildren. Grandparents of grandchildren with psychiatric or behavioral developmental difficulties are eight times more likely to take care of sick grandchildren negatively affect their health. These results can be useful to therapists, researchers and educators who are dedicated to building the capacity of African-American families with grandchildren with developmental difficulties. |
| Ling Xu. (12) 2017. | Chicago | The aim of the study is to examine whether the time of care for grandchildren is associated with depressive symptoms and quality of life, and how the burden and pressure of adult children have reduced the connection between the care of grandchildren and the psychological well-being of grandparents. | Data from the Epidemiological Population Study of the Chinese Elderly Population (PINE) in Chicago were used. The research involved grandparents with grandchildren under 16 years of age ($N = 2775$). | Of the 2,775 grandparents, 9.8% of them lived with their grandchildren, and last week they cared for their grandchildren for 11.96 hours. Over 80% said they did not have to take care of their grandchildren and never felt pressure from adult children (90.4%). The results showed that care time is significantly associated with depressive symptoms. More specifically, the more time they cared for their grandchildren, the less likely they were to have depressive symptoms ($IRR = 0.99$, $p < 0.001$). The burden of worry has also moderated the connection between time of care and depressive symptoms (coefficient ratio [$OR] = 1.01$, $p < .05$). Therefore, the beneficial effect of time of care on depressive symptoms conditioned whether this represents a burden for grandparents | More time spent caring for the grandchildren is generally useful for the psychological well-being of grandparents of American Chinese, supporting the theory of improving roles. However, this connection depends on whether this experience is a burden to grandparents. Therefore, the theory that this role is also a burden is also supported. The time of care had a significantly negative association with depressive symptoms, but not quality of life. The association between worry and depressive symptoms has been moderated by the perception of the load due to concern. No moderating effect was found due to pressure from adult children. |
| McGarrigle C.A. (13) 2018. | Ireland | The study investigated the association between different levels of intensity (low: <60 h and high: 60+ h) of providing care for grandchildren and | Data from the Irish Longitudinal Study on Aging (TILDA) were used. The studio involved grandparents over 50 who had grandchildren. | About 4,438 TILDA subjects (52.2%) were grandparents, and 59.0% (95% CI = [57.5, 60.4]) took care of grandchildren in the last month: 58.7% in grandparents of lower educational achievement, ability was limited and usually unable to prioritize their well-being and time. Conversely, | Caring for grandchildren is associated with an improved quality of life of grandparents, but this differed in educational achievement and participation in other social and recreational activities outside the house. Grandparents who had primary |

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| | | mental health (depressive symptoms) and wellbeing (quality of life) | | qualitative data suggest that for highly educated grandparents who have taken intensive care of grandchildren, it is a choice, resulting from motives such as a positive effect on the developmental results of grandchildren and reducing the pressure of the combination of work and child for their adult children. | education and intensive care for grandchildren had a lower level of quality of life compared to those who provide care to low-intensity grandchildren if they did not have other social and free activities. However, highly educated grandparents who cared intensively for their grandchildren had a higher quality of life compared to those who did not care for their grandchildren and had no other social activity. |
| Arpino B. (14) 2018 | Europe Austria Belgium Croatia Czech Republic Denmark Estonia France Germany Greece Hungary Israel Italy Luxembourg Netherlands Poland Portugal Slovenia, Spain Sweden and Switzerland | The aim of the study is to study whether being a grandparents is associated with the subjective well-being of older people (SWB), given the connection to life satisfaction due to the existence of grandchildren and the provision of care to grandchildren. | Data from the Health, Aging and Retirement Survey in Europe (SHARE), a panel survey of the uninstitutionalised population over 50 in Europe, were used. | Results show that grandparents have stronger positive SWBs in countries where intensive care for grandchildren is not common and is less socially expected. Moreover, this result is driven by a negative connection between grandparents who do not care for grandchildren and SWB, which we have found only in countries where intensive care for grandchildren is widespread. | In line with the structural theory of ambivalence, we argue that in countries where grandparents and grandmothers are socially expected to have the role of provider of care for grandchildren, not taking on such a role can negatively affect The SWB. However, our results show that caring for grandchildren (whether intense or not) is generally associated with higher SWB. |
| Danielsback M. (15)2019. | Austria, Germany, Sweden, Netherlands, Spain, Italy, France, Denmark, Switzerland, Belgium, Czech Republic. | The aim of the study is to determine the impact of grandchildren's care on the psychophysical health of grandparents | Share data designed to collect longitudinal data on the Aging Process of Europeans is used. The study involved all people aged 50-89 during the 11-year monitoring period who participated in at least two waves, who had at least one grandchild and responded to all the variables used in this study. | Overall regression coefficients show that in all health outcomes, care for grandchildren was associated with more positive outcomes. Most of these effects, however, were found in analyses among people and therefore represent mainly variations between individuals. In an adversity between persons, the frequency of care for grandchildren was associated with increased self-assessment of health, life satisfaction and greater sense of life results. Self-assessed health $\beta = 0.06$, $p < .001$; life satisfaction $\beta = 0.08$, $p < .001$; meaning of | This study found that the active participation of grandparents in the care of grandchildren is associated with improved health and subjective health of grandparents in models between people (those showing results in individuals). In most cases, however, these associations did not stick to models within the person who analyzed variations of individual grandparents over time. These results also have consequences for politics because it is important to know how |

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| | | | | life $\beta = 0.04$, $p < .001$). Similarly, care for grandchildren was associated with fewer depressive symptoms and a lower ADL limit (depressive symptoms $\beta = -0.03$, $p < .001$; ADL restrictions $\beta = -0.14$, $p < 0.001$). | the health and well-being of the elderly in societies that are old can be improved. It is also worth knowing that helping to care for grandchildren provided by grandparents over time is not associated with reduced health and well-being of grandparents. |
| Quirke E. (16) 2019 | Germany | The aim of this study was to examine whether there was a link between caring for the grandchildren of loneliness, social isolation and/or the size of an individual's social network among community-based adults. | Cross-sectional data are derived from a population sample based on the population of the elderly living in the community in Germany. | In an analogue sample, 1,125 of the 3,849 grandparents surveyed said they cared for their grandson. The average age among those caring for grandchildren was about 66 years. Linear regressions showed reduced loneliness ($\beta = -0.06$, $p < 0.01$) and social isolation results ($\beta = 0.04$, $p < 0.05$) among those taking care of their grandson. Regression analysis also showed an increased number of importances of people with whom individuals had regular contact among those who cared for grandchildren ($\beta = 1.02$, $p < 0.001$) | Results suggests that the theory of improving the role could be applied to those who provide additional care for grandchildren. Helping their children balance work and family by providing supplementary care for grandchildren can increase the confidence of grandparents, and can also facilitate lasting positive relationships with their children and grandchildren. Moreover, caring for grandchildren can also expand the social circle of grandparents and provide additional opportunities to establish relationships with other parents or grandparents. |
| ZN Fokakis (17) 2020. | Taiwan | The aim of the study is to examine whether grandparents who have primary custody of grandchildren have worse health than grandparents who are secondary caregivers | Data from two waves of social environment studies and biomarkers of aging in Taiwan were taken and analysed to determine the effects of custody on grandma's health in the longitudinal sample. | Grandparents who are primary caregivers were much more likely to report worse health than their peers. The remeasured ANOVA found that self-assessable health decreases over time, $p < 0.05$. Self-evaluated health values from the first to the second wave showed a statistically significant mean difference $p < 0.05$. However, there were no significant differences in biomarkers, and grandparents who have primary custody are only significantly different from grandparents who do not have custody of lower respiratory diseases. Controlling age, | The results suggest that grandparents who are primary guardians do not have significantly worse health than secondary guardians, but show they are less healthy. This disparity is suspected to be due to energy levels or sources of stress not evaluated by variables in the original study. These results and their implications based on the stress-dealing model clarify the need to design interventions that would include Cultural Values and Practices of East Asia in order to promote better health outcomes of the population of |

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| | | | | gender in grandparents' guardians was observed to be 1.95 times more likely to be diagnosed with lower respiratory disease than grandparents who are not primary guardians. None of the remaining 11 diseases or disorders differed based on care status. | grandparents who are primary guardians as a whole. |
| Fu, L (18) 2020. | China | the study aims to assess factors related to psychological health and support for adult children to grandparents who care for grandchildren | For the purposes of this study, we selected 400 subjects who provided care for the babies of their adult children. The data were taken from the public panel data of the Chinese Longitudinal Study on Health and Retirement (CHARLS). | The results showed that the three most significant factors associated with psychological health were: $p \leq 0.001$, that they were educated $p \leq 0.05$ and expect long-term care in the future from their adult children $p \leq 0.05$. | Caring for grandchildren can affect the psychological health of older parents in both positive and negative ways. Therefore, in such an aging society, we should not see older parents as a "burden". We should recognize and appreciate their contribution to care. As family and children, it is important to provide older parents with the necessary economic and emotional support to maintain psychological health in the meantime. |
| Takashi Oshio (19) 2021. | Japan | The findings of this study are expected to provide new insights into the health of middle-aged and older adults in Japan. | Longitudinal data of 33,204 individuals born between 1946 and 1955 were collected from a 14-wave nationwide panel survey conducted from 2005 to 2018. We examined how caring for at least one co-residing grandchild aged <6 years was associated with grandparents' psychological distress (defined by five or higher Kessler 6 score) and poor self-rated health in pooled cross-sectional, fixed-effects, and 3-year follow-up logistic models | While pooled cross-sectional models showed a positive association between grandchild care and grandparents' health, the fixed-effects or follow-up logistic models did not find any significant association between them. In the case of grandmothers, the odds ratio of reporting psychological distress in response to caring for grandchildren was 0.98 (95% confidence interval [CI], 0.89–1.08) and 1.04 (95% CI, 0.85–1.27) observed from fixed-effects and 3-year follow-up models, respectively, compared to 0.86 (95% CI, 0.81–0.91) in the pooled cross-sectional model. Similar patterns were observed for self-rated health for grandmothers, while grandfathers' health outcomes were not sensitive to grandchild care. These results contrasted | The results suggest that caring for grandchildren had no beneficial or detrimental impact on grandparents' health. This contrasts with caring for patients, which is another major life event for middle-aged individuals and tends to have an adverse impact on health. A more detailed longitudinal analysis on the dynamics of health outcomes of grandchild care is needed, considering that grandchild care is closely related to family arrangement and female labor force participation |

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| | | | | with those of caring for parents, which had almost consistently a negative association with grandparents' health | |
| Gretchen Perry (20) 2021. | Europa (14 country) | To explore the effects of relationship status on grandparental care | Analysed data from the Survey of Health, Ageing and Retirement in Europe (SHARE) comparing four grandparental relationship statuses (original couple, widowed, divorced, and repartnered) with respect to grandmothers' and grandfathers' provision of care to their birth children's children. | When proximity, kinship laterality, and grandparents' age, health, employment, and financial status were controlled, divorced grandmothers without current partners provided significantly more childcare than grandmothers who were still residing with the grandfather, those who had new partners unrelated to the grandchildren, and widows without current partners. Grandfathers exhibited a very different pattern, providing substantially less grandchild care after divorce. Grandfathers in their original partnerships provided the most grandchild care, followed by widowers, those with new partners and finally those who were divorced. | Blanket claims that divorce disrupts relationships with adult children and therefore reduces grandchild care are mistaken, at least in the case of European grandmothers. Divorcées are actually more likely to provide care than those grandmothers still married to the grandfather or widows, once relevant confounds are controlled. Grandfathers, however, are substantially less likely to provide grandchild care in any relationship status other than continued marriage to the grandmother. |

DISCUSSION

This research improves our understanding of the importance of intergenerational solidarity in relationships between grandparents, their adult children and how caring for grandchildren affects psychological well-being and quality of life among grandparents. Given the growing trend of grandparents taking care of grandchildren, there is a need to understand the psychological impact of caring for grandparents. As this is an important role among older people, it is crucial to assess their needs, specific problems, strengths and resources to help them maintain health and well-being.

Caring for grandchildren can affect the psychological health of older parents in both positive and negative ways. We should recognize and appreciate their contribution to care. As family and children, it is important to provide older parents with the necessary economic and emotional support to maintain psychological health.^[18] Family relationships and support can have a direct positive impact on health by promoting healthy behaviour and providing opportunities for positive emotional exchange that can act to reduce the potential negative effects of care.^[9] In countries where grandparents are socially expected to play the role of care provider to grandchildren and not assume such roles, they can negatively affect the subjective well-being of older people.^[14] With strong cultural expectations for family care, caring for grandchildren for grandparents is generally associated with positive psychological well-being, but it is also a stressful process, especially when older adults are under pressure and/or burden to provide care for grandchildren. Cultural values and life transitions can shape the experiences and care of grandparents, pointing to the importance of respecting cultural differences in family care.^[10] Requests for the care of grandchildren, including those with health problems, do not deny joy for caring for grandchildren. Grandparents of grandchildren with psychiatric or behavioral developmental difficulties are eight times more likely to take care of sick grandchildren negatively affect their health.^[11] Grandma's mental health in some contexts can be just as important for the grandson's emotional and behavioral development as the mental health of the mother. Interventions to improve grandma's mental health, as well as parents, can be child's mental health.^[21] Caring for grandchildren is associated with improved quality of life, but this differed in educational achievement and participation in other social and recreational activities outside the house. Grandparents who had primary education and intensive care for grandchildren had a lower level of quality of life compared to those who provide intensity care for grandchildren, if they had no other social and free activities. Highly educated grandparents who cared intensively for their grandchildren had a higher quality of life compared to those who did not care for their grandchildren and had no other social activity.^[13] More time spent caring for grandchildren is generally useful for the psychological well-being of grandparents,

supporting the theory of improving roles. However, this connection depends on whether this experience is a burden to grandparents.^[12] The time of care had a significantly negative association with depressive symptoms, but not quality of life. The association between care and depressive symptoms has been moderated by the perception of the load due to concern. However, caring for grandchildren is generally associated with higher subjective well-being of older people.^[14] The theory of improving the role could apply to those who provide additional care for grandchildren. Helping their children balance work and family by providing supplementary care for grandchildren can increase the confidence of grandparents, and can also facilitate lasting positive relationships with their children and grandchildren. Moreover, caring for grandchildren can also expand the social circle of grandparents and provide additional opportunities to establish relationships with other parents or grandparents.^[16] Divorcées are actually more likely to provide care than those grandmothers still married to the grandfather or widows, once relevant confounds are controlled. Grandfathers, are substantially less likely to provide grandchild care in any relationship status other than continued marriage to the grandmother.^[20] A more detailed longitudinal analysis on the dynamics of health outcomes of grandchild care is needed, considering that grandchild care is closely related to family arrangement and female labor force participation.^[19] Finally, caring for grandchildren can help increase or maintain physical activity among grandparents, which is associated with improved well-being and physical health, as well as reducing symptoms of anxiety and depression.^[9]

CONCLUSION

Caring for grandchildren has positive and negative impacts on grandparents' health. The decision to take care of grandchildren should be the choice of grandparents, without pressure from their adult children or pressure from child welfare services. Family relationships and support can have a direct positive impact on health, promoting healthy behavior and providing opportunities for positive emotional exchange that can act to reduce potential negative effects of care. Mental health grandmothers in some contexts can be just as important for the grandson's emotional and behavioral development as the mental health of the mother. It is necessary to identify and appreciate the contribution of the elderly. As family and children, it is important to provide older parents with the necessary economic and emotional support to maintain psychological health. Since most of the studies shown have proven the positive impact of caring for grandparents, encouraging grandparents to participate in the care of grandchildren would also mean the psychological benefit of the older parenting generation, as well as additional assistance to the middle generation. However, both a generation of grandparents and parents should be aware that participating in the care of grandparents is their choice,

not obligation. Providing care for grandchildren should be a way to address stress and slow down role loss, not an additional burden on grandparents.

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