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YOUNG CARERS IN CHINA

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ABSTRACT

Like adults, children also care. This thesis explores the lives of young carers – children who provide informal (unpaid) care to ill or disabled family members. While young carers have received growing attention in the Global North, this vulnerable population remains largely unrecognised, undefined, and unsupported in China. Based on 15 months of fieldwork with 30 young carer families in both rural and urban China, this study draws on Hamilton and Cass's (2017) age-sensitive theoretical framework of caregiving to examine how children experience and navigate caregiving in contemporary Chinese families.

Findings show that young carers in China undertake a complex mix of tasks, including constant emotional labour not typically expected of children by adults. They also experience ongoing physical, emotional, educational, and social depletion, such that caregiving often constrains multiple aspects of their life opportunities. I argue that young carer families function as key sites of gender socialisation and the reproduction of inequality, with girls disproportionately burdened, an issue under-explored in global young carer literature. Although children in this study demonstrated autonomy in choosing or strategically negotiating their caregiving roles, their agency was often limited, conditional, and shaped by familial and cultural expectations.

Beyond documenting how caregiving shapes children's lived experiences and futures, I develop the concept of *cruel interdependency* to conceptualise the relational dynamics within young carer families. *Cruel interdependency* refers to a multidirectional caregiving relationship co-constructed by children and their families. It is both depleting and empowering: it places significant burdens on children, yet also deepens familial bonds and embeds caregiving within a shared moral universe of love, obligation, suffering, and resilience. As such, this thesis contributes new empirical and conceptual insights to the global literature on care, and to the sociology of childhood and family in China.

To my mother, Yiqun Ma, and my grandmother, Xiaocong Ma

– two role models whose strength and wisdom enlighten my journey

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Chapter One – Introduction

Care is an activity essential for sustaining human life and wider society. It is the work that is embedded in the routines of daily life, and the relational orientations that enable and ensure such work is undertaken carefully. Fisher and Tronto (1990, p. 41) indicate that the provision of care is inherently social, shaped by broader social structures, particularly gender relations, and the distribution of material resources. They conceptualise care as comprising four distinct but interconnected 'modes': '(1) *Caring About*: this involves identifying the need for care and attending to how that need may be met; (2) *Taking Care of*: implies taking responsibility for initiating and maintaining caring activities; (3) *Care-giving*: the concrete work of caregiving tasks; (4) *Care-receiving*: the response to the caregiving by those receiving care' (Fisher & Tronto, 1990, pp. 42–45). When individuals experience the vulnerabilities of childhood or the frailties of old age, though, needs to receive care and caregiving can be greatly increased, impacting complex relationships of interdependence (Daly, 2002). The focus of this thesis is on the provision of informal (or unpaid) care.

There has been a rising concern worldwide about children and young people who provide regular or substantial care to another family member who suffers from chronic illness, disability, mental health problems or other issues and who are thus in need of care (S. Becker, 2000). Research has identified young carers' presence across a wide range of contexts, including European countries such as Norway, Sweden, and Austria, as well as the United States, Canada, Australia, New Zealand, Sub-Saharan Africa, and the Middle East (see Leu & Becker, 2017), and this research will be discussed in detail in the literature review (Chapter Two). The definitions of young carers, the definition of their study population (i.e., age group) and the prevalence of this social group vary across different countries (Roling et al., 2020). For example, the age of young carers has been defined broadly as up to 25 years old in Australia and Canada (Moore & McArthur, 2007; Stamatopoulos, 2018). However, in the UK, the age threshold is under 18 years old (S. Becker, 2000), and individuals aged 18–24 who provide regular or

substantial care are identified as young adult carers (F. Becker & Becker, 2008). In addition, compared to other Global North countries, children in Japan who undertake caregiving responsibilities for their healthy siblings are also defined as young carers (Shibuya, 2018). This thesis adopts Becker's (2000) definition of young carers as children under 18 years old.

Regarding the prevalence of young carers, it has been estimated that 2–8% of children and young people in advanced industrialised capitalist societies are young carers, with variance attributable to the methods used to identify and quantify them (see Leu et al., 2019). More precise figures remain elusive due to inconsistencies in definitions of care, methodological approaches, and sampling strategies (Joseph et al., 2020). Even the most advanced studies rarely achieve truly representative or sufficiently large samples. Moreover, prevalence rates are not static, as they fluctuate over time and vary by national context, geography, ethnicity, and other demographic factors (Wayman et al., 2016). While prevalence data have been available for many developed countries, data from African (Cluver et al., 2012; Robson et al., 2006) and Asian contexts (Mainichi Shimbunsha, 2021; Shibuya, 2018) remain limited.

Children and young people with substantial caregiving responsibilities have been described as an invisible, hidden, and vulnerable workforce (Stamatopoulos, 2015), featuring as the 'labour of love' (Aldridge, 2008) or a 'hidden army' (S. Becker, 2007). Broadly, existing evidence indicates that while the role of young carers is comparable across countries and continents, the specific nature and context of that role are shaped by local conditions and circumstances (Joseph et al., 2020). Following scholars' recognition that a significant minority of young people are involved in caregiving, a key focus of research has been to examine the negative impact of caregiving on their health, wellbeing, education, social relationships, and future life opportunities (see F. Becker & Becker, 2008; Clay et al., 2016). In response, many countries have developed policies and dedicated social services to support the lives of young carers and their families, although the country-level responses vary.

Among countries where there is a high level of awareness of young carers, the UK took the most advanced approach regarding its recognition, research, policy, and associated support (Leu & Becker, 2017). Leu and Becker (2017, p. 752) report a cross-national comparison and a classification scheme, indicating that the UK has 'widespread awareness and recognition of young carers amongst public, policy makers and professionals' and developed 'specific legal rights (national)'. For example, in England, the Children and Families Act 2014 stipulates that all young carers should undertake an assessment that enables them to receive dedicated services (see Carers Trust, 2025). Meanwhile, the Carers Action Plan 2018–2019 supports young carers' health and well-being, education, development, and livelihood (Department of Health and Social Care, 2018). In addition, many UK local authorities and charity organisations run young carer projects to support them in life and in achieving better outcomes, including Barnardo's, Carers Trust, the Children's Society, and others (E. James, 2017; Neale, 2023).

However, even as young carers are also present in China, the statistical data or academic literature on this topic remain scarce such that these children remain hidden, unrecognised, and unsupported. Nevertheless, reports of children with caring responsibilities have been common in the Chinese media. However, media attention to these children does not necessarily indicate public recognition or awareness of these children as a distinct social group. Rather, children providing care is normally viewed as a touching and heartwarming act and is used by the media to promote filial piety (*xiaoshun*). For example, in the most well-known Chinese search engine *Baidu*, when searching for key words such as 'children give care to ill parents', the first web page shows reports with headlines including 'A filial girl who took her ill father and intellectually disabled mother to school', 'A 7-year-old rural boy, who earns his tuition fees by picking up scraps and taking care of his ill father, has touched the whole village!', 'Excellent! 11-year-old girl helps her mother to provide meticulous care for her ill father', 'Children are far more sensible (*dongshi*) and strong than you thought.' But should a child's caring activity only be seen as an act of love and used for

propaganda?

In Chinese charities, the figure of children with caring responsibilities similarly emerges. For example, in the Tencent Foundation (*tengxun gongyi*) online platform, there is a fundraising call with a heading: 'I Want to Grow Up and Take Care of My Dad.' In its subtitle, it describes the family's situation as 'with a disabled father and a mentally disabled mother, a 13-year-old girl fakes illness and skips school to care for her family.' The project description further suggests that this girl, who has to care for her disabled parents, grandparents and younger brother, can no longer find the happiness she used to have. Immediately after this line, the description quotes her saying, 'I am really grateful to my dad and I want to reciprocate (*baoda*) his 13 years of raising me (*yangyu zhi en*).' There are also other fundraising projects titled 'Son Offers to Quit School to Look After Ill Family' or 'Older Sister Dropped Out of School to Care for Sibling with Rare Disease', with pictures of children who are farming or helping with medication. Despite the fact that these headlines and descriptions show the impact of caring on children's lives, particularly on their education, they tend to emphasise the children's filial devotion and dedication to their families.

What is the life of a young carer really like? How do these children experience and feel about caregiving within and beyond their families? How can we recognise, identify, and support these children and their families in the Chinese sociocultural context? This project explores the lives and experiences of children who undertake caregiving responsibilities (i.e., the young carers) in China. Before exploring their lives and experiences, it is necessary to establish the background of the study. In what follows, I introduce the Chinese society and family in transformation, including the Maoist Era, post-reform China, and the child welfare system in China. This background provides a solid foundation for understanding young carers and their families. Then, I discuss potential young carers in China from different perspectives, suggesting the existence of a distinct social group with a significant population. At the end of this chapter, I introduce an overview of this thesis, including a summary of each chapter.

1.1 The Chinese Society and Family in Transformation

1.1.1 The Maoist Era

One of the most significant outcomes of a series of socialist reforms during the Maoist era (1949–1976) was the weakening of patriarchal power, which was traditionally regulated by age based on the power of elders (Santos & Harrell, 2016; Whyte, 2003; Yan, 2021). In 1950, the state introduced the first national Marriage Law. The law stated that so-called 'feudal' or 'traditional' marriage practices, including arranged marriage, polygamy, concubinage, child brides, and purchased marriages, were not only immoral but also illegal (Diamant, 2000b). From then on, marriage was to be based on 'complete willingness and consent of both parties', 'monogamy', and 'equal rights for both men and women'. This reform gained support from the younger generation (especially women who had traditionally remained at home), by freeing them from patriarchal constraints, granting them the freedom to marry and divorce, and encouraging their participation in production and public life (Diamant, 2000a). Indeed, the state-led policies, campaigns, and laws seriously weakened parental authority and power (Whyte, 2003). For example, the following movements, including the Great Leap Forward (1958–1962) and the People's Commune movement (1958–1978), undermined parental control by abolishing patrimonial property ownership and organising commune work units collectively (Hinton, 1997). Political movements also favoured younger family members, where young women in particular gained authority by participating in production and political leadership (Yan, 1997, 2006). Age-based patriarchy and Confucianist family values were further shaken by campaigns against ancestor worship, superstitious activities, and popular religions (Davis & Harrell, 1993).

However, although parental authority was effectively challenged, many patriarchal arrangements and ideologies remained largely intact in both rural and urban China during the Maoist era (Andors, 1983; Santos & Harrell, 2016). Specifically, the Chinese family has essentially been organised around the father (or parent)-son relationship

(Santos & Harrell, 2016). This means that when parents raised their sons, the son was obliged to provide maintenance and care to his parents in their old age, to honour his paternal ancestors, and to ensure that his future sons would continue to carry on the family name and legacy (Cohen, 1976). The centrality of carrying on patrilineal descent one after the other is usually described as the cultural norm of 'continuing the family line' (*chuanzong jiedai*) (Santos & Harrell, 2016). Daughters were typically married out and joined their husband's family as outsiders (*wairen*), while parents often chose to co-reside with one son and granted him a slightly larger share of family property, as insiders (*ziji ren*) (Eklund, 2018; Greenhalgh, 1985; Y. Hu & Scott, 2016; Santos & Harrell, 2016). In such cases, three-generation households were effectively maintained and anchored in strong moral and economic ties between parents and children (Wu, 2025). Moreover, as introduced earlier, although parental authority was significantly weakened and family property was largely collectivised during the Maoist era, this did not necessarily mean that parent-child relationships became less important (P. C. Huang, 2011). For example, in addition to advocating unity and harmony in family life under the Marriage Law (Diamant, 2000b), the law also demonstrates mutual responsibilities between parents and children and effectively mandates the (filial) duty to support one's parents in almost any circumstances in practice (P. C. Huang, 2011).

It should be noted that during the Maoist period, some welfare provisions were introduced, though they were implemented differently in rural and urban areas (Frazier, 2010). For example, in the 1950s, the state established the household registration system (*hukou*) to prioritise urban industrial development (Chan, 2009; Chan & Zhang, 1999). Under the system, all members of a household were registered together. Households were categorised as either 'agricultural' or 'non-agricultural', with the former covering rural residents and the latter covering urban populations. Most urban residents were employed by state-owned enterprises, or work units (*danwei*) (Chan, 2009; Chan & Zhang, 1999). In 1951, the government introduced an old-age public pension scheme (Frazier, 2010). Urban residents had access to public childcare, healthcare, and other services, while limited childcare support was extended to rural

areas during busy farming seasons (Frazier, 2010; Hershatter, 2011). Despite this, family remains the most prominent mechanism for old-age support (He & Ye, 2014; Murphy, 2002).

1.1.2 The Post-reform Era

Since the late 1970s, following China's economic reform and opening policy, the country has undergone dramatic transformations in various sectors of its economy and society. For example, with the pursuit of modernisation, by 2005, 126 million people were working in the urban private sector and millions of peasants were engaged in private agriculture (Tsai, 2007). Following China's accession to the World Trade Organisation (WTO) in 2001, the country experienced a significant influx of foreign capital, which increasingly integrated it into the global economic system (Chun, 2013; Tsai, 2007). This economic shift led many rural residents to migrate to urban areas, where they filled low-wage labour roles (Murphy, 2002). By 2008, the share of the non-agricultural sector increased from 54% in 1955 to nearly 90% by 2008 (Chan, 2010). In 2012, China crossed the 50% urban threshold, marking the first time that the majority of its population resided in urban areas (Chan, 2012).

Along with modernisation, the demographics of Chinese families changed significantly compared to the Maoist era (Tsui, 1989; Yan, 1997). Nuclear families have increased but three-generation households remain strong (P. C. Huang, 2011; Tsui, 1989). Since the implementation of the One Child Policy (1979–2015) in both rural and urban China (Fong, 2002, 2004), China has transformed from a high mortality, high fertility society to a low mortality, low fertility society. The total fertility rate has remained below 1.5 since the 1990s (Z. Guo et al., 2012). This process has significantly altered the numerical and power balance between generations (Goh, 2011; Murphy, 2020; Santos & Harrell, 2016; Yan, 2021). Indeed, while filial piety has remained a widely endorsed value among younger generations (Deutsch, 2006), its practice has also changed significantly (F. Chen et al., 2011a). In China's deepening socialist market economy,

where rewards are increasingly based on market competence rather than seniority, power has shifted towards the younger generation, who tend to be better educated and economically advantaged (Ji & Wu, 2018; Yan, 2003, 2016). Meanwhile, the social status of women has also greatly improved. For example, daughters-in-law, who were once the inferior members of patriarchal families, seem to have an increasing voice in family life (Ji & Wu, 2018; Yan, 2003, 2016). While the power and status of ageing parents in China have undeniably diminished (Murphy, 2020; Yan, 2021), the meaning of modern childhood has been transformed. Indeed, Chinese families have become increasingly child-centred, characterised by raising children as 'little emperors' (Fong, 2004; Goh, 2011) (see detailed discussion in Chapter Two – literature review). As Gu (2021) suggests, the impact of China's economic modernisation and accompanying social changes on the social meanings of childhood remains a critical question yet to be addressed.

Apart from that, it is important to note that since the reform, the state has largely withdrawn from private family life (Yan, 2003). During the Maoist era, when nearly every aspect of social life was politicised and subjected to socialist agendas, individuals had little autonomy in their private lives, with decisions often driven by political imperatives (Rofel, 1999). However, alongside the privatisation of the economy, the family unit began to be 'privatised' (Yan, 2003). Specifically, China follows a model of 'welfare residualism' (Gao et al., 2011), in which the state assumes only a minimal role, while the family, whether nuclear or extended, is expected to serve as the primary provider of welfare and support (E. J. Croll, 1999; Davis, 1989). The state withdrew from its former role in the public sectors of health, education, housing, childcare, and elderly care, with the dismantling of people's communes in rural areas and the abolition of work units (*danwei*) (E. J. Croll, 1999; Davis, 1989). This means that for most people, the family remains the most crucial source of social support and social reproduction, which intensifies the vulnerability of vulnerable populations (Duckett, 2020; Gu, 2022b). Indeed, such a 'crisis' is even more pronounced and serious in rural China, where most young people have left their villages to work in the cities under the

household registration system that has been in place since the 1950s (Murphy, 2002), as introduced above. As a result of the household registration system, social benefits, public education, housing, and a wide range of welfare benefits are tied to a person's place of birth (Frazier, 2010; Hershatter, 2011). Under these circumstances, rural families not only have to cope with the prolonged separation of family members, but also have very limited social and material resources on their much lower incomes compared to their counterparts with urban *hukou* (Wu, 2025). As Duckett (2020) argues, China's increasingly regressive social provision disproportionately benefits privileged social groups, including professionals, middle management, and workers with formal labour contracts.

Along with the modernisation process, China's unprecedented socioeconomic transition has brought new social risks to children's growth and development (Deng, 2020; Gu, 2022b). It should be noted that the state's capacity to govern child welfare is reflected in its ability to balance the distribution of responsibilities among the state, the market, and the family to enhance caregiving and safeguard children's well-being (Daly & Lewis, 2000). However, China has made less progress on children's policies compared to other sectors (Deng, 2020; Gong & Chen, 2025). In what follows, I will introduce vulnerable children and the child welfare system in China to build a more comprehensive research context for this project.

1.1.3 Vulnerable Children and Child Welfare System in China

In the Maoist era, where people were in a collectivist planned economy, the number of vulnerable children was relatively small, and child welfare was not an independent policy area (Deng, 2020). In the late 1970s, rapid economic growth greatly improved people's living standards, but it also led to a widening income gap and increasing wealth inequalities, and the social structure became unstable as a result (Deng, 2020), as introduced above. In this socioeconomic transition, the family's capacity to care for

children has been weakened, posing risks and even crises to children's well-being and development, with vulnerable children often bearing the brunt (Gu, 2022b).

For example, the great rural-to-urban migration critically changed the childhood situation and family structure, causing a tremendous number of children to be left behind in rural areas without entitlement to care from their parents (Murphy, 2020; Ye & Pan, 2011). Over 61 million children live separated from their parents because their parents feel compelled to migrate to earn a decent living for their families (All-China Women's Federation, 2013). These children, who stay in rural areas under the care of a co-resident parent or grandparents, are called left-behind children (*liushou ertong*). Since the late 1990s, the impact of parental migration on left-behind children's well-being has attracted significant attention in academic research, within and beyond China. Early small-scale studies contributed to the emergence of a dominant discourse portraying left-behind children as a highly vulnerable group, marked by poor academic performance, exposure to violence and crime, social isolation, and emotional fragility (see Ge et al., 2019; Ye & Pan, 2011). In recent years, however, more nuanced findings have emerged from large-scale, representative survey data with appropriate comparison groups (Murphy et al., 2016; Ren & Treiman, 2016; H. Xu, 2015; Yeung & Gu, 2016), suggesting that the primary disparity lies between children living in rural versus urban settings, rather than in the migration status of their parents (Yeung & Gu, 2016). Notably, the prevailing focus in the literature on parental migration as the determinant of children's well-being has left underexplored 'the role of the state in shaping the institutional-disciplinary and ideological-nationalist context' that families must navigate, adapt, or endure (Gu, 2022b, p. 516).

Although children's overall well-being has improved markedly across various indicators of survival and development, those from poor and disadvantaged families continue to face significant barriers to realising their full developmental potential (Deng, 2020). Indeed, for a long time, China's welfare provision for children was quite selective and limited to orphans, children with severe disabilities, and children affected

by AIDS (Y. Xu et al., 2018). For example, the Minimum Living Security Scheme was introduced in 1999 to cover children from poor families (D. Qi & Wu, 2018). In the Child Welfare Institute, rehabilitation, education, and social services for children were introduced and more attention was paid to improving the quality of services (Deng, 2020). Despite this, the child welfare system remained underdeveloped long after the reforms.

It was not until 2012 that the Ministry of Civil Affairs proposed that China's social welfare system should shift from a selective model to one that is moderately inclusive and universal, and that the target population of children's policies should be broadened to include a more general group of vulnerable children (Deng, 2020; Gong & Chen, 2025). Five categories of children are considered 'vulnerable' or 'children in difficulty' (*kunjing ertong*), and will be the focus of future child protection practice: '(1) orphans, children who are severely disabled and ill; (2) children from poverty-stricken families; (3) children whose parents are incapable of having custody because they are disabled or ill, are incarcerated, or are missing (i.e., children who were later defined as de facto unattended children); (4) children who are subjected to domestic violence; and (5) left-behind and migrant children who lack effective care.' (Gong & Chen, 2025, p. 218). Once again, it should be noted that children with caregiving responsibilities are yet to be recognised, identified, or supported within the category of 'vulnerable children', or 'children in difficulty'.

Regarding specific policies, 2010 was a pivotal year in developing China's child welfare policy, and since then, proposals to strengthen the child welfare system have been extensively advanced (Deng, 2020). For example, the General Office of the State Council of the PRC (2010) promulgated China's first national subsidy policy applicable to all orphans nationwide – 'The Opinions on Strengthening the Protection of Orphans'. In 2016, the General Office of the State Council of the PRC (2016) launched 'The Options on Strengthening the Protection of Children in Difficult Circumstances', supporting children orphaned, abandoned, disabled, abused, neglected, or in poverty.

Specifically, this policy requires Village (neighbourhood) People's Committees to set up child welfare supervisors who are responsible for monitoring the basic situation of children in difficult circumstances through comprehensive investigations and regular visits, and supervising these children's families in the fulfilment of their obligations of upbringing and guardianship according to the law (X. Li, 2022). In 2017, 'The National Information Management System for Left-Behind Children in Rural Areas' was officially launched to strengthen left-behind children's care and protection (Ministry of Civil Affairs of the PRC, 2017). The system realises data sharing with the Minimum Livelihood Security Information System, the Poverty Household Information System, and the Disability Information Management System. It provides reliable platform support and an adequate technical guarantee for data updates, comparison and verification, combined inquiries, regular notification, and real-time reporting of rural left-behind children (Ministry of Civil Affairs of the PRC, 2017).

With the broadening of the child welfare agenda, in addition to the Ministry of Civil Affairs, more government departments have become involved in the provision of social services for children. Increasing emphasis has been placed on establishing multi-sectoral coordination mechanisms, particularly at the township and community levels (Deng, 2020). With the expansion of the scope of child welfare, the Child Welfare Bureau of the Ministry of Civil Affairs of the PRC was established in 2019, which is the first independent department on child welfare in China, marking a high-level administration of conducting child welfare work (Deng, 2020; X. Li, 2022). In the same year, Ministry of Civil Affairs of the PRC (2019) launched 'The Opinions on Further Improving the Care and Service System for Rural Left-behind Children and Children in Difficulties.' It requires the establishment of children's directors at the level of village (neighbourhood) committees and children's supervisors at the level of townships (streets), and defines their duties, respectively (Ministry of Civil Affairs of the PRC, 2019). By the end of 2021, a total of 55,000 township (street) children's supervisors and 667,000 village (neighbourhood) children's directors had been set up nationwide, making this team the main force in caring for and protecting rural left-

behind children, vulnerable children, or children in difficulties (X. Li, 2022). Despite significant improvements in the child welfare system, Deng (2020) argues that the existing system remains largely fragmented. Indeed, compared to Western countries that emphasise a strong legal protection system for children, China's system focuses more on basic livelihood protection, and the policy mainly addresses children's immediate survival needs rather than their long-term development and future opportunities (Deng, 2020; Gong & Chen, 2025). Meanwhile, the policies in the child welfare system have not yet been developed into an integrated system. For example, most social workers are part-time and have no professional training (Deng, 2020).

Overall, the historical and sociocultural contexts of China's path to modernisation and the child welfare system introduced above facilitate understanding of the wider context in which young carers and their families live. In the next section, I discuss potential young carers in China from different perspectives, suggesting the existence of a considerable population of this distinct social group.

1.2 Potential Young Carers in China

Based on the definition of young carers (S. Becker, 2000) and the sociocultural context in China, it is reasonable to suggest that young carers exist in China as in other countries, and arguably in greater numbers than in western societies. Much evidence exists to support this inference (Leu et al., 2019).

Specifically, along with global ageing, China has entered an ageing society since 2000, at a pace faster than that of other low- and middle-income countries (X. Chen et al., 2022). The seventh National Population Census in China shows that 18.7% of the population was over 60 years old and 13.5% was over 65 in 2020 (National Bureau of Statistics of the PRC, 2021). According to Zhao and colleagues (2019), the proportion of the population aged 60 and above will rise rapidly to 33% of the total population in 2050. As the ageing trend accelerates, the number of chronically ill and disabled elderly

people is increasing year by year, which not only increases expenditure on medical and health services, but also imposes a huge burden of care on families and society (Zhao et al., 2019). Indeed, the report from China Health and Retirement Longitudinal Study (CHARLS) indicates the prevalence of 14 common types of chronic diseases (Zhao et al., 2019). Specifically, 78.9% of the population aged 60 and over are reported as having at least one medically diagnosed chronic disease. The top medically diagnosed chronic diseases with high self-reported prevalence included high blood pressure, arthritis or rheumatism, digestive disorders, and heart disease, followed by dyslipidaemia, chronic lung disease, diabetes mellitus/elevated blood glucose, and kidney disease. Regarding the mental health of the elderly, a total of 33.1% of people aged 60 and over are at risk of severe depression. The proportion of females at risk of severe depression is higher than that of males in all age groups, and the proportion of people at risk of severe depression in the rural population is higher than that of the urban population in all age groups. Moreover, the percentages of those aged 60 and above who have difficulty in taking care of themselves and those who need help are 38.1% and 23.2%, respectively; older aged females living in rural areas with low education levels are more likely to have difficulties or need help with their daily lives (Zhao et al., 2019).

Furthermore, the current operation of the social health insurance system remains ineffective in reducing the gap between urban and rural residents and the gap between the rich and the poor (B. Guo et al., 2020). According to the latest report of the Centre for Health Statistics and Information of the PRC (2021), in the sixth National Health Services Survey in 2018, the proportion of people in urban and rural areas with health and/or medical conditions who should go to hospital but have failed to be hospitalised due to financial hardship was 9.0% and 10.2%, respectively. Meanwhile, B. Guo et al. (2020) report that for rural older people living in low-income households, 49.5% of them remain unable to afford expensive hospitalisation services due to their economic status and the insufficient protection provided by the New Rural Cooperative Medical Scheme (NCMS), echoing Anna Lora-Wainwright's (2011) research. Therefore, although there has been a significant improvement in the elderly care health service

system and the development of the elderly care industry (Centre for Health Statistics and Information of the PRC, 2021), informal family caregiving (i.e., care by spouses, children, grandchildren or other relatives) is still the mainstream approach to care in China, especially in rural areas and low-income families (X. Chen et al., 2022).

Another vital cause of the high prevalence of informal family caregiving in China is the traditional cultural value of filial piety, which has remained the country's moral tenet for more than 3,000 years (Y. Wang & Gonzales, 2019). It refers to the unconditional obedience by children to their parents and elders, the obligation of old-age support, and the responsibility of bringing honour and continuing the patrilineal family through reproducing male offspring (Chai & Chai, 1965). Despite the significant economic, social, and cultural shifts that have reshaped expectations and attitudes toward filial obligations, filial piety has not vanished from contemporary Chinese society (Naftali, 2016). Indeed, sociologists continue to document parents' expectations of receiving support from their children in their old age (Ji, 2017). The expectation that adult children will support their parents in times of need, and that they must fulfil this filial obligation, continues to shape the personal lives of the vast majority of people in mainland China (X. Qi, 2011, 2015). In Xiaoying Qi's (2016) and Li and Shin's (2013) study, it is evident that young people still see it as their responsibility to provide support for their ageing parents. Detailed discussion on filial piety in contemporary Chinese families can be found in the literature review (Chapter Two) later.

In the meantime, China has the world's second-largest child population, who make up approximately 12.5% of the world's child population (UNICEF China, 2022). According to the seventh National Population Census, China's child population aged 0–17 reached 298 million in 2020 (158 million boys and 139 million girls) (UNICEF China, 2022). Meanwhile, there is a large population of left-behind children (over 61 million) who live in rural areas with a co-resident parent or grandparents (All-China Women's Federation, 2013). Rachel Murphy (2020) observes that some parents would remain in the village to live together with the left-behind children due to illness and/or

disabilities, leading to their limited ability to find even low-end work in the city. For these parents, they could only do a little farming or domestic chores because of disabilities or ill health. Also, Rob Gruijters (2017) investigates the family provision of caregiving in rural Chinese multi-generational households, suggesting that when neither a spouse nor an adult child is available to assume caring responsibilities, grandchildren often become the primary carers under the moral framework of filial piety. Therefore, if a rural left-behind child has caregiving responsibilities, this could lead to this child being more vulnerable.

Apart from that, according to Peking University's latest CHARLS Follow-Up Questionnaire (Wave 5), in the section on 'Functional Limitations and Helpers', one question asks: 'Who most often helps [the participant, or the care recipient] with dressing, bathing, eating, getting out of bed, using the toilet, controlling urination and defecation, doing chores, preparing hot meals, shopping, managing money, making phone calls, taking medications?' (National School of Development & Institute of Social Science Survey, 2023, p. 38). It should be noted that these activities align with global evidence about young carers' caring responsibilities (Joseph et al., 2020). To answer this question, one of the options is 'Children, Children's spouses, Grandson, Granddaughter', in which this option is highly likely to include caregivers under 18 years old. Furthermore, the questionnaire also asks more specific questions, including which family member helps the care recipient in person, how many days the caregiver provided care during the last month, and how many hours the caregiver provided care per day (National School of Development & Institute of Social Science Survey, 2023, p. 39). Although the questions and answers did not specifically use the term 'grandchild' to mean a child under 18 years old, it is possible to locate the 'grandchild's' identity in the dataset, and the answers in the dataset suggest that a certain proportion of the older population received regular care from their grandchild (who could be children or adults). This means that although the statistical analysis of young carers in China remains limited, their figures have started to emerge in China-specific surveys and datasets.

From another perspective, the Chinese culture of intergenerational solidarity is a major topic of scholarly inquiry (F. Chen et al., 2011b). When researching the care burden of middle-aged adults aged 45 and over in China, the proportion of those caring for grandchildren under 16 years old reaches 27.4% (Zhao et al., 2019). Regarding rural areas, Y. Wang and Gonzales (2019) suggest that grandparents provide childcare in up to 35% of families. Therefore, based on the high proportion of the elderly population with care needs and the definition of young carers, as introduced above, it is reasonable to speculate that when older age groups present themselves as having the burden of caring for their grandchildren, these people are, in fact, also being cared for at least partially by their grandchildren (whether as the primary or secondary carer). It is likely to be a mutual caring relationship, especially in rural areas and low-income families.

1.3 Thesis Overview

This project is pioneering in exploring the lives and experiences of young carers in China. I set out the following research questions to gain a more comprehensive understanding of young carers' lives across diverse family contexts, particularly given the lack of prior qualitative research on this social group in China. These questions are:

1. In the Chinese sociocultural and family context, what constitutes children's 'caregiving' work?
2. What impacts whether or how children can choose or negotiate their caregiving responsibilities?
3. What factors influence the nature and extent of children's caregiving?
4. How do young carers experience and express their emotions across different domains of childhood, including home, school, social relationships, and future aspirations?

In what follows, I provide an overview of each chapter.

Chapter Two is the literature review of this study, which includes two sections. The first section reviews international research on young carers, outlining the nature of children's caregiving responsibilities, with particular attention to the categorisation of tasks and cross-national comparisons. It highlights both the shared features and context-specific variations in how care is practised and experienced, while introducing an intersectional lens to explore how caregiving is shaped by age, gender, socioeconomic status, and family structure. This section also engages with scholarly debates on the consequences of caregiving, questioning whether it constitutes a disruption of childhood or a legitimate part of children's moral and social development. The second section turns to the Chinese sociocultural context, where the concept of young carers remains largely absent from public discourse and academic research. It situates children's caregiving within broader norms of filial piety, family obligation, and state withdrawal from welfare provision. Taken together, these sections establish the need for a culturally grounded understanding of childhood caregiving that moves beyond Western-centric frameworks and attends to local values, moral logics, and intergenerational responsibilities.

Chapter Three discusses the methodological approach that guides this project. My focus on this specific social group emerged through grounded exploration, using in-depth qualitative interviews, supplemented by ethnographic participant observations. In this chapter, I begin by introducing the rural and urban research sites where fieldwork was conducted. I then present the research participants, including the sampling criteria and process, my approach to building rapport and obtaining consent from young carer families, and a detailed discussion of their characteristics. After that, I outline the research methods and data collection process, including participant observation, semi-structured interviews, and questionnaires, followed by the discussion of the data analysis process. Finally, I discuss reflexivity, positionality, and key ethical considerations.

As the first empirical chapter, Chapter Four explores young carers' caregiving

experiences in daily life. Findings in this chapter show that children undertook a complex mix of caring tasks, excessive amounts of chores and caregiving, and forms of domestic work and emotional labour that Chinese adults do not usually expect of children. This chapter argues that young carers' involvement in domestic work was not just a way of helping the family or an integral part of their growing up. However, it could be viewed as unpaid labour at home that provides long-term caregiving, which may bring significant impacts to different aspects of their lives, as I discuss in Chapter Six. Concurrently, the findings further demonstrate how children felt obligated to assume the *adult* role due to love and obligation, though the way that these children fulfil their responsibilities in practice is negotiable. However, I also suggest that children's performance in domestic work is significant and essential in contributing to the family's livelihood and survival, thus leading to their limited autonomy in choosing or negotiating caregiving responsibilities.

In Chapter Five, I explore the heterogeneity of children's caregiving experiences, drawing unique insights that the number of hours spent on caregiving cannot provide. In this chapter, a series of factors that might influence the nature and extent of children's caregiving are explored. These include children's gender and age, as individual characteristics (Thorne, 2004; West & Zimmerman, 1987), and circumstantial factors such as the availability of other support in the family, family educational aspirations for the child, and the location of the child's schooling. Overall, key findings show evident gendered distribution of children's caregiving in different family structures under a persistent patriarchal hierarchy in China. Along with other circumstantial factors playing out across individuals, families, and relations, this chapter discusses how young carer families serve as the primary site of gender socialisation and reproduction of inequality.

In Chapter Six, I shift my focus to explore the emotional lives of young carers by tracing how they experience, manage, and make sense of caregiving across different spaces of childhood. Whether at home, in their relationships with peers, or in their educational

journeys, children navigated a wide range of emotions, such as affection, guilt, *weiqu*, pride, frustration, self-doubt, among others. These feelings often came into conflict, reflecting how children were caught between love and reluctance, duty and resentment, and the desire for normalcy and the reality of caregiving. Their emotions were not just reactions to caregiving burden but were shaped by cultural expectations of restraint, filial piety, and moral endurance. In this context, children's engagement in emotional labour, including suppressing sadness, managing reluctance, and trying to be responsible and mature, became central to their lives. In addition, these conflicted emotional responses reveal that informal (unpaid) caregiving was as much about relationships as it was about responsibilities. This chapter sets the ground for my final chapter (Chapter Seven – Conclusion), where I comprehensively develop *cruel interdependency* as a conceptual lens to understand children's caregiving in contemporary China.

Chapter Seven presents the conclusion of this thesis. I begin by outlining its overall contributions, briefly summarised in the following paragraph. I then present the key empirical findings in relation to existing scholarly debates, focusing on how young carers' constrained agency and vulnerability are shaped within contemporary Chinese families. This analysis contributes to global literature on childhood and care. A central conceptual contribution of this thesis is the introduction of *cruel interdependency* (section 7.3) – a multidirectional relationship co-constructed by young carers and their families. It is both depleting and empowering: it places significant burdens on children, yet deepens familial bonds and embeds care within a framework of moral obligation, emotional attachment, shared suffering, and resilience. Crucially, this interdependency is not one-directional. Children provide care, but they are also cared for; and while they make sacrifices, adult family members also struggle with guilt, powerlessness, and limited options. It is this shared, emotionally charged dynamic that makes the caregiving relationship both intimate and cruel. I then reflect on the key limitations of this study and propose directions for future research on children's caregiving in China. Finally, I offer the concluding remarks of this thesis.

Overall, this thesis offers a pioneering and original contribution to the global literature on young carers and to the sociology of childhood and family studies in China. It centres children's voices and reveals the complexity of caregiving across everyday childhood spaces, including home, school, friendships, and imagined futures. Empirically, it demonstrates how young carers in China take on a wide range of responsibilities, including emotional labour that is rarely expected of children. Analytically, it addresses key gaps in existing literature: it brings attention to the gendered nature of children's caregiving, introduces emotional labour as a lens for understanding their emotional struggles, and offers a major conceptual contribution by introducing cruel interdependency – a multidirectional relationship co-constructed by young carers and their families, which is both depleting and empowering. In doing so, the thesis challenges simplified understandings of care and childhood, and redefines children's caregiving as shaped by love and attachment, moral obligation, emotional labour, and constrained agency. The following chapter reviews the relevant literature on caregiving, childhood, and family, and positions this study within ongoing scholarly debates.

Chapter Two – Literature Review

Historically, the earliest studies of young carers emerged in the late 1980s in the UK, where young carers began to be recognised and defined and their experiences documented (Bilsborrow, 1992; O'Neill, 1988; Page, 1988). Led by pioneering young carer scholars Saul Becker and Jo Aldridge, findings from early British fieldwork appeared in the early 1990s (Aldridge & Becker, 1993, 1994), with much of this research conducted through the Young Carers Research Group, founded at Loughborough University in 1992. These UK-based studies established a solid foundation for research on children who care and soon facilitated European research, as documented in an exploratory cross-national study involving the UK, France, Sweden and Germany (Aldridge et al., 1995).

Since then, scholars worldwide have made significant contributions to this field by providing in-depth portraits of the characteristics of this social group, as well as the extent of their caregiving involvement and the impacts of caregiving on them, although the geographic focus of the research varies (Joseph et al., 2020). Studies variously pertain to younger carers in European countries (Kallander et al., 2018; Leu et al., 2019; Lloyd, 2012; Rai, 2024), Australia (Cass et al., 2009; Moore & McArthur, 2007), United States (Kavanaugh, 2014), Canada (Stamatopoulos, 2015, 2018), Turkey (Akkan, 2019b, 2019a), Sub-Saharan African countries (Cluver et al., 2012; Robson, 2001; Robson et al., 2006), Japan (Mainichi Shimbunsha, 2021; Shibuya, 2018), and others (see Leu & Becker, 2017).

This chapter reviews the existing literature on young carers with the aim of contextualising this study within broader theoretical and empirical frameworks. This chapter is structured in two main parts. The first section reviews international research on young carers, outlining the nature of children's caregiving responsibilities, with particular attention to the categorisation of tasks and cross-national comparisons. It highlights both the shared features and context-specific variations in how care is

practised and experienced, and introduces an intersectional lens to explore how caregiving is shaped by age, gender, socioeconomic status, and family structure. This section also engages with scholarly debates on the consequences of caregiving, questioning whether it constitutes a disruption of childhood or a legitimate part of children's moral and social development. The second section turns to the Chinese sociocultural context, where the concept of young carers remains largely absent from public discourse and academic research. It situates children's caregiving within broader norms of filial piety, family obligation, and state withdrawal from welfare provision. Taken together, these sections establish the need for a culturally grounded understanding of childhood caregiving that moves beyond Western-centric frameworks and attends to local values, moral logics, and intergenerational responsibilities.

Overall, this literature review lays the conceptual groundwork for the thesis by identifying key theoretical gaps and empirical blind spots in existing research. In doing so, it positions this study as both a contribution to the global young carer literature, as well as to the sociological theorisation of care and childhood in contemporary China.

2.1 Children's Caregiving Roles and Responsibilities

The Multidimensional Assessment of Caring Activities (MACA-YC18), an 18-item assessment tool, was developed by Joseph, Becker and colleagues (2009) to measure young carers' responsibilities and the extent of their involvement in caregiving. A variety of researchers have adopted this tool in studies on young carers (e.g., Clay et al., 2016; Moore et al., 2019). For example, in their work on behalf of the Department of Education, Clay and colleagues (2016) examine the lives of young carers aged 5 to 17 in England and categorised their caregiving responsibilities into eight domains: 'domestic chores, emotional/psychological support, caring for younger siblings, physical contact to alleviate pain/tension, assistance with mobility, help with medication, financial responsibilities, and personal care' (Clay et al., 2016, pp. 30–31).

Existing evidence suggests that the role of young carers is broadly consistent across different countries and continents (Joseph et al., 2020). For example, Evans and Becker's (2009) comparative study of children in the UK and Tanzania who care for parents with HIV and AIDS reports that young carers in both countries were responsible for household chores, and 45% in each context provided personal or intimate care. Over two thirds in both countries (82% in the UK and 64% in Tanzania) also provided care to other family members, including siblings. Despite these parallels, the specific nature of children's caregiving responsibilities is shaped by local contexts and conditions (S. Becker, 2007; Joseph et al., 2020). For example, in Evans and Becker's (2009) study, only 9% of young carers in the UK contributed financially to the household, whereas in Tanzania, nearly half were involved in income-generating activities such as begging or casual work. The absence of state-provided welfare systems in parts of Africa and other low-income regions exacerbates the financial hardship faced by families, compelling parents to rely on their children not only as carers but also as providers, which is a dynamic rarely observed in welfare states (R. Evans & Becker, 2009; Skovdal et al., 2009). Meanwhile, Clay and colleagues (2016) report that although many families in England faced financial difficulties, most parents or guardians managed financial matters and gained access to welfare benefits without involving their children. This divergence in caregiving responsibilities highlights the differing support needs of young carers across global contexts and underscores the importance of country-specific research, policy, and social service provision.

Although young carers across different regions may share similar caregiving responsibilities, multiple factors can influence the extent of care provided (e.g., Pakenham & Cox, 2018; Shifren, 2008). For example, it is more challenging for young carers to care for individuals with dual diagnoses involving both physical illness and disability, or individuals with mental health conditions (Aldridge & Becker, 2003; Moore et al., 2019). Young carers without siblings, or those living in lone-parent households without support from other relatives may also assume greater caregiving responsibilities and spend more hours per week on care than peers who receive external

support (Clay et al., 2016). Additionally, older carers are found to take on more caregiving duties than younger carers, including more intimate and complex tasks, and they often provide care for longer hours (F. Becker & Becker, 2008; Clay et al., 2016; Dearden & Becker, 2004). Understanding these various factors is essential to grasp the diverse experiences of young carers. The following section introduces the concept of intersectionality to further explore these complexities.

2.2 Understanding Children Who Care Through the Lens of Intersectionality

Intersectionality, initially developed by scholars in critical race theory (Crenshaw, 1989), has been adopted by sociologists to examine how dimensions of diversity interact with social roles, shaping the lives of individuals from different social groups (Collins, 2019). As a methodological approach, intersectionality addresses the mutual interaction of social identities, including gender, age, race, class, socioeconomic status (SES), disability, and other aspects that may contribute to social inequalities (Winker & Degele, 2011). It is therefore essential to consider the diverse identities and backgrounds of children involved in informal caregiving in order to understand the heterogeneity of their caregiving experiences.

Notably, the concept of 'care' is central to young carers' experiences and needs. According to early social care theory, care is both an activity and a social relationship, encompassing formal and informal (unpaid) caregiving (Daly, 2002). However, 'care' remains an ambiguous and contested term (Brown et al., 2019). For example, Williams (2010, p. 2) defines care as a 'moral orientation' underpinned by values such as 'love, commitment, empathy and interdependence.' Petterson (2012) further argues that care is commonly understood as altruistic, characterised by compassion, selflessness, sacrifice, spontaneity, and often lacking reciprocity. Increasing attention has also been paid to the emotional dimensions of caregiving. Leeson (2010), for example, highlights the emotional toll of care, noting that it can lead to exhaustion or burnout. Research on young carers similarly reveals the emotional complexity of caregiving, which can evoke

feelings of pride as well as helplessness, anxiety, and fatigue (Clay et al., 2016), a topic to which I will return. These diverse understandings indicate that caregiving is a complex and context-dependent process (Petterson, 2012).

The nature of care becomes further complicated in the context of children and young people due to the age and power differentials between children and adults (Brown et al., 2019). Hamilton and Cass (2017) argue that the research, policy, and practice informed by traditional social care theory (Daly & Lewis, 2000) are fundamentally gendered and fail to account for developmental differences. Numerous studies show that women are more likely than men to engage in informal care and assume greater caregiving responsibilities (Graham, 1987). Moreover, adult-centred care theory does not sufficiently address the developmental stage of young carers. Adults typically begin caregiving after reaching maturity, when they are more likely to possess the legal, economic, and emotional resources helpful for navigating their caregiving roles. In contrast, young carers lack such structural advantages (Stamatopoulos, 2018). As Stamatopoulos (2018, p. 182) argues, 'adults can be said to have a caregiver advantage whereby their age provides them' with key capacities for caregiving.' Consequently, adult-based care theory is not fully applicable to the experiences of young carers. Hamilton and Cass (2017) further point out that care theory lacks attention to how age and life-course stage intersect with gender and other socio-demographic characteristics, thereby opening a new theoretical space for understanding young carers' experiences.

2.2.1 Age-Sensitive Theory of Caregiving

With respect to age, Hamilton and Cass (2017) emphasise that the age at which individuals begin, recognise, carry out, and cease caregiving is crucial in shaping every aspect of the caregiving experience. Alongside age, life-course stage plays an important role in influencing how children and young people navigate their caregiving roles. As noted above, research consistently finds that older carers tend to assume more caregiving responsibilities than younger carers, often involving more intimate and

complex tasks as well as longer hours of care (F. Becker & Becker, 2008; Clay et al., 2016; Dearden & Becker, 2004). Specifically, in a study on young adult carers in the UK, F. Becker and Becker (2008) suggest that as carers age, care recipients' expectations also increase, particularly for young adult carers who are often in transition to adulthood. Similarly, Becker and Sempik's (2019) quantitative study of 295 carers aged 14-25 in the UK reports a positive correlation between age and caregiving responsibilities.

In response, Hamilton and Cass (2017) propose an age-sensitive theory of caregiving that incorporates both age and life-course stage into the analysis of caregiving roles. Their framework introduces three temporal dimensions, 'past', 'present' and 'future', to analyse how caregiving is shaped across time by a person's age, life-course position, and broader social conditions (Hamilton & Cass, 2017, pp. 83–84):

1. *Past*: This dimension examines how individuals come into caregiving roles, focusing on how age and life-course stage interact with familial and social contexts to shape pathways into care. It also considers how these factors influence who becomes the care recipients.
2. *Present*: This dimension focuses on how age and life-course stage affect an individual's daily caregiving experience. It examines how caregiving shapes identity formation and transformation, and its impact on key life domains such as education, employment, social participation, and health and well-being. The immediate burdens or costs of caregiving may vary depending on one's life-course position.
3. *Future*: This dimension considers how caregiving at different ages and life-course stages generates opportunity costs. These include formal costs, such as missed educational and employment opportunities or forfeited income, as well as informal costs, such as limited time to develop social relationships or pursue personal goals. The age and life-course stage at which caregiving begins can also shape how individuals view their future, including their aspirations and expectations.

This age-sensitive framework highlights how age and life-course stage shape the pathways into caregiving, the nature of the caregiving experience, and its long-term consequences. It also has important policy implications, calling for age-appropriate interventions and social services to support carers at different stages of life. Most importantly, it invites critical reflection on how caregiving costs, or the 'young carer penalty'[1] (Stamatopoulos, 2018, p. 181), are produced through the intersection of age, gender, life-course stage, SES, and other structural factors over time. As Joseph, Sempik, and colleagues (2020, p. 80) note, due to their close relationship with the care recipient, young carers 'are not free to leave their work and are tied into their caregiving role until their circumstances change (which can be much later in their adulthood).'

2.3 Reasons for Being a Young Carer

The reasons why a child becomes a caregiver are complex (Joseph et al., 2020; Moore et al., 2019). As Aldridge (2008, p. 253) notes, 'for children, these are not inevitable consequences of living with a parent who has a chronic illness or disability.' Specifically, Saul Becker (2007, p. 33) identifies 'push and pull' factors that may lead children into caregiving roles. These include the care recipient's illness or disability, love and attachment, family structure, gender, socioeconomic resources, and a lack of choice or external support. Collectively, these factors suggest that children and young people are often drawn into caregiving responsibilities that may be 'inappropriate to their age and level of maturity' (Aldridge, 2008, p. 254). Among these, socioeconomic status and lack of choice are particularly significant, as they shape young carers' access to resources and position within the family (Akkan, 2019a). Saul Becker (2007) further argues that the caregiving position of young carers reflects the interplay between cultural expectations and the absence of adequate external supports or services,

[1] Stamatopoulos (2018) introduces the concept of the 'young carer penalty', building on England & Folbre's (1999) conceptualisation of the gendered care penalty experienced by adult women (particularly mothers) engaged in caregiving work. In her study, Stamatopoulos (2018) identifies a range of short- and long-term penalties faced by young carers, which negatively affect both their personal and professional development. These include emotional, familial and social penalties, as well as educational and employment-related penalties.

ultimately increasing the demand for care within families. In addition, Grugel and colleagues (2020) and Boyle and colleagues (2023) highlight the influence of poverty and social class, alongside gender, in shaping the likelihood that children assume caregiving roles.

Research from Japan offers further empirical insights into why children take on caregiving responsibilities (Mainichi Shimbunsha, 2021; Shibuya, 2018). Notably, Shibuya (2018) finds that children's entry into caregiving is rarely triggered by a single factor, such as parental illness; rather, it typically results from a combination of familial and structural conditions. In families where one parent is the primary caregiver, children may voluntarily assist after witnessing the physical and emotional toll caregiving places on the adult. In such cases, children's involvement is often driven not by direct instruction, but by affective ties and a moral sense of responsibility to support the well-being of the family (Shibuya, 2018). Meanwhile, Mainichi Shimbunsha (2021) reports that out of 1,969 young carer respondents in Japan, up to 19.1 per cent indicated they provided care voluntarily. Similarly, Aldridge and Becker (2003) observe that children may continue to provide care even when formal services or external support are available. On the one hand, they do so out of love, responsibility, and emotional interdependence; caregiving may even alleviate their own anxieties. On the other hand, their physical presence in the home allows them to offer consistent and flexible support. Relatedly, China-specific studies on intra-household care arrangements note that hiring domestic workers is often viewed as undesirable, as non-family members are perceived to be less trustworthy than relatives connected by blood (X. Qi, 2021).

In other instances, parents in Japan explicitly frame caregiving as part of a child's responsibility, reinforcing normative expectations of filial duty (Shibuya, 2018). This finding echoes Saul Becker's (2007) identification of cultural demands as a factor contributing to caregiving. In the Chinese context, the cultural norm of filial piety may facilitate children's assumption of caregiving roles (Gruijters, 2017) . Similarly, young carers from minority ethnic or immigrant backgrounds are often reluctant to disclose

their caregiving responsibilities, as they perceive caregiving to be embedded within cultural and traditional norms or simply as helping out within the family (Cass et al., 2009; Halpenny et al., 2004; Smyth et al., 2011), a theme that will be discussed further in a later section.

2.4 Impacts of Caregiving on Children

The nature and extent of young carers' caregiving responsibilities are strongly associated with both positive and negative outcomes for them (Kallander et al., 2018). In terms of positive outcomes, some young carers experience emotional and psychological benefits from caregiving, including increased self-esteem, self-worth, and confidence, as well as the development of empathy and tolerance (Clay et al., 2016). Additionally, young carers often acquire practical life skills, such as home care, financial management, time management, and multi-tasking. These competencies can contribute to their maturity and independence, potentially benefiting their future careers (F. Becker & Becker, 2008). However, Dearden (2000) argues that it is inappropriate to view caregiving as a suitable means for children and young people to acquire such skills, as it significantly restricts their opportunities for education, social interaction, career development, and other aspects of life. While some scholars suggest that young carers can form more intimate and supportive bonds through caregiving (Cass et al., 2009), improvements in family relationships largely depend on the type of illness the care recipient has. For example, young carers looking after adults with severe mental health problems often report feeling more distant and isolated from their families rather than closer (Aldridge & Becker, 2003).

In terms of the negative outcomes, or the 'young carer penalty' (Stamatopoulos, 2018, p. 181) and 'depletion'[2] (Rai, 2024), previous studies provide empirical evidence across four key areas: health and well-being, education, social relationships, and future

[2] Feminist political economy has long highlighted the formal economy's dependence on women's unpaid, underpaid and undervalued labour in the sphere of social reproduction. This reliance imposes significant costs on women, including losses in income, recognition, dignity, self-worth, and both physical and mental well-being. Such consequences have been conceptualised as 'depletion' through social reproduction (Rai et al., 2014).

aspirations. First, children who undertake caregiving responsibilities tend to score lower on health and well-being measures than their peers (Lloyd, 2012). Many studies also find that they are at an elevated risk for sleep and eating disorders, self-sabotaging behaviours, and suicidal thoughts (F. Becker & Becker, 2008; Cree, 2003; Moore et al., 2019). Gender and the care recipient's illness type further impact these negative outcomes. For example, Saul Becker and Sempik (2019) report that young female carers are more likely to experience mental health issues than their male counterparts, and young carers who provide care for a family member with mental health problems are more likely to suffer from mental health difficulties themselves.

Second, young carers often struggle to balance their caregiving roles with their schooling (Cass et al., 2009). The physical and mental strain associated with caregiving correlates strongly with lower academic achievements and poor educational performance, including low school attendance and difficulty in concentrating during classes (Hill et al., 2011). These adverse effects ultimately limit their opportunities for further education and career advancement (Moore et al., 2009). Many young carers also report being bullied, both physically and verbally at school due to their caregiving roles and other associated factors, such as living in poverty or wearing shabby clothes (F. Becker & Becker, 2008).

Third, F. Becker and Becker (2008) report that young carers aged 16–17 desire to socialise and form relationships. However, they are often constrained by their families' rising expectations that they take on increasing caregiving responsibilities as they grow older, leading to what is described as a 'non-existent social life' (F. Becker & Becker, 2008, p. 38). Young carers are also at greater risk of entering inappropriate or potentially abusive relationships, as they may seek affection and care. This may explain why some young female carers enter intimate relationships prematurely, with some even becoming pregnant (F. Becker & Becker, 2008).

Fourth, Hamilton and Adamson (2013) suggest that young carers' aspirations regarding

further or higher education do not significantly differ from those of their peers without caregiving responsibilities. However, caregiving can influence the formation of their educational aspirations, including their choice of institution, programme, accommodation, and independence (Hamilton & Adamson, 2013). Furthermore, Sempik and Becker (2014) report that young carers are more likely to seek local employment, jobs with flexible hours, or work in formal caregiving roles. Regarding future life planning, young carers often worry about leaving the care recipient and whether their future independence will be continually restricted, particularly if they come from lone-parent households or lack external support (Clay et al., 2016).

Despite substantial research contributing to our understanding of the effects of caregiving on children who provide informal care, Joseph, Sempik, and colleagues (2020) argue that existing research has focused primarily on a straightforward linear relationship between caregiving and its outcomes, without sufficiently considering moderating and mediating factors, particularly in quantitative studies. Therefore, future research needs to develop more sophisticated theoretical frameworks and conduct studies that are more theory-driven (Joseph et al., 2020).

2.5 Disclosing the Caregiving Role

'There will always be young carers, but with proper support and guidance they do not have to trade off their future to help those they love' (E. James, 2017, p. 9). Despite increasing recognition, there is growing concern that the number of young carers worldwide remains underestimated. Compared to young carers who have disclosed their caregiving identities and are registered with formal support or service systems, those who provide substantial care for an ill or disabled family member but remain unrecognised, undisclosed, and unidentified are often more disadvantaged and marginalised (S. Becker, 2000; Smyth et al., 2011). These children and young people are referred to as *hidden carers* (S. Becker, 2000). Existing evidence suggests that hidden carers tend to experience more severe negative impacts on their health and well-

being, education, leisure, career development, and future planning (Smyth et al., 2011). Their responsibilities are less likely to be acknowledged compared to those formally identified as young carers. As a result, hidden carers may miss opportunities to engage in positive emotional reflections, such as increased self-esteem or a sense of self-worth, which are sometimes reported by recognised young carers (Clay et al., 2016).

One of the key reasons hidden carers remain silent is that many do not identify themselves as carers. Rather, they see themselves simply as family members, 'sons, daughters, siblings, or grandchildren, who are "helping out" at home' (Cass et al., 2009; Moore & McArthur, 2007; Smyth et al., 2011, p. 146). Importantly, studies in the UK and Australia have highlighted that this perception of caregiving as 'normal' is particularly common among children and young people from minority ethnic or immigrant backgrounds (Cass et al., 2009; Halpenny et al., 2004). In culturally and linguistically diverse (CALD) communities, implicit norms often encourage obedience and caregiving at a young age. Children in these communities may perceive caregiving as part of cultural and traditional expectations, with statements such as 'this is the way we care when they're this age...this is the family way we do it' (Smyth et al., 2011, p. 154). These beliefs resonate with the concept of filial piety in China, as introduced earlier and further elaborated in later sections. Though research is limited, studies in China also suggest that children may provide care for adult family members as a result of ingrained filial obligations (Gruijters, 2017).

In addition, research suggests that gendered cultural expectations further influence the likelihood of a child disclosing themselves as caregivers. Young male carers are more likely to remain hidden than female carers, as caregiving responsibilities may conflict with dominant ideals of masculinity (Smyth et al., 2011). Furthermore, when children adopt adult roles and responsibilities, their experiences often fall outside Western constructs of childhood, which typically position children as care recipients rather than caregivers (S. Becker, 2007; O'Dell et al., 2010; Wyness, 2015). As a result, some adult family members may actively choose to not disclose their children's caregiving roles,

fearing that such 'abnormal' family dynamics could be interpreted as poor parenting (Cass et al., 2009; Clay et al., 2016). Moreover, some hidden carers, while aware of their heavier familial responsibilities compared to their peers, deliberately choose to remain hidden and are reluctant to publicly disclose their caregiving roles or seek help (Clay et al., 2016). This reluctance is often driven by fears that disclosure could lead to external intervention, especially from authorities such as child protection services (Smyth et al., 2011). Additionally, young carers may worry that revealing their role to teachers or peers could result in stigmatisation, isolation, or even bullying at school (F. Becker & Becker, 2008; Moore, 2005; Moore & McArthur, 2007). These concerns are particularly pronounced when the care recipient suffers from mental health issues, substance misuse problems, or alcoholism (Ali et al., 2012; Cooklin, 2010; Dawe et al., 2007).

2.6 Constructing a 'Normal Childhood'?

In the Western construction of childhood, children are typically viewed as incompetent and in a stage of becoming, with childhood understood as a period requiring protection and adult care until the transition to adulthood (S. Becker, 2007). In contrast, young carers undertake regular or substantial caregiving responsibilities; they provide care rather than receive it, thereby challenging taken-for-granted assumptions about children and childhood. As a result, they are often perceived by professionals as missing out on a 'normal' childhood (O'Dell et al., 2010). While some researchers acknowledge that children and young people may benefit from caregiving, such as by developing coping mechanisms and practical life skills, caregiving has also been shown to potentially limit children's development, education, life chances, and other aspects of life (Joseph et al., 2020), as discussed above.

However, a growing body of research argues that a childhood that involves being a young carer should not be viewed solely in opposition to the idealised concept of a normal childhood (e.g., O'Dell et al., 2010; Skovdal & Andreouli, 2011). Focusing

exclusively on one normative model of childhood risks underestimating young carers' agency, oversimplifying family systems in an increasingly complex social environment, and positioning ill or disabled family members as failed adults (Clay et al., 2016; O'Dell et al., 2010; Skovdal & Andreouli, 2011). In Moore and McArthur's (2007) study, blame and shame emerged as significant burdens for young carers and their families. One participant indicated that people often blame the care recipient's illness for their inability to provide a normal childhood for their children (Moore & McArthur, 2007, p. 567).

In addition, Cass (2007) suggests that caregiving can be understood as a normative part of development for many families, while Saul Becker (2007) puts forward the concept of a *continuum of caregiving*. According to Saul Becker (2007), a continuum of children's involvement in caregiving exists because all children engage in some form of caregiving throughout their childhood, though to varying degrees. While some take on minor tasks, others assume substantial or regular caregiving roles that may have significant negative consequences. From this perspective, the parentification of children may have positive, negative, or neutral outcomes depending on where the child is situated along the caregiving continuum (Stamatopoulos, 2018). Thus, caregiving is not necessarily wholly disruptive to a child's development. Furthermore, from a sociocultural perspective, O'Dell and colleagues (2010) argue that if development is understood as continuous engagement with a wide range of cultural activities, then diverse forms of children's participation, including caregiving, can foster the development of skills and competencies. Rather than assuming a single set of appropriate childhood activities, it is important to recognise multiple constructions of childhood across cultures and societies (Morelli et al., 2003; Skovdal & Andreouli, 2011) and to acknowledge the complexity of children's experiences and development (O'Dell et al., 2010).

Nonetheless, research that adopts a feminist lens and is grounded in intersectionality demonstrates how inequality plays a key role in shaping young carers' decisions to take

on caregiving, the extent of their responsibilities, and the costs they bear (Akkan, 2019a, 2020). Drawing on her research with young female carers in Istanbul, Akkan (2019a, p. 903) suggests that while the positive effects of caregiving should be recognised, 'care could emerge as an inequality-creating phenomenon that defines the subordinated positions in society in the intersecting grid of inequalities that cut across gender, class, and age'. When caregiving becomes a routine part of young girls' lives, it contributes to their social exclusion and significantly increases the likelihood that they will continue to experience marginalisation in adulthood (Akkan, 2019a). Moreover, Grugel and colleagues (2020) argue that in addition to gender, poverty and class also influence whether children take on caregiving roles, the intensity of their caregiving, and their ability to cease these responsibilities. Children in poor households are particularly disadvantaged, 'as families struggle to survive within rigid conditional support structures' (Grugel et al., 2020, p. 232).

Therefore, while recognising the active roles and agency of young carers, as emphasised in the sociology of childhood literature, it is equally important to consider the ways in which children may be constrained or depleted by caregiving (Rai, 2024; Rai et al., 2014). Children's informal caregiving must also be understood as a practice that may generate and reinforce inequalities, both within the home and in the broader society (Akkan, 2019a; S. Becker, 2007), as discussed above.

2.7 Approaching Young Carers in Contemporary China

Although existing literature in China does not explicitly investigate young carers, the figure of children who care and contribute to the family by undertaking a range of domestic responsibilities have appeared in monographs (Lin, 2023; Murphy, 2020), journal articles (Gruijters, 2017; He & Ye, 2014; Ye & Pan, 2011), and a non-fiction novel (D. Huang, 2020). For example, in sociologist Rachel Murphy's study of left-behind children in China, she describes how schools serve as 'sanctuaries' for children living in difficult home environments. Murphy (2020, p. 83) quotes from a fourteen-

year-old girl's narrative:

> *'Living with yeye [paternal grandfather] I am independent and look after myself. Yeye is in poor health, he is eighty-eight. My parents are not here to look after me. I cook, wash clothes, clean and buy medicine for yeye'.*

This echoes research showing that left-behind children sometimes engage in a 'reversal of care' for ill or disabled grandparents (Ye & Pan, 2011, p. 365). For example, Ye and Pan (2011, p. 366) observe that some left-behind children assist with securing medical help and taking care of grandparents during illness, as well as completing daily domestic and agricultural labour. Similarly, Gruijters (2017) investigates the family provision of caregiving in rural Chinese multi-generational households, suggesting that when neither a spouse nor an adult child is available to assume caregiving responsibilities, grandchildren often become the primary carers under the moral framework of filial piety.

Furthermore, when Murphy discusses how children's school boarding affects the distribution of household chores, the story of another girl, Puhua, shows a more specific description of a young carer's caregiving roles and responsibilities, which happened before she started boarding (Murphy, 2020, p. 126). Puhua's mother was blind, and her father migrated to northern cities for work:

> *'Every morning she woke up at five, and in the dim light she cooked porridge for her family, taking care not to add too much salt. Next, she got her younger sister washed and dressed. When she returned home from school at 11:20 a.m. she helped to pick, wash and peel vegetables and light the fire for cooking, then after lunch she washed the dishes and wiped the table. She returned to school at 2:00 p.m., coming back home at 4:30 p.m. Once home, she helped with making cow pat fuel discs, weeding, preparing dinner, tidying and entertaining her younger sister.'*

Xiaoying Lin's book *Children in the County-Level Secondary School*, written and published in Chinese, describes the dilemmas that some children face, which make them more likely to be 'restricted' in the county rather than migrating to the city (Lin, 2023, p. 68). The author summarised that one of the major dilemmas is the family's caregiving needs, and used a junior secondary school boy's story (Lin, 2023, pp. 70–71) to provide a picture of a young carer's reasons and experiences of caregiving:

> *'His mother died, and his father has diabetes and other diseases. The father is blind, has limited mobility and is unable to work. He has a grandmother at home. The child has no financial resources, and the family relies on the Government's low-income allowance to live … On weekends, he must return to his hometown to care for his father, cook for his family, wash clothes, and do homework. Sometimes, when his father's health deteriorates, he has to use his school time to take care of his father in the hospital.'*

Similarly, in Deng Huang's book *My Students*, the author used 20 pages to describe the case of a student, whose father encountered an accident making her life chaotic (D. Huang, 2020, pp. 101–120):

> *'But the good times didn't last too long; by the time Wanli was in grade four, her father fell from a building and the steel bars pierced through his body. Her father's accident became a turning point for the whole family ... His business soon went bankrupt ... He could only recuperate at home, and the expensive medical fees became the family's largest expenditure. Wanli's mother started doing odd jobs at the construction sites; her older sister, who had good educational attainment, had to drop out of school ... Wanli and her older brother could continue schooling but had to undertake heavy farm work ... She found that the mental pressure was unbearable for her,*

as an adolescent at that time.'

These empirical findings contribute somewhat to redressing the research gap on children with caregiving responsibilities in China. Nevertheless, these authors subordinate the children's status as young caregivers to the children's other identities, such as a left-behind child or a migrant child. In this way, these authors do not pay primary attention to the group of young carers, so young carers remain undefined and unrecognised. How might the experiences of caregiving children in China differ from those in other regions? The remainder of this section conceptualises family dynamics and value of children in contemporary China to establish a foundation for country-specific research on young carers.

2.7.1 Filial Piety and Family Bond in Transition and Continuity

Filial piety has historically served as the cornerstone of Confucian familism, underpinning a hierarchical structure in parent–child relations. It refers to the unconditional obedience of children to their parents and elders, the obligation of old-age support, and the responsibility of bringing honour and continuing the patrilineal family through reproducing male offspring (Chai & Chai, 1965). Concurrently, in the traditional Chinese family, power is conferred by a patriarchal hierarchy consisting of generation, gender, and age (Santos & Harrell, 2016). Despite major sociopolitical transformations in twentieth-century China, particularly following the rise of the Chinese Communist Party in 1949 and its campaigns against 'feudal' family traditions, filial obligations continued to be upheld as core moral expectations (Diamant, 2000a).

Since the onset of economic reforms in the late 1970s, however, while filial piety has remained a widely endorsed value among younger generations (Deutsch, 2006), its practice has changed significantly (F. Chen et al., 2011b). In China's deepening socialist market economy, where rewards are increasingly based on market competence rather than seniority, power has shifted toward the younger generation, who tend to be better

educated and economically advantaged (Ji & Wu, 2018; Yan, 2003, 2016). Scholarship suggests the power and status of ageing parents in China have undeniably diminished (Murphy, 2020). For example, in rural China during the 2000s, although rural elders continued to receive material support from their adult children, they were also tasked with managing households and caregiving for grandchildren, including left-behind children (E. Croll, 2006; Ikels, 2004; J. Liu, 2017; Yan, 2016).

Despite the significant economic, social, and cultural shifts that have reshaped expectations and attitudes toward filial obligations, filial piety has not vanished from contemporary Chinese society (Eklund, 2018; Naftali, 2016). For example, sociologists continue to document parents' expectations of receiving support from their children in their old age (Ji, 2017). The expectation that adult children will support their parents in times of need, and that they must fulfil this filial obligation, continues to shape the personal lives of the vast majority of people in mainland China (X. Qi, 2011, 2015). In Xiaoying Qi's (2016) and Li and Shin's (2013) study, it is evident that young people still see it as their responsibility to provide support for their ageing parents.

Alongside broader social changes, these transitions point to a more reciprocal model of intergenerational relations than that prescribed by traditional filial norms (Gu, 2022a). Some scholars suggest that filial piety has evolved into a broader ethic of family bond and solidarity, marked by greater egalitarianism and emotional intimacy between generations (J. Liu, 2017; X. Qi, 2016; Sun, 2017). As X. Qi's (2016) study suggests, family bonds and obligations in China remain resilient, where filial obligations are reinterpreted and renegotiated. Empirical evidence also suggests that grandparents may give up their negotiation of authority and power to maintain desirable emotional intimacy with their adult children and grandchildren (X. Qi, 2021). Indeed, contemporary intergenerational relations are less defined by authority and obedience, and more by mutual care and support (both financial and emotional) flowing not only from children to parents, but also from parents to both dependent and adult children (Goh & Kuczynski, 2009; X. Qi, 2016). Many scholars also demonstrate that the

transition in filial piety has contributed to these reversed intergenerational transfers (F. Chen et al., 2011b; Goh, 2011; Silverstein et al., 2006; Yan, 2021). It also challenges the individualisation argument in contemporary Chinese families (Ci, 1994; Hansen et al., 2010; Yan, 2009), which tends to overlook the active role of each generation in renegotiating filial relationships and underestimates the persistence of family bonds and intergenerational solidarity (X. Qi, 2016).

2.7.2 The Value of Children

A new reality in contemporary China is the growing perception of children as possessing 'scarcity value' (Zelizer, 1985, p. 211, as cited in Naftali, 2016), a perspective that enhances their power and agency within both the family and society, fundamentally reshaping adult-child relationships. Indeed, Chinese families have become increasingly child-centred, and the traditional belief in raising children as a form of economic security in old age has given way to expectations centred on emotional connection and attachment (Yan, 2011). This shift resonates with broader cross-cultural findings on the changing value of children. As societies modernise, the basis of childrearing typically shifts from prioritising economic utility to emphasising emotional fulfilment (Yi & Chen, 2014). For example, Zelizer (1994) describes the emergence of a paradoxical ideal of the modern child in industrial societies, one who is 'economically useless' but 'emotionally priceless.'

Post-reform China has witnessed a similar transformation of childrearing values, shaped by the intersecting forces of rapid industrialisation, urbanisation, and family restructuring (Gu, 2021, 2022a). Although large-scale evidence remains limited, China-specific qualitative studies have observed the increasing centrality and 'pricelessness' of children in family life (Fong, 2004; Goh, 2011; F. Liu, 2016). In these families, children often receive care, emotional support, and educational investment from a coalition of parents and grandparents (Yan, 2021). Specifically, a 'little emperors' phenomenon in one-child families has been documented, where the only child exercises

increased agency in interactions with multiple caregivers (Fong, 2004), which coincides with shifting childrearing values and contributes to a reconfiguration of filial piety, especially in urban China (Goh, 2011; Goh & Kuczynski, 2009, 2014). Taking household chores as an example, empirical evidence demonstrates that children in three-generation families were perceived by caregivers to be less able to perform self-care and family care tasks than those in nuclear families (Goh, 2011; Goh & Kuczynski, 2009, 2014). Esther Goh and Kuczynski's (2014) study suggests that on the rare occasions when adult family members ask a child to help with the dishes or make the bed, the child is often unmotivated and unwilling to do so.

2.7.3 Aspiring for 'Emotionally Priceless and Educationally Achieving Child'

In addition to the emotional value of children, their educational achievement is another important value for Chinese parents (Gu, 2021), as there is growing evidence that children's education has become a family project that requires significant investment and management by adults in the home, whether in urban (Fong, 2004; Goh, 2011; F. Liu, 2016) or rural settings (Kipnis, 2011; Murphy, 2020; Yan, 2016). As noted in the introduction, children's educational achievement is a social imperative for contemporary Chinese families, not a choice of conscience (Gu, 2021). Indeed, in contemporary China, children are subject to intensifying socialisation pressures that centre predominantly on educational success, as it is widely conceptualised as the principal and most viable pathway to upward social mobility (Fong, 2004; Gu & Yeung, 2020; Hansen, 2015; Murphy, 2020). Parents and guardians in Chinese rural families believe that education holds a groundbreaking role and leads not only to economic opportunities but also to a transformation of one's and the family's social and institutional status (Gu, 2022a). As Jieyu Liu (2022b) describes, children have no immediate utilitarian value to their families, but rather are an investment in the future. Meanwhile, children's value has been further amplified by the one-child policy, which has concentrated familial aspirations and investments in education on a single child, thereby heightening the stakes of academic performance (Fong, 2004).

Once again, research on household chores suggests that children in contemporary China have little time for non-academic activities, and parents and guardians are inclined to see domestic chores as a distraction to children's education (Goh & Kuczynski, 2014). Other China-specific studies also suggest how extended family members, usually grandparents, step into the nuclear family or the rural skipped-generation family as surrogate parents to alleviate children's workload on household chores to enable the children to study (Goh & Kuczynski, 2010; Y. Hu, 2018; J. Liu, 2022b; Lu, 2012; Murphy, 2020; Yan, 2021). This is vastly different from Western societies, where children's domestic contributions (including domestic chores and taking care of younger siblings) are seen as a learning and socialising process, which is beneficial to themselves and also contributes to solidarising family relationships (Baumrind, 1971; Blair, 1992; Gill, 1998; Goodnow, 1988; Goodnow & Delaney, 1989; White & Brinkerhoff, 1981a).

However, when the transition in filial piety has been witnessed in the reversed intergenerational transfer, as noted above (Yan, 2021), a key question is how these 'emotionally priceless' children in China reciprocate within the family, especially in the absence of direct economic contribution (Gu, 2022a)? Answering this question may shed light on the lives and experiences of young carers in China.

Previous studies suggest that children reciprocate within the family through engaging in emotional labour and demonstrating academic excellence (Gu, 2022a; Murphy, 2014; Obendiek, 2016). As described by Xiaorong Gu (2021, p. 577), a modern childhood features the 'emotionally priceless and educationally achieving child.' Specifically, Gu's (2022a) study draws on Russell Hochschild's (1979, 1983) concept of emotional labour – the management of feelings and expressions to meet socially expected emotional norms – as a lens through which to examine children's participation in the family. Gu (2022a) argues that children engage in emotional labour by performing gratitude, love, and indebtedness in ways that reflect and reinforce intergenerational

expectations. Research focusing on only children in urban families also demonstrates that when children exercise 'intimate power' (Xiao, 2016) as agentic beings, they may also make sacrifices from time to time to maintain family harmony (Goh, 2011). Central to this is a culturally embedded 'feeling rule' (Hochschild, 1979) in China that normalises children's sense of obligation to repay their parents' sacrifices (Santos & Harrell, 2016).

Empirically, this cultural expectation is witnessed in many families, as Obendiek (2016, p. 81) notes that '"everything for the children" was the frequent description of parents' position regarding their children', especially in rural migrant families. For example, in rural China, migrated parents often portray themselves as self-sacrificing providers who endure hardship and indignity in urban areas to secure better prospects for their children, a narrative that can evoke feelings of guilt and reinforce a sense of filial duty among the younger generation (Murphy, 2014), echoing global migration studies (Carling et al., 2012; Dreby, 2010). As Murphy (2020, pp. 92–93) notes, 'the more bitter the parents' experience of *dagong* (doing odd jobs), the greater is their sacrifice, and the deeper the children's awareness of their parents' sacrifice, the greater is their obligation to demonstrate filial piety through obedience and hard work.' In Gu's (2022a, p. 524) fieldwork, children repeatedly told her that 'a good report card was their best repayment' to the family, and those children who did not achieve excellent grades showed significant feelings of guilt and frustration. In this sense, by recognising adult family members' sacrifice, children reaffirm their moral commitment to the family, even when their contributions are primarily emotional and educational rather than material. Concurrently, those who obtain unsatisfactory test scores are often interpreted as having failed to fulfil family obligations (Gu, 2022a). Thus, for children in China, a sense of autonomy as emotionally valued beings and the expectation that they excel academically may subject them to intense social pressure and parental surveillance and intervention (Gu, 2021).

Moreover, despite the emphasis on children's value in contemporary China, it should

be noted that gender differences persist, especially in rural families (Ebenstein, 2010; J. Liu, 2022a, 2022b; R. Liu, 2023; Murphy et al., 2011). In the context of persistent son preference in patrilineal Chinese families, power relations between siblings have traditionally been regulated by the hierarchical order of gender and age (Santos & Harrell, 2016). Thus, daughters are structurally at the bottom of the family and kinship arrangements. As a result, girls are asked and expected to make more sacrifices while growing up for the collective well-being of the family, such as taking on household chores and making concessions to their younger brothers, and are eventually socialised into a secondary position in the extended family in their daily family life (Y. Hu, 2015, 2018; J. Liu, 2022b; R. Liu, 2023; Murphy, 2020).

Therefore, in the context of young carer families, it is essential to examine whether these children are also regarded as 'the pearl in their parents' palm,' as observed in other contemporary Chinese families (J. Liu, 2022b), and to explore how they experience and make sense of their everyday caregiving responsibilities. Given existing findings that Chinese parents and guardians are aware that children's involvement in domestic labour may compromise their education (Goh & Kuczynski, 2014), it is also important to investigate how young carers are expected to participate in caregiving, and how factors such as gender, family structure, and others shape the nature and extent of their caregiving roles.

2.8 Summary

This chapter reviews key theoretical and empirical literature on young carers, drawing primarily from international research while also incorporating insights from the Chinese sociocultural context. The first part of the chapter established a foundational understanding of who young carers are, what caregiving entails, and how such roles are experienced by children across diverse contexts. Existing scholarship demonstrates that caregiving in childhood is a complex, multidimensional phenomenon shaped by intersecting factors such as age, gender, family structure, SES, and others. While

caregiving can generate positive outcomes, such as skill development and emotional maturity, it also carries significant risks, including compromised well-being, disrupted education, and social marginalisation. The literature also highlights that many young carers remain hidden due to cultural, familial, or institutional constraints that discourage children from disclosing that they are caregivers or from seeing themselves as such. Challenging the dominant Western construction of childhood as a time free from responsibility, researchers have begun to conceptualise caregiving not only as a burden but also as a form of participation in family life, albeit one mediated by broader structures of inequality (O'Dell et al., 2010; Rosen, 2019; Skovdal & Andreouli, 2011). Intersectional and age-sensitive theoretical frameworks have contributed to a more nuanced understanding of caregiving across the life course and have underscored the importance of context-specific analyses (Hamilton & Cass, 2017).

The second part of this chapter focused on China, where although the term 'young carer' is rarely used, there is a growing body of evidence of children's caregiving practices embedded in cultural norms of filial piety, changing intergenerational dynamics, and the transformation of childhood value. Children in contemporary China are increasingly positioned as emotionally and educationally significant members of the household, often navigating expectations that they perform care (emotionally and culturally) even when their contributions remain unrecognised or unmeasured. These findings raise important questions about how young carers are perceived in a context where childhood is both protected and instrumentalised.

Overall, this chapter shows the value of researching young carers in the sociocultural context of contemporary China. While the term 'young carer' is rarely used in China, a growing body of evidence suggests that children engage in caregiving practices shaped by cultural norms of filial piety, shifting intergenerational dynamics, and evolving understandings of childhood value. Importantly, the study of young carers also offers critical insights into the broader conceptualisations and ethics of care itself. As Rachel Rosen (2019) argues, care is both an ethical orientation and a form of labour that is

socially organised, culturally mediated, and unequally distributed. Analysing care through children's everyday caregiving reveals how the ethic of care is entangled with structures of inequality, by age, gender, class, and familial obligation. The caregiving practices of children suggest how care is made meaningful and how its burdens are borne, particularly in contexts of structural neglect. In this sense, research on young carers in China not only expands our understanding of children's lives, but also contributes to feminist and sociological theorising of care as both moral and relational practice. In the next chapter, I will discuss the methodology of this project. Then, the following empirical chapters draw on this foundation to explore the lived realities of young carers in China – an overlooked but urgent site for rethinking childhood and care.

Chapter Three – Methodology

This chapter examines the methodological considerations that inform this study. As discussed earlier, research on young carers in China remains scarce. Therefore, my focus on this specific social group emerged through grounded exploration, using in-depth qualitative interviews, supplemented by ethnographic participant observations.

Broadly speaking, my research aim is to explore the lives and experiences of young carers in China. Before beginning fieldwork, I intentionally kept my research questions open-ended, while allowing the age-sensitive theoretical framework of caregiving to guide my inquiry into three dimensions of children's caregiving experiences, including the pathways (reasons), experiences, and outcomes (impacts) of caregiving (Hamilton & Cass, 2017). However, because this framework was developed within a Western sociocultural context of childhood and family, I could not determine in advance which aspects would be most relevant for young carer families in China, a group that has largely remained unheard of in both rural and urban contexts. With a core interest in the sociology of childhood and family, I approached this research with an open mind, allowing empirical engagement to reveal the most pressing issues (R. Williams, 1977).

This chapter proceeds as follows. Section 3.1 introduces the rural and urban research sites where fieldwork was conducted. Section 3.2 presents the research participants, including the sampling criteria and process, my approach to building rapport and obtaining consent from young carer families, and a detailed discussion of their characteristics. Section 3.3 outlines the research methods and data collection process, including participant observation, semi-structured interviews, and questionnaires. Section 3.4 explains the data analysis process. Finally, section 3.5 discusses reflexivity, positionality, and key ethical considerations.

3.1 Research Sites

I chose to conduct my fieldwork in both urban and rural sites within my hometown,

Hangzhou, a beautiful and peaceful city where I was born and raised until I left for the UK at the age of 18.

Hangzhou, the capital of Zhejiang Province, is situated in the southern wing of the Yangtze River Delta and governs 10 districts, two counties, and one county-level city. As the political, economic, and cultural center of Zhejiang, Hangzhou plays a pivotal role in China's digital economy and is home to globally renowned companies such as Alibaba. In 2022, the city's GDP reached 1.88 trillion yuan (approximately 280 billion USD), ranking eighth among Chinese cities. The digital economy contributes over 30% of its GDP. Recognised as one of China's leading new first-tier cities, Hangzhou is second only to Beijing, Shanghai, Guangzhou, and Shenzhen in terms of economic strength and urban influence. The city's economy is driven by e-commerce, financial services, cultural innovation, and high-tech industries, while its rich historical and cultural heritage makes it a major tourist destination, featuring UNESCO World Heritage sites such as West Lake. Hangzhou is also at the forefront of smart city development and digital governance, serving as a model of urban modernization in China. One of my research sites is located in Hangzhou's urban area and will be referred to as L District in the following discussion.

The rural research site is located in Chun'an County (C County), a distinct administrative region within Hangzhou. Situated in the western part of the city, C County is known for its picturesque rural landscapes and ecological significance. It is home to Qiandao Lake, a major tourist attraction and a crucial source of drinking water for the region. The county's rural areas are primarily characterised by traditional agriculture, including tea plantations and fruit farming, alongside a growing emphasis on eco-tourism and sustainable development. Despite its rural setting, C County maintains a close relationship with Hangzhou's urban core, benefiting from the city's economic and technological spillover effects. For example, Hangzhou's digital economy initiatives have facilitated rural e-commerce development in C County, enabling local products to reach wider markets. Additionally, the county serves as an

ecological barrier for Hangzhou, contributing to the city's environmental sustainability and overall quality of life. This interdependent relationship reflects the broader integration of urban and rural development within Hangzhou's metropolitan framework.

The selection of both urban (L District) and rural (C County) Hangzhou as research sites brings into question the common perception that young carers are absent in affluent urban settings in China. Given the limited research on young carers in China, caregiving is often perceived as a phenomenon confined to economically disadvantaged areas, overlooking the structural, cultural, and demographic factors that contribute to children's caregiving responsibilities across different socioeconomic contexts. For example, such an perception was discernable in the responses of government officials in L District when I asked them whether they had ever met young carers in their district. Many officials responded with a firm 'no', demonstrating that urban children in tier-one cities, such as Hangzhou, are shielded from caregiving responsibilities. Indeed, research suggests that in contrast to older generations who from an early age performed a variety of domestic and caregiving tasks (J. Liu, 2022b), the younger generation, especially urban only-children, have largely been exempted from such responsibilities. The younger generation, particularly those born in the 1990s, have been described as the pearl in their parents' palm, protected from hardship and typically not expected to contribute to household labour (Goh, 2011; J. Liu, 2007, 2022b).

However, despite these dominant narratives, my research demonstrates that caregiving responsibilities persist even in highly urbanised and economically developed contexts. Hangzhou, despite its prosperity and advanced infrastructure, is not immune to ageing, the prevalence of chronic and mental illness, structural gaps in care provisions, and other factors that necessitate children's caregiving roles. By investigating both urban and rural settings, this study highlights the hidden presence of young carers in affluent regions and offers a more comprehensive understanding of how caregiving responsibilities are structured and experienced across different social and economic landscapes.

3.2 Participants

3.2.1 Sampling Criteria

This study aimed to include young carer families from both research sites to explore their lived experiences and caregiving responsibilities. Additionally, I sought to recruit professionals working with vulnerable children and families, as their perspectives would provide insight into the level of awareness and understanding of this distinct social group within professional settings, as well as the support services available to these families. Moreover, I intended to involve school staff members, given their daily interactions with young carers and potential young carers. Their engagement with students positioned them to offer valuable insights into young carers' emotional and educational well-being, future aspirations, support needs, and other relevant aspects. This section outlines the selection criteria used to recruit participants for this study.

Specifically, this study employed purposive sampling through the maximum variation sampling method to ensure diversity in participant selection (Daniel, 2012). The selection criteria for young carer participants were informed by three key factors drawn from the existing evidence. First, social care theory suggests gender differences in caregiving experiences and their associated impacts. Daly and Lewis (2000) argue that women undertake a disproportionate share of caregiving responsibilities and are more likely to experience negative consequences as a result. Second, family structure and the availability of support significantly shape young carers' experiences. Clay and colleagues (2016) suggest that the presence or absence of other family members providing support influences the degree of burden young carers experience. Third, the condition of the care recipient affects young carers differently. Joseph, Sempik, and colleagues (2020) suggest that those caregiving for individuals with mental health conditions often experience greater emotional strain than those providing care for individuals with physical disabilities.

Given these factors, I established a set of inclusion criteria to guide the selection of young carer participants. To be eligible, participants had to have at least one family member who had been medically diagnosed with a chronic illness, disability, or mental health condition that necessitated care. They also needed to be actively engaged in caregiving on a regular basis, even if their responsibilities were limited to assisting with domestic chores. Since the definition of a *young carer* has been widely debated (S. Becker, 2000), and because the term 'regularly' is difficult to quantify, I sought to include participants who played an ongoing role in household caregiving. The study included both female and male young carers, ensuring a gender-balanced perspective on caregiving experiences. Additionally, I recruited participants who cared for one or multiple ill family members to explore how the number of care recipients influenced their caregiving responsibilities. I also included young carers who provided care to different family members, including parents, grandparents, and siblings, in order to capture the varied nature of caregiving relationships.

Recognising that caregiving experiences evolve over time, I selected young carers with different lengths of caregiving experience. Those who had been caregivers for a longer period might have developed different coping mechanisms and perspectives compared to those who had only recently taken on caregiving responsibilities. Moreover, family structure plays a crucial role in shaping young carers' experiences, as some children live with both parents, while others reside in single-parent households or with grandparents. I also considered whether participants had access to external support, such as paid carers or extended family assistance, since these factors could influence the intensity of their caregiving responsibilities. Additionally, participants were drawn from different educational levels, including junior and senior secondary school, as younger participants may have different views on caregiving compared to older participants, who were beginning to shape their aspirations for the future. Meanwhile, my research has benefitted from a focus on adolescent carers who are more able to understand interview questions and to verbalise their experiences than younger children. It is therefore more appropriate to research adolescent carers for this exploratory study.

Finally, I ensured that both left-behind children and migrant children with caregiving responsibilities were represented in the sample, allowing for a comparative understanding of how migration impact young carers' experiences.

For care recipient participants, I included individuals who had been medically diagnosed with chronic illnesses, disabilities, or mental health conditions. To ensure a broad representation, the study included both male and female care recipients. For professionals, I recruited individuals who were directly involved in supporting vulnerable populations, including those working with low-income families, children in difficulty (*kunjing ertong*), and women's welfare services. I sought participants from both urban and rural research sites and included both male and female professionals to account for different perspectives. Additionally, I prioritised the recruitment of experienced professionals who had significant knowledge of the child welfare, the social support systems, the health care systems, and relevant policies. In both research sites, I also recruited school staff members from multiple schools, ensuring diversity in institutional perspectives.

In addition to the inclusion criteria, I applied a set of exclusion criteria to safeguard participants' well-being and ensure the feasibility of the study. If a young carer family was unsuitable for the participant observation, they were not included. Similarly, if a young carer or care recipient was unwilling to participate in follow-up data collection, they were excluded to maintain consistency in longitudinal engagement. I also excluded participants whose physical or mental health conditions might be negatively affected by participation, as their well-being remained a priority throughout the study. Furthermore, if a potential participant's circumstances raised ethical or legal concerns, such as cases involving domestic violence or high-risk environments, they were not included in order to protect their safety. Additionally, professionals and school staff members who were unwilling to engage in meaningful discussions were excluded from the study, as their participation would not contribute to the depth of qualitative insights required.

By employing this purposive sampling strategy, this study ensured broad representation across different caregiving contexts, family structures, and participant backgrounds, while maintaining ethical integrity and minimising potential harm.

3.2.2 Sampling Process

To identify potential young carer families, I used family and professional networks in Hangzhou, consulting civil servants, social workers, NGO staff members, and school staff members. These professionals provided insights into families that either had documented caregiving needs or had been previously observed as requiring care where children were involved in caregiving practices. While I initially considered snowball sampling, it was ultimately not needed, as the recruitment process unfolded more smoothly than expected. Contrary to my initial concerns, there was no shortage of families with caregiving needs involving children, suggesting that young carers were more prevalent than commonly assumed.

This became particularly evident during my discussions with government officials in the L District. As mentioned above, when I first inquired about the presence of young carers, most officials instinctively denied their existence assuming that because of Hangzhou's economic development families could all prioritise children's well-being. However, I soon realised that the term 'care' appeared too formal or institutionalised to them, leading to misinterpretations. Adjusting my approach, I instead asked whether they were aware of families with an ill or disabled parent or grandparent, and whether children in those families assisted with household chores or spent time looking after the ill family member. This time, the response was immediate and affirmative, with officials acknowledging that such caregiving was a cultural norm rather than an anomaly. One official stated, '*That's necessary, it's the right thing to do, isn't it? Otherwise, this child is unfilial and has no conscientiousness (mei liangxin).*' This response underscored the deep-rooted Confucian values of filial piety, which frame children's involvement in

caregiving as an expected moral duty rather than an explicit caregiving role (J. Liu, 2022b), which will be explicitly discussed in my empirical findings.

With the support of local civil staff members, including those from subdistrict offices, village committees, social workers, and other professionals, I introduced my study to young carer families, explaining its focus on family life, relationships, emotions, and caregiving experiences. During the initial stages of contact, I was frequently accompanied by these professionals, who played an essential role in facilitating trust between me and the families. During preliminary visits, I spent over two hours with each family, discussing their caregiving needs and explaining the research objectives. This level of engagement surprised many professionals, who later admitted that they had initially assumed I was like other 'leaders' conducting brief, symbolic home visits. They were accustomed to officials visiting families for perfunctory purposes, often taking photos to promote welfare initiatives without engaging meaningfully with the families. Some expressed genuine surprise at my sustained involvement, remarking that they had never encountered someone so committed to conducting 'real and solid work' (*zuo shi shi*) in the field.

Through maximum variation sampling, I approached 42 potential families across both urban and rural research sites who met nearly all of the selection criteria outlined above. Of these, 30 families ultimately consented to participate in the study. The following section provides detailed information regarding young carer families' characteristics and demographic information. In section 3.2.4, I provide a detailed discussion of how rapport was built with participants and the process of gaining informed consent.

For professionals and school staff, I used family networks, along with my previous research experience, to approach civil servants, social workers, NGO staff members, and school staff members in both research sites. Using a purposive sampling strategy, I recruited two participants from each research site across three professional categories: civil servants, social workers, and NGO staff members. These participants were

selected based on their strong understanding of vulnerable children and families and their willingness to share their insights. In total, 12 professionals participated in the study. Additionally, I recruited eight school staff members, comprising two principals and two teachers from each research site. Their direct engagement with students positioned them to provide valuable perspectives on young carers' emotional well-being, educational experiences, and broader support needs. This selection ensured a diverse representation of institutional viewpoints across educational and social support systems. It is important to acknowledge the inherent limitations of purposive sampling. Participants were invited to share their perceptions and experiences voluntarily, meaning that those who consented were often more articulate, talkative, and reflexive. This suggests that the professionals who participated may have been more consciously aware of institutional, structural, or social challenges affecting vulnerable populations. While this potential bias is an inherent limitation of the sampling strategy, it does not invalidate the study's findings.

In total, 80 participants joined this study. The sample size was determined according to the principle of 'saturation.' It refers to the point where the collected data has reached sufficient depth and breadth to address the particular research question such that nothing 'new' could be generated through more interviews (Small, 2009).

3.2.3 Young Carer Families' Characteristics

This study includes 30 young carer families, with 15 from each research site, comprising 30 young carers aged 12 to 17 years old and 30 care recipients. The majority of these families are economically disadvantaged. Specifically, 17 families are officially recognised as low-income households (*dibao hu*), and six are classified as marginal low-income households (*dibao bianyuan hu*). The remaining seven families are classified as ordinary households, meaning they do not receive government subsidies or bursaries, but most still face financial constraints. Access to external caregiving support is extremely limited. Only eight families receive help from relatives,

and just one family has hired nursery support. The remaining 21 families rely solely on internal caregiving arrangements.

These families also exhibit diverse household structures. The most common type is single-child families (n=16), followed by multi-child families (n=14). Fifteen families are lone-parent households, in which either the mother or father is absent due to divorce, disappearance, death, or other circumstances. These intersecting structural vulnerabilities – economic precarity, limited care resources, and constrained family structures – provide the backdrop against which young carers' experiences unfold.

Across the 30 families, there were over 30 care recipients, as 12 families had multiple members requiring care. Care recipients were diagnosed with a range of chronic illnesses, such as diabetes, renal failure, uremia, and HIV/AIDS, and physical, intellectual, speech, and other disabilities, as well as mental health conditions. Many care recipients suffered from multiple health conditions simultaneously, rather than a single diagnosis. The primary sources of family income varied, with most families relying on odd jobs, blue-collar work, or farming in the rural research site. However, six families had no stable income source, further exacerbating financial strain. Among the 30 young carers, the sample maintains gender balance, with 15 male young carers and 15 female young carers. Among them,13 undertook the role as primary caregivers, while the remaining 17 played secondary or tertiary caregiving roles. The distribution of care recipients was varied. The duration of caregiving responsibilities ranged significantly, with the longest caregiving period being 12 years and the shortest being 2 years at the time of fieldwork. Please see the detailed participants' profile in Appendix I.

Beyond their caregiving responsibilities, the study also considered the broader social and educational backgrounds of young carers. Three young carers from the rural research site were left-behind children, while three from the urban research site were migrant children. Furthermore, six children, three from each site, were officially

classified by the government as 'children in difficulty' (*kunjing ertong*), and three adopted children were part of the urban research sample. Regarding their education, 13 young carers were studying at the junior secondary school level, either in district-level or township-level schools. The remaining 17 were at the senior secondary school level. Among these, 15 were enrolled in vocational training high schools (*zhigao*), while only two attended regular senior secondary schools (*putong gaozhong*).

3.2.4 Building Rapport and Gaining Consent with Young Carer Families

Given that this study focuses on children's caregiving within the family, its nature is highly private and potentially intrusive. Establishing a strong foundation of trust between participants and the researcher was therefore essential for conducting the study effectively. One of the most effective ways to build this trust was through the use of the local dialect. As DeWalt and DeWalt (2011) suggest, proficiency in the local language or dialect is a crucial element in conducting fieldwork. In this study, familiarity with the local language provided a significant advantage in breaking the ice and building rapport with young carer families, particularly in the urban research site where I was born and raised. Additionally, during data collection, my familiarity with the Hangzhou dialect allowed me to recognise subtle emotions in participants' speech, especially when interacting with elderly family members who did not speak Mandarin. This linguistic and cultural proximity fostered a sense of intimacy and trust, both of which were essential given the sensitive nature of the research. In the rural research site, although I was not fluent in the local dialect, I could fully understand it and responded using a mix of Mandarin and simple phrases in the local dialect. Notably, all young carer participants communicated with me in Mandarin.

Beyond language, I employed several strategies to build rapport and obtain consent from young carer families, including the strategic use of *guanxi*, giving educational tutorials, and participating in their daily activities (e.g., housework, farming, and household management). First, *guanxi*, a deeply embedded relational practice in

Chinese society, refers to the cultivation of reciprocal social ties through mutual obligation, trust, and exchanges of favours (X. Qi, 2013). In rural China in particular, *guanxi* is not merely a network of personal connections but a fundamental social fabric that structures relationships. Material exchanges, such as gifts, shared meals, or financial support, are essential acts in maintaining and deepening trust. Unlike transactional interactions, *guanxi* operates on long-term relational commitments, where giving is not simply an economic act but a means of affirming and sustaining relationships. In the initial stages of fieldwork and throughout my engagement with young carer families, I consciously performed *guanxi* through acts of financial generosity.

For example, in both my information sheet and verbal communication with young carer participants (please refer to Appendix III), I explicitly stated that, as a gesture of appreciation for their time and contribution, each young carer would receive stationery worth approximately 100 RMB, and each family would receive supermarket vouchers of equivalent value. It should be noted that the gifts were to show respect and my gratitude for their time, but were not so much that they could make a research participant feel obligated to participate or provide responses that might please me. Additionally, during the first few visits and initial rapport-building process, I adhered to the cultural norm of *bu neng kong zhe shou qu* (not going empty-handed), bringing fruit baskets or groceries as *jian mian li* (gift presented at the first meeting). Through these practices, I navigated the intersectional roles of being a researcher, and a 'friend.' The gifts were embedded in the relational culture of the field, where material exchanges played a role in sustaining access and reinforcing *guanxi*. Reciprocity in these interactions was not only financial but also structurally ingrained in tacit assumptions of relationship-building. However, reflecting on the underlying assumptions behind these performances of *guanxi*, it became clear that while these acts of financial generosity outwardly benefitted participants, they also raised deeper ethical and reflexive considerations. On the surface, they aligned with local cultural norms, but they also served to legitimise my role as a researcher, reinforcing my presence in the

field in ways that merit critical examination. These ethical complexities will be further explored in section 3.5.2.

Apart from financial exchanges, I observed that when I established a good rapport with the children, their families became more welcoming towards me. Here, cultural capital played a crucial role in building rapport. In China, where academic achievement is widely regarded as a pathway to socioeconomic mobility, researchers affiliated with prestigious institutions are often perceived as aspirational figures. I was frequently asked to assist young carers with their homework, particularly in English. Inspired by Vanessa Fong (2004) who gained access to families and children research participants in China by offering to tutor some of them in their homes, I also actively offered this tutoring support. My identity as a graduate student at an elite university in the UK functioned as a form of social capital (Bourdieu, 1986), facilitating my access to participant communities. However, upon reflection, tutoring was neither a neutral nor an incidental act. Rather, it became a strategic performance of usefulness, positioning me as an educational supporter, mentor, and at times, an authoritative figure. While tutoring may appear to be an altruistic gesture, it also played a pragmatic role in fostering trust and securing research access. In a context where academic success is highly valued (Xie, 2016), my ability to provide educational assistance enhanced my legitimacy as a researcher, at times even more than my formal academic credentials. However, similar to my performance of *guanxi*, the tutor role also raised significant ethical dilemmas, particularly regarding power asymmetries, the long-term implications of my role, and the ambivalent boundaries between genuine support and strategic engagement. This reflexivity will also be discussed in section 3.5.2.

At the same time, in both research sites, I actively participated in household chores, including sweeping, washing dishes, and hanging out clothes. In the rural research site, I worked alongside villagers in farming, primarily picking tea leaves. I approached this experience with an open mind, eager to learn the necessary skills while fully engaging in the labour. I consider this process essential for building trust and fostering a more

egalitarian mode of interaction. Although my status as an overseas university student from a relatively high socioeconomic background set me apart from the villagers, I sensed that over time, they came to recognise my sincerity and willingness to work hard, as I consciously distanced myself from my 'urban' and privileged identity.

To my surprise, I was warmly welcomed by nearly every family. Most family members were both curious and cooperative, though some humbly expressed concerns that they were 'not worthy of being studied'. Despite my clarification that this was an academic research project, many participants interpreted my study as 'a big homework' and were delighted at the prospect of helping me obtain my PhD. I did not provide formal consent forms for participants to sign. This was because in a sociocultural context where written contracts remain a relatively new concept, particularly among rural populations, and have historically been associated with hidden governmental agendas under China's political climate, requiring a signed document could have been more unsettling than reassuring (Heimer & Thøgersen, 2006). Furthermore, written consent forms tend to reinforce existing power differentials, particularly those linked to social status. Given these considerations, oral consent emerged as the most appropriate approach for obtaining permission. I explicitly assured participants that their information would be fully anonymised and that they retained the right to withdraw at any time without any consequences or concerns.

3.3 Research Methods and Data Collection

I collected data using multiple methods, including participant observations, interviews, and questionnaires. This facilitates the triangulation of the data and thereby enhances the reliability and internal validity of the research.

It should be noted that while this research draws on the internationally recognised concept of young carers, there is currently no widely used or officially recognised equivalent term in Chinese policy or public discourse. During fieldwork, I did not use

the English term young carer with participants, nor did I translate it directly into Chinese. Instead, I used everyday language to ask about children's caregiving roles, such as *zhao gu jia ren* (caring for family members) or *bang zhu jia li* (helping at home) depending on the context. This approach ensured that children and families understood the questions in a culturally meaningful way, without imposing an unfamiliar label. The analytic use of the term young carers in this thesis reflects a conceptual framing that recognises the informal and often invisible caregiving work children undertake, even in the absence of formal recognition or shared terminology in the Chinese context.

In this section, each method will be explained in detail below along with the data collection process. At the end of this section, I will also discuss the ethical considerations.

3.3.1 Participant Observations with Young Carer Families

Conducting participant observation within family settings presents inherent methodological challenges, as highlighted in previous scholarship (DeWalt & DeWalt, 2011; Lull, 1990; Silverstein et al., 2006; Spillius, 1957). The intrusion of an observer into the private sphere of the home can disrupt routinised family activities, potentially leading to inauthentic or superficial data (Silverstein et al., 2006). These challenges also emerged in my fieldwork, shaping my decision-making process regarding how to optimise data collection while minimising disruption to participants' daily lives.

A key challenge stemmed from the socioeconomic conditions of my participants. Many families lived in small and modest homes, making my presence highly conspicuous and difficult to ignore. Despite my efforts to integrate into household routines by participating in domestic tasks, such as cleaning, washing dishes, and food preparation, my presence inevitably narrowed the available living space for family members, potentially compounding their caregiving responsibilities. Additionally, as I was introduced to almost all families by social workers or civil affairs bureau staff members,

adult family members often felt obliged to extend formal hospitality, particularly in the initial stages of observation. Some went out of their way to purchase meat and prepare elaborate meals for me, despite my repeated insistence that such gestures were unnecessary. Even when I offered to cover my meal expenses, my presence implicitly added extra burdens to already time-constrained families.

Recognising these ethical concerns, I adjusted my research strategy. Initially, I had planned to conduct in-depth participant observation with 10 families, but I reconsidered this approach to avoid significantly disrupting their daily routines, which proved difficult to prevent entirely. Instead, I decided to expand my participant observation to all 30 young carer families, adopting a broader yet less intrusive observational approach. This allowed me to gain a more comprehensive understanding of young carers' lives across diverse family contexts, particularly given the lack of prior qualitative research on this social group in China.

In the urban research site (L District), my visits followed a structured routine. I typically conducted two weekday visits per family, from approximately 7 a.m. to 9 p.m., along with one weekend visit, from 8 a.m. to 9 p.m. Due to limited living space, I did not stay overnight but carried groceries and fruits as small contributions to household needs. I actively participated in food preparation, cooking, and dishwashing. Most children in urban settings did not attend boarding schools, as their caregiving responsibilities required them to be at home before and after school. Their commutes were relatively short, allowing me to spend the evening hours with the family once the children returned from school. My evening observations focused on: children's caregiving roles, family dynamics and relationships, household interactions and routines, and significant conversations and unspoken emotional cues. During the daytime, I often assumed the role of a companion or domestic assistant, allowing me to closely observe: care recipients' health conditions; daily caregiving needs and household responsibilities; family members' (if any) behaviours and caregiving roles; and their living conditions and resource availability.

In the rural setting (C County), a significant number of children attended boarding schools, as many local schools had been shut down, requiring long daily commutes to township-level or county-level schools. Consequently, I conducted the majority of my fieldwork on weekends, when children returned home. For families where children attended boarding schools, I spent at least one full weekend with each family. Similar to the urban site, I did not stay overnight due to space constraints but lived in a hotel in the county and commuted daily to the villages. I typically arrived at the village around 8 a.m., participating in their farming and caregiving routines. My observations extended beyond individual families to include interactions with neighbours, as rural communities in China often maintain strong social networks. For families where children did not attend boarding schools, my observation schedule mirrored the urban routine, consisting of two weekday visits per week plus a weekend visit.

During the summer of 2023, when children were home every day, I conducted rotational visits to both rural and urban young carer families, observing whether children's caregiving responsibilities intensified during the holidays. However, caregiving demands were not always higher during weekends or holidays, as care recipients' health conditions fluctuated over time. These variations will be examined in later empirical chapters.

To maintain confidentiality and anonymity, I did not take photographs of participants or their family members. Further details regarding ethical considerations are discussed in section 3.3.4.

3.3.2 Semi-Structured Interviews with All Participants

Alongside participant observation with young carer families, I conducted private, in-person interviews with children, care recipients, and/or other adult family members. Given that the aim of these interviews was to develop an in-depth and comprehensive

understanding of participants' caregiving experiences, a structured interview format would have restricted participants' ability to express themselves freely and provide meaningful insights. Conversely, a completely unstructured approach would not have sufficiently guided participants toward sharing relevant reflections and information that could help address the research questions (Rowley, 2012). To balance flexibility and focus, I employed semi-structured interviews, which allowed for open-ended main questions, while incorporating probes and prompts to encourage participants to provide detailed and nuanced responses (Bryman, 2016).

Additionally, I conducted semi-structured, private interviews with professionals and school staff members to explore their perspectives on young carers, children in difficulty (*kunjing ertong*), and the broader social welfare and educational systems supporting them. These interviews provided valuable background information that informed my understanding of the institutional and policy context, and helped refine my research questions and interview strategies with families. However, as the core aim of this thesis is to centre the lived experiences of young carers and their family relationships within their home environments, these expert interviews are not explicitly cited or analysed in the chapters that follow.

In total, I conducted over 80 interviews. All interviews were audio recorded using iFLYTEK's audio recorder with participants' prior consent to ensure accuracy and facilitate comprehensive analysis. The semi-structured interviews with professionals and school staff members generally proceeded smoothly. However, many participants hesitated when discussing policy-related matters, particularly once the recording began. In total, I conducted 20 interviews with professionals and school staff members between January and March 2023. However, as noted, my fieldwork with young carer families extended until January 2024, allowing for a more prolonged and immersive engagement with their lived experiences.

When working with the young carer families, resonating with Hao Wu's (2025)

reflections, I quickly realised that formal interviews were largely ineffective for my participants, particularly middle-aged and elderly individuals in both research sites. Even when the interviews were conducted in their own homes, the mere mention of an 'interview' made them visibly nervous, often before I had even turned on the audio recorder. Prior to the interviews, many participants apologetically expressed self-doubt, claiming they 'knew nothing', that their views were 'too uneducated (*mei wenhua*)' or anxiously asking, 'What if I say something wrong? (*hui da de bu dui*)' One grandfather (a family member, but not the care recipient) even cautioned his granddaughter (a young carer) with a threatening tone, against 'speaking inappropriately (*bu yao luan shuo hua*)' during the interview. He repeatedly entered the room to glance at my notes, attempting to monitor our conversation. Others, despite my reassurances, instinctively switched from dialect to hesitant Mandarin, seemingly believing that Mandarin was the 'correct' or 'appropriate' way to answer interview questions, even though I had explicitly told them that they were welcome to speak in their local dialect, which I fully understood.

Despite my efforts to foster a relaxed and non-intimidating environment, few participants felt truly at ease in a formal interview setting. Their discomfort underscored the limitations of conventional interview methods in this context and reinforced the need for alternative, more naturalistic approaches to data collection. Consequently, I chose to continue participant observation, allowing time for trust and familiarity to develop before conducting interviews in a more comfortable and intimate setting. Meanwhile, drawing inspiration from Hao Wu's (2025) fieldwork experience, I continuously redefined my relationship with participants by dismantling my privileged identity and affirming the legitimacy of their voices and lived experiences. I openly acknowledged that while I had academic knowledge, I lacked the practical and social knowledge that they possessed as experts in their own realities. Moreover, I admitted that I was less skilled than them in social interaction and interpersonal relationships, further positioning them as knowledge holders. In conversations, I challenged the perception that formal education equates to superiority and recognised their invaluable contributions to society. I also expressed my awareness of structural injustices,

emphasising that our differing social positions reflected systemic inequalities rather than individual merit.

As my relationship with young carer families deepened, the interviews gradually became smoother and more natural. This shift occurred during the middle or later stages of my participant observations with each family.

3.3.3 Questionnaires with Young Carers

In addition to data from in-depth semi-structured interviews and participant observations, I also invited young carer participants to complete two separate self-administered questionnaires in person (please find sample questionnaires in the Appendix II). Although this study does not aim to generate statistical evidence on young carers, the use of questionnaires was intended to provide some background descriptive data regarding children's specific caregiving tasks and how they feel about caregiving, positively and negatively, as supplements of in-depth interview data and fieldnotes.

The design of these questionnaires was adapted from MACA-YC18 (The Multidimensional Assessment of Caring Activities) and PANOC-YC20 (The Positive and Negative Outcomes of Caring) (Joseph et al., 2009). The MACA-YC18 measures the nature and extent of caregiving responsibilities, while the PANOC-YC20 assesses the impact of caregiving on young carers' mental well-being. Over the past decade, these assessment tools have been widely used in young carer research globally, and I previously employed them when working with young carers in rural China between 2019 and 2020. Specifically, both questionnaires were distributed to 30 young carer participants, they were administered in hard copy format and consisted exclusively of tick-box options for ease of completion, and multiple choices were allowed. Childhood researchers emphasise that young carers should complete such assessments independently, without the presence of care recipients or other family members, to ensure the authenticity of their responses (Joseph et al., 2009). Therefore, during data

collection, I sat along with children, carefully explaining each section of the questionnaires. If they had any queries, they were encouraged to ask me directly rather than consulting care recipients or family members. This approach ensured that their responses remained uninfluenced by external pressures while allowing me to provide necessary clarifications.

3.3.4 Ethical Considerations

Prior to data collection, I provided written information and consent forms to professionals and school staff members via WeChat, allowing them 15 days to review the documents, ask questions, and consider their participation before signing. For young carers' families, I delivered age-appropriate written information in person and verbally explained the details before presenting the consent forms. The information covered, but was not limited to, the study's purpose, voluntary participation, confidentiality and anonymity measures, recording procedures, home visits, and thank-you gifts. I then obtained parental or guardian consent for young carer participants. As outlined in section 3.2.4, consent from young carer families was obtained orally, while signed consent was required from professionals and school staff.

Young carers in this study are classified as vulnerable due to their age and caregiving context, and the research process may evoke traumatic memories. Similarly, care recipients may experience emotional strain due to their dependence on a child caregiver. To minimise potential harm, distress, embarrassment, or anxiety, I carefully designed all research procedures and interview questions in line with ethical guidelines (Clark et al., 2014, p. 20). Additionally, I drew upon research techniques from childhood studies to ensure the well-being of young participants (Alderson & Morrow, 2011; Clark et al., 2014; Groundwater-Smith, 2014; Lareau, 2003; Punch, 2002a). Before entering the field, I conducted a pilot study to refine the interview structure and language, ensuring that questions were age-appropriate and comprehensible, thereby reducing potential discomfort.

Given the power imbalance between myself as a researcher and young carer families, there was a risk that participants might tailor their responses to align with perceived researcher expectations (Bell & Waters, 2018). To enhance the validity and reliability of the data, I spent at least two months building rapport with participants before conducting formal data collection. This preparatory phase aimed to foster trusting relationships, enabling participants to speak more freely during interviews and behave naturally during observations. Furthermore, young carers could face additional vulnerability if they disclosed family tensions or personal struggles that might be overheard by other family members. To minimise this risk, I ensured that all interviews were conducted privately, in a location of the child's choice. Additionally, I remained vigilant in monitoring verbal and non-verbal cues that might indicate withdrawal of consent, distress, or fatigue. If a participant displayed negative emotions, I would suggest taking a break and temporarily pausing the audio recording. For participants requiring psychological support post-data collection, I facilitated referrals to available professionals who could provide assistance.

Confidentiality and anonymity were guaranteed throughout the data collection, analysis, and thesis writing process. All participants were assigned pseudonyms in the presentation of interview excerpts and observational data. I was aware that, in some cases, participants could potentially be identified through a combination of contextual details, such as age, sibling composition, and the nature of the care recipient's illness. To mitigate the risk of disclosure, I avoided using participants' real names, and referred only to broader geographical areas (e.g. L District and C County) rather than specific neighbourhoods, villages, or communities. I also exercised care in how individual cases were presented, particularly where participants shared sensitive or emotionally charged experiences. However, I informed participants that if any illegal activities or safeguarding concerns were disclosed during interviews or observations, such as domestic abuse involving a young carer, I would be obligated to report the issue to the police or relevant child protection agencies to ensure the participant's safety and well-

being. Additionally, I clarified to adult participants that disclosures related to substance abuse or other unlawful activities would similarly override confidentiality protections.

All original data were securely stored on a password-protected hard drive, accessible only to myself and my supervisor. Upon completing the thesis and either graduating successfully or publishing this study, all research data will be permanently deleted, with the exception of participant contact details, which may be retained for potential longitudinal or comparative studies in the future.

3.4 Data Analysis

My fieldwork generated extensive data, including recorded interviews, field notes, survey responses, and reflexive diaries. To ensure accuracy and depth in capturing these complexities, all 80 interviews were recorded with a digital recorder and transcribed using a flexible verbatim approach. This entailed transcribing the interviews verbatim in the original spoken language, Chinese, capturing all idiosyncratic elements of the conversations while omitting some non-verbal cues and filler words to enhance readability. This naturalist approach was consistent with the constructivist paradigm (Gubrium, 1997). As Shani Orgad (2019) highlights, qualitative analysis requires close examination of inconsistencies, tensions, ambiguities, subtleties, and contradictions within participants' narratives, as well as omissions, avoidances, and silences; what was left unsaid, what participants struggled to articulate, and the words they could not find. Transcribing more than 160 hours of recordings was a time-intensive process. I transcribed the interviews in Mandarin by using iFLYTEK's automatic transcription service for efficiency while manually transcribing segments in local dialects to ensure precision. This detailed transcription formed an integral part of the analysis process, as suggested by Elliott (2005).

To identify key patterns and themes within the data, I conducted thematic analysis, which allows for both descriptive and interpretative engagement with qualitative data

(Boyatzis, 1998). Thematic analysis is widely used in qualitative research, as it facilitates the exploration of data from its most direct meanings to deeper analytical insights. Following Aronson (1995), I identified themes that were meaningfully related to the research aims and represented patterned responses across the data. My approach combined both deductive and inductive strategies, balancing theoretical engagement with emergent themes from the data. I used NVivo 12 to facilitate coding, while also printing and manually reviewing all transcripts in chronological order. This iterative analytical process enabled me to develop a comprehensive understanding of the data, focusing on recurrences, inconsistencies with existing literature, variations within thematic categories, implicit and indirect connections, and cross-case comparisons. Additionally, I paid close attention to contradictions between observed behaviours and participants' verbal expressions, recognising that discrepancies between what participants say and do often reveal deeper insights. Although comparative analysis was important, I placed greater emphasis on examining each young carer family and children's singular caregiving experiences.

For the presentation of findings, I incorporated extended quotations where necessary to preserve the participants' voices. These included pauses, laughter, silences, and word repetitions, all of which provided critical insights into emotions and moments where words seemed insufficient (Orgad, 2019). These details are further explored in the subsequent empirical chapters.

3.5 Reflexivity and Ethical Reflection

3.5.1 Rethinking Research Ethics in Vulnerable Contexts

Research ethics in studies involving vulnerable populations have largely been shaped by institutional review boards and ethics committees in the Global North. While these frameworks are designed to protect marginalised participants, they often prioritise bureaucratic oversight and standardised ethical protocols. As Mattingly (2005) argues, such rigid structures fail to account for the relational and context-dependent nature of

ethical decision-making in qualitative research. In some cases, these frameworks may hinder rather than safeguard participants by imposing universalised ethical norms that do not align with local realities. Recognising these limitations, scholars have increasingly emphasised the importance of ethical considerations tailored to research in the Global South, where vulnerability is often framed through a protectionist lens (Betancourt et al., 2016; González et al., 2016; Oyinloye, 2021; Shaw et al., 2020).

While the development of context-specific ethical frameworks is crucial, ethical reflection must go beyond institutional guidelines to acknowledge the active role of researchers in shaping the research encounter. Scholars have pointed out the need to critically examine how researchers' positionalities influence and are influenced by their moment-to-moment interactions with participants, the field, and broader structural conditions – especially relevant in Global South context. In this study, my own positionality, shaped by gender, age, socioeconomic background, and institutional affiliations, played a central role in negotiating access, building relationships, and navigating ethical dilemmas. In this section, I explore how my and participants' positionalities (DeLuca & Maddox, 2016; Weber, 2010) and ethical considerations (Aldridge, 2014; Edwards & Mauthner, 2012) influenced my research processes, emotions, relationships, and the knowledge I produced, especially when working with vulnerable groups, particularly vulnerable children (Aldridge, 2014; Clark et al., 2014; Davies, 2008; Lane et al., 2012; Punch, 2002a).

Before entering the field, literature on research with vulnerable populations helped shape my initial understanding of positionality. One particularly influential work was The Children of China's Great Migration, in which my supervisor, Rachel Murphy (2020, p. 235), reflects on her fieldwork experience:

> *'The wife of a teacher in one township school clasped my hands and said with much feeling: "You really have compassion" (ni hen you aixin). Her kindness notwithstanding, I did not feel I deserved praise because research*

is a self-indulgent and privileged undertaking.'

This sentiment resonates with broader critiques of power dynamics in research. Morrison and colleagues' (2012) article '*Thanks for Using Me*' similarly highlights the ethical dilemmas inherent in qualitative research. Meanwhile, scholars have long debated the ethical implications of representation, cautioning that such practices can lead to self-righteousness, epistemic arrogance, and unintended forms of exploitation (Alcoff, 1991; Hartsock, 1998; Spivak, 2003). Spivak (2003) famously argues that researchers should aim to 'speak to' rather than 'speak for' participants, positioning research as a dialogical rather than extractive practice. However, Alcoff (1991) acknowledges that 'speaking for' is at times unavoidable, as it is embedded in the very structure of discursive practice. Rather than rejecting it outright, she calls for a practice of 'speaking for based on speaking with,' emphasising ongoing reflexivity regarding the researcher's aims and positionality.

In this study, I attempt to navigate this tension by positioning my research as an effort to amplify the voices of young carer families while remaining critically aware of the risks of overrepresentation or misrepresentation. My approach does not assume participants' narratives as direct and unmediated truths but instead seeks to situate their experiences within the broader institutional and structural conditions that have rendered their voices largely invisible. This commitment to relational and situated knowledge production shaped both my methodological choices and the way I interpreted participants' narratives in this study.

3.5.2 Reflexivity on Fieldwork Experiences with Young Carer Families

In qualitative research, neutrality is often framed as the concealment of identity markers such as gender, class, and education to present the researcher as an impartial observer. However, in practice, fieldwork entails ongoing negotiations of self-presentation. Throughout my research, modifying aspects of my appearance and behaviour became

a strategy for navigating power asymmetries and building rapport, echoing Judith Butler's (1990) concept of embodied performativity, wherein identity is actively constituted through social interactions.

To appear more relatable, I deliberately downplayed signs of privilege by dressing in casual attire, wearing old sneakers, and avoiding accessories. Even in the summer heat, I refrained from using sun-protective gear or umbrellas, despite the discomfort. These were not merely practical decisions, but performative acts of neutrality. Spatial choices also played a role: parking far from field sites helped obscure socioeconomic status and align me more closely with participants' lived realities. As a young female researcher, these embodied performances also intersected with gendered and professional expectations. Adjustments in posture, speech, and demeanour were not only about access but part of a broader effort to appear non-threatening and professionally legitimate.

As discussed previously, my role as a tutor that intended to support children's studies, also raised ethical dilemmas (Fong, 2004). Although tutoring was fulfilling and framed as a form of giving back, it prompted ongoing self-reflection. I questioned whether my actions were genuinely supportive or served primarily to justify my presence. As I recorded in my fieldnotes, '*Am I doing this to alleviate my own guilt, or truly contributing to their well-being?*' Tutoring thus revealed the tension between care and strategy in field relationships.

Similar ambiguity emerged in the enactment of *guanxi*. Acts of generosity eased field access and built rapport, but also functioned strategically to mitigate discomfort over class disparity. These gestures positioned me as caring and embedded, yet also reinforced my role as a researcher operating within a privileged hierarchy. I gradually became aware of an underlying assumption in these exchanges: participants were implicitly cast as economically vulnerable. While these practices facilitated trust, they risked reinforcing hierarchical dynamics where participants were primarily recipients.

In my field diary, I wrote:

> *'When they [my participants] trust me so deeply, when they share their stories, whether of suffering or joy, I realise that I was never truly their friend. I was merely "performing" friendship.'*

For participants, these dynamics were less explicitly articulated but raised key ethical concerns. Did financial generosity create subtle pressures to conform, share, or maintain *guanxi* in ways they might not have otherwise? Were they themselves performing engagement in *guanxi*?

I also continuously reflected on my dual positionality as both insider and outsider (Dwyer & Buckle, 2009), particularly in relation to entering and exiting the field. Given the extended nature of my research, especially through observations, I considered the ethical stakes of longitudinal engagement. After concluding data collection, I attempted to maintain relationships and offer continued support, sometimes recommending or gifting books to young carers. While such gestures were limited in scale, they acquired emotional significance as relationships deepened. Some participants developed an ongoing attachment, messaging me regularly via WeChat to share updates. I often felt obliged to respond, interpreting it as part of my ethical responsibility. Occasionally, requests for financial help emerged, further complicating my role.

As these interactions blurred the line between researcher and participant, I came to realise the relational ambiguity of my position. Exiting the field became emotionally difficult (Morrison et al., 2012), and my hesitation only intensified feelings of academic guilt. As Samantha Punch (2012, p. 86) observes, 'the guilt, apprehension, fears, and worries are legitimate, common, and even useful experiences of fieldwork.' These ethical uncertainties did not end with data collection but remain part of my ongoing reflection, echoing Zhu and Wang's (2024) emotional struggles and tensions in their ethnographic research.

Overall, this chapter has outlined the methodological foundations of the study, including the selection of field sites, participant recruitment, data collection methods, analytical strategies, and key ethical and reflexive considerations. With this groundwork established, the thesis now turns to the empirical findings. The next three chapters examine the everyday realities of young carers in China, exploring the forms of care they provide, the structural and relational conditions shaping their caregiving experiences, and the emotional demands placed on them across different domains of childhood. What emerges is a pattern of caregiving that is deeply meaningful but also demanding, where love, duty, cultural values, and other conflicting emotions become tightly bound. This tension sets the stage for the development of *cruel interdependency*, a conceptual lens I return to and elaborate in the conclusion (Chapter Seven).

Chapter Four – Children's Caregiving Experiences in Daily Life

> *'I used to think that [caregiving] was temporary, hoping it might be over next year [pause] … then looking forward to the year after that. And then time just passes by … like a howling wind [sigh] … If you did not say it has been twelve years, I wouldn't have realised [laughs].'*

The above quote is from Xingxing, a 17-year-old girl, a daughter, and a young carer. I first met Xingxing at the front gate of her residence community, located in the L District. I planned to meet her directly at her doorway, but she insisted on picking me up, suggesting the residence community was massive and easy to get lost in. '*There are tens of thousands of households, almost all of them are the poorest and the elderly*', she said. Xingxing has been undertaking caregiving responsibilities since she was five years old. She is a foster child, lost her foster father at age eight because of cancer and provided care for her foster mother, who had been suffering from epilepsy and a mental disorder. Xingxing is the eighth young carer I met. My previous participants were all initially taciturn; however, she was much more outgoing and enthusiastic than the earlier participants I had met. We walked along the winding road and passed old men hawking vegetables and buildings with badly peeling facades, we finally reached her home. Xingxing's home is dark and damp but clean and organised. She offered me a stable chair to sit on, suggesting that everything of value in the home had been sold for money.

By the time of fieldwork, Xingxing was studying at a vocational training high school. In common with other young caregivers, for her, caregiving is not a separate task, such as eating, exercising, or sleeping, but it has long been integrated into every aspect of her life. Here, I portray Xingxing's daily caregiving schedule. '*It was an ordinary school day*', Xingxing said. '*It has been … It has been pretty good, actually … No accident, no surprise'*:

Wake up at 5 a.m.: Briefly clean the house, prepare her mother's breakfast and lunch, wash the cooking equipment, prepare her mother's daily medicine, record what necessities and ingredients need to be purchased, do the laundry (mixing of 2-3 days' clothes), and hang out the clothes.

Leave home at 6.30 a.m.: Take the bus for around 45 mins, arriving at the school before 7:30 a.m.

School Ends at 5.30 p.m.: Take the bus, shop for any essentials or ingredients, pick up the delivery (if any)

Arrive home around 6.15 p.m.: Check on her mother's physical and mental condition, check whether she has taken her medication, wash the dishes that her mother has used during the day, make dinner, eat with her mother, talking to her, rewash the dishes, wipe the table, tidy up, put away dried clothes and fold the laundry (if any), take out the rubbish, do the rest of the chores, go out for a walk with her mother, helping her with washing and preparing for bed

After the mother goes to bed around 10 p.m., Xingxing has the time and space to do homework or leisure activities. She enjoys using *Douyin* (the Chinese TikTok) or watching her idol's updated news and videos.

It is clear from this schedule that domestic chores dominate Xingxing's daily caregiving practices. Nevertheless, Xingxing's day-to-day caregiving experiences include, but also extend far beyond chores. It seems like this *child* is not just participating in domestic tasks that have a 'beneficial effect' for the development of competencies and sense of responsibility, as previous studies suggest (Goodnow, 1988; Goodnow & Delaney, 1989), but that she is undertaking *adult-type* domestic caregiving tasks that involve emotional labour (Hochschild, 1983), and that also respond directly to the caregiver's needs arising from their health condition. These children's domestic activities appear to be distinct from the tasks that might be undertaken by children not engaged in caregiving in different contexts, as I elaborate later (Moore, 2005; Morrow, 2005; Warren, 2007). We should therefore understand these children's involvement in domestic chores alongside the provision of emotional labour as part of their caregiving

(Hochschild, 1979, 1983). In this study, young carer participants from both rural and urban research sites noted that their in-home and/or on-farm responsibilities increased dramatically after their family member became ill or disabled, indicating their labour burden. This is similar to the positive association between left-behind children's engagement in domestic and farming chores and their parents' migration noted in other research (Chang et al., 2011; Murphy, 2020; Ye & Pan, 2011). For example, it has been suggested that left-behind children have become a 'substitute labour force' in migrant households (Ye & Pan, 2011, p. 364).

'Child labour' is usually discussed when children engage in market-oriented activities (International Labour Organisation, 2013). Domestic chores are usually excluded from child labour identification because children do chores generally conceptualised as an integral part of their growing up, which is beneficial to themselves and the family as a whole, as I discuss later. Regarding this, Webbink and colleagues (2012) argue that children who do domestic chores should be seen as a form of child labour under particular circumstances. For example, children who 'work' in unsafe family conditions, spend excessive amounts of time, or do inappropriate tasks when there is no close supervision from an adult caregiver. Compared to children not engaged in caregiving, previous studies, which predominantly pertain to developed countries, argue that young carers who do chores are seen as the 'labour of love' (Aldridge, 2008, p. 257) or missing out on an idealised, normal childhood (O'Dell et al., 2010). Meanwhile, many scholars question young carers' autonomy and ability to choose or negotiate with forms of domestic work (Aldridge & Becker, 1993, 1994; Hamilton & Adamson, 2013).

We already know that in China adults would minimise children's domestic responsibilities as much as possible to enable the children to study (Goh & Kuczynski, 2014), as discussed in the literature review (Chapter Two). At the same time, children in China are strategically displaying their agency and power in their daily lives, including negotiating their involvement in housework (Goh, 2011; Goh & Kuczynski, 2009). However, in Chinese families with caregiving needs, what children's day-to-day

practices in domestic tasks look like and how these tasks relate to the concept of 'care' remain unclear.

This chapter explores children's day-to-day caregiving experiences to address the following questions: In the Chinese sociocultural and family context, what makes the work done by children 'caregiving'? And, do young carers in China have autonomy in choosing or negotiating their caregiving responsibilities? This chapter sets the foundation for the concept of *cruel interdependency*[3], an original concept that I briefly defined in the introduction (Chapter One) and will be later developed in the conclusion (Chapter Seven).

Specifically, the discussion proceeds as follows. In section 4.1, I discuss the conceptualisation of children and domestic tasks, which involves parental understanding and expectations of children's contribution to domestic tasks in different sociocultural contexts. Section 4.2 presents empirical findings about children's daily responsibility of doing chores and caregiving for siblings, which led them to experience the process of parentification. In section 4.3, I provide a more comprehensive picture of children's responsibilisation under the cloud of their families' financial burden linked to family illnesses or disabilities, with a focus on how children are responsibilised by taking on household management and livelihood responsibilities. In section 4.4, I discuss another aspect of the care work undertaken by young carers – their emotional work during the caregiving process. In section 4.5, I discuss children's experiences of providing more nursing-type forms of personal or even intimate care that are directly required by the care recipients' illnesses or disabilities. Lastly, in section 4.6, I investigate how young carers, as active agents, use various strategies in negotiating their caregiving responsibilities and achieving their goals within the family.

[3] A central conceptual contribution of this thesis is the introduction of *cruel interdependency* – a multidirectional relationship co-constructed by young carers and their families. It is both depleting and empowering: it places significant burdens on children, yet deepens familial bonds and embeds care within a framework of moral obligation, emotional attachment, shared suffering, and resilience. Crucially, this interdependency is not one-directional. Children provide care, but they are also cared for; and while they make sacrifices, adult family members also struggle with guilt, powerlessness, and limited options. It is this shared, emotionally charged dynamic that makes the caregiving relationship both intimate and cruel. Please find detailed explanation in section 7.3.

4.1 Conceptualisation of Children and Domestic Tasks

Literature on young carers demonstrates that these children's involvement in doing domestic and/or farming chores and caring for younger siblings are the most common tasks, as shown in English and Japanese books (Aldridge et al., 1995; Aldridge & Becker, 1993; S. Becker et al., 1998; Mainichi Shimbunsha, 2021; Shibuya, 2018) and in reports from the government, research groups and NGOs globally (Carers NSW, 2020; Cass et al., 2009; Clay et al., 2016; E. James, 2017; Moore, 2005; Moore et al., 2019). For example, Joseph, Kendall, et al. (2019) found that 83% of young carer participants in England (n=194) reported high levels of domestic activity such as cleaning and cooking. Indeed, history tells us that many children have always had some degree of housework and caregiving responsibilities (DeMause, 1976). Existing literature conceptualises children's involvement in domestic chores and taking care of younger siblings as a learning and socialising process, which is beneficial (Baumrind, 1971; Emerson & Souza, 2007; Goodnow, 1988; Goodnow & Delaney, 1989; Kuczynski & Kochanska, 1995; White & Brinkerhoff, 1981b, 1981a). For example, children who performed domestic chores were found to be more independent and responsible, with an increasing level of prosocial behaviours when compared to their counterparts (Baumrind, 1971; Kuczynski & Kochanska, 1995; Rogoff, 2003; Whiting & Whiting, 2014). Similarly, like other family members in the household, children who do chores are seen as a form of domestic labour force that contributes to the family, which may solidarise family relationships (Blair, 1992; Cigno & Rosati, 2005; Cogle & Tasker, 1982; Gill, 1998; Goodnow, 1988; Goodnow & Delaney, 1989; Perry-Jenkins et al., 2013; Webbink et al., 2012).

For the above reasons, Western parents generally believe that it is their duty to assign some domestic tasks to their children (White & Brinkerhoff, 1981a), and some parents often argue with their children about chores (Fuligni, 1998; Roblyer et al., 2015). For example, a recent US study investigates how fairness is conceptualised in the family's

division of labour (Sarmiento et al., 2024). It indicates that parents believed that their children, as family members, they are obligated and capable of doing chores (e.g., tall enough), but they did not do enough housework. Therefore, parents believed that children should contribute more actively to maintaining the household, while also learning practical skills in the process, though children's participation in domestic chores should be responsive to their situation as *children* (Sarmiento et al., 2024).

It should be noted that in different sociocultural contexts, parental expectations towards children's involvement in domestic tasks show significant differences (Bowes, 2004; Goh & Kuczynski, 2014; Midgette, 2020; Sarmiento et al., 2024; Treas & Lui, 2013; Treas & Tai, 2016). As discussed in the literature review (Chapter Two), in China, especially in urban families where children are attributed with 'scarcity value' (Zelizer, 1985, p. 211, as cited in Naftali, 2016) as the 'little emperor' (Fong, 2004), on the rare occasions when adult family members ask a child to help with the dishes or make the bed, the child is often unmotivated and unwilling to do so (Goh & Kuczynski, 2014). As noted before, in contemporary China, children are subject to intensifying socialisation pressures that centre predominantly on educational success, as it is widely conceptualised as the principal and most viable pathway to upward social mobility (Fong, 2004; Gu & Yeung, 2020; Hansen, 2015; Murphy, 2020). Indeed, research evidence suggests that children in contemporary China have little time for non-academic activities, and parents and guardians are inclined to see domestic chores as a distraction to children's education (Goh & Kuczynski, 2014). Other China-specific studies also suggest how extended family members, usually grandparents, step into the nuclear family or the rural skipped-generation family as surrogate parents to alleviate children's workload on domestic chores (Goh & Kuczynski, 2010; Y. Hu, 2018; J. Liu, 2022b; Lu, 2012; Murphy, 2020; X. Qi, 2021; Xiao, 2021) to enable the children to study.

4.2 Children's Daily Chores and Sibling Care

Findings show that most children regularly undertake domestic chores and provide sibling care. Specifically, their contribution to chores includes cleaning their room (if any), cleaning other family members' rooms, cleaning shared household spaces (including sweeping, mopping, wiping tables, tidying up, and so on), washing and folding their clothes, washing and folding other family members' clothes, heating water, making tea or other drinks, preparing for cooking, washing dishes, taking out the rubbish, shopping for groceries and daily necessities. As noted in the introduction, these tasks echo existing evidence that describes children with caregiving responsibilities in China, though these authors do not pay primary attention to the group of young carers while subordinating these children's status as young caregivers to the children's other identities (Lin, 2023; Murphy, 2020; Ye & Pan, 2011). In some studies, mainly in Western societies, the selected words when describing specific tasks differ from those in this study. For example, the report published by the UK Department of Education describes the young carers' (participants aged 5 to 17 years old) domestic tasks while emphasising their role as a *helper*: 'helping prepare food, helping to do laundry, helping with the shopping (e.g. carrying bags), basic cooking' (Clay et al., 2016, p. 30). In this study, however, several young carers assisted the adults; most of them had the experience of undertaking these domestic tasks independently, especially for older carers, female carers, and those with primary caregiving roles, which will be discussed in the next empirical chapter (Chapter Five).

Moreover, some young carers' responsibilities for doing domestic chores were substantial and often involved doing 'invisible chores'. For example, replenishing used-up tissues, toothpaste and other consumables, cleaning the gas cooker, calculating how many days it will take to use up the ingredients before they expire and replenishing them with fresh ones, clearing out the fridge of food that is not fresh or has expired, clearing out the sink of food debris, noticing and cleaning up limescale from the washbasin and urine stains on the toilet, and so on. These chores emerged during the participant observation but are scarcely recorded in the global literature on young

caregivers. This may be attributed to the reason that these chores were not included in questionnaires and are not usually mentioned or noticed by the young carers themselves because, unlike cooking, which has visible results, these chores often went unseen but were crucial for the household's smooth running, as reported in existing literature (Hartley, 2018; Hochschild, 1990). Moreover, these tasks seemed trivial, but they required a certain level of physical and emotional energy to complete. For example, Yifan, a 16-year-old girl from C County, has been providing care for her father who suffers from thrombopenia, hypohepatia, and chronic renal insufficiency, said:

> *'Doing domestic chores is really physical work [laughs]. How can I put it ... well ... I usually have to organise all the clutter in the house, but it's not just a matter of tidying up; I have to remember where each item is placed. Because he [father, the care recipient] will keep, keep asking me: "Where is blah blah blah?"'*

Furthermore, all children with younger siblings took on at least some responsibility for sibling care, making their caregiving experiences more complex. This responsibility includes managing the daily care of younger siblings, such as overseeing feeding, dressing and bathing; picking them up from and dropping them off at school; supervising homework; accompanying them to ensure their safety and well-being; and so on. It should be noted that most families I met with sibling structures were predominantly characterised by an older sister and a younger brother, especially in the rural research site. This reveals a persistent son preference in patrilineal Chinese families (Ebenstein, 2010; J. Liu, 2022a, 2022b; R. Liu, 2023; Mann & Cheng, 2001; Murphy, 2020; Murphy et al., 2011; Short et al., 2001). Indeed, there are still young carer families, as Jieyu Liu (2022b, p. 602) describes, where the adults see 'dying without a male heir was one of the worst offences against the principle of filial piety.'

When no adults at home could take on or had time for the above tasks, sibling care would entirely fall on the young carers' shoulders, as Ran Liu (2023, pp. 744–745)

suggests that ‘having siblings often comes with obligations of being a sibling.’ Such burdensome sibling care has also been found in previous studies, especially for young female carers who cared for younger siblings who often felt overwhelmed (Roling et al., 2020). A Japanese study reported a girl’s sibling caregiving experience, suggesting that the girl not only took care of her younger siblings in place of her parents but also had to listen to her parents’ complaints from time to time, even though the parents were not disabled or ill (Mainichi Shimbunsha, 2021). Therefore, under Japan’s official definition, a child who meets this criterion alone – taking care of younger siblings in place of parents – is recognised as a young carer (Mainichi Shimbunsha, 2021). It should be noted that this identification does not specify that the sibling or other family members should be ill or disabled, which suggests the emotional and moral burden that sibling care could create. A 14-year-old boy from C County, Lele, who has been providing care for his older brother with intellectual disability, suggested the difference between sibling care and doing other domestic tasks:

> *‘It’s not that, that kind of thing you can just not do today if you really don’t want to … How can I put it? … It’s just like… it’s just like, well, if it’s too late, the laundry can be put off until tomorrow. But I can’t leave him [older brother who needs care] alone (bu guan) and wait until tomorrow.’*

Lele’s quotation captures more than just the functional demands of care; it reveals the emotional weight and moral inescapability of caregiving between siblings, grounded not only in familial expectation but in deep relational attachment. His words illustrate a form of *cruel interdependency*, where care cannot be deferred or refused without moral cost. This interdependency is co-constructed, emotionally charged, and, as Lele’s experience shows, both empowering (through responsibility and connection) and depleting (through its relentlessness and emotional toll).

Other participants also talked about their experiences of substituting for adults in caring for siblings, which has also been noted in previous studies (Cass et al., 2009; Roling et

al., 2020). For example, as Lackey and Gates (2001, p. 324) note, a young female carer's younger brother called her 'mama' continually. In China, a common saying describes this situation: 'the eldest brother is like a father, and the eldest sister is like a mother' (R. Liu, 2023; Murphy, 2020; W. Yu & Su, 2006). For example, a 17-year-old girl from L District, Maomao, has been attending her younger brother's parent-teacher conference and school activities, such as the sports meeting, due to the unavailability of adults. She said:

> *'Over time, didi's [her younger brother's] classmates teased him about being without parents, so I had no choice but to take an active part … Because that was how I used to be [silence] … and I did not want him to suffer the same thing.'*

The findings in this section demonstrate how young carers' involvement in daily chores and sibling care may lead them to experience parentification, which refers to the process by which a child undertakes the emotional and functional roles and responsibilities generally assumed by parents (Boszormenyi-Nagy & Spark, 1973). While a small degree of parentification may benefit a child's development, the process becomes inappropriate when the task becomes burdensome or when the child feels obligated to assume the adult role (Boszormenyi-Nagy & Spark, 1973; Chase, 1999b). In the context of this study, such experiences also reflect a form of *cruel interdependency*, where the lack of adult care structures leads children to take on essential roles that bind them more deeply to the family care system. This dynamic is not only shaped by duty or attachment, but also by the structural conditions that limit alternatives. The remainder of this chapter examines further caregiving tasks undertaken by young carers, many of which extend beyond household chores and reinforce both the process of parentification and the interdependent caregiving arrangements that shape their everyday lives.

4.3 Children's Responsibilisation and Parentification

4.3.1 Young Carers' Living Environment

There is a saying in China called 'poverty caused by illness' (*yin bing zhi pin*) or 'return to poverty due to illness' (*yin bing fan pin*). Indeed, almost all families I met revealed their financial pressure, although some were not identified as (marginal) low-income households. Existing evidence suggests that the financial burden is one of the most prominent reasons these children fall into caregiving roles, whether as primary or secondary carers (Aldridge, 2008; S. Becker, 2007). Research from developed countries also reveals the financial difficulty of young carer families. For example, the Carers Trust's latest report titled '*Being a Young Carer is Not a Choice*' on young carers in the UK suggests that with rising energy prices and the cost of living, where nearly 60% of young carers and their families are under enormous pressure, even though they are entitled to many dedicated services and supports (Neale, 2023).

Visiting the homes of young carers has given me a glimpse into a different side of the city I have lived in for nearly 30 years. A 16-year-old boy, Liang's home was one of them, located in one of the remotest corners of the L district. They rented this place after Liang's father and grandfather had passed away in succession two years ago. The room had only two beds, one table and three chairs. One bed was for Liang's grandma and mom to sleep in, and the other was for Liang and his brother. As I hesitated to ask a question that might offend them, Liang's mother sensitively saw my curiosity and explained: *'Three chairs are enough for meals. I usually sit on the bed to save space.'* Outside their home was a kitchen shared by the whole building and a toilet shared by the floor. Because there was no private space for Liang and me to talk, I asked Liang where he wanted to explore; he told me he would like to visit Starbucks, where he had never been. He did not say a word on the way to the cafe. He later explained that he was embarrassed I had seen his home environment, so he wanted to rush out the door. When we got to know each other a little better, he said:

'It is really a hard life… Not only do I have to worry about my

grandmother's illness every single day, but I ... [pause] I also have to worry about money. Because when I come home every night, facing these decayed, dark walls [silence] ... I just cannot stop thinking about this [sigh].'

Like Liang's family, many young carers I have met experience a relatively poor living environment. They did not have a private room in which to live or study, and there was no space at home for us to talk privately. Some households have only one table, so the children need to eat and study at the same table; a few do not have a table, and they need to eat with a bowl in their hands. I wrote with my notebook on my lap when I needed to take field notes. These children also do their homework by writing on their laps or lying on the bed by placing the homework on the pillow. Mengyuan is one of them. She is a 17-year-old left-behind child living with her grandparents in a small village in C County. During my visits, I needed to walk the winding mountain trails for about thirty minutes to reach the home where she had lived since birth, located at the end of the only road she travelled daily. The brick house was dark and retained the furnishings and decorations of the early nineties. Inside were old wooden tables and chairs, a 2008 calendar, and stainless steel water bottles and spittoons.

Even though she had reached puberty, she still shared the only bed in the house with her grandparents. Her grandmother was diagnosed with gastric cancer, hyperlipidemia, diabetes mellitus, and high blood pressure, and her grandfather had dementia and physical disability. Moreover, her parents got divorced when she was very young, and the role of mother was missing from her upbringing. According to her grandparents, her mother was an '*irresponsible and vain woman who left because of the unbearable poverty.'* They consistently emphasised this since Mengyuan could remember, which created her entire image of her mother. Her father, who has a congenital speech disability, also left the village five years ago and never came back. His departure happened when Mengyuan was 13 years old. '*He just simply abandoned us*', She said. Since then, she has been working part-time and has become the primary source of

income. She was a warm and cheerful girl, resembling Xingxing in many ways, the 17-year-old girl that I introduced at the beginning of this chapter. They behaved so maturely and independently, giving the impression that they handled difficulties peacefully on their own, that I forgot they were *children* in countless moments. She also wore her hair very short, above ear length, and when asked why, her answer was also similar to Xingxing's:

> *'Short hair doesn't need to be taken care of, and it's easier and less time-consuming to wash it. And, well … [laughs] and I don't have to buy a hair dryer!'*

4.3.2 Household Management

Young carers in this study were taking on household management responsibilities to varying degrees. Tasks ranged from household repairs, shopping, heavy lifting, negotiating services for their parents or guardians, and actively searching for and providing helpful information and policy updates. This category of caregiving responsibility has appeared in some research (Joseph et al., 2019; Mainichi Shimbunsha, 2021; Moore et al., 2019), but not in others. In this study, unlike other practical activities, such as doing domestic and farming chores, household management is usually undertaken by older carers (15 to 17 years old). This is not only related to the children's ability but also to adults feeling more comfortable and assured when older children undertake these tasks. Young carers also suggested that they perceived these as more adult-type tasks, which showed greater responsibility whilst offering the young carers a sense of control and independence.

In some studies, independent shopping, including online and offline, is categorised as financial responsibilities because it involves dealing with money (Clay et al., 2016). In contrast, participants in this study were inclined to view online shopping as one of their key contributions when keeping the household running rather than financial

management, echoing Joseph, Becker, and colleagues' (2009) manual for measuring young carers' caregiving activities. Some young carers' responsibility for online shopping may be because of the illiteracy or low educational level of care recipients or guardians. Therefore, the adults' poor use of online shopping created an irreplaceable opportunity for young carers to select cost-effective products through online shopping. The adult family member's low educational level also resulted in some young carers' responsibility to actively search for helpful information online, such as social security, which is a task that has not appeared regularly in previous studies. At the same time, the young carers needed to provide and explain relevant information to their care recipients and other family members.

Apart from that, some young carers, especially the boys, were responsible for the household repairs or other physical work as they were considered the strongest members of the family. In Liang's family, since his father and grandfather passed away in succession two years ago, in addition to caring for his ill grandmother and younger brother, he has taken on almost every task in the family that requires physical strength or repair skills. He said:

> *'Although our home is tiny … some furniture and electrical appliances are still ageing and often need fixing … Simple things like changing light bulbs, but more difficult things include removing the electric fan and fixing the wiring inside … I didn't realise that when dad was around [silence] so many things needed to be checked [pause] and maintained regularly. Now I do it myself [silence] and there are moments when I feel like I am the man, the head of the family … If I don't learn to do these, we have to hire someone to fix it, which will cost a lot of money.'*

As illustrated in Liang's narrative above, while he expressed pride in fulfilling adult-type responsibilities, which demonstrates processes of parentification and responsibilisation, his account also reveals the burden of a caregiving role that has

become indispensable in the absence of adult family members or other support. However, it is important to emphasise that for the young carers in this study, feelings of pride, moral worth, or emotional fulfilment in contributing to the family do not negate the fact that such attachments are forged under conditions of structural neglect. The complex mix of demonstrating masculinity, attaining moral worth, and navigating emotional and practical burdens is powerfully captured in Liang's words: *'It is really a hard life… Not only do I have to worry about my grandmother's illness every single day, but I ... [pause] I also have to worry about money'.* For young carers like Liang, pride and self-worth are not incompatible with hardship; rather, they coexist within a relational dynamic shaped by necessity, emotional attachment, and moral obligation. This dynamic reflects what I term *cruel interdependency*: a condition in which children's caregiving is experienced as morally significant and emotionally sustaining, yet also places burdens on them that exceed what is commonly expected of children.

4.3.3 Young Carers' Livelihood Responsibilities

Some of the young caregivers I met provided care for their families by working part-time to ease the family's financial burden. Their part-time jobs included working in a milk tea shop, packing in a food factory, waitressing or cleaning in a restaurant, cashiering in a grocery store, and so on. This phenomenon is less reported in literature on young carers in countries with developed welfare states but appears in less developed countries (R. Evans & Becker, 2009; Skovdal et al., 2009). For example, nearly half of young carers from Tanzania take responsibility for earning money to feed the household (R. Evans & Becker, 2009), while Clay and colleagues (2016) suggest that although many families in England reported financial difficulties, most parents or guardians reported seeking welfare benefits to support the livelihood of their families without any involvement of their children.

The findings also show that the length and intensity of a part-time job vary and often require balancing with other caregiving responsibilities. Several participants expressed

their intention to find a part-time job, but the opportunities for secondary school students were limited. Meanwhile, some primary young carers needed to be with the care recipients as much as possible to provide care and support and thus did not have time to work part-time. For example, Xingxing used to work part-time. However, her family's circumstances did not allow this anymore because her mother's illness was often unstable, so she frequently took time off work to provide care and soon got dismissed. Another 16-year-old boy from C County, Qian, found a part-time job online. Every day after school, he worked as a character leveller for other game players, earning money on a per-play and per-achievement basis. Moreover, he chose the landscape architecture as a major in the vocational training high school because he said this is the major that offers students a national subsidy of 1,000 yuan per semester.

Indeed, unlike adult carers who are more capable of getting a paid job, it is illegal in China for children under 16 years old to be involved in any paid employment. Young carers aged 16 to 17 felt it was challenging to have a local, paid part-time job for the family's livelihood maintenance. This has also been found in previous studies; for example, there were only a small number of young carers aged 16 to 17 in the UK involved in part-time (unskilled) employment and able to keep the job because they were constrained by their caregiving and educational schedules (F. Becker & Becker, 2008). Despite this, Mengyuan has been undertaking two part-time jobs as a waitress in two restaurants. Even on school days, she worked four to five nights a week. We did not have much time to talk every time we met because she was too busy with caregiving responsibilities.

For young carers who lived in rural areas and those whose families that owned crops, including food crops and cash crops (e.g., cropland, livestock, fruit trees), these children all undertook farming tasks. Previous studies also mentioned the rural children's farming responsibilities when their family members became ill or disabled, in China (D. Huang, 2020; Lin, 2023; Murphy, 2020; Ye & Pan, 2011), and other developing countries (Robson et al., 2006; Skovdal & Andreouli, 2011; Webbink et al., 2012).

Similar to doing domestic chores, these children generally did not perceive it as one of the caregiving responsibilities when discussing farm chores. Instead, they thought they were giving a hand to the adults – they contributed collectively to maintain the family's livelihood.

However, when I further inquired about their specific farm work, some tasks appeared inappropriate and dangerous for children. For example, the mountainous area of H City is the primary production source of pecans in China, and villages in C County are located there. However, the pecan trees are very tall (about 15 to 20 metres) and grow on top of steep slopes, leading to a great danger of harvesting. For example, the picker needs to climb up the tree and borrow the strength of a long bamboo pole to bring the fruit down. There are various injuries and deaths during the harvesting season every year, so the pecan is also known as the 'golden fruit' or 'blood fruit on the cliff'. In this study, even if a young carer is too young to harvest, this child still needs to be involved in collecting pecans, while this process also involves climbing up a steep hill and bending down to pick pecans one by one from the ground. Some pecans will fall into cracks in the rocks and must be carefully examined.

For families that do not own pecan trees but farm other crops for a living, the young carer's farming activity could be less dangerous but also stressful – for example, Xiang's family. Xiang is a tanned boy with a voice of puberty and a composed personality. When we first met, he was 15 years old and had been picking green tea leaves. He is a left-behind child, depending on his hearing-impaired father's few remittances and farming as the only family income. His mother left home when Xiang was two or three years old. Xiang said it had been too long, and no one could remember exactly what year his mother left. Because Xiang's grandmother (*nainai*) had suffered from physical pain and had to take two painkillers a day to do farming barely, it was his grandfather (*yeye*) who worked as the main household labour force. Unfortunately, after *yeye* had a stroke in 2016 and became disabled, the responsibility of farming fell mainly on *nainai* and Xiang. By that time, he was only eight years old.

Xiang's farming tasks include carrying poles, picking tea leaves, feeding pigs, weeding vegetable plots, and so on. During the school days, he usually woke up earlier and tried to fill in the responsibilities as much as possible before leaving the house. However, he could not continue daily farming because he was about to enrol at a county-level senior secondary school, which took three hours to commute, so he needed to board. Indeed, among the young carers I met, he was one of the few who could enter a county-level, regular senior secondary school (*putong gaozhong*) by performing well in the senior secondary school entrance examination (*zhongkao*), bringing honour to their family. Nevertheless, even though his grandmother felt proud of the child's educational attainment, she consistently expressed deep worries about the lack of farming labour at home after Xiang started schooling, which could affect the family's livelihood and Xiang's future college tuition. She said:

> *'His yeye couldn't work any [sigh]. So if he couldn't help me with farming, I'm too old to do so much [pause], and our whole family will starve to death [silence] … We have no money, and I'm worried I won't be able to afford his college tuition. Could you help us? [pause] Please help us …'*

Xiang revealed his excitement about the forthcoming high school life, but he was also anxious about the caregiving needs within the family. He was particularly concerned about the farming work and his responsibility to help *yeye* with mobility, toileting, and washing. During my stay, Xiang often whispered his worries:

> *'Yeye's body is heavy … nainai won't be able to support him every day and may even hurt her knees [sigh] … I'll go back home immediately after every Friday's schooling and do farming as much as I can during the weekend.'*

This account illustrates a dynamic of *cruel interdependency* that is not limited to the

child's experience. While Xiang is pulled between his aspiration for education and his responsibility to support the family, his *nainai* also experiences the emotional burden of relying on a child for care. Her pride in Xiang's achievements is accompanied by guilt, anxiety, and physical strain. For *nainai*, caregiving is not just exhausting but also morally fraught, because she fears impeding Xiang's future while simultaneously depending on him for the family's survival. This mutual reliance, shaped by love, obligation, and systemic neglect, exemplifies the multi-directionality of *cruel interdependency*. It captures a relational condition in which care becomes emotionally sustaining yet depleting for both generations.

Moreover, young carers not only participated in paid work. Some children also tried to help their families and to support their own studies by applying for education bursaries. However, many other children did not apply for economic support through their schools and felt that only jobs were the answer. For example, the 16-year-old girl Yifan that I mentioned in section 4.2, chose dancing as her major in the vocational training high school. When mentioning her concerns about money, she said while crying:

> *'I heard that if I dance well … I can earn a lot of money in the future [pause], so I can pay for my dad's treatment [sobbing]. But I am not a good dancer, and I can't keep up in class… [silence] When we first started school, we had to pay 500 yuan for a dance suit, but I still can't dance well… [sobbing] My mother also scolded me. She said [pause], she said [pause] … if I can't get into a university, all this money will be wasted [sobbing].'*

She knew that she could apply for a tuition fee waiver and other financial support for disadvantaged families. But she had been bullied during her junior secondary level because the school bursary administrator disclosed her financial condition to others. Therefore, after entering the senior secondary school level, she did not apply for financial help because she did not want her teachers and classmates to know about her

family's situation and to look down on her. She just hoped her future earnings might help her family. Her caregiving is both hopeful and despairing, motivated by love, but driven by an overwhelming sense of financial and emotional duty.

Yifan's experience was not unique, especially among children in families where a member was afflicted by a stigmatised condition. For example, Yong was a 17-year-old boy living in a village in C County. After his older sister's migration to earn money, he stepped in as the primary carer to both parents. His parents were diagnosed with AIDS for over ten years, and on top of it, his mother was diagnosed with cervical and thyroid cancer in recent years. Yong said he would drop out and do more jobs to earn for his family rather than tell the school the truth about his family to apply for a bursary.

4.4 Emotional Labour of Love

4.4.1 Doing Intimacy in Young Carer Families

Young carers provided various levels of emotional care, including monitoring the care recipients' emotional and mental status, accompanying them, comforting them, and trying to cheer family members up. Emotional care is also one of the common caregiving responsibilities found in representative young carer studies (Aldridge & Becker, 2003; F. Becker & Becker, 2008; S. Becker, 2007; Cass et al., 2009; Clay et al., 2016; Joseph et al., 2012; Moore, 2005; Warren, 2007). Even though I observed that children would sit by the care recipient's side to accompany them, I also noted that communication about emotions between them was limited. Their conversation topics often consisted of daily activities, while the real emotions and thoughts about caregiving and affection were less revealed, or it might be the presence of me as a researcher. Previous studies show that although rural fathers care about their children, expressing love and emotional attachment in front of children is not common (Y. Liu & Zheng, 2021). This may be because traditional Chinese masculinity believes in a strict father image that emotional indulgence when raising children should be avoided (X. Li & Jankowiak, 2016; Liong, 2015).

Nevertheless, limited emotion-related communication does not necessarily mean a limited emotional bonding or intimacy between the children and their families. Indeed, many children noted that instead of expressing care verbally, they are inclined to provide more practical care to express love and emotional attachment, including increasing their school performance, contributing more to the family's livelihood, taking better care of themselves and younger siblings to let the care recipient have less concern. Participants suggested a folk adage to me to explain their practice of love and care: fewer words, more deeds (*shao shuohua, duo zuoshi*). Only limited studies draw on Chinese children's daily care routines in the family. One exception is Rachel Murphy (2020), who suggests that rural left-behind girls are inclined to use domestic work to build intimacy while boys try to help with physically demanding work. This finding also resonates with Jiang and colleagues' (2007) study on three-generation families in China, which suggests that Chinese grandparents are inclined to use food as an emotional tool to express their care and love to their grandchildren. Meanwhile, Xiaoying Qi (2016, pp. 41–42) investigates the family bond between Chinese adult children and their parents, arguing that the Western conceptualisation of intimacy (i.e., mutual disclosure and verbal expression) could not be applied to intimacy in Chinese families because 'intimacy in Chinese society has more to do with actions than words', which also resonates with young carers' understanding in this study.

4.4.2 Young Carers who Provide Emotional Care

For most families, obtaining a relatively stable family routine remain challenging because the care recipients' multiple health issues do not occur at the same time but rather appear in succession, leading to inconsistent caregiving needs, which incurred emotional work at the same time. There are also cases in which, even though the initial illness was cured, there is a new illness that happened very soon or after several years, so caregiving must continue, but in an adjusted or revised pattern. Besides, despite no multiple health issues being diagnosed, most of the condition of the care recipients

often fluctuated depending on the effectiveness of the treatment or care received. In such cases, the young carer and their families need to cope with unpredictable conditions, leading to a lack of control over their lives. Chao's mother shared her experience. She is a strong woman who had breast cancer in 2019 and underwent surgery; however, there was a tumour recurrence in 2023:

> *'I know he [Chao] was terrified and lived in fear every day when I first got sick [the breast cancer], even after it was removed. Because my health has never been good and the disease does have a quite high probability of recurring. Well… and … and after all this worrying and worrying, it starts all over again this year [the recurrence] … [silence]. Actually, how can I put it? [laughs]. It's like you are living in fear [pause] … every day. Then, I found out my son became more worried and vigilant than four years ago. Well… how can I put it? … It's like he is checking out my status every time but he doesn't say much because… because I know he doesn't want to upset me and let me worry about him.'*

It was not until in-depth interviews and observations that some secondary or tertiary health issues, physically or mentally, became apparent. Common symptoms include muscular or cervical pain and depression or anxiety. These symptoms were usually not medically diagnosed or were not considered noteworthy by their families. However, these symptoms may exacerbate the family's caregiving responsibilities, practically and emotionally, because the things the care recipients usually could have taken on themselves would be compromised. Moreover, young carer families were more inclined to overlook mental problems than physical pains. This may be subject to a lack of understanding and knowledge regarding mental well-being or a reluctance to acknowledge mental problems by recognising them as stigmatised. This lack of recognition not only rendered daily care needs more unpredictable, but also left young carers uncertain about how to interpret and respond to fluctuating conditions. In such contexts, children often struggled silently to support family members whose emotional

or physical stability was tenuous. These dynamics reflect the contours of *cruel interdependency* – a dynamic in which young carers and care recipients are bound together through mutual protection and emotional vigilance, sustaining each other through unspoken fears and enduring uncertainty.

Existing literature suggests that young carers providing care for family members who had mental health conditions provided emotional care in the form of comforting them (Cass et al., 2009), leading to a burden on the young carers' lives and experiences (Aldridge & Becker, 2003). Similar to the narrative of a Japanese carer who cared for his grandmother with paranoia (Mainichi Shimbunsha, 2021); a 16-year-old girl in this study, Yifan, indicated how she cared for her father, who frequently had delusional symptoms such as suspecting that '*money had been stolen.*' Yifan needed to calm her father for hours in the evening until he was willing to sleep. However, the father was unwilling to seek a formal diagnosis or undergo treatment for this issue, putting this family's atmosphere on tenterhooks, echoing Anna Lora-Wainwright's (2011) research on people's reluctance of going to hospital in Chinese rural areas. During the observation, I also noticed the father's unstable mental status. For example, he often mumbled curses or suddenly lashed out without an apparent reason, but he would also fall into long silences without saying a word. Yifan is very kind, and she privately told me that:

> *'This is nothing personal [to you]. He does it all the time, I am used to it [laughs]... Sometimes he yells in the middle of the night, and it doesn't seem to be because he feels hurt anywhere... I got used to it over time and let it go, but if you ask me what to do about this ... [pause] I don't know.'*

During a private conversation with Yifan's father, I tried to raise the issue of his mental well-being. However, he quickly denied it and avoided discussing this issue, by saying:

> *'I am fine! Are you trying to suggest I am mentally ill? Isn't it enough that*

I have so many diseases now?'

Children's provision of care was influenced by how the care recipients communicated with their children about their condition and care needs, the extent to which young carers were informed about their loved one's illness, and how they understood the illness. The findings show that except in families where there is a congenital disability and no way to hide, in most of the families, children did not receive detailed information from the care recipients and other adult members about the diagnosis and prognosis. Instead, children would talk about their condition and caregiving needs in a more general and vague way, such as *'Mom's kidneys are bad.'* This is especially true for younger carers or when the care recipient's condition worsens or becomes unstable. However, as children grew up, they had more access to information about the care recipients' condition. For example, older children were permitted to accompany the care recipients to the hospital and listen to the doctor's words. As a father recalled that:

> *'Two or three grades was too young [to know]. Then when he was in 5th or 6th grade, a little older, I took him to the hospital together. This was also because he had asked to accompany me to the hospital at the time.'*

However, for the young carers, simply meeting their family's caregiving needs without understanding the nature of the illness would lead to confusion and anxiety, which further enhanced their sense of uncontrollability of their lives. Meanwhile, many young carers hesitated to have an open and honest discussion regarding this issue because they thought talking about the actual condition pushes the care recipient and whole family to face the 'truth', which may cause them to feel stressed and painful. The findings show that many young carers have experiences of actively searching for symptoms and diagnoses online and reading posts about the caregiving experiences shared by others. They have the desire to understand their loved one's actual condition more clearly to provide more appropriate care while being considerate of other family members' emotions. Chenxuan, a 15-year-old girl who has been providing care for her grandfather,

who has terminal uremia. Her father had run away and disappeared. Chenxuan shared her experience:

> *'At home, we rarely talk straight about illness or diagnosis related things, so when I cared for my grandfather I need to take care of this "avoidance" emotion at the same time [laughs]… I usually just, just providing care quietly without saying much.'*

Chenxuan's quiet attentiveness and emotional restraint reflect the affective complexity of caregiving in familial contexts. Her silence is not a sign of indifference, but a strategic form of care aimed at shielding the care recipient (i.e., her grandfather) from emotional distress. This silent burden illustrates the dynamics of *cruel interdependency*, in which the responsibility to care emotionally as well as physically deepens children's isolation while simultaneously reinforcing their moral and affective ties to the family.

4.5 Children Who Provide Semi-Professional Nursing and Intimate Care

Both young carers and the care recipients considered some tasks more 'official' caregiving tasks, indicating a higher level of caregiving responsibility. Compared to other caregiving tasks mentioned above, these tasks involve more nursing-type care that arises from the care recipients' illness or disabilities and depends heavily on the care recipients' conditions, as previous studies report (S. Becker, 2007; Clay et al., 2016). These include close supervision, such as ensuring the care recipients' safety, assisting with mobility, helping with medication, accompanying the care recipients to the hospital and other services, and providing personal or intimate care.

Most existing studies include supervising the care recipient's health status in the emotional care category. However, as F. Becker and Becker (2008, p. 24) suggest, 'keeping an eye on them' was the caregiving task that young adult carers found particularly arduous because it significantly restricted their participation in other leisure

activities and life events. A few young carer participants revealed such a level of supervision in this study. They must pay close attention to the care recipient's health status and movements to ensure their safety. For example, they should ensure they do not harm themselves or others (Moore, 2005; Moore & McArthur, 2007). This level of responsibility typically occurs in families where care recipients have intellectual disabilities or mental health conditions, as previous studies suggest (Moore & McArthur, 2007).

Lele was a 14-year-old boy who lived in a single-parent family in C County. Since 2014, he has been undertaking caregiving responsibilities for his older brother, who was intellectually disabled due to an accidental fall from the stairs. After their parents divorced and the mother left the village, his father took on the primary caregiving responsibilities, and Lele became the secondary caregiver. Besides school time, Lele needed to spend most of his time keeping an eye on his brother's every move to avoid him encountering dangers, such as going missing, falling, getting burned and so on, all accidents that had happened before. Lele said:

> *'Once before [sigh], I just didn't watch him for a while, and he ran out on his own and got lost! ... I didn't go to school that day; dad and I searched for him all day, and we almost died of fright [laughs].'*

Moreover, because Xingxing was the only family member who could provide care for her foster mother with epilepsy and a mental disorder, she shared her experiences of ensuring her mother's safety:

> *'Usually, when I go to school, I lock the door and take the key with me because I fear she might run out alone. But I remember there was one time ... well, it was, it was during my third year of junior secondary school ... a winter day before the winter holidays ...One that day, the neighbourhood committee staff members said they would come to visit, so*

I didn't lock the door that day. Then, she ran out by herself! [laughs] She stopped a random car on the street and got in it! Then the driver called the police [sigh]… The police contacted our neighbourhood committee, and they contacted me from the teacher.'

For care recipients who have mobility problems, young carers need to observe and spend time with them to provide timely support and physically assist them to move around, at home or while away from home, including pushing the wheelchair, carrying them into the toilet, bath, bed, car, and others. As shown in many recent books describing adult carers' experience, helping with mobility is burdensome as it requires the carer to continually observe the care recipient's actions (L. Aronson, 2019; Keimig, 2021; Kleinman, 2020; Reluctant Carer, 2022). A few young carers in this study shouldered a heavy level of mobility assistance on a 24/7 basis, especially for those who have primary caregiving responsibilities and young male carers.

Similarly, many young carers were responsible for helping with medication, although detailed exploration regarding this task remains scarce. This task includes reminding the care recipients to take medication and ensuring they take it on time and correctly. A few young carers needed to administer the medication regularly, while others did this when the care recipients could hardly remember or take the medication by themselves. Unlike assisting with mobility, which requires physical strength, helping with medication can be carried out more easily. It means that most young carers who undertook this responsibility were primary carers with no external support or were too young to undertake other responsibilities.

Meanwhile, similar to other 'official' caregiving tasks, this task depends heavily on the care recipients' conditions, especially for those who were unable to remember or administer medication due to mental or physical conditions. Yifan, a girl I mentioned before, said that apart from taking medications in the morning and evening, her dad also needs to take medications every day at noon. However, he often forgets to take

them because of his unstable mental condition. Therefore, Yifan often borrows a phone from her teacher to call her dad at lunchtime to remind him to take the medication.

Xingxing also suggested her concern about how her mother's condition changed, which influenced her ability to take the medication:

> *'Before my dad died, he would remind her [mother] to take the medication. And how to say … this disease of hers [epilepsy] is cumulative, but then because this disease has a lot of kind of after-effects; like … it will make people's memory decline. Now, there's no one else in the house … yes, except for me. And then she often forgets to take her medication. But I don't have that much time for her either! Especially during lunchtime. And … and I'm worried she'll forget about it when I'm not around.'*

In addition, less reported in studies pertaining to Western societies, some young carers in this study needed to accompany the care recipients to the hospital for examinations, treatments, and medical prescriptions, as well as confirming the dosage of each medicine and matters that need attention at home. Some young carers would accompany the care recipients to visit the neighbourhood or village committees to request or arrange support services. This responsibility usually happens for care recipients with intellectual disability or mental health conditions, with relatively severe mobility problems, or when the care recipient is illiterate or has a low level of educational background, so they might hardly understand or remember the doctors' and officials' words.

The most challenging and sensitive caregiving responsibility is personal and intimate care, echoing findings in existing young carer scholarship (Aldridge & Becker, 2003; S. Becker et al., 1998; Clay et al., 2016). For example, studies suggest that, compared to doing domestic chores, children were less likely to engage in personal and intimate care and tended to avoid it when possible (Shibuya, 2018). In this study, several children

were responsible for supporting the care recipients with regular daily activities, such as helping with dressing and undressing, helping with eating, helping with taking medication, reminding them to go to the toilet, helping with washing hair, wiping non-intimate parts of the body, and other personal care responsibilities.

Furthermore, a few young carers have experience providing intimate care. This usually occurred when the care recipients were hospitalised or when they were in a very poor state of health, so they were too weak to take care of themselves or even needed to be confined to bed. In such a case, the young carers were involved in caregiving tasks that required direct or indirect contact or exposure of sexual parts of the care recipients' body, including toileting, showering or bathing, cleaning the intimate parts of the body, and changing continence pads for urine or faeces. Among the young carers, for example, a 13-year-old boy Tianyu provided intimate care regularly because his father's diabetes had progressed to the terminal stage and often required hospitalisation. During his father's hospitalisation, Tianyu was usually responsible for caregiving in the evenings after school, which required a certain level of intimate care. He shared his caregiving experiences:

> *'Well… every day after school, I first went home, cooked dinner and brought the food to the hospital. It was some … some soup, light food that was … easy to make. Then, I would feed him and talk to him so that he would try to eat more [pause] … After dinner, I would brush his teeth, to prevent respiratory infections. Oh … also … I would wipe his body clean, give him a massage … and turn his, his body frequently to avoid that [pause] … to avoid pressure ulcers. It was quite complicated, to be honest [pause] I would stay there [the hospital] until about 11 p.m. and then go home, or just sleep in the hospital and return to school the next morning. Usually, when dad was in the hospital, my mom would adjust to the evening shift and stay at the hospital during the day. But … [pause] there were also many days when she just took time off work.'*

Tianyu's account, like those of other young carers in this study, reveals how these responsibilities are undertaken not only out of practical need but also through deep emotional bonds and moral obligation. This co-existence of care, duty, and depletion, where children take on adult-like nursing tasks without adequate support, reflects what I term *cruel interdependency*. In Tianyu's case, his caregiving was meaningful and emotionally affirming, yet also physically demanding and developmentally inappropriate. The dynamic is not simply one of burden, but of relational constraint, where care is experienced as both indispensable and overwhelming.

4.6 Children Who Negotiate Caregiving

As findings above suggested, young carers in China are undertaking a complex mix of caregiving tasks, leading them to engage in parentification and emotional labour. Despite this, children in this study still asserted active agency over their caregiving responsibilities to make their extent of caregiving negotiable. In this section, I discuss whether and how young carers have the autonomy in choosing or negotiating caregiving tasks or responsibilities.

Agents are defined as 'individuals acting with the ability to make sense of the environment, initiate change, and make choices' (Kuczynski, 2003, p. 9). Here, children's agency is understood as a relational and ongoing process constructed and negotiated through interaction with others (Sevón, 2015). Accordingly, this section is interested in the form of power characterised by the relationships between children, care recipients, and other family members, which is constructed through their everyday interactions (Scott, 2001). Children's agency can be exercised in different ways, and agentic behaviours may involve compliance, resistance, and accommodation to the status quo (Kuczynski & Parkin, 2007; Punch, 2005). Concerning power, Sevón (2015, p. 622) further argues that children's agency is 'connected to the opportunity to resist, to participate in the negotiation of power, and to influence and evoke change in the

child-parent relationship', echoing scholarship in both urban and rural Chinese families (Goh, 2011; Murphy, 2020), as discussed in the literature review (Chapter Two).

Existing scholarships suggest that children would exercise their agency by using relational resources and power (Kuczynski, 2003) to form an intergenerational alliance with their grandparents or other family members, making their caregiving responsibilities negotiable. Previous studies, predominantly in researching single-child families in urban China, also demonstrate children's agentic strategies in negotiating and achieving their goals within the family (Goh, 2011; Goh & Kuczynski, 2009, 2010). However, the research on families with sibship (Punch, 2002b) and young carer families in rural and urban areas remains sparse. Specifically, echoing Goh and Kuczynski (2009, p. 525), children in this study viewed 'each of their relationships (with adult family members) as distinctive' to provide leeway for them to achieve their goals. For example, Lele sought protection from his grandfather when his father asked him to care for his intellectually disabled brother – a task Lele did not want to do – because Lele knew that his grandfather favoured him more than his father. I sometimes observed Lele saying to his grandfather:

> *'I have lots of homework this week! If I do farming chores today, there will be no time for me to finish homework, and the teacher will blame me!'*

However, this technique only worked out sometimes. Once the grandfather found out Lele was lazy and playing with his phone, he immediately criticised Lele and formed a battle line with Lele's father. At that moment, Lele started bargaining with his father and grandfather and asked if he had done all the chores that day and if they could give him some pocket money. The father eventually agreed.

Another girl, Jiajia, was a 13-year-old left-behind child who provided caregiving for her grandmother as a secondary carer. Jiajia's parents both migrated when she was little, and the grandmother was visually impaired and had diabetes, and had undergone kidney

and gallbladder removal. Jiajia's grandfather was undertaking the primary caregiving role, but as he got older, Jiajia's caregiving burden increased. Jiajia was aware that her migrant parents were the household's breadwinners and played a protective role for her. Sometimes, when she felt overwhelmed and did not want to comply with her grandfather's assigned caregiving tasks, she would say: *'I'm going to call my mom and dad right now!'*

In multi-child families, young female carers would subtly compete with their younger brothers to gain adult family members' affection by showing clinginess, filial piety, and compliance. Through performing these activities, their caregiving responsibilities became negotiable. Apart from that, as a 12-year-old boy, Wei, suggested, his sister was one year older than him, and they studied in the same junior secondary school. No one in the family could tutor Wei's studies except the older sister, so the sister would often use the educational tutorial as a tool to negotiate her caregiving responsibility for their mother, who was diagnosed with breast cancer. For example:

> *'Jiejie [older sister] would often "threaten" me if I didn't want to wash the dishes today, she would not tutor my homework [laughs] ... Yeah sometimes I will ask for help from my father, especially during the exam season, and my father will criticise jiejie being not sensible (bu dongshi).'*

These agentic strategies show that while caregiving responsibilities can be negotiated, they are rarely abandoned. The children's continual 'push and pull', despite reluctance and resistance, demonstrates the inescapability of *cruel interdependency*: even when young carers assert autonomy, they remain emotionally and morally tethered to those they love and care for. This entanglement renders caregiving less a matter of choice than of intimate necessity. Moreover, in some cases, children would also show their potential to be educationally successful in the future in order to escape from caregiving responsibilities, especially in multi-child families. For example, Yuqi, a 12-year-old girl whose brother was three years younger than her, said to her grandmother:

*'Let didi [younger brother] do these [*caregiving *tasks]! I don't have time now. I need to study and get into a good high school to earn big money (zhuan da qian) to support (yang) you!'*

However, not all children could demonstrate their educational potential. As mentioned in the methodology (Chapter Three), among the 17 young carer participants who were at the senior secondary school level by the time of fieldwork. 15 of them were enrolled in vocational training high schools, while only two attended regular senior secondary schools (*putong gaozhong*). This means that most young carers might have limited bargaining power if leveraging their educational potential. Nevertheless, findings suggest that for those who had already demonstrated limited potential in contributing to the family's future social mobility based on their educational success, they portrayed themselves as moral champions within their families. They demonstrated how they endured and suffered from caregiving but continued to fulfil their filial obligations with tolerance and selflessness. In doing so, they used a sense of moral accomplishment to reconcile themselves to their own and their families' disappointment in their academic performance, which is an argument that I will further discuss in Chapter Six. At that moment, being aware of their family's condition and children's caregiving devotions, adult family members showed a certain level of understanding and tolerance towards young carers' relatively low educational attainment. Meanwhile, adult family members would feel guilty towards their children that they could not minimise children's housework responsibilities to maximise their study time, as other families do (Goh & Kuczynski, 2014).

Indeed, some children would leverage adult family members' guilt to achieve their goal. For example, some young carers would elaborate on their inappropriate caregiving roles and responsibilities to parents by comparing their childhood and educational experiences with their peers, as 13-year-old Tianyu explained. Tianyu told me that he did not want to blame his mom intentionally, but he just thought his mom was too strict

with him, making him uncomfortable. Tianyu was also aware that he had to initiate a conversation like this to soften his mother's attitude, though it might hurt her feelings at the same time:

> *'Mom, don't you feel sorry (kelian) for me? Why can Dishen [a classmate's name] have interest-oriented classes, and I have to do all these things [caregiving] at home? And you keep saying that I'm not doing well?'*

4.7 Conclusion

There are no benchmarks to determine the appropriate range of chores and other caregiving tasks children perform at home (S. Becker, 2007; Warren, 2007). Meanwhile, the boundary of when and how to determine children's domestic chores at home as a form of child labour remains ambivalent (Webbink et al., 2012). Without considering a country's sociocultural context and understanding particular families' conditions and caregiving needs, simply portraying children as victims of a disrupted childhood may be judgmental. Despite this, findings in this study show that children undertook a complex mix of caregiving tasks, excessive amounts of chores and caregiving, and forms of domestic work and emotional labour that Chinese adults do not usually expect of children (Goh, 2011; Goh & Kuczynski, 2014). Simultaneously, findings show that the context of having a family member who needs care inflects the meaning of the domestic chores and the livelihood contributions of these children. Children's caregiving activity, including domestic chores, thus became a symbol of their love and obligation towards the care recipient and the family.

Children were also aware of their differences compared to their 'non-caregiving' peers. In Japan, Tomoko Shibuya (2018) investigates young carers' experiences and suggests that compared to middle-aged and older people who are relatively familiar with the subject of care, young people in their childhood are less capable of comparing their own experiences with their peers or organise and analyse their experiences from a long-term

perspective, but are simply busy completing their daily caregiving tasks. However, children in this study revealed their emotions and thoughts during their daily caregiving experiences and tried to put them into words, demonstrating their active agency, as a 15-year-old girl, Yao, said the following.

> *'Although some of my classmates would also do these [pause] ... But from time to time, I can't help myself thinking if I have too much to do ... as it would be better if ... if mom hadn't been sick ...'*

Overall, compared to 'non-caregiving' children in China who may also be involved in doing domestic chores and sibling care to a limited extent (Goh & Kuczynski, 2014), children in this study undertook excessive chores and sibling care as the substitute labour force for adult family members, which have led them to engage the process of parentification (Boszormenyi-Nagy & Spark, 1973; Chase, 1999b) and emotional labour (Hochschild, 1979, 1983). Concurrently, almost all families I met not only suffered from the illness/disability itself and its associated caregiving needs but were all experiencing financial burdens caused by illness (*yin bing zhi pin*). It has led to children's domestic work going beyond chores to include livelihood responsibilities, strengthening their responsibilisation and parentification. Furthermore, this study also shows some children's plight in providing semi-professional care, including close supervision and personal or intimate care, indicating their higher level of caregiving responsibility, while some nursing-type intimate tasks may pose significant burdens to children. These include helping with toileting, showering or bathing, and cleaning the intimate parts of the body, which are typically the responsibility of adult family members or health-care professionals.

Nevertheless, children in this study still asserted active agency over their caregiving responsibilities to make the extent of their caregiving negotiable. For example, some girls would subtly compete with their younger brothers for their family's affection or use their educational potential to achieve their goals; some children exercised their

relational power and resources by forming an intergenerational alliance with their grandparents or other family members, echoing previous studies on children's agency in Chinese urban families (Goh, 2011). Some children also leveraged adult family members' guilt to achieve their purpose. This finding echoes Punch's (2002b) concept of 'negotiated interdependence,' suggesting how young people are constrained by structures and cultural expectations of family responsibilities, while at the same time asserting a certain level of agency, acting within and between these constraints to balance family and individual needs.

Despite this, it is important to note that when children's performance in domestic work is significant and essential in contributing to the family's livelihood and survival, a situation which is rarely found in the Global North literature but has been reported in sub-Saharan countries (R. Evans & Becker, 2009; Robson et al., 2006; Skovdal et al., 2009), their autonomy in choosing or negotiating caregiving responsibilities is often severely constrained. Moreover, while children's caregiving practices are embedded in familial routines but only occasionally open to negotiation, they are also structured by deeply affective bonds and moral obligations. These dynamics reflect what I refer to as *cruel interdependency*: a relational and multidirectional condition in which love and necessity intertwine to limit children's autonomy. This will be further elaborated in the conclusion (Chapter Seven).

In summary, by exploring children's caregiving experience in daily life, this chapter argues that young carers' involvement in domestic work was not just a way of helping the family or an integral part of their growing up. Rather, it could be viewed as unpaid labour at home that provides long-term caregiving, which may bring significant impacts to different aspects of their lives, as I discuss in Chapter Six. Concurrently, the findings further demonstrate how children felt obligated to assume the *adult* role due to love and obligation, though the way that these children fulfil their responsibilities in practice is negotiable. However, I also suggest that children's performance in domestic work is

significant and essential in contributing to the family's livelihood and survival, thus leading to their limited autonomy in choosing or negotiating caregiving responsibilities.

Chapter Five – The Heterogeneity of Children's Caregiving Experiences

Many studies investigate the extent of children's caregiving using numbers. For example, Saul Becker (2007) uses census data in the UK to reveal that 83 per cent of young carers provided care between 1 and 19 hours per week, nine per cent provided 20 hours or more per week, and eight per cent undertook substantial caregiving hours of more than 50 hours of care per week. Tim Moore (2005) finds that young carers in Australia provided care for approximately 44.8 hours per week, and none of these participants did so for less than 2 hours per day. However, these studies fail to provide insights into the heterogeneity of children's caregiving experiences. In this regard, Joseph, Sempik, and colleagues (2020) argue that existing research gives too little attention to moderating factors to understand children's caregiving experiences and outcomes. Nevertheless, we should recognise that children's caregiving occurs in a sociological context, which is heavily gendered (Aldridge, 2018) and influenced by many other factors (S. Becker, 2007).

Several survey studies, predominantly in the UK, have addressed this heterogeneity, but further analysis is needed. For example, Dearden and Becker (2004, p. 8) suggest that older carers undertook a greater extent of caregiving than younger carers, and girls were more involved in all aspects of caregiving than boys, especially in domestic and intimate care, which have 'traditionally fallen to women'. Similarly, Joseph, Kendall, and colleagues (2019) merely point out a gender difference on the domestic activities subscale, with females scoring higher than males in terms of their extent of caregiving. Regarding qualitative research, one exception is the report to the Department of Education in the UK, which draws attention to factors influencing children's caregiving responsibility (Clay et al., 2016). Specifically, their study notes that in some families, boys tended to manage more physical or practical tasks, while girls undertook more personal care or emotional support. However, they interpret this phenomenon as parents' potential gender assumptions without providing any empirical evidence or in-depth analysis (Clay et al., 2016, p. 33).

Children in this study found it hard to recall the exact amount of time they spent caregiving every day or week, making any efforts to determine the exact number of hours spent caregiving impossible. However, almost all young carers indicated that caregiving responsibilities significantly compromised their personal time, which could be used to have a rest, study, make friends or do leisure activities. Existing literature and theoretical frameworks have emphasised how young carers' care is carried out under particular pathways and brings particular depletion, or young carer penalty (Hamilton & Cass, 2017; Rai, 2024; Stamatopoulos, 2018). For example, important factors such as the nature and characteristics of illness or disabilities, lone parenthood, low income or poverty, and lack of adequate formal services are potential triggers for children to be drawn into caregiving roles and responsibilities, which may be inappropriate for their age and compromise their daily childhood experiences and their transition to adulthood (Aldridge, 2008; S. Becker, 2007; Clay et al., 2016; Hamilton & Cass, 2017). Among them, some factors were constantly changing, such as the care recipient's illness and associated needs, making it difficult to discern exactly how much caregiving a young carer performed (S. Becker, 2007).

In this chapter, I explore the question: what factors might influence the nature and extent of children's caregiving? To understand the heterogeneity of young carers' caregiving experiences, it is essential to incorporate attention to the diverse identities, backgrounds, and circumstantial factors of children who are involved in providing caregiving. Specifically, I consider both circumstantial factors and the influences of the child's individual characteristics. The circumstantial factors I explore include: the availability of other support in the family (S. Becker, 2007), family educational aspirations for the child (Gu, 2021), and the location of the child's schooling (Murphy, 2020). Furthermore, it should be noted that in traditional Chinese family, power is conferred by a patriarchal hierarchy consisting of gender, age, and generation (Y. Hu & Scott, 2016; Santos & Harrell, 2016). This means these factors may play a crucial role in children's caregiving experiences. Therefore, the individual child characteristics I consider are their gender

and age.

With regard to gender, West and Zimmerman (1987) highlight that as a feature of an individual's identity, gender gains meaning when interacting with others. Risman (2004) further indicates that even when individuals claim to belong to a certain gender category, gender is related to and constructed by broader social, cultural and political structures in an institutional context. Like gender, age is increasingly recognised by sociologists as a social category in childhood studies rather than taking the dynamics of age for granted (Thorne, 2004, 2008). Indeed, the age at which children commence, recognise, carry out, and cease caregiving is significant in shaping every aspect of their caregiving experiences; along with age, young carers mature and socialise through life-course stages (Hamilton & Cass, 2017). Nevertheless, in theories of caregiving, compared to other social categories such as gender and class, Akkan (2020) argues that age still receives little attention.

5.1 Gender and Children's Caregiving

In the past few decades, burgeoning data have indicated that unpaid domestic work, including informal family caregiving, is heavily gendered (Bittman et al., 2003; Gershuny, 2000). While worldwide gender studies demonstrate how adult women's unpaid labour at home compromises their well-being, careers, and other aspects of life (Criado-Perez, 2019; Hochschild, 1990; Orgad, 2019), there remains a gender-related gap in the young carer literature – what some authors describe as 'gender-blind' (Boyle et al., 2023, p. 419) and as having 'disregarded' gender (Chikhradze et al., 2017, p. 13). Indeed, although a few studies mention that more girls than boys are young carers (Cluver et al., 2012; E. James, 2017; Joseph et al., 2019; Leu et al., 2019; Robison et al., 2020), the analysis of the gendered nature of young carers' caregiving experiences remains scarce and superficial (Cass et al., 2009; Clay et al., 2016; Dearden & Becker, 2004; Joseph et al., 2019). Two studies authored by pioneering scholars in the field critically reviewed the past 25 years of research, policy, and practice on young carers

(Aldridge, 2018; Joseph et al., 2020). They highlight the need to research the gendered nature of caregiving and the impact of gender on the young carer's transitions into adulthood.

Chinese studies, although limited and not targeted at young carers, show gendered patterns in the division of domestic work among children, which demonstrates a persistence of patriarchal hierarchy in China (Y. Hu, 2015, 2018; J. Liu, 2022b; R. Liu, 2023; Murphy, 2020). However, these studies only focus on children's housework and/or left-behind children's farming chores without investigating any children's care provision. Nevertheless, it is vital to investigate how children's informal caregiving is gendered because, on the one hand, adults' gendered pattern in doing domestic work can be traced back to their gender socialisation during childhood (Goffman, 1977; Raley & Bianchi, 2006); on the other hand, children's gender identities, acquired and developed at home have a long-term impact on their gender attitude and performance in adulthood (Bianchi & Milkie, 2010; Cunningham, 2001a; Evertsson, 2006).

In this study, overall, empirical findings demonstrate significant gender differences between boys and girls regarding their nature and extent of caregiving. Meanwhile, findings show that the gendered nature of children's caregiving activities shifts across different responsibilities and is influenced by age, sibship, family structure, residence, and other factors simultaneously, as I analyse later. The remainder of this chapter proceeds as follows. Section 5.2 explores children's distribution of caregiving in single-child families, which can be shaped by adult family members and children's embedded gendered ideology towards caregiving, where children's age plays an important role throughout the process. Under the context of the persistent son preference in patrilineal Chinese families, in section 5.3, I probe children's distribution of caregiving in multi-child families with different gender compositions of sibships. It demonstrates the young carer family's role as the primary site of gender socialisation and reproduction of gender inequality. Section 5.4 discusses boys' and girls' caregiving experiences when the strongest buffer of the family, their mothers, were unavailable for various reasons. It

also shows how the father's fatherhood and masculinity might be challenged and reconstructed when they lose their power as the family's breadwinners due to illness, which further enhances the girls' caregiving burden. Finally, section 5.5 discusses other buffers of children's caregiving, which might mitigate children's caregiving load and potential burden to a certain extent.

5.2 Boys' and Girls' Distribution of Caregiving in Single-Child Families

From 1979 to 2015, couples in urban areas could have only one child while in many rural areas, if the first child was a girl, parents were allowed to try again for a boy. Thereafter, revisions to the national family planning policies in 2016 and 2021 allowed parents in China to have two children and three children respectively. However, many two-parent families in both rural and urban research sites had only one child. Participants explained this was because the care recipients' illnesses or disabilities intertwined with the family's financial burden, leading to a low capability to raise more than one child.

Although the adult family members would buffer their single-child's caregiving load, findings still reveal their gendered expectations and ideology, leading to the gendered distribution of caregiving. For example, adult family members tended to assign caregiving tasks to daughters, while families with only sons appeared more protective towards their son's caregiving responsibilities. To explain, adult family members thought that their daughters, like other females, were more 'natural' carers who had been traditionally recognised as having innate caregiving qualities and skills (Graham, 1987), as many participants would mention the word 'attentive' (*xixin*) to describe their daughters' caregiving performance. This finding echoes China-specific research that shows people's gendered assumptions about unpaid labour at home (Choi & Peng, 2016; H. Evans, 2008; Murphy, 2020; J. Yu, 2014), and this assumption 'naturally' passes to daughters (Y. Hu, 2015, 2018). Indeed, I observed that single daughters were more involved in omnigenous, time-consuming caregiving tasks than single sons, such as

doing invisible chores, including wiping the stove, washing the rags, putting new trash bags into the bin, picking up the delivery of groceries, packing up the delivery trash, changing the batteries in household appliances and so on. Meanwhile, young female carers' devotion was less recognised and often perceived as taken-for-granted by their families than young male carers. For example, when young male carers were practising caregiving tasks, they were more likely to be complimented as sensible (*dongshi*) and filial (*xiaoshun*) than girls.

Despite this, some young male carers revealed that they felt embarrassed and reluctant when their caregiving activities were seen by others (e.g., friends, neighbours, or social workers), especially when they were doing some gender-inappropriate tasks, such as doing laundry, folding clothes, and sewing buttons. This was more common among boys in the rural research site, where people in villages lived in closer physical proximity and often drop by each other's houses and are familiar with neighbours' living circumstances and dynamics. This finding demonstrates that although these young male carers were not yet adults, they still demonstrated gendered views about certain activities. Specifically, when I questioned the young male carers closely about their emotions, they said they thought some caregiving tasks were too 'feminine', as a 14-year-old boy from C County, Longlong said:

'I don't want to do these [feminine tasks]! They are too niang!'

The word *niang* originally meant 'mother' in Chinese, while the English word 'sissy' is translated as *niang niang qiang* in China, which is stereotypically used when slandering a male with feminine characteristics or behaviours and potentially subordinate mothers' and females' value. In this study, young male carers were more inclined to *help with* some gender-appropriate tasks, which might not help construct their masculinity, but did not threaten it either. To them, non-feminine (*bu niang de*) caregiving tasks involve skills and physical strength, such as repairing furniture and electrical appliances. This finding echoes Susanne Choi and Peng's (2016) investigation

about rural migrant men's masculinity, suggesting that migrant men chose tasks they liked or considered it gender-appropriate, where meal preparation was considered gender-neutral; domestic chores such as mopping floors or cleaning the toilet were regarded as unmanly with low status and would be refused by them. Choi and Peng (2016, p. 96) explain: 'Perhaps it is because the image of rural Chinese women washing clothes in the river has become such a strong symbol of femininity that many male migrant workers refuse to wash clothes.' It resonates with boys' embarrassment and resistance when doing stereotypical 'feminine' tasks, primarily when the outside gaze exists (e.g., from the neighbours or friends).

In families where the single child served as the primary caregiver without adult family members' help, no significant gender differences in caregiving practices were found. However, children still revealed their gendered views towards specific caregiving tasks. For example, young male carers expressed initial discomfort with doing some 'feminine' tasks, but they had to learn and practice them to keep the household running. Concurrently, young female carers adapted themselves to 'masculine' tasks, including repairing electrical appliances or undertaking heavy farming loads.

Importantly, though, age influenced the extent of caregiving load incurred by children of both genders. Indeed, many children in this study reported how their caregiving responsibilities enhanced with their increased age. For example, a boy suggested that when he was in primary school, his parents did not expect him to cook because they felt that the stove was dangerous for a young child; however, when he stepped into junior secondary school, his parents thought his help with cooking was more likely to be a matter of course. Clay and colleagues' (2016) study involves participants with a broader age range than this study. It suggests that for younger carers (i.e. those aged between 5 and 11 years), care recipients tended to limit the extent of children's caregiving. In this study, although young carer participants in this study were above junior secondary school level, their caregiving responsibilities differed because of age. For example, participants aged 16 to 17 were more expected or even encouraged to

engage in more ‘adult-type’ tasks, such as household management, financial responsibilities, and nursing-type caregiving tasks. This finding echoes existing evidence, suggesting that older carers undertake more caregiving responsibilities than younger carers, including taking on more intimate and complex caregiving tasks with longer caregiving hours (S. Becker & Sempik, 2019; Dearden & Becker, 2004). F. Becker and Becker (2008) suggest that such differences in individuals’ extent of involvement in caregiving are because when the caregiver’s age increases, the care recipient’s expectations about what they can and should do also increase, especially for young adult carers who are usually positioned in a transition period into adulthood.

5.3 Boys’ and Girls’ Distribution of Caregiving in Multi-Child Families

Of 14 families with multiple children, the first children of 11 families are all females, which potentially demonstrates these families’ persistent goal of producing a son, echoing existing research evidence in China (Ebenstein, 2010; J. Liu, 2022a, 2022b; R. Liu, 2023; Mann & Cheng, 2001; Murphy et al., 2011; Short et al., 2001). Only three multi-child families had two sons, and one of the families gave birth to a second son (a 14-year-old boy, Lele, as introduced before) because their first son (aged 19) was intellectually disabled due to an accident. Under the context of persistent son preference in patrilineal Chinese families, it has been suggested that power relations between siblings have traditionally been regulated by the hierarchical order of gender and age (Santos & Harrell, 2016). Within this hierarchy, male siblings have more power than females; within the same gender, older siblings have more power than younger siblings (Jaschok & Miers, 1994). Findings in this study show that such sibling power relationships also apply to young carer families, leading to children’s unequal distribution of caregiving.

As aforementioned in the first empirical chapter (Chapter Four), being the first child of the family often comes with the obligation of undertaking family responsibility, as a common saying describes this situation: ‘the eldest brother is like a father, and the eldest

sister is like a mother' (R. Liu, 2023; Murphy, 2020; W. Yu & Su, 2006). Findings in this study also provide empirical evidence of how young carers with younger siblings undertook the responsibility of sibling care, which made their day-to-day caregiving experiences more complex, and they were often overwhelmed (see section 4.2).

The remainder of this section discusses the gendered distribution of caregiving in multi-child families with different gender compositions of sibships, showing the young carer family's role as the primary site of gender socialisation and reproduction of gender inequality.

5.3.1 Sibship of the Opposite Gender

Sibship allows room for comparison. In sibship of close age but of the opposite gender, the boys' and girls' gendered distribution of caregiving became evident. Specifically, in families with one older daughter and one younger son, a common scene was that the older daughter undertook more caregiving responsibility than the younger son if they were both present, including tasks ranging from domestic chores to more official caregiving tasks. Here, it should be noted that in several young carer families that consisted of one older daughter and one younger son, it was the younger boy who participated in this study as a young carer due to various reasons. Despite this, during the fieldwork, when both the older daughter and the younger son were at home and available for providing care, my observation provided fruitful insights regarding their gendered distribution of caregiving.

Specifically, during the observation, a common saying often appeared in conversations between adult family members and young female carers: *'He is your [younger] brother. He is still young'*, potentially suggesting the female carers' obligation of being an older sibling, as R. Liu (2023) notes. These gendered scripts of familial duty enforce a moral obligation in which caregiving becomes the expected proof of love and responsibility. Such moral imperatives reinforce the *cruel interdependency* structuring sibling

caregiving, where affection becomes both the justification and the trap for girls' caregiving devotion. Meanwhile, as found in single-child families, where co-resident adult female carers (e.g., mothers and/or grandmothers) might buffer children's caregiving responsibilities to a certain extent, adult family members still expected the girl to undertake more caregiving responsibilities than the boy. Regarding this, a grandmother from the rural research site shared her opinion, which indicates deep-rooted cultural norms and stereotypes:

> *'Sooner or later, she'll have to marry out. How can she not learn to do these [*caregiving *tasks] now?... Girls are too delicate (jiao qi) nowadays. Isn't that how we [women] all got here?'*

Although adult family members generally loved their daughters and sons in young carer families of this sibship composition, they still believed that men and women occupy different positions according to their gender obligations, especially in rural areas. Meanwhile, some adults praised older daughters for accepting their higher amount of caregiving than their sons. For example, in addition to praising their daughters' attentiveness (*xixin*), as mentioned before, adult family members would also emphasise how their daughters were more sensible, thoughtful and frugal than their sons, making their caregiving more reassuring and reliable.

As the grandmother's quotation shows above, adult family members expected the girls to be wives and mothers in the future. They wanted girls to help at home to prepare for their future roles as wives, mothers, and daughters-in-law – resonating with existing findings (Kalmijn & van de Werfhorst, 2016). After the daughters marry out, some families may regard them as outsiders (*wairen*), which also means that the daughter's contribution (e.g., caregiving) to her birth family before marriage is limited, echoing previous studies (A. Hu, 2017). In contrast, sons connect to the family as permanent members (*ziji ren*), and families place a higher value on their sons' educational and socioeconomic achievements, as shown in China and other East Asian countries

(Eklund, 2018; Greenhalgh, 1985; Y. Hu & Scott, 2016; Parish & Willis, 1993; Santos & Harrell, 2016; Wolf, 1972), which has led to a gendered resource dilution (Kalmijn & van de Werfhorst, 2016; R. Liu, 2023). Resonating with parents' awareness of how children's housework and caregiving might compromise their educational performances and achievements, it explains why young carer families, especially in rural areas, expected daughters to undertake a greater extent of caregiving than sons.

However, some young female carers in this study did not accept this unfair division of caregiving. They often came into conflict with their younger brothers and adult family members by complaining about their brothers' lazy behaviour and accusing their families' preference of favouring boys over girls (*zhong nan qing nv*). Moreover, conflict could escalate at critical moments. The following quotes, observed in different families, reveal older daughters' grievances, their reluctance to obey, and their rejection of naturalised gender roles:

> *'Am I perfectly justified (tian jing di yi) in doing this just because I'm a woman?'*

Another participant expressed frustration with the repeated use of age as an excuse for her brother's inaction:

> *'What do you mean by he's still young? I have already done more than he did when I was his age. He's still young ... It's so hilarious. Is it possible you'll let him do these [the* caregiving *tasks] when he's getting older?'*

It should be noted that when the older sister and the younger brother were available and capable of providing care, one exception was that the younger brother might do more if the care recipient was male during the intimate care process. It is because the caregiving tasks might involve direct or indirect contact with the care recipient's intimate areas, which usually occurred during the care recipients' hospitalisation or

when they were in a very poor state of health, so they were too weak to take care of themselves or even needed to be confined to bed.

Some young carers who did not have younger siblings had the experience of being cared for by their older siblings academically, emotionally, and financially. When acknowledging their older siblings' contributions, these young carers often expressed their gratitude and guilt simultaneously rather than taking their siblings' dedication for granted. For example, Jiaxin, a 15-year-old boy who has a sister six years older than him. Since their father passed away from liver cancer in 2016, their mother, who was born with a third-degree physical disability, worked odd jobs to support the family financially. His sister, who was only 14 years old by that time, took on all the caregiving responsibilities for Jiaxin and their disabled mother. The mother recalled that at her husband's terminal stage, he was very ill, and she had to be in the hospital every day to take care of him; after he passed away, she was too busy working to pay off the family's debts, leaving the daughter to shoulder the lion's share of family care. Jiaxin said:

> *'Jiejie [older sister] had outstanding educational attainment, and she could have attended the best senior secondary school in C County … However, it was a boarding school, so she gave up the chance because no one could take care of me. Jiejie could have attended a first-tier university [silence] … She did it all for me [pause] … I want to go to the university soon and earn money to keep jiejie and mom away from such a hard life.'*

In retrospect, Jiaxin's mother also recognised and appreciated her daughter's contribution to the family and thought the family was holding her daughter back and deserved a better life:

> *'Now, she is in the city attending an ordinary college while having to work part-time to send money home. She said she would wait until she finished*

paying for didi's university tuition before thinking about her marriage [sigh].'

5.3.2 Sibship of the Same Gender

Findings show that for young female carers with a younger sister, the older sister undertook more caregiving responsibilities than the younger one. However, the younger sister would share a certain amount of tasks to varying extents, which usually depended on her practical capacity to perform caregiving tasks, where age is the most important determinant, as suggested above. The age gap between the siblings would lead to a different division of labour. For example, Zhenzhen was a 15-year-old girl by the time of fieldwork, and there is a 10-year age gap between Zhenzhen and her older sister. Their father had uremia, and the older sister was responsible for a considerable amount of caregiving until Zhenzhen grew up and was capable of providing care. During the fieldwork, the sister transited into adulthood and worked as the family's primary breadwinner. As the older sister's caregiving responsibilities shifted from domestic labour to financial provision, the power relationship in the family shifted simultaneously. This finding echoes a previous study suggesting that adults give care after transitioning into adulthood when they are arguably more able to exercise control over their care due to the added economic, legal and maturity advantages (Stamatopoulos, 2018). Akkan (2019a, 2020) also suggests that the vulnerability of young carers depends not only on gender but also on age (i.e., childhood), which determines their access to resources and their limited autonomy in the public sphere. Regarding her increased caregiving tasks and her older sister's decreased domestic labour, Zhenzhen said:

'I want to grow up soon because I can't earn much money now, so I must obey my parents' orders. Jiejie used to do a lot [caregiving] at home, but once she grew up, she suddenly acquired the right of speech [pause] … So my parents pushed all [caregiving] tasks to me.'

However, it should be noted that in several multi-child families where the sibships are composed by an older daughter and a younger son, even some older daughters have transited into adulthood or have started to earn money, these girls were not necessarily undertaking fewer caregiving responsibilities when they got home, with limited bargaining power. In turn, these girls were more likely to be expected to serve as both breadwinners and responsible caregivers by their parents and other adult family members. Simultaneously, in families with two girls of similar ages and practical capacity to provide care, the difference of their caregiving distribution was less significant, though the first daughter was usually in the lead. These findings echo R. Liu's (2023) investigation, suggesting that only the number of older or younger brothers is associated with the daughter's increased time spent on household chores, while the number of younger sisters is not. Indeed, in families with an older daughter and a younger son, the daughter often undertook more caregiving responsibility and felt isolated. For example, as a 12-year-old girl Yuqi, who has a brother three years younger than her, said to me privately:

> *'I always feel like they're the family [her family and the younger brother]. Everyone is against me.'*

Families having two daughters did not have gendered comparisons, and girls usually formed a more intimate and dependent sisterhood to support each other. For example, few young female carers had older sisters. They recalled how they began sharing housework and caregiving tasks with their older sisters as they grew up, especially for those tasks requiring practical skills, such as cooking and household management. Meanwhile, a girl suggested her initiative of sharing caregiving practices to alleviate her older sister's educational pressure at that time:

> *'At that time, my sister was going to take her senior secondary school entrance examination (zhongkao) and she was busy with her daily studies,*

so I did all I could do [the caregiving *tasks] as much as possible [laughs].'*

5.4 Boys and Girls in Families Where Mothers' Domestic Labour was Not Available

There are several families in this study where the mother's domestic labour was unavailable. Several circumstances would lead to this unavailability, including the mother's illness and disabilities and the family breakdown (i.e., divorce). In these cases, the father usually took on the primary caregiving role and as the family's breadwinner, where the daughter's and son's caregiving responsibilities became more complicated than children with mothers' buffers. This finding aligns with Yang Hu's (2018) study, which suggests that the mothers who are supposed to be the primary housekeepers (Santos & Harrell, 2016), their absences are associated with a significant increase in girls' and boys' housework time.

Moreover, findings show that the daughter became the informal substitute caregiver for their mothers, and the son was more likely to be regarded as the father's helper. This phenomenon was especially true in multi-child households where the sibship was composed of a daughter and a son, but it has also appeared in single-child families. For example, young female carers usually completed domestic tasks independently, especially those 'feminine' tasks and invisible chores, while fathers might undertake other tasks at the same time or take a rest. However, young male carers in this context usually performed caregiving tasks alongside their fathers in cooperation with them. This finding supports the theories of gendered domestic labour substitution (Benin & Edwards, 1990; Coltrane, 2000; Goldscheider & Waite, 1991; Lundberg, 2005), suggesting that daughters are more likely than sons to act as 'natural substitutes' by compensating for their mothers' deficiencies in the provision of informal care.

Meanwhile, young female carers in this study suggested how they learnt about doing domestic chores, managing the household and other caregiving practices from their mothers or co-resident grandmothers. This finding echoes the theory of behavioural

modelling, which supports children's imitation of parental housework behaviour as a key mechanism of gender role reproduction (Cunningham, 2001a, 2001b). For example, Chengcheng, a 14-year-old girl, shared her experience:

> *'Things like organising things, how to cook, how to fold clothes, things like that … And how to go to the hospital and fill prescriptions … Oh, and how to be more precise and careful in budgeting (jing da xi suan) [laughs]. I used to watch my mom do these, and I learned these from her [laughs].'*

Simultaneously, this quote echoes adult family members' praise of daughters' higher qualities in caregiving than sons, such as daughters are more attentive, sensible, and frugal, showing girls' internalised social expectations of their gendered attributes. Chengcheng also received much appreciation from parents; however, she showed strong self-awareness by saying:

> *'I don't like this kind of praise. What? By saying I'm dongshi [sensible and thoughtful], so, I should do more [caregiving]? No one naturally could do these [sigh]. I do these because I love my mom, not because I am a woman, okay?'*

In families where the father was the care recipient and the mother had been working paid jobs outside the home as the family's breadwinner, the gendered domestic labour substitution became further evident. Findings show that the daughter undertook the lion's share of caregiving responsibilities in these circumstances, especially when there was no extended support. If there was a sibship composed of an older daughter and a younger son, the daughter's caregiving responsibilities became even more overwhelming when compared to families where the breadwinner was the father. Regarding this, sociologists suggest that the sociocultural context in which masculinity and fatherhood are mutually constructed should be taken into account when discussing paternity (Enderstein & Boonzaier, 2015; L. Wang & Keizer, 2024). Indeed, in most

patriarchal societies, practising fatherhood and income-generating jobs outside the home are the most common ways for males to acquire and demonstrate masculine identity (Connell & Messerschmidt, 2005; West & Zimmerman, 1987). China belongs to one of those societies (Choi & Peng, 2016; Du, 2024; X. Wang et al., 2019). The fourth national survey on the social status of women in China in 2021 investigates 30,000 men and women between the ages of 18 and 64. Regarding people's attitudes toward unpaid caregiving responsibilities, the survey result shows that up to 49.1% and 41.7 % of men and women, respectively, agreed with the statement: 'Men should be socially oriented, and women should be family-oriented' (UN Women China, 2023).

Specifically, in the urban research site, a few households relied on the mother's labour to make a living. For example, Leping was 16-year-old by the time of fieldwork. In his family, his father had gastric cancer and liver cirrhosis and was too weak to handle any job. The father said:

> *'A person who is sick is dead wood. I hate that I cannot work, we do not have money. I need to rely on the women! I also hate that I am anxious and talk angrily every day. But I cannot control myself. I am just suffering from a lifelong illness that I cannot get over!'*

In Leping's family, although the older sister (aged 25) had a congenital speech disability, she still became the primary carer for the ill father after the mother worked day and night in a factory for the family's livelihood. During my visits, Leping always waited for his older sister to start the caregiving first, and he acted as a 'helper', lending a hand to his sister. On many occasions, Leping and his father just sat there waiting for their meals to be served. At the same time, his sister often had to do chores until the food was cold before she could come and take a bite, similar to many families in China where the mother is the main domestic labour of the family. Regarding this, Leping said:

> *'It has been like this since mom was getting busier. Dad said these are*

women's jobs, and let me stay away from these as much as possible so I can focus on studying. But I would still help my sister because she was obviously … well, she also needed to be cared for. So, I have to help.'

This phenomenon is not rare, especially in the rural research site where there was a persistent patriarchal hierarchy, and the reason adult males stayed in the village rather than migrating was usually because of their illnesses or disabilities, as noted in previous studies (Lin, 2023; Murphy, 2020). The findings show that these fathers' (hegemonic) masculinity was challenged by their incapability to support the family due to illness and/or disability, as these fathers could not perform 'the most honoured way of being a man' (Connell & Messerschmidt, 2005, p. 840). In such contexts, young female caregivers are caught in a *cruel interdependency*, where their love and moral commitment to family is repeatedly exploited by gendered expectations and constrained options. Although Chinese fathers tend to embrace this 'new' fatherhood (i.e., a caregiving and expressive parenting style), especially for those well-educated men who live in urban areas (X. Li & Jankowiak, 2016; L. Wang, 2022), they are more likely to position themselves as helpers rather than primary caregivers (X. Wang, 2020).

5.5 Buffers of Children's Caregiving Extent

5.5.1 Accessibility to Extended Support

In families where the children undertook the secondary or tertiary caregiving roles, the co-resident adult family members, primarily female adults (i.e., mothers and grandmothers), often buffered the young carers' caregiving responsibilities. However, the extent of buffering varies by gender and family's caregiving needs. Meanwhile, when the children were the primary carer within the household, but the care could be shared within the extended family, young carers' caregiving responsibilities would also be less onerous. This support usually came from immediate family and relatives, including grandparents, aunts and uncles. For example, a 15-year-old girl Lili was a primary carer for her father, who suffered from peripheral neuropathy, and her mother,

who was diagnosed with myeloma and nephritic syndrome. Although agricultural mechanisation could mitigate the family's farming burden, Lili was still too young to undertake all the farming responsibilities by the time of fieldwork. Therefore, Lili's father's brother helped them farm; although not much, this support eased Lili's family's financial pressure to some extent.

In Mengyuan's family, the 17-year-old girl introduced earlier, who served as the primary carer for her ill and disabled grandparents, had an aunt who lived in the county as an extended support. Sometimes, the aunt would alternate with Mengyuan when the care recipients needed to go to the hospital, sharing some of Mengyuan's caregiving responsibilities. However, external financial support from the aunt was not available. '*She is having a hard time herself, and her husband doesn't want her to give money out*', as the grandmother said. Mengyuan also said that:

> *'I try not even to ask her for help. My aunt's family has already annoyed us and said we were a drag … Not to mention the money [laughs].'*

A few young carer families received neighbours' support, though this support was relatively minor. For example, neighbours would share some food with the young carer's family so that the child could cook one fewer meal. In addition, families in this study were not inclined to hire a domestic helper or a formal nursing worker because of financial unaffordability and a lack of trust in an outsider (*wairen*). For them, hiring a paid domestic worker is unrealistic and impracticable, which is also true in middle-income white-collar workers' families, as Xiaoying Qi (2021) reports.

Among the extended support within the family, support from grandparents stood out, especially grandmothers' contributions to domestic work; even though some were also ill or disabled, they demonstrated a mutual caregiving relationship with the young carers. China-specific studies also suggest how extended family members, usually grandparents, would step into the nuclear family or the rural skipped-generation family

as surrogate parents to alleviate children's domestic workload (Goh & Kuczynski, 2010, 2014; Y. Hu, 2018; J. Liu, 2022b; Lu, 2012; Murphy, 2020; X. Qi, 2021; Xiao, 2021). Specifically, Esther Goh and Kuczynski (2014, p. 288) suggest that 'where more helping hands are available, as in three-generational families, children may choose to avoid housework or even self-care tasks as they know adults will take over these tasks on their behalf', as active agents (Goh & Kuczynski, 2009). Meanwhile, most children in this study lived with paternal grandparents (*yeye and nainai*), which resonate with previous findings suggesting the childcare provision in Chinese patrilineal families (F. Chen et al., 2011b; He & Ye, 2014; Murphy, 2020; L. Xu et al., 2014; Zhang et al., 2016).

5.5.2 Parental Educational Aspirations

Like other Chinese families, parents and guardians in this study believed that gaining admission to a good university was of utmost importance, with everything else considered secondary in support of this goal, echoing existing research on families with different socioeconomic backgrounds (Choi & Peng, 2016, 2016; Goh, 2011; Goh & Kuczynski, 2014; Gu & Yeung, 2020; Hansen, 2015; J. Liu, 2022b, 2022a; Murphy, 2014, 2020; Yan, 2021). In both research sites, many adult family members were happy to make contact with me and allowed my participant observation because they believed I, as a university graduate, could help with their children's education, as mentioned in the methodology (Chapter Three).

Meanwhile, parents and guardians were aware of the conflict between a certain extent of caregiving responsibility and children's education, and they also hoped caregiving would not compromise young carers' educational performance and attainments, as I will analyse in detail in the next chapter (Chapter Six). This finding resonates with China-specific studies investigating children's housework time, which demonstrate that parents and guardians would try to lighten the children's housework load as much as possible to maximise children's study time (Goh & Kuczynski, 2010, 2014; Y. Hu, 2018;

J. Liu, 2022b; Lu, 2012; Murphy, 2020; X. Qi, 2021). Murphy (2020) also suggests that many grandparents, as the left-behind children's guardians, emphasised that they only let their grandchildren help out with small things because the middle generation (i.e., the migrant parents) would curse them if the children's grades deteriorated.

In this study, this practice was especially common in multi-generational households in both research sites, and in rural skipped-generation households. However, the actual amount of caregiving that adult family members could reduce was often limited. This reflects the multidirectional nature of *cruel interdependency*: even when adult family members want to protect children's well-being and education, they are also bound by expectations and practical needs that children should help when someone in the family is ill or disabled because there is no one else to support. In this context, caregiving becomes both morally expected and emotionally difficult, for children and adults alike. It shows that *cruel interdependency* is multidirectional, as it is not only experienced by young carers but is also experienced by adult family members, who are themselves caught between wanting the best for their children and meeting the everyday (survival) needs of family life.

5.5.3 School as the Sanctuary?

At the rural research site, many young carers boarded at county-level or township secondary schools during the week, so they could only participate in in-home or on-farm tasks and other caregiving responsibilities during the weekend and on holiday, significantly mitigating their workloads. Murphy (2020) reports this China-specific phenomenon as an influencing factor of children's work burden, which has not appeared in young carer studies worldwide.

Specifically, existing studies show that one of the reasons these children boarded was the long distance between the boarding schools and village homes (Lin, 2023), which usually took more than two hours to commute each way. This phenomenon was not due

to the participants' active choice to study at county-level or township secondary schools. Instead, although several participants would like to study in the local village or town, no school existed there. Thus, they had no choice but to board at a junior secondary school in a nearby larger town or the county. This is attributed to the education reform in 2001, named *che dian bing xiao*, meaning the abolition of a large number of primary and secondary schools in rural areas so that students would be concentrated in a small number of county-level and township-level schools. The original purpose of this education reform was to optimise the allocation of rural education resources and improve the efficiency of investment in primary and secondary education. However, the significant reduction in rural compulsory schools has led to longer distances for some students to travel to school, an increase in potential traffic safety hazards, an increase in the financial burden on rural children's families, and a shortage of boarding schools in rural areas, as well as overcrowded class sizes in county-level and township schools (General Office of the State Council of China, 2012).

Despite this, participants suggested that boarding at school reduced their practical caregiving responsibilities. However, most of them suggested that even though school played the role of sanctuary and they seemed to have personal spaces to study and make friends, they were still consistently concerned and worried about the family condition, which is also a form of emotional care, and has led to depletion (Rai, 2024, p. 202). This finding echoes young carers' experiences in the UK, as a young carer in the Carers Trust's report described: '*It's a constant worry - you can never escape, and it's always at the back of your mind*' (Neale, 2023, p. 22). As the 14-year-old boy Longlong said:

> *'I just find it very strange [pause] … When I'm in school, I really, really want to go back home. But when I get home and face this mess [laughs] … I want to rush back to school again [laughs].'*

These conflicting emotions show how young carers often feel emotionally tied to their caregiving role. Even when they are physically away from home, the emotional

demands of care remain present in their thoughts and routines. This enduring attachment reflects the all-encompassing nature of *cruel interdependency*, where love not only motivates children to care but also makes it difficult for them to distance themselves from caregiving, no matter where they are.

Notably, three participants from the rural research site studying at county-level senior secondary schools actively chose to commute between home and school every day. Among them, two participants said this was because they were the primary carers of the family; the other one said she was too worried about her mother and younger brother, even her paternal grandparents were there to help. Nevertheless, these three participants reported that their extent of caregiving increased during the weekend and on holiday, as also shown at the urban research site. Specifically, in the urban research site, although secondary schools generally accepted boarding, almost all participants commuted between school and home daily to take better care of their families. Except for a 14-year-old boy Dongdong, he explicitly revealed his initiative of boarding to escape the burden of caregiving, where the school offered him the opportunity to *'breathe the air of freedom'*, as he described.

5.6 Conclusion

This chapter explores the heterogeneity in children's caregiving experiences, drawing unique insights that the number of hours spent on caregiving cannot provide (S. Becker, 2007; Dearden & Becker, 2004; Joseph et al., 2019; Moore, 2005). A series of factors that might influence the nature and extent of children's caregiving have been explored. These include children's gender and age, as individual characteristics (Thorne, 2004; West & Zimmerman, 1987), and circumstantial factors such as the availability of other support in the family, family educational aspirations for the child, and the location of the child's schooling.

Specifically, the findings show a clear gendered distribution of children's caregiving in

different family structures under a persistent patriarchal hierarchy in China. For example, in single-child families, although age influenced the extent of the caregiving load incurred by children of both genders, adult family members were more likely to recognise daughters as 'natural' caregivers who have innate caregiving qualities and skills than sons, as previous scholarships suggest (Graham, 1987). Indeed, single daughters were more involved in omnigenous, time-consuming caregiving tasks than single sons, such as doing invisible chores. Meanwhile, compared to boys, girls' caregiving efforts were less recognised and often perceived as taken for granted by their families. Also, boys' and girls' gendered views about certain activities are evident. Young male carers were more willing to help with gender-appropriate caregiving tasks instead of doing 'feminine' tasks such as mopping floors or cleaning the toilet, which may be seen as undermining their masculinity.

In multi-child families, children's unequal distribution of caregiving echoes previous research on power relations between siblings in patrilineal Chinese families, which is regulated by the hierarchical order of gender and age (Santos & Harrell, 2016). In this study, multi-child families were predominantly composed of one older daughter and one younger son, showing a persistent son preference and echoing existing literature (J. Liu, 2022b; Murphy, 2020). Adult family members generally loved their daughters and sons and were aware that children's caregiving might compromise their education. However, they still believed that men and women occupy different positions according to their gender obligations, especially in rural areas. For example, adults would emphasise girls' caregiving ability as an essential skill for marrying out to be wives and mothers in the future. Due to such gender bias and the obligation of being the first child of the family, adult family members placed higher caregiving expectations on daughters than sons, leading to older sisters experiencing significantly higher caregiving burdens compared to younger brothers. However, as the least 'powerful' family member (Dreby, 2007), many girls in this study still accused their families' preference for boys over girls (*zhong nan qing nv*) and negotiated their autonomy based on the family's interdependent relations (Kuczynski, 2003; Punch, 2000).

Besides, mothers and other adult female carers were among the most significant buffers in mitigating children's caregiving responsibilities. When mothers' buffers were unavailable, boys' and girls' caregiving responsibilities became more complicated, especially for girls. Findings show that girls were more likely than boys to act as 'natural substitutes' by compensating for their mothers' deficiencies in the provision of informal care, and they were inclined to imitate mothers' caregiving behaviour, which shows a gender role reproduction in young carer families (Y. Hu, 2015, 2018). In families where the father was the care recipient, and the mother had been working as the family's breadwinner, fathers' (hegemonic) masculine identity was challenged by their incapability to support the family (Connell & Messerschmidt, 2005), and the gendered domestic labour substitution became further evident. In this circumstance, the daughter undertook the lion's share of caregiving responsibilities. Other buffers of children's caregiving extent include the extended support from grandparents and relatives, family's high educational aspirations, and children's distant school locations. Although school might buffer some children's practical caregiving responsibilities, they were still constantly worried about the family condition, leading to depletion (Rai, 2024). In the next chapter, by listening to young carers' and their families' voices and observing the dynamics of their family life, I explore the emotional landscape of young carers and suggest how young carers were engaging in emotional labour in every childhood space, including family life, school life, friendships, and leisure time.

In conclusion, this chapter has shown how young carer families serve as the primary site of gender socialisation and reproduction of gender inequality. However, it should be noted that as children's age and life-course stages are constantly developing, along with other circumstantial factors playing out across individuals, families, and relations, children's caregiving experiences are ever-changing, and there will be no singular experience of being a young carer.

Chapter Six – The Emotional Landscape of Young Carers

Previous studies, predominantly from the Global North, suggest that the nature and extent of children's caregiving responsibilities are strongly associated with the outcomes of caregiving, both positively and negatively (Kallander et al., 2018). For example, In terms of positive outcomes, some young carers experience positive emotional and psychological impacts from caregiving, such as an increase in self-esteem, self-worth, and confidence, as well as developing empathy, tolerance, and conscientiousness (Clay et al., 2016). In addition, young carers may develop practical life skills, including home care, financial management, time management, and multi-tasking. These competencies potentially make them more mature and independent and can be applied to future careers (F. Becker & Becker, 2008). In terms of negative outcomes, many studies worldwide suggest that caregiving leaves children feeling upset, anxious, stressed, depressed, and caregiving significantly restricts children's education, social interactions, career prospects, and other aspects of life (S. Becker, 2007; Cass et al., 2009; Clay et al., 2016; Grugel et al., 2020; Joseph et al., 2019; Robson et al., 2006).

Although my study also draws on the PANOC-YC20 questionnaire (Joseph et al., 2009) to help measure the positive and negative outcomes of children's caregiving, where 30 young carers selected multiple answers from a predefined list, as explained in the methodology (Chapter Three), it quickly became clear that children's emotions were more complex than these categories could capture. Rather than being easily classified as either positive or negative, their emotional responses were often ambivalent and shifting, and subject to change when navigating different childhood spaces. Specifically, the childhood spaces young carers participated in were predominantly family life, school life, friendships, and leisure time (Akkan, 2020). Within these spaces, children in this study assumed various roles – caregivers, students, peers, friends, and more. Their caregiving responsibilities often intersected with these roles, shaping their emotions and influencing their participation in these spaces. Therefore, I argue that

without listening to children's voices and observing their emotions and interactions in different childhood spaces, it is arbitrary to define some of their emotions simply as consequences of caregiving, either detrimental or beneficial to their well-being.

To explore children's feelings about caregiving and how their caregiving responsibilities may influence their feelings and participation in different childhood spaces, I use Russell Hochschild's (1979, 1983) concept of emotional labour. As mentioned in earlier chapters, emotional labour is the process of managing one's own feelings and expressions to fulfil socially expected emotional requirements. In particular, I argue that it is not only the 'feeling rule' (Hochschild, 1979) that shapes children's emotional labour in everyday life but also the complexity of their feelings towards their loved ones who are also suffering. Meanwhile, it is important to involve the Confucian culture and ethics embedded in the Chinese sociocultural context when analysing children's emotional landscape of caregiving. This chapter explores how children manage complex emotions and shows how caregiving is sustained not only through practical tasks but through everyday emotional work, which is rewarding but also depleting (Rai, 2024).

In addition to filial piety (Chai & Chai, 1965), the cultural value that runs through this thesis, it is important to note that throughout the fieldwork, almost all young carers explicitly mentioned the Chinese term *weiqu*, which captured part of how they felt about caregiving while also reflecting a deep cultural sensibility. It is difficult to find a direct English equivalent for *weiqu*. Linguistically, it has been translated as 'a sense of being wronged' or 'grievance', but such translations fail to capture the emotional contradictions that the term carries in the context of children's caregiving. In Chinese culture, *weiqu* reflects a conflicted emotional state that blends frustration, sadness, and resentment with moral restraint, tolerance, and self-sacrifice. As Zou and colleagues (2020, p. 594) explore adult children providing care for sick older parents in rural Chinese families and describe *weiqu* as 'a sense of unfairness, anger, resentment, repressed emotions, and the feeling of having no alternative.' Yet *weiqu* also carries

moral value: enduring hardship without complaint is seen as a sign of virtue. In this sense, young carers' expressions of *weiqu* reveal not only their emotional struggles, but also their desire to act responsibly and lovingly within the family. Their ability to care while engaging in emotional labour shows how caregiving is shaped by both emotional conflict and culturally rooted expectations of tolerance, endurance, and moral strength.

By listening to young carers' and their families' voices and observing the dynamics of their family lives, this chapter seeks to answer the following questions: How do young carers feel at home? How do they feel about engaging in social relationships and leisure activities? Lastly, how do they feel about their education and future? Across all these spaces, the findings show that young carers engage in emotional labour, including constantly enduring, managing, and hiding feelings such as *weiqu*, frustration, guilt, and affection in order to meet social and moral expectations. Their emotional work involves not only protecting others but also navigating their own identities as carers, students, friends, and children.

This chapter proceeds as follows. Section 6.1 explores young carers' emotions at home, where many felt inner struggles and experienced emotional outbursts. Nevertheless, young carers tried to manage their emotions to fulfil their caregiving responsibilities and filial obligations and maintain their loved family's harmony. Section 6.2 explores how young carers felt about their social relationships and leisure time, where caregiving played an important role across these spaces. Young carers felt challenged when developing and maintaining friendships and relationships; some experienced social isolation, while many desired to be heard. Section 6.3 discusses how young carers felt about their education and future, where almost all of them were undertaking a responsibility to achieve educationally, arising not only from their family's high educational aspirations but also from 'the weight of sacrifice and indebtedness'. Nevertheless, most felt challenged to achieve a satisfactory educational performance along with their caregiving responsibilities, while the care recipients also disclosed a certain level of understanding, tolerance, and guilt. Moreover, viewing themselves as

irreplaceable, the young carers expressed a reluctance to leave home in the future and a willingness to remain 'tied to' their caregiving roles.

Overall, children's complex and conflicting emotional experiences reveal that informal (unpaid) caregiving was as much about relationships as it was about responsibilities. These emotional experiences point to a broader caregiving relationship that I conceptualise as *cruel interdependency*, which is a multidirectional relationship co-constructed by young carers and their families. It is both depleting and empowering, as it places significant burdens on children, yet it simultaneously deepens familial bonds and embeds them within a sense of moral obligation, emotional attachment, shared suffering, and resilience.

6.1 Young Carers' Emotions at Home

Young carers often experience a mix of positive and negative emotions in their caregiving roles. On the one hand, caregiving can be emotionally rewarding. As Shirin Rai (2024, p. 141) suggests, some children 'gain from being a carer', including feelings of recognition and personal growth. In my study, the questionnaire responses showed similar patterns. All 30 young carers selected 'feeling more mature', and 28 out of 30 chose both 'feeling one is contributing to the family' and 'feeling one is useful to the family'. 25 reported 'feeling a closer bond with the family', and 24 selected 'feeling proud of oneself'. These responses echo findings from previous studies, mainly from the Global North (F. Becker & Becker, 2008; Cass et al., 2009; Clay et al., 2016). Many participants also described themselves as exceptional and irreplaceable within their families, as explored further throughout this chapter.

At the same time, these 30 young carers also reported a range of difficult emotions. Nearly all participants said they 'often' felt that they had to take on caregiving responsibilities (29/30), felt lonely (29/30), upset (28/30), stressed (25/30), or anxious (24/30). 19 out of 30 said they had moments when they did not want to provide care

anymore, and 14 felt that their family members did not care about their feelings. These responses suggest that, rather than normalising their caregiving roles, most children in this study had a strong self-awareness of how care affected them emotionally. This stands in contrast to studies of young carers in Japan, where caregiving tends to be more internalised as a norm (Mainichi Shimbunsha, 2021). The emotional tensions appeared especially pronounced among older participants (aged 15-17), who often reflected more critically on their roles.

However, young carers' feelings at home, as caregivers, filial children, and individuals, were more complex and conflicted than their questionnaire answers. More importantly, some caregiving-related feelings were subtle, not wholly negative or positive, especially in the Chinese sociocultural context; for example, the feeling of *weiqu*. Therefore, in what follows, I explore young carers' emotions at home and how they managed conflicted emotions to fulfil their caregiving responsibilities, filial obligations, and maintain their loved family's harmony.

6.1.1 The Reluctant Carer

Alongside undertaking caregiving responsibilities, children needed to manage their feelings and expressions to fulfil the emotional requirements of caregiving as emotional labour, as noted in Chapter Four (Hochschild, 1979, 1983). During the fieldwork, both boys and girls hesitated to express their genuine feelings and emotional needs to their care recipients and other family members. For example, a 15-year-old girl, Qingyu, described how she deliberately 'turned off' her emotions to avoid burdening her parents with her struggles.

> *'I just tried to turn my emotions off so I can do all these [caregiving] in a more organised way and won't raise other people's concerns... I guess I have developed a new character setting when facing my parents. Because I don't really want them to worry about me, and I don't want to waste time*

explaining [about my emotions].'

When emotions become irrepressible, however, emotional outbursts can occur. For example, Yong was a polite and quiet boy, a primary carer living in a village in C County, whom I introduced briefly earlier. By the time of fieldwork, he was 17 years old and about to finish his high school studies very soon. More than a decade ago, Yong's father had been diagnosed with AIDS, and his mother received the same diagnosis shortly afterwards. In recent years, his parents' illnesses deteriorated. The mother had cervical cancer since 2017 and thyroid cancer since 2018, leading to increased caregiving needs in the family and financial burden. Yong's mother could barely do any work, and the father was trying to do odd local jobs. However, AIDS has been deeply stigmatised in China. There was no way to hide his diagnosis in this small village, and this man was too weak to migrate to make a living, leading to a very low family income, which was about 30k RMB a year.

According to Yong and my observations, his mom, Ms. Mei, had frequently been expressing the feeling of *weiqu* because she believed that her HIV infection was due to her husband's disloyalty. Ms. Mei often poured out her *weiqu* to Yong as her husband ignored her feelings. However, during my visits, I rarely heard Yong share his school experiences or other personal feelings with his mom. Most of the time, Yong was just quietly sitting by Ms. Mei's side and listening to her complaints and resentment about her illness or reality without responding much. Yong often would say sweet things to soothe his mom or cheer her up. Sometimes, these coaxing (*hong*) techniques worked; sometimes, they did not, and it was hard to find a pattern to make Ms. Mei feel better. Once, I witnessed Yong shout:

'Your marriage is your choice, mom! If you can't bear with all these, why don't you just divorce him? I can't continue doing this [emotional labour]! [pause] I can't play the role of your husband anymore. Although… [silence].'

Here, what Yong experienced, as he described, seemed to be more than parentification (Boszormenyi-Nagy & Spark, 1973). As Chase (1999a, p. x) describes: 'Parentified children, in fact, are parents to their parents and full this role at the expense of their own developmentally appropriate needs and pursuits.' However, Yong suggested that he was playing the role of 'a husband' to his ill mother. This means that in an adult-child caregiving relationship, young carers may experience other forms of role transposition (Aldridge & Becker, 2003, p. 84). Yong's mother acknowledged this and said:

> *'I do, I... well, he was not wrong. I feel quite awkward; I place some husband-like requirements on him if I must say it clearly. But I don't know what to do. There is no way out [for me to express feelings].'*

During our private conversation, Yong said to me:

> *'I know I shouldn't talk to her like that, and she must feel very hurt. ... Her marriage is her choice, but you know, [pause] I can't choose my parents. ... I feel like she [mom] has been morally abducting me, and she wants too much emotional value... I'm exhausted. And honestly, it's me who always gives. [pause] Who cares about (guan) me? ... She feels weiqu; I also do. But what can I do? Can I walk away and disappear (yi zou liao zhi)? [pause] the answer is I can't.'*

Yong's exhaustion, frustration, and the sense of *weiqu* clashed with his guilt and love for his mother. This emotional contradiction, of feeling morally bound yet emotionally drained, reflects the inner chaos that young carers often navigate, as they carry out emotional labour. Moreover, his story reflects how *cruel interdependency* plays out emotionally: he continues to give care despite feeling unseen and exhausted, because the relationship is both morally compelling and practically unavoidable. Like Yong did,

young carers' devotion to caregiving practices and emotional labour overwhelmed them. Similar emotional outbursts were observed in many young carer families, including Yifan's. As introduced earlier in Chapter Four, Yifan was a 16-year-old girl providing care for her father, who had been suffering from thrombopenia, hypohepatia, and chronic renal insufficiency. Once, she accused her father:

> '*Do you think that I must do all these [caregiving]? Why does everyone take these all for granted?*'

Yifan also said to me:

> *'I feel deeply traumatised … I feel like I'm a good person, but I don't deserve anything good.'*

After Yifan said the above words, her father went silent and left the room.

6.1.2 Inner Struggle

As the question raised by Yong above, can young carers walk away and disappear (*yi zou liao zhi*)? Also, do young carers themselves want to *yi zou liao zhi*? In this study, most young carers presented inner struggles and conflicting emotions regarding their caregiving roles and relationships with the care recipients. As discussed in the Introduction, engaging in caregiving practices, including emotional labour, became one of the most accessible ways for children as minors to demonstrate their love and filial piety to the care recipients and other adult family members, echoing existing studies (Gu, 2022a; Stamatopoulos, 2018). As the 12-year-old young carer, Xiyao, who lived in a lone-parent household and had been caring for her mother with a congenital speech disability for eight years, said:

'Although mom is disabled, she is trying to earn money, trying hard to raise me up. If I complain to anyone about this [caregiving], I'm afraid that people would misunderstand me as someone who "dislikes" (xianqi) my disabled mom … I think it's natural for me to care for her if she can't speak, right? If not me, who else can do this?'

Thus, although young carers felt *weiqu* and became reluctant towards caregiving from time to time, they also felt guilty about their reluctance, especially when watching their loved ones suffer. For example, only a day after Yong argued with his mom, he told me that he regretted raising the confrontation. In his words, losing his temper was incredibly immature and should not have happened. Yong fell into a deep self-blame and said:

'I regret that I complained so much about my parents. I feel like I'm terrible [pause] I don't know how to put it … My mom is really, really unwell sometimes, but she does her best to raise me. [pause] She's actually pretty good to me.… But I also feel exhausted. I'm weiqu, too.'

Chase (1999a, p. xi) argues that 'parentification describes behaviours transmitted across generations and involving assumptions about what children and parents are obliged to give and receive from each other. However, findings from this study show some disagreement. To explain, in the above section (6.1.1), I discussed the tension between Yong and his mother, where the mother said how she felt awkward about placing husband-like requirements and expectations on her son. Notably, although Yong was complaining about his 'husband-like role', he also suggested that it was not a consistently reversing role, and his mother had worked very hard (as a mother) to raise him (as a son), leading to his inner struggle. Therefore, I argue that in families where parents or other adult family members had been suffering from illness or disabilities, and there was a lack of state provision and social services, the parental 'obligations' described by Chase (1999a) could be challenging to achieve, at least sometimes.

Moreover, at these 'unpredictable' times, the care provided by children was beyond their filial obligations constructed by traditional values, also because they loved their family and wanted to contribute this way, echoing previous scholarship (Aldridge & Becker, 2003).

Furthermore, young carers' inner struggle would be intensified when they doubted their caregiving devotions. Because the care recipients were the ones they loved, young carers wanted to try their best to care. *Jinli*, a Chinese term, refers to one devoting their best efforts to do something, emerging as an important theme when exploring children's feelings about their caregiving. For example, Xingxing was a 17-year-old girl who had undertaken the primary caregiving role for her foster mother since she was five. She believed she had tried so hard to compromise her time and energy for study, interests, and other aspects of her life to fulfil her caregiving role. However, she still struggled and doubted herself whether she had been sufficiently *jinli* for caregiving:

> *'To be honest, when thinking about whether I have been jinli, I'm not sure. [silence] I think I am, but, I mean, sometimes, I would be lazy. Sometimes, I wanted to escape [from caregiving]. … When mom sometimes screamed at night, I pretended I didn't hear. It's actually quite bad, you know. Whenever I think of this, I don't think I have the qualifications to complain too much.'*

Xingxing's moment of pretending not to hear reflects more than avoidance. It reveals the conflict between her emotional limits and her strong desire to be a 'good' daughter and a 'responsible' caregiver. Her guilt for not always being attentive shows how caregiving becomes emotionally contradictory and consuming even as she tries to live up to her own moral expectations. Indeed, there is no benchmark to distinguish whether a child is *jinli* for caregiving, especially for those illnesses that cannot be cured, making children's feelings about caregiving more complicated. For example, regarding the case of Xingxing's family, whose foster mother had epilepsy and a mental disorder, as the

primary and the only caregiver, how can Xingxing's caregiving devotion be measured or quantified as *jinli* or not? As Xingxing said:

> *'Do I ... If I take her [mom] to Beijing or Shanghai for treatment, is it considered jinli? And for how many times? [pause] When we were trying a medication to treat her mental disorder, and there were serious side effects, should I choose to continue the challenge, or is a conservative treatment considered as jinli?'*

Overall, these children's emotional labour, such as suppressing their own needs, questioning whether they had done enough, and trying to remain emotionally steady, shows that caregiving is not only a practical task, but also an emotionally depleting journey. This reflects the *cruel interdependency* at the centre of their caregiving experiences and family relationships: young carers love and are loved, but this interdependency pulls them into emotional and practical roles that are difficult to navigate without experiencing suffering, guilt, or personal sacrifice.

6.1.3 Navigating Emotions through Cultural Expectations

Young carers would gain recognition and praise from their families and the external world (e.g., from neighbours, other family members, social workers, and teachers) as being thoughtful (*dongshi*), filial, mature, or tough (*jianqiang*). However, how do other young carers feel about these praises that involve cultural expectations? A 12-year-old girl, Xiyao, shared her feeling:

> *'I've always hated it when people tell me I'm good (guai) or mature (dongshi). [pause] I don't know why. I just hated it. [pause] Also, no one in her 12 years old wants to be strong (jianqiang), okay?'*

Regarding their reluctant feelings about being explicitly praised as *dongshi* or mature

and understanding things, the 17-year-old primary caregiver, Mengyuan, shared her opinion:

> *'People always say that I'm dongshi, I'm mature, I care for my grandparents, [pause] and I don't make troubles. I always suffer silently. [pause] When people say I'm dongshi, it seems like I have been constrained in the framework of being a "good girl". They just hanged me there [in that framework], and from that day, I can't have my own emotions.'*

Another example is Liang, a 16-year-old boy from L District who cared for his grandmother and little brother since his father and grandfather passed away in succession. His mother had been undertaking the breadwinner role, leaving her with less time and reduced capacity to provide care and manage the household. As proudly described by his mother, Liang was the only 'man of the house' (*ding liang zhu*) and had been so filial since his father and grandfather's illness. During my visits, several neighbours came along. They praised Liang by suggesting he had been practising the traditional Chinese virtue, 'the eldest brother is like a father' (*zhang xiong wei fu*) (R. Liu, 2023).

Nevertheless, during several private conversations with me, Liang demonstrated enormous inner struggle about his caregiving role. On one hand, he felt proud of his own devotion as the 'man of the house'; on the other hand, he was constrained by the caregiving responsibility and gradually lost control of his own life and aspirations, making him want to escape. Liang said with tears:

> *'I don't want to be filial anymore … Jiejie [sister, referring to me], can I just be selfish? But doing this [be selfish and don't be filial] is also too difficult. … Jiejie, in your profession, is there any research that suggests that being selfish is also a gift? I don't think I have this gift.'*

In summary, caregiving exposes young carers to a complex emotional journey, blending positive feelings of pride and maturity with profound challenges of emotional labour, self-doubt, and inner struggle. The intricate interplay between cultural expectations, such as filial piety, and personal emotions creates a unique caregiving experience. In the next section, I explore young carers' social relationships and leisure time, where their caregiving roles and responsibilities also play an important role.

6.2 Social Relationships and Leisure Time

Young carers in this study found themselves struggling with developing and maintaining social relationships, echoing previous studies from many countries (F. Becker & Becker, 2008; Cass et al., 2009; Clay et al., 2016; Grugel et al., 2020; Shibuya, 2018; Warren, 2005). Many of the young carers consider that they do not have 'real' friends; loneliness and isolation are two emotion-laden terms that frequently appeared in our conversations.

6.2.1 Strategic Hiding

Disclosing their caregiving roles with friends at school was particularly difficult for young carers. This is because, on one hand, they did not want their peers to look down on them because of their family circumstances, which may decrease their self-esteem; on the other hand, they did not want to attract special attention or be objects of sympathy. Instead, they just wanted to live a relatively 'normal' school life, like their peers who only needed to fulfil a student and an adolescent role. These 'normal' roles are challenging for young carers to acquire from their family lives because they are experiencing the process of parentification (Boszormenyi-Nagy & Spark, 1973; Chase, 1999a). As Shibuya (2018) points out, compared to adult carers, a serious problem for younger carers is that these children may find it more difficult to socially fit in because of their different experiences in a highly homogenous group (i.e., at school), where most of their peers only need to focus on studying and school life. Shirin Rai (2024, p.

160) also suggests that 'friendships are affected when children feel that the difference between their own and their peers' lives is considerable and unbridgeable, even though their peers cannot see it'. For example, Liang shared his feelings:

> *'When they [peers] were playing basketball, I was actually playing and happy then. But, you know [pause], the happiness was short-lived. And when people around you are so happy, you know their happiness is genuine… [sigh] Well, the happier they are, the more isolated and lonelier I feel.'*

Therefore, young carers in this study generally decided to hide their caregiving roles and responsibilities at school, echoing previous findings on hidden young carers from many countries (Bolas et al., 2007; E. James, 2017; Moore & McArthur, 2007; Shibuya, 2018; Stamatopoulos, 2015). For example, Bolas and her colleagues' (2007) qualitative study suggests that young carers in England demonstrated secrecy about being a caregiver. 'Fear of rejection and misunderstanding distanced them from their social worlds' (Bolas et al., 2007, p. 839), as was the case with Yifan. As mentioned, Yifan had been bullied during her junior secondary level because the school bursary administrator disclosed her financial condition to others. Therefore, after entering the senior secondary school level, she did not apply for financial help because she did not want her teachers and peers to know about her family's situation and to look down on her. Yifan's strategy seemed to work. She said that since hiding her family's condition, she successfully made several friends, though she was still afraid that her shabby clothes and shoes might cause exclusion.

Similarly, the 17-year-old boy Yong, who cares for his parents with AIDS, said he would rather drop out than tell the school the truth about his family situation to apply for the bursary. He suggested that:

> *'I don't have any friends. I, I feel ashamed. I can't let them [peers] know*

about these [the family condition]. This makes me feel like I have no face.'

In addition to damaging their self-esteem, young carers generally believed that mentioning their caregiving experiences in a group setting felt inappropriate and may cause the social atmosphere to be embarrassing. As Mainichi Shimbunsha (2021) describes, young carers in Japan view school as the only 'bright place', and this place cannot be influenced by their family's 'darkness'. Many young carers in this study shared similar feelings, and they believed there were 'feeling rules' that compelled them to control, manage, or regulate their undesirable emotions to fulfil socially expected emotional requirements (Hochschild, 1979). For example, Lele, the 14-year-old boy who provides care to his intellectually disabled older brother, said:

'Pretending or… hiding your emotions is normal, okay? Because [saying your caregiving responsibilities] demonstrates your low emotional quotient. Overall, it [the caregiving] is not a happy thing to share. And what should I expect my friends to say? Pity me or what? I don't need these … and maybe ... Well, I don't know. I don't want them [my friends] to feel that I'm different.'

6.2.2 Strategic Performing

Young carers generally agreed that having friends and spending time with friends made them feel better, even with distance, secrets, and the engagement of emotional labour. Meanwhile, schools implicitly provide great opportunities for young carers to develop social relationships. For example, participating in school club activities, such as sports or art, helped young carers feel emotionally relieved. As the 16-year-old boy Chao said: *'[School activities] provide a brief moment to forget the pain.'* Moreover, resonating with Rai (2024, p. 159), who suggests that 'friendships need nurturing, and time and perhaps a socially level playing field to thrive', young carers in this study generally tried to ensure their participation in both school and home. However, trying to fit in and

maintain participation in friendship circles consumed considerable energy and time, as was the case for many young carers in this study and also in other countries (Moore & McArthur, 2007; Neale, 2023; Shibuya, 2018; Warren, 2005). For example, in a survey consisting of 1,109 young carers and young adult carers across the UK, 40% of them indicated that caregiving 'always' or 'usually' affects how much time they can spend with their friends, and 26% said that they either 'never' or 'not often' feel included in all the things their friends do (Neale, 2023, pp. 22–23).

A 12-year-old girl in this study, Yuqi, shared her strategies for maintaining friendships. Yuqi was a junior secondary school student from L District who had been providing care for her father, who was diagnosed with renal failure. She commuted between school and home every day during the weekday night time. After school, in addition to fulfilling her caregiving responsibilities, including providing care for her father and her younger brother, who was born in 2014, and finishing her homework, Yuqi rarely had leisure time. She said:

> *'I usually don't have too much time to play with my phone, but I will quickly search about celebrities or hot topics through Douyin [the Chinese TikTok] or Xiao Hong Shu [another Chinese social media platform, Rednote] almost every morning. It may only take me about ten minutes, and I can share this information with them [my friends] at school. So that … I won't feel like I was left over. [pause] Oh, right! About the popular TV series, let me tell you. You can watch those video clips that highlight and narrate important scenes! You don't really need to watch the whole TV series and know the story. But this only applies to some simple conversations, haha.'*

Nevertheless, compared to fitting in in the friendship circle at home or online, friends' invitation to hang out together during the weekend or holiday is less appealing for young carers, especially for primary caregivers with high caregiving responsibilities. The excessive caregiving tasks lead to their constrained time and energy, physically and

emotionally, to hang out with friends, as existing research reports (Neale, 2023). Moreover, young carers were caught in a dilemma from both choices (i.e., hanging out with friends or not). On the one hand, constrained by love and filial obligations (Finch & Mason, 1990; Ikels, 2004), if they chose to hang out with friends, they would feel worried and guilty towards the care recipients, echoing young carers in the UK who described their feelings as 'unable to entirely switch off from their caring role' (Neale, 2023, p. 22). Meanwhile, they would worry about spending too much money, thus leading to an enhanced financial burden. This made it harder for them to enjoy quality time with friends. Such an emotional and financial burden caused by developing social relationships echoes Obendiek's (2016, p. 84) study on rural male students in China, which reveals that 'they just could not enjoy a love relationship if it meant having to spend their parents' scarce money.' On the other hand, if young carers turned down their friends' invitations, they would also feel guilty towards their friends and reveal concerns about maintaining this friendship, as Yifan said:

> *'I usually would make up different excuses, such as… I live too far away, want to sleep, or have other things to do. But… Some of my friends probably know... they might already realise I was lying.'*

Regarding this, some young carers developed their coping strategies. In addition to spending school time together, some of them tried to spend time online by chatting and playing games to maintain friendships, which is less time- and cost-consuming and not limited by geography. For example, Qian was a 16-year-old young carer who provided care to his father, who was paralysed due to a stroke five years ago. As mentioned in the first empirical chapter (Chapter Four), Qian was studying at a vocational training high school in C County and had been doing an online part-time job as a mobile game character leveller. When I asked him whether he chose this part-time job, he suggested that in addition to earning money, playing popular mobile games would be one of the common languages among his friends. Indeed, Xiaoying Lin's (2023) research on rural adolescents who study at the county-level high school suggests that these children have

little opportunity to engage in extra-curricular tuition or other activities that may help accumulate their cultural capital. Rather, these children spend most of their leisure time playing with their mobile phones, watching TV, talking with friends, drinking bubble teas, or visiting grocery stores (Lin, 2023), echoing the present study and previous research evidence over the last two decades (Jacka, 2013; Murphy, 2020). Here, the boy Qian said:

> *'Otherwise, I don't know how to talk to them because I rarely have time to hang out with them [my friends] during the weekend. All I can do is play The Honor of Kings [a popular mobile game in China] or share Douyin videos with them.'*

6.2.3 Desire to be Heard

Young carers in this study expressed their desire to talk with peers who also have caregiving responsibilities, and they believed that it might be helpful for their emotional well-being. However, most of the young carers did not have such an opportunity.

There was no specific opportunity for gathering, such as the local young carers networks established in the UK, where young carers could meet and share experiences (Carers Trust, 2022), it is difficult for a young carer to find another caregiver willing to disclose one's role and share experiences. This finding resonates with a Japanese survey on young carers' well-being, which suggests that approximately a quarter of participants (n=1972) identified their main difficulty as 'there is no one to talk to' (Mainichi Shimbunsha, 2021). Meanwhile, regarding how they wished to be supported, approximately 16% of participants suggested that they 'want to have a place to go and someone to talk to' when they are worried (Mainichi Shimbunsha, 2021). Relatedly, F. Becker and Becker (2008) indicate that young carers aged 16-17 across Britain desired socialising and forming relationships. However, they were constrained by their family's rising expectations that they should take on more care responsibilities as they grow

older, as I discussed earlier in Chapter Five, which resulted in these adolescents' 'non-existent social life' (F. Becker & Becker, 2008, p. 38; Clay et al., 2016).

There is one exception in this study: a 14-year-old girl, Chengcheng, whom I introduced earlier in Chapter Four, shared similar experiences with another girl at school, and they quickly became best friends. Chengcheng had been providing care for her mother, with internal rheumatism, and her younger brother, with nephrotic syndrome, for eight years. Their family had a rural household registration (*hukou*). They migrated to the city and returned to their places of origin in 2020, a village in C County, for Chengcheng's mother and younger brother's treatment and a more convenient rural medical insurance reimbursement. Thus, as a 'returned child' (Zhou & Cheung, 2017), Chengcheng had to say goodbye to her old friends in the city and fit into the new school in C County. The return migration intersected with her caregiving responsibilities, leading to Chengcheng's significant emotional burden. For example, she felt lonely, isolated, helpless, resentful, and *weiqu*. She found it hard to adapt to rural life, having spent most of her childhood in the city, echoing previous studies investigating returned migrant children who returned due to various reasons, primarily due to educational policy regulations (Koo et al., 2014; Z. Liu & Zhu, 2011; Zhou & Cheung, 2017).

Fortunately, Chengcheng said she felt better now, and the turning point was when she met a good friend at school who courageously disclosed her family condition, which was not necessarily related to caregiving, but rather to domestic violence. Chengcheng said:

> *'Since that day [when my friend disclosed her family's condition], we started "huddling together for warmth" and supporting each other. It's so helpful when I finally got someone to speak with about… about all these [family caregiving issues]. It makes me feel that I'm not alone [pause], and I can share my deep emotions with her because I know she can understand. Because she [her life] is also tragic.'*

For young carers who had siblings at home, especially those having siblings of similar ages and who were also undertaking caregiving responsibilities, it was relatively easier for them to listen to and comfort each other without hiding and performing. Doing so also deepened the emotional bond between them. Compared to households with multiple children, young carers who were the only children I met generally revealed a more profound sense of isolation and loneliness.

As discussed in this section, many young carers suffered limited time, energy, and self-esteem when interacting with peers and limited participation in leisure activities. This has led to difficulties for them in developing and maintaining friendships, sometimes leading to social isolation. When interacting with peers and friends, young carers also engaged in emotional labour from time to time, as they performed at home. In this next section, I explore young carers' feelings about their education and future.

6.3 Education and Future

Different levels of caregiving needs and financial burden notwithstanding, young carers and their families I met all paid high attention to education, which is consistent with findings in research on other Chinese families (Fong, 2004; Gu, 2021; Gu & Yeung, 2020; Murphy, 2014). For example, many care recipients and other adult family members expected me to tutor their children with homework, practice English speaking with them, and encourage them to strive to enter a good university, as discussed in the Methodology.

Almost all young carers held a feeling that due to their family conditions (i.e., the caregiving needs and other associated difficulties, such as financial burden), they had to achieve highly in education in order to repay their family's rearing and earn a better future for themselves and the family. To young carers, achieving educational success is beyond an aspiration. Instead, they felt they had the responsibility to study hard. Their

sense of responsibility to achieve educationally interplays with their other feelings about caregiving, such as their affection and filial obligation to their loved ones, leading to these children feeling more motivated and resilient, echoing previous studies (S. Hu, 2019; Schoon, 2006). At the same time, such a high responsibility has led to high pressure, which contributed to other emotions, such as stress, anxiety, and depression. In this section, I explore how young carers feel about their education and future.

6.3.1 The Weight of Sacrifice and Indebtedness

Young carers generally believed that although their loved ones were ill and needed to be cared for, their loved ones still lived and worked hard to raise them and support their education. So did the other family members, who sacrificed a lot and ate bitterness (*chiku*) to pay for the care recipients' medical treatment and the children's current and future tuition fees. Thus, young carers would feel indebted and did not want to educationally let their family down as the only hope for the family's education-based social mobility. This finding resonates with previous research, especially migration studies where migrants would cast their migration as a sacrifice to encourage children to study in Chinese rural families (Gu, 2022a; S. Hu, 2019; Murphy, 2014, 2020) and in migrant families worldwide (Carling et al., 2012; Dreby, 2010). As Murphy (2020, p. 75) explains: 'the more bitter the parents' experience of *dagong* (migrant labouring), the greater is their sacrifice, and the deeper the children's awareness of their parents' sacrifice, the greater is their obligation to demonstrate filial piety through obedience and hard work.'

In the context of caregiving, the story of a 15-year-old boy, Xiang, who I introduced in Chapter Four, is a good example. Xiang was a left-behind child who lived in a village with his paternal grandparents (*yeye* and *nainai*). In 2016, *Yeye* had a stroke and became disabled, and since then, *nainai* and Xiang had been taking care of *yeye* and making money through farming. Despite *nainai* undertaking the primary caregiving role, she suffered from physical pain and had to take two painkillers a day to do farming to

support Xiang educationally. Xiang performed well in the senior secondary school entrance examination (*zhongkao*) and was going to study at a regular senior secondary school (*putong gaozhong*), which was a rare educational achievement among young carer participants in this study. Xiang aspired to attend a university and felt very proud of his education, as did his grandparents. Nevertheless, Xiang was very stressed and anxious simultaneously, finding it difficult to cope with his caregiving role, responsibility to achieve educationally, and filial obligations. Xiang said with tears:

> *'There is no way out. My yeye nainai have been too bitter for their whole lives. ... Of course, I want to earn a lot of money for my yeye nainai's treatment, and I want them to live a better life [sobbing] which they never lived.'*

During my visits, I observed that *nainai* would often say the following words to Xiang as she did not want Xiang to undertake too much of the pressure of their old-age care, a dynamic which also appeared in several other young carer families:

> *'You [Xiang] have always been very dongshi. You don't have to be this stressed; nainai meant it; we didn't need you to reciprocate (baoda) us. We only want you to put your heart on the study, and that's your reciprocation.'*

Like Xiang's *nainai*, in this study, although most of the adult family members held high hopes for the children's educational achievements, they did not necessarily want economic returns from the children in the long run. Instead, they were more likely to expect children to strive through education and live better to avoid suffering, doing odd jobs (*dagong*), and eating bitterness (*chiku*). This finding partially aligns with previous studies that highlight changing values in childrearing and a transformation of filial piety in both rural (Yan, 2011) and urban China (Goh & Kuczynski, 2009). Yunxiang Yan (2011) notes that families have become increasingly child-centred, with the traditional expectation of raising children for old-age economic security shifting toward

emphasising on children's emotional attachment. Nevertheless, sociologists still observe parents' expectations of future support from their offspring (Ji, 2017; Obendiek, 2016).

In this study, some young carer families preferred children's emotional value over valuing children primarily for their future economic contributions. However, the notion of an 'emotionally priceless' child (Zelizer, 1994) appeared to carry a 'price' in young carer families. For these families, children's practical caregiving support and educational achievement were not only instrumentally valuable but also emotionally meaningful, as they demonstrated children's affection and filial obligation. Meanwhile, children's caregiving and educational achievement brought comfort and gratification (*xinwei*) to the care recipient and other family members and a sense that their suffering and sacrifices had not been wasted.

Yet how young carers responded to these 'expectations' reveals the emotionally charged and morally fraught condition of *cruel interdependency*. To Xiang, although *nainai*'s understanding and support made Xiang feel more emotionally attached to her, he also felt more indebted at the same time. He became more motivated and determined to push himself to achieve a high educational outcome and try to balance study with caregiving, leading to a higher level of resilience but also tiredness, stress, and anxiety. Xiang said:

> *'I'm afraid that I can't keep up with the study during the senior secondary school because… sometimes, it's inevitable for me to get distracted. Well, by those [caregiving and farming] tasks if I was at home, or by those thoughts, by those worries when I was at school. … Especially when I was doing an examination, the more I wanted to achieve highly, the more anxious I got, and I couldn't perform well. If I couldn't perform well, I became more anxious because [pause] I felt sorry for nainai.'*

6.3.2 Li Bu Cong Xin: The Disconnect Between Aspiration and Reality

How did many young carers like Xiang, who felt a strong responsibility to achieve educationally, feel about their educational performance? In this study, young carers generally demonstrated low confidence and self-esteem towards their education. They revealed dissatisfaction with their educational performance and found it challenging to achieve their aspirations, such as obtaining high grades or entering a high-performance secondary school. Specifically, a Chinese idiom, *li bu cong xin*, was running through young carers' feelings about their education. *Li bu cong xin* refers to a disconnect between one's aspirations or 'heart' and capabilities; 'the spirit is willing, but the flesh is weak' if phrasing it more poetically.

For example, Chao was a 16-year-old boy who lived in a lone-parent family and who had been providing care for his mother, who had breast cancer in 2019 and a recurrence in 2023. According to his mother, Chao had previously performed relatively competitively in education. However, he could not focus on studying since his mother's cancer diagnosis because '*he [Chao] was terrified and lived in fear every day.'* Chao now studies at a vocational training high school in C County, majoring in nursing. He revealed that he could have performed well in the senior secondary school entrance examination (*zhongkao*) if his mother were not ill. Speaking of education, Chao was often sad, ashamed, guilty, and struggled:

> *'[sigh] I could have made it [entering a regular senior secondary school]. I don't belong here [the vocational training high school], but I can do nothing about this; after graduation from here, I can only do dagong. But I guess I was losing my heart and discouraged at that time [during junior secondary school] [sigh]. The main thing is that I couldn't care about my studies at that time, even if I wanted to. I didn't have the heart to care about it (li bu cong xin).'*

Similarly, a 13-year-old boy Tianyu, who was studying at the district-level junior

secondary school at the time of fieldwork, had been providing a relatively high level of caregiving, including intimate care, to his father with diabetes. As mentioned, Tianyu's father's diabetes had progressed to the terminal stage and often required hospitalisation. During his father's hospitalisation, Tianyu was usually responsible for caregiving in the evenings after school because his mother worked late. Sometimes, Tianyu would stay at the hospital until about 11 p.m. and then go home or sleep in the hospital and return to school the following day. Besides providing caregiving, studying hard and achieving highly in the future (i.e., entering a good senior secondary school and a good university) were two necessary things for him to do. However, managing to do all these, including caregiving and being educationally successful, seemed too demanding for him. Tianyu felt stressed and frustrated. He said:

> *'I know I should study hard. I really do. If I don't study hard, I won't be able to earn money to pay for dad's treatment. I mean, in the future, because you know how hardworking my mom is [silence]. But I'm really unable to do it [study hard], I'm too tired sometimes. Really, I'm not, I'm not lying, and… I don't know what to do [silence]. Sometimes, [pause] I pretended to be working hard because… never mind.'*

6.3.3 Young Carers as Moral Champions

As discussed above, young carers often attributed their relatively low educational performance to the demands of their caregiving roles and responsibilities, describing themselves as feeling *li bu cong xin*. This finding aligns with previous research showing that children's caregiving responsibilities negatively affect their physical and emotional well-being, which is strongly associated with lower academic achievement (Cass et al., 2009; Hill et al., 2011).

However, previous studies from other countries do not address how, in cultural contexts where Confucian ideologies of filial piety and meritocracy are deeply rooted (Fong,

2004), young carers cast themselves as moral champions within their families. They endured *weiqu* but continued to fulfill their filial obligations with tolerance and selflessness. In doing so, they reconciled their families' disappointment in their academic performance with a sense of moral accomplishment. This highlights young carers were not only passive figures but also powerful and agentic beings, who not only negotiated the extent of their caregiving roles (as discussed in Chapter Four) but also gained an irreplaceable status within the family. As devoted caregivers and filial children, other family members regarded them as morally upright and emotionally priceless while still demonstrating educational potential.

For example, I observed Zhenzhen, a 15-year-old girl providing care for her father with uremia, who almost had tension with her mother due to her unsatisfactory educational performance in an exam, said to her mother with *weiqu*:

> *'I often feel so tired and sleepy. But even so, I didn't stop doing these [caregiving], did I? If I study, I can get high marks, but who will do these [caregiving]? [sobbing] I didn't go out and play, right? I didn't get a good grade, I'm sad, too, but I didn't complain much [sobbing]. I want to have a good grade.'*

After Zhenzhen said the above words, her mother's attitude suddenly softened. Here, children's caregiving role grants them a specific bargaining power within the family, as parents and adult family members tend to be more lenient towards their children out of a sense of guilt, echoing research evidence on left-behind children (Dreby, 2010; González et al., 2016).

Moreover, although children's adult family members generally held high educational aspirations for them, as mentioned earlier; after the observation went deep, I found that their aspirations were not firm compared to other Chinese families who adopted intensive parenting, as previous studies report (Goh, 2011; Gu, 2021). Instead, being

aware of their family's condition and children's caregiving devotions, adult family members showed a certain level of understanding and tolerance towards young carers' relatively low level of educational attainments. They would also try to minimise children's caregiving responsibilities, especially in families where the children were not the primary caregivers. However, this minimisation would be limited because the caregiving needs were not always consistent and predictable. Therefore, parents and others felt guilty and adjusted their expectations, though they still hoped their children might help achieve social mobility for the family. This finding partially aligns with previous research evidence suggesting that a shared commitment to children's education between children and adult family members deepens the emotional bond between the two; but when children struggle academically, mutual solace can still provide another basis for emotional closeness between them (Murphy, 2020; Obendiek, 2016).

Overall, children's moral positioning, as responsible, self-sacrificing, and filial, offers them a sense of value, even when academic achievement is difficult to maintain. At the same time, adult family members also struggle emotionally. They feel guilty for depending on their children, worry about the impact on their futures, and often lower their expectations in response. These interactions show how children's caregiving is not a one-way exchange but a *cruel interdependency*, a multidirectional relationship in which children, care recipients, and other adult family members navigate, suffer and make compromises together. Understanding this dynamic is crucial for seeing how children's caregiving, including their emotional labour, and other aspects of their lives are deeply entangled within family relationships shaped by both love and constraint.

6.3.4 An Ambivalent Future

Young carers often expressed confusion and a lack of confidence regarding their future. When asked about their aspirations, the most frequent response was, *'I do not have any thoughts.'* They only knew they were expected to study hard and pursue admission to a

good university or a secure job. However, they did not understand what constitutes a 'good job', where it might be, or what programme they wanted to pursue. This finding echoes Xiaoying Lin's (2023) study on rural students attending county-level senior secondary schools, who faced similar uncertainties because they were lack of guidance from schools and parents.

At the same time, despite their earlier expressions of *weiqu*, reluctance, being overwhelmed, and occasional resentment toward their caregiving roles, many young carers became even more hesitant when considering the possibility of leaving their care recipients and families in the future. Compared to their excessive and even burdensome caregiving responsibilities, thinking they would leave the care recipients and home one day also made them feel sad, worried, and anxious because they recognised themselves as an irreplaceable caregiver through co-residency. The 17-year-old girl Xingxing, who had been providing care for mother who had epilepsy and mental disorder, said the following:

> *'I mean, it has to be me, right? If not me, whom? Even if I earn a lot of money in the future, though there's a high probability it won't happen [laughs]… I already knew too well about this [caregiving]; even if I hire an external nurse in the future, this person won't know my mom's needs, routines, and temper as I do, right? It's [caregiving] very complicated haha. I guess I won't leave here. I will stay here, probably forever.'*

Indeed, as Aldridge (2008) suggests, providing care can help alleviate children's worries and concerns, thus supporting psychiatric evidence that caregiving, in some circumstances, can help children emotionally. Similarly, the 17-year-old girl Mengyuan said:

> *'Sometimes I feel like I've had enough and want to leave everything behind (bu guan le), want to say that… Well… I'll get into a university, and then*

I'll be able to leave everything alone. But as that time [the senior secondary school graduation] gets closer, suddenly, I don't know what to do. I avoid thinking about it; [silence] I don't dare to face it. When you can leave everything, you don't have the heart to do this (bu renxin).'

Nevertheless, how did care recipients or other adult family members feel about the young carers' feelings towards their future? During the fieldwork, young carer families generally wanted their children to strive but not be tied up with their caregiving responsibilities forever. Importantly, as young carers' feelings suggested above, their emotional attachments to the family, shaped by years of caregiving and shared suffering, strengthened the *cruel interdependency*. Indeed, this reluctance to leave home stemmed not only from their caregiving roles that may constrain their future opportunities but also from the *cruel interdependency* between them and their care recipients/families, which demonstrates a strong emotional tie. Compared to their caregiving roles and responsibilities, it is this *cruel interdependency*, complicating their visions of independence and future aspirations, which may lead to further 'depletion' (Grugel et al., 2020; Rai, 2024) or 'care penalty' (Stamatopoulos, 2018).

6.4 Conclusion

This chapter has examined the emotional lives of young carers by tracing how they experience, manage, and make sense of caregiving across different spaces of childhood. Whether at home, in their relationships with peers, or in their educational journeys, children navigated a wide range of emotions, such as affection, guilt, *weiqu*, pride, frustration, self-doubt, among others. These feelings often came into conflict, reflecting how children were caught between love and reluctance, duty and resentment, and the desire for normalcy and the reality of caregiving. Their emotions were not just reactions to caregiving burdens but were shaped by cultural expectations of restraint, filial piety, and moral endurance. In this context, children's engagement of emotional labour, including suppressing sadness, managing reluctance, and trying to be responsible and

mature, became central to their lives.

Caregiving, then, was not only about providing care for their loved ones, but also about holding in feelings, staying quiet, and making moral decisions about when to negotiate, when to cry, and when to resist. Children showed emotional maturity in ways that were often invisible to others. They internalised the burdens of care and worked hard to maintain emotional harmony in their families. But they also at times doubted themselves, questioning whether they had done enough or whether they had the right to be unfilial or 'selfish'. These conflicted emotional responses reveal that informal (unpaid) caregiving was as much about relationships as it was about responsibilities.

At the centre of these emotional experiences is what I conceptualise as *cruel interdependency*, an intimate relationship in young carer families that is emotionally rich and morally charged, yet also deeply depleting. The children in this study were not only caregivers but also recipients of care. Their families recognised their contributions and sacrifices, adjusted their expectations, and shared in their emotional world. This caregiving relationship was therefore not one-directional, but multidirectional and relational: young carers, care recipients, and other family members all suffered, compromised, and supported one another in emotionally complex ways. Care bound them together with love and responsibility, but also made it difficult for anyone, child or adult, to imagine stepping back without feeling shame, guilt, or regret.

As the final empirical chapter, this chapter has shown that the emotional lives of young carers cannot be understood without considering the relational dynamics that sustain caregiving under conditions of limited support. It sets the ground for the next chapter, where I comprehensively develop *cruel interdependency* as a conceptual lens to understand children's caregiving in contemporary China. What emerges is a picture of care that is not just a private burden or cultural expectation, but a shared emotional structure produced within families, carried by children, and quietly endured by all.

Chapter Seven – Conclusion: Young Carers in Cruel Interdependency

> *'We don't have a mother. Since I started providing care for my [elder] brother [who is intellectually disabled], I've known what it feels like to love someone. … For all these years, however, my life has gone off track.'*
>
> (Lele, 14-year-old young carer from C County)

Like adults, children also care. This project originated from a combination of personal curiosity and concern for children who undertake caregiving responsibilities. These children are called *young carers*. During my undergraduate years, I participated in voluntary teaching in marginalised areas of China, where I encountered several children who were simultaneously caring for family members and striving to pursue their educational aspirations. At the time, however, neither their roles nor their difficulties were acknowledged. This experience motivated me to conduct a small-scale pilot study on young carers in rural China during my MPhil study at Cambridge. Five years on, I have begun to form a more comprehensive understanding of the lives and experiences of this vulnerable group. Yet, to this day, young carers remain largely unrecognised, unidentified, and unsupported in China.

Childhood and adolescence are fleeting. Fieldwork for this project began in 2022; as I now approach the completion of this monograph, some of the young carer participants I met have transitioned into adulthood. Many have started *dagong* (doing odd jobs), while continuing to shoulder caregiving responsibilities. Others have progressed to senior secondary education (most are enrolled in vocational training) and continue to struggle with balancing caregiving and study. In a 17-year-old girl and a primary caregiver, Xingxing's narratives, which I documented at the beginning of Chapter Four, she said that '*I used to think that [caregiving] was temporary, hoping it might be over next year [pause] … then looking forward to the year after that. And then time just passes by … like a howling wind [sigh].'* Indeed, long-term caregiving is like a tunnel

without an exit. What futures await them? My concern for these children and young people remains as strong as ever.

In this final chapter, I begin by outlining the overall contributions of the thesis in section 7.1. Section 7.2 presents the key empirical findings in relation to existing scholarly debates, with a focus on conceptualising young carers' constrained agency and vulnerability within contemporary Chinese families, which significantly contributes to the global childhood and care literature. Section 7.3 offers a major conceptual contribution by introducing the notion of *cruel interdependency* to conceptualise a multidirectional relationship co-constructed by young carers and their families, which is both depleting and empowering. In section 7.4, I reflect on the key limitations of this study and propose directions for future research on children's caregiving in China. Finally, section 7.5 offers the concluding remarks of this thesis.

7.1 The Contribution

What do the lives of young carers in China look like? In this project, I carried out 15 months of fieldwork that closely studied 30 young carer families in both rural and urban China. I adopted a mix of research methods, including participant observation, semi-structured interviews, and questionnaires. I also conducted 20 supplementary semi-structured interviews with professionals, including civil servants, social workers, and NGO staff members, as well as school staff members. These interviews provided important contextual insights for my analysis centred on the young carers and their families. Theoretically, I adopted Myra Hamilton and Bettina Cass's (2017) age-sensitive theoretical framework of caregiving, which centralises children's age and life-course stage to guide my exploration of children's caregiving experiences within and beyond the household. Specifically, I engaged with the following questions: (1) In the Chinese sociocultural and family context, what constitutes children's 'caregiving' work? (2) What factors influence the nature and extent of children's caregiving? (3) What impacts whether or how children can choose or negotiate their caregiving

responsibilities? (4) How do young carers experience and express their emotions across the spatial and temporal dimensions of childhood, including the home, school, social life, and their imagined futures?

Given the absence of published qualitative or quantitative studies specifically examining this social group and their families in China, this research is pioneering and unique. It makes a significant contribution to the global literature on young carers, as well as to the fields of the sociology of childhood and family studies in China, with empirical, theoretical, and policy implications. Specifically, my approach to exploring the lives and experiences of young carers in China is distinctive in four key respects.

First, this project gives priority to children's perspectives by listening to their voices, observing their activities both inside and outside the home. Rather than presenting young carers solely as active agents or as victims of disrupted childhoods, as is often the case in previous literature, this study provides rich empirical evidence to demonstrate the complexities of caregiving and to conceptualise children's care and childhood in contemporary Chinese families.

Second, there is a gender-related gap in the existing young carer literature, where the analysis of the gendered nature of young carers' experiences remains scarce and superficial. In this study (Chapter Five), considering different important factors that play out across individuals, families, and relationships, I explored how children's gender, age, and sometimes generational order further lead to their vulnerabilities. Through this lens, I demonstrate how young carer families in China function as primary sites of gender socialisation and the reproduction of gender inequality.

Third, while emotional labour has been widely explored in the context of paid work and adult caregiving, it has rarely been used to understand children's unpaid care work. This thesis draws on Russell Hochschild (1983) concept of emotional labour – the management of feelings and expressions to meet social expectations, to show how

young carers navigate conflicting emotions such as affection, frustration, reluctance, and guilt while caring for their families. By highlighting how children suffer, suppress, and regulate their emotions to protect their loved ones and maintain family harmony, this thesis contributes a new perspective to young carer research, the sociology of childhood, and the sociology of emotion. It shows that children's caregiving is not only practical, but also deeply moral, relational, and emotionally demanding, and often results in significant depletion.

Fourth, in contrast to many previous young carer studies that lack theoretical grounding or fail to offer new theoretical insights, I conceptualise the relationship between young carers, care recipients, and other family members as a form of *cruel interdependency*. This concept, which I elaborate later in the chapter, is a multidirectional relationship co-constructed by young carers and their families. It is both depleting and empowering: it places significant burdens on children, yet it simultaneously deepens familial bonds and embeds them within a sense of moral obligation, emotional attachment, shared suffering, and resilience.

In summary, my findings reveal that young carers in China undertook a complex mix of caregiving tasks, including constant emotional labour that Chinese adults do not typically expect of children. At the same time, these children experienced ongoing depletion – physically, mentally, emotionally, educationally, and socially – as also reported in existing young carer research (Rai, 2024), such that caregiving may hinder multiple aspects of their life opportunities. This vulnerable group of children and their families is therefore in urgent need of recognition and support. Although these children demonstrated autonomy in choosing or strategically negotiating their caregiving responsibilities as active agents, such autonomy is limited, constrained, and conditional. Overall, by centring children's voices, this study not only documents how children care, but also reconceptualises childhood as a space shaped by love and attachment, moral obligation, emotional labour, and constrained agency – features that together reflect a *cruel interdependency*.

In the next section, I demonstrate my key findings in dialogue with scholarly conversations, where I conceptualise young carers' constrained agency and vulnerabilities in contemporary Chinese families.

7.2 Children as Agentic Beings? Depleted Daily Lives of Young Carers in China

Existing global young carer literature emphasises children's agency and capacities (A. James & James, 2004), characterising children's caregiving not necessarily as a harmful practice. Rather, children's caregiving can be seen as contributing to the household, which helps children to develop self-esteem, self-worth, and other positive emotions, as well as practical life skills such as time management and multi-tasking (Cass et al., 2009; Clay et al., 2016; Skovdal et al., 2009). These competencies potentially make them more mature and independent and can be applied to future careers (F. Becker & Becker, 2008). In this study, young carers felt they were exceptional and irreplaceable because of their caregiving roles at home, and they felt more mature, independent, and proud of themselves, echoing previous studies, mainly from the Global North (F. Becker & Becker, 2008; Cass et al., 2009; Clay et al., 2016). Also, Western scholarship suggests that through caregiving, children can understand the collective responsibility of care and resist the individualised, neoliberal framework of society (Luttrell, 2013). This literature reminds us that research and policy should treat children as 'independent rights-bearing people' (Rai, 2024, p. 144).

The significance of children's agency in providing unpaid care within their families should be acknowledged. In China, although the group of 'young carers' is yet to be recognised, identified, or understood, children in this study were aware of their differences compared to their 'non-caregiving' peers. Unlike young carers in Japan, where Tomoko Shibuya (2018) suggests that, compared to middle-aged and older people who are relatively familiar with the subject of care, young people in their childhood are less capable of comparing their own experiences with their peers or

organising and analysing their experiences from a long-term perspective, but are simply busy completing their daily caregiving tasks, children in this study revealed their feelings and emotions during their daily caregiving experiences in depth, and they responded to their caregiving roles accordingly.

Specifically, contributing to the global caregiving and childhood literature, empirical findings in this study suggest that young carers, as agentic beings, exercise their relational power (Kuczynski, 2003) to negotiate their caregiving responsibilities and achieve their goals within the household. For example, in both single-child and multi-child families, young carers viewed 'each of their relationships (with adult family members) as distinctive' to provide leeway for them to achieve their goals, resonating with Esther Goh and Leon Kuczynski's (2009, p. 525) study that investigates single children in urban China. In multi-child families, young female carers would subtly compete with their younger brothers to gain adult family members' affection by showing clinginess and behavioural filiality and compliance. Through performing these activities, their caregiving responsibilities became negotiable. In other cases, as the only hope for the family's education-based social mobility (Gu & Yeung, 2020; Obendiek, 2016), young carers would also show their potential to be educationally successful in the future in order to escape from caregiving responsibilities, especially in multi-child families.

However, young carers who had already failed to become educationally achieving cast themselves as moral champions within their families. They endured and suffered from caregiving but continued to fulfil their filial obligations with tolerance and selflessness. In doing so, they used a sense of moral accomplishment to reconcile themselves to their own and their families' disappointment in their academic performance. In addition, some young carers would leverage adult family members' guilt to achieve their purposes, echoing research evidence on left-behind children (Dreby, 2010; González et al., 2016). Overall, these findings not only contribute to the global young carer literature by providing solid empirical evidence about young carers as agentic beings, but also

support children's increasing 'intimate power' (Xiao, 2021) and value in contemporary Chinese families (Fong, 2004; Goh, 2011; Gu, 2021), even in families of relatively low SES and with substantial caregiving needs.

Nevertheless, a key question has been raised: how do 'emotionally priceless' children in contemporary Chinese families reciprocate within the family (Gu, 2022a), especially in the context of having a family member who needs care while the children do not receive direct economic contribution? As discussed in the literature on the 'scarcity value of children' in contemporary Chinese families (Zelizer, 1985:211, as cited in Naftali, 2016), children's power and agency have increased significantly within both the family and society. For example, Goh and Kuczynski's (2014) study documents that on the rare occasions when adult family members ask a child to help with the dishes or make the bed, the child is often unmotivated and unwilling to complete such tasks. However, findings in this study suggest that, compared to 'non-caregiving' children in China (Goh & Kuczynski, 2014), children in this study act as the substitute labour force for family adults, which has led them to experience the process of parentification (Boszormenyi-Nagy & Spark, 1973; Chase, 1999b). Specifically, I found that young carers in China undertook a complex mix of caregiving tasks, excessive amounts of chores and caregiving, and forms of domestic work and emotional labour that Chinese adults do not usually expect of children. Also, young carers' performance of domestic work was often significant and essential for the family's livelihood and survival, a situation which is rarely found in the Global North literature but has been reported in sub-Saharan countries (R. Evans & Becker, 2009; Robson et al., 2006; Skovdal et al., 2009). In such circumstances, children's caregiving became a symbol of their love and filial obligation to the care recipient and the family. Therefore, in this context, young carers' autonomy in choosing or negotiating their caregiving responsibilities was significantly weakened. It means that, in practice, children's agency in deciding whether to undertake unpaid care and the extent of their involvement is often limited and constrained, resonating with existing young carer scholarships (Akkan, 2019a; Rai, 2024).

7.2.1 Conceptualising Young Carers' Vulnerability in Contemporary Chinese Families

While findings in this study acknowledged young carers' (constrained) agency in Chinese families, their vulnerabilities have also been highlighted as their physical and emotional reserves have been depleted in the process of providing unpaid caregiving. As Shirin Rai (2024, p. 157) suggests, 'depletion and caring go hand in hand.' Previous studies indicate how caregiving leaves children feeling upset, anxious, stressed, and depressed, and that caregiving significantly restricts children's education, social interactions, future aspirations, and other aspects of life (S. Becker, 2007; Cass et al., 2009; Clay et al., 2016; Grugel et al., 2020; Joseph et al., 2019; Robson et al., 2006). Findings in this study also include adjectives as suggested above, though young carers' day-to-day experiences and emotions were more ambivalent, contradictory, and subtle, and were subject to change when navigating different childhood spaces, but also under the overarching Chinese sociocultural context.

By listening to young carers' and their families' voices and observing the dynamics of their family lives, findings show that young carers engaged in emotional labour in every childhood space, including family life, school life, friendships, and leisure time. Indeed, as Rai (2024) suggests, within the 'continuum of caregiving' (S. Becker, 2007), 'caring about' includes domestic work such as cleaning and tidying, while 'caring for' implies assuming responsibility for a loved one's well-being and life, which places significant demands on children's time and mental attention. Also, as Joseph, Sempik, and colleagues (2020, p. 80) note, due to their close relationship with the care recipient, young carers 'are not free to leave their work and are tied into their caregiving role until their circumstances change (which can be much later in their adulthood).' For example, young carers in this study, particularly those in the rural research site, went to boarding schools. However, most of them suggested that even though school played the role of sanctuary and they seemed to have personal space to study and make friends, they were still constantly concerned and worried about the family condition, which is also a form

of emotional care. This finding echoes young carers' experiences in the UK, as a young carer described: '*It's a constant worry – you can never escape, and it's always at the back of your mind*' (Neale, 2023, p. 22). Rai (2024, p. 158) also suggests that 'constant worrying can be invisible and thus easily ignored, but it is depleting.'

Young carers in this study constantly endured, hid, and managed their feelings and expressions of these feelings to fulfil socially expected emotional requirements inside and outside the home. Specifically, at home, young carers felt inner struggles and experienced emotional outbursts, but they tried to manage their emotions to fulfil their caregiving responsibilities and filial obligations and maintain their family's harmony, though reluctantly, from time to time. Meanwhile, young carers felt challenged when developing and maintaining friendships and relationships, echoing previous studies from many countries (F. Becker & Becker, 2008; Cass et al., 2009; Clay et al., 2016; Grugel et al., 2020; Shibuya, 2018; Warren, 2005). Many of the young carers thought that they did not have 'real' friends. Loneliness and isolation are two emotion-laden terms that frequently appeared in our conversations; many desired to be heard, though most of the young carers did not have such an opportunity. For example, constrained by love and filial obligations (Finch & Mason, 1990; Ikels, 2004), many young carers felt worried about and guilty towards the care recipients if they hung out with friends, echoing young carers in the UK who described their feelings as 'unable to entirely switch off from their caring role' (Neale, 2023, p. 22).

I propose two terms, 'strategic hiding' and 'strategic performing', which respectively describe young carers' reluctant emotions about disclosing their caregiving roles at school and in their social circles, and their coping strategies of fitting in and maintaining friendships, even with distance, secrets, and the engagement of emotional labour. This is potentially because of the lack of perceived understanding of the young carers' roles and difficulties by themselves and the external world, and a persistent stigmatisation of disabilities and of some specific illnesses in China (Chiu et al., 2013; Hou, 2021), such as AIDS, which deterred several young carers from disclosing their caregiving roles or

applying for financial assistance.

Regarding education, most young carers felt they struggled to achieve satisfactory academic performance alongside their caregiving responsibilities, with many revealing the impediments of their constant physical and mental burdens. Young carers facing difficulties in balancing caregiving roles and educational performance is not a unique finding, as it has been elaborated on in global studies of young carers (Joseph et al., 2020), with scholars observing that many young carers face difficulties in meeting the demands of university education (F. Becker & Becker, 2008; Kettell, 2018). However, in China, like other children who are expected to be 'emotionally priceless but educationally achieving' (Gu, 2021, p. 577), young carers were also, in many cases, the only hope for the family's education-based social mobility (Gu & Yeung, 2020; Obendiek, 2016). Indeed, almost all young carers in this study were undertaking a responsibility to achieve educationally that arose not only from their family's high educational aspirations for them but also from their family members' 'self-sacrificing', which caused them to feel indebted. When young carers failed to achieve educationally, they felt sad, ashamed, and guilty, as they could not reciprocate their family socially and economically. Instead, providing care became their main way to demonstrate reciprocity.

Regarding the future, for most young carers, thoughts of leaving the care recipients and home one day made them feel sad, worried, and anxious because they recognised themselves as irreplaceable caregivers through co-residency. Several young carers in this study revealed a willingness to be 'tied up with' their caregiving roles indefinitely. This reluctance to leave home stemmed not only from their caregiving roles that threatened to constrain their future opportunities but also from the interdependent relationship between them and their care recipients/families. This relationship demonstrates a strong emotional tie, which I conceptualise as a *cruel interdependency*, as discussed later. Here, the children are committed to caregiving roles that, in many ways, deplete their present and future opportunities.

Furthermore, previous studies, predominantly in the UK, have paid attention to the heterogeneity of children's caregiving experiences (S. Becker, 2007; Clay et al., 2016). For example, existing evidence suggests that factors including the nature and characteristics of illness or disabilities, lone parenthood, low income or poverty, and lack of adequate formal services are all important in influencing children's caregiving experiences and potential outcomes (Aldridge, 2008; S. Becker, 2007; Clay et al., 2016; Hamilton & Cass, 2017). Findings in this study also revealed the critical influence of these factors in constructing the heterogeneity of children's caregiving in China, drawing unique insights that the number of hours spent on caregiving cannot provide (S. Becker, 2007; Dearden & Becker, 2004; Joseph et al., 2019; Moore, 2005).

However, there is a gender gap in the global young carer literature (Boyle et al., 2023). Specifically, although a few existing studies mention that more girls than boys are young carers (Cluver et al., 2012; E. James, 2017; Joseph et al., 2019; Leu et al., 2019; Robison et al., 2020), analysis of the gendered nature in young carers' caregiving experiences remains scarce and superficial (Cass et al., 2009; Clay et al., 2016; Dearden & Becker, 2004; Joseph et al., 2019). Nevertheless, in the traditional Chinese family, patriarchal hierarchy is constituted by gender, generation, and age (Y. Hu & Scott, 2016; Santos & Harrell, 2016); it is thus important to explore these intersecting factors to better understand the lives of young carers in China.

In a nutshell, I found that the distribution of children's caregiving in different family structures in China is persistently gendered. Chiefly, young female carers often experience greater depletion than their male counterparts, and have weaker autonomy in negotiating their caregiving responsibilities. For example, adult family members were more likely to recognise daughters as 'natural' caregivers who have innate caregiving qualities and skills than sons. Compared to boys, girls' caregiving devotions were therefore less recognised and were often taken for granted by their families. Moreover, girls were more likely than boys to act as 'natural substitutes' for adults by

compensating for their mothers' deficiencies in the provision of informal care. They were also inclined to imitate their mothers' caregiving behaviour, echoing studies that investigate the gendered pattern of children's housework participation in China (Y. Hu, 2015, 2018), leading to gender role reproduction in young carer families. This finding not only uniquely contributes to the global young carer literature, but also contributes to the Chinese sociology of childhood and family studies, in terms of how young carer families in China serve as the primary site of gender socialisation and the reproduction of inequality.

7.3 *Cruel Interdependency*: Conceptualising a Multidirectional Caregiving Relationship in Chinese Young Carer Families

> *'I don't want to be filial anymore … Jiejie [Sister, referring to me], can I just be selfish? But doing this [be selfish and don't be filial] is also too difficult. … Jiejie, in your profession, is there any research that suggests that being selfish is also a gift? I don't think I have this gift.'*
>
> (Liang, a 16-year-old young carer from L District)

To bring these findings together conceptually, this section introduces the idea of *cruel interdependency* to capture children's caregiving relationships. Specifically, in this project, I explored young carers' day-to-day experiences and found that, on the one hand, caregiving is complex and consuming, and entails various feelings and depletions in different childhood spaces (family life, school life, friendships, and leisure time). On the other hand, it is also rewarding for young carers, who derive satisfaction from an active and responsible role in contributing to family life. This finding echoes previous studies investigating grandparenting in China, which underscore the 'ambivalence' of intergenerational relationships because of structural and ideological contradictions (X. Qi, 2021; Thomason, 2021). Nevertheless, the relationship between young carers and their families is more than 'ambivalence', and what should be highlighted here is the

young carers' vulnerability, as conceptualised in the above section. As minors, young carers experience everyday 'depletion' (Rai, 2024) and 'care penalties' (Stamatopoulos, 2018) that affect their experiences and opportunities at the present and in the future. Therefore, I argue that the interdependent relationship between young carers and their families is intimate but cruel. I term this intimate relationship a multidirectional *cruel interdependency*, which I believe contributes not only to the global young carer literature and sociology of childhood and family studies in China, but also helps to reconceptualise the 'unpaid care' that happens at home.

Specifically, for young carers, this interdependency is cruel not only because undertaking caregiving responsibilities at an early age leads to depletion, but also because children are caught up in this relationship both painfully and willingly. As discussed, engaging in caregiving practices, including emotional labour, has become one of the most accessible ways for children as minors to demonstrate their love and reciprocity to the care recipients and the family, echoing existing research findings (Gu, 2022a; Stamatopoulos, 2018). Here, it should be noted that caregiving is not necessarily a forced child labour activity or an act for children to demonstrate their filial piety. Rather, in many cases, the care provided by children went beyond their filial obligations constructed by traditional values because they loved their family and wanted to contribute in this way. At the same time, many children recognised themselves as emotionally and instrumentally irreplaceable. For example, as the 17-year-old girl Xingxing said, *'It has to be me, right?'* and as the 12-year-old girl Xiyao said, *'If not me, who else can do this?'* As such, many children compromised or hindered their present social participation and future opportunities, while the thought of them disengaging from caregiving often evoked feelings of guilt and anxiety. When facing pain and struggles in the process of caregiving, young carers would also often doubt whether they had been trying their best to care. Therefore, caregiving is revealed to be a practice that mixes children's reluctance and willingness: children loved, contributed, suffered, sacrificed, lost, and gained, all the while making the interdependent relationship between the young carers and their families simultaneously intimate and

cruel.

This cruel interdependent relationship is multidirectional. Young carers 'not only care but are simultaneously cared for' (Rai, 2024, p. 141). Earlier studies might paint young carers as complete victims and imply that parents were exploiting their children through caregiving (Keith & Morris, 1995), which was unfair to both the parents and the young carers themselves (Aldridge, 2008). This study shows that when young carers suffered from caregiving and experienced other associated depletions, their care recipients and other family members also did. The young carers and their parents shared a solidary in suffering, enduring the suffering on behalf of the family while also drawing some meaning from a moral gloss of traditional Chinese virtue (Thomason, 2021; Zou et al., 2020). Meanwhile, they also shared other feelings in this interdependent relationship, such as love and guilt, which cultivated a deeper emotional attachment between the young carers and their families, echoing existing evidence suggesting how caregiving develops intimate bonds between young carers and their families (Aldridge & Becker, 2003; Cass et al., 2009; Robson et al., 2006).

Indeed, unlike parents and adult caregivers in other Chinese families who would minimise children's housework responsibilities to maximise their study time – as reported in previous studies (Goh & Kuczynski, 2014), parents and guardians of young carers were unable to do so because of the caregiving needs and the financial burden within the family. Meanwhile, they did not want their children to be tied up with caregiving responsibilities forever. Thus, they felt guilty and powerless and would soften their expectations and grant young carers a degree of bargaining power within the family. For example, I found that young carer families' educational aspirations were not firm compared to other Chinese families who adopted intensive parenting – as shown in other scholarships (Goh, 2011; Gu, 2021). This is because, being aware of their family's condition and children's caregiving devotions, adult family members showed a certain level of understanding and tolerance towards young carers' relatively low educational attainment. As discussed, I demonstrate how young carers navigated

the ‘intimate power’ (Xiao, 2021) to leverage adult family members’ guilt to achieve their purpose. It seems like young carers in this study were agentic beings; however, it was the adult family members who often empowered them. Caregiving becomes a complex, multidirectional negotiation between parents, other adults, and the children themselves. Therefore, interdependency is also cruel for parents and guardians because, as adults, they have realised how caregiving might hinder their children’s everyday experiences and future opportunities. But they could see few other options.

In this sense, I argue that young carers’ childhood experiences and future opportunities are shaped not only by the demands of caregiving itself, but concurrently by a *cruel interdependency* – a relational dynamic co-constructed by young carers and their families. This *cruel interdependency*[4] is both depleting and empowering: it places significant burdens on children, yet it simultaneously deepens familial bonds and embeds them within a sense of moral obligation, emotional attachment, shared suffering, and resilience.

This study is situated in post-socialist and post-reform China, it arises in a context where the state and public institutions have systematically retreated from responsibilities of care, shifting the burden to the private domain of families. As discussed in the introduction, for most people, the family remains the most vital source of social support and social reproduction, which disproportionately intensifies the vulnerability of already disadvantaged populations (Duckett, 2020; Gu, 2022b). Importantly, the *cruel interdependency* between children and their family members is also emotionally rich and morally sustaining. For young carers in this study, pride in contributing to the family, a sense of moral worth, and even emotional fulfilment through caregiving do not negate the fact that these attachments are formed under

[4] In developing the concept of *cruel interdependency*, I considered various terms to capture the emotionally complex and morally charged dynamics I observed. I ultimately chose the word ‘cruel’ to reflect the simultaneous intimacy, obligation, and constraint that characterise young carers’ relationships with their families. While this usage may evoke Lauren Berlant’s (2011) concept of cruel optimism, the two frameworks are conceptually distinct. While cruel optimism centres on aspirational attachments to an unattainable ‘good life’, cruel interdependency refers to the emotional and moral entanglements of everyday caregiving, grounded in empirical realities rather than unfulfilled desire.

conditions of structural neglect. These affective bonds may, paradoxically, reinforce the very logic that obscures public responsibility for care, normalising the privatisation and gendering of caregiving, and tethering children to roles that exceed their developmental stage and social position. In this way, *cruel interdependency* not only captures the complex emotional and caregiving experiences of young carers in China, but also offers a critical lens for interrogating broader welfare systems.

Crucially, *cruel interdependency* is not premised on the illusion of autonomy or aspirational fantasy, but on the lived reality of children's day-to-day caregiving practices. It foregrounds the multidirectionality of care and depletion: children, care recipients, and other adult family members all endure emotional and physical costs. Here, the cruelty lies not in chasing a broken promise, but in being indispensable – relied upon, emotionally bound, and morally affirmed in ways that sustain the family, even as they limit the child's present and future possibilities.

Overall, *cruel interdependency* is not premised on the illusion of autonomy or individual success, but is deeply embedded in relational, collective, and culturally specific obligations of care. It captures how informal (unpaid) caregiving in China is experienced as both an affirmation of love and duty, and a site of structural abandonment, particularly in contexts where care has been privatised, feminised, and sometimes shouldered by children. As such, *cruel interdependency* offers a conceptually distinct and empirically grounded lens for understanding young carers and their families in welfare-scarce contexts like post-reform China. Care, especially when borne by children, is not always an act of love and devotion; it can also be a form of cruelty, quietly endured by the entire family, and sustained in the absence of a system that should have shared the weight.

7.4 Limitations and Future Research

First, as discussed in the methodology (Chapter Three), although this research includes both rural and urban sites, the fieldwork was geographically limited to my hometown, Hangzhou, a prosperous southeastern city in China with an advanced economy and urban infrastructure, second only to cities like Beijing, Shanghai, Guangzhou, and Shenzhen. This means that the young carers in Hangzhou may not be fully representative of young carers in other regions of China, particularly those who remain hidden and unsupported, and who may face even more severe forms of depletion due to caregiving. Nevertheless, I also recognise that no single city in China can fully represent the national context. Future research would benefit from expanding fieldwork to other regions with varying levels of economic development and locally specific healthcare and social welfare systems.

Second, I accessed young carer families with the assistance of local civil service personnel, including staff from subdistrict offices, neighbourhood and village committees, social workers, and school professionals. However, I was only able to approach families with disclosed and officially documented illnesses and/or disabilities, which were cases already known to government or school authorities. As a result, all participating families were from relatively low socioeconomic backgrounds, many of whom were experiencing illness-induced poverty (*yin bing zhi pin*) and had been classified as low-income or marginal low-income households receiving government bursaries. This limited the study's ability to capture the experiences of young carers from middle- or upper-income households. Consequently, I was not able to explore how financial status might influence the caregiving process or mitigate the burdens placed on children. Future studies should aim to include young carers from more diverse socioeconomic backgrounds to explore these dynamics more fully.

Third, several young carers attended boarding schools during the week and only returned home on weekends. In other families, members were frequently absent during my fieldwork due to work or migration, which meant that not all families were equally

available for in-depth participant observation. Although I made efforts to spend more time with certain children during school holidays, the uneven availability of participants meant I spent more time with some families than others. Additionally, my identity as a young female university student made it easier to establish closer relationships with female young carers than with boys. At times, my presence as an outsider may have compromised the authentic behaviour or emotional expression of participants, especially male participants in rural settings. Therefore, future research could benefit from more gender-diverse field teams or the involvement of local researchers to enhance trust-building and better capture the experiences of boys and other underrepresented groups.

Fourth, this study offers a snapshot of young carers' lives during a particular period of their childhood and life-course stage. As with most qualitative research, the fieldwork was conducted within a finite time frame, which limited the ability to trace how caregiving roles and experiences evolve over the longer term. Indeed, young carers' responsibilities may shift in response to changes in family structure, the care recipient's health condition, their own life planning, and other contextual factors. I had hoped to follow participants into young adulthood to examine the enduring effects of caregiving on their life trajectories, such as access to further education, employment, or the formation of their own households. However, in families where my participant had older siblings who had previously undertaken the primary caregiving role and had already left home, I was generally unable to establish contact with them. Future longitudinal research would therefore be valuable in tracing these transitions over time and in deepening our understanding of the long-term impacts of caregiving across the life course.

7.5 Final Remarks

> '*Care work is not counted as work for adults, and it is seen as problematic for children, who are socially constructed and normatively framed as minors who need to play and study; they need protection … as unrecognised and unsupported care work can deplete children's lives.*'
>
> (Rai, 2024, pp. 166–168)

This thesis has explored the quiet, complex, and often invisible lives of young carers in China – children who, behind closed doors, shoulder burdens that are rarely acknowledged in public discourse. Through a 15-month fieldwork in both rural and urban China, this research offers the first in-depth account of young carers in the Chinese context, contributing to the global literature on young carers as well as to the sociology of childhood and families in China, both empirically and theoretically. By centring children's voices, this study not only documents how care is experienced, negotiated, and endured, but also reconceptualises childhood as a space marked by love and attachment, moral obligation, emotional labour, and constrained agency.

At its heart, this thesis is not only a doctoral project but also an act of recognition. In a society where caregiving is often veiled in the language of love and duty, and where it is feminised, privatised, and unevenly distributed, children's caregiving remains even more obscured. Yet their quiet persistence, their lives and experiences demand to be understood, as individuals whose lives speak back to dominant narratives of childhood, family, and care. In telling these children's and families' stories, I hope to have created a space where their care is not only acknowledged, but valued, and where their futures may unfold with dignity, possibility, and support.

APPENDICES

Appendix I Participants' Profile

C County, Family Cases No. 1 – 8

Family Case No.	Young Carer (pseudonym)	Year of Birth	Gender	Caregiving Years	Children's Social Identity	Type of School
1	Xiang	2007	Male	7	Left-behind children	Regular senior secondary school
2	Jiaxin	2008	Male	7	N/A	Town-level secondary school
3	Yifan	2007	Female	5	N/A	Vocational training high school
4	Qingyu	2007	Female	6	N/A	Vocational training high school
5	Yong	2005	Male	11	N/A	Vocational training high school
6	Chao	2006	Male	4	N/A	Vocational training high school
7	Wenwen	2007	Female	7	N/A	Vocational training high school
8	Lili	2007	Female	8	Children in difficulty	Vocational training high school

Type of Household	Family Structure	Care Recipient(s)	Diagnosis and/or Disabilities	Primary Caregiver	Other Family Member
Marginal low-income family	Lone-parent family; single-child family	Grandparents	Stroke and disabled (grandfather); physical pain (grandmother)	Xiang (the young carer)	Father
Low-income family	Lone-parent family (after father died); multi-child family	Mother	Congenital physical disability	Jiaxin (the young carer)	Older sister (born in 2002)
Low-income family	Multi-child family	Father	Thrombopenia; hypohepatia; renal insufficiency	Mother	Mother, older sister (born in 1997), grandmother
Low-income family	Multi-child family	Father	Chronic glomerulonephritis	Mother	Mother, older sister (born in 2000)
Low-income family	Multi-child family	Parents	HIV/AIDS (both); cervical cancer and thyroid cancer (mother)	Yong (young carer)	Older sister (born in 1999)
Low-income family	Lone-parent; single-child family	Mother	Breast cancer	Grandparents	Grandparents
Ordinary	Lone-parent family; single-child family	Father	Diabetes mellitus	Grandparents	Grandparents
Low-income family	Single-child family	Parents	Peripheral neuropathy (father); myeloma	Lili (young carer)	N/A

Other Co-resident Family Members	Major Income Source	Main Labour Force's Occupation	External Support
N/A	Grandmother	Farming	N/A
N/A	Mother	Doing odd jobs	N/A
Mother, grandmother	Mother	Working in a town-level cake shop	Father's younger brother (financially)
Mother	Mother	Working in a town-level factory	N/A
N/A	Older sister	Working in a factory in Hangzhou city	N/A
Grandparents	N/A	N/A	N/A
Grandparents	Grandparents	Running a funeral shop	Father's older brother (financially)
N/A	N/A	N/A	Father's older brother (help with

Participants' Profile: C County, Family Cases No. 9 – 15

Family Case No.	Young Carer (pseudonym)	Year of Birth	Gender	Caregiving Years	Children's Social Identity	Type of School	Type of Household
9	Longlong	2008	Male	5	Children in difficulty	Town-level secondary school	Low-income family
10	Mengyuan	2005	Female	12	Left-behind children, children in difficulty	Vocational training high school	Marginal low-income family
11	Jiajia	2010	Female	5	Left-behind children	Town-level secondary school	Low-income family
12	Chengcheng	2009	Female	6	N/A	Town-level secondary school	Low-income family
13	Zhenzhen	2008	Female	6	N/A	Town-level secondary school	Low-income family
14	Lele	2008	Male	9	N/A	Town-level secondary school	Marginal low-income family
15	Qian	2006	Male	5	N/A	Vocational training high school	Ordinary

Family Structure	Care Recipient(s)	Diagnosis and/or Disabilities	Primary Caregiver	Other Family Member
Multi-child family	Parents	Acute myocardial infarction, high blood pressure, abnormal liver function (father); adenomyosis, ovarian tumor/cancer (mother)	Grandfather	Grandfather, older sister (born in 2003)
Lone-parent family; single-child family	Grandparents	Gastric cancer, high blood pressure, hyperlipidemia, diabetes mellitus (grandmother); dementia, physical disability (grandfather)	Mengyuan (young carer)	Father (congenital speech disability, doing odd jobs in Hangzhou city)
Single-child family	Grandmother	Cataract (blindness)/visual disability	Grandfather	N/A
Multi-child family	Mother, younger brother	Internal rheumatism (mother); nephrotic syndrome (younger brother)	Father	Grandmother
Multi-child family	Father	Uremia	Mother	Older sister (born in 1998)
Lone-parent; multi-child family	Older brother	Intellectual disability	Father	Grandfather
Lone-parent family; single-child family	Father	Stroke (paralysis)	Grandfather	Grandfather

Other Co-resident Family Members	Major Income Source	Main Labour Force's Occupation	External Support
Grandfather	Mother	Working in a grocery store	Older sister (financially - doing part-time jobs)
N/A	Mengyuan (young carer)	Doing odd jobs	Father's younger sister (financially)
Grandfather	Grandfather	Doing odd jobs	N/A
Father and grandmother	Father	Village committee staff member	N/A
Mother	Mother	Farming; working as a cleaner in the village	Older sister (financially -
Grandfather	Father	Doing odd jobs	Father's older brother (caring for grandfather)
Grandfather	Grandfather	Depending on pension	Nursing worker

Participants' Profile: L District, Family Cases No. 1 – 8

Family Case No.	Young Carer (pseudonym)	Year of Birth	Gender	Caregiving Years	Children's Social Identity	Type of School	Type of Household
1	Xingxing	2006	Female	12	Children in difficulty	Vocational training high school	Low-income family
2	Dongdong	2008	Male	5	Migrant children	District-level secondary school	Ordinary
3	Junjun	2010	Male	4	Migrant children	District-level secondary school	Ordinary
4	Wei	2010	Male	3	Migrant children	District-level secondary school	Ordinary
5	Tianyu	2010	Male	7	N/A	District-level secondary school	Marginal low-income family
6	Liang	2006	Male	4	N/A	Vocational training high school	Low-income family
7	Leping	2007	Male	9	N/A	Vocational training high school	Low-income family
8	Yuqi	2011	Female	3	N/A	District-level secondary school	Ordinary

Family Structure	Care Recipient(s)	Diagnosis and/or Disabilities	Primary Caregiver	Other Family Member	Other Co-resident Family Members	Major Income Source
Lone-parent (after father died); adopted child, single-child family	Mother	Epilepsy; mental disorder	Xingxing (young carer)	N/A	N/A	N/A
Single-child family	Father	Physical disability (lost right arm)	Mother	Mother	Mother	Mother
Multi-child family	Grandfather	Lung cancer	Grandmother	Parents, older brother (born in 2006)	Parents, grandmother	Parents
Multi-child family	Mother	Breast cancer	Father	Older sister (born in 2009)	Father, older sister	Father
Single-child family	Father	Diabetes mellitus	Mother	N/A	N/A	Mother
Lone-parent (after father died); multi-child family	Mother; grandmother	Cervical spondylosis (mother); physical disability, nephrotic syndrome	Liang (young carer)	Younger brother (born in 2020)	Younger brother	N/A
Multi-child family	Father; older sister	Liver cirrhosis, gastric cancer (father); congenital	Mother	N/A	N/A	Mother
Multi-child family	Father	Renal failure	Grandmother	Mother, younger brother (born in 2014)	Mother, grandmother	Mother, grandmother

Main Labour Force's Occupation	External Support
N/A	N/A
Insurance seller	N/A
Courier (father); make-up sales (mother)	N/A
Construction worker	N/A
Glasses sales	N/A
N/A	N/A
Doing odd jobs	N/A
Massagist (mother); pension (grandmother)	N/A

Participants' Profile: L District, Family Cases No. 9 – 15

Family Case No.	Young Carer (pseudonym)	Year of Birth	Gender	Caregiving Years	Children's Social Identity	Type of School	Type of Household
9	Xiyao	2010	Female	8	Children in difficulty	District-level secondary school	Low-income family
10	Yaqin	2009	Female	8	N/A	Vocational training high school	Low-income family
11	Yao	2007	Female	6	N/A	Vocational training high school	Ordinary
12	Chenxuan	2007	Female	2	N/A	Regular district-level high school	Marginal low-income family
13	Feiyun	2008	Male	8	Children in difficulty	Vocational training high school	Low-income family
14	Maomao	2006	Female	5	N/A	Vocational training high school	Marginal low-income family
15	Yueyue	2008	Male	9	N/A	Town-level secondary school	Low-income family

Family Structure	Care Recipient(s)	Diagnosis and/or Disabilities	Primary Caregiver	Other Family Member	Other Co-resident Family	Major Income Source
Lone-parent (after father died); single-child family	Mother	Congenital speech disability	Xiyao (young carer)	N/A	N/A	Mother
Single-child family; adopted child	Parents; grandparents	Congenital speech disability (parents); paralysis due to stroke (grandfather); breast cancer (grandmother)	Yaqin (primary carer)	N/A	N/A	Parents
Lone-parent (divorced); adopted child, single-chilld family	Grandmother	Diabetes mellitus	Yao (young carer)	Father (migrated for work)	N/A	Father
Lone-parent family; single-child family	Grandfather	Uremia	Mother	N/A	N/A	Mother
Lone-parent family; single-child family	Father	Congenital vision disability	Feiyun (young carer)	N/A	N/A	N/A
Lone-parent family; multi-child family	Grandparents	Stroke (grandfather); breast cancer (grandmother)	Maomao (young carer)	Mother, younger brother (born in 2012)	Mother, younger brother	Mother
Lone-parent family; single-child family	Father; grandmother	Congenital speech disability (father); heart disease (grandmother)	Yueyue (young carer)	N/A	N/A	N/A

Main Labour Force's Occupation	**External Support**
Doing odd jobs in factories	N/A
Doing odd jobs in factories	N/A
Construction worker	N/A
Accountant	N/A
N/A	N/A
Insurance seller	N/A
N/A	Father's older sister

Appendix II Sample Questionnaires (Translated)

Questionnaire 1 – My Participation in Domestic and Caregiving Tasks				
Instructions: Please tick the option that best describes the frequency of your participation in each of the following activities				
	Domestic and Caregiving Work I Participated In	**Never**	**Rarely**	**Often**
1	Cleaning my own room			
2	Cleaning other family members' rooms			
3	Cooking			
4	Washing dishes			
5	Grocery shopping			
6	Shopping for other household necessities			
7	Doing farm work			
8	Helping carry heavy items			
9	Helping repair things			
10	Helping with household accounting			
11	Helping contact social services			
12	Helping clinics, or hospitals			
13	Doing odd jobs for income			
14	Helping ill/disabled family members dress or undress			
15	Helping ill/disabled family members eat			
16	Helping ill/disabled family members take medicine			
17	Helping ill/disabled family members use the toilet			
18	Helping ill/disabled family members with washing or brushing teeth			
19	Helping ill/disabled family members take a bath			
20	Sending texts or writing letters on behalf of ill/disabled family members			

21	Keeping ill/disabled family members company			
22	Accompanying ill/disabled family members to see a doctor			
23	Accompanying ill/disabled family members on walks			
	If you have siblings:			
24	Escorting siblings to and from school			
25	Taking care of siblings' daily lives			

Questionnaire 2 – My Feelings of Caregiving				
Instructions: Please tick the option that best represents how often you feel about the following since taking on caregiving responsibilities				
	Domestic and Caregiving Work I Participated In	**Never**	**Rarely**	**Often**
1	I feel I am doing a good job			
2	I feel I am contributing to the family			
3	I feel closer to my family			
4	I feel proud of myself			
5	My parents are proud of me			
6	I feel I have no choice but to take on these responsibilities			
7	I feel sad or depressed			
8	I feel stressed			
9	I feel anxious			
10	I wish I do not have to do this anymore			
11	I feel lonely			
12	I have learned useful life skills			
13	I feel useful to the family			
14	It is difficult to balance caregiving with study or my own life			
15	I feel unimportant			
16	My family does not consider my feelings			
17	I feel life is meaningless			
18	I have trouble sleeping			
19	I have difficulty eating			
20	I feel I have become more mature			
21	Keeping ill/disabled family members company			
22	My family respects me			
23	These are what a filial child should do			

Appendix III Interview Guide for Children (Translated)[5]

Opening Prompt

Thanks again for talking with me today. We've spent some time together already, and I've learned a lot from your daily life and the questionnaire. Now I'd like to hear more in your own words about your experiences, feelings, and thoughts – anything you're comfortable sharing. There's no right or wrong answer, and you can skip any question if you prefer. Shall we begin?

Caregiving Context

1. What kind of things do you usually do to help at home?
   (Prompts: Can you give me some examples?)
   (If unclear: Do you help with cooking, cleaning, taking care of someone, or anything else?)
2. How did you start doing these things? Can you remember when or how it began?
   (Prompt: Was there a time someone asked you to help, or did you just begin doing it?)
3. Did your role change over time? If so, how?

Understanding Tasks and Time

1. When do you usually do these things? (e.g., mornings, evenings, weekends?)
2. Are there times when it becomes harder or easier for you to help at home?
   (Prompt: What makes it easier? What makes it harder?)
3. Are there times when someone else helps or takes over?
   (Prompt: Who helps you most often? Does it depend on the task or situation?)
4. Are there things you'd like to do, but you can't because of your responsibilities at home?

[5] This interview guide served as a general framework for engaging with young carer participants. In practice, the interviews were highly flexible and adapted in real time based on the caregiving context, the child's age and comfort level, and information already gathered through participant observation and questionnaires. Not all questions were asked in the same order or form. Prompts were used as needed to ensure clarity and to facilitate children's expression in a respectful and context-sensitive manner.

5. How do you manage schoolwork or rest when you have a lot to do at home?

Family Caregiving Expectations and Sibling Roles

1. Do you feel your parents or other adults expect you to help at home in certain ways?

   (Prompt: Have they said things to you about what they expect?)

   (Prompt: Do you think they expect the same from others in the family (like siblings)?)
2. (If applicable) What's it like sharing responsibilities with your sibling(s)?
3. (If applicable) Do you and your sibling(s) help in the same way or differently?

   (Prompt: Who does what kinds of tasks? Do you think that's fair?)
4. (If applicable) How do you feel about the way responsibilities are shared at home?

   (Prompt: Do you wish things were different?)

Feelings and Reflections

1. How do you feel about the things you do at home?

   (Prompt: Do you feel proud, tired, frustrated, happy, something else?)

   (Prompt: Has how you feel changed over time?)
2. Do you think other children your age do similar things?

   (Prompt: Have you ever talked about this with friends or classmates?)
3. What do you like most and least about what you do?
4. If you could change one thing about your situation at home, what would it be?

Support and Relationships

1. Is there anyone who supports you or helps you when things feel difficult?

   (Prompt: Family members, friends, teachers, neighbours?)
2. Who in your family do you talk to the most?
3. Who understands you the best, do you think?
4. Do you think your teachers or classmates know about what you do at home?

(Prompt: Have you ever wanted to tell them? Have you ever tried?)

School and Future

1. How is school going for you these days?

   (Prompt: Do you usually like going to school?)

   (Prompt: Are there subjects or activities you enjoy or struggle with?)
2. Is there anything that makes it harder or easier to focus on school?

   (Prompt: What happens when there's a lot to do at home?)
3. What are your hopes or dreams for the future?
4. Do you think the things you do at home affect what you want to do later on?

   (Prompt: Do your responsibilities at home shape your future choices or goals?)

Closing

1. Is there anything you wish people (like teachers, other adults, or researchers like me) better understood about your life?
2. Is there anything you want to say that I haven't asked about?

Appendix IV Information Sheet for Children (Translated)

[EXPLORE YOUNG CARERS IN CHINA]

YOUNG CARER PARTICIPANT INFORMATION SHEET

Central University Research Ethics Committee Approval Reference: R82187/RE001

Hello! My name is Kefan, and I'm doing a research project to learn more about children and young people who help take care of someone in their family who is ill or has a disability. I'd really like to understand what this experience is like, so I can help others learn how to better support children like you. This sheet gives you information about the project, so you can decide if you want to take part. You don't have to decide right away – you can take your time and ask questions if anything is unclear.

1. Why is this research being conducted?

Many children and young people under the age of 18 provide substantial unpaid care to family members who are ill or disabled. These children, often referred to as young carers, exist globally, yet in China their roles remain largely unrecognised, undefined, and unsupported. During my MPhil at the University of Cambridge, I conducted a small-scale study with young carers in rural China. This doctoral research seeks to build on that work, with the aim of improving professional understanding and enhancing support for children and families affected by caregiving.

2. Why have I been invited to take part?

You are being invited to participate because your family meets the inclusion criteria and is suitable for participant observation. This study involves 30 families (including 30 young carers and 30 care recipients), as well as 12 professionals (four civil servants, four social workers, and four NGO staff), and eight school staff (four principals and four teachers).

3. Do I have to take part?

No. Participation in this study is entirely voluntary. You may decline to take part or withdraw from the study at any time, without giving a reason. If you are interested, I can explain how to opt out at any stage.

4. What will happen if I take part?

If you choose to participate, I will invite you to take part in three forms of data collection: questionnaires, an interview, and participant observation.

- Questionnaires: You will be asked to complete two short questionnaires in person. These will be paper-based and involve ticking boxes. They should take no more than 30 minutes in total.
- Interview: You will be invited to private, one-to-one, semi-structured interviews at a location of your choice, without the presence of family members or school staff. It will last no more than 1.5 hour. With your permission, I will audio-record the interview to ensure accuracy.
- Observations: I will visit your home to observe family dynamics. Visits may take place before or after school during the week, as well as during weekends and school holidays.

The fieldwork is expected to be taken place between January 2023 and Dec 2023.

Since you are under 18, you cannot legally provide independent informed consent. I will therefore obtain consent from your parent(s) or guardian(s). You are free to pause or withdraw from the research at any time if you feel uncomfortable.

5. What are the possible disadvantages or risks?

Because of your age and the personal nature of the research, you may feel uncomfortable or emotionally vulnerable during data collection. For instance, you might feel upset when discussing family matters or reflecting on caregiving experiences.

There may also be a risk that sensitive conversations are overheard at home. I will work to minimise these risks by building trust with you beforehand, prioritising privacy, and ensuring a respectful and supportive environment throughout.

6. Are there any benefits to taking part?

There may be no immediate benefit to you personally. However, your participation may help improve support for other children and families facing similar situations. I hope that this research can raise awareness and inform future policies or services that promote better living conditions, emotional well-being, educational opportunities, and overall support for young carers in China.

7. Expenses and payments

As a token of appreciation, you will receive stationery items worth up to 100 RMB. Your family will receive a grocery/supermarket voucher of equal value.

8. What information will be collected and why?

I will collect the following data for research purposes only:

- Written consent forms to meet ethical requirements.
- Questionnaire responses for descriptive analysis.
- Audio recordings of interviews, which will be transcribed for analysis.
- Field notes from home visits.
- Your contact details (used only for communication during the research and not shared).

9. Will the research be published, and will I be identified?

Findings from this study may be presented in my thesis, as well as in academic publications and conferences. If I include any quotations, these will be fully anonymised. You will not be identifiable in any published output.

10. Data protection

The University of Oxford is the data controller for this project. Your personal data will be processed solely for research purposes, under the lawful basis of public interest. For information about how your data will be used and your rights, visit: https://compliance.admin.ox.ac.uk/individual-rights.

11. Has this study been ethically reviewed?

Yes. This study has received ethics approval from a subcommittee of the University of Oxford Central University Research Ethics Committee (Ethics reference: R82187/RE001).

12. What if I have a concern or complaint?

If you have any concerns, please contact me or my supervisor:

- Researcher: Kefan Xue, +86 13656660771, kefan.xue@lmh.ox.ac.uk
- Supervisor: Professor Rachel Murphy, rachel.murphy@area.ox.ac.uk

If you wish to make a formal complaint or raise unresolved concerns, you may contact:

- Oxford School of Global and Area Studies Departmental Research Ethics Committee
  Email: curec@area.ox.ac.uk
  Address: 12 Bevington Road, Oxford, OX2 6LH
- Social Sciences & Humanities Interdivisional Research Ethics Committee
  Email: ethics@socsci.ox.ac.uk
  Address: Research Services, University of Oxford, Boundary Brook House, Churchill Drive, Headington, Oxford OX3 7GB

13. Further information and contact details

If you have questions before or after participation, please contact:

- Kefan Xue
  Oxford School of Global and Area Studies

12 Bevington Road, Oxford, OX2 6LH

Email: kefan.xue@lmh.ox.ac.uk

Phone: +86 13656660771

Thank you for reading this. If you're happy to take part, that would mean a lot to me – but it's completely your choice. If you don't want to take part, that's okay too. Whatever you decide, you can always ask questions, and if you change your mind later, you can stop at any time. I really care about hearing your story and making sure your voice is heard.

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