Chapter Title: Care labour and temporal vulnerability in woman—child relations

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Book Title: Feminism and the Politics of Childhood

Book Subtitle: Friends or Foes?

Book Editor(s): Rachel Rosen, Katherine Twamley

Published by: UCL Press. (2018)

Stable URL: <https://www.jstor.org/stable/j.ctt21c4t9k.16>

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Care labour and temporal vulnerability in woman–child relations

Gina Crivello and Patricia Espinoza–Revollo

Introduction

In this chapter, we use ‘care labour’ as a lens to theorise relations between women and children, and to identify potential intersections and antagonisms between feminism and the politics of childhood. While care is widely recognised as a universal feature of human experience, and closely related to the concept of vulnerability, it remains a highly politicised topic in both research and policy. Indeed, the politics of feminism and the politics of childhood appear more likely to clash than they are to coalesce when it comes to ‘care’ on account of the perspectives of *either* women *or* children being advocated, and weak integration of gender and generational approaches.

Over the past four decades, feminism has inspired multiple, overlapping strands of academic research into care and unpaid work. A major contribution was to reject the view of care as a natural expression of (female) altruism located within the family and separate from individual self-interest and the marketplace.¹ Much of this research was developed through the points of view of women – as mothers, unpaid carers and underpaid service providers in places like the USA, UK and Europe. Feminists writing in the 1970s promoted a view of *care as burden* through their critique of housework and of women’s socially-assigned duties for childcare.² Of chief concern was the sexual division of labour between men and women, with a particular interest in the relationship between women’s reproductive roles and their oppression within the context of patriarchal capitalism.³ The figure of the child has remained ever-present

in feminist theorisations of care, yet somehow secondary, reflecting the tendency of feminist approaches to emphasise adult gender relations and women's identities and interests.

This chapter asks: is it possible to create a conceptual frame of care relations that takes both women and children into account, one that does not *de facto* hold one group's needs, views or rights above the other's? Our response is a call for greater attention to the temporal aspects of care and of vulnerability – in particular, to dimensions of the life course and to generational relations.⁴ To this end, we use the concept of *temporal vulnerability* developed by the political philosopher Janna Thompson to describe the generational dependencies that exist between past, present and future generations.⁵ In Thompson's view, humans are vulnerable as temporal beings 'subject to the changes that time brings'⁶; this includes the 'vulnerability that the very young possess in respect to older generations and the very old in respect to those who are younger'. Missing from Thompson's account, however, is due attention to the way 'time' (age/generation) intersects with other salient social differences, such as gender, class and location, to create vulnerability. We extend the notion of 'temporal vulnerability' to think through care relations and inequality across three temporal dimensions: childhood (as a socio-biological phase in the life course); care trajectories (biographical change); and generational relations. We do so by asking: How do care and vulnerability figure into the social construction of childhood? What affects children's experiences of care/caring across time? How is the management of care and vulnerability shared between the generations, and between women and children?

By infusing time, temporality and vulnerability into our theorisation of 'care' in woman-child relations, our aim in this chapter is two-fold. First, we seek to challenge the implicit assumptions in both research and practice around childhood that children are essentially vulnerable and passive – in contrast to the active, protecting and responsible adults in relation to them.⁷ Such understandings reflect an idealised vision of modern Western childhood, defined as a time of innocence free from responsibilities.⁸ Child-adult relations in this view tend to 'exclude consideration of the cultural and social context in which vulnerability is constituted and to render children's own understandings of themselves and their bodily experiences as unimportant.'⁹

We demonstrate the diversity and complexity of care relations and children's roles by referring to evidence from *Young Lives*,¹⁰ a longitudinal, multi-generational study of childhood poverty taking place in four low- and middle-income countries. The analysis illustrates the crushing

effects of poverty on adults' capacities to care for the young and the need for intergenerational mutuality as a strategy for personal and collective survival. Girls and boys in many parts of the world contribute unpaid care labour to their families, yet their roles as social actors in care relations remain marginal within feminist care literature.

Second, we aim to decentre 'the child' in woman-child care relations, thereby opening the possibility of addressing the social and economic injustices faced by both women and children. For this, we consider inequalities and the wider structural factors that contribute to care disparities across the life course and between the generations. We are motivated by feminists who work in politically and ethically informed ways on questions of care and justice.¹¹ Rather than pitting 'women's rights' against 'children's rights', we urge a greater appreciation for how these are connected. Social and economic justice for the young and for the old requires a view of lives as linked,¹² both *in* time and *across* time, a view that is reflected in the all-embracing definition of care provided by Tronto and Fisher:

a species activity that includes everything that we do to maintain, continue, and repair our 'world' so that we can live in it as well as possible. That world includes our bodies, ourselves, and our environment, all of which we seek to interweave in a complex life sustaining web.¹³

Our understanding of care as a necessary form of labour resonates with Rosen and Newberry's discussion of 'species-being' (Chapter 8) as 'the making of ourselves, others, and the world through our labour'. Our contribution to this literature is to complicate taken-for-granted assumptions that emphasise children as exemplars of vulnerability within care/labour processes. Temporal vulnerability, we contend, can fruitfully be applied to this task.

Feminist care ethics

Care ethics emerged as a distinct moral theory in the 1980s and represented a shift away from the casting of women as victims of oppression towards a positive framing celebrating women's 'difference' and maternal perspectives. Carol Gilligan's *In a Different Voice* (1982) was an early attempt to counter male bias in the field that perpetuated a view of women's inferior moral reasoning. Gilligan advanced the notion of an *ethic of*

care – a distinct female capacity for empathy, compassion, sensitivity and contextual judgement, one motivated by relationships, responsibilities and the desire to care for those who are dependent and vulnerable. In contrast, ‘masculine’ moral reasoning represented an *ethic of justice* associated with rationality, the universal and the abstract, stressing rights and rules. However, feminists operating closer to the justice paradigm rejected the natural association drawn between care and women since this suggested that women *should* be in charge of care, thus providing political justification to inequities in the distribution of unpaid work.¹⁴ Avoiding the accusation of female essentialism, a maternal perspective proposed ‘mothering’ and children as a paradigm for human relations *in general*; in this view, everyone, including men, has the capacity to become a ‘mothering person’¹⁵ (see Thomson and Baraitser, this volume). Others moved intentionally away from the language of ‘mothers’, as in Kittay’s (1999) dependency paradigm that focused instead on ‘dependency relations’ and ‘dependency workers’ and the injustices suffered by them in society.

Our thinking in this chapter is influenced by feminist scholars who have sought to resolve the tensions between ‘care’ and ‘justice’ perspectives by reframing care as a political project.¹⁶ The *political ethics of care* moved beyond gender and interpersonal relations and recast care as a fundamental human concern based in shared experiences of vulnerability. Unlike liberal notions of justice that assume individuals are independent and atomistic beings, the political ethics of care acknowledges that human relations are between unequal and interdependent persons. We are bound together by care since we are all at risk of being dependent on others for care at various points in our lives. According to Tronto, ‘It is time we began to change our political and social institutions to reflect this truth’; the truth being that care requires ‘time, financial and practical support and the recognition of choices’.¹⁷ In essence, care is an essential ingredient of justice.¹⁸

Despite the widened definition of care, children’s perspectives remained marginalised by a tendency to privilege the perspectives of those who *provide* care over the perspectives of those who *receive* it.¹⁹ There is little recognition of children’s agency within care relations and children are commonly included in the category of ‘dependents’, together with ‘the elderly, the sick, and individuals with disabilities’.²⁰

Next, we ask how an explicitly child-focused paradigm positions children with respect to care and to women, before exploring the potential of a stronger temporal framing of vulnerability to bring both children and women into the analytic frame of care.

Children, care and the politics of childhood

Over the past thirty years, the New Sociology of Childhood – which developed around the same time as feminist care ethics – has evolved into a rich blend of sociological, anthropological, geographical and educational approaches with an increasingly global reach. It emerged as a critique of the intellectual stronghold of developmental psychology in theorising child development as a series of universal sequential stages through which relatively passive children progress towards adulthood. The new sociological paradigm put emphasis on childhood as a social construction and on children's agency in their development and in their social worlds, placing children's perspectives at the centre of analysis.²¹ Although the field has not produced a distinct set of care theories comparable to 'feminist care ethics', numerous individual studies provide insights into children's diverse care worlds and their unpaid labour.²² Some studies emphasise children's care labour as an everyday part of learning responsibility, empathy and other pro-social skills, and of mitigating risks associated with poverty. Others echo feminist discourses of the 1970s and see children's care labour as a burden and a response to crisis. Indeed, much of the work that girls and boys undertake is hidden within the home and often not recognised as care or labour.²³ The everyday language of 'chores' and 'help' further undermines the value of their contributions.²⁴ A frequent assumption is that children prefer unpaid work for the family because it is safer and less prone to exploitation; however, children may also be exploited in their care roles, and they may prefer paid work for status and independence.²⁵

The figure of the 'child carer' highlights complexities underpinning children's care relationships. Put simply, a child carer is a child who provides care, usually to 'a relative who has a condition, such as a disability, illness, mental health condition, or a drug or alcohol problem'.²⁶ This became a major topic for childhood research in the context of HIV and AIDS in Sub-Saharan Africa, where the effects of disease have had a substantial impact on generational care.²⁷ The label can signal problem childhoods and child caregiving as a source of vulnerability.²⁸ However, many studies show that care relationships are more complex. Evans and Thomas, for instance, drew on an *ethics of care* to understand the emotional dynamics of caring in families affected by HIV and AIDS in Namibia, Tanzania and the UK.²⁹ They found that caring relationships were fragile and subject to strain from a lack of adequate resources, physical and social isolation and the emotional demands of caring. A different study in South Africa concluded that despite considerable hardship, young carers did not see care as

a burden or set of chores; they took on caring roles for a variety of reasons, including to increase intimacy with parents, gain self-esteem, enhance their status in the household, fulfil their roles as daughters and sons and to protect the entire domestic unit.³⁰ Such evidence demands a reconsideration of prevailing assumptions about family responsibilities and of the meaning of ‘parenting’ within the broader context of mutual support within and across the generations.³¹

Vulnerability across time: care relations in *Young Lives*

We turn to examples from *Young Lives*, a longitudinal study of childhood poverty that combines survey and qualitative approaches to trace the life trajectories of two age cohorts of children growing up in four countries: Ethiopia, India (in Andhra Pradesh and Telangana states), Peru and Vietnam.³² We use data here from a cohort of children born in 1994, comprising three rounds of survey questionnaires and four rounds of qualitative interviews covering the period from age 12 to 20. The survey involves around 1,000 children in each country, plus caregivers and community members. The longitudinal design documents changes in children’s lives and families, including in care arrangements, economic circumstances, time-use and in the distribution of responsibilities within the household. The survey collects detailed information on household circumstances, and asks children to report how they spend their time in a ‘typical day’, including the amount of time spent caring for others and on domestic chores.³³ The qualitative longitudinal research involves a sub-group of 50 children and their families, over a seven-year period.³⁴ Researchers use a suite of qualitative methods to engage participants, including repeat biographical interviews, group discussions, drawing and diaries.

The survey and qualitative analysis in this study is both cross-sectional (e.g. identifying gender-based differences amongst twelve-year-olds) and longitudinal (e.g. tracing gender inequalities across time). Combined with the multi-generational design, these characteristics offer considerable opportunities to reflect on temporal vulnerability in woman–child care relations.

Care in the time of childhood

Childhood is by definition a temporal and relational concept of the life course.³⁵ Yet there is considerable sociocultural variation in what it means

to be a child, in perceptions of and responses to vulnerability and in children's roles in family care practices. Children everywhere value and expect love, support and care from others, even when poverty constrains others' capacities to deliver (see Rosen and Newberry, this volume). In this study, children consistently identified the presence of parents and harmonious family relations as top indicators of child well-being, whereas parental absence and family discord were signs of child ill-being.

Family strategies for addressing care needs vary, and some communities have longstanding traditions of circulating children through family networks to access services and to distribute financial burdens. In Ethiopia, where one in five of the children in our study had lost one or both parents by the age of twelve, household membership is fluid and children move homes, sometimes multiple times, as both recipients and providers of care.³⁶ In Peru, some girls from rural areas relocate to better-off families in the city with the expectation that they will provide childcare services in their new household in exchange for upkeep and access to school.³⁷ Boys also move, as in the case of Elmer from a rural village in Peru. When he was 12 his elder sister sent for him to join her in Lima (the capital) so that he could look after her children while she and her husband worked. In exchange, she paid for his upkeep and schooling. The previous year, Elmer's older brother (17 years old) had lived with her for the same reason, but he had since returned to his village to graduate. After one year, the brothers swapped again; Elmer returned to the village and his brother to Lima to continue studying and caregiving. Meanwhile, Elmer's parents moved to a different village (to farm) where schooling was not available so Elmer and his younger siblings rented a place near a school. When Elmer was 15, his mother travelled to Lima to take care of her daughter, who had fallen ill. Elmer found it difficult without his mother: 'I spent a year without her.' On weekends, Elmer and his siblings worked on their parents' farm. Elmer's family exemplifies why simplistic models of care relationships defined in dyadic 'caregiver/care-recipient' terms do not hold for much of the world, where responsibility for care is understood and structured in reciprocal terms and shared across the generations.

In reality, the majority of the world's children are active co-participants in the care, welfare and constructions of family life; childhood is seen as a time to contribute work to the household wherein children both give and receive care.³⁸ Children are drawn in to everyday work as 'a function of their roles as members of a household and family, and as part of their duty to their seniors as well as an opportunity to learn skills required in adulthood'.³⁹ Much of their work is unpaid, including collecting water and firewood, herding, farming, cleaning, food preparation and

sibling caretaking. By age 12 in Ethiopia, many girls have acquired most of the essential skills necessary to substitute for female adults in the household: 'I can do all types of housework now... six months ago, I couldn't bake *injera* (flatbread) and now I can' (Mulu, age 12).

In this study, strong social norms dictate that girls, in particular, take on caring roles and unpaid work in the home. In India, 19-year-old Salman was keen to use his earnings as a driver to support his younger brother's education, yet he did not wish for his younger sister (a grade above the brother) to continue her studies: 'girls might study... but ultimately they have to come back to the house to wash utensils'.⁴⁰ However, impoverished families sometimes cannot afford to uphold society's gender rules, resulting in boys taking on 'girls' work' and vice versa, which can be shameful for them.⁴¹ Twelve-year-old Seife, for instance, with no sisters at home, had many chores, such as cleaning the house and preparing *wot* (stew). He was ashamed because these were 'girls' tasks', and although he was keen to contribute to his family he did not want to transgress gendered norms of children's work.⁴²

For girls, demonstrating competence to care for others can be a valuable personal asset and a way to manage reputational vulnerability. For example, Bhavana, age 16, in rural India, had left school in second grade. Her father had died and she lived with her mother, brother and sister-in-law, shouldering a disproportionate amount of housework which wore her down. She placed her hope in a good marriage that would help her escape the drudgery of hard work. Bhavana actively cultivated a reputation in her community for being modest, skillful and hardworking, attributes that are considered especially important once girls reach puberty and might impress her future in-laws. Her careful presentation of self was a personal asset in a situation where she was otherwise materially poor and relatively powerless. Viewed from the lens of temporal vulnerability, children like Bhavana embody both vulnerability and agency within their care relationships.

Care trajectories and the life course

Our second dimension of temporal vulnerability uses time-use data to look briefly at changes in care labour across childhood and in transitions from childhood to adulthood. We examine which children provide unpaid care in childhood and whether their contributions may affect their life chances. The survey records details on how girls and boys spent their time across seven activity categories on a 'typical day' between the ages of 12 and 19 in the four study countries (Figure 10.1).⁴³

Fig. 10.1 Time allocation by girls and boys on different activities on a typical day (in minutes)

On account of limited space, we pull out a few highlights from the data, starting with gender differences.

Time spent on care labour differs significantly between girls and boys from age 12 in the four countries, and these differences widen at age 19 – a period coinciding for some with the transition to post-secondary schooling and, for many girls, the beginnings of marital life.⁴⁴ Care labour becomes increasingly ‘feminised’ across childhood. Girls’ contributions to care begin earlier in childhood compared to boys, although there is considerable variation within and between countries.⁴⁵ In Ethiopia, 12-year-old girls spent around 3 hours and 25 minutes in unpaid care work, accounting for a difference of more than an hour and 20 minutes in relation to boys of the same age. In comparison, in Peru girls spent an average of 2 hours on care work, only 25 minutes more than boys. Gender differences widen during the second decade of childhood, especially between the ages of 15 and 19, in all the countries except for Ethiopia, where the greatest jump occurs earlier, between the ages of 12 and 15. By age 19, Ethiopian, Indian and Peruvian girls spend between 3 and 4 hours per day on care, which translates to a difference of more than 2 hours and 40 minutes with respect to boys of the same age.

Gender interacts with other factors to shape the distribution of care in childhood, such as wealth, location and the composition of children’s households, as well as shocks and changing circumstances (e.g., parental divorce or illness).⁴⁶ Across all four countries, at age 12 the time spent on care by girls in poorer households, with less educated caregivers and in rural areas, is well above the country average. Further, girls living in households where there are children aged seven and younger report spending considerably more time caring for others compared to boys living in similar households. One of the main reasons why girls stop schooling is because they are needed at home for housework and to care for ill or aging family members.

By age 19, the impact of household composition becomes increasingly difficult to gauge since young people’s living situations change. In India, many girls marry and relocate, and boys may be living away for higher education or for work. Indeed, the transition to adulthood entails many changes in young people’s care worlds. Marriage has profound effects on girls’ time-use, such that, on a typical day, girls who were married or living with a partner at age 19 were spending as much as 8 hours on unpaid care work in Peru and Ethiopia, 7 hours in India, and almost 6 hours in Vietnam. Such is the dynamic nature of vulnerability across the early life course. From a political ethics of care perspective, this signals a pivotal juncture when girls’ and boys’ trajectories diverge and

when girls' caring responsibilities grow increasingly incompatible with education and employment opportunities, potentially affecting their economic exclusion in early adulthood and beyond, and deepening their vulnerability.

Care in generational relations – shared vulnerability

Our third dimension of temporal vulnerability locates care in the context of generational relations. Vulnerability in generational relations is frequently defined on the basis of chronological age, in the extremes of 'the very young' and of 'the very old', placing care responsibilities with the 'middle' generation (of women). However, our data indicate that an adult responsibility in one society may be children's responsibility in another. How then are we to understand care and vulnerability in the context of generational relations?

Some scholars use the concept of the 'intergenerational contract' to describe the direction and flow of care and support between the generations. In this 'contract', implicit bargains around care and dependency tie younger and older generations together in the understanding that parents look after their young children and in return expect to be looked after in old age by their children.⁴⁷ In reality, temporal vulnerability works differently in everyday family lives wherein the mutuality of care begins much earlier, and where care often flows *within* generations as well as between them. Siblings, for example, are a crucial source of material, emotional and practical support (see Elmer's case). In Peru, one boy's elder siblings who had left school encouraged their younger brother to stay in school and not to work, exclaiming, 'Dedicate yourself to your studies. We're working for your stomach!'

Whilst the underpinning sentiment of the 'intergenerational contract' – that children expect to reciprocate the care their parents gave them in childhood – rings true in our study, the rhythms of vulnerability are only partly influenced by chronological aging. Poverty adds another layer of vulnerability rendering families sensitive to household shocks and other changes, and adult 'caregivers' also experience vulnerability and may find themselves depending on their young. In this study, family illness is prevalent, but good quality health care, social protection and safety nets are lacking. Children frequently step in to fill the gaps: 'Since the death of my husband, I am dependent on my children's support' (Maregay's mother, Ethiopia).

Many children live in households with more than one physically or mentally impaired individual. In Vietnam, 16-year-old Long had until

recently been living at home with her mother, who is ill, and her father and younger brother, both of whom are disabled. Long found it challenging to balance the demands of school with her domestic work. In 2007, her mother was diagnosed with a degenerative disease affecting her capacity to work. Two years later, Long failed her school exam, so she left school and began working in a nearby factory. Long considers herself the household's most capable worker: she works six days a week, returning home on Sundays to help her mother farm, and gives most of her earnings to her mother.

Children, like Long, are attentive to their families' changing needs and seek to assert their agency even as they are vulnerable. For example, some children avoid asking for things their parents cannot afford in a bid to protect their parents' feelings, avoid shame and safeguard their relationships.⁴⁸ Preserving their relationships is a chief concern for children of all ages, as in the case of 11-year-old Maralem in Ethiopia, who was acutely aware of her mother's vulnerability due to a chronic illness:

My mother tries to do most of the [household] activities even though she has health problems. She does not force me to work. However, I don't want to complain about working because I don't want to see my mother work when she is sick. . .

Often, the adversities faced by families are long-term rather than short lived, though care strategies remain dynamic over time. Haymanot's case, in Ethiopia, is both complicated and revealing in what it shows about changes in intergenerational care and the varied ways in which care is expressed.⁴⁹ Haymanot was first interviewed aged 12, and most recently at age 20. She had enjoyed school and was a good student until her mother became gravely ill. At age 12 she left school (in fifth grade) to find work because drought and food insecurity affected her family. Her health declining, Haymanot's mother wanted to secure her daughter's future through marriage, but they couldn't afford a dowry and worried that 'no one looks to the poor for marriage'. Haymanot worked at a quarry where she met the man she would marry, aged 15, at her mother's insistence. She divorced and had a baby at age 17, returning home to her mother. She later remarried, explaining that this was 'because I didn't have any other options', but she was happier and stayed living close to her mother so that she could continue to look after her, along with her two children.

Clearly, many confounding factors shape the experiences of care between women and children, and generational dependencies

themselves change over the life course. As the cases described above show, generational relations are both a source of, and a shared context for managing, vulnerability in and across time.

Conclusion

To conclude, we return to the core questions the chapter (and book) set out to answer: Is it possible to create a conceptual frame of care relations that takes both women and children into account? And with respect to care, how is the relationship between feminism and the politics of childhood best described – as one of friends or of foes?

One of our aims was to adapt the concept of temporal vulnerability to strengthen intersectional thinking about care in the context of the life course and in the way women and children relate through care, across time. Attention to temporal aspects of vulnerability brings women and children into the conceptual frame; that it retains a feminist focus on shared experiences of vulnerability is an additional point of appeal. Recognition that we are all vulnerable in our dependence, but not in the same way, nor at the same time, stimulates analysis of political concerns around ethics, inequality and justice. The data show that care labour is a site where multiple inequalities based on age, gender, physical ability and class are reproduced. Poverty, in particular, weakens the agency of adults to care for themselves and for the young, particularly in contexts lacking social protection and adequate services. Poverty deepens family vulnerability and requires children's active participation in providing essential care. In this scenario, vulnerability is not the opposite of agency; rather, vulnerability is the space wherein children cultivate their agency (however fragile) in the context of their caring relationships and labour.⁵⁰

Whether attention to temporality brings us any closer to reconciling the relationship between feminism and the politics of childhood is less clear; each approach is compelled to foreground the views, standpoints and political interests of one group or the other, constricting the space for relational perspectives. The direction of cross-fertilisation is notable in that feminist approaches influence child-focused research, but the main concepts of childhood studies have not travelled so easily outside its core focus on childhood.

A framing around 'rights' promises political traction, but rights-based approaches individualise, so risk pitting women's rights against child rights, and they universalise, so are often in tension with local cultural understandings regarding childhood, risk and responsibilities for

care. Indeed, the research evidence on young carers challenges universal discourses on care-free childhoods and implores us to re-think the nature of child–adult relations in care more globally.⁵¹

Part of the problem is the tendency to think in dichotomies, rather than in relationships and complexity. On reflection, we reinforce dichotomous thinking in this chapter, having separated out ‘feminism’ from ‘childhood studies’ in the interest of efficiency, although many scholars have critically engaged with the tensions and synergies between feminism/childhood studies, woman/child, women’s rights/child rights, etc.⁵² Our empirical evidence poses further challenges to such dichotomous thinking and points to the difficulties in drawing clear distinctions between childhood and adulthood, caregivers and care-receivers, work and care, dependence and independence, agency and vulnerability. Our hope is that developing stronger temporal frameworks reflecting life-course and generational concerns can go some way to promoting relational approaches, thereby integrating questions of care with concerns for justice for all.

NOTES

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- 46 Detailed analysis will be published in a forthcoming paper by Crivello and Espinoza.
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