

Reasons, duties, commitments, and love bonds: The lived experiences of grandparents caring for children with autism spectrum disorder

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ABSTRACT

Background: One of the significant changes in childrearing over the past 20 years was the increasing number of grandparents raising their grandchildren. Being a primary caregiver to help nurture grandchildren is considered a principal occupation for many older adults. Grandparents frequently play a significant role in helping their families care for grandchildren diagnosed with autism spectrum disorder. However, little was known about the grandparents of these children in Thailand.

Objectives: This phenomenological qualitative research aimed to examine the forms and meanings of grandparenting for grandchildren with autism spectrum disorder aged 2-6 years.

Materials and methods: Semi-structured interviews were conducted. Seven participants who were grandmothers of children with autism spectrum disorder participated in this study. Data were transcribed verbatim, and the transcripts were coded and analyzed using a content analysis method. Data were interpreted using occupational therapy and occupational science notions to address the research questions and discussion.

Results: Three main themes were developed. The first theme was reasons for deciding to become a primary caregiver. Because of the participants' involvement in caring for grandchildren, the families could face this difficult task together, and grandchildren would be effectively raised by grandmothers, receiving the appropriate care. The second theme revealed three forms of grandparenting occupations, which involved time allocation to fit daily demands, adjusting childrearing methods to promote the development of a grandchild, and dealing with grandchildren's behaviors caused by autism spectrum disorder symptoms. The last theme was the meanings of grandparenthood. Participants addressed what it meant to be grandparents raising grandchildren diagnosed with ASD through their duties and commitments, and love bonds.

Conclusion: With a better understanding of how grandparenting occupations were managed and orchestrated to meet the needs of families and grandchildren with ASD, we could see the adaptation process in childrearing methods. Moreover, the findings suggested that engagement in grandparenting occupations was meaningful for the participants in this study.

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Introduction

At present, the family structure of Thai society is changing drastically. Kinship care, which is one type of family-based care within the child's extended family or with close friends of the family, has expanded. Because

parents must work to support the family in other cities or other areas, children must sometimes live with the elderly, and often they are grandparents.¹

Raising grandchildren is one of the roles of grandparenthood, which ranges from helping, supporting, disciplining, and nurturing grandchildren.² As a result of recent trends for longer lifespans, some adults today can spend several more years in the role of grandparenting.³ The allocation of roles and duties in caring for children with autism spectrum disorder (ASD) may occur for different reasons, and/or there is a family agreement involved. For example, when the parents become unavailable to raise their children due to substance abuse, illness, or incarceration, some grandparents assume responsibility for raising a grandchild.^{4,5} Some grandparents are involved in sharing responsibilities for caregiving to a grandchild due to the divorce or work commitments of their adult children.⁶ In some instances, grandparents found a source of meaning and practical support from participating in raising their grandchildren, and grandparenting could also provide a significant positive social role for the elderly.^{7,8} In addition to these direct effects, autism can negatively affect family members' well-being, including the grandparents, by increasing stress.⁹ For example, a survey study by Marken and Howard revealed that raising grandchildren had a negative impact on grandmothers' physical and emotional well-being.¹⁰

When a child is diagnosed with ASD, which refers to a range of conditions characterized by challenges with social skills, repetitive behaviors, speech, and non-verbal communication,¹¹ families can be affected in many ways. When providing full care for a child with ASD, the roles and responsibilities of family members are different, depending on the lifestyle and limitations of each family.¹² Even though the responsibilities of raising children with ASD are the main duties of the parents, it has been found that grandparents play a major role in raising their grandchildren with ASD in certain families.¹² Moreover, the prevalence of childhood ASD is now increasing due to early detection and diagnostic criteria. Consequently, increasing numbers of adults will likely find themselves grandparenting a child with ASD.^{13,14}

This research conceptual framework was embedded in occupational science and the occupational therapy profession's view of individuals as occupational beings. The individual is viewed as the active author of occupations.¹⁵ Occupational choices happen within the context of individuals' physical, cultural, and social environments.^{16,17} Therefore, we applied a qualitative method to address three questions: (a) What were the forms and meanings of these grandparents? (b) How did they perceive themselves as primary caregivers? and (c) Why had they engaged themselves in these roles? This research was a study done at the Yuwaprasart Waithayopatum Child and Adolescent Psychiatric Hospital, Samut Prakan, since this hospital serves as a tertiary care and excellence center for autism in Thailand, under the Department of Mental Health Services, Ministry of Public Health.¹⁸

Materials and methods

Study design

This phenomenological qualitative study utilized semi-structured interviews to explore the forms and meanings of grandparenting for grandchildren with ASD aged 2-6 years.

Participants and settings

The inclusion criteria for grandparents were being the biological grandparents, either grandfathers or grandmothers, of children diagnosed with ASD aged 2-6 years; having primary responsibility in raising grandchildren diagnosed with ASD, consistently and continuously for more than 1 year; being primary caregivers with the most hours raising grandchildren with ASD; having no psychiatric diagnosis from a physician or psychiatrist; being able to understand and speak Thai fluently; and willing to participate in the study.

Before data collection, ethical approval for the study was obtained from the Ethical Review Committee for Research in Humans, Faculty of Associated Medical Sciences, Chiang Mai University (Ref. no AMSEC-62EX-053). The Ethical Review Research in Humans at Yuwaprasart Waithayopatum Child and Adolescent Psychiatric Hospital, Samut Prakan Province, also granted approval for this research.

After receiving ethical approvals, purposive sampling was used to identify and select the participants based on the richness of the information they could provide. The research study flyers were publicized on the hospital's outpatient board. The first author contacted grandparents who registered to participate to obtain informed consent and arrange for a semi-structured interview to be carried out at a time and place of their convenience. All participants chose to be interviewed at the outpatient unit's consultation room/examination room during their available times. At the time of data collection, eleven grandmothers and two grandfathers met the inclusion criteria. However, only grandmothers were available and willing to participate after the informed consent process. As a result, seven participants who were grandmothers of children with ASD participated in this study.

Due to the COVID-19 pandemic, data collection was done entirely in a 10-month. Data obtained from the participants had reached data saturation. The first author conducted all interviews, and one open-ended audio-taped interview was done for each grandmother. Overall, the interviews ranged from about 50 to 60 minutes.

Instruments

The researchers employed semi-structured interview questions. The interview questions are shown in Table 1. Reviews of the literature, including occupational science,¹⁹ Model of Human Occupation²⁰, and Occupational Adaptation,²¹⁻²² were used to guide the formulation of the questionnaire items.

Each interview was audio-taped for later transcription. The tape-recorded interviews and field notes were transcribed, coded, categorized, and analyzed to identify themes.

Table 1. Interview questions.

<i>Why did you take the role of primary caregiver for raising your grandchild? [probe questions, such as when or why are you raising your grandchild?]</i>
<i>What is your role in grandparenting? [probe questions, such as what do you do during the activities with your grandchild on weekdays or holidays?]</i>
<i>How do you raise your grandchild? [probe questions, such as how do you handle when they are sick, or do you take them to see a doctor or teach them activities that are important in daily life?]</i>
<i>Can you provide the meanings for raising your grandchild? [probe questions, such as what do you think about the importance of your role in rearing your grandchild?]</i>

Detailed field notes became necessary for recording observations to describe the interviews' mood, atmosphere, and context. Transcription was conducted after the interview was done. While listening to the audio tapes, the participants' pauses, changes in intonation, laughter, and other nuances were tracked and recorded through a transcription system to preserve the contextual authenticity of their lived experiences. Most importantly, the anonymity of the participants was preserved using a confidentiality protocol.

Data analysis

Data analysis occurred with data gathering. It helped further focus on data gathering and explored the findings or issues raised during data collection.²³ In this study, data were analyzed using content analysis.²⁴ This ongoing and iterative process began with the first author becoming familiar with all the transcripts through active reading and re-reading. Then, the first author labeled the meaning unit within the transcription that leads to the processing of creating codes, categories, and themes, respectively.²⁵ Once core categories were thoroughly identified, themes were sought within the data coding. Table 2 gives an example of how the manifest content analysis was conducted.

Both authors interpreted and verified the emerging themes and relationships between categories. Finally, the notions of occupational therapy and occupational science focusing on the forms, functions, and meanings of occupations were used to interpret and address research questions and for discussion.

Strategies to ensure trustworthiness were carried out, including audio recording interviews, transcribing them verbatim, and checking the transcripts for accuracy. Moreover, semi-interview questions that a second author had validated were employed as methods for triangulation at the level of data collection. Peer examination was done as a method of data triangulation to increase credibility. During the data analysis process, the first author had found agreement mainly from the thesis advisor, who happens to be the second author. The process included a discussion of emerging themes and categories and the researchers' interpretations.

Results

All seven of the participants lived in central Thailand. Three of them were maternal grandmothers, and four of them were paternal grandmothers. Their ages ranged from 46 to 62 years, with the average age being 54 years. The duration of being a primary caregiver ranged from 2 years to 3 years to 10 months. All grandchildren were male. Table 3 provides a detailed overview of the participants' demographic information. Pseudonyms have been used to protect the participants' privacy.

Three central themes were discovered, including reasons for deciding to become a primary caregiver, the forms of grandparent occupations, and the meanings of grandparenthood. The themes and sub-themes illustrating grandmothers' experiences and responses were taken directly from the research questions.

Table 2. Example of content analysis in this study.

Theme	The forms of grandparenting occupations
Categories	Time allocation
Codes	Stop everything and stay with him
Condensed meaning unit	If he is awake, I cannot do anything. I have to stop everything and stay with him or play with him
Unit of Analysis of an entire interview	I will find time to do crafts. When I am stressed, I thread beads, knit, and crochet. Sometimes, I make ribbon-flowers for almsgiving. However, I must wait until my grandson goes to bed. If he is awake, I cannot do anything. I have to stop everything and stay with him or play with him.

Table 3. Demographic information of participants.

Pseudonym	Gender of a primary caregiver	Age (years)	Relationships to a grandchild with ASD	Duration of being a primary caregiver	Gender of a grandchild with ASD	Age of a grandchild with ASD	Health condition (s) or chronic disease (s) of a caregiver	Number of grandchildren
Crystal	Female	47	Maternal Grandmother	2 years 2 months	Male	2 years 8 months	NO	1
Ruby	Female	46	Maternal Grandmother	2 years 9 months	Male	2 years 10 months	Herniated Nucleus pulposus & Diabetes with Hypertension	1
Pearl	Female	57	Maternal Grandmother	2 years 8 months	Male	3 years	NO	1
Diamond	Female	55	Paternal Grandmother	3 years 10 months	Male	4 years	NO	1
Garnet	Female	55	Paternal Grandmother	3 years 4 months	Male	3 years 5 months	Hypertension	2 (1 grandchild with ASD and 1 typical development)
Sapphire	Female	57	Paternal Grandmother	2 years	Male	2 years 4 months	Hypertension with Hyperlipidemia	1
Opal	Female	62	Paternal Grandmother	3 years 6 months	Male	4 years 11 months	Hypertension	1

Reasons for deciding to become a primary caregiver

Grandmothers in this study explained their reasons for being primary caregivers of their grandchildren with ASD in two sub-themes: “doing it for my adult children” and “doing it for my grandchild”. By doing so, the families could walk this road together, and the grandchildren would be adequately raised by grandmothers and receive the appropriate care they need.

Doing it for my adult children

This sub-theme illustrated that these grandmothers had decided to take the role of primary caregiver for grandchildren diagnosed with ASD because of the work commitments of their adult children. There were two explanations: their daughters or daughters-in-law needed to return to work since maternity and childcare leave had ended, or they had to return to take care of their business. The participants’ choice to help carry out their caregiving roles and duties in raising grandchildren was immediately made, coupled with the need to earn income to cover expenses for the whole family. Pearl said, “Well, my daughter-in-law wanted to return to work and make money. So I decided to help her take care of her baby boy”. Crystal explained her situation,

It’s about the right time. At first, my daughter wanted to go back to school to finish her degree after giving birth. But we had many expenses to bear, so she decided not to pursue her degree but to return to work instead. Even though I was sick and resigned from my job, I assumed the leading role in raising my grandson.

Garnet was another informant who spoke about the reason for her decision to raise grandchildren, as she stated,

“No one takes care of my grandchild. His parents must work to earn a living. So, I have to raise him because my adult child has to go to work to earn money to support the family”.

Doing it for my grandchild

It was also found that there was another reason why participants had to take over the role of raising grandchildren with ASD. The health and well-being of a grandchild made a grandmother’s decision to reach out for help. Opal told her stories in a sad tone of voice.

When my grandchild was one and a half years old, his parents divorced and separated. My adult child informed me about the separation. He also asked me whether I could take care of his son. I said, ‘Yes, I will take care of him’. I knew that they might not be able to make it. So, if they were separated, I would take complete care of my grandson. At first, she said she would take him. However, she left him with us when she departed. I pitied my grandson as I watched television news about a child her stepfather abused. I was so afraid that it could happen to my grandson. I decided to take him into my total care.

Crystal explained her concerns by stating, “I was so afraid that he might be beaten or bullied. I wouldn’t be able to accept that. It’d be hard for me not to take him. Uh... so, I decided to raise him”.

In sum, by raising grandchildren, their adult children could return to work and/or carry out their employment. The findings also revealed that taking on the role of raising grandchildren was necessary for the grandchildren’s health and well-being.

The forms of grandparenting occupations

This second theme revealed three forms of grandparenting occupations, which involved time allocation to fit daily demands, adjusting childrearing methods to promote the development of a grandchild, and dealing with grandchildren's behaviors caused by ASD.

Time allocation

After deciding to take the leading role in raising grandchildren, the participants had to adjust their time and routines to fit their daily demands and their grandchildren's needs. Crystal talked about daily activities with her grandchild, where they spent all day together. Crystal was always involved in all other activities that the grandchild had engaged in, either watching from a distance or playing together. If she found that he could not do any tasks by himself, she would teach him to provide attentive care and instruction on increasing his abilities, such as social communication skills.

In the mornings, our family members spend time eating breakfast and talking. We often watch the news on TV in the afternoons. While I was eating, my grandson played with his toys. If he didn't play with the toys properly or had no idea, I'd teach him how it's supposed to be done. Reading the alphabet and knowing colors were also our goals to teach him. Sometimes, I taught him to speak or call out the animals' names. In the evenings, we watch the news on TV and soap operas and then go to bed together.

All participants also discussed how they allocated time to fit well with their grandchildren's activities. They ensured that their grandson's daily routines were done thoroughly, and then they would take care of their daily activities or chores. Garnet said she had to manage her time to finish chores as quickly as possible. As she stated,

When using the restroom, sometimes I must bring him in. There is also no time for me to enjoy my meals. However, when he sleeps, I must hurry to do the laundry. Taking care of a child is time-consuming, busy, and takes dedication. I find time for myself. Anyhow, he comes first. I will adjust my time to suit what I must do for him.

As shown in Table 3, some participants have health conditions or chronic diseases, such as hypertension or diabetes. This subtheme showed that grandmothers were concerned about their medication schedules, managing their time to care for personal health conditions or diseases. Crystal expressed her concerns by stating that,

I will not let my health conditions interfere with other things that I have to do in my life. As I have to raise my grandson, I must ensure everything will be all right. I have tried my best to take care of my health. When I feel something is wrong with

my health, I immediately take pills to prevent or alleviate the symptoms.

They were worried about their grandchildren's future if they were no longer available due to illness or disability. One participant expressed, "If I could not take care of him due to my illness, my grandson would be sent away or sent to someone else's custody. His parents would not take him back to their care".

Apart from their physical health, their mental health also needed attention and management. Through the use of time allocation, they managed and arranged their spare time to enjoy some relaxing activities to deal with stressors. Diamond stated, "I often went to the temple to join the merit-making ceremony. I arranged my time to participate in this activity for my spiritual well-being. It helps comfort my soul and mind. When I went there, I brought my grandson with me".

Ruby has spent her leisure time doing her favorite arts and crafts to relieve her stress. She stated, "I will find time to do crafts. When I am stressed, I thread beads, knit, and crochet. Sometimes, I make ribbon flowers for almsgiving. However, I must wait until my grandson goes to bed. If he is awake, I cannot do anything. I must stop everything and stay with him or play with him".

Adjusting childrearing methods to promote development

This finding reflected childrearing methods that were adjusted to meet the needs of grandchildren with ASD. Grandmothers were the first to spot autism in their grandchildren and realize the significance of searching for help and adjusting childrearing ways to promote development. Sapphire recalled,

I knew something was wrong. I wondered what was happening with him and asked what I should do. When I told my daughter, we both agreed to make a doctor's visit. However, her husband didn't agree to do so. He said, 'No need to see a doctor. If a child did not want to speak, just let it be.' But I insisted and begged them to bring the child to a doctor.

After several arguments and consultations among family members, it was found that they decided to take the child to be examined by a child and adolescent psychiatrist. Subsequently, the child has been diagnosed with ASD. Since then, the physician's recommendations have adjusted the ways to raise the child. Crystal shared her story by stating,

Before his diagnosis, I often opened YouTube for him to watch ABC and listen to other kids' songs. Those programs were fun and easy to understand for young kids. Therefore, I thought what I did was right and good for him to help him develop his language skills. But it turned out that he neither responds to verbal commands nor speaks. Now, I avoid anything that seems risky to keep him

from talking. I don't let him watch TV as much as he used to. I will follow the doctor's suggestions because I want my grandson to improve.

Adjusting how to raise a grandchild with ASD also involves teaching the grandchild to do various activities of daily living on their own as much as possible. One grandmother said, "I told him to take a bath. He did it by himself, even though it's still not as good as I did for him. He often comes to me and asks me for help since sometimes he still has soap all over his body". They expect that their grandchildren's development will improve. One participant told her story to illustrate her teaching about improving her grandson's toilet training skills. She said, "I taught him to take off his diapers. If he needs to pee, he uses gestures or takes me to the restroom. Right now, he will have a diaper on only at nighttime".

Dealing with grandchildren's behaviors caused by ASD

The following short quotes, such as "I raised my kids. None of them did what my grandson does," or "It is different from my child," or "I don't know why he keeps doing such behaviors," were repeatedly expressed by these grandmothers when they talked about their grandchildren's behaviors.

Data from interviews with grandmothers showed that they struggled to manage their grandchild's tantrums and inappropriate behaviors, especially in public places. One participant said, "It was unlike my child. My grandson behaves differently. I don't know how to manage". Another grandmother said, "I told him to stop. He didn't. He kept spinning and spinning".

Grandmothers have learned to use effective methods or strategies, such as taking a child out of the situation and removing the stimulus that triggers the behavior.

I took him outside the house to walk when I found that he sometimes could not control himself. However, sometimes it didn't work at all. He ran so fast that I could not catch him, so other people came to help. Raising him is pretty tricky. I often have to leave him inside the room and lock the door. However, most of the time, he needs close attention and cannot be out of sight. Occasionally, he bangs his head on the floor. Even though I tell him to stop, he does not listen. I had to pull him out or remove things that triggered these behaviors.

Sometimes such methods cannot stop the behavior of the grandchildren. Other methods, such as hitting, are needed to manage the behavior. Grandmothers knew hitting might not be the best solution. During the data collection process, all participants had not yet been trained or had practiced methods suggested by the hospital to manage tantrums and inappropriate behaviors.

The meanings of grandparenthood

When the participants were asked about the meanings of being primary caregivers for children with ASD, they spoke about "duty and commitment" and "love bonds".

Duty and commitment

Opal shares what it means to be a grandmother raising a granddaughter diagnosed with ASD. "It was a job... so we adopted the grandchildren". Sapphire sentimentally said, "Actually, I think it's my duty. I have to raise him. It's what I have to do. Now, I think I must do it well". The participants said that they help raise their grandchildren so that they can grow up under their care. Ruby revealed her feelings about that in the following remark.

I was so delighted when I had a grandson. I felt like my family was getting more members. It's excellent, even though raising him took much energy. I was tired, but still, I was more than happy to childcare for him. He is my offspring. One day when I am gone, he will still be here. He is a part of me.

Grandmothers provided information on raising grandchildren, starting with the duties of taking care of their offspring. The more they were together, the more a connection grew.

Love bonds

When asked what the idea of grandparenthood meant to them, the participants answered the questions and conveyed their responses in simple but meaningful words that expressed love and care.

The following excerpt is drawn from semi-structured interviews conducted with Opal. The interview questions included, "What does grandparenting mean to you?" She immediately said, "I love him. He is my grandson. I love him so much. I cannot find the right words to express how much I love him". Crystal commented on the bonding of love by saying,

Well, my grandson is my love. I didn't know when our bonding began. I only know that I love him very much. When I had my first child, it was pretty automatic in terms of how I felt and what I had to do as a parent. However, when my grandson came to live with me, I didn't know how love could bring us this far. My adult child sometimes said I love my grandson more than him. He teases me about it, saying, 'Oh... you love your grandchild more than you love me' (Crystal smiled shyly at the end of this sentence).

When taking grandchildren into their care, some participants accepted what they did because of duties and blood ties. However, as time passed, the more they stayed together, the more bonding occurred. Grandchildren with ASD often find themselves attached to their grandchildren. Their bonds of love keep growing and strengthening.

Discussion

This section will discuss the findings of this research concerning grandparenting occupations, occupational therapy, and occupational science. The strength of this study lies in its understanding of the grandparenting occupations of seven grandmothers.

The findings that were presented on the first theme - reasons for coming into the role of raising grandchildren with ASD - can be supported by the Model of Human Occupation or MOHO.²⁰ When humans interact with their environment, they modify their occupations to meet environmental demands. What humans choose, analyze, and execute in their occupations as they interact with the environment presents a dynamic, open-cycle system of human actions.²⁰ Within this model, three essential terms are key to understanding human actions and occupations: volition (motivation), habituation (habits, roles, and patterns), and performance. Deciding to become a primary caregiver for a grandchild with a diagnosis of ASD was an expression of a grandmother's intent to help their family to walk this difficult road together. Through these efforts, an adult child could return to work as the grandchild is now in good hands. It also allowed family members to continue their lifestyle activities within the context of each family. Likewise, a study by Ochiltree examined the role of grandparents as a key player in raising grandchildren due to changing family and social structures.³ It has been reported that in the case of families with children diagnosed with ASD, grandparents have prioritized and been concerned about the well-being of the father and mother of the grandchildren.¹³ The study results also revealed that when grandmothers decided to take roles in childrearing, they became the center of the family's mental and emotional care and became the cornerstone of the family.

The findings of this study revealed that grandparenting was an essential occupation in the participants' family contexts.²⁶ These grandmothers' lives had been changed according to occupational contexts and roles.³ They had made every effort to endure by focusing on ensuring the best development possible for their grandchildren, helping them to do activities of daily living, teaching them to communicate, managing their tantrums and inappropriate behaviors, and, more importantly, giving love and care to them.² By doing so, specific patterns of grandparenting occupations (forms of occupation) emerged, such as allocating time in response to grandchildren's needs and engaging in daily routines, adjusting childrearing methods, and finding strategies to deal with and manage grandchildren's behaviors. Grandmothers in this study engaged in promoting the development of grandchildren with ASD, providing relevant additional data to combine with other studies that reported the main focus of grandparents in caring for their grandchildren's development and well-being.²⁷⁻²⁹

From an occupational science perspective, childrearing methods were considered adaptations because grandmothers had chosen those occupations by adapting them in a way that enabled them to meet their grandchildren's needs,

and they could fulfill their grandparenthood roles if they had the abilities and available resources. This is consistent with what has been stated in the Occupational Adaptation Model that individuals will adjust in order to develop their abilities to perform activities or occupations that they desire or are expected to do.²¹⁻²² Adaptation focuses on changing the demands of occupations, changing the physical or social environment, modifying the occupation itself, and/or applying or using assistive devices.³⁰ Grandmothers in this study illustrated that adaptation in childrearing methods involves adjusting the daily routines and occupations through time allocation and changing how to deal with their grandchildren's needs and behavioral problems so that they can continue their involvement in valued occupations.

According to Polatajko, the significant value of an occupation is that "it gives meaning to life and organizes behavior".³¹ Grandmothers in this study engaged their lives, organized their occupational behaviors, and found meanings through "duty and commitment" and "love bonds". Although there were obstacles from the grandmothers' physical and mental health problems that limited their abilities to care for their grandchildren, they perceived the value and meaning of their love and devotion to their grandchildren. These grandmothers then had a clear goal of helping their grandchildren grow and develop as much as possible. According to Zero to Three, love and duty were the power to pull grandparents into caring for grandchildren.³² Although Zero to Three did not study Thai grandparents, its ideas fit with the meanings expressed and perceived by the grandmothers in this study. This can also be supported by Bruner, who stated that an individual attempts to make sense of his or her action.³³ The taking of caregivers' roles could nourish a sense of belonging and contribution in families, that later provided meanings to the grandmothers in this study.

Limitations and future research

Based on a small number of participants, the findings of this study could not be generalized to the heterogeneous population of all Thai grandmothers raising grandchildren with ASD. Also, the findings of this study were not interpreted as the final or definitive information on this topic. This study offered a perspective on how these grandmothers engaged in grandparenting occupations and the subjective meanings of these valued occupations. It presented a view of how and why they became primary caregivers, how they adapted and adjusted to their childrearing occupations, and how they dealt with their grandchildren's behaviors caused by ASD. It also provided rich and detailed descriptions, making it applicable for further studies of grandmothers of children with ASD in the future.

Longitudinal studies on grandparenting occupations of children with ASD are necessary to understand changes across time. Further research is needed to identify and reflect on experiences in engaging in grandparenting occupations for grandfathers who have raised grandchildren with ASD.

Conclusion

The grandmothers in this study responded to the research question asking how grandparenting occupations for grandchildren with autism spectrum disorder were managed and orchestrated. Data from this study showed the challenges they experienced and the adaptations made by grandmothers in their daily lives as primary caregivers of children with ASD. Findings from this study also suggested that engagement in grandparenting occupations was meaningful for grandmothers in this study. This study could add a new layer to occupational therapy's understanding of grandparenting occupations' multiple and holistic meanings.

Conflicts of interest

The authors declare no competing interests in this research.

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