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# Does gender influence children's and young people's caring? A qualitative, systematic review and meta-ethnography

Geraldine Boyle<sup>1</sup>  | Georgina Constantinou<sup>2</sup> | Rebecca Garcia<sup>1</sup>

<sup>1</sup>Faculty of Wellbeing, Education and Language Studies, The Open University, Milton Keynes, Buckinghamshire, UK

<sup>2</sup>Centre for Maternal and Child Health Research, City, University of London, London, UK

## Correspondence

Geraldine Boyle, Faculty of Wellbeing, Education and Language Studies, The Open University, Walton Drive, Milton Keynes, Buckinghamshire, UK.  
Email: [geraldine.boyle@open.ac.uk](mailto:geraldine.boyle@open.ac.uk)

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## Abstract

This qualitative, systematic review explored the influence of gender on children's and young people's caring roles. However, there was very limited research in this area. Eight studies were included and the synthesis yielded seven global themes. The meta-ethnography produced a higher-order concept—the gendered reproduction of children's and young people's caring. The review shows that children and young people are relied on as a caring resource in the global North and South. We emphasise that gender equality in caring, particularly among adults, is necessary to enhance the lifechances of girls and young women.

## KEYWORDS

equality, gender, meta-ethnography, young carers

## INTRODUCTION

### The predominance of female carers

Children and young people under the age of 18 who provide regular care and emotional support to a family member who is physically or mentally ill or disabled are referred to as 'young carers' (Clay et al., 2016). There are approximately 800 000 young carers in England and 376 000 'young adult carers'—16–25 years—in the UK (BBC, 2018; Carers Trust, 2021).

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Within families the caring role is generally allocated to girls, unless there are no daughters available (Barnardos, 2017; Becker & Becker, 2008; Eley, 2004). Research into the prevalence of caring among secondary school pupils in Glasgow (Scotland: 11–18 years) identified that more females were carers (Robison et al., 2020). Similarly, studies of young adult carers in the UK have shown these are predominantly women (Aldridge, 2018; Becker & Sempik, 2019; Brimblecombe et al., 2020). Other research internationally has also highlighted the predominance of female young and young adult carers. A prevalence study in Switzerland showed that girls were more likely to be young carers (Leu et al., 2018). Research in South Africa found that two-thirds of young carers of a parent or relative with AIDS were female (Cluver et al., 2012). Whilst Black, Asian or other ethnically diverse young people, especially females, are more likely to be carers, they often do not recognise themselves as such (Barnardos, 2019).

## Does gender influence caring?

A cross-national review of research into young carers noted that gender influenced whether they became involved in caring, although no other detail was provided (Becker, 2007). A study of the prevalence of caring among school children in England found that females also had more extensive caring roles (Joseph et al., 2019). Similarly, research into children's and young people's caring in the UK (14–25 years) showed that females provided a higher level of care (Becker & Sempik, 2019). A national study of the lives of young carers in England (5–17 years) found that 14% were caring for four or more hours daily during school or college terms (Department of Education - DOE, 2017). Other research showed that most teenage carers (13–14 years) cared for five or less hours per week, but some provided high or excessive levels of care (even 100 h weekly), although any gender differences were not reported (Children's Society, 2013).

As regards whether young people are given a choice over the caring role, research into the impact of caring for a parent with dementia on the well-being of 12 young people in the UK (11–18 years) indicated that 'for many (that) they had no choice but to care' (Svanberg et al., 2010, p. 743). This suggests that the caring role is usually allocated and acquired, rather than actively sought. As a result, young and young adult carers, especially females, may feel obligated to take on this role (Bolas et al., 2007). The England study did not investigate whether young carers had any freedom of choice, but many parents were keen to reduce the caring demands their children experienced (DOE, 2017).

## Gendered caring and identity and agency

The research to date has given little attention to the impact of gendered caring on children's and young people's emerging identities and agency. A meta-synthesis of research showed that they experience tensions between the need to enjoy childhood or adolescence and take on caring responsibilities, and between adopting a caring identity and identifying with one's peers. Fundamentally, being a carer can limit their opportunities for exploring alternative identities and futures (Rose & Cohen, 2010).

Research into the agency of young (or young adult) carers—albeit the concept is often implicit—has explored whether they had a choice in taking on the caring role and its effects on their broader life choices, for example, education and employment (Heyman, 2018;

Svanberg et al., 2010). As caring can constrain young people's aspirations and achievements, their lives are more accurately characterised by 'bounded agency' rather than freedom of agency (Hamilton & Adamson, 2013). Yet, whether this agency takes gendered forms or if there are is a differential impact on females' agency is usually overlooked. Becker and Sempik (2019) found that 29% of young adult carers who had previously attended college or university dropped out due to the caring demands, indicating that caring can result in poorer educational outcomes, but gender differences were not examined. Brimblecombe et al. (2020) compared the employment outcomes of young adult carers with non-carers (16–25 years) between 2013 and 2017 and found they were more likely to be female and have lower educational qualifications. In addition, a higher proportion of those who were carers at baseline were unemployed or economically inactive at follow-up, compared to non-carers, illustrating the negative effects of young people's caring over time. Yet, there was little recognition here that under-attainment in education and employment reflects the particular constraints that caring imposes on young women's agency.

## Gendered caring and health and well-being

Seven per cent of young carers in England (11–17 years) rated their health as bad or very bad (DOE, 2017). Almost half of the respondents in the Becker and Sempik study (Becker & Sempik, 2019) had mental health problems, more common in females. Longitudinal research also showed that young adult carers had worse physical and mental health than non-carers at follow-up, highlighting the long-term effects of caring on health (Brimblecombe et al., 2020). However, the literature has given insufficient consideration to gender differences in health and well-being and their implications.

## Are research priorities in this area 'gender-blind'?

An international review of research into young people's caring acknowledged that it is a 'heavily gendered activity' (Joseph et al., 2019, p. 85), but the authors did not attempt to identify gender-related gaps in the literature. A cross-national study of policy and service responses to young carers—including the US and Canada—highlighted the importance of in-country research for driving policy change, but made no reference to gender (Leu & Becker, 2017). Yet, the World Health Organization (2013) has highlighted the need to take account of gender when improving population health.

Overall, the research has viewed children and young people who care as a homogeneous group, with little regard for their gendered needs or the consequences of gendered expectations in society for their well-being. Indeed, a systematic review of young carers of relatives with a chronic illness highlighted that gender was 'disregarded' in the studies reviewed (Chikhradze et al., 2017, p. 13). Consequently, a review of 25 years of research and policy relating to young carers concluded that research is needed into the impact of gender on their transitions to adulthood (Aldridge, 2018).

To identify what specific research is required, this systematic review and meta-ethnography provides a comprehensive synthesis of qualitative research which investigated the influence of gender on the caring experiences of children and young people and its related impact on their identity, agency and well-being.

## RESEARCH QUESTIONS

The FINER model was used to develop the research questions (Hulley et al., 2007). The review answers the following *primary research question*:

Does gender influence the involvement and health-related outcomes of children and young people caring for an ill or disabled parent or family member?

The *secondary research questions* are:

1. How does gender influence children's and young people's involvement in caring?
2. How does the caring role impact on the children's and young people's emerging gender identities and agency?
3. Does the caring role have a particular impact on girls' or young women's health or well-being?

## METHODS

A qualitative systematic review and meta-ethnography were conducted to enable us to develop in-depth and theoretically informed insights into the relationship between gender and children's and young people's caring. Qualitative data are most appropriate for examining the nuanced dimensions of gender relations, particularly from the perspectives of individuals themselves. Meta-ethnography is a method of synthesising data from qualitative studies in order to develop a new conceptual understanding of a phenomenon (Allen, 2017). It involves re-interpreting the conceptual data produced by the original authors, whilst at the same time taking into account their primary data. A translation synthesis method is used to transcend the original findings and create higher-order themes, providing a novel interpretation (Atkins et al., 2008; Noblit & Hare, 1988; Sattar et al., 2021).

We used the enhancing transparency in reporting the synthesis of qualitative research statement (ENTREQ) for the preparation of the protocol and study reporting (Tong et al., 2012). PROSPERO was searched (30 June 21) to ensure a similar systematic review or protocol had not previously been registered. No related systematic reviews were identified in Cochrane Library (7 May 21), Google Scholar, Psychinfo or CINAHL. The protocol was registered on the PROSPERO database (2 July 2021).

Qualitative synthesis methods were used to integrate the evidence from the included studies and develop interpretative insights. The data synthesis consolidated the existing knowledge, identified gaps in the literature and informs the agenda for future research (Ndarukwa et al., 2019).

### Study selection

We focused on qualitative designs (see below); mixed-methods studies were included if the qualitative component was relevant. Studies were from the UK or international; English language only. The timeframe for publication was 2009–2021, to ensure the currency of the research.

The SPIDER criteria were applied as follows (Cooke et al., 2012).

#### Sample

Children or young people under 25 years who were caring for an ill or disabled parent or family member (or partner), irrespective of whether they were labelled or self-identified as 'carers'.

### Phenomenon of interest

The influence of gender on the caring experiences, identity, agency and health and/or well-being of children and young people, particularly for females.

### Design

Case studies, grounded theory, phenomenological studies, ethnographic methods, narrative inquiry, studies using qualitative data collection methods (such as interviews, focus groups and questionnaires).

### Evaluation

Gendered assumptions, norms, behaviours, actions and practices manifested in caring roles, relationships and tasks (including the provision of physical, emotional and/or financial support) and how these related to any differential impact of caring on children's and young people's identity, agency and/or physical or psychological health (or mental health) or well-being. Single-gender studies were included.

### Research type

Studies to be selected included qualitative mono-designs, the qualitative component of a mixed-methods study, related systematic reviews and grey literature.

## Search strategy

The seven databases searched were:

- Pubmed
- PsychINFO (Ovid)
- Cumulative Index to Nursing and Allied Health Literature (CINAHL)
- SCOPUS
- Proquest
- Google Scholar (search string was limited to 11 words)
- Web of Science

The search strategy was created collaboratively by a team with expertise in systematic reviews. Specific search phrases and terms were used in combination with Boolean syntax. Key terms may be country-specific—'youth caregivers' is used instead in the United States (Lewis, 2021).

### *Search string*

'young carers' or 'teen carers' or 'child as caregivers' or 'children as caregivers' or 'Young adult carer' or 'Young adult caregiver' or 'young caring') AND (Gender or 'gender roles' or 'Gender Stereotypes' or 'Gender Norms' or Male\* or Female\* or Boy\* or Girl\* or Sex or 'gender inequality') AND (Identity OR Agency OR Autonomy OR Choice OR Roles OR Responsibilities OR Tasks OR Duties OR Chores OR Well-being OR 'Physical Health' OR 'Mental Health' OR 'Psychological Health' OR 'Psychological Outcomes'.

Grey literature were searched using Social Care Online and Google Scholar. The reference lists of the included papers were screened to identify further relevant research. A PRISMA flowchart was produced to show the number of records at each stage of the search (Diagram 1).

### *Inclusion and exclusion criteria*

(see Table 1)

**TABLE 1** Inclusion & exclusion criteria

Inclusion criteria	Exclusion criteria
Young carers or young adult carers (under 25 years) of an ill or disabled parent or family member (or partner)	Carers 25 years or over
Children and young people (under 25 years) caring for an ill or disabled parent or family member (or partner), even if they were not identified as informal carers	25 years or over
Qualitative studies; qualitative component of mixed-methods study or related systematic reviews	Quantitative studies
Where the influence of gender on the caring involvement, identity, agency and/or health or well-being of children and young people is explored	The influence of gender or sex was not explored in the study (beyond the initial reporting of the gender/sex mix of the sample)
Mixed-gender/sex studies; Single-gender/sex studies	Gender or sex of participants not stated
Articles published from 2009	Articles published before 2009
Articles published in English	Articles published in languages other than English
UK or international research	

## Data extraction

Data were independently extracted by two review authors from eligible studies onto a data extraction form and populated with variables of interest pertaining to the study population (G.C. and G.B.). The extracted papers were checked and verified by the third review author (R.G.). An adapted data abstraction format was used (Aromataris & Munn, 2017). Study characteristics extracted were the name of the first author, year of publication and country in which the study was conducted. Specific study details including the research design, study population, sample size and sampling and data collection methods were captured.

## Quality appraisal

The papers selected for inclusion were critically appraised by two reviewers (G.C. and G.B.). The critical appraisal checklist for qualitative research was used to assess the quality of the study design, conduct and reporting and the validity of the findings (Joanna Briggs Institute, 2020). The studies included met the majority of the criteria; one study met all of the criteria (Stamatopoulos, 2020). Information on the study design and conduct was limited in some papers, such as the research paradigm adopted and the choice of fieldwork settings (for example, Skovdal, 2011).

## Data synthesis and analysis

Findings from the included studies were synthesised narratively, with all the authors contributing to this process (Popay et al., 2006). The substantive data analysis was conducted using a meta-ethnography method. The preliminary synthesis involved describing the selected studies



and their findings and identifying any patterns across the studies (Dixon-Woods et al., 2005). For the main synthesis and analysis, we determined how the studies were related; translated them into one another and synthesised the translations (Noblit & Hare, 1988). This involved mapping the key themes and concepts across studies; identifying and explaining any contradictions and building a general interpretation based on the data (Dixon-Woods et al., 2005).

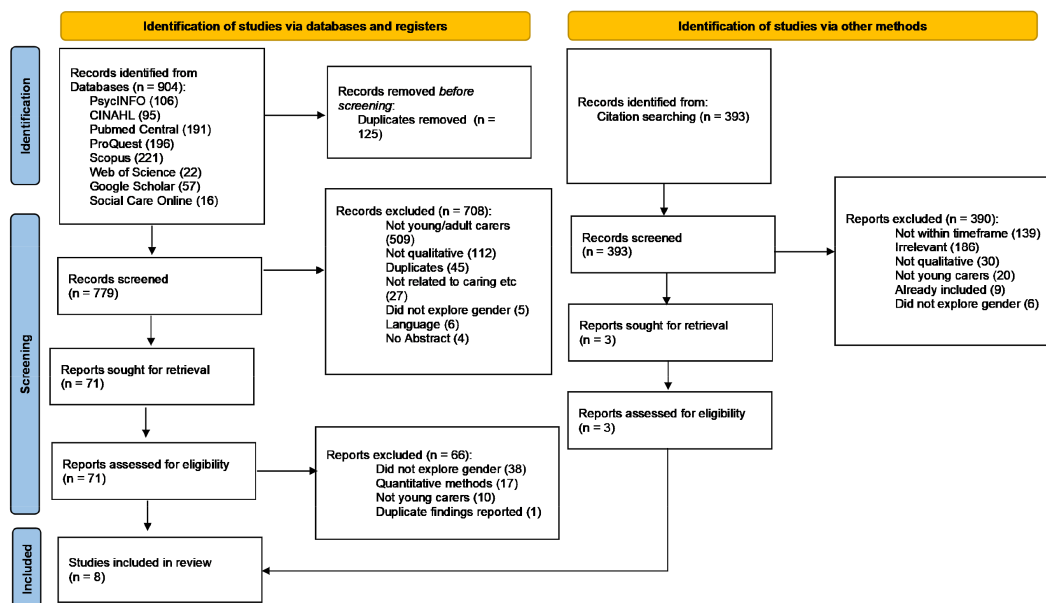
## FINDINGS

### Study selection and characteristics

Database searches identified 904 papers for review. Prior to screening, 125 duplicate papers were removed. The remaining 779 papers were reviewed by title and abstract (G.C. and G.B.). Of these, 708 did not meet the inclusion criteria and were excluded (for example, the samples did not include young or young adult carers; there was no qualitative component). The remaining 71 were retained for full-text screening, but 66 were excluded (for example, the influence of gender was not explored). The reference lists of the five included papers were hand-searched, identifying a further 393 papers to be screened by title and abstract (G.C.). Of these, 390 did not meet the inclusion criteria (for example, they were not published within the required timeframe). The other three studies were included in full-text screening (conducted by G.C. and G.B.). In total, eight studies met our inclusion criteria (see [Diagram 1](#)).

### Geographical locations

The eight studies were undertaken in the global North and South, within urban and/or rural locations (particularly rural Africa). Three studies took place in England (Boyle, 2020; Clay et al., 2016;



**DIAGRAM 1** PRISMA 2020 flow diagram of searches & study selection. Page et al. (2021). [Colour figure can be viewed at [wileyonlinelibrary.com](https://onlinelibrary.wiley.com)]

Williams, 2012); one study was conducted in Canada (Stamatopoulos, 2020). Three studies were located in East Africa—two in Kenya (Olang'o et al., 2012; Skovdal, 2011) and one in Zambia (Day & Evans, 2015). One study was conducted in the UK and Tanzania, East Africa (Evans & Becker, 2009).

## Research methodologies

A range of qualitative designs was evident in the studies selected, including Interpretative Phenomenological Analysis (Williams, 2012); participatory methodology (Evans & Becker, 2009); mixed methods (Clay et al., 2016; Day & Evans, 2015; Skovdal, 2011); exploratory design (Boyle, 2020); focus groups (Stamatopoulos, 2020) and secondary analysis of ethnographic data (Olang'o et al., 2012).

## Study settings

Fieldwork for the studies was usually undertaken in family homes, organisational settings and/or community centres. The study settings were not specified in Skovdal (2011); Williams (2012) or Day and Evans (2015).

## Characteristics of young participants

Although a number of studies recruited a mix of participants, including family members and staff, only the young participants are reported here (see Table 2). The young and young adult carers were aged 6 to 24 years (and older), illustrating that caring can begin in early childhood. In line with qualitative designs, the sample sizes were generally small ( $n = 7$ –48 participants). The majority of them were female, although males were more common in the Africa studies. The selected studies reported the gender make-up of the samples and some gender-related differences in caring experiences, but they were not specifically designed to examine the influence of gender on young people's caring. However, a minor research question in Stamatopoulos (2020) investigated whether there were any gendered patterns in youth caring.

Most of the samples were recruited via statutory and/or non-governmental organisations, as well as through community leaders in Africa. With regards to the ethnic make-up of the samples in the global North and South, the former were primarily White (often British) and the latter were Black African. However, ethnicity was not reported in a few studies.

## The people they cared for

The four studies located solely in the global North consisted of participants caring for people with long-term or life-limiting illnesses or disabilities (Boyle, 2020; Clay et al., 2016; Stamatopoulos, 2020; Williams, 2012). Three studies in East Africa and one study in Tanzania and the UK related to the care of people with HIV or AIDS (Day & Evans, 2015; Evans & Becker, 2009; Olang'o et al., 2012; Skovdal, 2011).

The young participants cared for parents, siblings, relatives or unrelated persons. It was more common in East Africa for them to be caring for siblings on their own, when they had been orphaned due to AIDS (for example, Evans & Becker, 2009). They occasionally cared for an

TABLE 2 Key characteristics of study and young participants

Study authors, year of publication, location	Study aim	Sample size & gender	Ages of young or young adult carers (years)	Methods
Boyle (2020) England	To examine the moral resilience of young adult carers	15: 10 females; 5 males (f & m)	16–23	Focus groups & interviews
Stamatopoulos (2020) Canada	The benefits and challenges of youth-based caregiving	15: 12 f; 3 m	15–18	Focus groups & 1 interview
Clay et al. (2016) England	The characteristics of young carers & the impact of caring	24: 14 f; 10 m	6–17	Family discussions & observations, interviews with carers
Day and Evans (2015) Zambia	Young people's transitions to adulthood and the influence of caring	15: 9 f; 6 m	14–30	Semi-structured interviews & life mapping methods
Williams (2012) England	Adolescents' psychosocial and support needs when they have an ill parent	7: 5 f; 2 m	17–19	Mixed-methodology study; qualitative component was an Interpretative Phenomenological Analysis study - interviews
Olang'o et al. (2012) Kenya	The situations of children caring for a relative with HIV-related illness	19: 12 f; 7 m	10–18	Secondary analysis of ethnographic data. Interviews, participant observation, focus groups & children's narratives
Skovdal (2011) Kenya	To understand children's caring experiences	48: gender not specified	12–17	Methods included drawing, Photovoice, interviews & group discussions
Evans and Becker (2009) Tanzania & UK	The complexities of young caregiving in the context of HIV	33: Tanzania - 14 f; 8 m; UK - 9 f; 2 m	9–24	Semi-structured interviews, focus groups and participatory methods, including diaries

orphan or older person from the community (Skovdal, 2011), whereas this was unusual in the UK. Sometimes the participants cared for more than one person at a time or as they grew older, whether in the UK or Africa. Young or young adult carers were frequently caring in lone-parent families, often for an ill or disabled mother (Clay et al., 2016; Evans & Becker, 2009).

## Synthesising themes and concepts

Eighteen key themes were identified across the eight studies (Table 3), producing the overarching theme: why children and young people were caring and how this impacted on their lives. The key themes were condensed into seven global themes, as follows: any explanations for the caring role; children's and young people's caring responsibilities; benefits and challenges of young caring; the carer identity; transitions to adulthood and how young and young adult carers' needs might be addressed. Notable concepts identified in the studies which related to gender and caring were mapped against these global themes. The gender-related findings in the studies were then aligned with the relevant themes and concepts:

### Explanations for the caring role

Girls and young women were more likely to be designated as carers, reflecting the norm whereby caring has traditionally been viewed as women's domain (Boyle, 2020). Social conventions regarding appropriate roles for girls and boys influenced parents' preferences about who should

TABLE 3 Key themes from selected studies

Theme	Authors
Diverse ways that children (and families) are affected by HIV & AIDS in households	Evans and Becker (2009)
Care recipients (who children cared for); Pathways to young caregiving	Skovdal (2011)
Reasons why children become the principal caregiver; Caregiving responsibilities; Problems facing the child caregivers	Olang'o et al. (2012)
Information Needs; Support Needs; Need for Acknowledgement; Need to be Them-Self	Williams (2012)
Young people's socially constructed transitions to adulthood; Coping with unpredictable family changes & life transitions	Day and Evans (2015)
Promoting access to support for young carers	Clay et al. (2016)
High versus low level caregiving; Recognition versus rejection; Positive versus negative consequences of caregiving Approach versus avoidant coping	Stamatopoulos (2020)
Moral identity and agency of young adult carers	Boyle (2020)

care (Evans & Becker, 2009). This was particularly the case in England (Clay et al., 2016) and Canada (Stamatopoulos, 2020), but somewhat less so in East Africa (Olang'o et al., 2012).

Whether the young person was the primary carer or shared the care, particularly with an adult, was influenced by the family structure and household composition. Within the UK and East Africa, lone mothers who were ill or disabled often had to rely on their children as carers (Clay et al., 2016; Evans & Becker, 2009). In contrast, when fathers were ill or disabled, particularly in the UK, there was usually a female adult (a wife or mother) who shared the caring responsibility with the child or young person (Clay et al., 2016).

Gender was more important than birth order in influencing which siblings became carers. As older boys in Tanzania—particularly the eldest sibling—generally left home when they became adolescents, they were not available to care for their fathers. In contrast, their sisters were expected to remain at home to care for family members, including their father or other male relatives (Evans & Becker, 2009).

There was a preference for gender matching between the care recipient and carer in the provision of personal care (Day & Evans, 2015; Evans & Becker, 2009; Olang'o et al., 2012). In Tanzania, a sister or female neighbour was often asked to bathe a mother with HIV, even if a son provided the rest of the care (Evans & Becker, 2009). Ordinarily, females in Kenya were expected to provide nursing care to their mothers and males would bathe their fathers, unless there were no female family members to assist (Olang'o et al., 2012). These gender-matching norms in Kenya also prevented a woman providing care to an adult son (Skovdal, 2011).

A common trend in East Africa was for girls to be 'sent to care' for relatives or unrelated members of the community, often at a long distance, requiring them to leave home for up to a year. The girls were viewed as a resource for the care of vulnerable family members, particularly if they were not in secondary school (since education was an investment) and had previous caring experience (Skovdal, 2011).

However, gendered constructions of care became more fluid in East Africa when there was a lack of alternatives. Boys' involvement in caring frequently depended on whether girls were available to provide care. Boys and girls in Tanzania provided care—sometimes including personal care—to their mothers or female relatives (Evans & Becker, 2009). In Kenya, when there were only boys at home, they performed all the tasks typically done by females, including bathing their relatives (Olang'o et al., 2012).

## Caring responsibilities

As well as influencing whether children and young people were designated a caring role, parents' gender assumptions also had an effect on their levels and types of caring duties. Female carers usually provided a higher level of care, evident in the UK, Canada and Tanzania (Evans & Becker, 2009; Stamatopoulos, 2020).

A gendered division of caring labour was common. Boys in England often undertook more physical or practical tasks, whereas girls provided personal care or emotional support (Clay et al., 2016). Other research in England showed that female young adult carers were also responsible for domestic tasks (Williams, 2012). Sometimes male and female young carers undertook a range of caring tasks, due to the absence of other children. As a result, many boys had developed practical and emotional caring skills, indicating that these abilities can be nurtured (Clay et al., 2016).

Girls were also more likely to undertake domestic tasks in Tanzania, whereas boys completed outdoor tasks. Nonetheless, boys undertook some duties traditionally perceived as women's responsibilities, including fetching water (Evans & Becker, 2009). In Kenyan households where there were girls and boys, the girls provided nursing care and undertook domestic tasks (Olang'o et al., 2012). However, when there were only boys, they took on all the domestic and caring duties. As boys avoided these tasks when they had sisters available, this indicated that it was not just parental assumptions but also young males' own preferences that determined the extent of their caring involvement (Olang'o et al., 2012).

Income-generation activities were common among boys and girls in Kenya, but these earned little income, particularly for girls. In Zambia, young males' caring role usually took the form of providing financial support (Day & Evans, 2015). Some girls in Kenya were pressured into sexual relations in exchange for financial favours in order to meet their basic needs (Olang'o et al., 2012). In England, when a parent was unwell, particularly if s/he had been a breadwinner, some young adult carers (male and female) contributed financially via employment (Boyle, 2020).

Most of the studies reviewed portrayed caring tasks in practical terms. However, the allocation of the caring role also involved assigning moral responsibilities. Since caring is primarily a female role, the bulk of the moral responsibility therefore fell to girls and young women (Boyle, 2020).

## Benefits and challenges of young caring

Young adult carers in England found it difficult to sustain friendships and 'ordinary' family life was restricted due to the caring role (Boyle, 2020). Young and young adult carers often experienced emotional illbeing, such as anxiety and depression (Clay et al., 2016). Williams (2012) suggested there were gender differences in the acceptable expression of emotions, in response to challenges faced. Whereas female young adult carers in England found release through talk and emotional expression (such as crying), young males did not know how to articulate their feelings to their peers. Instead, some of them expressed themselves via anger or behavioural problems (Clay et al., 2016). Of course, it is more socially acceptable for males to display anger, whereas appearing upset is commonly expected for females (Ragins & Winkel, 2011). In response to their parents' ill-health, female young adult carers in England expressed fears for their own health, whereas their male counterparts sought instead to achieve control over their health status by keeping fit (Williams, 2012). The studies reviewed mainly focused on the challenges associated with caring, but young adult carers in England also highlighted the affirmative aspects of their carer role, notably that it enhanced their relational abilities and compassion (Boyle, 2020).

## The carer identity

Children and young people in Kenya viewed caring as an alternative 'career', particularly as obtaining social recognition for this role provided them with a positive carer identity (Skovdal, 2011). Accounts from young adult carers in England suggested that their role gave them a strong moral identity (Boyle, 2020). Although girls have traditionally been socialised into being carers, whether in the global North or South (Boyle, 2020; Evans & Becker, 2009), gendered constructions of care were having to adapt in East Africa, in the absence of alternatives (Evans & Becker, 2009). However, Tanzanian boys who cared for their mothers often experienced bullying and ostracism

in their communities because they had transgressed culturally acceptable gender boundaries. This departure from feminine caring destabilised conventional definitions of masculinity (Evans & Becker, 2009). Young adult males in a UK study did not explicitly convey concerns about the impact of caring on their masculinity, but it was noted that the only participant who rejected the carer identity was male (Boyle, 2020).

## Transitions to adulthood

The caring role can affect young people's ability to complete socially expected transitions, especially education and employment (Day & Evans, 2015). The success of their transitions will both reflect and shape their emerging gender identities and agency. The demands of caring, combined with poverty, had a negative impact on children's and young people's education. In Zambia and Tanzania, they often dropped out of school because they struggled to pay for school fees and uniforms. As male education was prioritised, young women's education was more likely to be affected (Day & Evans, 2015; Evans & Becker, 2009). In England, young adult carers' education was disrupted when a family member was hospitalised (Boyle, 2020). Children and young people, particularly in East Africa, obtained paid work in order to supplement or even restore the family income. Whilst marriage or coupledness may also be an important transition, in Zambia, the need for carers forced some children out of school and into early matrimony, including coercing young males to marry prematurely so their wives could provide care (Olang'o et al., 2012).

## Addressing the needs of young and young adult carers

Governmental policies in the global North and South need to promote the well-being of young and young adult carers (Evans & Becker, 2009; Olang'o et al., 2012). Service providers should consider their gendered support needs, but also enable them to transition *out* of caring (Boyle, 2020; Clay et al., 2016). To this end, disabled and ill persons require adequate statutory support to avoid having to rely on youth caring (see also Alexander, 2020). A more fundamental societal response is necessary to promote equality, notably a balanced gender distribution in caring, especially among adults (Boyle, 2020).

## Integrative theoretical synthesis

The meta-ethnography involved re-interpreting key concepts identified in the selected studies, relating these to the overarching analytical theme (Liaseat & Loras, 2016) and the aim of the review. Five notable concepts which might explain the influence of gender on children's and young people's caring and any related impact on their well-being were highlighted. These concepts were unified to produce a higher-order concept—the gendered reproduction of children's and young people's caring.

## A caring resource

Children and young people are relied on as a caring resource in the global North and South, increasingly driven by the prevalence of ill-health, a lack of alternative family support and

the erosion or absence of health and social care services. It has long been recognised in the literature that women's caring is perceived as a societal resource (Twigg, 1989), but there is less acknowledgement that children's and young people's caring, especially by girls and young women, is also seen as a resource. Since females are viewed as the 'ideal' carers, they are guided into this role from an early age (Clifford, 2014). Young carers often progress to becoming young adult carers, such that caring occupies a significant part of their lives from childhood through early adulthood (Becker & Sempik, 2019). As adult carers are also mainly women, the social reproduction of female care is perpetuated throughout the lifecourse (Bezanson & Luxton, 2006; Office for National Statistics, 2013). Caring can be a positive dimension of children's and young people's lives, but they may also incur a penalty in terms of their well-being and lifechances (see also Becker & Sempik, 2019; Brimblecombe et al., 2020; Heyman, 2018). Given that girls and young women are more likely to be carers, their opportunities are markedly reduced.

### 'Natural' carers

Females were traditionally assumed to possess innate caring qualities and skills (Graham, 1983) and they continue to be assigned the caring role, in the main (see also Becker & Sempik, 2019; Joseph et al., 2019). Nonetheless, there has been some ungendering of caring, particularly in East Africa. Pressures linked to poverty and a lack of family support or services have prompted societies to reconsider gendered norms regarding the division of caring labour. Notably, some boys were undertaking domestic and personal care tasks and had developed emotional caring skills (see also Joseph et al., 2019 – UK). As there was evidence that boys could be socialised into being carers, albeit they were given more freedom to avoid this role or limit themselves to practical tasks, there is scope for societies to further develop the caring skills of males. Although men already engage in masculine forms of care, particularly as providers or protectors (Tronto, 2013), they may not engage in direct caregiving, thereby reinforcing the gendered division of care labour (Jordan, 2018). Yet, increasing adult male caregiving would help to reduce the caring demands on children and people.

### Gender matching

Gender matching between the care recipient and carer in the provision of personal care was preferred (see also Rose & Cohen, 2010). Yet, some young males in East Africa had to take on these tasks because there were no females available. Personal care consists of a range of tasks, including help with eating, mobility and medications (Care Information Scotland, 2020). However, it may also include intimate care such as dressing and bathing, an issue which raises particular concerns when children are caring. There is a statutory duty in England to protect children from 'inappropriate' caring, including providing intimate personal care (Department of Health and Social Care, 2010). More broadly, all societies should endeavour to protect children from the need to provide intimate personal care to adults.



## Emotions and caring

The authors of the included studies frequently highlighted the difficulty of recruiting young men. This partly reflects the predominance of girls and young women as carers (Aldridge, 2018; Becker & Becker, 2008), but also the reluctance of males to express their feelings on personal issues. Gendered assumptions about the acceptable expression of emotions persist, with the result that young male carers may struggle to articulate troubling thoughts and feelings (such as worry and helplessness) to their peers or others (Williams, 2012). In contrast, they may display anger (Clay et al., 2016)—a more ‘normalised’ emotional expression for males (Chaplin, 2015). Similarly, research in England into young men’s experiences of manhood found they experienced pressure to conform to masculine stereotypes and felt it was ‘unmanly’ to admit to emotional issues (Robb & Ruxton, 2018).

Yet, caring requires an emotional orientation to the other (as well as to oneself) (Rummery & Fine, 2012). The traditional view of caring as both a feminine quality and function has led to young males being reluctant to engage in caring, including caring conversations and, to some extent, emotional care. This also limits their availability as a future resource for care. It was suggested that there has been a partial shift in society from hegemonic to ‘caring masculinity’, but research into the experiences of adult male carers has shown that the concept of caring remains ‘intimately bound up with female identity’ (Hunter et al., 2017; Gollins, no date, p. 7). Similarly, care work involving emotions continues to be perceived as an essentially feminine act (O’Keeffe, 2018). Thus, young men are still expected to demonstrate stereotypical masculinity (Robb & Ruxton, 2018), which devalues caring. Indeed, men’s sexuality may be questioned if they demonstrate femininity through nurturance and care; yet, their caring skills are doubted when they display masculinity via emotional distance and control (O’Keeffe, 2018). A wider debate is therefore needed in society in relation to the benefits for young men of talking about caring for themselves and others, but also ‘doing’ care.

## Caring as a moral responsibility

The designation of the caring role within families and communities also involved assigning moral responsibilities. The moral actions of the young and young adult carers reflected a desire to provide compassionate care (Boyle, 2020). Yet, societies place a greater expectation on women to demonstrate moral attentiveness, including via caregiving. Therefore, the bulk of the moral responsibility falls to girls and young women, compounding existing gender inequities. Although academic debate has highlighted gender inequalities in adult caring, little attention has been given to gendered care inequities among siblings (Boyle, 2020). However, research into how children and young people develop values and demonstrate moral agency has shown that they regard equality as a moral good and seek to address inequality (George et al., 2021). Nonetheless, gender equality concerns in youth research have primarily focused on educational attainment (for example, Commonwealth Education Hub, 2016). Yet, the gender inequity inherent in young people’s caring and its markedly negative impact on girls’ and young women’s future lives requires urgent academic and policy attention. Fundamentally, there is a need for males, particularly adult men, to be more involved in caring and to act as model carers for their sons. Since the assumption that females possess a stronger orientation towards caring for others varies across societies (Skoe et al., 1999), this indicates that socialisation has a key role in nurturing male caring in order to promote equality. Similarly, van de Sand et al. (2018) stated that engaging men and boys in caring is key to achieving gender justice.

## Limitations of studies

Most of the study participants were recruited via statutory and/or non-governmental organisations. As a result, the experiences of 'hidden' young or young adult carers who did not access services were under-represented (Stamatopoulos, 2020). Since recruitment was generally via self-selection, youth who were reluctant to share their experiences may not have taken part (Williams, 2012). As young or young adult carers who are too busy to take part in research may also be the most vulnerable (Skovdal, 2011), the use of audio or video diaries might facilitate their participation. The inclusion of young people from diverse ethnic groups and the reporting of ethnicity needs to be enhanced in UK research. Although some study authors noted the limitations of small samples, qualitative research is not aimed at generalisability (Boyle, 2020; Olang'o et al., 2012). Study limitations were not reported in two papers (Clay et al., 2016; Day & Evans, 2015).

With regards to limitations noted by the review authors, only eight studies met the criteria for inclusion in this qualitative review. As there was just one longitudinal study (Olang'o et al., 2012), the long-term effects of caring on children's and young people's lives are under-researched. There was a notable lack of research into children's and young people's agency and their identities, beyond the carer identity. Our review did not specifically address caring for siblings. As the focus on qualitative literature limited the use of the overall evidence, quantitative data may have further informed on the health of young carers. Since the studies were not designed to investigate the influence of gender on children's and young people's caring roles, this topic requires urgent qualitative research to enhance our understanding of the impact of gender inequality in early life.

## CONCLUSIONS

Given the dearth of studies in the review, much of the international research to date has been 'gender-blind'. However, the selected studies have illustrated the gendered reproduction of children's and young people's caring which occurs across societies. Applying a gender lens to the empirical evidence has revealed how the discriminatory gender norms which contribute to unequal caring responsibilities in adulthood, reproduced across generations, and are instigated in early life (Camilletti et al., 2018). A partial shift to a 'caring masculinity' might be underway, but since men may not engage in direct caregiving and boys are similarly permitted to avoid this role or its integral caring tasks, the gendered reproduction of caring is largely preserved. Yet, because the literature in this area is mainly psychological or health focused, there is a lack of recognition therein that young females' unpaid care work is a concern for gender equality (except for Boyle, 2020). Although the gendered division of domestic and caring labour among adults has long been recognised (for example, Boyle, 2013; Hoff, 2015), the gender analysis presented here has previously been absent in the literature on children's and young people's caring. As a result, there has been little or no consideration given in social policy, even in the UK, to the gendered nature of youth caring, particularly its negative impact on girls' and young women's lifechances. Yet, the United Nations (2018) highlighted the need for concerted action by governments and civil society to achieve female empowerment and gender equity. Recognising the substantial care undertaken by girls and young women across the globe is a prerequisite to reducing and redistributing this work (van de Sand et al., 2018). To this end, the socialisation of boys requires a stronger emphasis on their development of caring skills and a recognition of the value of giving (not just receiving) care. Qualitative studies which examine the longitudinal impact of children's and young people's caring on their adult lives, particularly for

females from diverse ethnic groups, are also needed to address the evidence gap. More fundamentally, academic research should acknowledge the gendered dimensions of caring in early life and inform policy change aimed at achieving gender equality across the lifecourse.

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## CONFLICT OF INTEREST

There are no financial or commercial conflicts of interest. Note: one of the review authors was also the author of a paper included in the review (Boyle, 2020). However, she was not involved in its appraisal—this was conducted by the other two review authors.

## DATA AVAILABILITY STATEMENT

n/a.

## ORCID

Geraldine Boyle  <https://orcid.org/0000-0002-8185-1354>

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## AUTHOR BIOGRAPHIES

**Dr. Geraldine Boyle** is a Senior Lecturer in Health. With a background in healthcare and social policy, her research interests focus on the personal lives of women and men living with challenging conditions and those who support them, including the gendered and ethical dimensions of caring.

**Georgina Constantinou** is a Research Assistant with a background in health psychology. Her previous research explored the lived experiences of families caring for children with life-limiting illnesses. Her current research focuses on women's experiences of Group B Strep testing in pregnancy.

**Dr. Rebecca Garcia** is a Lecturer in Adult Nursing with an academic background in health psychology. Rebecca's health services research focuses on the influence of health beliefs on health behaviours. She has an interest in inequalities during pregnancy and childbirth that result in adverse outcomes.

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