

grandparents. Results indicated that perceived respect from the grandchild was found to have a moderating effect on the relation between generativity of custodial grandparents and life satisfaction. Results suggest that for those who perceive low levels of respect from their grandchildren, the more generativity they express, the lower their life satisfaction. For those who perceive higher levels of respect from their grandchildren, the more generativity they express, the higher their life satisfaction. These findings suggest that as attempts to be generative increase, life satisfaction fluctuates. This may in turn impact the likelihood of generative actions from the custodial grandparent.

ROLE CENTRALITY AND SHARED ACTIVITIES WITH GRANDCHILDREN: EFFECTS ON GRANDPARENT DEPRESSION

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Research shows that physical and mental health are closely linked (Ohrnberger, Fichera, & Sutton, 2017). Further, social role theory states that holding and enacting valued roles, such as grandparenting, can buffer the negative effects of health on depression (Reitzes & Mutran, 2004). Using data from 247 grandparents (Mean age = 66.5; range 42 to 90 years; 46.2% grandfathers), we examined the differences between 164 custodial and 83 traditional grandparents on whether grandparent role centrality and engagement with grandchildren altered the effects of physical health on depression. The multigroup moderated moderation model was significant ($X^2(DF=30, N = 247) = 1610.78, p < .001; R^2 = .797$). We examined whether the paths were moderated by custodial status. Among custodial grandparents, role centrality ($\beta = -.482^{**}$) and shared activities ($\beta = -.493^{***}$) were significant predictors of depressive symptomatology. Moreover, the interaction between physical health and activities ($\beta = .488^{***}$) and between physical health and role centrality ($\beta = .522^{**}$) also accounted for significant variance among custodial grandparents. Custodial grandparents in poorer health who valued the grandparent role and those in poorer health who engaged with their grandchildren experienced fewer depressive symptoms. No such patterns were observed for traditional grandparents. Although we had anticipated that the interaction between role centrality and engagement with grandchildren would predict depressive symptoms, the interaction did not reach significance. Results are discussed in terms of the need to examine the differences of family/social contexts in grandparent populations.

THE EFFECTS OF GRANDCHILD CARE ON MENTAL HEALTH AMONG CHINESE ELDERLY: THE MEDIATING EFFECTS OF SOCIAL NETWORKS

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Using the data of 2014 baseline survey of the China Longitudinal Aging Social Survey (CLASS), which provides a sample of older Chinese who had grandchild younger than 18 years old, this study examines the associations among grandchild care, social networks, and depressive symptoms among Chinese older adults. The older adults are divided into three groups basing on the frequency of their behaviors

of taking care of grandchildren. The three groups are 'no care, providing care occasionally, providing care frequently'. The mediating and moderating effects of social networks between grandchild care and depressive symptoms are tested. Results show that older adults who provide grandchild care report superior social networks and better mental health than those who don't provide grandchild (reference group). After controlling the related variables, the older adults who provide grandchild occasionally benefit more than those who take care of grandchild frequently. Grandchild care is related to larger social networks, and the social networks are fully mediating the association between grandchild care and depressive symptoms.

THE IMPACT OF TAKING CARE OF GRANDCHILDREN ON HEALTH OUTCOMES IN JAPANESE COMMUNITY-DWELLING ELDERLY

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Taking care of grandchildren may provide health benefits to older adults due to keeping their social roles and feeling more generative; however, we have scarce knowledge of the relationships in Asian countries. This study addressed this question in older Japanese. The data was obtained from a two-year follow-up mail survey conducted in 2016 on 3,116 randomly selected older Japanese, aged 65-84 years, living in a metropolitan area. The main outcome was deterioration of health assessed by the Self-Rated Health (SRH), WHO-5, and Instrumental Activities of Daily Living (IADLs), defined as decline in 1 or more points obtained after 2 years of follow-up. The frequency of taking care of grandchildren was assessed as every day, 4-6 days per week, 1-3 days per week, 1-3 days per month, several days per year, and none. A multiple linear regression examined the impact of taking care of grandchildren as a predictor of protection of decline in SRH, WHO-5 and IADLs. The models were adjusted for confounding factors. Of 1,561 who responded to the follow-up survey, 959 people had grandchildren at baseline. The subjects had a mean age of 73.2 ± 5.3 years, and mean scores of SRH: 2.1 ± 0.6 ; WHO-5: 16.1 ± 5.3 , IADLs: 4.9 ± 0.6 (higher scores represent higher evaluation). The higher frequency of taking care of grandchildren were longitudinally associated with less decline in SRH, WHO-5, and IADLs (standardized partial regression coefficient, $\beta = -0.090, p = 0.013$; $\beta = -0.023, p = 0.547$; $\beta = -0.107, p = 0.008$, respectively). In conclusion, taking care of grandchildren might be a protective factor of comprehensive and functional health deterioration.

THE ROLE OF INTERGENERATIONAL RELATIONSHIPS: APPLYING THE FAMILY STRESS MODEL TO GRANDFAMILIES

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