CHILDREN AS CARERS: AN EXPLORATION OF THE LIVED EXPERIENCES OF YOUNG CARERS IN ABURI, GHANA

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MERCY APPIAH -AKUETTEH

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Declaration

I, Mercy Appiah-Akuetteh, declare that this thesis is my own research work conducted under the supervision of Professor Richard Michael Piech, at the Department of Social Studies, University of Stavanger, Norway and that this thesis has not been submitted either in part or whole for the award of any degree. I further declare that all sources of information used for this thesis have been duly acknowledged.

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4th June, 2021

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Abstract

Key words:

Young carers, caring roles, care receivers, benefits, Ghana

In Ghana, the family plays a major role in providing support for the elderly and other vulnerable members such as persons with disabilities and those suffering from physical illness. Though children play crucial roles in providing care to familial members in Ghanaian society, there is little or no research and policy response concerning young carers in Ghana. Young carers are children who provide regular care and support to family members such as parents, siblings, and grandparents as a result of illness, disability, mental issues, or substance abuse. The caring roles provided by young carers range from personal care, which entails toileting, bathing, lifting, among others. It also involves sibling care, domestic chores, emotional care, household management, financial matters, and medical or nursing care. Studies evidenced that the caring roles can have a significant impact on their health, education, social, and emotional well-being. However, this category of children seems to have been overlooked in the discourses on children's rights in Ghana. Therefore, using a qualitative research design, specifically, phenomenology, the study explored the experiences of eight young carers who were purposively selected in Aburi, Ghana, with the aim of giving insight on the phenomenon to enable stakeholders identify, recognize, and provide support structures for young carers.

Employing a thematic approach in analyzing the data gathered, the findings of the study indicated that young carers in Ghana provided similar caring roles as those in other countries. The caring roles provided included domestic care, personal care, medical care, and financial support. However, the absence of organized social welfare systems, unavailability of household appliances, such as washing machine in many homes in Ghana, coupled with the difficulty in accessing basic social amenities such as water, and electricity, make the caring roles exceptionally burdensome and worsen the physical, mental, social, and psychological well-being of young carers in Ghana. Also, the findings showed that the caring roles had adverse outcomes on young carers' education. Some of the negative outcomes included lateness, absenteeism, poor academic performance, lack of concentration in class, among others. Further, it was discovered that young carers received support from relatives, neighbors, peers, and the church. However, they receive no form of support from the school because the school authorities and teachers were unaware of their caring roles at home. The study therefore, recommends among other things that the government through the Ghana Education Service should come out with a policy to ensure that schools identify, recognize, and support young carers to enable them to excel in school. Again, the government, through the Ministry of Gender, Children, and Social Protection should provide financial support to young carers and their families to alleviate the financial burden they face.

Dedication

'Grief is about love; we who grief are fortunate to have loved'

This thesis is dedicated to the memory of my late daughter, the late Petra Naa Atswei Dzormo Akuetteh. Death robbed you three months to the commencement of this program, a horrific experience that will, unfortunately, remain part of my life. The pain is still fresh, and, like a deep scare, it will never really go. You are fondly remembered every passing day. Like they say, 'those we love never die, they live in our hearts' I know I have an angel who is having my back always.

Sleep well, my Guardian Angel!

I miss you. Rest Peacefully, my love!

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I am able to do all things because He gives me STRENGTH!

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CHAPTER ONE

INTRODUCTION

1.0 Background

Across the world, Children constitute an integral part of the family and as such, contribute in diverse ways to ensure its functioning. Globally, children, including those in Ghana run errands, perform house chores, and provide 'acceptable' forms of care to family members. This is considered as part of the socialization process (Bortes, Strandh & Nilsson, 2020) which is healthy for the child's psycho-social development (Becker, 2007; Clay *et al.*, 2016). However, when caring responsibilities become excessive and inappropriate for a child, it can have adverse consequences on the child's well-being (Ronicle & Kendall, 2010). Across the globe, many children have found themselves taking on caring roles within their families that go beyond the 'normal' expectations of society. Young carers take on caring responsibilities that are usually associated with adults and professionals (Becker, 2007; Joseph *et al.*, 2020). The term 'Young carers' or 'Young Caregivers' was coined by Aldridge and Becker, (1993) to refer to a group of children who provide significant caring roles in their families that go beyond what children are expected to routinely do in the home.

> 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 carry out, often on a regular basis, significant or substantial caring tasks and assume a level of responsibility that would usually be associated with an adult. 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 as seen in Becker, 2007).

This definition, although widely used and acknowledged has been criticized in recent times (Joseph *et al.*, 2020) for some reasons. For instance, the definition is said to be too broad and likely to include children who may experience a few negative impacts of caring (Joseph et al., 2020). It has also been critiqued for its exclusion of the impact of caring on young carers (Aldridge, 2018). Also, the mere 'intent' to provide care may not be enough grounds for a child to be categorized as a 'young carer.' Therefore, Joseph et al., (2020) are of the view that care should be conceptualized as three 'concentric circles'. This means that the concept of a young carer should include minimal household activities (those who care about) but not to an extent that it interferes excessively with their social and educational activity. The second category of young carers are children and young people who 'care for'. That is, those who have caring responsibility that involves household activities as well as more specialist and medical roles. According to Joseph et al., (2020), the third crop of young carers are those who themselves need care, those who have taken on caring roles that involve specialized and medical activities, emotional work, and which hinder their engagement in social and educational activities. Thus, young carers are children who provide regular or ongoing care and emotional support to a family member as a result of illness, disability, mental issues, or substance abuse (Wong, 2017). The tasks performed by these children are usually

disproportionate to their age, persist over time (Clay *et al.*, 2016), and have the tendency to affect their general well-being.

Remtulla, Charles, & Marshall, (2012) cautioned that young caring should not be used synonymously with parentification and that young caregiving is not a pathological condition. According to the authors, children can only be said to have been parentified when parents willingly and wholly abandon their parental responsibilities, necessitating children to assume parenting roles for the running of the family. Parentification means that the children become parents to their parents (Aldridge & Becker, 2003 in Remtulla et al., 2012), a case of role reversal (Hooper, 2011) in the family. In the case of young carers, however, children's caregiving role is triggered when an adult member of the family has a condition such as illness or substance abuse. Remtulla et al., (2012) therefore posit that all parentified children are young carers but not all young carers are parentified.

In recent times, there has been a growing interest and recognition of young carers across countries, especially, in the advanced societies such as the UK and some few African countries, including South Africa (Becker, 2007; McDonald, Cummin and Dew, 2009). In many countries, both researchers, policy-makers, and all stakeholders are actively engaged in identifying and coming out with policy interventions that support young carers (Leu *et al.*, 2019). In Ghana, however, there is practically little or nothing being done in terms of research and policy on the issue of young caring. This may be due to the culture of responsibility and reciprocity toward family members, and thus, children caring roles may seem 'normal'. This study, therefore, aims to give insight into the experiences young carers in Ghana to raise awareness about the phenomenon.

1.2 Study Context: Family-Based Care and Children in Ghana

In Ghana, caregiving is seen as part of informal care or family-based care (Sanuade, & Boatemaa 2015). According to Nukunya, (2003), for example, caring for vulnerable individuals, especially, the elderly is based on reciprocity. This means that family members are expected to reciprocate the care and assistance older persons offered in their infancy and childhood periods (Twum-Danso, 2012; Sanuade & Boatemaa, 2015). This practice is embedded in the socio-cultural norms and socialization process (Nukunya, 2003). This 'informal or family-based care' describes and emphasizes that care services provided in this framework are voluntary and unpaid (Nortey *et al.*, 2017). It is understood that care offered free of charge is integral to informal caring relationships (Becker, 2007). The family plays a crucial role in providing support for the elderly and other vulnerable members such as persons with disabilities and children (Sanuade & Boatemaa, 2015; Atobrah, 2016). This is a result of increased cost for formal care (Sanuade & Boatemaa, 2015) and lack of formal support systems.

Although there are some social protection programs initiated by the government and purported to cushion the vulnerable in society, these programs are poorly implemented and marred with corruption. Examples of such schemes are the National Health Insurance Scheme (NHIS) and the Livelihood Empowerment Against Poverty (LEAP). LEAP is a cash transfer program that supports vulnerable members such as the elderly and children orphaned by HIV/AIDS. The program which began full implementation in 2009 only covers 81 out of the 170 districts in Ghana (Abebrese, no date). Factors such as place of residence; provision of financial, health, and physical support to

care recipients determines the burden of caregiving in Ghana. Females are the major providers of informal care in Ghana (Sanuade & Boatemaa, 2015; Nortey et al., 2017) as may be the case in many countries.

The Ghanaian child is part of both the nuclear and the extended family and has been socialized to imbibe the cultural values of respect, reciprocity, and responsibility (3Rs) (Twum-Danso, 2012). These values underpin adult-child relationships and create a sense of responsibility and dependencies within the family (Kwarteng, 2012). The cultural value of reciprocity is an essential part of the socialization process and so children are very much aware that they have to reciprocate or give back to their parents and other members of their families for the care they provide for them (Twum-Danso, 2012). Again, children are trained early to combine work, play, and school (Kwarteng, 2012). In the light of this, children readily assume the burden of care within families in the absence of adult family members to provide care, assistance, or support to family members with disabilities, mental health issues, the sick, or frail and aged members especially, grandparents.

Though caregivers play crucial roles in Ghanaian society, there is inadequate literature on this subject in Ghana, especially, on young carers. Ghana is reputed to be the first country to have ratified the United Nations Convention on the Rights of the Child (UNCRC) (Twum-Danso, 2008;Hutchison, 2013) and has since taken pragmatic steps, including the enactment of laws and policies, such as the Children's Act, 1998 and the Juvenile Justice Act, 2003 among others to ensure the protection and promotion of the rights of children. There is also active involvement of civil society organizations, the media, academics, other stakeholders in championing the rights of children. Children's rights issues such as abuse and neglect, child labor, child marriage, child trafficking, among others have been well highlighted by all stakeholders. There are policies and interventions aimed at addressing these issues. Academics, and for that matter, social work researchers, have also conducted studies into these issues to inform policy design, implementation, and intervention. However, child-caring roles for familial members seem to have been taken for granted. There is little or no research and policy response concerning young carers in Ghana. This category of children has been overlooked in the discourses on children's rights in Ghana. The only research related to young carers looked at children assisting persons with visual impairment to beg and its effects on their education (Kuyini and Alhassan, 2016). This is why this study is important to give insight into the experiences of young carers to attract the attention of stakeholders and researchers towards young carers in Ghana.

1.3 Problem Statement

Across the world, children who provide extensive caring responsibilities to their parents and other family members have been identified. Often described as 'hidden', 'invisible', and 'vulnerable' group of children (Lane, Cluver & Operario, 2015; Joseph, et al., 2020; Robson, 2000) young carers have been shown to exist in both advanced and developing countries. Young carers have been identified in many European countries (e.g. Sweden, Norway, and Australia), the UK, the USA, New Zealand, and many parts of Sub-Saharan Africa (Becker, 2007; Joseph, et al., 2020; Leu et al., 2019; McDonald et al., 2009; Melander & Nordenfors, 2016). It is estimated that

between 2-8% of all children in developed countries are young carers (Joseph *et al.*, 2020). In the UK for example, it is estimated that as of 2011, there were 166,000 children, aged between 5-17 years who were young carers (Clay *et al.*, 2016).

Recently, research interest in young carers has heightened in some parts of Sub-Saharan Africa, including, Zimbabwe, Tanzania, South Africa, Lesotho, among others. Studies in these countries reveal that due to the high disease burden, including, HIV/AIDS, millions of children have been drawn to provide extensive caring responsibilities within the family (Robson, 2000; Becker, 2007; Lane, et al., 2015; Joseph *et al.*, 2020). Other unfavorable prevailing situations in Africa, such as limited healthcare capacity, lack of comprehensive welfare and income protection schemes coupled with cultural notions of children, and the values of duty and reciprocity toward family members have been found to severely exacerbate the conditions of young carers in Africa (Robson, 2000; Lane, Cluver and Operario, 2015). For example, in Tanzania, many young carers have to engage in income-generating activities such as begging or casual work to provide income for the family in addition to their caring responsibilities (Joseph *et al.*, 2020).

The destructive consequences of the caring activities on young carers are well highlighted in the literature. The care-giving role provided by younger carers have been found to have a significant impact on their health, education, social, and emotional well-being (Barry,2011;Melander &Nordenfors, 2016; Leu et al., 2019; Bortes et al., 2020; Joseph et al., 2020). Although, young carers provide care as paid and trained professionals, they have no training and as such, are at numerous health risks due to lack of knowledge and about the diagnosis of their care receivers (Joseph *et al.*, 2020). The caring activities undertaken by children have both physical as well as mental health implications on children (Robson, 2000; Drost *et al.*, 2016). For instance, in Scotland, it is reported that at least 4% of young carers have mental health problems (Robison et al., 2020) while 1/3 of young carers in the UK are said to have mental issues (Becker, 2017). Also, Joseph et al., (2020) mentioned that children who provide care for HIV/AIDS in sub-Saharan Africa are more likely to suffer from pulmonary problems. Some young carers may feel worthless and rejected (Melander & Nordenfors, 2016). Leu et al., (2019), reveals that young carers have low levels of well-being compared to other children. The caring activities also have negative outcomes on young carers' educational attainments. Many young carers miss out on school and perform academically poor due to their care-giving duties. In Scotland for example, it is estimated that 27% of young carers miss school or experience educational difficulties (The Scottish Government, 2013).

Also, while some young carers are identified and supported by the school, in many cases, the school has failed to recognize and offer the needed support to young carers. Sainsbury, (2009) has shown that some young carers are even 'punished' in school for their caring responsibilities. Socially, young carers are not able to socialize and engage with their peers to learn and acquire new skills due to their caring roles (Melander & Nordenfors, 2016). In effect, young carers are deprived of their childhood as they are unable to go out and play like other children. The statistics are an indication that a considerable number of the world's children are involved in care-giving activities that have negative outcomes on their lives. Charles et al., (2009) have suggested that even though young carers are responding to needs in the family, they have needs and that young carers must be identified and given the needed support rather than being labeled and ignored. Becker (2007) has highlighted the little recognition young carers in sub-Saharan Africa receive and the few services designed to meet their needs. It is against this backdrop that this study sought

to explore the experiences of young carers in Ghana with the overarching aim of creating awareness on the topic to draw the attention of policy makers so they could come out with appropriate support and policy interventions for young carers in Ghana.

1.4 Research Question

The study sought to answer the question: what are the experiences of school children who have care responsibilities (young carers) in Aburi, Ghana?

Specifically, the study asked the following questions;

1. What caring roles do young carers in Aburi provide for their care receivers?
2. In what ways do the caring roles affect young carers' educational engagements?
3. What support do young carers in Aburi need?

1.5 Objectives

The central objective of the study was to explore and give insight into the lived experiences of young carers in Ghana to help policymakers design appropriate support structures and interventions. The specific objectives of the study were;

1. To explore the caring roles undertaken by young carers at Aburi, Ghana.
2. To identify the how the caring roles affect young carers' education in Ghana.
3. To find out support young carers in Ghana need.

1.6 Significance of the Study

There is a dearth of literature on young carers in Ghana. As far as I know from extant literature, there is only one study relating to the phenomenon in Ghana. This study is the first qualitative study on young carers in Ghana. Also, it is the first study to give voice to young carers to share their experiences from their perspectives. Therefore, this study fills in gaps identified in the literature and contributes to existing knowledge on the phenomenon. Again, it serves as a reference point for researchers who may want to conduct studies in the field of young carers. The study also provides insight into the experiences of young carers in Ghana. There is no recognition and policy response for young carers in Ghana. Thus, the findings of the study may raise awareness about the young carers and the challenges they face. This will provide a basis for social work professionals to begin to advocate for the rights of young carers and design interventions that meet their needs. The findings may also influence policy formulation and implementation. The findings may lead to policy reforms by agencies that design and implement children and welfare policies, most importantly, the Ministry of Gender, Children and Social Protection, the Ghana Education Service (GES), and non-governmental organizations in Ghana.

1.7 Definition of Key Terms

1. *Young carers*: In line with this study, young carers are children between the age of 11-17 years who provide personal, intimate, emotional and other forms of care to familial members as a result of illness, disability, mental health problems, and substance/drug abuse (Becker 2000 in Becker, 2007; Joseph et al., 2020; Melander & Nordenfors, 2016; Wong, 2017).

2. *Children:* All persons under the age of eighteen years (The Children's Act, 1998, Part 1, sub-section 1; UNCRC, 1989, Article 1).

3. *Care receiver/recipient*: These are family members who receive care, support and assistance from young carers. These familial members are parents, siblings and grandparents (Robson, 2000; Järkestig-Berggren *et al.*, 2019).

4. *Care or caring roles/activities/responsibilities/tasks:* These are used interchangeably to imply all forms of support and assistance rendered by young carers to care receivers. The tasks include personal care, emotional, financial management, treatment related care, among others (Warren, 2007; McDonald et al., 2009; Robson, 2000).

1.8 Organization of the Thesis

The study is organized into five parts. Chapter one forms the introduction of the study, and captures the study background, problem statement, research question and objectives. The chapter one also elucidates the significance of the study and key concepts and terms relating to the study. Literature review and theoretical framework form the chapter two of the study. The Methodology is presented in the chapter three. The chapter presents the philosophical assumption and interpretative framework, the research design, the study area, sampling technique, sample size, procedure for data collection and analysis, the ethical considerations, trustworthiness of the study, the limitations of the study and the dissemination of findings. The findings and discussions make up the chapter four. The chapter five comprises of the summary, conclusions, recommendations.

CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.0 Introduction

The review of literature is an important process that is fundamental to any social inquiry. It serves as a precursor to the actual study as it offers an opportunity for the researcher to find out how` existing studies have been undertaken around the topic of study. In the words of Hart (2001, P.26) 'the review forms the foundation for the research proper'. Also, it enables researchers to be abreast with the contributions other scholars have made to the knowledge pool relevant to the topic to be studied. According to Hart (2001), a good review of existing literature does not only ensure the 'researchability' of the current study but also an indication that a desired level of scholarship has been achieved. Jesson & Lacey (2006), also note that literature review helps to identify the extent to which the findings of the current study agree or contradict existing studies. The authors maintained that knowledge does not exist in a vacuum and that the value of research and its findings is significant only to the extent to which they're the same as, or different from, other people's work and findings. Further, the literature review serves as an important step to identifying gaps that need to be filled around the topic.

Studies and literature on young carers have flourished in recent years especially in the United Kingdom since Jo Aldridge and Saul Becker first published on the phenomenon in 1993. Subsequently, research into young caring has become popular in other parts of the world, including some African countries due to the prevalence of the phenomenon. It was therefore important to review extant literature on the phenomenon. The literature was thematically reviewed with a focus on the three main objectives of the study, which are; the care roles of young carers, the effects of the care roles on young carers education, and the support needed by young carers.

2.1 Care Roles of Young Carers

The care roles provided by young carers are well researched and documented in literature. These roles range from personal care, sibling care, domestic chores, emotional care, household management, financial matters, to medical or nursing care, among others (McDonald, et al., 2009; Leu, Frech, & Jung, 2018; Joseph et al., 2020). Joseph et al., (2020) further indicate that young caring involves other forms of helping which are normally seen as the responsibility of adult professionals. The tasks are performed in different ways depending on what is needed (McDonald et al., 2009) and vary according to individual circumstances (Aeyelts, Marshall, Charles, 2016).

In an exploratory study conducted by McDonald et al., (2009) in New Zealand with the aim of exploring the experiences of young carers and their families, it emerged that young carers contribute in diverse ways, depending on the needs of the care receiver. The study reported that young carers helped with household tasks including cooking, doing dishes, cleaning, washing, ironing, grocery shopping, and gardening, activities Becker (2007) refers to as 'caring about' the person. The authors further claimed that for many young carers, providing household tasks formed the largest and regular component of their caring activities. This is affirmed by Joseph et al. (2020), who also note that helping with cleaning, tidying, and performing basic domestic chores form a core of responsibilities young carers perform.

Another care task identified in the study was the provision of personal care, involving toileting, washing/showering, dressing, as well as feeding. According to McDonald et al., (2009) personal care was a daily activity undertaken by many young carers. The authors also report that, sometimes the task is shared among siblings and or with other parents. These care increase and thus, making young carers to taking on intimate, specialized and medical care such as giving medication and in some instances injections and changing dressings, and attending to medical appointments by accompanying the person to medical centers (McDonald et al., 2009). Becker (2007) posits that increasing the care tasks to intimate care changes the care responsibilities from 'caring about' to 'caring for' the recipient. Becker, (2007) further notes that 'caring for' comes with a bigger burden of commitment and responsibility. In the same study, McDonald et al., (2009) found that young carers also helped with lifting, such as lifting a person in or out of the shower/bath, helping care recipients transfer from sitting to standing or between seats, and positioning them in bed. Various mobility needs such as help with balance and walking, managing stairs, and pushing a wheelchair were also identified.

McDonald et al., (2009) again highlighted that young carers sometimes cared for their younger siblings. By doing these, they both support their parents' everyday caring roles and also relieve them when the parent was sick. For those with a disabled sibling, care or support could involve playing with them, teaching a skill, "babysitting", or accompanying them to community activities. For those who supported with care for persons with speech impairment/difficulties, they developed skills to interpret the person's needs mainly from their mood and behaviour young carers sometimes spoke on their behalf, answered questions, explained things, or gave voice to their perceived thoughts and feelings. Young carers also kept an eye on their sibling's general welfare, safety, or behaviour. This 'keeping an eye on' enabled a parent to get on and do something else or to rest. This role was sometimes even observed in the presence of paid carers.

Based on results of her study of young carers in Zimbabwe, Robson (2000) on her part has categorized the various kinds of care provided by young carers who participated in her study into intimate care, treatment-related care, domestic reproductive work, and other work. Intimate care involved feeding, bathing, toilet, turning, lifting and carrying, dressing and changing clothes, cleaning up vomit, giving medication etc. Treatment-related care on the other hand concerned taking care of recipient to the hospital, clinic or healer, ensuring care recipient takes medication, collecting medication from the health centre, and adding traditional medication to food. Domestic reproductive work included cooking, washing soiled linen/clothes, cleaning the house, fetching water, making fire, lighting the stove, heating water, bringing food/drink to care recipient, and shopping for younger siblings. Care under other work involved running errands, being 'on call', comforting, talking to, listening to, entertaining care recipients, asking neighbours for help, and

performing agricultural tasks such as ploughing, tending vegetable garden, and collecting firewood. Even though young carers in Africa render almost the same tasks to their care recipients as young carers in advanced countries, young carers in Africa take on additional activities such as farming. Additionally, due to the absence of established welfare systems in Africa, young carers have to engage in income generating activities to support the family financially.

Similarly, Leu et al.,(2018) conducted a qualitative studies to explore the experiences of young carers and young adult carers in Switzerland with the aim of raising awareness on the topic and to help establish support structures. The findings of the study indicated that young carers engage in a lot of caring activities, such as providing emotional support, personal care, sibling care, domestic and household tasks, dealing with financial issues and coordinating with professionals from healthcare, social service and other authorities. Although Leu et al., (2018) did not provide definite description of their categorization of the care roles, it stands to reason that they are the same or similar to those outlined in the works of (Robson, 2000; McDonald et al., 2009).

Wong, (2017) in a report also mentioned that majority of young carers undertook practical tasks, which entails housework and cooking, followed by emotional support. As indicated by other scholars, the author further states that young carers also looked after siblings and also assisted with physical care such as washing or dressing. The report also evidenced that a small number of young carers helped to manage the family budget and interpreted language. The caring roles of young carers has also been grouped into two; activities of daily living and complex tasks (Chadi and Stamatopoulos, 2017). The authors revealed that majority of young carers in Canada spent about 20 hours per week provide care and engage in helping with activities of daily living, such as dressing, laundry and bathing, and or engaging in more complex tasks, such as organizing medical appointments and financial planning. The activities of daily living is in sync with (Becker, 2007) 'caring about' which involves basic tasks while the complex tasks aligns with 'caring for' which has to do with more complex tasks such as administering medication. In a qualitative research with 22 young carers and their families in England, (Clay *et al.*, 2016) evidenced that young carers in England considered the caring responsibilities as practical and physical tasks. According to the study, other activities were less likely to be considered as part of the caring tasks provided by young carers. Some of these activities are; keeping parents or siblings' company, providing emotional support, overseeing younger siblings and going out with the cared-for parent or sibling.

Young carers spend more time and undertake variety of domestic and caring tasks compared to children who do not have caring responsibilities (Warren, 2007). Employing a quantitative approach, Warren, (2007) compared the conventional tasks performed by non-care children and young carers in the UK. The results of the 390 respondents showed that children without caring roles mostly tidy and dust their own bedroom and make light meals such as a sandwich and spend less time on domestic tasks than young carers, with over half those interviewed spending less than two hours a week. In contrast, the findings indicated that young carers undertake a variety of domestic tasks in and around the home, in addition to tidying and dusting their own bedroom and making light meals. Young carers also vacuum-clean other rooms in the home, lift or carry heavy things, cook the main family meals and clear away afterwards. They are also more likely than their peers to shop for food, wash and iron their own clothes, including that of other family members and mow the lawn as well. Young carers are likely to take full responsibility for these tasks and to spend much longer hours, usually, over six hours, performing these tasks each week than other children and young people in the general population. In the same study, it emerged that young

carers are more likely than other children in the general population to undertake a range of general care tasks including paperwork, financial matters, taking someone to see their general practitioner or to the hospital and providing childcare. Warren, (2007) also found that young carers provided personal and intimate care to their care receivers. The author asserts that the provision of personal and intimate care is what distinguishes young carers from other children and young people who do not assume caring roles in the family. The authors explain personal and intimate care to include, giving medication or providing other health-related care (such as injections and changing dressings), assisting with mobility (including helping to walk, get up the stairs or get in and out of bed), dressing and undressing, washing, bathing, showering, using the toilet, cutting nails or helping with eating and drinking. The results of the study also highlighted the high emotional support provided by young carers which is over and above what other children provide to family members. Emotional support, according to (Warren, 2007) is defined as a diverse range of emotional caring tasks that are undertaken in response to a careful observation of the emotional state of the person with care needs, to help in building and sustaining their emotional well- being and, where necessary, providing supervision. These tasks include keeping someone company, such as sitting with them, reading to them or talking with them; keeping an eye on someone to make sure that they are all right and accompanying someone to social activities outside the home, including visits to friends or relatives or taking them out for a walk. It worthy of note that although studies into the phenomenon of young caring have been studied in different parts of the world, the care roles undertaken are similar, despite the different names and terms used by different authors. It must also be emphasized that young carers in Africa may take on additional roles to bring income to the home due to the absence of well-organized welfare and other support systems (Robson, 2000).

2.1.1 Care Receivers

Studies have revealed that mostly, young carers offer caregiving to family members. Research has further found that it is more likely for young carers to care for a mother than a father, as well as care for siblings (Järkestig-Berggren et al., 2019; Aeyelts et. al., 2016; Clay et. al, 2016; Robson, 2000). The young carers who participated in Clay et al., (2016) study cared for their parents and siblings diagnosed with physical or mental health illnesses or disabilities. In a qualitative study conducted in Canada on the phenomenon, Aeyelts et al., (2016) explored how an adolescent carer and her mother negotiated care activities. The researchers found two considerable results: 'the mother's and daughter's ability to negotiate care and the reciprocal nature of their caring relationship'. They further note the shifting amount of care and how it is negotiated between the young carer and the one receiving care. It can therefore be deduced that there are sometimes discussions between young carers and who they care for about their roles. Also, in an exploratory study of young carers in New Zealand, McDonald et al., (2009) found that four young carers were supporting their mother; two were caring for their grandmothers; and in five were taking care of their a siblings. It also emerged from the study that in some families, young carers were providing regularly care for more than one person. The conditions of the family members who received care included arthritis, cancer, autism, cerebral palsy, intellectual and physical disabilities, mental health condition, neurological condition, and physical/mobility needs. Similarly, Leu et al., (2019)

in their study of young carers in Switzerland affirm that persons receiving care from young carers are often parents but can also be a sibling, grandparent or another relative with a disability who has some chronic illness, mental health problem or condition requiring care, support or supervision. The study emphatically mentioned that more mothers received care than fathers. It also highlighted that majority (53%) of young carers were providing care for grandparents, particularly, grandmothers. Again, the study showed that the gender distribution of the young carers was approximately equal between males and females.

2.1.2 Becoming a Young Carer: The Pull Factors

Several factors have been identified as the underlying reasons for young carers taking on caring roles. Children become primary care providers within their families as a result of parental illness, disability, addiction/substance abuse, or mental health issues (Aldridge et al., 2016; Becker, 2007; Melander & Nordenfors, 2016; Aeyelts et al., 2016). However, Remtulla et al., (2012) contend that the presence of these conditions does not necessarily make a child a young carer, but rather the absence of support from other family members and the community. Also, other family circumstances such as lack of finances and resources make it impossible for the family to seek other care alternatives, leaving the care responsibilities on children (Melander & Nordenfors, 2016). Joseph et al. (2020) also asserts that the reasons accountable for these are complex and are often connected with the 'absence of other informally available networks, the lack of suitable formal care arrangements, as well as love and natural family bonds to the person in need. Aeyelts et al., (2016) postulate that young caring is mostly prompted by a disability or of a family member suffers coupled with inadequate assistance from other family members and the community at large. In a similar vein, Charles et al. (2009) argues that young caring roles come about as a result of temporal or permanent conditions an adult family member faces which renders him/her unable to care or provide for the family. Charles et al. (2009) therefore expands the cause of young caring to a family member beyond illness and disability, which the previous authors subscribed to. In addition to these, Robson (2000) expands these causes by identifying other factors that were significant for young Zimbabweans who participated in her study to undertake young caring roles, i.e. recipient's severity of illness/frailty, lack of support services, household poverty, family structure, co-residence, power/status, gender and age.

Robson (2000) again highlights that for most of the young carers who participated in her study, the severity of their recipients' caregiving required full-time care and assistance with daily living. Thus, they felt they had responsibilities as full-time carers which were indefinite, and so their caring roles could range from weeks, months or even years until the care recipients recovered, die, or circumstances changed to ease them of caring. Decisions of their caring roles were made by adult family members or fell on them 'by default'. Again, Robson (2000) found that young caring was a strategy adopted by low-income households because they lacked the means to hire qualified nurses or unqualified carers, thus, a least-cost strategy. Robson (2000) further found more girls as young carers than boys, thus a gender dimension to young caring.
McDonald et al. (2009) found similar rationale for young caring children's helping was seen as a blend of both a choice and an obligation as family relations included some expectations of caring for one another. Again, young caring assisted and relieved parents, and it was needed if and when formal services or extended family were not available, too expensive, or had limited offer, children

may be turned to offer care instead. Interestingly, young carers do not believe that they are taking on more responsibilities than their peers and as such do not consider themselves (self-identify) as young carers (Remtulla et al., 2012;Joseph et al., 2020).

2.1.3 Benefits of Caring

Young caring roles come with both advantages and disadvantages for young carers. Clay et. al (2016) in their study in the UK found that young carers who participated in their study were proud of their caring roles, which may be seen as a source of inner strength for them. Clay et al., (2016) further pinpoint that these roles offered young carers positive emotional and psychological benefits irrespective of their age or length of offering care. Hlebec, et al., (2017) also highlight that self-mastery, self-esteem, maturity, empathy, coping strategies, and learning to be more understanding and tolerant of others as some positive skills and attributes young carers can derive from their caring roles. Also, McDonald et al., (2009) found from their study that some parents viewed young carers' roles as part of learning and understanding responsibility within family settings as well as gaining independent skills.

Barry (2011) argues from the results of a qualitative study of young carers in Scotland that even when juggling between the two households of separated parents, caring roles still have positive impacts on young carers, such as creating greater social capital for them. This situation is also a means of creating a definite bonding between the young carer and his/her family members on both the matrilineal and patrilineal sides. The care provided by young carers is rooted in the context of relationships and reciprocity of family life (McDonald,et al., 2009). Caring was also described as a 'two-way street' because young carers also received from their families and also their care receivers gave back to young carers in other ways. For instance, young carers mentioned of the mutual relationships, as well as practical returns such as "clothing, food, shelter", the imparting of skills and knowledge, support for their interests and activities, and sometimes payment or other rewards for caring (McDonald, et al., 2009).

2.1.4 Negative Outcomes of Caring: A General Overview

Despite the positive effects young caring roles have on young carers, some undesirable outcomes have been found on or in the lives of young carers. Clay et al., (2016) found that young carers who participated in their study realized that the caring roles they performed were used as a label on them, and these labels carried negative connotations. This may make young carers uncomfortable, especially when in the company of people who refer to them with such labels. Again, Robison et al., (2020) and Clay et al., (2016) note that young caring roles brought about depressive symptoms, lower levels of self-esteem and happiness, anxiety, stress, tiredness, strain within family relationships, restrictions in social activities and relationships, and under-engagement in education in the lives of young carers who participated in their respective studies.

Furthermore, Barry (2011) maintains that since by its very definition, young carers live in difficult circumstances at home with low confidence and self-esteem, it is difficult for them to form relationships, especially outside of the family.

In a quantitative study carried out in Scotland to investigate the prevalence of young carers and explore differences in their health, well-being and future expectations by Robison et al., (2020),

the physical and mental health as well as the psychosocial outcomes of young carers were found to be significantly poorer as compared to non-young carers. Again, specifically on education, young carers were found to be significantly less likely to see themselves pursuing further or higher education. Robson (2000), on her part argues that the healthcare burdens of children, including young carers in developing countries remain largely invisible, and that there is a lack of or inadequate institutional recognition or support for young carers. Cree, (2003) in a mixed method study that explored the worries and problems of young carers in Edinburgh, found that young carers identified a range of worries they usually faced, i.e. they worried about their own health, school work, their appearance, other's behaviour, other's health, money, future care, bullying, no friends, and where to stay. Cree (2003) further report of some problems of young carers as friends, sleeping, school, home, suicide, truancy, self-harm, bullies, eating, police, and drugs.
(Ali, et al., 2015) in a quantitative study conducted in Sweden to compared the health, self-efficacy, stress, and caring situations between young carers providing support to a family member with a mental illness and their counterparts also providing support to a friend with mental illness. The results of the study showed that the group providing care for a friend experienced a lower positive value and less quality of support of their caring roles than the group providing care for a family member, despite no significant differences for health, self-efficacy and stress between the two groups. In the course of performing their responsibilities, young carers face a lot of challenges. Clay et al., (2016) found that parents with mental health conditions were especially challenging for children who participated in their study to cope with because the nature and extent of care support needed unpredictable.

2.2 Caring Roles and its Effects on Education

Young carers like other children, are entitled education. However, studies in different countries on young carers have found that they frequently lose the opportunity of going to school or they are unable to attend school regularly, and it is a typical experience for young carers to have problems at school (Dearden and Becker, 2000; Cree, 2003). Thus, ongoing care roles have a long-term impact on their economic and other opportunities (Leadbitter, 2006), including on the labor market (Kuyini & Alhassan, 2016). Young caring roles and activities have been found to affect the education and educational outcomes of young carers, which are mostly negative. For instance, they have been found to under-engage in education (Robison et al., 2020; Clay et al., 2016). This assertion is supported by a study conducted by Kuyini & Alhassan (2016) who employed mixed methods research to study children who cared for visually impaired older relatives by accompanying them to beg on the streets of Tamale, Ghana. The study found that 59% of the participants, i.e. of the104 child guides who participated in the study had never been to school, and the rest, i.e. 41% attended school. Some of those who attended school did so irregularly on an average of once or twice a week. It is important to note that the child guides or young carers who lived with biological parents and grandparents attended school more regularly that those who lived other family members or relatives. Among other things, Kuyini & Alhassan, (2016) report of the effects of child guiding on their education, from their own perspective, they did not learn much at school.
Other studies conducted in the UK and elsewhere have highlighted the impact caring roles have on the education of young carers. These studies have revealed that young people and a significant

number of young carers having negative experiences in school such as persistent bullying in school, more likely not to go to school compared to non-carers, skipped or missed school, felt isolated, lateness, showed persistent underachievement, were truant, experienced problems with learning, clashed with teachers, were at a high risk of dropping out of school, failed to attain any educational qualifications, tiredness (affecting attention and concentration), difficulty completing coursework and homework, restricted peer networks at school, difficulty joining in extra-curricular activities, and behavioural problems and exhibited 'limited horizons' i.e., when thinking into the future is limited by caring responsibilities. These experiences in turn have negative connotations in other aspects of their later lives such as their participation in the labour market and subsequent un/employment (Robison et al., 2020:140; Barry, 2011; Ronicle & Kendall, 2010:8; McDonald et al., 2009; Dearden and Becker, 2000). As a result, the schoolwork of some young carers gets disrupted by their caring duties, and this negatively affects opportunities for their education and its outcomes (Joseph et al., 2020; Barry, 2011). Sainsbury, (2009) has shown that some young carers are even 'punished' in school for their caring responsibilities.

Robison et al. (2020) found in their study that young carers were not likely to see themselves furthering their education, which suggesting that caring roles shape young carers views of the future. Similarly, these have consequences in determining later social determinants of adult health, education and employment routes. Consequently, regular caring can bring about significant restrictions to young carer's educational attainment (Becker, 2007). Again, the various care activities young carers undertake can cause them to exhibit signs of anxiety or depressed behaviour, and also to act antisocially, particularly in school (Becker, 2007). Thus, these behaviours do not only affect their concentration in class, but also their interaction and relationship with other students as well.

A study conducted in Edinburg which explored young carers worries and problems found that majority of the study participants reported worrying about their schoolwork, which may be related to them missing school due to performing care roles (Cree 2003). This finding confirms previous studies by Dearden and Becker (2000) that young carers worry about their schoolwork. Cree, (2003) further found gender dimensions of educational problems of young carers, i.e. girls were more likely than boys to having sleeping and eating difficulties, problems at school including higher levels of truancy, and be worried about their school work. Robson (2000) also suggests that in young caring situations where one sibling must be withdrawn from school to focus on providing care at home, girls tend to be withdrawn than boys.

Cree, (2003) gives two contrasting examples of ways in which schooling impacts young carers lives. In one instance, a young carer recounted how teachers in school put pressure on him, which is a difficult thing for him. Another student also found it difficult to concentrate on her work in school, and sometimes even fell asleep in class, consequently having negative effects on his/her schooling. On the other hand, another participant expressed delight in being in school because it serves as a place of refuge as she is free from the caring and other activities at home, and does not have to think about her care recipients' condition. In another study, a mother who was a recipient of care from her daughter expressed pride in her for doing well in school despite her caring roles (Aeyelts et al., 2016). Therefore, young carers do not only have negative experiences in school, but positives as well. The school serves as 'arena for bridging social capital amongst young people' (Barry, 2011:524).

These together with other difficulties/problems may have repercussions in other aspect of lives of young carers. For example, one participant in Cree (2003) described how he often lost his temper and fighting with friends at school, thus, these translate onto the social aspect of life.
Kuyini and Alhassan, (2016) strongly argue that young carers have dreams and aspirations they want to achieve when they grow up, which all require a good education, which most are missing out on. In other words, the current school attendance of some young carers is not enough to achieve the aspirations, and are therefore 'unlikely that many of them will realize their dreams' (Kuyini & Alhassan, 2016). Barry (2011) and Clay et al. (2006) on the other hand echo suggestions of the kinds or forms of educational support young carers need. These are focused more on support for their studies, like teachers providing more and enough assistance with their studies and greater flexibility on deadlines for submitting home/coursework especially to pupils who were struggling with work or behind, teachers could encourage pupils to enjoy being at school, teachers could do more to for young carers to catch up, schools provision or existence of after school homework clubs, as well as quiet places to do homework during breaks. Some young carers believe they do not need additional academic assistance because they think they are achieving well at school (Clay et al., 2006).

2.3 Support and Needs of Young Carers

It has been observed that because of the impacts of providing care work, young carers need support in a range of services and interventions, and these should be provided (Robison et al., 2020: Clay et al., 2016: Ali, et al., 2013). In this vein, young carers receive various forms of support from different sources. Results of a mixed method study of young carers with parents who have mental illness in Sweden, Ali et al., (2013) pinpoint that while striving to maintain control of situations, the main means of support for young carers seem to be others in their lives, who mostly define their situations differently. The findings of the study indicated that young carers needed someone to talk to, encourage them to share their experiences, they needed people to offer them hope, and someone who could give them concrete advice on how to handle their situation. They wanted to have someone to turn to in times of crisis and to meet others who had similar experiences and could share daily life experiences and coping strategies with. According to Ali et al., (2013) social support network of young carers is usually formed with friends, but sometimes with siblings and parents as well.

Young carers and their families also receive support from other external sources. One of such sources is extended family members who mostly reside outside of the household. For instance, McDonald et al., (2009) in their study in New Zealand showed that some young carers and their families received hands-on help with caring, household tasks and/or childcare from grandparents, aunts, and uncles. The authors however, did note that some, usually, the grandparents are less able to help as they are aged and frail, or less available because of their own family circumstances and needs. Other extended family members gave emotional support or a listening ear, and some were willing to be more available if required in the future. On the other hand, not all young carers had support from extended family, due various reasons such as living outside the locality, or because of estranged relationships. Similar to the findings of Ali et al., (2013), young carers in New Zealand also made mentioned of the support of friends. Several young carers and their families

also had connection with the church community where they build upon their faith and sometimes get practical support such as meals (McDonald et al., 2009). Interestingly, no mention was made that these extended family members offered financial assistance as a form of support to the young carers and the family. This may be so because of perhaps the availability of centralized governmental financial support for such families in the advanced countries. Some participants were linked with support groups which were found to be helpful for them to be able to talk with peers. Another form of support received by young carers was information regarding the medical condition of their care receivers and also are given advice as to how to handle their situations. Clay et al., (2016) highlight from their study in the UK that schools offered various forms of support to young carers such as personalised teaching/pastoral support, access to homework clubs or afterschool provision, and greater flexibility in school/class attendance. These forms of support were beneficial as they reduced the emotional and educational impact of caring. However, in some cases, these were inconsistent because of a lack of information sharing or understanding between teachers (Clay *et al.*, 2016). Young carer respondents of Ali et al., (2013) study identified web-support, counselling, and group counselling may be beneficial to them. Some parents and young carer made recommendations that would enable young carers have to access to support. These included: increasing services to young carers and making them inclusive and available, ensuring that health and social care support services communicate the availability and nature of young carers' services quickly and effectively; standardising age-appropriate activity and information across young carers' services; and improving support for cared-for family members to help meet diverse needs (Clay *et al.*, 2016). Again, most parents were willing to give support to young carers to reduce the effects of caring responsibilities carried out by their children, especially regarding aspects of social relationships and school engagements (Clay *et al.*, 2016). Young carers also want support and assistance to be given to their care receivers. A qualitative study with young carers in Australia shows that young want service providers to channel support and assistance to their cared for relatives (Moore and McArthur, 2007).Young carers also want assistance to alleviate psychological difficulties, participate in school, and an opportunity to take respite from their care roles (Moore and McArthur, 2007). Purcal, et al., (2012) proposed that young carer support services should be directed at achieving overarching goals, which are; assisting young people who provide care; mitigating the care-giving responsibility; and preventing the entrenchment the caring role.

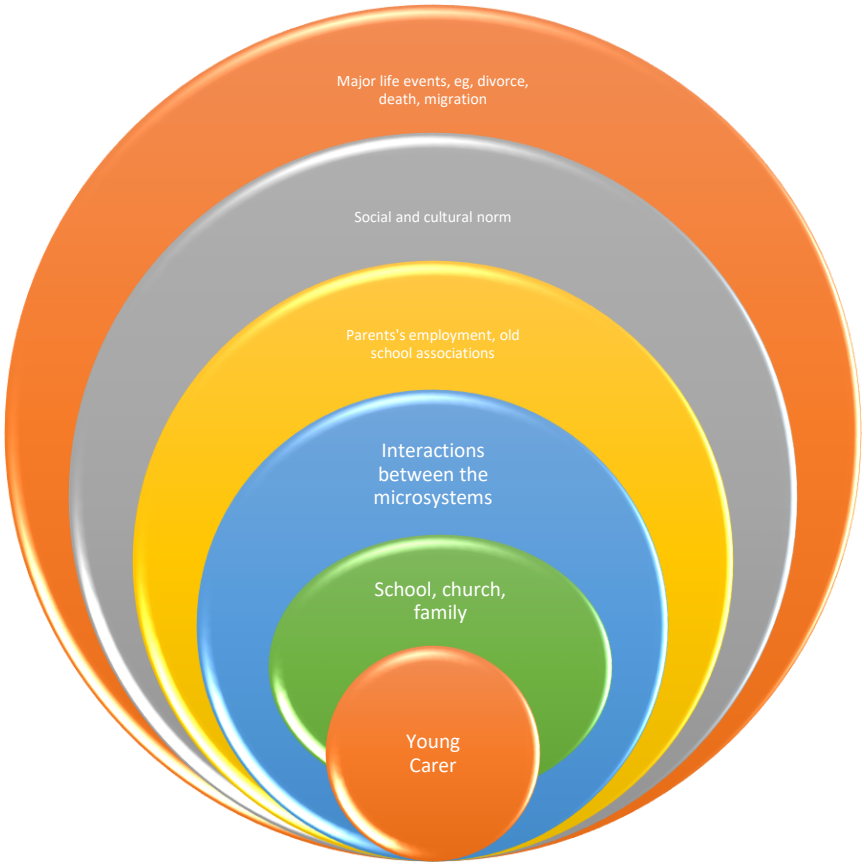
2. 4 Theoretical Framework

This study will be grounded in the Ecological systems theory. The theory was propounded by the famed psychologist Urie Bronfenbrenner in 1979 to describe the influence of interrelated systems within the environment on human (child) development. The theory posits that a child's environment (ecology) comprises of five nested/interrelated systems that interact to influence the child's development. The five systems according to Bronfenbrenner are; the micro, meso, exo, macro, and chrono systems. These systems are from the smallest, proximal settings where the child has direct contact to the larger and more distant settings where the child does not have any direct interactions yet these systems indirectly affects the child's development (Peppler, 2017).

According to Bronfenbrenner, the micro-system is the closest of the five layers to the child and contains structures that the child interacts directly with. It consists of relationships and interactions

in the child's immediate environment as such school, family, church, peers, neighbors, among others. These levels can affect and be affected by the child. Bronfenbrenner describes this as a 'bi-directional influences'. He maintains that bi-directional influences are stronger in the microsystem compared to the other levels (Berk, 2000 in Perron, 2018). The mesosystem – this layer consists of interactions and connections between and among the structures of the child's microsystem. Examples: the connection between the child's teacher and parents, the church and his neighborhood, etc. The interplay of these systems affects and influences the development of the child. The exosystem is the next level and includes places in which the child has no direct contact but affects the child's development either positively or negatively by interacting with other microsystems, for instance, the parents' workplace. The outmost layer in the child's environment is the macrosystem. This system comprised of cultural values, customs, beliefs, norms, policies, socioeconomic organization, and laws of the larger society and how they impact the child's life. For example, the cultural notions of a child in Ghana may have positive or negative outcomes for young carers. The chronosystem, which is the last layer encompasses major life events and changes in the life course which influence the child. Some of these life occurrences could be parents' divorce, or separation, illness, death, or migration (Okine, et al., 2020; Peppler, 2017; Perron, 2018).

A conceptual framework of the Ecological systems theory



Source: Adapted from Peppler, (2017)

This theory is applicable and relevant to the study as it allows for understanding of individuals familial, socio-demographic, and relational factors (Okine *et al.*, 2020) that influence and draw children to become young carers. The linkages and interrelationships between the systems will help in identifying factors that have destructive outcomes on young carers as well as those that contribute to build the resilience and support systems for young carers. Also, the ecological systems theory will be useful in finding support systems for young carers in Ghana.

CHAPTER 3

METHODOLOGY

3.0 Introduction

The chapter gives an overview of the study area and the school where participants were recruited for the study. The session also elucidates the methodological strategy and methods deployed in conducting the study. The philosophical underpinning as well as the interpretative framework of the study are highlighted in this chapter. The study sampling technique, ethical considerations, ensuring trustworthiness, dissemination of findings, and limitations of the research are all elaborated in this chapter.

3.1. The Study Area

The study was conducted at Aburi in the Akuapem South District of Ghana. Aburi serves as the district capital for the Akuapem South District Assembly. In Ghana, there are sixteen administrative regions. The Akuapem South District forms part of the 32 Metropolitan, Municipal, and District Assemblies (MMDAs) in the Eastern region. The region has a total population of 3,315,853 (Ghana Statistical Service, 2020) while the district has inhabitants of 37,501 with children constituting 45% of the population (Ghana Statistical Service, 2014). Aburi is about 20 kilometers from Accra, the capital city of Ghana. The town is one of the popular tourist sites in Ghana. It hosts the famed Aburi Botanical Gardens and many educational institutions, including one of the best girls' schools in the country, the Aburi Girls Senior High School (ABUGISS). The conducive weather, the unique geography, coupled with its closeness to the capital city makes it one of the preferred destinations for tourists. The study was conducted in Aburi because it is my hometown and I have contact with family and friends who facilitated the process and made it possible to get access to the study participants.

Participants for the study were recruited from the Presbyterian Junior High School (JHS) 'B'. The school was established in 2009 by the Presbyterian Church of Ghana to augment the intake of students due to overcrowding in the old Presbyterian JHS (now Presby 'A'). Presby 'B' JHS is located at the outskirt of the town, between the Botanical Gardens and the Presbyterian Senior Technical School. The school has a total enrolment of 340 students, comprising of 185 males and 155 females. According to the headmistress, the school has an outstanding academic performance. Since 2011 to date, the school has recorded a 100% pass rate in the Basic Education Certificate Examination (BECE). Out of the 5 Junior High Schools in Aburi, Participants were selected from this school because the headmistress and a teacher demonstrated interest in the study and assisted in identifying the participants.

3.2 Philosophical Assumption and Interpretive Framework

The study was informed by the epistemological position that knowledge is co-created by both the researcher and research participants. Epistemology as a philosophical assumption is concerned with how we come to know and understand or learn about our social world. Epistemology attempts to justify the basis of our knowledge, and how we come to know and construct reality (Lewis, 2003; Bryman, 2012; Creswell, 2013). Epistemology also has the belief that as much as possible, the distance between the researcher and the research participants should be minimized and that the study should be undertaken in the participants 'natural' settings.

The social constructivism interpretive framework also known as interpretivism (Bryman, 2012; Creswell, 2013) was used to guide the analysis of this study. This is because this framework best suits the epistemological belief of the research. The social constructivist point of view is based on the assumption that there are multiple realities constructed through the subjective experiences and interactions with the research participants and the researcher (Creswell, 2013). This study about the experiences of young carers, and thus, the use of this interpretive framework was found to be appropriate. The concept of 'reflexivity' was applied to constantly be aware of my experiences, beliefs biases, and prejudices (Hammersley et al., 2007; Creswell, 2013) and to avoid undue influence on the research findings (Lester, 1999).

3.3 Methodological Strategy

The qualitative research strategy, specifically, phenomenology was used to conduct the study. This is because it emphasizes the use of words in the collection and analysis of data (Bryman, 2012:380) and it is the best means to explore the experiences of young carers, as it allows researchers to understand a phenomenon under study through the participants own words to gain an in-depth understanding (Bryman, 2012:399). The approach also afforded young carers the opportunity to share their experiences through their own words and voice.

Phenomenology emerged originally as an approach in philosophy, drawing on the works of Edmund Husserl (Creswell & Poth, 2018; van Manen, 2016; Groenewald, 2004; Lester, 1999). In philosophy, it is 'concerned with the question of how individuals make sense of the world around them and how in particular the philosopher should bracket out preconceptions in his or her grasp of that world' (Bryman, 2012:30). As a qualitative research design, phenomenology is the 'reflective study of lived experience'. It is the study of the lifeworld as 'we immediately experience it (van Manen, 2016:614), prioritizing and investigating how human beings experience the world. It is concerned with describing or studying the common meaning for individuals of their lived experiences, that is, of the people involved with the subject being researched, in this case 'young carers'. It is based on personal knowledge and subjectivity of the study participants and describes what they have in common in experiencing a phenomenon (Creswell and Poth, 2018; van Manen, 2016:614,616: Groenewald, 2004:44; Lester, 1999).The phenomenological approach emphasizes the importance of personal viewpoint and interpretation of events and that allowed me to describe the common meaning of the lived experiences of the young carers as accurately as possible,

'bracketing' taken-for-granted assumptions and usual ways of perceiving (Lester, 1999; Groenewald, 2004:44; Van Manen, 2016: 614).

3.4 Sampling Technique

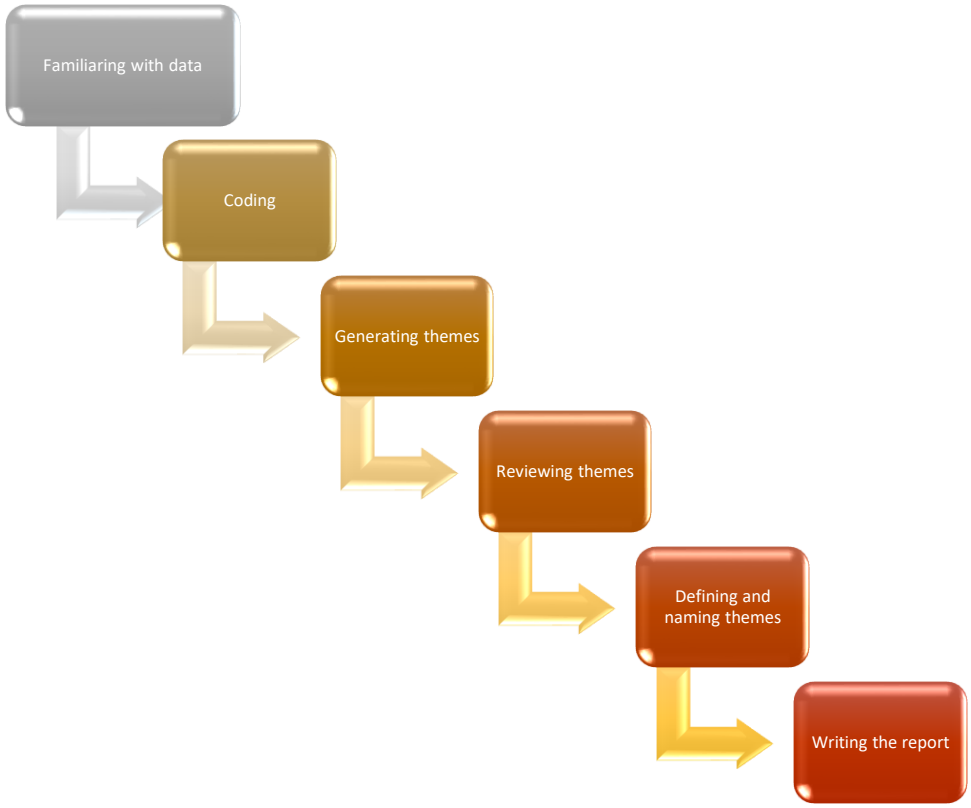
In line with the phenomenological research approach, it was important to select participants who have experienced and have an understanding of the phenomenon being studied (Creswell, 2013) to be able to articulate the meanings they ascribe to these experiences. Thus, the purposive sampling technique was employed in the selection of the study participants to ensure that they were able to provide rich information about their experiences as young carers. Precisely, an inclusion criteria was used in recruiting the participants (Creswell, 2013; Creswell and Poth, 2018). The criterion for inclusion required that participants were between the ages of 11-17 years and had provided or providing care for a family member for at least the past six months. Per the United Nations Convention on the Rights of the Child (UNCRC, 1989) and the (Children's Act, 1998) of Ghana, this age bracket falls within the definition of children. Although (Becker, 2007) indicates that children as young as 5 years are young carers in the UK, this study focused on children between the ages of 11-17 years because research shows that children at this age group are able to express themselves, share their experiences, and are less likely to be influenced by adults (Kiprotich & Ong'ondo 2013). Participants were also supposed to be fluent in English or Twi language and must be schooling and residing in Aburi township. Considering the limited timeframe within which the thesis has to be delivered, 8 participants, comprising of 2 males and 6 females were selected for the study after their parents and the headmistress of the school consented to their participation. The participants were recruited through the use of gatekeepers (headmistress and a teacher).

3.5 Method of Data Collection

The study utilised primary data that was collected through in-depth interviews with the participants. Two Research Assistants from the University of Ghana, Legon were employed to conduct the interviews. Field notes were taken by the Research Assistants. The interviews were conducted through the use of interview guide that I personally designed. The interview guide was designed in English, but participants expressed themselves in Twi (the local language). Open-ended questions were used to solicit data from participants. The interviews were conducted in the participants' school premises. Each interview lasted between 35 to 45 minutes. The use of Research Assistants was necessitated by the restrictions imposed on travelling due to the Covid-19 pandemic which made it impossible for me to travel to Ghana. Also, due to poor internet and telephone connectivity, conducting the interview digitally or via telephone did not suffice as a good alternative.

3.6 Data Handling and Analysis

The Research Assistants typed the field notes and translated from Twi to English and emailed the data to me. The data was stored in my personal computer, with a backup on an external drive and secured with a password to prevent unauthorized access. The data was analyzed using Braun and Clarke (2006), six steps of thematic analysis, which are: familiarizing with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and writing the report. I thoroughly read, re-read, and looked through the data to help me know and be familiar with it while reflecting on my literature review and theoretical framework and highlighted interesting points. Atlas ti. 9, a data management software was used to manage, code, generate themes and quotes. About 153 initial codes were generated after which some codes were emerged. Themes were generated by combining several codes. Sub-themes were also generated where necessary. The themes were reviewed, defined, and refined, after which the report was produced.



The process of data analysis

3.7 Ethical Considerations

Taking cognizance of the fact that this study was about a vulnerable group of children, all ethical issues surrounding the conduct of social research were duly considered throughout the entire research process (Hammersley, 2007; Bryman, 2012; MacDonald 2013:260). Ethical issues concerning research with children as outlined by Lewis (2002) were strongly considered to ensure that participants were accorded the same ethical considerations as adults (Macdonald, 2015:257). These six points of ethical considerations were: Access/gatekeepers, consent/assent, confidentiality/anonymity/secrecy; recognition/feedback; ownership, and social responsibility. Participants were recruited from a school, the headmistress and a teacher acted as gatekeepers. Informed consent was obtained from the headmistress and parents or legal guardians, and assent from the study participants. A detailed information letter, spelling out the purpose of the study, responsibilities, and rights of the participants, the procedure for data collection, etc., were sent to gatekeepers, parents, and participants to ensure they understood what their participation in the study entails (Jokinen et al., 2002). Again, participants were adequately informed of their voluntary participation, and that they were free to withdraw their participation even when they have started. The identities of participants such as names were not recorded to ensure confidentiality and anonymity. Pseudonyms were used to represent the actual names of participants. Also, data gathered from participants were kept strictly confidential and only made available to my supervisor and significant others.

In line with Lewis (2002), to recognize and give feedback to participants, an amount of GHS 50 (about 100 Krone) was given to each participant as a token of appreciation for their time. This was not disclosed in the information letter to avoid using the money as bait to get people to participate in the study. The money was given a week after the interviews. It was made explicit that ownership of the data is mine. To ensure social responsibility, only the findings that emerged from the data were reported. Institutional approval was given by the University of Stavanger through my supervisor. Additionally, the I obtained clearance from the Norwegian Agency for Data Protection (NSD). Thus, this study was ethically conducted to meet research standards in Norway and Ghana.

3.8 Ensuring Rigor

Ensuring trustworthiness or rigor in qualitative research is critical to attaining high-quality results (Birt et al., 2016). According to (Lincoln & Guba, (1985) Trustworthiness or rigor is about how good qualitative research is. There are four aspects of trustworthiness, which are credibility (truth), transferability (applicability), dependability (consistency), and confirmability (neutrality) (Billups, 2014; Birt *et al.*, 2016; Lincoln & Guba, 1985). To establish the credibility of the study, the interviewers reframed the responses from participants and asked them if that is what they intended to convey. Also, some of the transcribed data were sent to some of the participants to confirm if it resonates with what they meant to say. This process is what is described as member checking, also known as respondent/participant validation (Bryman, 2012; Billups, 2014; Birt et al., 2016). Again, a rich description of the study context, including details of the cultural norms and beliefs

was given to enable other researchers to make judgments about the findings and possible transferability (Bryman, 2012) to other settings. My supervisor served as an external audit (Billups, 2014) by constantly given me feedback and comments to ensure that the findings of the study are dependable. Finally, the concept of ‘reflexivity' was applied to constantly be aware of my experiences, beliefs biases, and prejudices (Hammersley, 2007; Creswell, 2013) to report the findings objectively.

3.9 Dissemination of Findings

The aim of the study is to contribute to the existing literature by making the findings available to the scholarly community and also to policymakers to help in the design and formulation of policies. To this end, I will work with my supervisor to publish an academic article from the findings. Also, I will present the findings of the study at conferences. I have plans to do a presentation at the International School of Social Sciences Conference organized annually by the University of Ghana, Legon. Also, anytime the opportunity is available, I will present at the Eurocarers conference which is organized in Europe. Eurocarers is the European Association working for young carers. Finally, I will do a presentation of the findings at the school where I conducted the interviews when I visit Ghana.

3.10 Limitations

Conducting interviews in Twi and translating into English posed a challenge as it was difficult to translate some keywords and expressions verbatim to English. However, together with the Research Assistants we selected words that were closer in meaning and ensured that the central idea was captured. Again, taking notes throughout the interviewing process was a daunting task. It did not give the Research Assistants the opportunity to have the needed face- to- face contact with the participants. Also, the use of qualitative design means that the findings cannot be generalized. Additionally, the limited time and financial resources did not give me the chance to undertake this project on a large scale to enable me hear the hidden voices of many young carers in Ghana. Finally, the outbreak of the Coronavirus and the subsequent restrictions imposed on traveling made it impossible to go to Ghana to conduct the interviews myself and to have a direct face- to-face interview with the participants, which is the ideal for the research design and fits into the philosophical position of the study.

CHAPTER 4

PRESENTATION AND DISCUSSION OF FINDINGS

4.0 Introduction

In this chapter the findings of the study are presented. Data gathered from in-depth interviews with eight young carers recruited from the Presbyterian Junior High School in Aburi were analyzed thematically. The findings are grouped under the three major objectives of the study. The three main objectives are; Care roles of young carers, effects of care roles on education, and support needed by young carers.

4.1 Demographic Information

Age	**11 years -1** **13years -3** **15 years -3** **17 years -1**
Sex	Male-2 Female-6
Educational level	JHS 2 -6 JHS 3 -2
Religious affiliation	Christianity- 8
Care Receiver (s)	Mother-3 Father-1 Grandmother-4 Grandfather-2
No. of care receiver(s)	Two Young carers provide care to more than one person

Diagnosis of Care receivers	Stroke-2 Diabetes-1 Visual (blindness)/hearing impairment-2 Physical disability (amputated leg)-2 Physical illness-1 Illness associated with aging (Bedridden)-2
Marital status of young carers parents	Married–3 Divorced-5
Living arrangements	Same household with care receiver-6 'together apart' – 2
No. of years of providing care	1-3years-5 4-5years -3

N= 8

A total of eight (8) participants were recruited for the study. They comprised of two (2) males and six (6) females. The average age of the participants was fourteen (14) years, and were all enrolled in Junior High School (JHS), which forms part of the basic education system in Ghana. They indicated they were all Christians although they belong to different denominations. The number of years participants had been providing care spanned from 1-5 years. Most of the participants came from single-headed households. Out of the 8 participants, 5 had their parents divorced, 2 were married and stayed together while 1 was married but separated by migration. The care receivers included mothers, a father, grandmothers, and grandfathers. The diagnosis of care receivers were; physical illness, disability, including physical, visual and hearing impairment, and illness associated with old age. While six of the participants were living in the same household with the care receivers, two were staying at a different location and commuting each day to the care receivers' place to provide care. A care living arrangement I will refer to as 'together apart'.

4.2 .0 Caring Roles of Young Carers

The first objective of the study was to find out the care roles or tasks that young carers in Aburi render to their care receivers. Analysis of the data revealed five main themes; which are: care roles, ways into care, benefits of care, challenges faced by young carers, and cultural norms associated with caregiving. Sub-themes were generated under the main themes.

4.2.1 Caring Roles

This theme encapsulates the various tasks, activities, support, or assistance that participants mentioned that they render to their care receivers. The care roles were categorized under two main headings: 'Caring about' and 'Caring for'. 'Caring about' involves basic roles that are said to have little or no negative outcomes while 'caring for' entails a regular and significant forms of care which can have destructive consequences for the child. Sub-themes generated under 'Caring about' were: (Domestic chores, and Sibling care). Sub-themes generated under 'Caring for' were: (personal care, medical care, and financial assistance).

4.2.1.1 'Caring About'

All the participants of the study mentioned that they undertake household tasks for their care receivers. It is however important to note that rendering household chores is not peculiar to young carers in Ghana. Almost all children in Ghana undertake such household duties as part of the socialization processes. However, the difference lie in the intensity of the tasks and the amount of time young carers may have to devote to carry out these tasks. Most of the participants made it clear that they sometimes have to carry out these domestic tasks even when they were tired, hungry, and exhausted. Some participants also indicated that they had to wake up at dawn to perform these tasks to avoid lateness to school. Some of the household tasks young carers undertake included fetching water. It is worthy to note that many households in Ghana, including Aburi, do not have taps and so, children have to fetch water from rivers, streams or buy the water from community members who sell it. Other domestic tasks young carers provided were; cooking, cleaning, going to the market to buy ingredients, washing dishes, sweeping the compound, and feeding animals. Participants further indicated that these tasks were undertaking on regular basis. Statements from participants are indicated below:

> *… I am responsible for everything in the house. In the morning for example, I will have to prepare breakfast for them before going to school… sometimes, I feel tired after school but they will insist they want to eat fufu (pounded cassava and plantain), it's their favorite food but I find it difficult to be doing the pounding all alone (Bills, Male, 17 years)*
>
> *I do all the house chores, cleaning, sweeping, doing the dishes, fetching water, and all the things you can think about. I am the one who runs errands for her (Love, Female, 13years)*
>
> *… I am the one who does everything for her, from buying the ingredients, buying firewood, to the preparation, I have to do this even when I am exhausted, since she cannot do it herself. Also, we have rabbits and goats so in the morning I search for grass to feed them (Clover, Male,13 years).*
>
> *In the morning I go to fetch two or three buckets of water from a nearby house. After that I sweep the compound, I clean and mop (Lily, Female, 13years).*

Also, participants provide sibling care as result of the conditions of their care receivers. Some of the care receivers, although not in the position to take care of themselves, have their grandchildren

sent to them and thus, young carers have to take care of these children in addition to their care receivers, this is a 'double burden' for the young carers. Other participants also have younger siblings that they take care of. Participants cook, bath, feed, wash, help with homework, and prepare their siblings for school.

> *My elder sister has a child and she is with my mother, she is almost 3 years. … and I take care of my sister's child as well. For instance, I bath her and feed her. I wash her clothes in addition to my mother's own…. and also prepare for my younger sibling to go to school (Daisy, Female, 15years).*

> *I also wash my younger siblings school uniforms and bath for him and also help him with his homework. My sister in Accra, also has a child of about 2 years who is with my mother, and I also help to take care of her (Clover, Male, 13years).*

4.2.1.2 'Caring for'

Analysis of the data revealed that young carers also provided personal care to care receivers. These are tasks or activities that go beyond what society expects children to routinely undertake. These tasks are expected to be carried out by professionals such as nurses or adult members of the family. Personal care undertaken by young carers may have negative outcomes to their general well-being, including physical, psychological, mental and social well-being. It can also have devastating effects on young carers' educational outcomes. Some personal care provided by participants were: bathing, toileting, washing clothes, cutting finger nails/toes, shaving, lifting, pushing wheel chair, and putting on diapers. Below are some of the comments from participants:

> *You see, my father is not able to do anything, the hands and legs are not functioning. I cut his nails and toes, shave his armpit, and I bath for him also. I get exhausted doing all these (Mina, Female, 15years)*

> *I am also responsible for her toileting, sometimes she soils her clothes with toilet and I have to wash them. Also, my uncle bought her a wheel chair so I put her inside and push her outside to take some fresh air (Lily, Female 13years).*

> *Sometimes I will wake up from sleep to see him soil himself with toilet on his bed, and I have to clean him. Sometimes, I put on diapers for him but he still will soil himself with toilet. It's the same with my grandmother, she can also soil herself with toilet and I clean for her as well, but let me add that it is not always that they soil themselves (Bills, Male, 17years).*

Young carers also render medical related care to care recipients. Participants purchase medications and administer them. Others also revealed that the care receivers utilized herbal medicines and they were responsible for preparing these herbs. One participant indicated that anytime she has to prepare the herbs, she will have to absent herself from school. Participants were not accompanying their care receivers to hospitals because according to them, they will be in school by then, and so, neighbors and other family members assisted in that regard.

I am the one preparing her medicine. Any time she goes for herbal medicine, I have to absent myself from school and prepare the medicine for her. I always seek permission from school if I have to stay home to prepare her medicine for her (Joy, Female, 15years).

… I am the one who buys her medicine from the drug store (pharmacy) and see to it that she takes them as prescribed by the chemist (Cover, Male, 13 years).

Providing financial assistance to care receivers emerged as one of the core tasks or assistance rendered by young carers in Aburi. Many of the care receivers, according to participants, did not have stable and secure source (s) of income because most of them engaged in petty trading in the informal sector. This means that they may not have any form of insurance and personal savings to account on. They therefore depend on the benevolence of their children, relatives, and others for financial support, which may not be enough or available always. Thus, young carers in many ways contributed financially to support care receivers. Some young carers mentioned that they engaged in income generating activities such as fetching water for neighbors, rearing rabbits and goats for sale, and selling used clothing (fooso). Others also had piggy banks (Susu), while others borrow from friends and other people to support their care receivers. The monies from young carers were usually to help put food on the table. However, one participant indicated that when things got worse, she had to contribute her savings (susu) before they could get the needed amount of money to discharge the care receiver from the hospital. The following comments support their assertions:

Madam, we have rabbits and some goats… we sell them to generate extra income. We even sold some of the rabbits last week. Also, I fetch water for people and they pay me. At times, I starve myself so I use the little money I have to buy food for my younger brother (Clover, Male, 13years).

… I even had to contribute in my small way from my susu (piggy bank) for her to be discharged from the hospital (Lily, Female, 13years).

I save from the money I send to school so if she needs something and there is no money anywhere, I go into my savings box and give it to support her. I also ask my friends, sometime, I even borrow money from those who are not my friend and pay them later from my savings (Love, Female, 13 years).

I sell used clothing (fooso). I always go and sell the used clothing after school; I have been doing this for about three years now. I send the proceeds to my mother and she uses it to support our education (Joy, Female, 15years).

4.2.2 Ways into Care

Diverse family constellations, such as the family structure, socio-economic situations of the family as well as cultural norms, and other circumstances interact to draw children in Aburi to be young carers. Family situations such as divorce and poverty are the main issues that trigger children to assume the burden of care for familial members. Others also became young carers as result of the 'irresponsibility' on the part of other children of care receivers. For example:

My father divorced our mother when we were very young. He has remarried and stays at a different town, and has neglected us. My elder siblings also don't visit my mother, … I am the who takes care of her (Daisy, Female 15 years).

My father was abusing alcohol a lot, my mother used to complain about it but he never listened and now they are divorced. … and I am the one taking care of him. … you see, my father has many children but none of them care about him, I am the only one carrying this responsibility on my shoulders (Mina, Female 15 years).

The cultural value of reciprocity; that is paying back for the care or good that one gets as a child to people who nurtured and contributed to their upbringing when they were kids. This cultural value is so strong and so every child grows up knowing that they have to pay back for the care they received (Twum-Danso, 2012). Thus, some participants indicated that the care they are giving is a way of saying 'thank you' to their care receivers.

I feel happy to be able to support her in my small way. She was the one who has been taken care of me since I was a baby so I see what I do for her as a way of saying 'thank you' to her (Lily, Female 13years).

Other participants also indicated that care role took a gradual process. For some of the participants, although they were staying with the care receiver, they were not assuming any extensive care roles apart from what was expected of every child. However, care receivers suddenly had a condition that triggered them to become young carers. Other participants were also staying with their biological parents and running errands for care receivers once in a while until situation got worst.

Please, … I used to visit them after school and run errands for them, do their dishes and go back to my father's house. Then my grandfather's situation worsened, sometime he finds it difficult to use the toilet and he soils himself. My grandmother couldn't take care of him because she is also sick and weak, so my father asked me to go and stay with them and support them (Bills, Male 17years).

My elder sister and I were already staying and helping her before this situation came up (Lily, Female 13years).

4.2.3 Benefits of Care

The findings of the study showed that young carers benefited from the care they provided. Participants through their responses indicated that the care roles give them gratification and fulfilment, there is a mutual relationship between young carers and care receivers, cultivate social values, and learn valuable life lessons, the care role also has influence future career choices.

Most of the participants indicated that the care they were providing make them feel gratified and fulfilled. This is because, they never knew they will be able to care for someone, and so being able to do so gives them fulfilment. Also, participants mentioned that they feel so happy when they are appreciated and recognized by the care receivers and others. They also feel loved and good about themselves, knowing that they are doing something good and priceless, and this has help to boost their confidence. Some participants also said that their role as caregivers make them

feel important in the family because without them, situation would be unbearable for the care receivers. Participants Statements below:

> *Um, madam, my mother is full of praises for me and she loves me so much. … and this makes me feel good about myself. People in our neighborhood also appreciate me for taking care of my mother, they say I am very respectful and obedient child, and I feel happy when they tell me that (Clover, Male 13years).*

> *I feel happy taking care of Grandpa because what I'm doing is good and he's happy when I care for him. He will always say 'God bless you' when I do something for him (Rose, Female 11 years).*

> *I feel so proud of myself for what I am doing for my grandmother and my confidence level has gone up, I never thought I could be of help to any one in such a way, and it feels great! (Lily, Female 13years).*

The findings also revealed a mutual, interdependent/ co-dependent relationships between young carers and care receivers. There is a symbiotic, and mutually beneficial relationship between the care receivers and the young carers as majority of the participants recounted how helpful and supportive the care receivers have been to them. They indicated that care receivers and other members of the family support their education by buying books, paying their fees, and helping with their school assignments (homework). Again, young carers mentioned that they are clothed, fed, and sheltered by care receivers. In addition, care receivers demonstrate commitment and concern for the welfare of young carers, especially, regarding their education. Also, other family members, particularly, care receivers' children support young carers in diverse ways.

> *… if I need something and my parents don't have money, my grandmother supports me. For example, when school resumed, my parents said they don't have money to buy my books, it was my grandmother who gave me money to buy all my books. Also, I can call my uncle who is abroad that I need this or that and he will send me money to buy it (Lily, Female, 13years).*

> *She is very concerned about my welfare; she doesn't want me to starve at all. She is the one buying me books, feeding me, and clothing me; she basically provides for all my needs (Mina, Female 15 years).*

> *Um, sometimes my father teaches me, if I am doing my homework and I don't understand anything, I show it to him and he explains to me (Joy, Female 15 years).*

Participants also indicated that they have cultivated virtues such as patience, hope, tolerance. They have learned how to relate with the elderly and take care of the sick. Many of them think they have become more empathetic, and prayerful. Participants acknowledged that these virtues were important and beneficial as to helpful to them, especially in their adult lives.

> *I have learned to be patient and prayerful; now I pray and even fast for my grandparents, … now I appreciate their situation and empathize with them. Also, I know how to relate well with elderly people (Bills, Male 17 years).*

> *I have become very patient and tolerant. It takes a lot of these to be able to take care of the sick, especially, in the case of my grandmother (Joy, Female 15years).*

For other participants, they have learned valuable life lessons through their care roles, which according to them was beneficial. Some of the participants indicated that they have learned to heed to advice and refrain from unhealthy lifestyles such as abuse of alcohol. They believed some of these lifestyles were the cause of the illness of their care receivers. Some also have learned to give their children the best of education and also exercise patience when choosing their marriage partners in future.

> *I have learned to take advice and desist from unhealthy lifestyles. My father was abusing alcohol…for me I think he got stroke because of the excessive intake of the alcohol (Mina, Female 15years)*

> *Um for me, I will take my time and marry right and also educate my children. If my mother had married a noble man, I don't think we would find ourselves in this situation (Daisy, Female 15years).*

Participants also revealed that the care role was beneficial because it had influenced their career choices for the future. The findings showed that some participants want to work in the health sector by either becoming a professional nurse or doctor.

> *… I know how to care for the sick, and this is even influencing my choice of career, I want to be a doctor or nurse, so I can care for the sick (Love, Female13 years).*

> *Because of the way I take care of my mother, she is always encouraging me to become a doctor (Cover, Male 13years).*

4.2.4 Challenges faced by Young Carers

The analysis of the data gathered discovered that young carers in Aburi are confronted with enormous challenges. Participants were faced with financial, health, and emotional issues such as the feeling of hopelessness, sadness, and fear. Also, they faced parental neglect and as a result some had a volatile relationship with some of their parents.

Majority of participants described the difficult socio-economic circumstances they found themselves. For most of these young carers, their parents were divorced, with one of the parents shirking their parental responsibilities. The other parent may either be the care receiver and so unable to work to meet the needs of the family. Again, some of the participants indicated that even when the parents were working, they were merely engaged in low-income employments and petty trading. Also, the large family sizes coupled with other factors put these families in dire financial circumstances. Thus, most of these young carers have to go school on empty stomachs, it hard to get money to buy their educational materials and pay for their school fees. The situation even gets worse when the little money has to be spent on hospital bills and buying medicines for the care receiver. Statements below:

> *… money, my father is sick and not working. My mother only sells fish and we are 5 children, she is really struggling to take care of us. Sometimes it's hard for her to pay our school fees not to talk of buying us books and clothing (Mina, Female 15years).*

We are already faced with financial difficulties, and with my mother frequent illness, we spend the little money we get on hospitals bills. She can't work to even take care of us. I don't even have exercise books for school as we speak (Daisy, Female 15years).

My biggest worry is when I need books for school and there is no money to buy them, I always struggle to get materials for school, as we speak, I do not have all the books that I am supposed to buy for the term (Clover, Male 13 years).

The findings of the study also uncovered that many of the young carers had to deal with serious physical health issues as result of the care roles. Some of the participants were providing regular care for two care receivers and are responsible for almost everything, from cooking, to washing, toileting, lifting, among others. Thus, some of the participants reported that they experienced constant health issues such as body pains, headaches, and joint pains. Also, some participants starve themselves due to lack of money to buy food for school, while others try to save the money to support their care receivers and as such, had developed stomach aches. In participants own words:

Because of I am taking care of the two of them, I also fall sick very often, … I get body pains, joint pains, headaches, and so on (Bills, Male 17 years).

I get serious stomach aches, because I try to save the money I have to use for food (Love, Female 13 years).

Many of the participants also faced serious emotional issues. Some of them mentioned that they feel worthless and hopeless due to the conditions of the care receivers. Many of them indicated they felt so sad and often had to cry. Others stated they felt angry, bitter, bad, and overwhelmed. At times they felt sorry for their care receivers, especially when they were going through pains.

Um, I always feel sad (sharing tears), I feel like we are worthless and hopeless, I think life is not worth living. Because nothing seems to work for us; my mother is divorced, our father does not care about us, and look at my mother's situation, she can't even work to take care of us. I have never been happy in my life (Daisy, Female 15years).

… I feel very sorry for him, and I don't blame him. Sometimes, the pains he goes through saddens me. If I am cutting the fingernails for instance, he will be saying 'please take your time, it is hurting me' this gets me sad (Mina, Female 15 years).

At times it really gets into me and I feel bitter about it and say to myself "can't these people tell me they want to go to toilet", but there is nothing I can do about it, they are my grandparents and I need to support them (Bills, Male 17years).

Some of the participants also live with constants fears; fear that their care receivers, who are their kith and kin, may die. Participants stated that the death of care receiver may bring untoward outcomes to lives. Their greatest fear is that their aspirations for higher education may be curtailed should the unfortunate happened:

… that she will not die, this has been my daily prayer. If she dies, I don't think I can continue with my education. I have no one I can confidently count on to sponsor my education. I have no hope in this world (Daisy, Female, 15years).

I know they are old and may die anytime soon and my fear is that I may not get the support they're giving me now, in terms of my education (Bills, Male 17years).

The findings also discovered that some young carers in Aburi experienced parental neglect, which may be as a result divorce. Participants revealed that they sometimes have doubts about their parents because they have failed to leave up to expectations as parents and this has led to a volatile relationship between them.

Sometimes I wonder if I am my mother's biological child all; because she does not do what is expected of her as a mother, and that's is why I don't have a good relationship with her (Love, Female 13years).

My father has remarried and relocated. He does not care about us; our father has neglected us (Daisy, Female 15 years).

4.2.5 Socio-Cultural Belief

The analysis of the data showed an interesting socio-cultural belief associated with the care roles undertaken by young carers. A participant indicated that anytime the care receivers soiled themselves with toilet and cleans and wash they clothes, care receivers gave an egg to the young carer to pacify the soul. This is because it was considered inappropriate for a child to clean the toilet of an adult. Although only one participant mentioned this, I found it interesting to report because it goes to affirm that there are culturally and socially acceptable forms of care that are expected of children. Participant statement:

Mostly when my grandparents soiled themselves with toilet and I clean, they will say it is not good for child to be seeing and cleaning toilets for adults so they ask me to buy an egg and eat to pacify my soul (Bills, Male 17years).

4.3.0 Effects of Caring Roles on Education

The second objective of the study was to identify how the caring roles undertaken by young carers in Aburi affect their education. From the findings of the data gathered, it emerged that care roles could have negative outcomes on the young carers' education. The themes that were generated were: lateness to school, school performance, lack of concentration at school, absenteeism, punishment at school, and low participation in extra-curricular activities.

The findings of the study showed that most of the young carers reported to school late due to their care roles. The responses indicated that many of the participants do not go to bed early enough in the evenings because they would have to finish with their care duties and also study and work on their school assignments before going to bed. Subsequently, because young carers sleep late, they are unable to rise early enough to prepare for school. Participants also indicated that they have a lot to do in the morning before going to school. For example, participants said they would have to

fix breakfast, bath, and prepare young siblings for school, and this made them report late for school most of the times. Below are participants comments:

> *Yea, I come to school late sometimes. There was a day I did not sleep early because I had to do a lot of stuff for my mother the previous night, and I overslept, although my mother came to wake me up, it was hard to get out of bed (Clover, Male 13 years).*

> *I do come to school late most of the time, especially, the when my grandmother's leg pains come in the night, this week for example, I have been late to school throughout (Lily, Female13 years).*

> *I come to school late but not always. Sometimes I'm late because I take care of my mother, especially, when I have to bath for her in the morning (Joy, Female 15years).*

> *I am responsible for everything in the house. In the morning for example, I will have to prepare breakfast for them before going to school, this make me late for school sometimes (Bills, Male 17years).*

Additionally, findings also showed that the care roles affect the school performance of young carers. Some participants indicated that prior to assuming their care roles, they were excelling academically in school. However, due to they care responsibilities, they are unable to devote much time for studies and as such their performance at school had declined drastically. Also, the findings showed that due to their care roles, many of the participants miss out on school and thus do not take part in some class exercises and tests which form important aspects of school assessment. It also emerged that young carers are interrupted by their care receivers when they are studying, and this according to the participants negatively affected their school performance:

> *Um, yes, please. Previously, I was very good at Mathematics and Science subjects, but because I have to take care of my grandmother, I am not able to devote much time to study as I used to. … soon as I decide to study, then something will come up, I have to stop and attend to my grandmother (Lily, Female 13 years).*

> *My performance in school is not impressive, madam. Taking care of my mother has affected my performance in school. Sometime when I miss school, they write test or class exercises which go in the term's assessment, and this affects my performance at the end of the term (Joy, Female 15years).*

> *When I was in class 6, I was always among the best 10 students in class. But since I came to JHS and my mother's situation became worse, I now perform poorly in class. First term for instance I had grade 30, 2nd term, grade 28, so it has really affected my performance in school (Daisy, Female 15 years).*

Although majority of the participants indicated that the care roles could have significant negative outcomes on their education, a few of the participants maintained that the care roles had not had any negative impact on their educational attainments. They were of the view that the care roles had rather improved their performance in school:

> *I still perform well academically; I am always among the best five in my class (Clover, Male 13years).*

Um, I think is us helped me, I am an average student; some of their children are teachers so when they visit us, they help me with my academics (Bills, Male 17 years).

It also emerged from the findings that due to the care roles undertaken by young carers, they cannot concentration in class and in the long run, this affects their academic performance. According to study participants, even when in school, thoughts of their carer receivers come to mind. They would be wondering if care receivers have eating, or if there was something that they should have done before going to school. These and many other flashbacks about the carer receivers, sometimes made participants lose concentration in class:

Sometimes I will be in school and be thinking of my grandmother, or I will remember that there was something I should I have done for her before coming to school, so my mind will quickly go home and I lose concentration in class. Sometimes by the time the teacher will say 'stop work' I will realize I have not finished the work, but thankfully, this does not happen often (*Lily, Female 13 years).*

At times they come to mind when I am in class. When I leave for school and nobody comes to visit them, they will be starving all day, so think about them whiles in school (Bills, Male 17years).

It is important to note that not all young carers lose concentration in school. Some managed to maintain a positive mental attitude to concentrate in class. A participant reported:

... for me when I am in school, I forget about everything in the house and concentrate on my school activities (Clover, Male 13 years).

Again, it was discovered that absenteeism was one of the ways in which the care roles affect young carers education. The findings revealed the care roles affect school attendance of the participants. Some of the reasons for missing out school is because they fall sick often due to the care duties. Also, some participants would have to be absent from school so they could prepare herbal medicines for the care receiver. This according to participants, have had a negative outcome on their education:

Because of I am taking care of the two of them, I also fall sick very often, and anytime I am sick I am not able to go to school (Bills, Male 17years).

Um, madam, I have missed school so many times. Anytime my mother goes for her medicine I have to be absent from school and prepare the it for her (Joy, Female 15 years).

However, some participants reported that the care receiver was so much concerned about their education that no matter the circumstances at home, they were encouraged to attend school regularly:

Madam, you can check from the class register, I always come to school. My mother doesn't joke with my education so she sees to it that I come to school always, I have never missed school because of my mother's situation (Clover, Male 13years).

Further, the findings of the study discovered that young carers get punished in school. According to participants, they get punished for being late, failing to submit their school work on time or for

missing school. Participants are punished because the school does not recognize their care duties and even when they make an attempt to explain themselves, it falls on death ears:

> *I remember being punished for coming to school late on two occasions; one was in the morning shift and another in the afternoon shift, in both instances, I was so tired that I over slept, so I couldn't finish with my tasks early enough. I was asked to weed the school compound and scrub the school's urinal in addition; by the time I finished, one lesson was over (Lily, Female 13 years).*

> *I get punished for being absent. Sometime ago, one of the teachers after beating me for coming to school late asked me why I usually come to school late, and I told him my mother is sick, and he said I should have informed him earlier, but I initially I wanted to explain to him but he did not give me the chance (Joy, Female 15years).*

Also, it was revealed that young carers were unable to participant in extra-curricular activities, especially, sports because of their care roles. Although participants wanted to take part in sporting activities in school, there were unable to take part because they would not have time to go for training:

> *Yea, I really like sports but I do not take part in sports in school because I might not get time to go for training and all that (Clover, Male 13years).*

> *I wanted to join the school's athletics but I couldn't because I won't have time for training (Joy, Female 15 years).*

4.4.0 Support for Young Carers

The third and final objective of the study was to find out support needed by young carers in Aburi, Ghana. The responses from participants were categorized into two main themes; Support received and support needed.

4.4.1 Support Received

The participants received various forms of support, ranging from financial to practical help such as washing for the care receivers, cooking, assisting care receivers to attend hospital, among others. Some of the supports were given directly to the care receivers while other forms of support also went to the young carers. The support received were mainly informal; from relatives, neighbors, friends of care receivers, peers of young carers, and the church. There was also one non-governmental organization, Compassion International that provided support for some of the young carers.

Relatives of care receivers were very supportive. For young carers who were providing care for their grandparents, they indicated that their aunties and uncles, especially, those abroad and in the cities in Ghana as well as their parents (mothers and fathers) offered a helping hand in various

forms. Relatives extended financial assistance, and practical support to both care receivers and the young carers. For example, some relatives visited and washed, cooked, and bathed for the carer receivers. Other relatives sent money to care receivers and also to support young carers education. Some relatives even assist young carers with their school assignments. Comments from participants:

> *My aunties and uncles visit from time to time and also sends us money. When they visit, they prepare food so we keep in the fridge to last us for some days (Bills, Male 17 years).*
>
> *some of our relatives are rich so when they call my great-grandmother and she tells them she doesn't have money, they send her… and one of my aunties has travelled abroad so she remits her regularly (Love, Female 13 years).*
>
> *When I leave for school, my mother comes to take care of her until I return from school. She comes to bath for her occasionally and sometimes brings food along. At times, my mother stays a bit longer so I used the opportunity to do my homework, learn and relax. Some relatives are also in the house so when I am in school and she needs something, they help her (Lily, Female 13 years).*
>
> *… for her clothes, I don't wash them; my sister in Accra comes around on Saturdays to do the washing. My father also does the cooking sometimes (Clover, Male 13years).*

The findings also showed that neighbors offered assistance to young carers and the care receivers. Responses from the participants revealed that some neighbors support with food and money. Others also accompanied the carer receivers to hospital:

> *… and also, our neighbors some give me money. There is one lady in our area, she cooks and gives me some; because she appreciates what I do in the house to support my mother (Clover, Male 13years).*
>
> *One man near our house always takes my mother to the hospital because I will be in school by then. There is also one woman who works at the community clinic, she mostly buys foodstuffs for my grandmother (Joy, Female 15years).*

Friends of care receivers as well as peers of young carers were a great source of support. Friends of care receivers assumed responsibility for young carers by providing them with food, transportation, and educational needs. Also, care receivers' friends supervised trading activities on their behalf. It also emerged from the findings that peers were helpful to young carers. Some participants mentioned that they borrow money from their peers and pay later from their savings. Also, peers provided psychosocial support to young carers. Peers understood the situation of young carers, empathized with them, and were a source of comfort and happiness to many young carers:

> *Right now, my mother is sick and lying helplessly in the house. Her friend is the one taking care of me. My friends also know about my situation so they try as much as possible to make me happy; they make me laugh a lot. Even when I don't want to go out for break and play, they will insist and I have to go with them. They make me feel good. When we close from school, they always wait for me so we walk together (Daisy, Female 15 years).*
>
> *I also ask my friends for money, sometimes I even borrow money from those who are not my friend and pay them later from my savings.* My great-grandmother sells water in one of

the schools in this town… now one of her friends manages the water for her and brings her the profit *(Love, Female 13years).*

Another form of support was the church. The church visits care receivers and gives them communion as well as money:

> *The church also come to visit my grandmother, but not always. They come usually once in a month to administer communion to her and also give her some money (Joy, Female 15years).*

> *My grandmother is a member of the Presbyterian Church of Ghana (PCG) and the bring her some money once in a while. The church also brings her communion in the house on monthly basis (Lily, Female 13 years).*

However, some participants indicated that they do not get any support from the church. The church neither visits nor sends money:

> *My mother does not receive any support from the church, they don't even visit her, although she is a committed member of her church (Clover, Male 13 years).*

> *I don't receive any support from the family or the church (Daisy, Female 15 years).*

The findings discovered that young carers received support from Compassion International, a non-governmental organization (NGO). Participants' responses indicated that young carers were given educational support, by way of paying for their fees, providing books and organizing extra classes for them. Also, Compassion International support young carers socially, especially during birthdays, the NGO showers young carers with gifts. Participants revealed that they were provided with food items during the Covid-19 lockdown in Ghana. It must however, be placed on record that the NGO is not supporting participants because they are young carers. Compassion International was not aware that they are young carers. Participants indicated that they were receiving the support from the NGO long before they even became young carers. Comments from participants are highlighted below:

> *I get support from Compassion International, during the Covid lockdown, they bought us bags of rice and other stuffs and they also give me educational materials; sometimes they support me with books, even last week they gave me some books. But they are not doing this for me because I take care of my mother but rather because I am needy (Clover, Male 13 years).*

> *I get support from Compassion International. They have been supporting me since I was in class six (6), long before I started taking care of my grandparents. They have been supporting my education since then till now. Sometimes, my sponsor sends me gifts during my birthdays (Bills, Male 17 years).*

> *I have been part of Compassion International since I was in class one. Sometimes they pay for my fees and also give me gifts during my birthday. Also, Compassion International organizes classes for us (Daisy, Female 15 years).*

Unfortunately, young carers do not receive any form of support from the school. This was because the school authorities and the teachers were unaware of their care responsibilities. Participants

indicated that the school only got to know of their situation when they were being recruited to take part in this study. The non-recognition of the care responsibilities of the young carers in the school is quite worrying to say the least:

> *Nobody in the school knows about my situation; the teachers don't know, not even the headmistress. I got involved in this study because one of the teachers came to my class and asked about those taking care of family members who are sick and I raised my hand. They got to know because of this study so I do not get any form of support from the school (Lily, Female 13 years).*
>
> *Like I said earlier, the teachers know nothing about my care roles. The headmistress does not even know about it (Love, Female 13years).*
>
> *No, I don't get any form of support from the school; it could be because they do not know about it, and they have not even asked if any of the students have care responsibilities in the house (Clover, Male 13 years).*

4.4.2 Support Needed

In spite of the support received, participants indicated that they needed support in other areas to enable them better cope with their care roles and to excel in school. The responses showed that young carers needed two main support which were categorized into: educational and financial support.

The findings of the study uncovered that young carers needed educational support to enable them excel in their school engagements. Participants indicated that as a matter of urgency, the appropriate agencies responsible for education in Ghana, such as the Ministry of Education, the Ghana Education Service (GES) should have a policy to mandate schools to identity and recognize young carers in schools and offer them the needed support. The participants through their responses mentioned that they would appreciate educational support in the form of scholarships, provision of textbooks and other educational materials such as dictionaries, and exercise books. The findings also showed that participants wanted the school to organize extra classes for them to enable them catch up with their peers in school. Also, they wanted teachers to give them extra time to submit their school assignments (homework). Again, they mentioned that having counsellors in the schools was crucial so they could confide in them and also provide young carers with psycho-social support.

> *The government can give us some form of scholarship so we can further our education. If my grandparents die and I don't get any form of support I cannot further my education, so scholarship will be great! (Bills, Male 17 years).*
>
> *They should provide us with educational materials to support us, they should give us exercise books, dictionaries, and textbooks for free. This will reduce the cost of education for us (Love, Female 13 years).*

They should identify children in this situation and provide them with books and other incentives. They school can also have free extra classes for students with care duties so they can have time to do their homework and learn (Clover, Male, 13 years).

Um, if the school can organize extra classes for those of us who don't get time to study in the home because of our care responsibilities, it will be great. They can also give us extra time to submit our homework (Lily, Female, 13 years).

The findings also showed that Participants needed financial support for themselves and their families. They were of the view that the Ministry of Gender, Children and Social Protection, through the Department of Social Welfare could provide financial assistance to support young carers and their families.

They can provide us with financial support. Some of our parents are really struggling to take care of us, meeting the educational needs of children is a major challenge for many parents, especially those of us with caring roles. We need financial support, yea, we need it badly (Love Female 13 years).

For me my biggest challenge is getting money to buy books for school. Yea, through the Social Welfare Department can support families and children like us, financially or other means to lessen our situation (Clover, Male 13 years).

The government can provide financial support to assist our family members who are sick (Joy, Female 15years).

4.5 Discussion of Findings

This session discusses the findings of the study in the light of the literature that was reviewed as well as the theory that was used to underpin the study. The discussion commences with an analysis of the demographic information of the participants and how it reflects on the study. The discussion also focuses on the three main objectives of the study, which are: the care roles of young carers, the effects of care roles on young carers' education, and support needed by young carers.

4.5.1 Analysis of Demographic Characteristics

The age of the participants ranged from 11-17 years, which is consistent with the UNCRC and the Children's Act of Ghana (1998, Act 560) definition of a child. This underscores the fact that the participants selected met the inclusion criteria for the study. In all, six (6) females, and two (2) males participated in the study, which depicts the gender dimension of caregiving in Ghana. In Ghana, caregiving is considered to be females' role, and thus, not surprising that female participants were more compared to males. This finding is consistent with the findings of Robson (2000), which showed that there were more girls as young carers than boys in Zimbabwe.

However, this is in contrast to the findings of Leu et al., (2019), which asserts that there was no significant statistical difference in the gender distribution of young carers in Switzerland. The findings of the current study are in tandem with Robson (2000), due to the fact that both studies were carried out in Africa. The demographics also revealed that care receivers were relatives of the young carers. The care receivers consisted of three mothers, a father, five grandmothers, and two grandfathers. The findings that care receivers were relatives of the young cares fits into the findings of (Robson, 2000; McDonald et al., 2009; Clay *et al.*, 2016; Aeyelts et al., 2016; Järkestig-Berggren *et al.*, 2019; Leu *et al.*, 2019), that more mothers received care than fathers. The findings that grandmothers and grandfathers were care receivers also agree with that of Leu et al., (2019), and McDonald et al., (2009) that young carers also provide care for grandparents.

The demographic data again showed that the diagnosis of care receivers included physical illness, disabilities, chronic medical conditions such as stroke and diabetes, as well as illness associated with aging. This is similar to the findings of Clay et al., (2016) and Robson (2000) which asserted that young carers provided care for their parents and siblings diagnosed with physical or mental health illnesses or disabilities, chronic illness, or other conditions that required care. It is important to note that the present study did not find any of the care receivers diagnosed with mental health illness and substance abuse. Strikingly, out of the eight (8) young carers who participated in the study, five (5) of them had their parents divorced compared to three (3) parents who were married, with one spouse separated by migration. Many of these children were assuming caring responsibilities as a result of their parents' divorce, parental illness, and migration. The absence of a spouse may draw children to carry on the burden of care for the other parent. The findings that divorce and migration draw children to be young carers is congruent with the findings of Robson, (2000), which postulates that family structure, such as a single-headed household was a significant characteristic of young carers in Zimbabwe. This also fits into the ecological systems theory. The theory posits that a child's environment (ecology) comprises five nested/interrelated systems that interact to influence the child's development. The five systems according to Bronfenbrenner are; the micro, meso, exo, macro, and chrono systems. The chronosystem, which is the last layer encompasses major life events and changes in the life course of the family which influence the child. Some of these life occurrences could be parents' divorce, or separation, illness, death, or migration (Okine et al., 2020; Peppler, 2017; Perron, 2018) which triggers children to be young carers in Ghana.

4.5.2 Caring Roles undertaken by young carers

The care roles provided by young carers in Aburi, Ghana were similar to those young carers elsewhere, despite different names ascribed to them. The study found that the care roles undertaken by young carers in Aburi involve domestic care, sibling care, personal care, medical care, and financial assistance to the care receivers.

Domestic care, which includes cooking, fetching water, cleaning, sweeping, running errands, and doing dishes formed a major part of the caring roles of young carers in Aburi. Although children who are non-carers also do similar household tasks, young carers spent a significant amount of time and energy in undertaking these tasks. Young carers have to undertake these roles even when they are exhausted, and hungry. Also, young carers have to wake up at dawn and go to sleep late

in the night in order to be able to carry out these domestic tasks. The findings confirm that of Warren, (2007), McDonald et al., (2009), and Joseph et al. (2020) that young carers helped with cooking, doing dishes, cleaning, and washing, and that providing household tasks formed the largest and regular component of their caring activities. Robson (2000) classified these tasks as 'domestic reproductive work' while Chadi & Stamatopoulos, (2017) categorized it as 'activities of daily living.' Becker, (2007) on the other hand, refers to these basic tasks as 'caring about'. Young carers also provided sibling care, that is, the care extended to their younger siblings and sometimes their nieces and nephews. They cooked, fed, and assisted them with their homework. The findings agree with the findings of Warren, (2007), Wong, (2017), and Leu et al., (2018). Although young carers in Ghana provided domestic tasks similar to those in industrialized countries, unavailability of household appliances such as washing machines, dish washers, vacuum cleaners, and blenders in many households make it exceptionally burdensome for young carers in carrying out these tasks.

It also emerged that young carers provided personal care for the care receivers. Personal care entails bathing, toileting, washing clothes, cutting fingernails/toes, shaving, lifting, pushing a wheelchair, and putting on diapers. Some care receivers soil themselves with toilets even at night, and young carers have to wake up from sleep to clean. These are tasks expected to be undertaken by adults or professionals such as nurses. Personal care can have destructive outcomes on young carers' physical, psychological, mental, and social well-being. It is important to emphasize that personal care differentiates young carers from non-carers (Warren, 2007). The findings affirm those of Warren (2007), McDonald et al., (2009), Leu et al., (2018), and Joseph et al. (2020). These scholars also found that young carers provided personal care such as dressing and undressing, washing, bathing, showering, using the toilet, cutting nails, or helping with eating and drinking.

The findings further showed that young carers helped with medical-related care. This involves young carers going to buy medicine from the pharmacy and administering it to the care receiver according to the prescribed dosage. Also, they were responsible for preparing herbal medicines for care receivers. However, young carers did not accompany care receivers to the hospital. This is because care receivers usually go to the hospital at the time that young carers will be in school. As a result, care receivers were accompanied by neighbors when attending the hospital. Similar findings were revealed by Robson (2000) that young carers in Zimbabwe provided treatment-related care such as ensuring care recipient takes medication, collecting medication from the health center, and adding traditional medication to food. The findings also support that of Wong, (2017) which revealed that young carers in Canada administer medication to care receivers. The findings, however, contradict some of the findings of Robson, (2000), and Warren, (2007) that young carers were taking the care receivers to hospitals, clinics, or healers. The findings also contradict that of Leu et al., (2018) which claimed that young carers in Switzerland coordinated with professionals from healthcare, social service, and other authorities.

The findings again revealed that young carers provided financial assistance in the home. Many of the young carers recounted the difficult socio-economic situations they face. Many of the care receivers do not have a secured source of income. They do not have a pension, insurance, or any savings and thus, depended on the benevolence of relatives and friends for support. Also, there is no formal welfare system that provides financial or other forms of support for young carers and their families in Ghana. There is no recognition for such families. Subsequently, young carers through various means supported their families financially. Some young carers engaged in income-

generating activities, such as selling used clothing, fetching water, and rearing animals for sale. Others saved from their pocket money in a piggy bank (susu) while others borrowed from friends. The findings are consistent with Robson, (2000) assertion that due to the absence of established welfare systems in Africa, young carers have to engage in income-generating activities to support the family financially. Again, the findings fit into the ecological systems theory. According to the theory, the outmost layer in the child's environment is the macrosystem, comprising of cultural values, customs, beliefs, norms, policies, socioeconomic organization, and laws of the larger society and how they impact the lives of young carers. For instance, the lack of welfare policies by the state adversely affects young carers as they have to take on extra work to bring income to support their families. The findings, however, contradict the findings of Leu et al., (2018), that young carers in their study did not know about the socio-economic circumstances of the family.

The findings of the study showed that the caring roles provided by young carers come with benefits. Young carers were excited for being able to give such invaluable support to their kin. They received praises from care receivers and neighbors, they felt important, loved, and appreciated for what they were doing, and this gives them self-gratification and fulfillment. Also, it was discovered that there was a reciprocal, mutual, co-dependent relationship between young carers and care receivers. While young carers were providing care to the care receivers, the care receivers were also providing young carers with food, shelter, clothing, and supporting their education. Also, they have cultivated values such as tolerance, patience, empathy, and how to engage in communication with the elderly. Again, they have learned to manage their time well and to be responsible. The caring roles have also influenced the career choices of some young carers to work in the health sector either as a doctor or nurse. The findings are similar to that of Hlebec et al., (2019), which highlight that tolerance, self-mastery, self-esteem, maturity, empathy, coping strategies, and learning to be more understanding of others were some attributes young carers derive from their caring roles. Also, the findings are in tandem with that of McDonald al., (2009) that described the caring role as a 'two-way street' because young carers also received from their families and also their care receivers gave back to young carers in the form of mutual relationships, as well as practical returns such as clothing, food, shelter.

Despite the benefits, the findings discovered that young carers face enormous challenges. Young carers have financial, health, and emotional issues such as hopelessness, sadness, and fear. Also, they face parental neglect, and, as a result, some had strained relationships with some of their parents. Many of the participants starved themselves when going to school due to financial constraints. They have difficulty buying their educational materials such as books. Due to the lack of welfare systems to provide financial support to young carers and their families, many young carers have to work to support their families financially. This may tend to further plunge young carers into child labour, with its associated negative consequences, which may lead to a life of 'double jeopardy' for young carers in Ghana. Also, many young carers faced parental neglect. Although parents have the right to divorce, they have no right to shirk their responsibilities towards their children, and state institutions must ensure that parents carry out their parental duties even after divorce. The Children's Act of Ghana 1998, Act 560 make provision for the Child maintenance, and there are also state institutions such the Department of Social Welfare and the Legal Aid Scheme to implement the provisions on child maintenance. However, due to lack of enforcement, many children unfortunately, are neglected by their parents. It is unsurprising that streetism is a common phenomenon in Ghana. Young carers also have health issues. They experience frequent headaches, back pains, and stomachaches. Many of them experienced

hopelessness, sadness, anger, and crying. The findings agree with that of Cree (2003), and Ali et al., (2015) that young carers face challenges such as health, emotional, and money issues.

4.5.3 Effects of Caring Roles on Education

The findings of the study showed that care roles provided by young carers had negative outcomes on their educational engagements. It emerged that young carers mostly attended school late due to the caring roles. Many of them go to bed late, tired, and unable to wake up early enough. Also, they had to take care of care receivers before leaving for school, and this makes them late for school. For instance, young carers fetch water, clean, prepare breakfast and bath for care receivers in the morning before going to school, and this made them late for school, and they sometimes miss some class exercises and tests. This finding confirms many of the studies conducted in the UK revealing lateness to school as one of the negative impacts on young carers' education. (Dearden & Becker, 2000; McDonald et al., 2009; Ronicle & Kendall, 2010; Barry, 2011; Robison et al., 2020:140). The findings are also consistent with that of (Kuyini & Alhassan, 2016; Clay et al., 2016; Robison et al., 2020;) that young carers under-engaged in education and did not learn much in school.

Also, the findings indicated that young carers get punished in school for lateness. Although corporal punishment has been banned in Ghana, it was revealed that young carers received stokes of canes from teachers for coming to school late. Also, they are made to weed the school compound as a form of punishment or scrub the school urinals. These findings fit into that of Sainsbury, (2009) that some young carers are even punished in school for their caring responsibilities. In contrast to the findings by (Ronicle & Kendall, 2010; McDonald et al., 2009; Dearden and Becker, 2000) that in the UK young carers faced persistent bullying in school, this study did not find young carers being bullied, and the reason maybe because of the non-recognition of their care roles in the school. The findings further showed that some young carers absented themselves from school frequently due to the caring roles. Some miss school due to frequent sicknesses while others also absent themselves to prepare herbal medicine for care receivers. This finding agrees with the findings of Kuyini & Alhassan, (2016) that few children who cared for visually impaired relatives in the Northern parts of Ghana attended school and they did so irregularly. However, in contrast to their findings that the school attendance of some young carers is not enough to achieve the aspirations, the findings of this study revealed that young carers were much optimistic and self-motivated for higher educational laurels. The findings of the study also showed that young carers lose concentration in class, have difficulty finishing their homework, and participating in extra-curricular activities. These findings are in support of the findings of Barry, (2011) and Clay et al., (2006) who made similar observations in their studies.

4.5.4 Support Needed

The study discovered that young carers received support from largely informal sources including, relatives, such as uncles, aunts, cousins, parents, and grandparents. These family members

contribute financially as well as offering practical support to the care receiver and young carers. For example, some relatives cook, wash, bath, and provide other forms of support to care receivers. Also, family relations support young carers with educational materials and paying their school fees. Most of these family members live in the same community, others reside abroad, and some even live in the same household with the young carers and care receivers especially, those living in family houses. These findings agree with McDonald et al., (2009) that young carers and their families received support from family members who reside outside of the household. For instance, their study in New Zealand showed that young carers and their families received hands-on help with caring, household tasks from aunts and uncles. Young carers also had the support of their peers in school. They play with them, make jokes that make young carers laugh and be happy. Some peers even give or lend monies to young carers. This finding is similar to Ali et al., (2013), which also found that young carers in New Zealand had the support of friends.

Again, the findings showed that young carers and the family received support from the church. The church provided financial support and administered communion to care receivers. This finding fits into that of McDonald et al., (2009) that young carers and their families had a connection with the church community where they build upon their faith and sometimes get practical support. Contrary to the findings of this study, McDonald et al., (2009) and Ali et al., (2013) did not find family members providing financial support to young carers and their families, which may be due to the availability of welfare systems in the advanced countries that provided financial support to such families. Again, the study found that young carers and their families received support from their neighbors, friends or care receivers, and community members at large. The findings that young carers and their families received support from relatives, neighbors, peers, the church, also fit the ecological systems theory which posits that the micro-system consists of relationships and interactions in the child's immediate environment as such school, family, church, peers, neighbors, among others, and these relationships could be a solid support network for young carers. The findings further showed that young carers received support from NGOs, although they were not being supported because of their caring roles. Also, the study did not find any support whatsoever from the state for young carers and their families. This is worrying and goes to indicate the lack of recognition for young carers even at the highest level which exacerbates the conditions of young carers in Ghana.

The findings further indicated that young carers needed other kinds of support to enable them better execute their care roles and enhance their school engagements. The study showed that young carers needed the school to identify and recognize their care roles and offer them practical support such as counseling services. The findings indicated that young carers needed people to confide in and also receive guidance and encouragement from them. They particularly mentioned that teachers should be more open so they could go to them with issues bothering them. Ali et al., (2013) also found that young carers in Sweden needed someone to talk to, encourage them to share their experiences, they needed people to offer them hope, and someone who could give them concrete advice on how to handle their situation. In addition, they needed flexible deadlines to submit their homework and also wanted teachers to organize extra classes for them so they could catch up with school work. Clay et al., (2016) highlighted from their study in the UK that schools offered various forms of support to young carers such as personalized teaching/pastoral support, access to homework clubs, and greater flexibility in school/class attendance. Besides, they wanted

the government to support their education by giving them scholarships and educational materials such as exercise books, textbooks, and dictionaries. The findings showed that young carers needed financial support from the government and other sources for their families. This is consistent with Aldridge et al., (2016) who found that young carers also want support and assistance to be given to their care receivers. Overall, the findings concur with Purcal et al., (2012) that support services should be directed at assisting young carers to provide care; mitigating the caregiving responsibility and preventing the entrenchment of the caring role.

CHAPTER 5

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

5.1 Summary

The study sought to explore and highlight the experiences of young carers in Ghana. The first objective of the study was aimed at finding out the care roles young carers in Aburi provide to their care receivers. It emerged that young carers provided domestic care, personal care, medical care, and financial assistance. Providing financial assistance to care receivers emerged as one of the core tasks rendered by young carers in Aburi because many of the care receivers did not have stable and secure sources of income. Also, there are no welfare servicers that support young carers and their families. It was also discovered that the care roles come with benefits as well as challenges. Different situations were found to have drawn participants into young caring, prominent being divorce and poverty. The cultural value of reciprocity was also found to be strongly at play for children becoming carers.

The second objective of the study was to identify ways in which care roles affected the education of young carers in Aburi. Negative outcomes identified were: lateness to school, school performance, lack of concentration at school, absenteeism, punishment at school, and low participation in extra-curricular activities. The third objective was to identify support needed by young carers. The support participants received was mainly informal, i.e. from relatives, neighbors, friends of care receivers, their peers, the church, and from an NGO. Relatives extended financial assistance, and practical support to both care receivers and the young carers and some neighbors support with food and money. Unfortunately, participants do not receive any form of support from the school because the school authorities and the teachers were not in the known of their care responsibilities.

It was discovered that participants had two major needs; educational and financial. Participants want educational support in the form of policies targeting young carers in schools such as provision of scholarships and educational materials such as textbooks. They also want the school to organize extra classes and give them flexible time to submit school assignments. Additionally, they want counselors in the schools so they could give young carers pyscho-social support. In lieu of the financial challenges that confront young carers and their families, they indicated that the government and NGOs should support them financially.

5.2 Conclusions

The study concludes that young carers in Ghana provide similar care activities as those in other countries. Young carers helped with tasks such as domestic tasks, personal care, medical care, etc. However, the study concludes that lack of welfare systems, inaccessibility to social amenities, coupled with difficult socio-economic circumstances make the caring roles exceptionally burdensome for young carers in Ghana.

The study also concludes that the systems within young carers' environment as postulated by the ecological systems theory serve as a solid support network for young carers in Ghana. For example, young carers received support from relatives, peers, neighbors, among others. However, dysfunctions within these systems also trigger children to become young carers and worsen their conditions.

Again, the study concludes that the caring roles have adverse effects on young carers' educational engagements. Due to the caring roles, young carers attend school late, get punished, and perform poorly in school.

The study further concludes that even though the concept of young caring is not known in Ghana, there are culturally acceptable forms of care expected of children. Thus, young carers who provided extensive care such as toileting were compensated with an egg to pacify their souls because such caring roles were considered inappropriate for their age.

5.3 Recommendations

Based on the findings, the study makes the following recommendations:

The lack of policy response and formal support needs to be addressed by the government. For instance, the government through the Ministry of Education and the Ghana Education Service could come out with a policy that mandates schools to identify, recognize and support young carers in Ghana. Schools could put in measures such as extra classes and flexible time for young carers to submit their homework. Also, the Ghana Education Service could employ social workers and psychologists in schools to provide psycho-social services such as counseling services for young carers.

Young carers and their families are faced with financial constraints and need the support of the government, NGOs, and other stakeholders. For example, the government through the Ministry of Gender, Children, and Social Protection could provide financial support for young carers and their families through the Livelihood Empowerment Against Poverty (LEAP) program. NGOs and other organizations could also offer scholarships and other support such as the provision of educational materials.

The paucity of literature on young carers in Ghana is worrying. The study, therefore, recommends further studies into the phenomenon. Social work researchers could conduct extensive studies on the issue to inform policy direction and intervention in Ghana as well as contribute to global perspectives and knowledge on young carers. Social worker practitioners could also advocate for the rights of young carers in Ghana as well as design and implement interventions.

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APPENDICES

APPENDIX 1: NSD APPROVAL

28.04.2021 09:10

Behandlingen av personopplysninger er vurdert av NSD. Vurderingen er:

Our assessment is that the processing of personal data in this project will comply with data protection legislation, so long as it is carried out in accordance with what is documented in the Notification Form and attachments, dated 28.04.2021, as well as in correspondence with NSD. Everything is in place for the processing to begin.

NOTIFY CHANGES

If you intend to make changes to the processing of personal data in this project it may be necessary to notify NSD. This is done by updating the information registered in the Notification Form. On our website we explain which changes must be notified. Wait until you receive an answer from us before you carry out the changes.

TYPE OF DATA AND DURATION

The project will be processing general categories of personal data until 04.06.2020.

LEGAL BASIS

The project will gain consent from data subjects and the data subject's parent/legal guardian to process their personal data. We find that consent will meet the necessary requirements under art. 4 (11) and 7, in that it will be a freely given, specific, informed and unambiguous statement or action, which will be documented and can be withdrawn. The legal basis for processing personal data is therefore consent given by the data subject/the data subjects parent or legal guardian, cf. the General Data Protection Regulation art. 6.1 a).

PRINCIPLES RELATING TO PROCESSING PERSONAL DATA

NSD finds that the planned processing of personal data will be in accordance with the principles under the General Data Protection Regulation regarding:

- lawfulness, fairness and transparency (art. 5.1 a), in that data subjects will receive sufficient information about the processing and will give their consent

- purpose limitation (art. 5.1 b), in that personal data will be collected for specified, explicit and legitimate purposes, and will not be processed for new, incompatible purposes

- data minimisation (art. 5.1 c), in that only personal data which are adequate, relevant and necessary for the purpose of the project will be processed

- storage limitation (art. 5.1 e), in that personal data will not be stored for longer than is necessary to fulfil the project's purpose

THE RIGHTS OF DATA SUBJECTS

Data subjects will have the following rights in this project: transparency (art. 12), information (art. 13), access (art. 15), rectification (art. 16), erasure (art. 17), restriction of processing (art. 18), notification (art. 19), data portability (art. 20)/ protest (art. 21) These rights apply so long as the data subject can be identified in the collected data.

NSD finds that the information that will be given to data subjects about the processing of their personal data will meet the legal requirements for form and content, cf. art. 12.1 and art. 13.

We remind you that if a data subject contacts you about their rights, the data controller has a duty to reply within a month.

FOLLOW YOUR INSTITUTION'S GUIDELINES

NSD presupposes that the project will meet the requirements of accuracy (art. 5.1 d), integrity and confidentiality (art. 5.1 f) and security (art. 32) when processing personal data.

To ensure that these requirements are met you must follow your institution's internal guidelines and/or consult with your institution (i.e. the institution responsible for the project).

FOLLOW-UP OF THE PROJECT

NSD will follow up the progress of the project at the planned end date in order to determine whether the processing of personal data has been concluded.

Contact person at NSD: Kajsa Amundsen

Good luck with the project!

APPENDIX II: INFORMATION AND LETTER OF INFORMED CONSENT

Are you interested in taking part in the research project:

***" Children as Carers: An Exploration of the Lived Experiences of Young Carers in Aburi, Ghana"*?**

This is an inquiry about participation in a research project where the main purpose is to to explore the experiences of young carers in Ghana and how the caring roles affect their education. This letter is to give you detailed information regarding the project and what your participation will involve to enable you to decide whether you want to participate in it or not.

Purpose of the project

The project seeks to explore the lived experiences of children who are taking care of sick members in their families (young carers) in Aburi, Ghana and how the care roles impact their educational lives. The overarching of the aim of the project is to raise awareness about young carers in Ghana so as to help policy makers to come out with the approprite support structures and interventions.

This project will be undertaking as part of a master's thesis in partial fulfilment of the requirements for the award of the European Master of Social Work with Families and Children. Therefore, all information provided will be kept strictly confidential and used for academic purposes only.

Who is responsible for the research project?

The University of Stavanger, Department of Social studies is the institution responsible for the project.

Sampling of participants

Children aged between 11-17 years, reside and attend school at Aburi, and who have been providing care for a relative will be recruited for this study. Participants will be purposefully selected because the study requires that participants to have experience and an understanding of the phenomenon being investigated, that is young caring. Between 8-10 participants are expected to take part in the study.

What does participation involve for you?

As a participant for this study, you will provide information about yourself, such as age, gender, birth position in the family, and the family structure, i.e. single -headed or two parents family. You will also provide information about the nature of care activities you provide to your care recipient. Also, you will describe how the care responsibility has impacted your school activities, positively or otherwise. As a participant, you will also share your views on the kind of support you need as a young carer and the support you have received so far. You will provide this information through

one- on -one, face-to-face interview with a Research Assistant. Interviews will be conducted within your school's premises. Feel free to express yourself in Twi. Consent will be sought from children's parents or legal guardians as well as the school authorities. The interview sessions will last between 45 minutes to an hour.

Participation is voluntary

Participation in the project is voluntary. If you chose to participate, you can withdraw your consent at any time without giving a reason. All information about you will then be made anonymous. There will be no negative consequences for you if you chose not to participate or later decide to withdraw.

Your personal privacy – how we will store and use your personal data

We will only use your personal data for the purpose(s) specified in this information letter. We will process your personal data confidentially and in accordance with data protection legislation (the General Data Protection Regulation and Personal Data Act).

- The interviews will be audio taped and stored in a password protected PC to prevent unauthorized access to the data. Pseudonyms will be used in place of the actual names of participants to protect their identities. All ethical issues regarding this study have been duly considered and approved by my supervisor at the University of Stavanger.
- The raw data will be available to the Research Assistants who will conduct the interviews, the student researcher and the supervisor.

Participants' identities, including names, will not be recorded during the interviews, as well as in the final report and all other academic outlets that will be used to disseminate the research findings, such as publications and conferences.

What will happen to your personal data at the end of the research project?

The project is scheduled to end 4th June, 2021. After submission and approval of the project, the audio recordings and transcripts will be deleted from the researchers PC. Research Assistants will be instructed to delete the recordings as soon as it is forwarded to the student researcher. The data from the project will be published as an academic article also presented at international conferences.

Your rights

So long as you can be identified in the collected data, you have the right to:

- access the personal data that is being processed about you
- request that your personal data is deleted
- request that incorrect personal data about you is corrected/rectified
- receive a copy of your personal data (data portability), and
- send a complaint to the Data Protection Officer or The Norwegian Data Protection Authority regarding the processing of your personal data

What gives us the right to process your personal data? We will process your personal data based on your consent.

Based on an agreement with the University of Stavanger, NSD – The Norwegian Centre for Research Data AS has assessed that the processing of personal data in this project is in accordance with data protection legislation.

Where can I find out more?

If you have questions about the project, or want to exercise your rights, contact:

- The University of Stavanger via Katherine Skoland, kathrine.skoland@uis.no
- Student Researcher, Mercy Appiah-Akuetteh, mecatteh@gmail.com
- Supervisor, Prof. Richard Michael Piech, richard.piech@uis.no
- NSD – The Norwegian Centre for Research Data AS, by email: (personverntjenester@nsd.no) or by telephone: +47 55 58 21 17.

Yours sincerely,

Prof. Richard Michael Piech (Supervisor)

Mercy Appiah-Akuetteh (Student Researcher)

Consent form

I have received and understood information about the project '*Children as Carers: An Exploration of the Lived Experiences of Young Carers in Aburi, Ghana'* and have been given the opportunity to ask questions. I give consent:

- ☐ to participate in an interview
- ☐ for my personal data such as age, gender, and educational level to be processed and published.

I give consent for my personal data to be processed until the end date of the project, approx. 30th June, 2021.

(Signed by participant, date)

APPENDIX III: INTERVIEW GUIDE

Section 1: Demographic Information

1. What is your sex? A. Male---------- B. Female----------
2. What is your age? ----------

3.Your educational level? A. JHS 1------ B. JHS 2----- C. JHS 3-----

4. How many children do your parents have……?
5. What is your birth order? A. 1st born B. 2nd C. 3rd D 4th E. Others
6. Can you state where your other siblings are? ----------
7. Parents' marital status? A. Married B. separated/divorced C. widowed D. Single parent
8. Who in your family are you caring for? A. mother B. father C. grandmother D. sibling E. other…….
9. How long have you been taking care of him/her? Please state…….
10. Do you know about his/her diagnosis? A. Physical illness B. Mental health C. substance/alcohol abuse D. disability E. Others…….
11. What is your religion?

A. Christian B. Moslem C. traditional D. Other (please specify) ----------

Objective 1: Caring roles provided by young carers at Aburi, Ghana

1. You are taking care of a family member; can you please tell me how it all started?
2. Please can you tell me how a typical day is like for you at home?
3. Can you please narrate what you do for this family member you are taking care of?
4. How often do you undertake these tasks?
5. Besides these tasks, do you have to engage in other activities to bring money or food home? Can you please tell me more about this?
6. How do you feel about your care roles?
7. Aside the person who is sick, do you take care of anyone else person, eg, siblings? If yes, could you please tell me what you do for them?
8. Have taking care of your family member been helpful to you?

Can you please explain in what ways, both positive and negative? For example, how has the caring roles make you feel useful, responsible, mature, and confident about yourself?

9. Tell me how this makes you feel important in your family.

Objective 2: The effects of caring responsibilities on young carers' education

1. Please can you tell me about your school life?
2. In what ways do you think your care duties could affect your education?
3. Can you share how you combine your caring roles with school, for example, doing your homework?
4. How do you think your duties as a care giver can affect your school attendance? Can you share with me instances you have to miss school because of the family member you taking care of?
5. Do you think your school performance has been affected by the care duties? Kindly explain.
6. How does this role affect your punctuality at school? Can you recall an instance you were late to school and got punished?
7. How well are you able to concentrate at school? Are there occasions that you sleep or loose concentration in class?
8. How does this affect your participation in extra-curriculum activities, such as sports?
9. Do you think some of your schoolmates and teachers bully you because of your caring duties? Please share your experience with me?
10. How do you think your care giving role can affect your future educational opportunities? Please tell me about your educational aspirations and how you think your present circumstance can affect it?

Objective 3: Support needed by young carers at Aburi, Ghana

1. Do you have any form of support at home for these caring roles?

If yes, who provides, and in what forms are they?

2. Are the school authorities (Headmaster/mistress, teachers) aware of your caring responsibilities?
3. In what ways do the school offer you support to excel in your school activities? In case they are not offering, what forms of support do you think they can offer?

4. Aside the school and family members, do you get some support from other sources? E.g. community members, church, NGOs etc.
5. What do you think the Ministry of Education can do to support children like you to excel in school?
6. How do you think the Government, through the Ministry of Gender, Children and Social Protection can do to support families and children in this situation?