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research article

Young carers in sub-Saharan Africa: a scoping review of current research and future directions

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This scoping review consolidates research on young carers in sub-Saharan Africa, highlighting cultural, social and economic factors shaping their experiences. It includes 18 studies from nine African countries exploring caregiving responsibilities and impacts on young carers. Young caregiving in Africa is deeply intertwined with cultural norms that view childhood as a time of duty and service, in contrast to the Western ideal of a carefree childhood. Future research should focus on under-represented regions and consider the diverse sociocultural contexts of young caregiving. Addressing these gaps is essential in developing context-specific policies and interventions to support young carers effectively and sustainably.

Keywords young carers • sub-Saharan Africa • scoping review • HIV/AIDS impact

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Introduction: Context and challenges

In sub-Saharan Africa, strong kinship and family ties have traditionally served as the primary social safety nets, particularly in times of need (Abimanyi-Ochom et al, 2017). These cultural values have historically prioritized the care of family members, with societal systems often placing expectations on families to provide both daily support and more intensive care during illness or dependency (Hanrahan, 2017). Traditionally, women in sub-Saharan Africa have been the predominant home-based care providers. However, due to significant socio-economic shifts, such as labour migrations, demographic changes, urbanization and particularly the emergence of the HIV/AIDS epidemic, the extended family support

structure has become increasingly strained and overwhelmed (Abimanyi-Ochom et al, 2017). These shifts have forced individuals to adapt by fostering intergenerational support relationships within their families and communities (Andersen, 2012; Hanrahan, 2017). Caring obligations and activities are frequently distributed and negotiated among various family members, including siblings, parents, grandparents, aunts and uncles. The shifts have also led to female-headed households and child-headed households (Evans, 2010). Given these shifts, children in single-mother households, particularly in impoverished environments, are often compelled to assume both instrumental and emotional familial responsibilities (Leung and Shek, 2024). This experience is exacerbated by an onset of disease, with many studies indicating a higher prevalence of young carers in single-parent households and mothers representing the largest group of care recipients (Barry, 2016; Boumans and Dorant, 2018; Metzging et al, 2020).

While families remain at the core of care, they face multiple caregiving demands, for their own children, the vulnerable and orphans, and chronically ill family members, severely depleting the time and financial resources available to meet essential care needs (Heymann and Kidman, 2009). The socio-economic and demographic transformations in sub-Saharan Africa, exacerbated by the HIV/AIDS epidemic, have led to an increase in young carers. In many affected households, without healthy adult relatives and with minimal external healthcare support, children often assume primary caregiving roles. These children, referred to as 'young carers', take on substantial caregiving tasks and responsibilities typically associated with adults (Becker, 2000). While some of these tasks may involve basic domestic chores, such as tidying and cleaning, many young carers are required to assist with more complex activities of daily living, including dressing, washing, feeding and even providing medical care, emotional support and economic assistance to their family members (Becker, 2000; D'Amen et al, 2021; Joseph et al, 2020). The necessity of providing intensive care can significantly disrupt daily routines and priorities, often leading to a substantial reorganization of family life, including the redistribution of food, materials and labour, and sometimes even the spatial reorganization of family networks as individuals move between communities to provide care or to fill in for others. Despite this growing burden, young carers remain largely invisible within health and social services across developing countries, receiving little to no formal support (Thrush and Hyder, 2014). Cultural norms emphasizing familial caregiving, particularly in rural settings, reinforce reliance on informal systems of care that often fail to meet children's needs (Chepngeno-Langat, 2014). While family networks provide some level of support, the lack of structured programmes leaves young carers vulnerable to long-term socio-economic and psychological consequences (Yusuf et al, 2011).

Understanding the forces obstructing or promoting successful caregiving within families is crucial for developing appropriate policies (Hanrahan, 2017). This understanding becomes even more critical when considering young carers' unique challenges in sub-Saharan Africa, where socio-economic and demographic factors differ significantly from other regions. Despite the significant developments in research, policy and practice regarding the needs of children with caregiving responsibilities in regions like the UK, there has been limited data on young carers in Africa, Asia and South America until recently (Leu et al, 2022). This gap necessitates a focused examination of young carers within the African context to ensure that their needs and challenges are adequately addressed. The prevalence of young caregiving in African countries is likely higher than reported (8 per cent), given the extent of familial and AIDS-related illnesses. However, sufficiently detailed studies on this issue remain scarce (Cluver et al, 2012; Joseph et al, 2020).

Focus on young carers

Comparative research on young carers between the Global North and Africa has revealed similarities in young carers' responsibilities, including intimate and personal care and domestic roles. However, there exist differences, such as income generation, which is more prevalent in sub-Saharan Africa, particularly in households affected by HIV/AIDS or when caring for members who are unable to care for themselves due to illness, mental health problems, disability or age (Becker, 2007; Evans and Becker, 2009). There is an increasing need for cross-cultural work to serve youths in low- and middle-income countries, addressing young carers' rising mental health needs (Joseph et al, 2020; Wasil et al, 2021). Moreover, it is essential to identify the children and young people who bear the heaviest caregiving burdens and are most adversely affected in order to provide them with the necessary support for their caregiving activities, education and overall well-being. Such support may also include moral and psychological assistance, as conflicts often arise between the desire to preserve childhood, embrace adult responsibilities and maintain connections with peers (Boyle, 2020).

While there have been significant developments in recognizing the needs of young carers and their families (Leu et al, 2022), assessments of these needs are still inconsistently applied, and rigorous screening techniques are lacking (Aldridge, 2018). This inconsistency hinders professionals from consistently identifying young carers and facilitating early interventions that could prevent these children from assuming inappropriate caregiving roles over the long term (Aldridge, 2018). On the other hand, the HIV epidemic in sub-Saharan Africa has expanded research on child vulnerability, particularly among orphans, those affected by HIV/AIDS and children involved in labour. Many African countries have implemented research and intervention projects to support children affected by the HIV/AIDS pandemic, often under the broad category of 'orphans and vulnerable children' (OVCs). Vulnerable children are considered children whose safety, well-being and development are at risk due to different factors, without distinguishing between caregiving children and other vulnerable groups. The emphasis on children orphaned by AIDS has overshadowed the concerns for non-orphaned children (for example, caregiving children) or orphans for other reasons (Kibachio and Mutie, 2018; Olang'o et al, 2012). Additionally, many donor and charity efforts have focused almost exclusively on supporting AIDS-orphaned children, further marginalizing the experiences of young carers.

Objectives of the scoping review

There is limited global and comparative knowledge regarding the experiences of children in families with parental disability, illness or other care needs, particularly in sub-Saharan Africa. While international studies provide valuable insights into the experiences of young caregivers, government legislation, social policies and cultural values shape caregiving practices and outcomes, making it inappropriate to generalize findings from one context to another (Aldridge and Becker, 2003). In particular, young carers in African countries may face unique challenges shaped by extended family dynamics, poverty, health crises like HIV/AIDS and limited access to formal support systems. Yet, a previous literature review by the authors revealed that literature on young carers in Africa remains fragmented and underexplored, a knowledge gap

presenting a critical barrier to understanding their needs and designing effective interventions. This gap restricts a comprehensive understanding of how unique and diverse cultural, social and economic factors shape caregiving experiences.

Given these gaps, this scoping review addresses the lack of comprehensive research on young carers in sub-Saharan Africa. The review aims to provide an overview of the primary research findings on caregiving youth in the region, assess the current state of research activity and identify critical gaps in the literature. It also critically analyses studies from various African countries to highlight context-specific research gaps and methodological trends. This includes examining study designs, sampling techniques, data collection methods and study limitations. However, assessing the methodological rigour and quality of individual studies was beyond the intended scope of this scoping review. Future research could build upon this review by conducting a comprehensive quality assessment to further enhance the evidence base for policy and practice interventions.

Methodology

This scoping review employed [Arksey and O'Malley's \(2005\)](#) framework, aimed at mapping the scope, variability and methodological characteristics of research on young carers in Africa rather than critically appraising the quality of the studies.

Article search and inclusion criteria

To identify relevant studies, we conducted a systematic search across four databases: Scopus, Web of Science, PubMed and PsychInfo. A comprehensive combination of search terms, including 'young carers' and 'Africa', along with variations and alternative names, was used to maximize the retrieval of relevant literature. Additionally, country-specific names and terms were incorporated to ensure broad coverage and capture studies addressing caregiving roles among children across diverse African contexts. This approach aimed to create an inclusive data set that reflects the geographical and linguistic diversity of research on young carers in the region. The search string used was as follows:

("Young carer*" OR "young caregiver*") AND ("Africa*" OR "Nigeria" OR "Ethiopia" OR "Uganda" OR "Kenya" OR "Cameroon" OR "Liberia" OR "Mali" OR "Senegal" OR "Ghana" OR "Rwanda" OR "Algeria" OR "Angola" OR "Morocco" OR "Botswana" OR "Gabon" OR "Namibia" OR "South Africa" OR "Tanzania" OR "Malawi" OR "Côte d'Ivoire" OR "Ivory Coast" OR "DRC" OR "Congo" OR "Mozambique" OR "Egypt" OR "Zambia" OR "Sudan" OR "Madagascar" OR "Niger" OR "Burkina Faso" OR "Chad" OR "Somalia" OR "Zimbabwe" OR "Guinea" OR "Benin" OR "Burundi" OR "Tunisia" OR "South Sudan" OR "Togo" OR "Sierra Leone" OR "Libya" OR "Central African Republic" OR "CAR" OR "Mauritania" OR "Eritrea" OR "Gambia" OR "Lesotho" OR "Guinea-Bissau" OR "Equatorial Guinea" OR "Mauritius" OR "Eswatini" OR "Swaziland" OR Djibouti" OR "Comoros" OR "Cape Verde" OR "Western Sahara" OR "São Tomé and Príncipe" OR "Seychelles")

We identified 62 results: 31 from Web of Science, 22 from Scopus, five from PubMed and four from PsychInfo. An extra search was done on Google Scholar using a shorter version of the search string to identify any other articles, generating 17 results. We removed 32 duplicates and included 47 articles in the final eligibility check. The authors discussed their titles, abstracts and, later, the full articles to screen for their eligibility based on the following inclusion criteria:

- The article was focused on young carers within the following definition:

Young carers can be defined as children and young persons under 18 who provide or intend to provide care, assistance, or support to another family member. They often carry out substantial caring tasks and assume a level of responsibility that would usually be associated with an adult. The person receiving care is often a parent but can be a sibling, grandparent or other relative who is disabled, has some chronic illness, mental health problem or other condition connected with a need for care, support or supervision. (Becker, 2000: 378)

- The study was conducted on the African continent.
- The full text had to be available.
- The article was published in a peer-reviewed journal.

In this stage, non-peer-reviewed book chapters, academic theses and articles that were not fully focused on young carers or were not conducted in Africa were removed. The final scoping review included 18 articles that fit the inclusion criteria (see [Figure 1](#)).

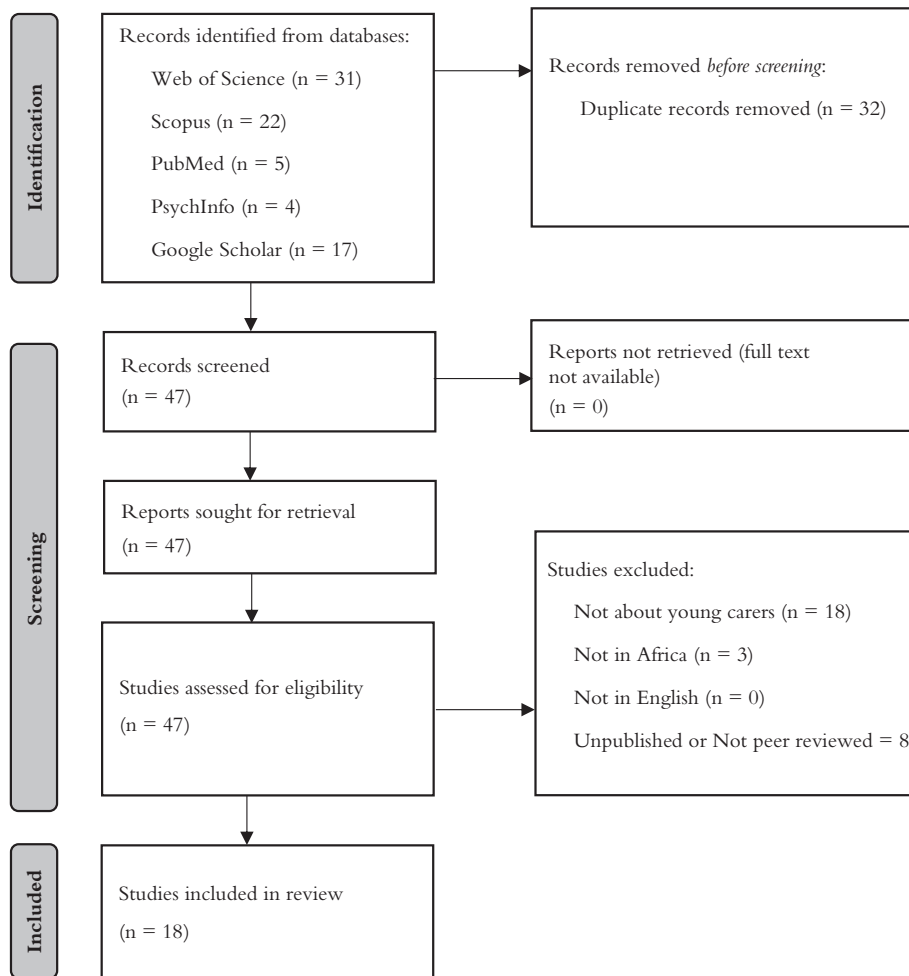
All articles were processed, taking notes on the main results of the studies and the authors' definitions and views of young caring. Any dispute regarding the articles was noted and discussed by the authors. We also took notes of all research gaps mentioned and, finally, discussed the full picture of the included articles to identify research gaps ourselves. We then combined these findings from each article to look for recurring themes described in the results section. [Table 1](#) provides a summary of the characteristics of the included articles.

Results

Sources and studies included

The 18 articles included in our scoping review were conducted in only nine African countries, as shown in [Figure 2](#). Most were exploratory studies but varied in design, with 12 qualitative, two quantitative and four mixed-methods studies, employing multiple data collection methods. The articles were predominantly descriptive, giving insights into the caregiving responsibilities and experiences of young carers in sub-Saharan Africa. The sample sizes in the articles ranged between nine and 1,410, with ages ranging between nine and 19 years. Varying studies included caring and non-caring children and youth, care recipients, community members, and key informants. Ten of the studies were in the context of HIV/AIDS ([Robson et al, 2006](#); [Skovdal and Ogutu, 2009](#); [Andersen, 2012](#); [Cluver et al, 2012](#); [Olang'o et al, 2012](#); [Skovdal et al, 2013a](#); [2013b](#); [Day and Evans, 2015](#); [Lane et al, 2015](#); [Abimanyi-Ochom et al, 2017](#)), one about caring for people with amyotrophic lateral sclerosis/motor neuron disease (ALS/MND) ([Kavanaugh et al, 2020](#)), one on ageing and ailing ([Skovdal et al, 2009](#)),

Figure 1: PRISMA flow chart of the scoping review process



Source: Adapted from Page et al (2021).

one on disabilities (De Jong et al, 2022), and five without a focus on any specific illness or other problem. Eight of the studies were conducted in the Bondo District of Western Kenya (Skovdal and Ogutu, 2009; Skovdal et al, 2009; 2013a; Skovdal, 2010; 2011; Skovdal and Andreouli, 2011; Andersen, 2012; Olang'o et al, 2012), meaning that nearly half of the included studies in this review were conducted in this specific region, which is mainly rural and poor and has a very high HIV/AIDS prevalence (Skovdal and Ogutu, 2009). Furthermore, some of these articles were based on the same data set (for example, Robson, 2004; Olang'o et al, 2012), depicting fewer studies than the articles. The other ten studies were conducted in eight different countries, all in sub-Saharan Africa, namely Zimbabwe (Robson, 2000; 2004; Robson et al, 2006; Skovdal et al, 2013b), Lesotho (Robson et al, 2006), Tanzania (Robson et al, 2006), South Africa (Cluver et al, 2012; Lane et al, 2015; Kavanaugh et al, 2020), Zambia (Day and Evans, 2015), Sierra Leone (De Jong et al, 2022), Cameroon (De Jong et al, 2022) and Uganda (Abimanyi-Ochom et al, 2017).

Table 1: Summary of articles included

Author(s)	Title	Aim	Participants	Illness/ disability	Where
Robson (2000)	Invisible carers: young people in Zimbabwe's home-based healthcare	Investigating young carers' experiences while seeing them as social actors	9 key informants in the government, parastatal, NGO and voluntary sectors 9 young carers	Not specified	Zimbabwe, high-density, low-income residential areas of Harare and Chitungwiza
Robson et al (2004)	Hidden child workers: Young carers in Zimbabwe	Connecting the experiences of young carers in Zimbabwe to global forces (HIV/AIDS pandemic and economic liberalization)	9 young carers and nine key informants (government employees and individuals from the NGO sector)	Not specified	Zimbabwe, Harare
Robson et al (2006)	Young caregivers in the context of the HIV/AIDS pandemic in sub-Saharan Africa	Providing quantitative and qualitative evidence for the existence of young people with caregiving responsibilities Illuminate different socio-spatial aspects of caregiving by young people	Young people in Lesotho, Tanzania and Zimbabwe	HIV/AIDS	Lesotho: urban location (low-to middle-income suburbs of Maseru) and rural location (village of Ha Tiali) Tanzania: mix of urban and rural locations in two regions Zimbabwe: low-income suburbs of Harare and the satellite town of Chitungwiza
Skovdal and Ogutu (2009)	'I washed and fed my mother before going to school': understanding the psychosocial well-being of children providing chronic care for adults affected by HIV/AIDS in Western Kenya	Understanding the psychosocial well-being of children providing chronic care for adults affected by HIV/AIDS in Western Kenya	48 children in Western Kenya 3 case studies	HIV/AIDS	Western Kenya, rural Bondo District

(Continued)

Table 1: Continued

Author(s)	Title	Aim	Participants	Illness/ disability	Where
Skovdal et al (2009)	Young carers as social actors: coping strategies of children caring for ailing or ageing guardians in Western Kenya	Examining strategies children construct for coping with the demands of disease and poverty	48 young carers (aged 11–17)	Ailing and ageing	Western Kenya, rural Bondo District
Skovdal (2010)	Children caring for their 'caregivers': exploring the caring arrangements in households affected by AIDS in Western Kenya	Challenging the representation of orphans as a burden and exploring their contributions to their fostering households	36 guardians and 69 orphaned children aged 11 and 17 years	Not specified	Western Kenya, rural Bondo District
Skovdal (2011)	Examining the trajectories of children providing care for adults in rural Kenya: implications for service delivery	Developing a more complex understanding of children's caring experiences by asking children whom they have cared for over time and exploring the different pathways that lead to their caregiving at different stages of their lives	48 caregiving children aged 12–17 10 adult care receivers	Not specified	Western Kenya, rural Bondo District
Skovdal and Andreouli (2011)	Using identity and recognition as a framework to understand and promote the resilience of caregiving children in Western Kenya	Furthering our understanding of caregiving children in Africa by looking at how local constructions of childhood can facilitate their agency and resilience, paying particular attention to the role of identity and recognition	48 caregiving children from Western Kenya 10 local adults	Not specified	Western Kenya, rural Bondo District
Andersen (2012)	Children's caregiving of HIV-infected parents accessing treatment in western Kenya: challenges and coping strategies	Drawing attention to difficulties and opportunities of strengthening home-based care services for better conditions for young carers	10 households 20 caregiving children aged 6–16 11 HIV-infected parents	HIV/AIDS	Western Kenya, rural Bondo District

(Continued)

Table 1: Continued

Author(s)	Title	Aim	Participants	Illness/disability	Where
Cluver et al (2012)	'I can't go to school and leave her in so much pain': educational shortfalls among adolescent 'young carers' in the South African AIDS epidemic	Determining the educational impacts of living with AIDS-affected parents or primary caregivers	659 adolescents aged 10–20 from healthy and unhealthy households	HIV/AIDS	'Most deprived' townships of Western Cape, South Africa
Olang'o et al (2012)	Children as caregivers of older relatives living with HIV and AIDS in Nyang'oma division of western Kenya	Getting insights into the long-term consequences of children taking on a caregiving role for a relative with an HIV-related illness	19 children caring for a total of 15 people living with HIV or AIDS	HIV/AIDS	Western Kenya, Nyang'oma division, Bondo District
Skovdal et al (2013a)	Supporting 'young carers' in Kenya: from policy paralysis to action	Challenging the view that African children who care for sick or dying adults are engaged in a form of child labour, which leads to avoidance of authorities to engage with support strategies that could be seen as support of child labour ('policy paralysis')	283 members of a Luo community in the Bondo District of Western Kenya	HIV/AIDS	Western Kenya, rural Bondo District
Skovdal et al (2013b)	Children's role in the community response to HIV in Zimbabwe	Examining adults' perspectives on the role of children in the HIV response in the Matobo District of southern Zimbabwe	90 community members who were active in social groups	HIV/AIDS	Southern Zimbabwe, Matobo District
Day and Evans (2015)	Caring responsibilities, change and transitions in young people's family lives in Zambia	How caregiving may impact older youth's life-course transitions and imagined futures in the Global South	35 young people aged 14–30 (15 were caring, 20 were not) 12 parents or family members 12 key informants	HIV/AIDS	Zambia

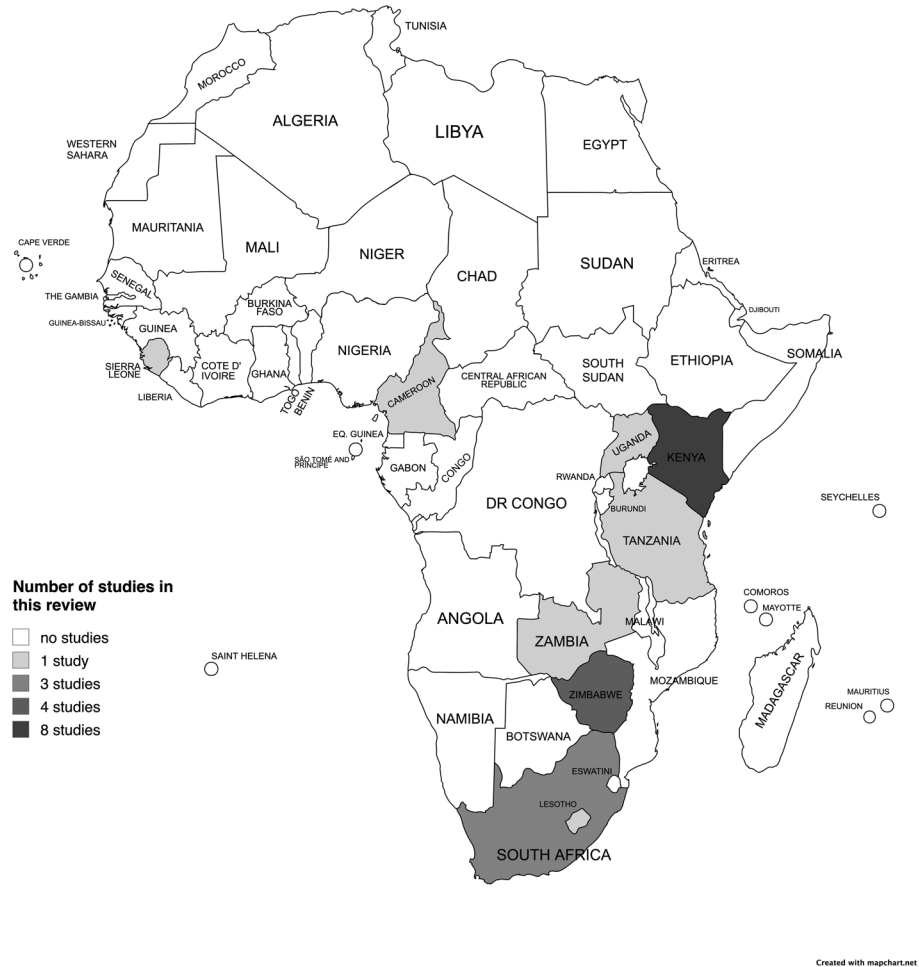
(Continued)

Table 1: Continued

Author(s)	Title	Aim	Participants	Illness/ disability	Where
Lane et al (2015)	Young carers in South Africa: tasks undertaken by children in households affected by HIV infection and other illness	Exploring the nature and range of responsibilities that children in deprived South African communities perform and how they relate to familial illness To inform quantitative research on the types of responsibilities so as to compare children affected and unaffected by familial illness	349 children aged 10–18 from illness-affected households	HIV/AIDS and other illnesses	'Most deprived' townships of Western Cape, South Africa
Abimanyi-Ochom et al (2017)	Invisible work: child work in households with a person living with HIV/AIDS in Central Uganda	Quantify the nature of children's social-reproductive activities for children living in households that have a PLWHA (PLWHA households), compared to households without a known PLWHA (non-PLWHA households)	1,410 children aged 4–18	HIV/AIDS	Central Uganda
Kavanaugh et al (2020)	Young carers and ALS/MND: exploratory data from families in South Africa	Exploring family characteristics and identifying caregiving experiences and needs of young carers in families living with ALS/MND	40 participants from 20 families, adults living with ALS/MND, adult caregivers and young carers	ALS/MND	South Africa, in or near the greater Cape Town or Johannesburg areas
De Jong et al (2022)	Role of young carers of parents with a disability in Sierra Leone and Cameroon: an explorative study	Getting insights into the role of children who are caring for their parents with a disability in Sierra Leone and Cameroon	23 parents with a disability 5 fieldworkers working with parents with a disability	Disabilities	Sierra Leone and Cameroon

Note: NGO = non-governmental organization; PLWHA = person living with HIV/AIDS; ALS/MND = amyotrophic lateral sclerosis/motor neuron disease.

Figure 2: Map showing the number of studies included by countries



Key thematic areas

Definition and view of young caregiving

All studies in the review employed [Becker's \(2000: 378\)](#) definition of young carers and attempted to give local constructions of childhood in the various contexts. In sub-Saharan Africa, childhood is often seen as a time of duty and service. Participation in households is commonly recognized as a significant element of children's socialization and is considered necessary for livelihoods ([Skovdal et al, 2009](#); [Skovdal and Andreouli, 2011](#)). Young carers' responsibilities, which include intimate care and extensive household duties, are often viewed as essential for household survival rather than a violation of childhood norms, contrary to the child labour concerns raised in some contexts ([Robson, 2000](#); [De Jong et al, 2022](#)). It is considered appropriate for children over age ten to participate in family maintenance as long as their schooling and psychosocial well-being are not compromised. Community members are inclined to evaluate the suitability of young caregiving on an individual basis, focusing on the

cultural norms and expectations of children (De Jong et al, 2022). Emphasis should be on the importance of addressing the underlying factors that lead to household responsibilities and care, such as poverty, food insecurity and vulnerable household members, rather than directly targeting young carers, as singling out this group of vulnerable children may result in stigmatization, such as being labelled as child labourers. However, it is challenging to determine when children's home duties and care become inappropriate due to various factors, such as time spent caring, the nature of roles, health risks and impact on education (Skovdal et al, 2013b).

Some articles specifically challenged the view of childhood upheld in the Global North as being a carefree time, protected from labour and devoted to play (Robson, 2004; Robson et al, 2006; Skovdal et al, 2013b). This view of childhood also gets universalized, while many community members in African countries look at childhood differently. For example, children in a study in Zimbabwe are seen as helpers, as having domestic duties and as economically valuable because of this (Skovdal et al, 2013b). Robson (2004) explicitly conceptualizes young carers as 'child workers' through another study in Zimbabwe, going against the 'child labour' perspective discussed earlier. While work done by children is stigmatized and often seen as immoral, Robson nuances this perspective, arguing that the Western ideal of childhood as carefree and work-free is not universal and ignores the role of children as caregivers, workers and agents in general.

Reasons for young caregiving

Illness-affected households confront challenging decisions about meeting domestic and waged labour demands, which may lead to children becoming caregivers. Most caregiving tasks fall on the oldest child, but all children help. Factors that lead to young caregiving include the severity of the care recipient's illness or frailty, lack of support services, household poverty, family structures, co-residence, power/status, gender, and age (Robson, 2000). Other factors include the lack of an adult in the household, stigma and the rejection of the care recipient by family members or neighbours, as well as some cultural norms and expectations (Olang'o et al, 2012; Robson, 2000).

Children's caregiving experiences were entrenched in a complex web of societal expectations, care reciprocity, parental love and social recognition of their caregiving responsibilities. Several studies reported positive meanings attached to caregiving, including meaning attached to the recognition of young caregiving, derived from religion and faith as an incentive to care, emotional attachment, and reciprocity of care (Andersen, 2012; Skovdal et al, 2009; Skovdal and Andreouli, 2011). Furthermore, caregiving came up as a form of moral obligation, sometimes giving a sense of pride in the ability to care (Cluver et al, 2012). Young caregivers frequently did not have a choice in taking on caring responsibilities; instead, adult kin made the decision, or it fell to them by default due to sociocultural constructs of childhood that limit young people's power and status (Robson, 2000). However, children also care out of free will as a form of mutual love and respect, often driven by reciprocity, future support and social recognition (Skovdal, 2011).

All the studies agreed with these reasons for young caregiving, except for gender, which raised some discrepancies. In some, gender was a major reason for young caregiving, with girls shouldering more responsibilities than boys (Robson, 2000; Robson et al, 2006; Skovdal, 2011). Other studies found no significant differences

in caring by gender, with boys and girls caring almost equally, depending on family composition and availability (Skovdal et al, 2009; Olang'o et al, 2012; Kavanaugh et al, 2020). Other studies indicated mixed findings regarding this issue, confirming the gender roles in the households (Olang'o et al, 2012; De Jong et al, 2022) and gender matching of the care provider and recipient (Robson, 2000; De Jong et al, 2022), which still guide the gendered constructions of care. Male children seemed to care for their fathers, whereas female children seemed to care for their mothers. However, few households could afford to live up to local gender roles (Skovdal et al, 2009). In households with only boys, they will also perform tasks culturally considered for girls and care for female family members (Olang'o et al, 2012).

Caregiving responsibilities

The length and severity of caregiving depend on the parents' health, recovery or death, as well as financial and social support (Skovdal, 2011). Caregiving responsibilities included the following: domestic work, for example, household upkeep, cleaning and fetching water; personal care and nursing, for example, feeding the care recipient, bathing them, clothing them, cleaning up after them and administering medication (Robson et al, 2006; Andersen, 2012; Lane et al, 2015; Robson, 2000; Kavanaugh et al, 2020; De Jong et al, 2022); and sometimes economic support by engaging in income-generating activities within the informal economy (Skovdal, 2010; Olang'o et al, 2012; Lane et al, 2015). Caregiving responsibilities also included caring for siblings (Lane et al, 2015) and providing emotional support (De Jong et al, 2022), highlighting the complex and often demanding nature of young carers' roles. However, De Jong and colleagues (2022) suggested that there might be discrepancies between the responsibilities socially expected of young carers and the tasks they perform. Specifically, parents were asked to describe the support the children could or should provide them rather than what they carried out, calling for further research (De Jong et al, 2022). These discrepancies raise essential questions about the real impact of these responsibilities on young carers, particularly regarding their physical, mental and social well-being. Understanding these impacts is crucial, as they shape young carers' overall experience and development, which we will explore in the following section.

Impact of young caregiving

The impact of young caregiving, particularly in the context of HIV/AIDS, has been extensively documented. Studies have highlighted the toll on education, with many young carers missing or dropping out of school due to caregiving responsibilities, as well as the physical and emotional burden they bear (Robson, 2000; Cluver et al, 2012; Olang'o et al, 2012; Lane et al, 2015; Kavanaugh et al, 2020). However, this needs to be explored further, as not all young carers were impacted negatively by their responsibilities. Some could constantly attend school and maintain good grades (De Jong et al, 2022). Second, caring impacted the mental and physical health of the young carers, as they experienced physical burden, psychological distress and anxiety related to the health status of the care recipient, witnessing a parent's pain and lack of food in the home (Robson et al, 2006; Andersen, 2012; Cluver et al, 2012). These could lead to stigma,

bullying and potentially complex dynamics in peer friendships. Finally, the impact of the sickness on the adult caregiver, combined with healthcare resource shortages and extreme poverty, forces some young carers to engage in paid labour, early marriages or transactional sexual relations (Olang'o et al, 2012). This could result in unplanned pregnancies and a higher risk of HIV and sexually transmitted infections (STIs). Girls came out as the primary victims. For instance, in cases where families had to choose between withdrawing boys or girls from school, they mainly chose girls (Robson, 2000).

While the impact of young caregiving on education, mental health and social relationships has been well documented, the underlying challenges that exacerbate these effects remain underexplored, with no evidence found in the reviewed literature. Many studies have only highlighted the various issues that complicate the caregiving role for young carers, including the lack of material and healthcare resources (Cluver et al, 2012) and the absence of adequate support systems (Kavanaugh et al, 2020; Robson, 2004). Understanding the interplay of these challenges is essential to comprehensively addressing the difficulties young carers face.

Some studies (Skovdal et al, 2009; Olang'o et al, 2012) conceptualized the challenges as the impact of the caregiving responsibilities, including challenges of psychological distress, dropping out of school, having to look for paid labour and possibly marrying at a young age. All these challenges clearly violate the 1991 United Nations Convention on the Rights of the Child. In response to these pressures, many young carers develop various coping mechanisms to manage their responsibilities and mitigate the negative impacts on their lives.

Coping mechanisms

Andersen (2012) argued that their coping and resilience are determined by social structures, including socio-economic status, environmental issues (for example, drought) and health systems (for example, home-based care programmes). The availability of such social resources and the extent to which they can participate in community life and negotiate support determine how well they can cope (Skovdal et al, 2009; Andersen, 2012). Furthermore, according to Skovdal and Andreouli (2011), a positive recognition of their caring roles and support from community members was crucial in coping. Young carers cope by mobilizing social support and resources from family and community, constructing positive identities (De Jong et al, 2022) and engaging in subsistence farming and income-generating activities (Skovdal et al, 2009; 2013a; Skovdal, 2010; Andersen, 2012) to sustain the economic needs of their households. Some studies highlighted the creation of positive meanings (Skovdal et al, 2009; Skovdal, 2011; Skovdal and Andreouli, 2011) as a way of coping and giving them a sense of control. Importantly, young caregiving by itself can be seen as a powerful way in which children cope with difficult family situations and a way in which children take up an active role in their community (Andersen, 2012; Skovdal and Andreouli, 2011).

Discussion

Similar to studies from the Global North, young caregiving in sub-Saharan Africa involves both positive and negative aspects. Several studies (for example, Robson et al, 2006; Skovdal et al, 2013a) documented the dual nature of caregiving, where

young carers find a sense of pride and moral obligation in their roles yet also experience significant stress and burden. This duality mirrors findings from studies where caregiving is often normalized and problematized depending on the cultural context (Becker, 2007), significantly shaping caregiving experiences. While the Global North often views childhood as a time free from work, our findings suggest that in many African contexts, it is normal for children to engage in domestic work and assume significant responsibilities. This cultural expectation contrasts with the Western ideal of a carefree childhood, which is universalized (Becker, 2007) but does not necessarily apply in the African context (Crivello and Espinoza-Revollo, 2018). Authors like Robson (2004) challenge the conventional ‘child labour’ perspective by conceptualizing young carers in Zimbabwe as ‘child workers’, a role integral to family and community survival in many African contexts. This perspective contrasts with the Western view of childhood as a time free from work, as discussed earlier in the ‘Results’ section, where studies like those of Skovdal et al (2013b) and Andersen (2012) emphasized the normalcy of children’s involvement in caregiving within their communities. These differences (Robson et al, 2006; Becker, 2007; Jijon, 2020; Joseph et al, 2020) underscore the importance of context-specific research and policies that acknowledge the diverse realities faced by young carers across different regions. Jijon’s (2020) studies in Bolivia and Ecuador defy the narrative that all child labour should be banned, with child workers advocating for the recognition of their labour as necessary and valuable. However, although children’s work is described as relational and often done to help parents (Jijon, 2020), direct caregiving work is highly invisible compared to paid work by children (Robson, 2004) and often viewed as essential to household survival rather than a violation of childhood norms. For example, while a report by the United Nations Children’s Fund (UNICEF) (Rai and Grugel, 2016) drew attention to young carers in the Global South, children’s organizations in sub-Saharan Africa do not recognize children’s care work. The focus has been chiefly on children affected by AIDS in general and on the eradication of child labour (Becker, 2007).

The characteristics of young carers and the reasons for young caregiving identified in this review are primarily consistent with the broader literature. For example, there is variation on whether young carers had a choice to care (Ireland and Pakenham, 2010; McDonald et al, 2009), with most young carers being obliged to care, while others reported that they do it out of free will. However, similar to the views and reasons for young caregiving in the sub-Saharan Africa context, young carers in Global North countries, such as New Zealand, also report that they consider caring a normal part of family relationships, with their parents describing it as a standard way of taking up responsibility and learning skills (McDonald et al, 2009).

Gender roles in caregiving are a recurrent theme across the studies reviewed, with evidence consistently showing that while both boys and girls engage in caregiving, girls are more likely to assume these responsibilities (Crivello and Espinoza-Revollo, 2018; Untas et al, 2022). This pattern was particularly evident in the studies conducted by Robson et al (2006) and Olang’o et al (2012), where girls were found to shoulder a disproportionate share of the caregiving burden. The gendered nature of caregiving in these contexts not only reflects broader societal expectations but also has significant implications for the education and future opportunities of these young carers. Policies aimed at supporting young carers must, therefore, consider the gendered dynamics at play, ensuring that interventions are designed to address the specific challenges faced by girls, who may be at greater risk of educational disruption and other long-term impacts.

Consistent with studies done in other parts of the globe, the review has highlighted that young carers in sub-Saharan Africa engage in comparable caregiving responsibilities, including physical, emotional and moral support. However, contrary to young carers in other developed countries, some young carers in sub-Saharan Africa engage in income-generating activities to provide economic support to their ailing parents (and families). Many participants come from poverty-stricken contexts and households with either no or one healthy breadwinner, forcing them to engage in such activities (Skovdal et al, 2009; 2013a; Skovdal, 2010; Andersen, 2012). This could also be explained by the high rates of unemployment, low income and alcoholism, which could prevent the breadwinners from adequately providing and caring for their families. Furthermore, they engage in chores beyond the household, such as farming, fetching water and feeding cattle, mainly because they all relied on farms as a source of livelihood and daily bread, and some households lacked access to basic amenities, such as water and electricity, a finding contrary to other studies that have been conducted in urban and semi-urban areas. As Laird (2005) postulated, the absence of public utilities, welfare services or social security in Africa necessitates caregiving children to perform numerous time-consuming and physically demanding domestic tasks that their parents cannot perform.

These circumstances can also have severe and gendered effects that were mentioned in this review, such as leading girls into forced early marriages or transactional sex. This finding has not been documented in the research in the Global North. This is possibly due to the availability and access to welfare and social services for vulnerable families in these countries, which mainly provide basic amenities for such families, a system that is not well established in many African countries. Nonetheless, the relationship between poverty, having a lower income and having higher care burdens has been documented worldwide (Becker, 2007; Crivello and Espinoza-Revollo, 2018), so the link between poverty and young caring is not only present in Africa.

Research gaps

Although there is an increased interest in young carers in Africa, some significant knowledge gaps remain in the literature. First, most of the studies identified in this review employ qualitative methods and small sample sizes, while correlational and longitudinal studies are lacking. To address this gap, future research should employ longitudinal study designs to track the experiences of young carers over time, providing a more dynamic understanding of how caregiving impacts their development and well-being. Additionally, large-scale quantitative surveys could be used to generate reliable estimates of the prevalence of young carers across different African countries, allowing for cross-country comparisons and more robust generalizations. Incorporating mixed-methods approaches that combine qualitative insights with quantitative data would also provide a more comprehensive picture of young caregiving in diverse contexts.

There is also insufficient background data on families included in the studies, which does not give a complete picture of the experiences of young carers. The trends identified in the rich qualitative data cannot currently be generalized to the population. Furthermore, there are currently no reliable estimates of the percentage of young carers in Africa or individual African countries (see also Joseph et al, 2020). Following the different contexts and conditions of carers, it is impossible to determine

whether the number of young carers in sub-Saharan Africa matches the 2–8 per cent estimate by [Leu and Becker \(2017\)](#), which they currently limit to ‘advanced industrialized capitalist societies’. In the African context, perhaps the number could be higher due to the limited social and welfare services or lower due to the social way of life, with the expectation that relatives and community members would care for needy members of society. Therefore, there is a need for more quantitative studies to assess the prevalence of young carers in sub-Saharan Africa and to compare whether young carers engage in more tasking responsibilities than regular African children. The quantitative studies could also allow correlational analyses to explore the relationships between caregiving responsibilities and such outcomes as educational attainment, mental health and social integration.

A second knowledge gap concerns the large number of African countries that currently have no or very few studies about young carers, at least to our knowledge and written in English. As shown in [Figure 2](#), no studies were identified in several African countries, notably without a single study in Northern Africa and only two in West and Central Africa, necessitating further research in these contexts. Future research should focus on geographically under-represented regions, such as Northern, Western and Central Africa. This could involve regional case studies that explore the unique cultural, social and economic contexts of young caregiving in these areas. Additionally, collaborative research networks across African universities could be established to facilitate comprehensive studies that include various countries and contexts.

Third, eight studies in this review focused explicitly on the HIV/AIDS context, three studies focused on other problems (ageing and ailing, ALS/MND, and disabilities), while seven studies focused on young carers in general, without a specific focus. This is contrary to the global literature, in which studies have focused on a large variety of problems, including physical illnesses (for example, [Bjorgvinsdottir and Halldorsdottir, 2014](#)) on multiple sclerosis, mental illnesses (for example, [Grant et al, 2008](#)), addictions (for example, [Kallander et al, 2018](#)) and disabilities (for example, [Newman, 2002](#)). Despite cases of mental illness and substance abuse ([Belete et al, 2024](#); [Vancampfort et al, 2017](#)) being rampant, studies in such specific contexts are strikingly missing from the African literature. Future research should adopt a broader scope by investigating the experiences of young carers across a more comprehensive range of health conditions, including mental health issues that remain stigmatized ([Mineo et al, 2023](#)), disabilities and substance abuse. Thematic comparative studies could be beneficial, comparing the caregiving experiences across different conditions to identify common challenges and unique stressors associated with specific health problems. Furthermore, more studies should emphasize the coping mechanisms and resilience of young carers.

Lastly, the studies in our scoping review have mostly been conducted in poor, HIV-stricken and rural contexts (for example, in the Bondo District of Western Kenya). However, external support and the supply of care may be unavailable in many rural communities in the Global South. This may give a distorted image of young caring on the African continent, especially in comparison with young caring in the Global North, where not many studies have been conducted in similar contexts. It is worth noting that just like on any other continent, there are a wide variety of contexts, circumstances and governments within which young carers live. Thus, future research should attempt to put such variations into consideration. Comparative studies that analyse young caregiving in rural and urban settings across different African countries

would be invaluable in highlighting the contextual differences and ensuring that interventions are appropriately tailored. Additionally, ethnographic studies could provide deeper insights into the lived experiences of young carers, capturing the nuances of caregiving in diverse socio-economic and cultural contexts. Finally, new studies are required to explore any available evidence-based policies and interventions.

Recommendations for policy and practice

While many African countries promote home-based care policies due to economic and contextual considerations, it is essential to recognize the specific impact these policies have on young carers (Cluver et al, 2012). To mitigate these impacts, African countries should develop comprehensive support mechanisms for young carers that ensure their responsibilities remain manageable. Such mechanisms might include access to educational support, mental health services, and community-based programmes that can help alleviate the pressures on these children. Furthermore, enhancing sustainable welfare programmes for care recipients is essential to address the poverty threshold and improve economic standards for affected families.

The most significant challenges and consequences arise at the intersection of young caregiving and extreme poverty. Young carers are often forced to take up excessive tasks due to poverty, making the fight against poverty a critical priority for all policy makers. In this context, the studies reviewed here, particularly those featuring interviews and focus groups with young carers and community members, offer valuable insights that can guide the development of targeted policies at national and regional levels.

When it comes to international (aid) organizations, it is essential to critically examine the underlying views of childhood and work when intervening in the lives of young carers in Africa. This review has shown that the Global North's notion of a 'carefree' childhood should not be universally applied without considering local contexts. Instead, policies should be tailored to reflect the realities of young caregiving as understood by the communities. The data from young carers and community members included in this review clearly illustrate the need for culturally sensitive approaches to policy development. Finally, ongoing monitoring and evaluation should be integrated into any policy framework to ensure that the needs of young carers are met effectively and that the policies remain adaptable to changing circumstances.

Study limitations

Our review did not evaluate the quality of the included studies, as this does not fall within the aims of a scoping review. As discussed in the 'Research gaps' section, the review covered few African countries and regions, thus restricting the generalizability of our findings across the entire continent. This is further compounded by the fact that most of the studies were conducted in poor and rural areas, potentially giving a skewed view of the young caregiving experience. Due to resource constraints, we only included articles in English, possibly excluding relevant studies in other languages. This language bias could have limited our understanding of young caregiving in non-English-speaking regions. Additionally, we did not include any book chapters, grey

literature or other types of documents that are not peer reviewed, which might have provided valuable insights into less-studied aspects of caregiving in sub-Saharan Africa.

A significant limitation also arises from the focus on articles specifically mentioning ‘young carers’, which may have led to the exclusion of studies using broader terms like ‘orphan and vulnerable children’ (OVCs) and ‘child-headed households’ (CHHs). These terms often encompass young caregivers but are not exclusively focused on them, which might have resulted in the omission of relevant data on caregiving responsibilities within these groups. For example, some excluded studies (for example, [Goodman et al, 2015](#)) used the term ‘young carers’ to represent orphans who care for their siblings.

To mitigate these limitations in future research, it is essential to include a broader linguistic range of studies, incorporate grey literature and use more inclusive search terms that capture related caregiving contexts. Additionally, expanding the geographic scope to include under-represented regions and diverse socio-economic settings will provide a more comprehensive understanding of young caregiving across the African continent.

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Author contributions

Frashia Wangui Ndungu conceptualized the article and collaborated with Lena Van Bergen in conducting the scoping review and writing the first draft of the article. Roberta Mineo edited and finalized the article.

Conflicts of interest

The authors declare that there is no conflict of interest.

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