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## Children's Roles in Social Reproduction: re-examining the discourse on care through a *child lens*

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### Article Information

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### Abstract

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Care and domestic work have gained attention in the global policy discourse, particularly following feminist research and activism showing its burden for women. However, these debates and political demands have generally overlooked children's contribution to social reproduction within and beyond the household. Empirical evidence shows that many children assume care and domestic responsibilities from an early age, with an increasingly gendered pattern as they grow. While such work can provide a learning opportunity, the time, energy and emotional labour put into it can be detrimental to their wellbeing. In this article, we review the empirical evidence on children's care and domestic work in developing countries, and argue that understanding children's roles in these tasks can complement the existing social reproduction scholarship, uncovering the intra-household and intergenerational distribution of care and domestic responsibilities, its determinants and effects on child wellbeing. We conclude by noting key conceptual and evidence gaps, and suggesting future research directions.

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## Introduction: Care, gender and children – key debates

Care and domestic work encompasses all activities required to provide goods and services to meet the physical, mental and emotional needs of individuals and households (Himmelweit, 2007). It involves direct interpersonal care, such as bathing and feeding children, but also indirect activities, such as cooking, fetching water and collecting fuel, essential for the daily household 'social reproduction' (Razavi, 2007; Elson 2000; ILO, 2016; Esquivel, 2014; Laslett and Brenner, 1989; UNRISD, 2016). It can also include 'passive' activities, for instance supervising a young child (Budlender, 2008). When unpaid, it is generally performed by women within the household or community. Different care and domestic activities require different degrees of time and physical, emotional and mental energy, depending on the individuals who carry them out, for whom, where and under what circumstances. In low-resource settings, such as in Asia, Africa and Latin America, where services and infrastructure to support social reproduction are scarce and unequally distributed, normal daily care activities can require significantly more time and energy than in higher-income settings (UN Women, 2015).

The issue of care and domestic work has been gaining prominence on national and global policy agendas over recent decades. This is particularly due to research by feminist scholars demonstrating that across contexts women bear the burden of unpaid household care and domestic work, and that they are also over-represented in the paid care and domestic sectors (UN Women, 2015; UN, 2017; Elson, 2000; Razavi, 2007; Esquivel, 2014). Given the nature of care responsibilities, and the social obligations linked to marriage or family relations that give rise to them, feminist researchers have stressed that these responsibilities should be considered as work. Analyses of time use data show women on average spend 2.5 times more time on care and domestic work than men (UN, 2017), and when added to paid work, women spend more time working than men (Budlender, 2008; Razavi, 2007; Elson, 2000). This is due to a range of factors including labour market conditions, scarce social infrastructure and services, including care

services, as well as social and gender norms that place major care responsibilities primarily on women.

This work translates into economic contributions by women both at the household and macroeconomic levels. At the macroeconomic level, the production of goods for own household use, such as fetching water and collecting fuel, are considered economic activities, and (theoretically, though not always in practice) included in the UN System of National Accounts (SNA), the internationally agreed standard for measuring national economic activity forming the basis for GDP calculations (Budlender, 2010). By contrast, the unpaid production of services for own household use are included in the non-SNA general production boundary, and thus excluded from GDP calculations (Elson, 2000). Thus although women contribute through their unpaid care and domestic work to the economy, this contribution is largely unrecognised. Yet, estimates by feminist researchers indicate that women's care and domestic work can be equal up to 50 percent of GDP in countries such as Australia (Esquivel, 2014, 2013; Sepúlveda, 2013).

Feminist researchers have warned that due to these responsibilities, women can experience 'time poverty', lacking time for rest and leisure, and participation in the social, political and economic life of their communities (Antonopolous, Masterson, Zacharias, 2012; Esquivel, 2014). These responsibilities may also prevent them from gaining access to formal employment, and as a consequence they may face unemployment, underemployment or informal, low-paid jobs, with limited labour rights or access to social protection (Antonopoulos, 2009; Addati and Cassirer, 2008). These challenges are exacerbated by the lack of investments in public services or infrastructure, as well as by cuts in public expenditures on social benefits and services under austerity policies following economic crises (ILO, 2016).

Women are also over represented in the paid care sector as domestic workers, babysitters, early childhood and elderly care workers. This reflects structural social and economic issues ranging from gendered occupational and labour market segregation, creating limited opportunities for

women in non-feminised sectors, to norms about care and domestic jobs as jobs for women and about women as primarily carers (ILO, 2016). Such feminized work is often undervalued and low-paid, perceived as being low skilled, with limited rights to labour or social protections (Cockburn, 2005; Addati and Cassirer, 2008; Antonopoulos, 2009; Cook and Dong, 2017; Lund, 2010).

In making care and domestic work visible, feminist researchers have pointed to the discriminatory nature of norms embedded in care relationships and social policies, and institutions more broadly. They have exposed and critiqued assumptions that care is a natural expression of womanhood, and consequently that women are principle carers, assumptions which have often underpinned the separation of the domestic sphere of care from the public realm of policymaking (Pearse and Connell, 2016; Rama and Richter, 2007; Esquivel, 2014; Elson, 2000; Razavi, 2007).

This body of scholarship has been translated into advocacy and political demands for greater recognition, reduction and redistribution of such

burden from women to men, and from households to the public sphere (Elson, 2000; UN Women, 2015; UN, 2017). The Sustainable Development Goal (SDG) 5.4<sup>1</sup> reflects such demands in calling for ‘the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate’.

While women bear the highest burden of care and domestic work, empirical evidence, albeit limited to a few contexts and issues, shows that both boys and girls are not only care-recipients, but that they too contribute to meeting social reproduction needs both within and beyond their households. On a conceptual level, feminist ethic philosophers have stressed that care is a dynamic, reciprocal and mutually supportive relation between different members of a household and society, encompassing feelings as well as responsibilities, and different stages of caring for, caring about, taking care of and receiving care (Tronto, 1982, cited in Cockburn, 2010, 2005; Rummery and Fine, 2012; Crivello and Espinoza

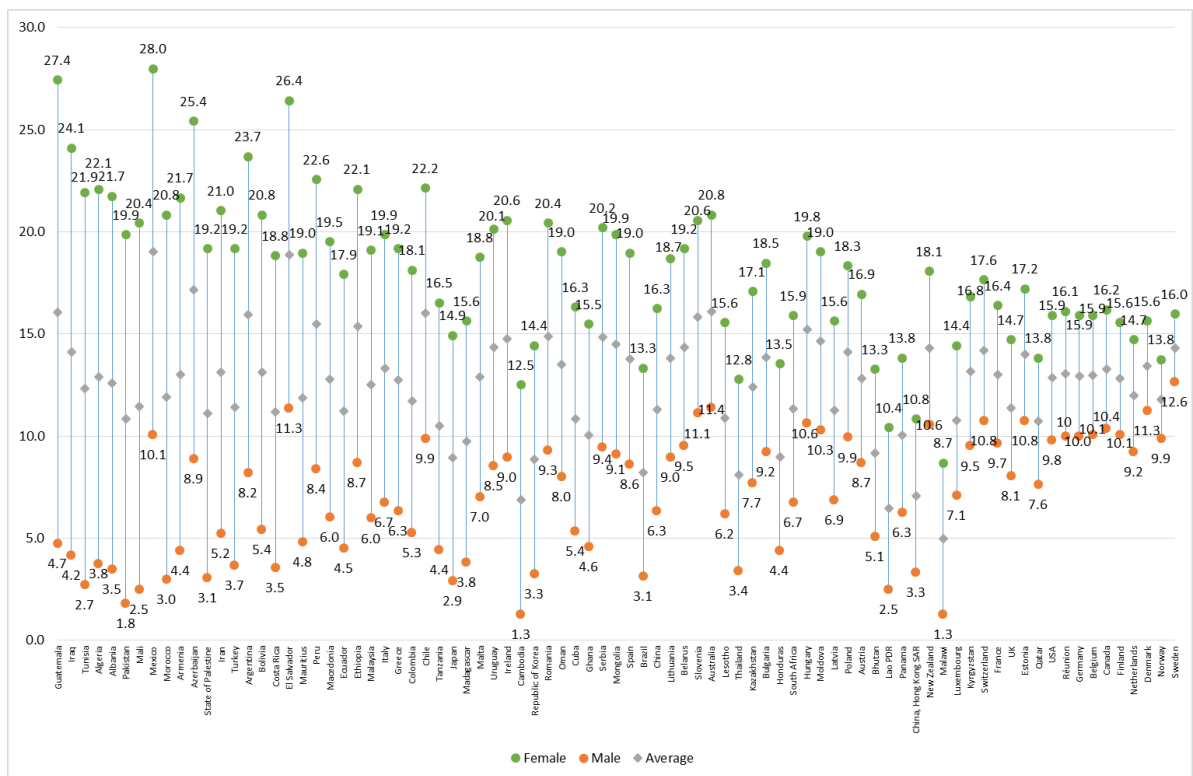


Figure 1: Proportion of time per day spent on unpaid care and domestic work, by sex: Camilletti, Banati & Cook, 2017, based on data from United Nations Statistics Division (UNSD) Time use data portal, 2017. Note: data for the latest year and survey available; the reference population varies across surveys.

<sup>1</sup> The SDG 5.4. measures the proportion of time spent on unpaid domestic and care work in a day, by sex, age and location.

Revollo, 2018). However, children's roles in care and domestic work have rarely been considered in-depth within the scholarships on care and domestic work and social reproduction, despite the evidence that, to different degrees and under different circumstances, children assume care and domestic responsibilities from an early age. These roles by children have often remained marginal in the literature, which focuses primarily on adult provision of this work (Cluver et al., 2012; Robson et al., 2006; Evans and Atim, 2011; East, 2010; Becker, 2007). While some studies mention girls as helpers to their mothers (see for instance UN Women, 2015 and the 2016 Report of the UN Secretary-General's High-Level Panel on Women's Economic Empowerment), this has often been done in a way that groups 'women and girls' in a single category due to their common biological sex, with limited efforts to understand women's versus girls' needs, vulnerabilities and aspirations, and even less attention to the circumstances under which boys and men provide care and domestic work.

The empirical evidence on children's care and domestic work, and the conceptualisation of care and domestic work as interdependent and reciprocal, call for a life-course and intergenerational approach to the analysis of social reproduction issues. Such an approach would include a focus on children's roles in the provision of care and domestic work in addition and in relation to that of other family members, on how children's roles are gendered and how they evolve over time, and what impacts such work has on their wellbeing. Adopting this 'child lens' would help to illuminate the drivers of the (unequal) allocation of care and domestic responsibilities across generations and genders within the household, and within society more broadly. It would also further our knowledge on how discriminatory gender norms that contribute to such inequalities are reproduced inter-generationally and over time. Finally, it would help to identify context-specific thresholds beyond which children's provision of care and domestic work can negatively impact their wellbeing and development.

This article makes a contribution to this literature by reviewing the empirical evidence on children's

provision of unpaid and paid care and domestic work. We explicitly focus on developing countries, where the burden of care and domestic work performed by children and adults is heavy due to material deprivation, inadequate services and infrastructure. We consider key dimensions of children's care and domestic work: its characteristics, the time children spend on it, and whether it is unpaid or paid. We then investigate what drives children's provision of care and domestic work, analysing first, its individual, second, household-level, and thirdly, the policy and structural determinants, while remaining cognizant of the interlinkages between these levels. Fourthly, we examine existing evidence on the beneficial and negative effects of children's provision of care and domestic work on their own wellbeing. On this, the evidence is particularly inconclusive and points to the importance of further research to understand thresholds beyond which children face costs due to engaging in care and domestic work. We conclude by highlighting key evidence gaps, discussing conceptual issues related to children's provision of care and domestic work raised by the empirical evidence, and suggesting future research directions.

### **Children's participation in care and domestic work: the empirical evidence**

Different strands of scholarship, including child labour studies, childhood studies, geography, have investigated the roles that children, both boys and girls, play in the household, including their care and domestic responsibilities, for pay or unpaid. Evidence shows the production of goods for own household use is commonly assigned to young boys and girls in many households, particularly where lack of access to safe drinking water and energy requires walking long distance to fetch water and collect firewood. Using data from the UNICEF Multiple Indicators Cluster Surveys Round 3 (MICS3) for 44 developing countries, Sorenson, Morssink and Campos (2011) found that, although fetching water is primarily a woman's responsibility, in some contexts children are the primary water carriers. This is the case for almost 40 percent of children in the Burundian sample, and between ten and thirty percent of children in another 13 countries (Sorenson, Morssink and Campos, 2011).

The distribution of these domestic responsibilities tasks displays a gendered pattern (Abebe and Kjörholt, 2009; UN Women, 2015), reflecting the gender-unequal allocation of such responsibilities among adults. Recent WHO-UNICEF estimates (2017) suggest that across countries women and girls are responsible for water collection in eight out of ten households with water off-premises. In Malawi, Robson and colleagues (2013) found that fetching water is performed daily by 68 percent of the girls of their circa 1500 urban and rural children's sample, compared to 32 percent of boys, and in the same country estimates from a 2004 nationally representative household survey suggest that on average rural girls spend three times more hours per week than boys in fetching water and collecting wood (Wodon and Beegle, 2006; UNDP, 2011).

Children also contribute to the production of services for own household use, such as caring for household members. As in domestic activities, this production is often gendered, increasingly so with age. Using data from MICS and Demographic and Health Surveys (DHS), UNICEF (2016) estimates that globally girls aged five to 14 spend daily around 550 million hours on household chores, 160 million more than boys. The ILO (2017) estimates that girls account for two-thirds of the 54 million children aged five to 14 performing household chores for 21 hours or more per week. As children mature into adolescence and adulthood, the time girls spend on these tasks rises relative to boys, and children's gender, and maturity play a more defining role in determining this time and responsibility distribution (Boyden et al., 2016; Abebe and Kjörholt, 2009; Crivello and Espinoza Revollo, 2018). Girls aged five to nine engage in household chores for an average of almost four hours per week, while girls aged ten to 14 years old spend around nine hours per week on these activities (UNICEF, 2016).

In addition, children often work as domestic workers outside their own household for an employer. Child domestic workers include those who live in the household for which they work, and those who live separately from it. They can be paid in cash, or receive in-kind benefits, such as tuition fees, food, and clothing (Verma, 2013; ILO-IPEC, 2013). In 2012 over 17 million children aged

five to 17 were engaged in domestic work globally, representing over six percent of all children engaged in economic activity for this age group (ILO-IPEC, 2013). Child domestic workers aged five to 14 were over eleven million, accounting for almost eight per cent of all children in employment in that age group (ILO-IPEC, 2013). Across contexts, gender again matters: only 3.8 percent of all boys aged five to 17 in economic activity were in domestic work, compared to almost ten percent of girls (ILO-IPEC, 2013). Out of the total number of children engaged in domestic work, almost two thirds are girls, who are also more likely to be in child labour in the domestic work sector (according to the ILO definition)<sup>2</sup>: 65 percent of all children aged five to 17 in child labour in domestic work are female (ILO-IPEC, 2013).

*Gender and age: individual determinants of children's participation in care and domestic work*

This evidence suggests that gender, age and location are key individual-level factors determining children's participation in care and domestic work, regardless of the tasks undertaken. At national levels, various studies examining different care and domestic activities and using diverse data sources, have reached similar conclusions. *Young Lives* (2002-17), the four-country pro-poor-sample study of childhood and poverty in India, Ethiopia, Peru and Vietnam, which collects longitudinal qualitative and panel survey data, shows that the time spent in care and domestic work differs considerably between girls and boys starting from adolescence, and widening further with adulthood. Girls perform care and domestic work for longer time, and start at a younger age, while boys are more likely to carry out other types of unpaid or paid work (Crivello and Espinoza Revollo, 2018). Samman and colleagues (2016) estimated that in Ethiopia and Peru, girls were more likely to spend two or more hours on care than boys for all age groups. In

<sup>2</sup> Child labour in domestic work entails situations where the work is performed below the relevant minimum age, in hazardous conditions or in a slavery-like situation. It statistically includes: all children aged five to 11 years engaged in domestic work; all children aged twelve to 14 years engaged in domestic work for more than 14 hours per week; and all children aged 15-17 years engaged in hazardous domestic work which includes work performed 'for long hours', namely 43 and more hours per week (ILO-IPEC 2013).

Peru, the gender difference was also found to increase with age: the share of girls aged nine to twelve spending over an hour per day on care work was six percent higher than for the male peers, compared to 15 percent for those aged 13 to 17 (Samman et al., 2016). In Ethiopia, on average twelve-years-old girls were spending twice the time of boys on care and domestic work in 2006, and by the time they turned 19, boys were spending only 1.5 hours daily on this work, while girls over four (Pankhurst, Crivello and Tiumelissan, 2016). Rural Ethiopian girls were also more likely to perform this work: an estimated 65 percent of rural girls aged between 13 and 17 were involved in care and domestic work, compared with 55 percent of urban girls, and only 37 percent of rural boys (Samman et al., 2016).

Time use data have offered further evidence on gender differences. Samman et al. (2016) estimate children's participation in care and domestic work based on nationally representative time use surveys in five countries. They found that while adolescent girls aged ten to 14 in Tanzania spend on average only six minutes per day more than their male peers on this work, the difference goes up to 31 in Ethiopia for the same age group, and to 68 minutes in South Africa for those aged ten to 19 (Samman et al., 2016).<sup>3</sup> In Bangladesh, Rabbani (2006) exploits data from a 2005 nationally representative time use survey of adolescents (aged ten to 24), and found that while on average an adolescent spends around 16 percent of daily time on care and domestic work, girls spend around one-fourth more time than boys on it. Time use data from an Oxfam-administered Household Care Survey in another five countries suggested similar gender differences (Karimli et al., 2016). On average, girls spent more time than boys on care work in 58 percent of the households with both boys and girls, ranging from 47 percent in Uganda to 77 in Ethiopia (Karimli et al., 2016). In South Africa, using data from the 2000 Time Use Survey, Rama and Richter (2007) found that children engaged more in domestic activities than in direct caring, and more for their own households than for others, but across these

<sup>3</sup> As these estimates are drawn from time use surveys, it must be borne in mind that the comparability of results is hampered by factors such as the differences in the reference population, and the classification of unpaid care and domestic work activities.

activities proportionally more girls engaged in them than boys.

The gendered pattern suggests a gender socialization process whereby girls are socialised into care and domestic roles and boys are assigned other unpaid and paid work responsibilities (Crivello and Espinoza Revollo, 2018; UNICEF, 2016; John et al., 2017). More evidence is however needed to understand how children internalize gender norms related to care and domestic responsibilities, and how these are transmitted across generations.

#### *Household level determinants of care and domestic work*

Living in a rural setting in a developing country inevitably influences the services and infrastructure to which a household has access. Yet the evidence on rural-urban differences of children's care and domestic work varies by country. Hsin (2007), exploiting a longitudinal survey administered in a rural district east of Yogyakarta in Indonesia, investigated gender differences in children's time use, and found that among children aged eight to 18, boys spend more time in market work, while girls spend more time in care and domestic work. Work responsibilities also increase with age: by age 18, girls spent on average almost one hour more per day working than boys when market and care and domestic work were combined (Hsin, 2007). By contrast, in the Bangladeshi context the differences between urban and rural children are small, as urban girls spend on average only four percent less of their time on housework compared to rural female peers (Rabbani, 2006). When considering only wealth,<sup>4</sup> Rabbani found similarly inconclusive evidence: while on average an adolescent spends 16 percent of time on housework, the richest girls spend only slightly less time on it than the poorest. When analysing by wealth and location, he found that the poorest Bangladeshi rural girls spend five percent more of their time on housework than their urban peers (Rabbani, 2006). In Peru, Ilahi (1999b, cited in

<sup>4</sup> Rabbani (2006), analysing data from the BRAC-administered nationally representative time use survey of the Bangladesh adolescent population (2005), categorized the economic status of the sample into three categories (poor, middle class, rich) based on an asset index.

Ilahi, 2000) used a measure of stock of household wealth and found that it is negatively associated with rural girls' income-generating activities, and with urban girls' housework time, but no similar pattern for boys was found. Shocks to household assets and welfare can raise demand for children's housework: Heissler and Porter (2013) found that in Ethiopia while the oldest girl works around half an hour more per day, a shock such as illness, death of a household member or livestock could double the hours worked of any child.

Household wealth thus intersects with individual- and household-specific factors, influencing the relative distribution of paid and unpaid work within a household. While poverty seems to be a consistent driver, more research is required to understand how gender, age, location and wealth intersect across different contexts and influence children's provision of care and domestic work, in order to identify their needs and support them effectively through evidence-based interventions.

In addition, the supply of children's work in care and domestic responsibilities is shaped by other lifetime transitions such as marriage and childbearing, particularly for adolescent girls. In Bangladesh, Rabbani (2006) found that for girls, the replacement of schooling, after the end of compulsory schooling or just before it if girls drop out, is care and domestic work. When they leave school around the time they are expected to get married, adolescent girls first experience a rise in leisure time, only for it to decline after marriage as they move to their husband's family and take on more care and domestic work (Rabbani, 2006). These differences get even more pronounced as years pass after marriage and with childbearing (Rabbani, 2006). They also vary with location: the richest married girls in rural Bangladesh spend almost ten percent more time on care and domestic work than their urban peers, while the poorest ones are more similar regardless of their location (Rabbani, 2006).

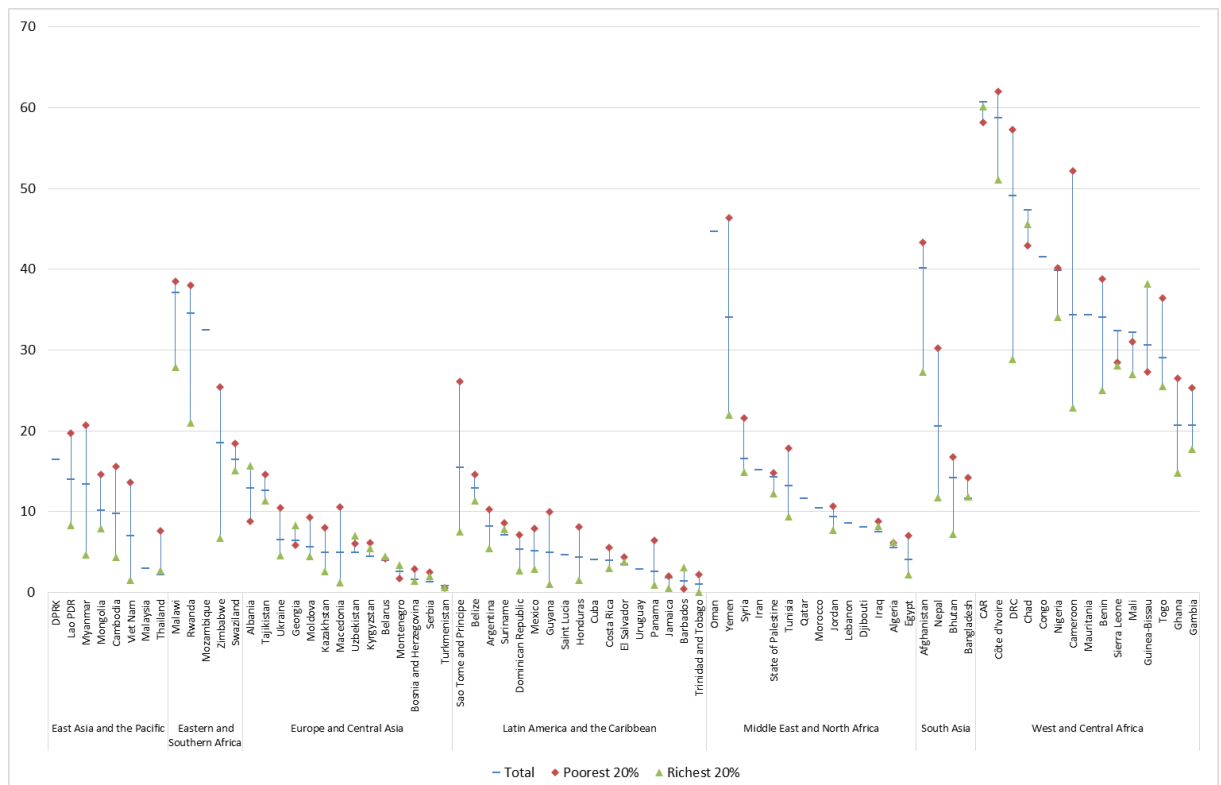


Figure 2: Percentage of children 0–59 months old left with inadequate supervision (left alone or in the care of another child younger than ten years of age for more than one hour at least once in the past week). Total, first and fifth wealth quintile, as per DHS and UNICEF MICS definitions of wealth index based on assets and services: Camilletti, Banati & Cook, 2017 based on data UNICEF State of the World's Children, 2017. Note: Data is for available countries and latest year in the period 2005–2016, and it is based on MICS and other nationally representative surveys. Countries are divided by UNICEF regions. Country abbreviations: Central African Republic (CAR); Democratic People's Republic of Korea (DPRK); Democratic Republic of the Congo (DRC).

The evidence also suggests the importance of the sex and age composition of the household and the care needs of household members, such as the presence of siblings, sick relatives or other dependents, influencing the child's participation in care and domestic work. While care and domestic responsibilities tend to be assigned to female individuals, in certain circumstances – for instance in absence of women and girls – they can also be assigned to boys who can be called to act as 'substitutes' for female relatives (Abebe and Kjörholt, 2009; Evans, 2010; Boyden et al., 2016; Bray, 2009; Robson et al., 2006). Heissler and Porter (2013), using data from Young Lives Ethiopia, show that not having an older sister and having very young siblings result in boys undertaking tasks normally associated with girls. In Tanzania, Evans and Becker (2009) noticed that while girls reported slightly more care and domestic responsibilities, boys too were involved in these tasks perceived as a woman's work, but still households showed a preference for matching the genders of the care-recipients and care-givers. In the South African study by Rama and Richter (2007), while more girls than boys reported spending time on care and domestic work, still a considerable number of boys participated in a range of activities normatively considered as feminine, such as the collection of water and fuel, and childcare. Data from the ILO Child Labour Surveys for 33 countries showed that while on average the number of girls aged seven to 14 performing household chores exceeded that of boys, context matters: whereas in Senegal the ratio of the time spent on household chores by girls to boys was up to 4:1, in Uganda boys and girls spent an almost equal amount of time on these activities (ILO, 2016). In the paid domestic work sector, a study of child domestic workers in six Bangladeshi districts by Chodhuary et al. (2013) found that while girls aged 14 to 17 were engaged more in domestic work than their male peers, regardless of the urban or rural locations, the reverse was true for the six to 13 age group.

In the scholarship on care and domestic work, the presence of infants and young children in a household is well-established as requiring additional time from women, but available evidence suggests some of this childcare is also assigned to older children (Budlender, 2008;

Samman et al., 2016). In Nepal, Edmonds (2006b, cited in Edmonds, 2007) notes that older children are more likely to work and less likely to study than their younger siblings, and that oldest girls in particular, spend more time on housework when there are more younger siblings. DHS data analysed by UN Women (2015) shows that on average across 31 developing countries, when asked about who was caring for their young children (aged six and younger) while they were at work, twelve percent of mothers responded that other female children were caring for them, with the percentage ranging from five for the richest respondents, to 18 for the poorest ones (UN Women, 2015). UNICEF estimates (Figure 2) shows that the percentage of young children aged up to five years inadequately supervised (either left alone or in the care of another child aged less than ten years old) can exceed 50 percent in the Central African Republic and Cote d'Ivoire, with evident disparities by wealth. Understanding the extent of care provided by older siblings to their younger ones points to important research and policy questions. These concern not only older children's wellbeing, particularly the impact on their schooling, aspirations and future opportunities, but also implications for the younger sibling's wellbeing (Bray, 2009) and suggest the need for more attention to the provision of care and social services that can support early childhood development, education and child wellbeing (Samman et al., 2016).

#### *Policy and structural determinants*

Broader policy and structural determinants such as access to services and infrastructure, as well as social and gender norms, intersect with individual, interpersonal and household factors, influencing the amount of time and energy children dedicate to care and domestic work. Studies have shown that the presence of sick or disabled household members coupled with limited access to services, and social and economic policies and processes play a role in determining children's participation in care and domestic work. In Sub-Saharan Africa, research has shown that the HIV/AIDS pandemic increased children's care and domestic responsibilities, for both those losing one or both parents and those with HIV/AIDS-affected parents and relatives (Robson, 2000, 2004; Evans, 2010;



Evans and Atim, 2011; Rama and Richter, 2007). This crisis happened in the context of state retrenchment from the already meagre provision of public services, and overburdened health systems (Robson, 2000, 2004; Evans, 2010; Evans and Atim, 2011; Rama and Richter, 2007). Studies have documented the emergence of a group of 'young carers' with significant care responsibilities in these contexts (Robson, 2000, 2004; Evans, 2010; Evans and Atim, 2011; Rama and Richter, 2007). Given the fluctuating nature of HIV/AIDS, the time and intensity of caregiving by children varies over time, but is worsened by the inadequacy of or limited access to services, benefits and infrastructure (Evans, 2010).

Parental employment and the time parents spend on care and domestic work play a role in deciding on the allocation of care and domestic work responsibilities among children. The literature suggests that there are two distinct mechanisms through which parental employment interplays with gender to influence how girls' and boys' assume care and domestic responsibilities. According to the 'substitution hypothesis', under certain circumstances daughters help meet care responsibilities and 'free' their mothers so that they can seek paid employment (Edmonds, 2007; Levine et al., 2009; Marphatia and Moussié, 2013). However, in other cases, children model their behaviour based on that of their parents', thus reproducing parental roles in the household (Bruckauf and Rees, 2017). For instance, Hu (2015), in a study of China, finds evidence that increase in mothers' employment rates in rural areas leads to mothers spending less time on household work out of total parental housework time, as girls compensate for the decreased maternal housework time. Conversely, in urban China, when maternal employment rates increase and mothers decrease their relative housework time, girls seem to model their behaviour on that of their mothers, thus undertaking less housework. These findings highlight the importance of understanding the interplay between parental employment and time use, and gender norms across locations and contexts.

The studies reviewed above also discuss the still limited accessibility of care services, including childcare. UNICEF data (Figure 3) shows that while

some countries show relatively high children's participation in early childhood education (aged three to five), wealth disparities within and across countries still affect children's access to early childhood education. This points to the importance of understanding the distribution of care responsibilities by older children. Policies and services, including childcare, may benefit not only young children's wellbeing, parents and caregivers, but also the older children who are often in charge of providing sibling care.

In the context of social and economic change in developing countries, urbanisation and industrialisation that can contribute to migratory processes in developing countries influence children's provision of care and domestic work (Robson et al., 2006; Robson, 2004; Evans, 2010; Evans and Becker, 2009). As family members migrate to urban areas or better-off countries, children can be called to migrate temporarily to support their relatives in meeting care and domestic needs, such as caring for their younger or old and sick relatives. Migration can thus be employed as a strategy for families to cope with household care needs, and can involve both in- and out-migration as the circumstances change. In a qualitative study in Lesotho, Robson et al. (2006) reported of children who had migrated to live with their grandparents because they were old or sick, or because children themselves were orphans or left behind due to male labour migration. Crivello and Espinoza Revollo (2018) report cases in Peru of children migrating to urban areas to care for their nephews and nieces, in exchange for continuing their education. Suggestive evidence shows that the decision-making process within the household concerning child's migration takes into consideration children's needs and capabilities (Ansell and Blerk, 2004; Samman et al., 2016). As developing countries are increasingly integrated into the global economy, future research should explore how migration and mobility, and care and domestic responsibilities, are intertwined with and impact upon children's aspirations, subjective wellbeing, and life opportunities for children.

*Benefits and adverse effects of care and domestic work on children’s wellbeing*

The evidence reviewed above suggests the importance of individual, interpersonal and household-specific, as well as socio-economic, policy and structural determinants of children’s participation in care and domestic work. It also suggests the need for more research and evidence generation to build a global ‘picture’ of this participation, its nature and intensity. This is particularly important, and relevant for policymaking, as care and domestic work activities necessarily have implications for children’s wellbeing. Some evidence in fact suggests that care and domestic work can be a source of self-esteem and increased sense of maturity and

Evans, 2010). Research exploring children’s lives and experiences in their work, including their caregiving responsibilities, illustrates how children can construct positive social identities, develop competence through their caregiving work and feel proud of their active roles in their families (Robson et al., 2006; Evans, 2010; Skovdal et al., 2009). Although care and domestic work can demand physical energy, there is no conclusive evidence on its impact on child physical health: Francavilla and Lyon (2003) analysed data from six developing countries and found no evidence of an association between children’s housework and self-reported morbidity or lower or higher Body Mass Index (BMI). They also speculate that by freeing adults from performing domestic work,

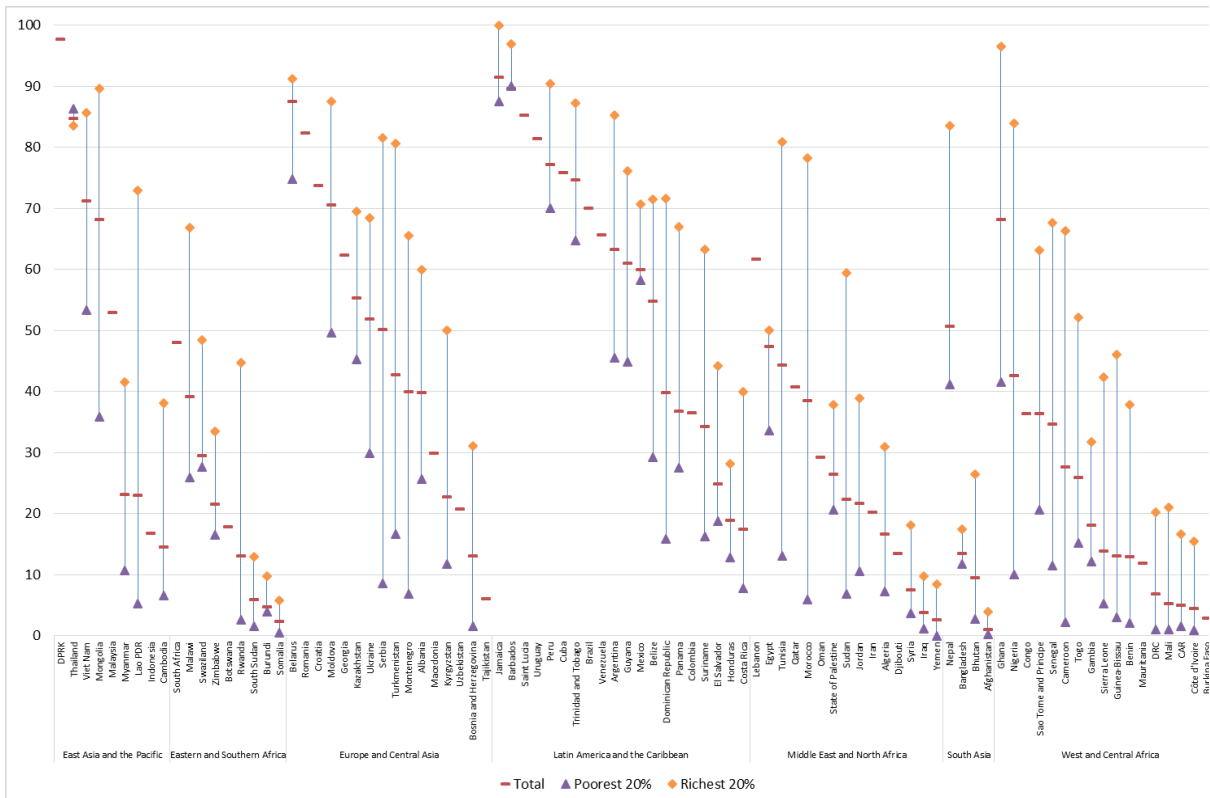


Figure 3: Percentage of children (36-59 months) attending early childhood education. Total, first and fifth wealth quintile, as per DHS and UNICEF MICS definitions of wealth index based on assets and service: Camilletti, Banati & Cook, 2017, based on data from UNICEF State of the World’s Children 2017. Note: Data is for countries and latest year available in the period 2005-2016, and it is based on MICS and other nationally representative surveys. Countries are divided by UNICEF regions. Country abbreviations: Central African Republic (CAR); Democratic People’s Republic of Korea (DPRK); Democratic Republic of the Congo (DRC).

responsibility for children (Robson, 2004; Robson et al., 2006; Becker, 2007; Bray, 2009; Evans, 2010). It can also provide a learning-by-doing opportunity to acquire life skills (Robson et al., 2006), strengthen resilience and capacity to cope and adapt to changes and shocks (Bray, 2009;

children’s participation in housework can contribute to higher household disposable income, and it might even prevent them from engaging in hazardous forms of child labour (Francavilla and Lyon, 2003).

Yet in certain circumstances, the nature, the time

spent and affection developed in the caregiving relation can be such that children assume regular, significant and substantial caregiving responsibilities. Scholars in the UK and Australia have defined this group as ‘young carers’/‘caregivers’ (Becker, 2007; Evans, 2010; East, 2010). Becker (2007) developed and employed the concept of the ‘caregiving continuum’ to understand the time and emotion put in caregiving by children. In contexts of family disruptions and shocks such as HIV/AIDS in Sub-Saharan Africa, young carers are often at the extreme of the caregiving continuum and may have severe implications for their schooling and health due to such responsibilities (Becker, 2007). Francavilla and Lyon (2003) estimated that around ten percent of children in their samples from survey data for six developing countries was involved in extensive care and domestic work for over 28 hours a week. In four Sub-Saharan African countries, Bray (2009) identifies three groups of children assuming a primary or significant role in caregiving: children living in households with HIV-infected parents, those orphaned and living with grandparents, and those in child-headed households.

For this group of children, research has found that they tend to perform a wider range of care and domestic tasks, and for longer time, beyond what is normally expected of them given their age, gender, and prevailing social expectations of childhood (Becker, 2007; Evans, 2010; Robson, 2004; Evans and Becker, 2009; Robson et al., 2006). Given the dynamic nature of caregiving, the intensity of this work can change along with changes in its original determinants (East, 2010). Similar to the scholarship on women’s care and domestic work which has conceptualised time poverty (Antonopoulos, 2009), drudgery (Elson, 2000), and depletion through social reproduction (Rai et al., 2014) and applied these concepts in analyses of impacts of care and domestic work on women, some evidence suggests that children can face thresholds beyond which caregiving can become detrimental for their wellbeing and development (Becker, 2007). Yet, with regards to children, the empirical evidence at cross-country level on these thresholds is mixed, in great part driven by data and methodological challenges of identifying them.

For instance, some studies suggest that children’s participation in care and domestic work can have an adverse effect on the time they have left for schooling or homework, conflicting with regular school attendance, performance or even enrolment and continuation of their studies. In Viet Nam, a study analysing a nationally representative survey of women and men aged between 18 and 65 years old from nine cities and provinces, found that nearly 20 percent of women and about seven percent of men reported that household chores and related responsibilities were one of the three top reasons for discontinuing their education (ISDS, 2015). An ILO study (2007, cited in Dayioğlu, 2013) using the China Health and Nutrition Survey panel data shows that hours spent in non-market activities reduced the likelihood that children attend school. Using Young Lives India, Singh and Mukherjee (2017) found that for girls, engaging in domestic chores at age twelve is the largest contributing factor for the persistent gender gap in the completion of secondary education. Guarcello, Lyon and Rosati (2015) examined the risk for children of being out-of-school due to work (both economic activities and household chores) in 25 developing countries. They found that the marginal effect of household chores is small and constant for the first hours spent on it per week, increasing only after 16 hours of work (Guarcello, Lyon and Rosati 2015). An ILO study on 23 countries found that girls who perform 28 hours or more a week of domestic chores attend school 25 percent less than girls who do fewer than 14 hours per week (ILO, 2009, cited in Marphatia and Moussié, 2013).

In addition to school attendance, children’s performance at school can also be compromised due to their caregiving responsibilities. In their mixed-methods study on the impact of HIV/AIDS in rural and urban households in South Africa, Cluver et al. (2012) found that in addition to disrupted school attendance children with caring responsibilities suffered from concentration problems due to worry for the sick person. Research in Tanzania by Evans and Becker (2009) found that half of the sampled children reported that the caring responsibilities often conflicted with the time they had left for homework.

Similarly, in a comparative study of HIV/AIDS-affected mothers and their children caring for them in Mutare, Zimbabwe and New York, USA, Bauman et al. (2006) report that over 60 percent of the interviewed children in the Zimbabwean context had been unable to do homework at least once in a while due to caregiving and household responsibilities. Around 80 percent of children in Zimbabwe also reported too much care responsibility, and a majority of them reported reducing schooling and social life as a consequence (Bauman et al., 2006). Borga (2015), using data from Young Lives (Ethiopia, India and Viet Nam), and found that across the three settings the amount of time children spend on work activities, including care and domestic work, adversely affected their acquisition of both cognitive and non-cognitive skills, for both younger children and adolescents. In a qualitative study in Kenya, Skovdal (2016) found different patterns of poorer educational outcomes among children living in households affected by HIV/AIDS. Among those with significant caregiving responsibilities, children reported going to school feeling exhausted, with limited physical and mental energy left for learning itself (Skovdal, 2016). Further, in the Zambian study of young people with care responsibilities, Day (2014) found that most young people had faced disrupted attendance at school, and reported that these responsibilities impacted their capacity to complete the normatively prescribed transitions to adulthood, such as finishing their education, finding a job and getting married.

Other studies have found that children manage to avoid dropping out from schooling and juggle between schooling, care and domestic chores, and paid activities (Crivello and Espinoza Revollo, 2018; Abebe and Kjørholt, 2009). For instance in the Tanzanian study based on household survey data on both children and guardians in areas with above and below country-average HIV prevalence, Robson et al. (2006) found that caring for a sick relative was a more frequent explanation for irregular attendance than for dropping out or never attending school. This capacity to combine activities might be due to the possibility to interrupt and resume care and domestic work throughout the day. However Orkin (2011) suggests that this possible flexibility, especially for

some activities such as cooking, often done by girls, can also have the reverse effect, insofar as girls can be called to do them at any time and have to drop other activities, for instance homework. The ILO 2016 global child labour estimates confirm this suggestion that a larger number of girls than boys perform a form of double-duty, combining household chores with economic activity. This phenomenon resembles the gendered pattern among adults, whereby women are often found spending more time working than men.

In addition, qualitative evidence suggests that care responsibilities can have an impact on children's mental health. Depression and stigmatisation associated with an HIV/AIDS-affected relative are cited in the literature. In the Zimbabwe-USA study by Bauman et al. (2006), many Zimbabwean children reported suffering from concentration problems due to thinking about the sick relative at home, although no statistically significant correlation was found between symptoms of depression and caregiving time. Studies documenting boys' engagement in care and domestic work also suggest some negative implications for their wellbeing, as the assignment of care and domestic tasks, perceived as feminine, can adversely affect them. Qualitative evidence from Young Lives Ethiopia suggests that boys complain and feel embarrassed for having to carry out girls' or women's work (Heissler and Porter, 2013; Boyden et al., 2016). These tasks can even be a source of marginalisation if also connected with caring for an HIV/AIDS-affected relative (Evans and Atim, 2011; Winter, 2016; East, 2010).

Children mention experiencing violence due to incomplete household chores. In a 2015 Save the Children's report on informal and alternative care mechanisms for children in Kenya, qualitative findings show that children living with grandparents or step-parents might be assigned the responsibility of fetching water or carrying out other household chores, and can be at risk of being beaten for not finishing the assigned chores. Qualitative data from Young Lives report of girls being beaten for doing other activities instead of completing the assigned housework in Ethiopia and Peru (Pankhurst, Negussie and Mulugeta,

2016, and Guerrero and Rojas, 2016, respectively).

Research has also investigated the risks that child domestic workers face. A UNICEF and UNESCO Institute for Statistics' study (2015) of child labour and out-of-school children in West and Central Africa, based on national household surveys, showed that among the over 14 million out-of-school working children across countries, an average of almost nine percent of them were child domestic workers (8.1 percent boys and 9.8 percent girls). Child domestic workers face great risks of physical and verbal violence by their employers, deprivation, or sexual assault and abuse (UNICEF, 2014). A study by Chodhuary et al. (2013) in Bangladesh found that a lower percentage of child domestic workers from rural areas received in-kind benefits (such as food and clothing) from their employers, compared to urban child domestic workers. While many child domestic workers manage to combine their work responsibilities with schooling, they tend to under-perform compared to non-working children, experiencing higher drop-out rates, poorer perception of their schooling achievement, a higher risk of repeating school years, in addition to poorer psychosocial health outcomes, physical and emotional abuse, and sexual violence (ILO-IPEC, 2013). In an ILO mixed-methods study of child domestic workers in Delhi and Ranchi in India, (ILO-IPEC et al., 2013), among the respondents in the seven to 14 age group for whom schooling is compulsory, 44 per cent of girls and 25 per cent of boys did not go to school at all. A considerable share of the respondents perceived the work having a negative impact on their physical health due to long working hours and the type of work itself, and reported being subject to discrimination in terms of food and overall treatment compared to their employers' children (ILO-IPEC et al., 2013). Understanding the risks and challenges that child domestic workers face is further hampered by the perception of child domestic workers as helpers or adopted children, blurring the distinction between paid work and housework, and making child domestic workers vulnerable to unreported violence and abuse (UNICEF, 2014; Rama and Richter, 2007; Verma, 2013).

The thresholds under which potentially negative

effects arise – and how these can be prevented or mitigated through policy or programming – are not solidly established in the literature. The evidence thus remains inconclusive, especially when extending the analysis beyond schooling to other child wellbeing outcomes such as physical and mental health, aspirations, life satisfaction and subjective wellbeing, and transitions to safe, healthy and productive adulthood, and to the role of gender norms play in influencing the distribution of care and domestic responsibilities. Evidence is also lacking on the trade-offs children face when combining unpaid care and domestic work, other forms of unpaid work, and paid work. These evidence gaps or inconclusiveness suggest that future research is needed to understand how, why and under what circumstances engaging in care and domestic work can have positive or adverse effects on children. Identifying these thresholds poses methodological challenges, but also bears important policy implications, to prevent negative long-lasting consequences for children's development. As qualitative findings highlight how young people do not always see unpaid care and domestic tasks as work, burden or chores, but often as a way to fulfil their roles as children, siblings, and grandchildren (Crivello and Espinoza Revollo, 2018; Bray, 2012; Bray and Dawes, 2016), future research should also focus on how to support and promote these positive feelings and outcomes that caregiving relations and domestic responsibilities can have for children, while ensuring that any risks and adverse effects on their present and future opportunities are minimised and prevented.

### **Investigating social reproduction through a child lens: conceptual issues and evidence gaps**

The evidence we reviewed above demonstrates that while women shoulder the burden of care and domestic work, children too contribute to meeting social reproduction needs. Their contribution to household welfare extends beyond their productive, income-generating activities, to encompass caregiving to their younger siblings and sick and old relatives, cooking, shopping, cleaning, and fetching water and collecting fuel. Individual, interpersonal and household characteristics, as well as social and

gender norms, and policy and structural determinants, intersect to influence children's participation in care and domestic work.

This review of the empirical evidence on the types, determinants and effects of children's provision of care and domestic work points to the value of extending feminist analyses of social reproduction by incorporating a life course and child-focused perspective. This would better reveal the intra-household and intergenerational distribution of care and domestic responsibilities.

The studies reviewed above also defy the Western conceptualisation of childhood as a labour-free period of learning and play, differing from the perceptions and 'normal' expectations of childhood in the Global South (Evans, 2010; Crivello and Espinoza Revollo, 2018; Makina, 2009; Abebe and Kjørholt, 2009; Robson, 2004; Evans and Skovdal, 2016). In addition, children's roles sometimes transcend adult expectations of childhood and the adult-child divide (Lim and Roche, 2000). Particularly in developing countries, empirical evidence suggests that children's responsibilities towards their household are often perceived as an important preparation for their future and offer opportunities for building positive identities (East, 2010; Boyden et al., 2016; Robson et al., 2006).

It also supports the view of caring as a relational, interdependent human activity, pointing to a conceptualisation of familial relations as based on reciprocity and interdependence, and on an intergenerational contract. Children's roles in their households and communities is often one that is interdependent with that of adult members. Care and domestic work is not fixed but dynamic, with children often assisting parents or other adults as they too can experience vulnerabilities and be in need of care (Evans, 2010; Becker, 2007; Rummery and Fine, 2012). Qualitative evidence confirms that children have the capacity to show attentiveness and care about family members' needs, and are aware of their role and the expectations placed on them in their households (Crivello and Espinoza Revollo, 2018).

The evidence corroborates the importance of recognising the principle of the evolving capacities

of the child, inscribed into the Convention on the Rights of the Child (CRC, Articles 5 and 14)<sup>5</sup>. As children grow, they develop their capacity and autonomy to take decisions and assume responsibilities. This principle calls families and political parties to fulfil children's rights prescribed by the CRC and contribute to their development and wellbeing (Lansdown, 2005). It emphasises the importance of promoting children's participation and emancipation as they mature, imposing obligations on parents and States to guide them towards their development (Lansdown, 2005). The empirical evidence on children's involvement in household care and domestic work suggests the importance that children attach to this work as a means to fulfilling their roles as household members. Recognising children's evolving capacities also means acknowledging their increasing capacity to assume responsibilities, even in care and domestic work.

Yet the empirical evidence also shows that in certain circumstances the amount, intensity and extent of children's caregiving roles can affect their wellbeing. Recognising that children are in a stage where their capacities are still evolving, also means acknowledging the need to protect them from activities and situations that can likely harm them. The CRC places on both parents and the States the obligations to protect children's rights and safeguard their wellbeing as they mature into adulthood (Lansdown, 2005). Therefore, understanding the different care and domestic work activities, the circumstances under which they are carried out, and the thresholds beyond which they can harm children, is imperative to safeguard children's development and wellbeing.

As we have sought to demonstrate through the review of the available evidence, the application of a child lens to researching social reproduction issues recognises that care and domestic work is a complex social, economic and political process involving relations, interdependency and gendered and intergenerational mutuality, encompassing adults and children alike, albeit in different degrees. Through such a lens, research

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<sup>5</sup> The Convention on the Rights of the Child (CRC, 1989) has been ratified by almost all countries around the world except the USA.

on care and domestic work can expand and complement the scholarship on care and domestic work and social reproduction by acknowledging children's roles in these activities, and their evolving capacities, rights, aspirations and autonomy (Crivello and Espinoza Revollo, 2018; Makina, 2009).

A child-centred and life-course approach to research on care and domestic work would shed light on how caring responsibilities are distributed and financed – in time and economic terms – within the household, and society, and on its impacts on children's present and future opportunities. It would help explore how children's care and domestic work change in response to changing underlying conditions. It will help to unpack which factors and determinants drive learning, development, and skill acquisition in children's involvement in care and domestic work. This will also further our knowledge on the thresholds and risks children face, and on whether these can have long-lasting or irreversible consequences for their wellbeing and their healthy, safe and productive transitions to adulthood. It would also contribute to the study of how (unequal) gender norms related to care and domestic responsibilities are reproduced inter-generationally, to inform policymaking about strategies to prevent their persistence and promote a more equal sharing of responsibilities. Finally, such a child lens can reveal gaps in services, policies and infrastructure, which can inform policymaking on gaps in public investments. Future research is needed to fill these critical evidence gaps, ultimately to inform evidence-based policymaking and programming seeking to promote child and adolescent wellbeing.

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