Defining children's rights and responsibilities in Sub-Saharan Africa
tensions and challenges in policy and practice
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Published in:
Politics, Citizenship and Rights

DOI:
10.1007/978-981-4585-94-1_12-1

Publication date:
2015

Document version
Peer reviewed version

Citation for published version (APA):
Book chapter for Springer reference work: *Geographies of Children and Young People*
Volume: Geographies of Politics, Citizenship and Rights,
Theme: Spatialities of Rights of the Child

Title of chapter: Defining children's rights to work and care in Sub-Saharan Africa: tensions and challenges in policy and practice

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Abstract (214 words)
This chapter explores the spatialities of children's rights through a focus on how children's paid and unpaid work in Sub-Saharan Africa intersects with wider debates about child labor, child domestic work and young caregiving. Several tensions surround the universalist and individualistic nature of the rights discourse in the context of Sub-Saharan Africa and policymakers, practitioners, children and community members have emphasized children's responsibilities to their families and communities, as well as their rights. The limitations of ILO definitions of child labor and child domestic work and UNCRC concerns about 'hazardous' and 'harmful' work are highlighted through examining the situation of children providing unpaid domestic and care support to family members in the private space of their own or a relative's home. Differing perspectives towards young caregiving have been adopted to date by policymakers and practitioners in East Africa, ranging from a child labor/child protection/abolitionist approach, to a 'young carers'/child-centered rights perspective. These differing perspectives influence the level and nature of support and resources that children involved in care work may be able to access. A contextual, multi-sectorial approach to young caregiving is needed that seeks to understand children's, family members' and community members' perceptions of what constitutes inappropriate caring responsibilities within particular cultural contexts and how these should best be alleviated.
Defining children's rights to work and care in Sub-Saharan Africa: tensions and challenges in policy and practice

Introduction
Children occupy a prominent position in human rights and development discourses and anti-poverty targets are often measured explicitly in indicators of child mortality, health and education by the UN, World Bank and other development agencies. The UN Convention on the Rights of the Child (UNCRC), introduced in 1989 and rapidly ratified by all countries except the US and Somalia, provides a framework of universally applicable standards for safeguarding children’s rights, while many of the Millennium Development Goal targets refer to children’s health, education and welfare. However, concerns about child labor and ‘young carers’ call into question the universality of global constructions of childhood and youth.

This chapter explores how the paid and unpaid care work that young people undertake in their everyday lives in many African societies intersects with wider debates about children’s rights, child labor and child domestic work. Firstly, we give a brief overview of tensions in conceptualizing children's rights in the African context and highlight key debates about child labor, child domestic work and children's familial responsibilities. We then examine the nature of children's care work and consider how and why it may be beneficial to define young caregiving. We then explore the policy and practice implications of adopting differing perspectives on young caregiving, from a child protection/child labor abolitionist perspective, to a 'young carers' child-centred rights perspective, drawing on empirical research with young people, families and NGO and governmental stakeholders in East Africa. Through the lens of children's rights, this chapter focuses on care, a theme that is also discussed in other contributions to the first section of this volume, as well as childhoods and youth in the global South, which are explored throughout the volume.

Defining children's rights in Sub-Saharan Africa
The UN Convention provides a universal framework of rights to provision, protection and participation in the ‘best interests of the child’. While the global focus on children’s rights and in particular, recognition of children’s rights to express their views in all matters affecting them (Article 12) has been welcomed, researchers have revealed how the Convention conflicts with socio-cultural understandings of childhood and the lived realities of children and youth in the global South. The rights discourse promotes a universal model of childhood, based on Western ideals, that has become globalized through international development and human rights discourses and national policies (Boyden, 1997). Western ideals of childhood are often based on notions of children’s innocence, vulnerability and needs for education and socialization in preparation for their future adult lives. From this perspective, children need to be ‘protected’ from ‘adult’ responsibilities, exploitation and harm; they should be cared for predominantly by parents within the family home; and spend most of their time in full-time education, recreation and play.

Such ideals of childhood bear little resemblance to the lives of children and youth in the global South, where many children are expected to contribute to the household economy from an early age, where the living arrangements of children are characterized by a diversity of household forms and where there is limited public social protection to prevent child poverty. Children who do not conform to these understandings of childhood are constructed as ‘Other’ and are
perceived as the focus for rescue, rehabilitation and intervention (Wells, 2009). The UN has identified categories of children deemed to be particularly vulnerable, including ‘street and working children’, ‘children affected by armed conflict’, ‘trafficked children’, ‘disabled children’, ‘orphans and children made vulnerable by HIV/AIDS’. While recognition of the needs of children is important in enabling them to access support, researchers have also revealed the dangers in constructing particular groups of children and youth as ‘different’ and ‘at risk’ when measured against a single, universal model of childhood (Glauser, 1997; Meintjes & Giese, 2006). Researchers call for greater recognition of the plurality and diversity of global childhoods that are historically and geographically contingent.

Furthermore, the UNCRC is based on an individualized notion of the child, rather than recognizing the communal value systems of many societies in the global South and the ways that children’s lives are embedded in relationships with their families and communities. Boyden (1997) argues that the influence of Western discourses of psychology, social work and law on global and national social policy has resulted in an emphasis on individual remedial solutions and less attention being paid to the social structural inequalities that disadvantage people. In addition, the Convention is based on Western notions of the nuclear family that emphasize biological parents’ primary responsibility to meet the child’s needs, constructing non-nuclear families as deviant, despite the fact that these often constitute the majority of family forms in the global South (Stephens, 1995). Similarly, while the Convention addresses child military service, which mostly affects boys, it fails to mention child marriage, which mostly affects girls.

Disenfranchisement with the universalist and individualistic nature of the UN rights discourse led to the establishment of African regional charters on human rights, such as the African Charter on Human and People’s Rights (1981) and the African Charter on the Rights and Welfare of the Child (1990). Alongside identifying individual rights, these regional charters emphasize the socio-cultural responsibilities of individuals to their families, communities, ethnic group, nation and region. Many non-governmental organizations working on children's rights in East Africa also recognize children's contributions to their families and communities, through their focus on children's rights and responsibilities. Article 31, 'The Responsibility of the Child', of the African Charter on the Rights and Welfare of the Child (1990) states that, among other duties, ‘the child, subject to his (sic) age and ability, shall have the duty to work for the cohesion of the family, to respect his parents, superiors and elders at all times and to assist them in case of need'; and 'to preserve and strengthen African cultural values in his relations with other members of the society, in the spirit of tolerance, dialogue and consultation and to contribute to the moral well-being of society'. The African Charter also explicitly recognises gender-specific concerns in the African context, such as girls' right to education.

The UNCRC age-based definition of the ‘child’ as any person below 18 years of age is also problematic and overlaps with the commonly accepted UN definition of ‘youth’ as young people aged 15-24 (United Nations, 2007). The concept ‘youth’ is often associated with Western understandings of an in-between phase between childhood and adulthood that is marked by young people’s socially expected transitions to becoming an ‘independent’, ‘responsible’ and ‘productive’ adult, such as the completion of education, entry into the labor market, moving out of the parental home, marriage and establishing their own families. In many societies in the global South, young people’s transitions to adulthood may be viewed as a series of gradual stages marked by lifecourse events, such as initiation rites, marriage or childbirth, rather than being defined according to age or entry into the labor market. The UNCRC definition of the ‘child’ may also conflict with national laws and policies that allow
young people to engage in consensual sexual relations, marry or work, for example, at age 15 or 16. Furthermore, age is often used as the criterion for particular categories of children to receive assistance and support as specified by international donors, development agencies and immigration policies, which often results in gaps in service provision and protection for youth aged 18 or over.

Strict age-based definitions of children and youth may be especially problematic for orphaned young people who reach the threshold of age 18 years, but still have significant caring responsibilities and may be just as vulnerable as younger children. Indeed, research from both the UK (Becker & Becker, 2008) and Eastern and Southern Africa (Evans, 2012; Evans & Becker, 2009), has shown that young adult carers (aged 18-25) are often involved in more hours of care work per week than child carers. Furthermore, their care work often has detrimental impacts on their education and employment prospects and may delay or restrict socially expected transitions to adulthood, such as migration, marriage and establishing their own households. Indeed, the global discourse of orphanhood, based on age-based definitions of childhood, constructs orphaned children as passive, dependent children who are in need of support until they reach the age of 18 (Meintjes & Giese, 2006) and has little to say about young people’s support needs in the ‘liminal period’ of youth (Evans, 2011).

**Children’s work or child labor?**
The involvement of children and youth in work represents a key feature of many childhoods in the global South that conflicts with universal ideals of childhood and children’s rights discourse. In many societies in Sub-Saharan Africa, socio-cultural norms and levels of poverty mean that most children are expected to engage in paid and unpaid work from an early age as part of the household economy. Such responsibilities are usually valued as part of children’s informal education and socialization in the family and community. Children often engage in both productive and social reproductive activities according to a gendered division of labor and age hierarchies. Although gender relations vary in different contexts, girls in many patriarchal cultures are expected to undertake domestic chores located in and around the home, such as fetching water and fuel, washing clothes, cooking, cleaning, caring for younger siblings, sick or elderly relatives, while boys have greater responsibilities for activities conducted outside the home, such as running errands, herding livestock, working in the informal sector (Nieuwenhuys, 2005). Older siblings often have greater responsibilities than younger siblings and the extent and range of tasks that children are involved in usually increases with age, linked to perceptions of young people’s physical strength and competencies to perform particular tasks (Evans, 2010).

A growing body of research has documented the regular, substantial, predominantly unpaid caregiving activities young people engage in to meet the needs of their families in Eastern and Southern Africa, the regions most affected by the HIV epidemic over the last three decades (Evans & Becker, 2009; Evans & Thomas, 2009; Robson, Ansell, Huber, Gould, & van Blerk, 2006; Skovdal, 2010; Skovdal, Ogotu, Aoro, & Campbell, 2009). The available research evidence from Sub-Saharan Africa suggests that there are nine main categories of caring activities that young people undertake: household chores, health care, personal care, child care, emotional support, self-care, income earning, household management and community engagement (Evans, 2010). Although income-earning is not usually categorized as a form of care work in time-use studies (since it involves payment for work) (Budlender, 2010), it forms a crucial element of young people’s care work in families affected by HIV, since young people need to replace the loss of a parent’s/ adult relative’s income resulting from illness or death (Evans, 2012; Evans & Becker, 2009; Skovdal et al., 2009).
Most dimensions of children’s everyday care work (seven of the nine categories) are focused predominantly in and around the social space of the household, with the exception of income generation and community engagement activities that are usually reliant on young people’s interactions and mobility beyond the immediate household. However, several aspects of children’s household chores and healthcare support for their relative may involve social reproductive work and mobility outside the household which may provide opportunities to socialize with their peers and siblings, such as fetching water, collecting wood, subsistence agriculture, going to the market or collecting medicine and/or providing food/care within a hospital/clinic setting, in addition to young people’s income generation and community engagement activities (Skovdal & Ogutu, 2012).

Researchers to date have conceptualized these caring activities undertaken by children predominantly as familial responsibilities rather than as ‘child labor’, which has been the focus of considerable global concern since the 1990s. Children’s premature engagement with so-called ‘adult’ responsibilities at the expense of their health, development and education led to concerted international efforts to eliminate child labor, led by the International Labor Organization (ILO). The ILO (2014) (Convention 138) defines child labor as employment or work, “which by its nature or the circumstances in which it is carried out is likely to jeopardize the health, safety or morals of young persons”. Whilst the Convention states that the minimum age for admission to any such type of work should be no less than 18 years, it recognizes the sovereignty of nation states and allows signatories of the Convention to “authorize employment or work as from the age of 16 years on condition that the health, safety and morals of the young persons concerned are fully protected and that the young persons have received adequate specific instruction or vocational training in the relevant branch of activity” (ILO, 2014). The ILO also distinguishes between ‘children in employment’ whose work is not necessarily considered harmful, and a sub-set of ‘children in child labor’, whose work is problematic (see Box 1).

<table>
<thead>
<tr>
<th>Definition</th>
<th>Description</th>
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<tr>
<td>‘Children in employment’</td>
<td>Children aged under 18 engaged in any productive activities for at least one hour on any day during a seven-day reference period, including in the informal or formal sector, inside and outside family settings, work for pay or profit (in cash, in kind, full time or part time) or for domestic work outside the child’s own household for an employer (with or without pay).</td>
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<tr>
<td>‘Children in child labour’</td>
<td>A narrower subset of ‘children in employment’ and includes children aged under 18 involved in the worst forms of child labour and those in employment below the minimum age.</td>
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<tr>
<td>'Child domestic work'</td>
<td>Defined as children’s work in the domestic work sector in the home of a third party or employer. Children who work outside their own household may be paid, unpaid or paid in kind.</td>
</tr>
<tr>
<td>'Child labour in domestic work'</td>
<td>Refers to situations where domestic work is performed by children below the relevant minimum age (for light work, full-time non-hazardous work), in hazardous conditions or in a slavery-like situation.</td>
</tr>
<tr>
<td>ILO response to the question: Do household chores performed by children in their own homes constitute child domestic work?</td>
<td>Household chores undertaken by children in their own homes, in reasonable conditions, and under the supervision of those close to them are an integral part of family life and of growing up, therefore something positive. However, in some cases, there might be concerns over certain situations where these workloads might interfere with the children’s education or be excessive, in which case they might be tantamount to child labour. Children doing household chores in their own home, and children in domestic work (in a third party household) might perform similar tasks. However, in the first case, the employment element is missing; therefore, we should avoid referring to those situations as domestic work” (ILO, 2014).</td>
</tr>
<tr>
<td>‘Hazardous work’</td>
<td>Defined as any activity or occupation that, by its nature or type, has or leads to adverse effects on the child’s safety, health and moral development.</td>
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The overall proportion of children involved in child labor globally has declined over the last decade, with an estimated 215 million children involved in child labor (ILO, 2010). However, these global figures mask considerable differences between regions, genders and ages. While the number of children (aged 5-14) working declined in all other regions from 2004-8, it increased sharply in Sub-Saharan Africa. Reasons cited for the high levels of child labor in Sub-Saharan Africa include historical and cultural influences, the impacts of structural adjustment, economic restructuring and rapid growth of the informal sector in the poorest world region, the large youthful population and the effects of HIV-related adult ill health and mortality (Bass, 2004).
The majority of 'child domestic workers' are girls who often start work aged 12 or younger and the largest numbers of girls aged under 16 who work are engaged in domestic service (Jacquemin, 2006). According to the ILO-IPEC (2004, cited in Jacquemin, 2006) there are over 200,000 child domestic workers in Kenya. Due to their invisibility in the private space of the homes of their employers, child domestic workers are considered to be particularly at risk of physical, verbal and sexual violence; they often face restrictions on their mobility; lack access to education; have poor health and so on (Jacquemin, 2006). Children's domestic work needs to be understood within the context of a long history of child fostering arrangements and reciprocal kinship responsibilities in many African countries, whereby children may be sent to live with relatives for extended periods as a means of accessing education and work opportunities in urban areas, in addition to providing domestic labor to households with care needs.

The focus of international policy and NGO action to date has been on abolishing paid work by domestic workers aged under 15 years (Jacquemin, 2006). However, this overlooks the experiences of young live-in domestic workers who are unpaid or paid in kind, who may well be more vulnerable than paid domestic workers. Indeed, children's work as unpaid domestic workers in a relative’s household (not in their own home) is particularly hidden and often overlooked in policy or practice. As Blagbrough (2008: 180) argues:

a child domestic worker is as likely to working for a relative as for a stranger - blurring the lines as regards her relationship with the employing family. In these situations the child works but is not considered a worker, living as part of a family but not treated as a family member.

Despite the significant social reproductive and productive contributions that children make to their families, the ILO definition of 'children in employment' and 'child domestic work' excludes work undertaken in the child’s own household, rendering children’s, especially girls’, unpaid work contributions within the family invisible (see Box 1). Girls’ greater workload of domestic responsibilities may reduce their spatial mobility and mean that they have less time available for schooling, private study and outdoor play compared to boys, which can disrupt their school attendance, result in poor educational outcomes and reduce potential opportunities for informal learning, peer socialization and participation in the community (Koda, 2000). International child welfare concerns, however, are focused on the exploitation of children’s labor in more visible forms of paid work and the gendered- and age-related impacts of children’s unpaid work within the family are rarely considered within development policy and planning.

The ILO acknowledges that excessive workloads and work which interferes with children's education conducted in their own home might be tantamount to child labor and is similar to the work of child domestic workers. However, because activities are carried out in the child's own home, the ILO states that this situation should not be referred to as child domestic work (see Box 1). If such work was considered ‘harmful’ or 'hazardous' and had negative outcomes on children's education, such unpaid domestic and care work would be encompassed by the ILO's definitions of child labor, hazardous work and child domestic work. This would also relate directly to Article 32 of the UNCRC, which outlines children's right to be protected from ‘economic exploitation’ and ‘hazardous or harmful work’. This raises the question of how the terms 'hazardous' and 'harmful' work are defined and by whom.
This lack of clarity in identifying when children’s domestic work becomes child labor is particularly pertinent to the situation of children caring for family members with chronic illnesses, including HIV, impairments or for those with other care needs, in their own homes. Amongst the Luo ethnic group in Kenya, Skovdal et al (2009) found that young boys in high HIV prevalence and low resource communities actively engaged with domestic cooking and cleaning. Although traditionally not a duty undertaken by boys, it was seen as a strategy to prepare them for orphanhood or the possible premature death of their own spouse. Unpaid domestic and care work may therefore build resilience and strengthen family relationships, in addition to potentially leading to negative outcomes, depending on the extent and nature of their care work (Evans, 2010). In such cases, should children’s care work be regarded as ‘inappropriate’, ‘harmful’ or ‘hazardous’? When, if ever, should children’s care work for family members be regarded as ‘child domestic labor’? Should these terms only be used when care work results in negative outcomes on children’s education, health, wellbeing, social participation and so on? Before discussing policy and practice responses to these questions, the chapter explores the nature of children’s unpaid care work and how this group of children have been defined to date.

Defining ‘young carers’

The term ‘young carer’ (‘young caregiver’ in US terminology) is used to describe children who engage in unpaid care work within the family in many countries in the global North. Becker’s (2000) widely cited definition emerged from research with children caring for family members with a range of physical impairments, chronic illness and mental health problems and the term ‘young carer’ has now become an accepted policy and legal term in the UK, with accompanying rights and entitlements (See Evans & Becker, 2009; Frank & McLarnon, 2008). Researchers and policymakers in Australia and the USA have also adopted this term when investigating the experiences of children engaged in unpaid (informal) care work for a family member (Becker, 2007). The term ‘young carer’ is not widely used or recognized in international and national policy discourses or in local understandings of vulnerability in Africa (Evans & Becker, 2009; Skovdal et al., 2009), although this may be changing as the research literature on young caregiving in the global South grows.

Becker (2007) and Evans and Becker (2009) argue that the extent to which children are involved in care work differs significantly within a spectrum, ranging from ‘caring about’ to ‘caring for’ a family member, along which all children’s caregiving activity can be located. Young carers would be placed at the ‘high’ end of the continuum of young caregiving, that is, ‘caring for’ a family member, which involves substantial, regular and significant caregiving activities, in terms of the level of support provided, frequency and time per week, undertaken usually for a co-resident relative in close proximity. The continuum distinguishes between low levels of caregiving, with no evidence of negative outcomes, and high levels of caregiving, with evidence of significant negative outcomes for young people's wellbeing, health, education, family and peer relations, leisure and social participation and transitions to adulthood.

In common with the literature on 'young carers' in the global North, the emerging body of research on children’s care work in Africa has identified a range of negative outcomes that are broadly comparable to or are considered more severe than those experienced by young carers in the global North (Bauman, Foster, Silver, Berman, Gamble, & Muchaneta, 2006; Bray, 2009; Cluver, Operario, Lane, & Kganakga, 2012; Evans & Becker, 2009; Robson et al., 2006). This is due to the fact that children’s care work in Africa is often located at the
high end of the continuum of young caregiving, within a broader context of widespread poverty and lack of formal support systems in many African countries.

Evans and Becker (2009) note that it is difficult to distinguish the negative impacts of caring from wider processes of poverty, social exclusion and marginalization that many children living in households where family members are living with HIV (and other impairments) are likely to experience. Research has also revealed that caring may be associated with positive outcomes which help to promote children’s resilience (Bray, 2009; Evans, 2005; Evans & Becker, 2009; Skovdal et al., 2009). Positive outcomes of children’s care work identified in Africa include: developing children’s knowledge and understanding about their parent’s/relative’s illness or disability; a sense of responsibility, maturity, self-esteem and pride in taking on a socially valued caring role; fostering closer family relationships; and a range of life, social and care-related skills and personal qualities, such as empathy, listening and responsiveness (Bauman et al., 2006; Evans & Becker, 2009; Robson et al., 2006; Skovdal et al., 2009).

Skovdal et al. (2009, p.592) suggest that young people in Kenya ‘constructed positive carer identities’ based on local cultural understandings of ‘childhood as a period of duty and service’. Furthermore, in Kenya and Tanzania, caring did not appear to have any significant effects on some young people’s school attendance or academic performance (Skovdal et al., 2009; Evans and Becker, 2009). Young people usually managed to combine schooling with their caring responsibilities. The quality of the relationship between the child and person they care for and the strength of children’s social ties and access to peer and social support in the community have also been identified as key factors that may help to protect children from the negative impacts of caregiving (Robson et al., 2006; Evans and Becker, 2009; Skovdal et al., 2009; Thurman et al., 2008; Bray, 2009).

The difficulty of separating experiences of young caregiving from wider experiences of poverty, marginalization and disadvantage found within households affected by disability and illness raises a number of questions about children’s rights and the value of defining ‘young carers’ as a particular category of ‘vulnerable’ children. Should poverty and a lack of alternative support be included in the definition of young caregiving? Should young caregiving be measured by the level or nature of support provided (such as number of hours per week or the type of care tasks performed by young people)? Or should evidence of negative outcomes on young people’s lives be a fundamental element of the definition of young caregiving?

Evans and Becker (2009) argue for a cautious, sensitive approach to the application of the term ‘young carer’ to the global South and specifically to HIV policy responses. In Tanzania and Uganda, research participants saw themselves first and foremost as children and youth and defined themselves in relation to other family members rather than necessarily identifying as ‘carers’ (Evans and Becker, 2009), supporting the findings of research with ‘carers’ in a range of other contexts (Barnes, 2006; Becker & Becker, 2008). Furthermore, the continuing stigma and discrimination surrounding HIV means that identifying children whose parents are accessing anti-retroviral therapy and living well with HIV as ‘young carers’ could potentially lead to the inadvertent disclosure of a parent/relative’s HIV status and further stigmatisation, both for themselves and their parent/relative living with HIV.

However, these issues need to be balanced with the potential advantages for some children of being identified and labeled as ‘young carers’. The term may help to recognise and value the significant contributions children make and their roles and responsibilities in providing unpaid
care for family members. Identification of this group of children may also help to facilitate access to community-based interventions, to opportunities for peer support with others in similar situations and enable links to be made with advocacy and lobbying around the needs and rights of carers at the national and global scales. As experiences in the UK have demonstrated, when young people themselves acknowledge and value the label, it may lead to a sense of empowerment, peer support and the emergence of collective identities which may provide the basis for mobilization and advocacy for the rights of young carers. Indeed, young people with caring responsibilities from the UK, Kenya, Rwanda and Tanzania who participated in the UK Department for Education and Skills (DfES) ‘International Symposium on Young Carers (Orphans and Vulnerable Children)’ in Nairobi, May 2006, formulated a series of recommendations for policymakers and practitioners, the first of which was to ‘Promote use of the term “young carers” as a positive and non-stigmatizing way of describing the reality of the role taken on by young people’ (DfES, 2006).

Becker (2007) argued that awareness of, and responses to the specific needs of young carers in Sub-Saharan Africa had not yet developed to the point where they could be characterized as preliminary, but rather were emerging, in his typology of levels of awareness and responses to young carers at the global level. He argues that the emerging category of responses is characterized as having an embryonic awareness of young carers as a distinct social group within the ‘vulnerable children’ population, since:

> there is virtually no official, professional or public recognition of the specific role and position of young carers, despite potentially millions of children being drawn into caring and other roles that go beyond ‘normal’ expectations of children’s labor within these societies (Becker, 2007: 41).

Indeed, despite the title of the DfES symposium and the admirable goal of bringing young carers and young adult carers, professionals and policymakers from the UK and Africa together to share experiences and learning, the aims of the symposium were explicitly framed within the dominant orphaned and vulnerable children discourse (DfES et al., 2006). Within the discussion sessions in which Ruth (first author) participated, no distinction was made between the specific experiences and needs of ‘young carers’ in comparison to the broader category of ‘orphans and vulnerable children’ that dominates policy and practice responses to the impacts of the HIV epidemic in Sub-Saharan Africa.

Given the stigma attached to the term ‘orphan’ in many African societies, the term ‘young carer’ may potentially offer a more positive label that recognizes young people’s active roles in contributing to their families and communities in Africa. It also could potentially shift the focus away from defining this group of children solely in relation to HIV and instead lead to recognition of the broad range of situations where young people may have additional caring responsibilities, such as where family members are affected by other chronic illnesses or disability, where parents/relatives have mental health problems or drug or alcohol use problems, as well as where young people care for siblings in child- and youth-headed/sibling-headed households (Evans, 2012).

In view of the potential value of identifying caregiving children as a specific group who may require support to ensure that care work does not result in negative outcomes, some modifications to Becker’s (2000) original definition of ‘young carers’ are suggested. The definition below recognizes the cultural specificities of familial and communal responsibilities and care needs in Africa and elsewhere in the global South:
Young carers can be defined as children and young persons under 18 who provide or intend to provide care, assistance or support for a relative or community member. They carry out, often on a regular basis, significant or substantial caring tasks and assume a level of responsibility that would usually be associated with an adult in particular cultural contexts. The person receiving care may be a parent, sibling, grandparent, other relative or community member who has a need for care, support or supervision which is related to an impairment, chronic illness, mental health problem or other condition. The need for care may also be related to a sibling’s/relative’s/neighbor’s young or old age and competencies (adapted from Becker, 2000: 378).

Implications for policy and practice
The perspective adopted by key stakeholders in relation to children's caring responsibilities may have significant implications for policy and practice. If a child labor abolitionist/child protection approach is adopted, the focus of policy and practice may be on preventing children being drawn into young caregiving in the first place and abolishing young caregiving. However, a 'young carers' child-centered rights perspective, accepts that children have familial caring responsibilities, which may have positive as well as negative effects on their lives. By implication, efforts should be focused on supporting children and alleviating the extent and nature of their care work. The danger is that a focus on preventing young caregiving results in a lack of support for young carers and further obfuscates the work they do in the private space of the home.

As discussed earlier, distinguishing between culturally appropriate caregiving responsibilities and child labor is difficult. NGO workers supporting children with caring roles in families affected by HIV in Tanzania held a relatively narrow view of child labor in terms of economic exploitation and children's substantial involvement in income-earning activities. Care work within the home was therefore not regarded as 'child labor', although NGO staff identified a number of potentially 'harmful' impacts on children's lives, including disruptions to their education, emotional distress and the potential risk of children becoming infected with HIV through their caring activities for a parent/relative with HIV (Evans and Becker, 2009). Even though the NGO staff did not consider young caregiving a form of child labor, they did recognize the potential 'harmful' impacts of young caregiving, which resonate with child labor legislation.

The lack of clarity in drawing a line between 'appropriate' or 'inappropriate' caregiving may explain why so little has been done to support caregiving children in sub-Saharan Africa. This was evident at a workshop in Nairobi, Kenya in 2011, where stakeholders from the NGO community and government came together to discuss a way forward to support young carers. At the meeting, a senior official from the Ministry of Gender, Children and Social Development in Kenya commented that, “advocacy and support for caregiving children must not be a backdoor entry into child labor” (Skovdal, Campbell, & Onyango, 2013:121-122). Through this comment, the Ministry representative not only linked young caregiving with child labor, but also alluded to a potential impact of this association, namely a fear that support for caregiving children could be seen as an endorsement of child labor. Such apprehensions may encourage public sector actors and agencies to err on the side of caution and adopt a more clear-cut abolitionist approach to children’s work (whether paid or unpaid), preventing the development of support services for the many children who are already providing care in communities affected by HIV. It could therefore be argued that legislation for one vulnerable group of children (namely those in hazardous employment) may lead to inaction and a lack of
legal protection and support for another group of children (‘young carers’ who are caring for sick and dying parents) (ibid.).

One alternative may be to intensify efforts aimed at preventing young caregiving. Whilst there are obvious benefits to strengthening health and social welfare systems in sub-Saharan Africa, it will take a long time, and many resources, before the necessary welfare infrastructure is in place to deal with the impact of HIV and disability on children’s lives. Moreover, young caregiving still takes place in countries such as the UK where ‘young carers’ have been recognized in legislation and policy and significant welfare and family support is available for disabled parents and young carers. There is also a risk that efforts to prevent young caregiving undermine cultural understandings of kinship care and familial responsibilities. Given the challenge of preventing young caregiving and the lack of political will to support young carers, informed by an abolitionist approach to child labor, there is a need for a more ‘regulatory’ approach to legislation (Bourdillon, White, & Myers, 2009). Such an approach needs to draw on local understandings and definitions of what constitutes culturally in/appropriate levels of caregiving by children and considers local realities and responses.

In a consultation process with 283 members of a Luo community in western Kenya, Skovdal and colleagues (2013) unpacked community perceptions of young caregiving and their recommendations on how best to support children with excessive caregiving responsibilities. Whilst community members felt that children should help out at home, and thought that this was important for their socialization, they also said, in agreement with the ILO, that children should not provide round-the-clock care and be unable to attend school. Community members felt that children who find themselves in such a situation should be supported through a multi-sectoral response involving local community groups (see Figure 1). This resonates with findings by Evans and Becker (2009), where community health workers highlighted the role of the community in supporting caregiving children:

‘The community around the person with HIV/AIDS should be involved in helping to lessen the children’s burden so that they may be able to have time for doing things like private study. This will also help relieve the worry and stress that children may experience. (home-based care worker, Tanzania; Evans and Becker, 2009)
Adopting a contextual, multi-sectorial response, as recommended by community members in western Kenya, and exemplified in Figure 1, would go some way towards alleviating the extent of children's care work and reducing negative outcomes – moving children along the continuum towards ‘lighter’ care work. Efforts that seek to support children with caregiving responsibilities must however be sensitive to the dangers of constructing caregiving children as ‘more deserving’ than other vulnerable children. It is therefore important to involve children and youth in the process, listening to their views and perceptions of caregiving and their needs, using this as the basis for identifying levels of vulnerability within specific socio-cultural contexts.

**Conclusion**

This chapter has explored the spatialities of children's rights through a focus on how children's paid and unpaid work in Sub-Saharan Africa and elsewhere in the global South intersects with wider debates about child labor, child domestic work and young caregiving. Several tensions surrounding the universalist and individualistic nature of the rights discourse are evident. Policymakers, practitioners, children and community members in many African countries have emphasized the importance of recognizing children's *responsibilities* to their families and communities, as well as their *rights*. The chapter has highlighted the limitations of ILO definitions of child labor and child domestic work and UNCRC concerns about ‘hazardous’ and 'harmful' work through consideration of the situation of children providing unpaid domestic and care support to family members in the private space of their own or a relative's home. Such work is often gendered as girls' responsibilities, due to assumptions about women's and girls' 'natural' nurturing roles within the private, domestic spaces. This can lead to reduced spatial mobility and perpetuate gender inequalities in access to education, health and social participation. Research from Tanzania (Evans and Becker, 2009) and Kenya (Skovdal et al., 2009) suggests however that boys are also involved in caring for family and community

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**Figure 1:** Pathways to a supportive and coping enabling social environment for young carers (Skovdal et al, 2013)
members when female relatives are not available, and thus young caregiving should not be associated only with girls.

The chapter has revealed the difficulties as well as the potential benefits of defining children undertaking care work for family and community members as a specific group. While the use of the term ‘young carers’ to refer to children with caring responsibilities is not without criticism in the global South, the chapter proposes a definition of ‘young carers’ that recognizes the diversity of kinship caring arrangements and children's reciprocal responsibilities to their families and communities in Sub-Saharan Africa. When used precisely to refer to a specific group, this definition could represent a potentially helpful way of recognising children’s active roles and responsibilities in supporting family members who have a need for care due to chronic illness, disability, young or old age and identifying their support needs. Identification of ‘young carers’ as a social group however should not preclude a research and policy focus on the views and experiences of disabled parents and relatives. Debates between disability theorists and young carers researchers in the global North (Keith and Morris, 1995; Olsen, 1996; Newman, 2002) as well as an ethic of care approach (Evans and Becker, 2009; Evans and Thomas, 2009) have revealed the importance of seeking to understand the perspectives of parents and relatives 'receiving' care as well as children 'giving' care.

Differing perspectives towards young caregiving have been adopted to date by policymakers and practitioners in East Africa, ranging from a child labor/child protection/abolitionist approach, to a 'young carers'/child-centered rights perspective. These differing perspectives have considerable implications for policy and practice, determining the level and nature of support and resources that children involved in care work may be able to access. A focus on abolishing child labor and preventing children from being drawn into young caregiving should not be used as a means of absolving government, development agencies and NGOs from taking responsibility to support the many children involved in care work and their families, since they are often living in chronic poverty and lack alternative sources of support.

Material, financial, healthcare, emotional and peer support targeted towards children and family members living with HIV, other chronic illnesses and impairments or those with age-related care needs, may help to alleviate the extent and nature of children's care work and move children along the continuum towards lower levels of caregiving and responsibility that are considered age and culturally appropriate, with no evidence of harmful outcomes on children's lives. A contextual, multi-sectorial approach to young caregiving is needed that seeks to understand children's, family members' and community members' perceptions of what constitutes in/appropriate caring responsibilities within particular cultural contexts and how these should best be alleviated. Research, policy and development interventions should therefore start from an understanding of children’s, parents’, relatives’ and community members' views and experiences and seek to provide holistic support, based on recognition and assessment of the interrelated needs of the person with care needs, children with caring responsibilities, other family and community members and wider support networks. This would help to foster the development of supportive, coping and enabling environments that seek to empower children, families and communities.
References


