Grandparents' Lived Experience in Caring for Grandchildren: A Qualitative Study

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A r t i c l e   I n f o

A B S T R A C T

Objective: The purpose of the present study was to explore the lived experience of grandparents in caring for grandchildren.

Methods and Materials: The present research was qualitative in nature and based on an interpretative phenomenological approach. From among older adults who had experience in caring for grandchildren, the researcher purposefully selected 20 elderly participants (10 grandfathers and 10 grandmothers) and conducted interviews with them. All interviews were recorded, transcribed, and finally analyzed using the interpretative phenomenological analysis method of Diekelmann et al. (1989).

Findings: Analysis of the participants' statements led to the identification of 107 initial concepts, 16 sub-themes, and four main themes (aging-related problems, challenges of older adults in caring for grandchildren, positive consequences of caring for grandchildren in older adults, and consequences of care in grandchildren).

Conclusion: The results clearly illuminated the problems and challenges of caring for grandchildren, as well as the positive effects of this process on both grandparents and grandchildren. Experts can utilize these findings to design preventive, educational, and even therapeutic programs aimed at realizing constructive grandchild care and reducing its potential negative outcomes.

Keywords: grandfather, grandmother, caregiving, grandchild, qualitative study.

1. Introduction

M Population aging has become a defining demographic and social phenomenon of the 21st century, reshaping family structures, intergenerational relationships, and social policies worldwide (Roberts, 2024). The rising proportion of older adults is accompanied by profound transformations in caregiving dynamics, where grandparents often play an increasingly central role in supporting families through direct care of grandchildren (Barman & Sahoo, 2024; Bünning & Huxhold, 2024). In many societies, this caregiving role is not merely supplementary but rather essential in filling the gaps created by parental employment, migration, or socio-economic challenges (Vullnetari, 2023). Consequently, grandparental caregiving is recognized not only as a family-based phenomenon but also as an issue deeply intertwined with health, psychology, and broader social development.

In Iran, similar to other rapidly aging societies, demographic shifts and changing socio-cultural patterns have elevated the importance of grandparents in caregiving arrangements (Dehghan Banadaki, 2023). Families are increasingly relying on grandparents due to dual-income households, economic pressures, and the absence of comprehensive institutional childcare systems. Yet, the lived experience of grandparents in these contexts is shaped by both opportunity and strain. On the one hand, caring for grandchildren can reinforce intergenerational ties, provide meaning, and improve psychological well-being (Barman & Sahoo, 2024; Hong & Xu, 2023). On the other hand, it may exacerbate health risks, reduce independence, and generate stress, particularly among older caregivers with limited physical or financial resources (Ezeakor & Nnaemeka, 2023; Sharma & Morishetty, 2023).

Research has highlighted that caregiving by grandparents can influence multiple dimensions of aging, including physical health, psychological well-being, and social participation. Studies suggest that although caregiving enhances the sense of purpose and belonging, it can also heighten vulnerability to stress, depression, and anxiety (Hofer & Hargittai, 2024; Hong & Xu, 2023). For example, older adults who provide regular childcare may report reduced loneliness and greater life satisfaction but also face the risk of lifestyle disruptions and reduced self-care (Nazari et al., 2024; Wahyuni et al., 2025). These paradoxical outcomes underscore the complexity of grandparental caregiving as both a protective and risk-laden phenomenon.

The psychological dimension of caregiving is particularly critical. Older adults often experience heightened anxiety, depression, and stress due to the physical and emotional demands of caregiving (Ezeakor & Nnaemeka, 2023; Sharma & Morishetty, 2023). While attachment theory emphasizes the importance of intergenerational bonds, research has also shown that the absence of institutional and family-level support systems may intensify these psychological burdens (Banks, 2024). In contexts where family dynamics are strained or migration has disrupted traditional caregiving structures, grandparents may simultaneously become indispensable caregivers and overlooked members of society (Vullnetari, 2023).

At the same time, caregiving can foster resilience, meaning-making, and psychological growth in grandparents. Studies suggest that engaging in grandchild care can mitigate feelings of emptiness, restore a sense of value, and promote psychological well-being (Barman & Sahoo, 2024; Hosseinabbasi & Aghaamiri, 2023). This aligns with broader gerontological research emphasizing that well-being in older adults is not merely the absence of disease but the presence of meaningful roles and supportive relationships (Joghataei et al., 2025). However, the extent to which caregiving is beneficial depends heavily on contextual factors such as health status, socio-economic resources, and cultural expectations (Gantner et al., 2023; Hansen et al., 2022).

Physical health outcomes of caregiving have also been documented. While some studies find that caregiving contributes to increased activity and vitality in older adults, others caution that it may worsen chronic conditions, reduce mobility, and strain physical health (Chehregosha et al., 2018; Hemmati et al., 2018). The intensity and frequency of caregiving play a decisive role in shaping these outcomes. High-intensity caregiving is often associated with fatigue, sleep disturbances, and musculoskeletal problems, whereas moderate involvement may enhance physical engagement and promote healthier routines (Fattahi, 2018; Ghasemi et al., 2024).

Sociologically, grandparental caregiving reflects broader cultural and structural realities. In collectivist cultures, caregiving is perceived as a normative responsibility and an extension of familial solidarity (Chopani & Karami, 2024). However, in urbanized and modernizing societies, the erosion of traditional family support networks may leave grandparents more isolated in their caregiving roles (Rahmati et al., 2024). The experience of isolation or lack of recognition may undermine the potential benefits of

caregiving, contributing to social exclusion and reduced self-worth (Delaplane, 2023; Nazari et al., 2024).

From a developmental perspective, caregiving also has reciprocal outcomes for grandchildren. Studies indicate that grandparental involvement can support the emotional, social, and academic development of children, particularly in cases of parental absence or economic hardship (Motavalli Jouybari et al., 2024; Rapp et al., 2023). However, excessive reliance on grandparents may blur generational boundaries, create role confusion, and generate tension between parents and grandparents regarding child-rearing practices (Gall et al., 2020; Hansen et al., 2022). This intergenerational dynamic highlights the delicate balance required in caregiving arrangements.

Another critical dimension is the societal value of caregiving in the context of aging policies. Older adults' contributions through childcare are increasingly recognized as a form of unpaid labor that sustains families and communities (Vullnetari, 2023). Yet, formal support systems and policy recognition remain limited. As scholars argue, the absence of adequate social protection for caregiving grandparents may intensify inequalities and health risks (Bünning & Huxhold, 2024; Roberts, 2024). In this sense, studying grandparents' lived experiences provides important insights into the intersection of family life, public health, and social policy (Ezeakor & Nnaemeka, 2023; Rahmati et al., 2024).

The cultural framing of caregiving also deserves attention. In Iran and similar societies, strong cultural norms emphasize filial duty and intergenerational solidarity (Chehregosha et al., 2018; Hosseinabbasi & Aghaamiri, 2023). However, modernization, urbanization, and the influence of global cultural values may weaken these traditional norms, creating tension between expectations and realities (Dehghan Banadaki, 2023; Dindoust & Aghamohammadian Sharbaf, 2022). For many older adults, this tension manifests in ambivalence—feeling valued through caregiving but also burdened by the demands it entails (Gantner et al., 2023; Hansen et al., 2022).

At the policy level, studies stress the urgent need for programs that support healthy aging and recognize caregiving roles (Joghataei et al., 2025; Roberts, 2024). Preventive interventions, such as fall prevention programs and health-promoting activities, can help mitigate the risks of intensive caregiving (Ghasemi et al., 2024). Likewise, providing psychological support and promoting coping strategies can reduce the burden on caregiving grandparents (Nazari et al., 2024; Wahyuni et al., 2025). Importantly,

attachment-focused interventions and family counseling can enhance intergenerational relationships and reduce conflicts between parents and grandparents (Banks, 2024; Motavalli Jouybari et al., 2024).

The COVID-19 pandemic further underscored the fragility of caregiving arrangements. Restrictions on mobility and social contact disrupted traditional caregiving patterns and amplified psychological distress among older adults (Bünning & Huxhold, 2024; Hofer & Hargittai, 2024). While some grandparents reported improved digital engagement with families, others experienced isolation and disconnection (Hofer & Hargittai, 2024). These findings highlight the need for flexible and resilient support systems that safeguard both grandparents' well-being and children's developmental needs during crises.

In addition, the lived experiences of grandparents cannot be understood without considering their broader life course and accumulated social resources (Delaplane, 2023; Dindoust & Aghamohammadian Sharbaf, 2022). Grandparents' caregiving experiences are influenced by their past roles, health trajectories, and relational histories. For example, those who had positive prior caregiving roles may perceive grandchild care as a continuation of meaningful family involvement, while those with strained family histories may experience caregiving as a source of conflict or stress (Hemmati et al., 2018; Hosseinabbasi & Aghaamiri, 2023).

Importantly, qualitative studies emphasize the depth of lived experience that quantitative approaches often overlook (Gall et al., 2020). Phenomenological and hermeneutic analyses provide nuanced insights into how grandparents interpret and give meaning to their caregiving roles (Hosseinabbasi & Aghaamiri, 2023). These perspectives reveal that caregiving is not merely a set of tasks but a deeply emotional and existential experience shaped by values, identity, and intergenerational reciprocity (Chehregosha et al., 2018; Madresifar et al., 2020).

Taken together, the literature highlights the dual nature of grandparental caregiving as both a source of psychological enrichment and a potential risk factor for stress and ill-health. It also underscores the importance of contextual, cultural, and policy dimensions in shaping these outcomes (Rahmati et al., 2024; Roberts, 2024). Yet, despite the growing body of research, there remains a need for in-depth qualitative studies that illuminate the lived experiences of grandparents, particularly in non-Western contexts where intergenerational norms and family structures differ. By exploring these experiences, scholars and practitioners can

design preventive, educational, and therapeutic programs that support constructive caregiving and mitigate its challenges (Ghasemi et al., 2024; Joghataei et al., 2025).

The present study aims to explore the lived experience of grandparents in caring for their grandchildren, focusing on the challenges, problems, and positive outcomes associated with this role.

2. Methods and Materials

2.1. Study Design and Participants

The present study was conducted using a qualitative method and employed an interpretative phenomenological design. Interpretative phenomenology is one of the most common qualitative designs developed to identify the depth of human experiences regarding the realities under investigation. The main aim of this research design is to focus on individuals' inner and phenomenological worlds in order to discover the phenomenon under study from their perspective. In this design, the researcher attempts to clarify the experiences under investigation by focusing on both explicit and implicit statements of the interviewees. The essential requirement for using this design is whether the phenomenon intended to be studied needs description and clarification.

The study population consisted of all grandparents in Isfahan who had experience in caring for their grandchildren. The sampling method used in this study was purposive sampling. The sample size was determined based on the principle of saturation. The interview process continued until the collected information reached saturation. Data saturation occurred at the sixteenth interview, and to ensure saturation, the researcher conducted four additional interviews, which also indicated data saturation and no discovery of new data.

In the present study, based on the study aim and to obtain the richest possible information, participants were selected from different regions, ages, educational levels, occupations, and socio-economic backgrounds. The inclusion criteria for grandparents in this study were: at least one year of caregiving experience for a grandchild, a minimum educational level of high school diploma, having at least two grandchildren, providing care for grandchildren at least two days per week and four hours per day, different socio-economic backgrounds, willingness to participate in the interview, having mental health (determined by the researcher during counseling dialogue and clinical interviews), and not simultaneously participating in another educational or therapeutic program. Exclusion criteria included: concealment of information and lack of cooperation with the interviewer, refusal to participate in follow-up interview sessions (since some interviews lasted more than two sessions), refusal of one of the older adults to participate in the interview, and refusal to review exploratory findings to confirm their accuracy after extraction.

Table 1

Demographic Information of Participants

No.	Gender	Age	Occupation	Education Level	No. of Grandchildren Cared for	Grandchild Gender	Grandchild Age	Weekly Care Frequency	Duration of Care (Years)
1	Grandfather	65	Retired	Bachelor's	1	Girl	5	4 days/week, 4 hrs/day	1
2	Grandfather	67	Retired	Master's	1	Girl	5	5 days/week, 10 hrs/day	4
3	Grandfather	72	Retired	Bachelor's	1	Girl	4	5 days/week, 9 hrs/day	2
4	Grandfather	64	Retired	Master's	2	Girl	3	5 days/week, 7 hrs/day	2
5	Grandfather	73	Self-employed	Diploma	1	Boy	5	6 days/week, 8 hrs/day	2
6	Grandfather	67	Self-employed	Bachelor's	1	Girl	5	4 days/week, 6 hrs/day	2
7	Grandfather	75	Retired	Bachelor's	1	Boy	4	5 days/week, 8 hrs/day	1
8	Grandfather	68	Retired	Master's	1	Boy	3	5 days/week, 7 hrs/day	2
9	Grandfather	67	Self-employed	Lower secondary	1	Girl	5	5 days/week, 10 hrs/day	4

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10	Grandfather	65	Retired	Diploma	2	Girl	4	5 days/week, 9 hrs/day	3
11	Grandmother	63	Housewife	Bachelor's	1	Girl	5	4 days/week, 4 hrs/day	1
12	Grandmother	68	Retired	Bachelor's	1	Girl	5	5 days/week, 10 hrs/day	4
13	Grandmother	62	Retired	Associate's	1	Girl	4	5 days/week, 9 hrs/day	2
14	Grandmother	61	Retired	Bachelor's	2	Girl	3	5 days/week, 7 hrs/day	2
15	Grandmother	72	Housewife	Lower secondary	1	Boy	5	6 days/week, 8 hrs/day	2
16	Grandmother	65	Retired	Bachelor's	1	Girl	5	4 days/week, 6 hrs/day	2
17	Grandmother	62	Housewife	Diploma	1	Boy	4	5 days/week, 8 hrs/day	1
18	Grandmother	65	Retired	Master's	1	Boy	3	5 days/week, 7 hrs/day	2
19	Grandmother	64	Retired	Bachelor's	1	Girl	5	5 days/week, 10 hrs/day	4
20	Grandmother	64	Housewife	Diploma	2	Girl	4	5 days/week, 9 hrs/day	3

The number of participants in the study was 20 (10 grandmothers and 10 grandfathers). Their mean age was 66.4 years. Two had lower secondary education, four had a high school diploma, one had an associate's degree, eight had a bachelor's degree, and the rest had a master's degree. Three grandfathers were self-employed and retired, while seven were retired from administrative jobs. Four grandmothers were housewives, and the rest were retired from administrative jobs. Four grandparents cared for two grandchildren, while the rest cared for one. Thirteen grandchildren were girls and seven were boys. The minimum age of the grandchildren was three years and the maximum was five years. Grandparents cared for grandchildren at least four days a week and at most six days a week, for a minimum of four hours and a maximum of 10 hours per day. The duration of caregiving ranged from a minimum of one year to a maximum of four years.

2.2. Measures

In this study, semi-structured, in-depth interviews were used to collect data. The researcher reviewed the theoretical and empirical background of child care, aging, and grandparents' caregiving. Based on this review, general questions were designed to initiate interviews with participants. To evaluate the quality and validity of these questions, they were given to supervisors and advisors, and their feedback was incorporated into improving the precision of the questions.

The interview process began with general questions about grandchild care and its dimensions, such as: "What is your relationship with your grandchild like?", "What is your perspective on healthy caregiving?", "How has caregiving affected you?", "Has caregiving caused you any problems?", and "Has caregiving provided you with any benefits?". Exploratory questions such as "Can you explain more?" were used to obtain more comprehensive information and clarify the data.

A total of 20 semi-structured interviews were conducted with grandparent couples (10 grandfathers and 10 grandmothers). Each interview lasted between 60 and 120 minutes. The time and place of the interviews were determined in advance in agreement with the participants. Some interviews extended beyond one session to obtain more comprehensive information. Data were collected, recorded, coded, and categorized into initial concepts, sub-themes, and main themes over a 12-month period. All interviews were audio-recorded, transcribed, and analyzed.

To observe ethical considerations and protect participants' rights, informed consent was obtained, research objectives were explained, and participants were assured that interviews would remain confidential and anonymous. Interview recordings were deleted after analysis and publication of results. Participants were also informed of their right to withdraw from the study at any time.

2.3. Data Analysis

To analyze the interview data, Diekelmann et al.'s (1989) interpretative phenomenological analysis method was used. In this approach, the researcher seeks to extract and discover themes consistent with the study objectives. Themes are general indicators that reveal the subjective meaning of interviewees toward the phenomenon under investigation.

First, the recorded interviews were transcribed manually. After transcription, the researcher repeatedly studied these accounts to gain a comprehensive insight into participants' inner experiences. Based on these interpretations, interpretive summaries of each interview and each question were extracted to discover the latent meanings. To strengthen the extraction of themes, the researcher sought assistance from other experts in qualitative analysis and engaged in collaborative discussions.

As interviews and analyses continued, extracted themes became clearer and more comprehensive and were sometimes merged with prior themes. To clarify and resolve contradictions in interpretation, the researcher returned repeatedly to the texts. At each stage, interpretive summaries were combined to conduct a more comprehensive analysis, ultimately establishing the best possible relationship between interpretations and themes. Thematic categorization was performed by coding, comparing, and integrating data. Initial related concepts were merged into sub-themes, which were then synthesized into main themes, while irrelevant themes were excluded. To unify categories, both inductive and deductive reasoning were employed, ensuring continuous movement between concepts until final naming of sub-themes and main themes.

To validate the credibility and reliability of findings, Guba and Lincoln's (1989) criteria were applied. To ensure credibility, the researcher based analyses on participants' statements and beliefs, minimizing personal bias during data collection and analysis, using personal perspectives only to supplement the interpretations.

To enhance trustworthiness, the researcher established a close and trusting relationship with participants, thereby reducing the likelihood of concealment or incomplete responses. Additionally, the researcher improved interviewing skills through practice and mastery of the interview questions, which enhanced the internal validity and richness of collected data.

To increase dependability, the researcher worked under the supervision of the academic advisor (professor of psychology, Islamic Azad University, Khomeini Shahr) and a qualitative analysis expert (PhD in counseling, University of Isfahan). Their expertise enhanced consistency in coding and findings.

Finally, to ensure confirmability, exploratory information from each interview was shared with the interviewees for validation, and necessary corrections were made based on their feedback.

3. Findings and Results

In this section, the results obtained from analyzing the interviewees' statements are presented in a table and documented using verbatim quotations from participants. Analysis of the grandparents' narratives regarding their lived experiences of caring for grandchildren led to the identification of four main themes (aging-related problems; older adults' challenges in caring for a grandchild; positive outcomes of caregiving for older adults; and caregiving outcomes for the grandchild) and 16 sub-themes. Below, the table of initial concepts, sub-themes, and main themes is provided, followed by documentation of the main themes together with their sub-themes and the initial concepts that constitute each sub-theme, supported by reported quotations.

Table 2

Initial Concepts, Sub-Themes, and Main Themes Concerning Grandparents' Lived Experience in Caring for a Grandchild.

Initial Concepts	Sub-Themes	Main Theme
Anxiety, depression, hopelessness, meaninglessness, sleep disturbance, social isolation, disrupted self-esteem, impaired efficacy, somatic complaints, high stress reactivity, vulnerability—touchiness or excessive irritability.	Psychological problems.	Aging-related problems.
Reduced close relationships with family members, fewer friends, diminished social relations, relational rejection, decreased desire to socialize, reduced or even absent sexual drive, reduced social status.	Relational problems.	
Impairment in activity and mobility, reduced physical independence, physical pain, polypharmacy, hearing–vision weakness, cardiovascular problems.	Physical problems.	
Memory disruption, weakened analytical ability, slower cognitive processing speed, decreased speed and strength of perception.	Cognitive problems.	
Reduced social participation, crisis of social values, generational gap disrupting communication, social isolation, disruptions in housing, hygiene, and nutrition.	Socio-environmental problems.	
Confusion regarding the appropriate level of freedom, attention, responsibility, control, strictness, permissiveness, and exertion of authority toward the grandchild.	Caregiving confusions.	Older adults' challenges in caring for a grandchild.
Stress arising from: deeming financial resources sufficient, considering one's physical ability insufficient, deeming one's parenting ability sufficient, potential disruption of the relationship with	Caregiving stresses.	

one's own adult children, emergence of undesirable behaviors in the child, the grandchild's behavior being viewed as less than ideal by the parents.		
Overindulgence of the child, excessive caution, payoffs/bribing, compulsive caregiving, excessive freedom or control, excessive blame and comparison, instilling unrealistic fears in the child.	Excess or deficiency in upbringing.	
Reduced contact with friends and family, experiencing a large distance from the younger generation, reduced emotional support from one's spouse, relational impatience.	Caregiving-induced relational problems.	
Disruption of sleep–wake cycle, reduced necessary social contact, elimination of some forms of interaction, reduced physical activity, changes in dietary pattern, decreased time allocated to oneself.	Lifestyle disruption.	
Improved joy and vitality, enhanced sense of purpose, improved sense of self-worth, improved sense of meaning, improved loneliness, improved depression, improved anxiety.	Improvement of emotional distress.	Positive outcomes of caregiving for older adults.
Reinforced renewed family belonging, increased relational respect, reduced social isolation, increased participation in the grandchild's financial future, increased participation in the grandchild's schooling, increased participation in the grandchild's interpersonal relations, receiving a support–care network from adult children and grandchildren, strengthened parent–child (intergenerational) relations.	Improvement of relational problems.	
Improved hope for life, enhanced sense of purpose and meaning, improved self-esteem, improved happiness, improved self-acceptance, enhanced sense of worth.	Improvement of intrapersonal capacities.	
Reduced feelings of loneliness, reduced sense of rejection, reduced sense of incompetence, reduced sense of being misunderstood, reduced worthlessness, reduced sense of failure, reduced uselessness, reduced sense of being overlooked, reduced sense of insignificance.	Improvement of negative feelings.	
Preservation and enhancement of emotional, cognitive, and relational security; receiving necessary affection and attention; less loneliness; strengthened social skills.	Positive caregiving outcomes in the grandchild.	Caregiving outcomes in the grandchild.
Separation from parents, dependency on grandparents, formation of incorrect expectations in the grandchild, ambiguity in distinguishing right from wrong, ambiguity in discerning lovability, ambiguity in discerning sufficiency, ambiguity in discerning level of self-worth.	Negative caregiving outcomes in the grandchild.	

1. Aging-Related Problems

Aging-related problems comprised five primary sub-themes (psychological problems, relational problems, physical problems, cognitive problems, and socio-environmental problems).

Participant No. 13 (grandmother) stated "As age increases, a person's mental state changes as well. At the age I and my peers are, anxiety has, in a way, taken root in us. When you reach old age, you think it's over, but it isn't. Old anxieties and new anxieties and… well, this is really hard to bear at this age."

Participant No. 16 (grandmother) stated "Everyone's gone! There's no one left at home. Once a week they might drop by, or not. What good is it just to come and see whether your mom and dad are dead or alive? Of course, they have their own lives too, but relationships now aren't like the old days."

Participant No. 15 (grandmother) stated "Arthritis, back pain, and… sometimes I think, what are all these physical pains? Why should they even exist for a person? Why should one have to endure them at all?"

Participant No. 8 (grandfather) stated "I myself forget names—you're right, memory gets weak. My spouse is the same way. She says I don't remember many things, and I say there are many things she doesn't remember."

Participant No. 20 (grandmother) stated "Before, there was school for the kids, caring for them, a job—now there's nothing. We've somehow become without a role in the outside environment and even within the extended family."

2. Older Adults' Challenges in Caring for a Grandchild

Older adults' challenges in caring for a grandchild comprised five primary sub-themes (caregiving confusions; caregiving stresses; excess–deficiency in upbringing; caregiving-induced relational problems; and lifestyle disruption).

Participant No. 19 (grandmother) stated "One problem I personally feel definitely causes tension for us is that, to be honest, we don't know how much leeway we should give our grandchild—how much we should let them be free."

Participant No. 8 (grandfather) stated "At first—and even now, actually—we weren't that strong financially. I'm always worried whether I can provide or not! To be honest, I'm not stingy, but one is always scared about this issue."

Participant No. 4 (grandfather) stated "Maybe because they come to us temporarily, we really make a fuss over them. Others say, 'You're overpraising the child and their behaviors.' For example, the child says at home: 'We want to go to grandpa and grandma's,' and then they don't want to stay with us. They say, 'Don't hype them up so much, don't overdo it, behave naturally with them!'"

Participant No. 12 (grandmother) stated "Before, we had lots of time—we went to the park, we went places with our friends, we even visited the children at their homes. Now, honestly, we sometimes postpone our shopping so much that

when we go, everywhere is closed. The fact that our social contact has decreased bothers us."

Participant No. 8 (grandmother) stated "I myself nap at noon; now the child's yelling won't let me, and I'm always drowsy. We used to sleep early at night; now, on the nights they're here, we go to bed late—our sleep and meals are all disrupted."

3. Outcomes of Grandchild Care for Older Adults

Outcomes of caring for a grandchild in older adults comprised four primary sub-themes (improvement in emotional distress, improvement in relational problems, enhancement of intrapersonal capacities, and improvement in negative feelings).

Participant No. 15 (grandmother) stated "Despite the hardships of this work, joy has returned to the home. It used to be very quiet; honestly, now we are happier. I myself feel I've gone back to the times when the kids were at home."

Participant No. 11 (grandmother) stated "The very fact that a little child has gathered us together again is worth all the hardships in the world. Honestly, at some point a person thinks they're no longer a member of the family, or that the family they built has fallen apart and there's no place for them! But a grandchild proves that this belief is wrong."

Participant No. 18 (grandmother) stated "We've become much more hopeful. I myself had kind of lost hope before, really. If nothing else, having a grandchild and caring for them has made me more lively, and my hope has increased."

Participant No. 5 (grandfather) stated "Now that we've talked a lot about the problems and, so to speak, complained a lot, I should say this issue has its positives too. You know, when you pay attention, you realize you're much less lonely than before—or at least you feel less lonely."

4. Caregiving Outcomes in the Grandchild

Caregiving outcomes in the grandchild comprised two primary sub-themes (positive caregiving outcomes in the grandchild and negative caregiving outcomes in the grandchild).

Participant No. 15 (grandmother) stated "Before, my kids worked in shifts—one in the morning, one in the afternoon. It really bothers a child to suddenly wake up and see there's no mother, no father, and so on. When they brought the child here, and now that they bring them every day, they're not restless like kids who've lost something. They have a really good feeling, such that when it's time to go home, when the parents come to pick them up, it's a bit hard for them."

Participant No. 6 (grandfather) stated "No matter how good and complete grandparents are, they can't take the place of parents—especially the mother. It's true they're with us, but still they're away from their mother; only God knows what bad effects this separation may have on them that will show up later."

To ensure the final confirmation of the content validity of the phenomenological analysis conducted, the results were presented in Table 3. The content validity ratio (CVR) was calculated, and the results are shown in Table 3.

Table 3

Content Validity Ratio of Relationships Between Semantic Units and Basic Themes

Row	Semantic Units of the Four Themes	Mean Content Validity Ratio (CVR)
1	Aging-related problems.	1
2	Older adults' challenges in caring for a grandchild.	1
3	Positive outcomes of grandchild caregiving in older adults.	1
4	Caregiving outcomes in the grandchild.	1

After the phenomenological analysis was completed, in order to determine the degree of educational focus for each of the categories of grandparents' lived experience in caring for grandchildren, two specific criteria were used: the frequency of initial concepts, sub-themes, and then main themes; and the breadth of micro-to-macro components of each of the four basic categories presented in Table 3. The results obtained from the analysis of the frequency and scope of extracted and presented themes are shown in Table 4.

Table 4

Frequency and Percentage of Themes Related to Grandparents' Lived Experience in Caring for a Grandchild

Row	Four Themes	Frequency	Percentage Frequency	Initial Rank
1	Aging-related problems.	5	31.25	1
2	Older adults' challenges in caring for a grandchild.	5	31.25	1
3	Positive outcomes of grandchild caregiving in older adults.	4	25	2
4	Caregiving outcomes in the grandchild.	2	12.5	2
5	Total	16	100	–

Figure 1

Final Model
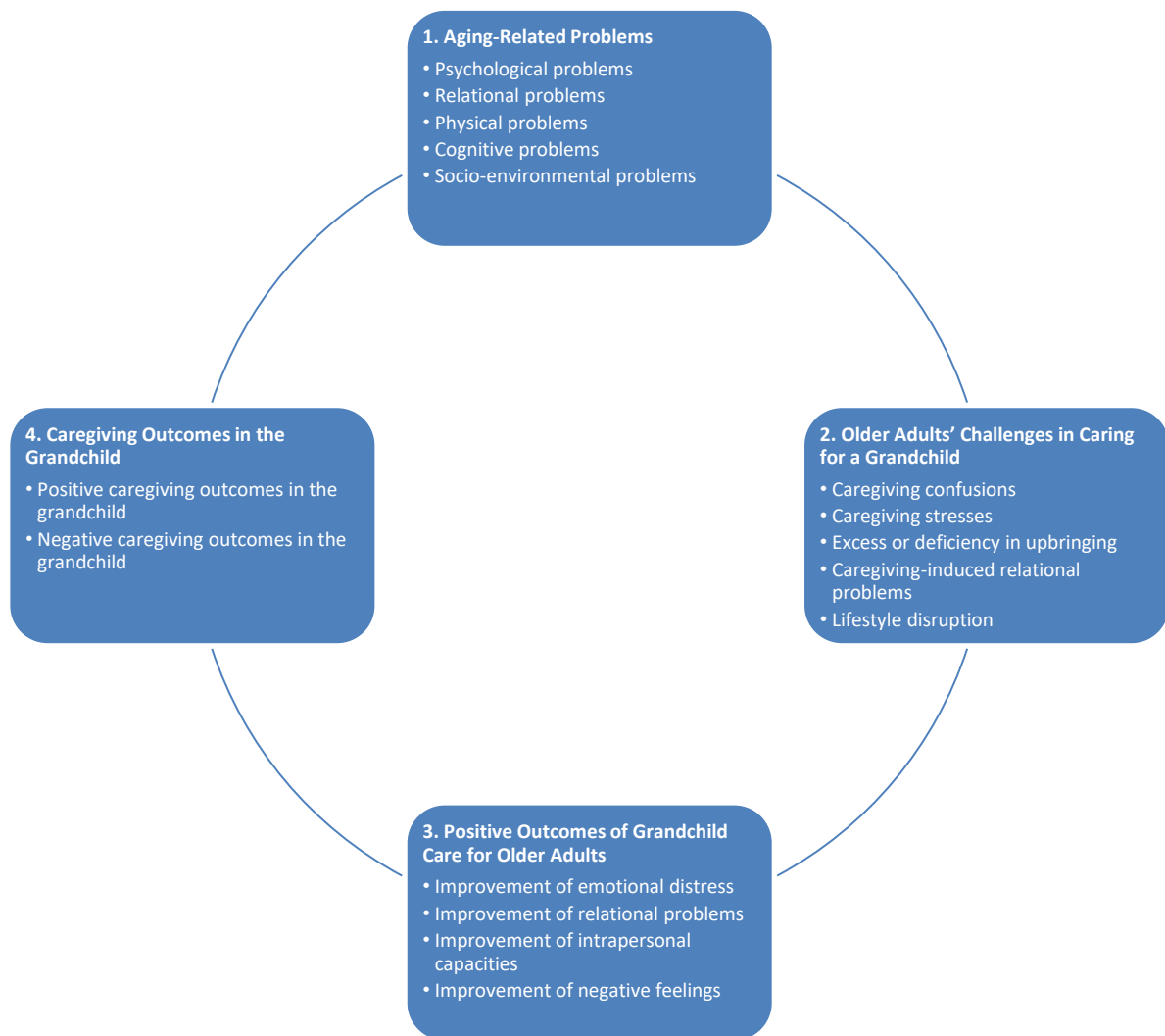
4. Discussion and Conclusion

The findings of the present study revealed four main themes that structure the lived experience of grandparents in caring for their grandchildren: aging-related problems, challenges of caregiving, positive outcomes for grandparents, and outcomes for grandchildren. Each of these themes reflects both the vulnerabilities and the strengths of older adults as they navigate intergenerational roles, providing rich insight into how caregiving shapes their psychological, social, and physical well-being. In this section, these results are discussed in relation to previous research and theoretical perspectives.

The first major theme, aging-related problems, highlights the psychological, relational, physical, cognitive, and socio-environmental difficulties faced by grandparents. Participants frequently reported anxiety, depression, sleep disturbance, and social withdrawal, which aligns with the broader literature on mental health in the elderly (Ezeakor & Nnaemeka, 2023; Sharma & Morishetty, 2023). Such findings support the argument that caregiving responsibilities may exacerbate existing vulnerabilities, particularly when resources are limited. In Iran, where aging is expected to intensify in the coming decades (Dehghan Banadaki, 2023), the risks associated with caregiving may become more pronounced, calling for greater attention from policymakers and health professionals. Furthermore, the deterioration of physical health, including chronic pain and mobility limitations, echoes the findings of previous studies that link grandchild care with increased strain on the physical and mental health of grandmothers (Hemmati et al., 2018). Similarly, the challenges of memory loss and cognitive decline reported by participants correspond with evidence of slower cognitive processing among aging caregivers (Gall et al., 2020).

Relational and socio-environmental problems also emerged strongly, with grandparents describing diminished contact with peers, reduced sexual drive, and weakened social status. These findings mirror earlier research documenting the decline in social relations among older adults as caregiving demands restrict opportunities for personal social engagement (Nazari et al., 2024). Moreover, feelings of marginalization and generational gaps reflect structural issues in modern societies, where traditional forms of intergenerational solidarity are eroding (Chopani & Karami, 2024; Hosseinabbasi & Aghaamiri, 2023). In such contexts, caregiving can intensify experiences of isolation, reinforcing the importance of considering both personal and social dimensions in understanding the caregiving role.

The second major theme, challenges of caregiving, emphasized the stress, confusion, and lifestyle disruptions associated with caring for grandchildren. Participants frequently spoke of uncertainty regarding how much freedom or control to exercise, as well as fears about financial and physical adequacy. These narratives are consistent with studies showing that caregiving often creates role confusion and stress, particularly when grandparents struggle to balance parental expectations with their own beliefs about child-rearing (Hansen et al., 2022). The sense of being "caught in-between" is not unique to the Iranian context, as international research indicates that grandparents worldwide grapple with reconciling traditional norms with contemporary parenting practices (Banks, 2024; Rapp et al., 2023).

Caregiving-induced relational problems also featured prominently, with grandparents reporting reduced emotional support from spouses and decreased social participation. This resonates with the work of Bünning and Huxhold, who found that during the COVID-19 pandemic, disruptions to caregiving routines heightened the vulnerability of grandparents to social isolation and stress (Bünning & Huxhold, 2024). The decline in lifestyle quality—such as disrupted sleep, limited exercise, and reduced personal time—further corroborates evidence that caregiving can compromise older adults' self-care and daily routines (Ghasemi et al., 2024). At the same time, these findings echo concerns that caregiving often goes unrecognized as a form of unpaid labor that imposes hidden costs on the well-being of older adults (Rahmati et al., 2024; Vullnetari, 2023).

Despite these challenges, the study also identified positive outcomes for grandparents, which is the third main theme. Participants consistently described improvements in psychological well-being, reductions in loneliness, and greater life satisfaction. These results reinforce prior findings that grandchild care can enhance grandparents' sense of purpose and belonging (Barman & Sahoo, 2024; Hong & Xu, 2023). Grandparents often reported that the presence of grandchildren brought joy, restored meaning, and revitalized family life. This finding is consistent with the literature on well-being in older adults, which emphasizes the importance of meaningful social roles for psychological resilience (Joghataei et al., 2025).

Furthermore, improvements in relational dynamics were frequently noted. Grandparents described strengthened ties with adult children and greater involvement in grandchildren's educational and social development. These outcomes reflect international evidence suggesting that caregiving fosters intergenerational solidarity and enhances family cohesion (Delaplane, 2023; Dindoust & Aghamohammadian Sharbaf, 2022). Positive intrapersonal changes, including increased self-esteem, acceptance, and optimism, also emerged. This aligns with findings that caregiving can promote psychological growth when balanced with adequate resources and social support (Hansen et al., 2022; Hosseinabbasi & Aghaamiri, 2023).

The fourth theme, outcomes for grandchildren, captured both the positive and negative consequences of being cared for by grandparents. On the positive side, participants emphasized the emotional security and affection

grandchildren received, as well as the reinforcement of social skills. These findings corroborate earlier work highlighting the developmental benefits of strong grandparental bonds, especially in contexts of parental absence (Motavalli Jouybari et al., 2024; Rapp et al., 2023). They also align with attachment theory, which underscores the critical role of consistent and supportive relationships in child development (Banks, 2024). However, participants also described potential risks, such as dependency, role confusion, and the formation of unrealistic expectations. These risks are consistent with international studies documenting how excessive caregiving or blurred boundaries may undermine children's autonomy and complicate family dynamics (Chehregosha et al., 2018; Gantner et al., 2023).

Taken together, the results highlight the dual nature of caregiving as both enriching and burdensome. The findings support the perspective that caregiving outcomes depend heavily on contextual factors, including socio-economic status, cultural norms, and the availability of institutional support (Rahmati et al., 2024; Roberts, 2024). They also emphasize the need for a nuanced understanding of caregiving that acknowledges not only its psychological benefits but also its potential to exacerbate vulnerabilities among aging populations.

From a broader perspective, the study contributes to the growing body of literature emphasizing the significance of caregiving as both a private and public matter. In societies undergoing rapid demographic transitions, grandparents' roles cannot be understood solely as familial responsibilities but must be situated within policy frameworks addressing health, aging, and social welfare (Roberts, 2024; Vullnetari, 2023). As such, interventions designed to support grandparents should combine psychological counseling, health promotion, and social inclusion strategies (Nazari et al., 2024; Wahyuni et al., 2025).

The study also underscores the importance of qualitative research in revealing the depth of lived experiences that may be overlooked in quantitative surveys. By employing a phenomenological design, the research illuminated the ways in which caregiving is experienced not merely as a set of tasks but as an existential condition intertwined with identity, meaning, and intergenerational reciprocity (Gall et al., 2020; Hosseinabbasi & Aghaamiri, 2023). This resonates with earlier work in the Iranian context that has explored the meanings and challenges of intergenerational caregiving (Chehregosha et al., 2018; Madresifar et al., 2020).

In sum, the discussion of findings affirms that while caregiving enriches grandparents' lives by enhancing meaning, belonging, and relational cohesion, it simultaneously creates risks to health, autonomy, and social participation. These findings align with both national and international research and highlight the urgent need for systemic responses that acknowledge and support the caregiving role of older adults.

5. Suggestions and Limitations

Despite its contributions, this study is not without limitations. The sample was restricted to grandparents in one city, which may limit the generalizability of findings to other regions with different cultural, social, or economic contexts. The qualitative design, while offering depth, does not allow for statistical generalization, and the relatively small number of participants may not capture the full diversity of experiences among caregiving grandparents. In addition, self-report data may be subject to recall bias or social desirability effects, as participants may have downplayed or exaggerated aspects of their experiences. Finally, the cross-sectional nature of the study does not capture changes in caregiving experiences over time, which could be critical in understanding the long-term implications of grandparental caregiving.

Future studies should expand the scope of research by including diverse regions and socio-economic groups to capture variations in caregiving experiences. Longitudinal designs would provide valuable insights into how caregiving impacts grandparents' health and well-being over time. Mixed-method approaches that combine qualitative depth with quantitative measures could also enhance the robustness of findings. Furthermore, comparative studies across cultural contexts would help to illuminate how cultural norms and policy environments shape caregiving outcomes. Research exploring the perspectives of grandchildren and parents alongside grandparents would also enrich understanding of the intergenerational dynamics involved.

In practice, the findings suggest that policymakers and practitioners should design comprehensive programs that support grandparents in their caregiving roles. Health promotion initiatives, psychological counseling services, and social support networks can mitigate the negative effects of caregiving while enhancing its benefits. Training programs that equip grandparents with age-appropriate child-rearing strategies could reduce role confusion and

stress. Moreover, formal recognition of grandparents' caregiving contributions in policy frameworks could foster greater social value and reduce the risks of marginalization. By combining preventive, educational, and supportive measures, practitioners and policymakers can ensure that caregiving becomes a constructive and sustainable experience for both grandparents and grandchildren.

Authors' Contributions

All authors have contributed significantly to the research process and the development of the manuscript.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants. This study was extracted from a doctoral dissertation in counseling at Islamic Azad University, Khomeini Shahr Branch, and was approved by the university's ethics committee under the code IR.UI.REC.1399.113.

References

Banks, C. (2024). Attachment Theory: Its Absence and Role in Deinstitutionalisation Strategies. *Institutionalised Children Explorations and Beyond*, *11*(2), 232-241. https://doi.org/10.1177/23493003231211563

Barman, P., & Sahoo, H. (2024). Through the eyes of grandparents: an in-depth exploration of the nexus between grandchild caring and the psychological well-being of older grandparents. *BMC Geriatrics*, *24*(1), 399-409. https://doi.org/10.1186/s12877-024-04998-z

Bünning, M., & Huxhold, O. (2024). Grandchild care and grandparents' well-being in context: The impact of the covid-19 pandemic. *Innovation in Aging*, *8*(12). https://doi.org/10.1093/geroni/igae101

Chehregosha, M., Jouybari, L., Enayat, F., Sanagoo, A., & Taghavi Kish, B. (2018). Investigating Students' Perspectives and Experiences of Living with Elderly Grandparents. *Salmand: Iranian Journal of Ageing*, *11*(3), 416-423. https://doi.org/10.21859/sija-1103416

Chopani, M., & Karami, M. (2024). *Epidemiology of Psychosocial Injuries Based on the Family Life Cycle in Families of Tehran*.

Dehghan Banadaki, M. (2023). *Examining the Status of Aging in Iran's Future and its Challenges*. https://rc.majlis.ir/fa/report/show/1777985

Delaplane, G. L. (2023). *Formal Kinship Service Effectiveness in Addressing the Needs of Grandparents Raising Grandchildren* Grand Canyon University].

Dindoust, M., & Aghamohammadian Sharbaf, H. (2022). An Exploration of the Grandchild-Grandparent Relationship from the Perspective of Adult Grandchildren with a Caregiving Role. The First International Congress on Palliative and Supportive Care for the Elderly, Kashan.

Ezeakor, A. I., & Nnaemeka, I. J. (2023). Mental health challenges among the elderly: the relevance of psychotherapy. *International Journal For Psychotherapy In Africa*, *8*(1), 1-11. https://journals.ezenwaohaetorc.org/index.php/IJPA/article/view/2252

Fattahi, F. (2018). *Assessing Tehran's Suitability for Realizing an Age-Friendly City* Allameh Tabataba'i University]. Tehran.

Gall, M. D., Borg, W. R., & Gall, J. P. (2020). *Quantitative and Qualitative Research Methods in Psychology* (Translated by Ahmad Nasr Esfahani, 2023 ed.). Shahid Beheshti University Publications. https://doi.org/10.20982/tqmp.16.3.p240

Gantner, B., Priboi, C., Schilling, F. H., Michel, G., & Roser, K. (2023). Systematic review: Care provided by grandparents of children with a chronic disease or a disability. *EJC Paediatric Oncology*, *2*. https://doi.org/10.1016/j.ejcped.2023.100126

Ghasemi, N., Nabiyan, M. H., Fallah, H., Ghasemi, M., & Najafipour, A. M. (2024). Comprehensive Fall Prevention Strategies in the Elderly: A Systematic Review. *Journal of Ergonomics*, *12*(3), 229-239. https://doi.org/10.32592/IJE.12.3.229

Hansen, A. C., Brown, R., Keller, P., & Schoenberg, N. (2022). Sources of stress and strength: Contextualizing the experience of grandparents rearing grandchildren in Appalachia. *Journal of Intergenerational Relationships*, *20*(1), 39-59. https://doi.org/10.1080/15350770.2020.1774461

Hemmati, H., Golestani, A., Hashemi, M., Tayyebi Chehr, M., & Mortazavi, H. (2018). The Impact of Grandchild Care on the Physical and Mental Health of Grandmothers. *Journal of North Khorasan University of Medical Sciences*, *10*(4), 83-89. https://doi.org/10.52547/nkums.10.4.83

Hofer, M., & Hargittai, E. (2024). Online social engagement, depression, and anxiety among older adults. *New Media & Society*, *26*(1), 113-130. https://doi.org/10.1177/14614448211054377

Hong, Y., & Xu, W. (2023). Continuity and changes in grandchild care and the risk of depression for Chinese grandparents: new

evidence from CHARLS. *Frontiers in Public Health*, *11*. https://doi.org/10.3389/fpubh.2023.1217998

Hosseinabbasi, N., & Aghaamiri, M. (2023). The Lived Experience of Caring for Elderly Parents in Middle-Aged Individuals: A Hermeneutic Study. *Iranian Journal of Nursing Research*, *18*(82), 34-47. https://ijnr.ir/article-1-2760-fa.pdf

Joghataei, F. A. U. M. K. H., Basakha, M., Goharinezhad, S., Sanee, N., & Rafiey, H. (2025). Well-being in Elderly: Scoping Review of Concept, Components and Indicators. *Salmand: Iranian Journal of Ageing*, *19*(4). https://doi.org/10.32598/sija.2024.3741.1

Madresifar, M., Abolfatuhi Momtaz, Y., & Delbari, A. (2020). Validation of the Persian Version of the Grandchild-Grandparent Relationship Questionnaire. *Salmand: Iranian Journal of Ageing*, *15*(1), 42-53. https://doi.org/10.32598/sija.13.10.2030

Motavalli Jouybari, F., Bakhshipour Jouybari, B., & Abbasi, G. (2024). The Effectiveness of Cognitive-Behavioral Intervention on Social Competence and School Refusal in Children with Separation Anxiety Disorder. *Tolou-e Behdasht*, *23*(2), 81-99. https://doi.org/10.18502/tbj.v23i2.16099

Nazari, F., Malkooti, K., & Farokhnezhad Afshar, P. (2024). The Role of Coping Strategies in Predicting Loneliness in Elderly Residents of Nursing Homes. *Gerontology*, *9*(3), 33-41. https://joge.ir/browse.php?a_id=709&sid=1&slc_lang=en

Rahmati, M., Raeisi, L., & Zadvalli, F. (2024). Identifying the Challenges of Citizenship for the Elderly. *Quarterly Journal of Geography and Human Relationships*, *6*(4), 955-975. https://www.gahr.ir/article_197587_en.html

Rapp, T., Jena, A. B., Costa-Font, J., & Grabowski, D. C. (2023). Caregiving across generations: Do older adults with more grandchildren get another bite at the "sandwich" generation? *Social Science & Medicine*, *334*. https://doi.org/10.1016/j.socscimed.2023.116199

Roberts, L. W. (2024). Preparing for the needs of our aging population. *Academic Medicine*, *99*(2), 123-125. https://doi.org/10.1097/ACM.0000000000005576

Sharma, G., & Morishetty, S. K. (2023). Common mental and physical health issues with elderly: a narrative review. *ASEAN Journal of Psychiatry*, *23*, 1-11. https://www.aseanjournalofpsychiatry.org/articles/common-mental-and-physical-health-issues-with-elderly-a-narrative-review-94950.html

Vullnetari, J. (2023). Older People's Contribution to Development Through Carework: The Role of Childcare by Grandparents in Migration and Development. *Progress in Development Studies*, *23*(4), 444-460. https://doi.org/10.1177/14649934231195511

Wahyuni, A. R., Silvanasari, I. A., & Suswati, W. S. E. (2025). The Relationship Between Coping Mechanisms and Anxiety Levels Among Hypertensive Elderly in Rural Areas. *JRCNP*, *3*(1), 98-111. https://doi.org/10.58545/jrcnp.v3i1.475