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The shifting role of grandmothers in global reproduction strategies

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‘M’e Masekha’s story

‘M’e Masekha is a grandmother in her mid-60s and by all accounts, she is the center of her multigenerational family. She lives in Mabuleng, a village that is a two-hour drive from the main town at the center of the Mokhotlong district in the highlands of Lesotho—a small landlocked country completely surrounded by South Africa, which has been ravaged by AIDS. She lives with two orphans, her grandson Thapo and her granddaughter Keneuoe. One of her sons and his wife and two young children live in the house next door. Their household is set high on a ridge just above the small dirt road carved into the hillside. The roads and paths, of varying widths and durability, course throughout the rural countryside and provide access to and from villages for cars, mini-bus taxis, pedestrians, and herds of animals. There is a sweeping valley below, covered in fields of maize and wheat, and spotted with cattle. The first time I went to their house, I watched as ‘M’e Masekha ran up a hill from her field when she saw my vehicle coming across the ridge towards her village.

‘M’e Masekha had five children of her own, but both of her daughters—the mothers of Thapo and Keneuoe—have died of AIDS. Lesotho, which has an adult HIV-prevalence rate of over 23%, has a generation of caregiving grandmothers like ‘M’e Masekha who have compensated for the deaths of their adult children as AIDS mortality rearranged families and households (Block 2019). Two of her three sons have homes in her village, but the youngest—whose wife and children live just up the hill from her—works in South Africa the majority of the year. At the time I met her in 2008, the wife of her youngest son was visiting her husband in South Africa, so ‘M’e Masekha was responsible for checking on their two young children, both in elementary school, who were staying for a month by themselves. As we would chat on our many visits over the years, children would move fluidly in and out of the household, blurring the boundaries between homes, as all the children liked to visit and eat with their grandmother. The youngest of the children living next door was one and a half years old at the time and still breastfeeding. Laughing, ‘M’e Masekha told me she liked to sleep with her grandmother and would often wake up tugging on her breast in hopes of getting some milk.

I came to know ‘M’e Masekha in 2008 because one of her orphaned grandchildren, Thapo, a sweet and happy eight-year-old boy, received services from a local NGO that I worked with regularly. Thapo’s mother became ill in 2006 while she was still living at her marital home. She
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had two other children, but both died in infancy. Thapo’s parents got divorced and his mother returned to her natal home. His mother, who was HIV-positive, was already ill when she arrived at Mabuleng, and died shortly after returning to her mother’s house. Thapo’s father, whose HIV status was not officially known, died around the same time. When Thapo arrived with his mother, he was also extremely ill. His grandmother took both her daughter and grandson to a traditional healer, but their condition did not improve. Finally, in 2007, ‘M’e Masekha took Thapo to get an HIV test on the recommendation of the local clinic. He tested positive and was put on antiretroviral medication shortly afterwards. He is a robust and lively boy now, always with a smile on his face. He loves school, and proudly showed us his report card during one of our early visits.

Keneuoe is the other orphan in ‘M’e Masekha’s care. Her mother had five children, four of whom are still living with their paternal grandparents. However, in 2008, the paternal grandparents brought five-year-old Keneuoe to ‘M’e Masekha because they were overburdened with the other children: “They just said I should live with the child because they wanted us to share, and they don’t have enough food to feed the child.” The paternal family appealed to ‘M’e Masekha to take care of the youngest child, who was malnourished, but otherwise healthy. When I asked ‘M’e Masekha how she felt when they brought Keneuoe to her, she said, “Ache. I was happy because the child was not living well.” She is happy to have her two orphaned grandchildren in her care even though it increases her daily labor and strains her meager household income. This is particularly true for Thapo, whose HIV status means monthly trips to the clinic and a complex daily medication regimen.

‘M’e Masekha’s investment in her grandchildren did not begin with the deaths of their mothers. She assisted in the home births of several of her grandchildren. While she was not present during the births of Thapo and Keneuoe—they were born in their paternal villages and their mothers were assisted by their mothers-in-law—she did help her own daughters-in-law give birth to her sons’ children. Like many grandmothers, she told me that she did not know anything about pregnancy and delivery until the time came for her to give birth to her first child. She delivered her first two children at home, with help from her mother. She told me: “I was very afraid, I didn’t know what was happening to me. But my mother, when I was giving birth, she told me what to do.” Her mother made a special medicine out of local herbs, called pitsa, which is given to women to help a birth progress quickly. Her mother also delivered the afterbirth, and after the child was born, washed ‘M’e Masekha’s breast and helped her to nurse. Ideally, for up to three months after giving birth, Basotho mothers and babies stay in their homes resting, bonding, and nursing, and are supported by their mothers, mothers-in-law, and grandmothers.

When her daughter-in-law—the one living next door—gave birth to all three of her children, ‘M’e Masekha called on a neighbor and the village health worker to assist in the deliveries. Like her own mother, she prepared pitsa and instructed her daughter-in-law about what to do. She said: “Yes, I’m still helping her. I did not send her back at her [natal] home at all. All her children, she gave birth here.” After the children were born, ‘M’e Masekha maintained the floor, recovering it with a mud-dung mixture, cleaned the house, and made sure mother and baby were warm and well fed.

Until recently, ‘M’e Masekha did not contribute much to the cash income of her household, but her other contributions are numerous. In addition to maintaining the household and caring for the children, ‘M’e Masekha works seasonally helping to harvest in other people’s fields as she does not have her own fields. She is repaid with a bundle of whatever she has harvested that day. While her relative youth and good health allowed her to do such manual labor to support her family, she only recently became eligible for the old-age pension of 500 Maloti (approximately US $50) that
is given to all Basotho over 70 years old. For elderly people caring for AIDS orphans in Lesotho, this cash assistance is rarely used for its intended purpose of supporting the wellbeing of the aged. Instead, elderly people like ‘M’e Masekha use the money to purchase additional food when the harvest is poor, pay for shoes, school uniforms, and school fees, and buy other supplies needed by the family. Over the years, in order to make ends meet, ‘M’e Masekha also occasionally taught at a pre-school that operated out of another woman’s home, but she said there were not enough students to provide her with consistent work. Her son also works in other people’s fields, so they are usually able to meet their nutritional needs, especially after the harvest. If there is a food shortage, as there has been in recent years due to poor rainfall, she brews Sesotho home-brewed beer (called joala) and sells it, or borrows food from neighbors, which she repays in kind. Her presence in the household also allows her children, like her youngest son and sometimes his wife, to migrate for work, knowing their children will be well cared for.

‘M’e Masekha’s story is typical in that it represents the complex ways in which grandmothers have always been essential to raising and caring for children in diverse cultural settings. Indeed, grandmothers are often a basic component of young women’s reproductive strategies, working to ensure the long-term care and survival of children and families. Theories about a woman’s reproductive fitness and the proximity to her mother or mother-in-law are prevalent in biological and evolutionary anthropology, suggesting that investments by grandmothers either in childcare or food production are directly tied to women’s ability to bear and raise children successfully. More obvious to ethnographic observers, however, is that young mothers learn what they know about birth and parenting from their experiences of watching their own mothers and grandmothers. Grandmothers have historically been an essential part of parents’ strategies to care for their children, through cohabitation and informal fostering networks to more formal arrangements of child circulation. More recently, grandmothers have become essential in allowing young parents to migrate for work or in some cases to continue their education.

Idealized grandmother–grandchild relationships across a wide range of global contexts emphasize affection and love, cleanliness, order, stability, and care. They also emphasize reciprocity and a promise of future care for aging grandmothers by children and grandchildren once

Figure 37.1  A grandmother and her grandson inside their home. Source: Block 2009.
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they can no longer care for themselves. While actual relationships differ widely, grandmothers are influenced by these cultural tropes of the care they are expected to provide and receive, and often take great pride and pleasure in helping to raise their grandchildren and great-grandchildren. These idealizations of grandmotherhood have never existed in a vacuum but instead have been shaped (and limited) by complex realities. Globalization, population shifts, migration, poverty, and illness have increasingly challenged the ability of grandmothers to care for their grandchildren. Particularly in the Global South, grandmothers find themselves caring for children well beyond their physical and mental capacity to do so. This chapter examines what it means to be a grandmother, considers how contemporary pressures such as HIV/AIDS and migrant labor have changed grandmothers’ roles in supporting young parents in their efforts to raise and care for their children, and what this means for grandmothers’ experiences of aging.

Idealized grandmaternal roles across cultures do not stand in opposition to contemporary social and political-economic pressures; rather they help us to understand why families continue to rely on grandmothers even as external pressures and challenges intensify, and why grandmothers themselves continue to take on these essential caregiving roles. While biological anthropologists have much to offer in terms of understanding grandmothers’ contributions to women’s reproductive strategies, it is also productive for cultural anthropologists to use this framework to understand the significant social, affective, and caregiving contributions made by grandmothers, particularly in precarious times. The continued reliance on grandmothers reinforces the importance of grandmaternal labor, care, and love as key components of global families’ reproductive strategies. Grandmothers are needed to assist in supporting parents to ensure the health, well-being, and even survival, of their children. The often-invisible labor of grandmothers deserves to be counted in the anthropology of reproduction. The gravity of the current moment only serves to intensify grandmaternal contributions to reproductive success, as the formidable capacities of grandmothers are stretched thin.

Biological reproduction and the grandmother hypothesis

Biological anthropologists attempt to understand why, unlike most animals, human females continue to live long after they stop reproducing (Sievert and Roy, this volume). Some studies suggest that the “grandmother hypothesis” might explain this phenomenon. Hill and Kaplan argue that post-menopausal women “invest in close kin and have an impact on the reproduction and survival of those kin” (Hill and Kaplan 1999: 415). In other words, while older women may not continue to produce their own children, they can contribute to the survival of their kin by investing in their grandchildren.

Evolutionary anthropologist Karen Kramer argues that a key to the demographic success of humans is that they do not attempt to raise children alone (see also Kramer, Veile, and Henry, this volume). Women seek the support of others in their community in what is called “cooperative breeding” (Kramer 2010) or alloparenting (Crittenden and Herlosky, this volume). Grandmothers are a key part of women’s cooperative breeding strategies because they are neither competing for mates nor working to ensure the survival of their own young children. In many places, grandmothers also provide essential guidance about birth and breastfeeding (Bedri 1995; Kerr et al. 2008; Negin et al. 2016). In agricultural societies, grandmothers help care for children so their mothers can spend time foraging or farming, or they engage in food production activities so their daughters can spend time with their newborn or nursing babies (Kramer 2010). Among Hadza foragers in Tanzania, grandmothers take on additional agricultural work when their daughters have young children. The birth weight of Hadza newborns is directly tied to the nutritional contributions of their grandmothers (O’Connell et al. 1999). A large-scale analysis of the benefits of
cooperative breeding in relation to the demographic transition suggests that grandmothers have a significant impact on the reproductive fitness of their daughters in pre-transition societies. While grandmaternal investments in post-transition societies are not as easily measurable, it is likely that grandmothers still have a significant impact on the social development of their grandchildren, particularly in contexts where parental resources are scarce (Sear and Coall 2011).

Performing grandmotherhood

Grandmotherhood is not necessarily a state of being, but is performed, or enacted, as a lived experience. Just as giving birth does not necessarily make one socially a mother, likewise having a biological grandchild does not automatically make a grandmother across all cultures. In East Cameroon, women who live far from their (biological and foster) grandchildren do not consider themselves grandmothers—grandmotherhood is produced by acts of grandmothering such as sharing food (see Figure 37.2) and cohabitating. Alternatively, if a grandmother performs most of the duties of a mother, she can “claim” the child and is considered the “real” mother (Notermans 2003). African American grandmothers in the United States who provide primary care for their grandchildren due to abandonment, teen pregnancy, death, incarceration, or substance abuse sometimes consider their role as “mothers again,” not as grandmothers (Gibson 1999). The life cycle model assumes that one life event naturally follows another. Yet, in reference to motherhood, Johnson-Hanks argues, “The fact that vital life events are rarely coherent, clear in direction or fixed in outcome drastically limits the usefulness of the life cycle model” (Johnson-Hanks 2002: 865). Instead, she argues that it is more useful to think about “institutions and aspirations” (2002: 867), rather than singular life events, with an eye toward ethnographic specificity and nuance.

Grandmaternal roles in biological and social reproduction are highly contingent upon the cultural context and the global political economy. Thus, the roles that grandmothers take on are

Figure 37.2 A Basotho grandmother prepares maize meal for her grandson in their home. Source: Block 2009.
shaped by global forces, particularly when families are living apart. In fact, as Dossa and Coe argue, “The effortful and engaged activity of older persons in transnational families is a key site for understanding how capitalist labor markets and neoliberal state policies impact family life” (2017: 9). The close connection between political-economic policies and everyday care is highlighted by familial responses to capricious immigration laws and changing migrant labor needs in mines, farms, and factories (Buch 2015; Block 2019; Crush 2010; Torres and Carte 2016). But the particular ways grandmothers respond to these changes are rooted in history and culture. Grandmothers draw on a repertoire of ideas about kinship and care that are already familiar to them in order to respond to the changing world around them (Leinaweaver 2010). Even as families tap into long-standing cultural practices and familial structures to respond to the changing world, people’s ability to fulfill their preferred and idealized social roles are upended by these same global processes; mothers are unable to care for their children, grandmothers are unable to experience old age as they had hoped (Yarris 2017). Furthermore, as Zhou (2017) demonstrates of Chinese grandparents who move to Canada to help care for their grandchildren, instead of recognizing the ways that grandmothers (and sometimes grandfathers) enable the productivity of their adult children, they are viewed as a “burden” on taxpayers and their migration is discouraged by the government. The mindset that looks negatively on state support of elderly people is part of the same neoliberal ethos that undermines and devalues care work, which is largely the work of women globally.

**Idealized grandmothers and social reproduction**

Intergenerational relationships are of great interest to anthropologists, both in terms of the nature of such relationships in comparison to the parent–child relationship, but also in terms of their significant role in cultural and social reproduction (Radcliffe-Brown and Forde 1950; Fortes 1938, 1940; Whyte et al. 2004; Cole and Durham 2007). As the Ghanaian proverb states: “Unlucky the house that does not have an old person living in it” (Van der Geest 2004: 47). While the precise nature of intergenerational relations differs widely, idealized versions of what intergenerational relationships should look like exist everywhere. Grandmothers have been characterized cross-culturally as less strict, more strict, more egalitarian, having more love, more likely to spoil, less likely to spoil, calm, generous, and affectionate, to name a few. For example, in Lesotho, grandmothers are thought of as “having more love” for their grandchildren than other relatives and are viewed as less absorbed in pursuing their own selfish desires (Block 2019). According to Geissler and Prince (2004), among the Luo in Kenya, grandmothers and grandchildren develop “hera”—or friendly relations—through sharing. The authors note:

> The lives of grandmothers and grandchildren that we observed were marked by physical nearness and intimacy: sleeping and sitting closely, sharing food and talking and touching each other in gestures of tenderness such as arranging a dress or removing an insect.

*(Geissler and Prince 2004: 100)*

Such intimate interactions are thought by the Luo to be essential to the development of a child’s personhood. This is only possible for grandmothers who are no longer reproductively active themselves. One Luo grandmother, while still young enough to have children, chose to abstain from sex so she could “become old” in order to help care for her grandchild (Geissler and Prince 2004: 98). In this way, Luo grandmotherhood is intimately linked not only to a woman’s daughter’s reproductive strategies but also to her own.
Cole and Durham emphasize that “Not only are intergenerational relationships important for passing on or modifying traditions, but intergenerational links are among the most intimate and powerful in social life” (Cole and Durham 2007: 2). While in practice, relations between grandmothers and grandchildren stray from these idealized notions, the cultural expectation of affection between grandmothers and grandchildren helps to protect and maintain strong intergenerational bonds during difficult times (Block 2019). Grandmothers are particularly important for their role in what Kristin Yarris calls social reproduction and regeneration (2017). For Yarris, social reproduction consists of the everyday care needed to help children live while social regeneration refers to the moral practice that reflects the cultural values of a society. Women are typically responsible for the transmission of cultural values. In the absence of mothers, grandmothers take on this responsibility (Spitzer et al. 2003; Khan and Kobayashi 2017). The social and moral labor that maintains families has been also called “kin work,” described by Stack and Burton as “the labor and tasks that a family needs to accomplish to survive from generation to generation” (1993: 157). The social and emotional work of elderly people is a powerful “social force” that helps to maintain families over time as they pass on cultural values (Dossa and Coe 2017: 12).

Men are not entirely absent in this picture. In Lesotho, grandfathers increasingly take on the role of caregiver, but only as a last resort and when a mother or grandmother is not present (Block 2016). In those instances, their work is not viewed as men’s work, but instead, men describe themselves as acting “like a mother.” Among Chinese grandparents who migrated to Canada to care for their grandchildren, grandfathers sometimes accompanied their wives, and did participate in childcare activities, but were not the primary caregivers (Zhou 2017). Over the past few decades, there has been a feminization of labor migration. Where men had previously migrated for manual work such as farming and construction, women increasingly migrate for domestic work and factory jobs. Several studies of Southeast Asia, where the feminization of labor migration is pronounced, have noted the increase in men’s caregiving and household work in the absence of children’s mothers (Hoang et al. 2015; Asis et al. 2004; Gamburd 2000). However, men are not entirely comfortable in these new roles. Global economic shifts have made it more challenging for men to fulfill their traditional role as providers. These perceived failures in combination with strongly held beliefs about the gendered division of labor have led men to seek new ways to perform their masculinities. For example, while Sri Lankan men take on more domestic work, they preserve their masculinity by not openly admitting to it (Gamburd 2000). For the most part, women are still preferred as primary caregivers for children globally, and men take on the task only when conditions require them to do so (Hoang et al. 2012; Block 2016). As global conditions continue to stretch family caregiving, and as labor markets continue to shift, men, including grandfathers, will help to broaden the safety net in order to sustain the family. But they do not currently represent a primary reproductive strategy for young families.

Families are changing as a result of globalization, neoliberalization, and economic and social policies. As grandmothers respond to crises, such as maternal mortality and labor migration, their role in social and moral reproduction is even more apparent and essential. As Dossa and Coe poignantly argue, “Older people’s kin work contributions and demands have become increasingly significant to their families and communities because today families are under pressure from the changing conditions of capitalism and declining state support” (2017: 19). At the same time, the unequal structures driving these shifts have meant that grandmothers are taking on more with fewer resources. Grandmothers are working beyond their physical and emotional capacities to provide for their grandchildren, often in conditions of dire poverty (Block 2019). Yet the reciprocity they came to expect from such caregiving relationships is “drying up” (Van...
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Grandmothers experience reduced support during their old age, and are more often the givers of care than receivers of it (Dossa and Coe 2017).

Changing child fostering practices

Child fostering has been a primary global strategy for redistributing the labor of care for children, and a main way that grandmothers have historically contributed to social reproduction. Fostering stands in contrast to practices of modern adoption, which often removes a child from his or her biological family entirely (see Leinaweaver and Marre, this volume). It is a common practice that has been written about extensively in parts of West and sub-Saharan Africa, Oceania, Latin America, and the United States (where it is typically called “kinship care”) (Bledsoe 1990; Goody 1982; Carroll 1970; Carsten 1991; Schildkrout 1973; Renne 2003; McFadden 1998; Leinaweaver 2008). Historically, child fostering was characterized by the movement of children for a variety of purposes related to health, fertility, social responsibility, caregiving relationships, apprenticeship, and educational opportunities. Grandmothers have always been at the heart of child fostering strategies and have been flexible in response to the changing world around them to ensure the health, safety, and social embeddedness of children.

The form and function of fostering practices vary widely because they stem from distinct cultural beliefs about childhood and families. However, they typically find a common thread in their reciprocal nature. Child fostering may benefit children and their parents by reducing the economic burden on the family, giving the child improved educational opportunities, providing the child with vocational training or apprenticeship, helping wean a child in order to increase fertility, or simply establishing social ties that will benefit the child and family in the future (Renne 1993; Bledsoe 1989; Goody 1984). Child fostering also benefits the caregivers by providing companionship, daily assistance, and economic security (Bledsoe 1989).

Fostering practices are not, however, always beneficial or voluntary. For example, Goody (1984) describes fostering relationships in Sierra Leone that took place shortly after the abolition of slavery. According to Goody, the children of freed slaves were often taken into the household of elite Creole families and forced to work essentially without compensation. Though not voluntary, this often benefited the child in some ways as they were fed, clothed, and schooled (Goody 1984). Leinaweaver also highlights the ways that vulnerability and poverty caused fostering relationships in Peru to be characterized by vertical relocation, with poor families giving up their children, usually girls who could help with domestic tasks, in an effort to help lift the family out of poverty (Leinaweaver 2008). These examples emphasize that such social arrangements are not always alliance-building strategies, but are often survival strategies necessitated by poverty and inequality.

In contrast to idealized versions of child fostering, where grandmothers were part of a voluntary reciprocal network of care for children and elderly people, global conditions have resulted in an increase in so-called “crisis fostering.” Crisis fostering is not voluntary, but it is necessitated by emergency situations such as divorce, illness, or death (Page 1989). Based on the strength of both idealized and real grandmaternal care, grandmothers have been on the frontlines—sometimes willingly sometimes not—in responding to caregiving crises. Much of the literature on crisis fostering has been in the context of high rates of AIDS mortality in southern Africa, where grandmothers are called upon to care for children orphaned by AIDS. The burden from crisis fostering is further exacerbated by the special needs of an HIV-positive child whose care puts physical, emotional, and material strain on caregivers (Heymann et al. 2007; Heymann and Kidman 2009; Singh et al. 2011; Kimemia 2006; Kipp et al. 2006). Scholars have worried that kin-based caregiving networks largely shored up by grandmothers in southern Africa will not
be able to sustain much more pressure from AIDS or poverty. While this has not yet materialized (Prazak 2012; Zagheni 2011), the challenges of caring for AIDS orphans exemplify the ways in which child fostering has strayed from its reciprocal and mutually beneficial origins.

Transnational caregiving networks can also be viewed through the lens of crisis fostering. While grandmaternal care among contemporary transnational families is usually precipitated by the careful decision of parents to migrate rather than a crisis such as parental death, the structure and nature of these caregiving relationships are more akin to crisis fostering than to the voluntary fostering studied by anthropologists in the mid-to-late twentieth century. Grandmothers left behind while their adult children migrate for work are often burdened by poverty and are engaged in intensive childcare in a way they had not envisioned for their old age. While young parents choose to migrate for work, it is a deeply constrained choice and a sacrifice that families make in the context of extreme structural vulnerability.

Grandmothers and the transnational family

The transnational family is a growing phenomenon (Pyle 2006). Earlier characterizations of migration in the United States viewed immigrants as being uprooted and leaving their countries of origin and their extended families behind permanently (Schiller et al. 1995; Handlin 1951). Increasingly, transmigrants represent a new and important way of thinking about migration. Transmigrants “are immigrants whose daily lives depend on multiple and constant interconnections across international borders” (Schiller et al. 1995: 48). In the current global economic order, men and women of working age often migrate to find work, either to urban centers or across international borders. But, instead of migrating with their children, an increasing number of parents are migrating alone and leaving their children behind with relatives, often a grandmother (Baldassar and Merla 2014). Decisions to leave children behind are shaped by labor demands, immigration policies, safety concerns, technology that facilitates communication and money transactions, the desire to protect children from racism and xenophobia, cultural values about childrearing practices, and the availability and willingness of a relative to care for one’s children at home.

In understanding transnational families, the invisible labor of caregivers left behind has only begun to be considered in earnest. Many migrants, from Nicaragua to the Philippines, have become part of what Hochschild has called “global care chains” (Hochschild et al. 2000). In these unequal vertical linkages, which connect poor and wealthy families across the globe, care of the young and elderly is passed off to women from lower socioeconomic groups, including many migrants (Basa et al. 2011). In studying transnational families, the focus thus far has been on the economic and social impacts of migration on the parent–child dyad rather than on the contribution of other members of the transnational family, especially grandmothers (Baldassar and Merla 2014). Caregiving grandmothers play a critical role in maintaining transnational families by allowing their adult children to migrate for work and by maintaining the tenuous linkages between separated parents and children (Yarris 2017; Leinaweaver 2010; Dreby 2010).

The economic contributions of grandmothers in transnational families are largely undervalued. Thus far, economic analyses of unpaid care labor have focused on the informal and familial caregiving that takes place within national boundaries, but such analysis has not been extended to the transnational family. Taking seriously the unpaid labor of caregivers in transnational families is essential to a feminist political-economic analysis of the global economy (Yeates 2005; Safri and Graham 2010). Some grandmothers stay behind to care for their grandchildren, and some migrate with their children and grandchildren in order to facilitate family reunification in places where childcare outside the home is unaffordable (Connelly and Kimmel 2003; Deneva
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What is clear, particularly for mothers, is that labor migration of an individual is not a solo effort; it involves those engaged in productive as well as reproductive labor. The efforts and lives of transnational family members are so intertwined that Deneva suggests that members of a transnational family be considered as part of “a single social field” even when divided by borders (Deneva 2017: 26).

The work undertaken by caregiving grandmothers entails fulfilling the caregiving labor demanded of children to ensure their health and survival as well as maintaining kin relations between extended kin across borders (Dossa and Coe 2017). This type of care can take many forms, from Bulgarian grandmothers moving back and forth between Bulgaria and other EU countries to care for grandchildren (Deneva 2017), to Chinese grandmothers migrating to Canada to live with their adult children and care for their grandchildren (Zhou 2017), to the many instances of grandmothers staying behind in Central America and Asia to care for grandchildren while their adult children migrate for work (Dreby 2010; Yarris 2017; Graham et al. 2012; Hoang et al. 2015). Several ethnographic studies have emphasized the outsized role grandmothers play in “maintaining and nourishing ties” (Leinaweaver 2010: 70). Yet, grandmaternal care has largely been characterized as both temporary and inadequate. Grandmothers themselves often viewed their role as temporary at first, but especially with Central American migration to the United States as borders have become increasingly difficult to cross, grandmothers soon realized that their caregiving role was more permanent (Dreby 2010; Yarris 2017). Among Nicaraguan transnational families, grandmothers provide essential daily care for their grandchildren, but also ensure that the ties between the mother and child are not severed by emphasizing narratives of maternal support and sacrifice (Yarris 2017). Likewise, Dreby’s study of Mexican transnational families emphasizes the role grandmothers play as “middlewomen”—mediating between parents and their children to maintain strong parental bonds (Dreby 2010). Grandmothers must often navigate the precarious role of providing grandchildren with the love and care they need while upholding and not superseding the relationships between parents and children.

Aging well in the neoliberal era

Grandmothers are ambivalent about the new roles they have taken on in the neoliberal era. Many enjoy the love and companionship of their grandchildren, even as structural vulnerability and poverty make their jobs as primary caregivers challenging. For example, migrating parents from Central America often find it more difficult to provide adequate support to family members in their countries of origin than they had anticipated, so the material support sent to grandmothers to care for their grandchildren is often inadequate (Dreby 2010). Furthermore, as people live longer, their own caregiving needs intensify as they get older (Buch 2015), complicating their ability to respond to the needs of their kin. Of course, aging is not a uniform experience, but rather is shaped by “local environments, access to resources, and social relations” (Buch 2015: 278). Among caregiving grandmothers in the United States, increased health risks and high levels of stress and anxiety have been widely documented (Whitley et al. 2001; Ice et al. 2012; Hayslip and Kaminski 2005). In Kenya, being able to care for AIDS orphans is both a difficult task that requires “great personal sacrifices” and is also the source of great pride and self-respect (Nyambetha et al. 2003: 48).

For many grandmothers, the delicate balance between their important role in the social and moral reproduction of their kin, and their own needs and desires as elderly persons, has become unsettled. Many grandmothers find themselves unable to achieve the old age they had envisioned for themselves (Ingstad 2004). Instead of receiving care in their old age, grandmoth-
ers more often find themselves providing it (Dossa and Coe 2017; Block 2018). For many, their hopes of a “peaceful retirement” have been transformed into a second round of full-time child-care (Nyambedha et al. 2003). In Botswana, AIDS mortality and changing marriage patterns have “locked” maternal grandmothers into “a never ending carousel of caring for grandchildren and even great-grandchildren without the necessary material security and a chance to someday sit down and be cared for by others” (Ingstad 2004: 73). These pressures pose a threat to grandmothers’ livelihoods as well as their dignity.

Despite these challenges, grandmothers continue to contribute meaningfully to the health and survival of their grandchildren and comprise a key component of parents’ reproductive strategies. Grandmothers have been and will continue to be the safety net that absorbs—and reflects—global challenges that impact families. In the context of poverty, inequality, illness, and migration, grandmothers have been a steady source of support and care for their children and grandchildren. They engage in caregiving labor that is essential for the survival of their grandchildren, but they also take on important roles in providing cultural and moral guidance to their grandchildren, and in helping to sustain familial ties under strained circumstances. While the direct connection between a woman’s labor and the reproductive fitness of her daughter may not be as easily measured in the contemporary era, grandmothers remain essential to young parents—especially mothers—as they consider their reproductive choices. For these reasons, the essential contributions of grandmothers deserve a central place in the anthropology of reproduction.

Notes
1 All names used in ethnographic examples are pseudonyms.
2 An exclamation used to add emphasis or express frustration.

References


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