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Children's Provision of Family Caregiving: Benefit or Burden?

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Abstract

Despite the high numbers of children who provide care to family members in industrialized countries, relatively little is known about the impact of caregiving on children's development. In this article, issues related to children's caregiving, including a discussion of who provides care, the costs and benefits of caring, and directions for future research are reviewed. This review is intended to stimulate further study of this issue, particularly in clarifying who is most vulnerable to caregiving burden and understanding how caregiving affects children's lives and development.

Keywords

children's caregiving; caregiving burden; caregiving stress; caretaking; family assistance; filial responsibility; kin care; parentification

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The convergence of several demographic trends in the United States, including high divorce rate, lower marriage rates, and increasing numbers of single parents, has left fewer adults spending fewer hours in the home and, consequently, shifted a large share of family care onto children and adolescents (Chappell & Penning, 2005; Garey, Hansen, Hertz, & MacDonald, 2002). The large-scale entrance of women into the workforce has increased the need for preschool care, after-school care, and summer child care (Hertz & Marshall, 2001). Family size in the United States has diminished, such that the average child has only one sibling (Rowland, 2007), which effectively increases the caregiving load for each child within the family. Significant increases in longevity and the higher incidence of Alzheimer's disease with advanced age (National Institute on Aging, 2008) mean that family members must care for elderly relatives. This, combined with shorter hospital stays and more "in and out" medical procedures, has sharply expanded the need for home care of convalescing family members. In addition, the geographic dispersion of extended families has contributed to the fragmentation of kin ties and led to increased reliance on care by family members who are willing, present, and able (Ganong & Coleman, 1999).

Collectively, these trends have created "care gaps," which are increasingly being met by today's youth. A recent national survey of young caregivers in the United States estimated that 1.4 million children and adolescents are involved in some type of family caregiving, with close to 1 million American households having a young caregiver (National Alliance for Caregiving, 2005). In the United Kingdom, approximately 50,000 children and adolescents care for an ill or disabled family member (Dearden & Becker, 2000). A review of more than 45 studies of American and European adolescents' time use found that, internationally, teenagers spend up to 40 min a day on family household tasks, which include caring for a family member (Larson & Verma, 1999). Most caregiving situations

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involve helping a grandparent (38%) or parent (34%), with the remainder caring for a sibling (11%), other relative (9%), or nonrelative (8%; National Alliance for Caregiving, 2005). Although the review did not state the amount of time spent in caregiving tasks, when researchers asked 8- to 18-year-old caregivers how much time they spent providing care, 49% reported "a lot." Most of children's caregiving involves helping others with instrumental activities of daily living, such as shopping, household tasks, and meal preparation, but more than half of youth also perform more personal care, such as helping with bathing, dressing, and feeding (National Alliance for Caregiving, 2005).

Despite the significant numbers of children and adolescents providing some form of family care, we know relatively little about the nature or extent of this care. Indeed, the operationalization of caregiving has not always been clear or consistent. Many studies have combined different types of caregiving (helping parents, grandparents, or siblings) with general family assistance tasks (running family errands; Fuligni, Tseng, & Lam, 1999; Kuperminc, Jurkovic, & Casey, 2009). The National Alliance study very generally operationalized caregiving as "providing unpaid help or care to any person who need not live with you." Other studies have focused on "household work" but include caring for siblings or elderly family members in this category (Call, 1996; Gager, Cooney, & Call, 1999; Larson & Verma, 1999). Most studies to date also state only the percentage of youth providing care, paying little attention to the actual time committed to caregiving. Thus, the frequency and duration of children's caregiving are currently unknown.

Despite such methodological ambiguity, social historians have verified that children have been expected to provide some caregiving in much of our history and in most cultures. Historically, adults have regarded children as an important form of social capital, valuing children for the needs they meet and the services they provide (Hoffman, Thornton, & Manis, 1978; Schoen, Kim, Nathanson, Fields, & Astone, 1997). The extensive literature on the determinants of fertility across cultures includes the various contributions of children, and the provision of family work and family care is a significant value (Lee & Bulatao, 1983). Indeed, in 19th-century America, the high rate of maternal death during childbirth and the prevalence of large families with heavy workloads necessitated the use of older daughters as surrogate parents to younger children (Pollack, 2002). For much of the 20th century as well, most children in working-class families served as major caregivers in the family, spending much of their youth either caring for siblings or being attended by them. "Little mothers" or "child parents" did not even consider "baby tending" a chore but, rather, something one did with little reflection, little protest, and, apparently, little consequence (Mintz & Kellogg, 1988). Solitary sibling caregiving continues today, with millions of children singularly cared for by an older sibling while their parents are away at work (Belle, 1999; National Institute on Out-of-School Time, 1998). However, unlike in earlier generations, solitary caretaking today is widely stigmatized and considered "America's biggest secret" (Creighton, 1993), and most parents are reluctant to admit using a child as a primary albeit temporary care provider (Dodson & Dickert, 2004).

In some sociocultural contexts, though, such as in Latin American and Asian American families, children's work contributions to family are considered an essential part of the fabric of family life and an important preparation for the child's future (Fuligni & Pederson, 2002; Kuperminc et al., 2009). In these cases, adults view youths' contributions to family as critical for promoting growth and maturity, and for socializing youth about fundamental family goals and values (Weisner, 2001). Similarly, recently immigrated families often rely on children's family work; children serve as "cultural brokers," routinely managing the family finances, brokering for health care and social services, and serving as interpreters and liaisons to schools and the community at large (Orellana, 2001; Valenzuela, 1999). Classic cross-cultural studies also indicate that children in non-Western societies take on very adult-

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like responsibilities within their families and that these roles are considered a normal and important preparation for adulthood (Weisner, 1987; Whiting & Edwards, 1988). In many of today's American rural families, where family interconnectedness is vital for economic survival, children typically provide large amounts of family labor, and this is considered normative and economically necessary (Elder & Conger, 2000).

WHO PROVIDES CARE?

Children's individual characteristics—such as their age, gender, and birth order—play a large role in whether they provide care and how much they undertake (East & Weisner, 2009; McMahon & Luthar, 2007). Children's competence and level of maturity also act as selection factors; children who are mature, empathetic, and comfortable with providing personal care, and who have "good common sense," are most likely selected into caregiving roles (Zukow-Goldring, 2002). Similarly, adolescents who possess certain capabilities well suited for caregiving are more likely to be recruited into providing care. For example, adolescents who can drive or navigate a complex bus system would be more likely to provide care to an ailing grandparent in a nearby town, whereas younger children might be more likely to provide in-home care (Burton, 2007). Valenzuela (1999) also noted that immigrant children who spoke English and understood the subtleties of personal interactions were more likely to serve as translators with health professionals and school personnel.

There is wide consensus that girls routinely provide more family care than boys and begin a year or two earlier (Call, Mortimer, & Shanahan, 1995; Larson & Verma, 1999; Zukow-Goldring, 2002). Across adolescence, girls tend to provide more hours of family care than boys, whose hours decrease as they get older (East, Weisner, & Slonim, 2009; Gager et al., 1999). However, some have noted that men may be less likely to admit to caretaking behaviors because it is antithetical to stereotypical male behavior (Burton, 2007). The strong gender divergence in caregiving likely results from gender-based selection effects, as girls are more likely to be recruited into providing care than boys (Crouter, Head, Bumpus, & McHale, 2001; McHale, Crouter, & Tucker, 1999). Traditional gender role norms within Latino families, for example, prescribe that girls undertake more household responsibilities (which include caregiving) than boys (McHale, Updegraff, Shanahan, Crouter, & Killoren, 2005). However, girls may value and desire greater participation in the care of others because of gender socialization and select this niche for themselves (Cancian & Oliker, 2000; Kroska, 2003). Girls' greater participation in caregiving with increasing age might reflect such gender intensification processes—increased conformity to sex-role stereotypes during adolescence might "pull" girls toward caregiving roles (Galambos, 2004). Subsequent studies should attempt to discern whether girls experience more caregiving burden than boys, and to learn the reason behind girls' greater involvement in caregiving. Girls may be more prone to caregiving, for example, because of an enhanced orientation to others (Gilligan, 1982), a biological tendency toward greater nurturance and sociability (Markus & Nurius, 1986), gendered socialization (Kroska, 2003), parents' culturally gendered expectations (McHale et al., 1999), or some combination of these factors.

Children's involvement in family care is also highly dependent on family size, family structure, and whether adult and child kin reside together. Given that girls perform more caregiving than boys, one would expect that the number of sisters within a household would be negatively related to the amount of family care that any one child provides, whereas the number of brothers would be positively linked to a child's hours of care. The age span between children might also play a role in the amount of caregiving performed. For example, in large families where the age span between the eldest and youngest child is large, older children might be expected to take on more sibling care than older children in smaller families where the age span between children is smaller (Zukow-Goldring, 2002). Children

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within large, extended families comprising many adults would also likely have low levels of caregiving, as would children who live with a father or father figure, as this might free the mother from working outside the home and thereby allow her to assume a primary caretaking role.

Children's adjustment is also likely related to their involvement in caregiving. Children who function poorly are less likely to be asked (or less inclined to help on their own) than children who are well adjusted. However, it is also plausible that youth who are highly involved in school, in extracurricular activities, or with friends would be limited in the amount of caretaking they could undertake. Indeed, two studies found support for a curvilinear relation between the extent of caregiving and children's adjustment, such that moderate levels of care are linked with children's healthiest well-being, whereas high and low levels of care are related to children's poor functioning (Fuligni et al., 1999; McMahon & Luthar, 2007). Further studies that determine whether children's adjustment is related to their levels of care in a curvilinear fashion, and separating selection into caregiving from its effects are crucial for understanding the true impact of caregiving on children's adjustment (see East & Weisner, 2009).

THE COSTS AND BENEFITS OF CAREGIVING

The ramifications of children's family caregiving for their adjustment and development are not well understood. Some research shows that family caregiving and general family assistance tasks inspire children's sense of maturity, self-reliance, and empathy (Call, 1996; Chase-Lansdale, Wakschlag, & Brooks-Gunn, 1995; Goodnow & Lawrence, 2001). Researchers have also found adolescents' helpfulness in the home to contribute to positive self-esteem and feelings of interpersonal competence (Beach, 1997; Call et al., 1995; Kuperminc et al., 2009). Among adolescents experiencing disruption in their lives, the act of caregiving seems to provide important connection to others and to foster a positive self-identity (Brubaker & Wright, 2006). Recent ethnographic work also shows that many disadvantaged, inner-city youth who perform family care activities gain self-confidence and a "sense of mattering" that they otherwise may not experience (Burton, 2007).

Other research studying children who look after their younger siblings also highlights beneficial effects. Numerous home observation studies, conducted largely with preschool and school-age children of middle-class backgrounds, have shown that sibling caretaking (in mother's presence and under her watchful eye) is associated with children's increased perspective taking and social understanding (Bryant, 1992; Stewart & Martin, 1984). Anthropological studies also show that sibling caregiving provides youth with a sense of purpose and meaning, and teaches children about the importance and subtleties of social hierarchies (Rabain-Jamin, Maynard, & Greenfield, 2003; Zukow-Goldring, 2002).

However, many have voiced concern about excessive family labor among children and adolescents, arguing that disproportionate caretaking can deprive children of their own developmentally appropriate experiences and harm their health and well-being (Dodson & Dickert, 2004; Lareau, 2003; Meyer, 2000). Large amounts of family caregiving (20 hr or more a week) and long durations of caregiving (extending over several years) have been found to be associated with children's stress and academic difficulties (Dodson & Dickert, 2004; East & Weisner, 2009; East, Weisner, & Reyes, 2006), school dropout (Jordan, Lara, & McPartland, 1996), depression (Shifren & Kachorek, 2003), and permissive sexual activity among early adolescent girls (East & Jacobson, 2001). Results of two large studies, one in the United States and another in the United Kingdom, indicate that child caregivers experience significantly more anxiety and antisocial behavior than noncaregivers of comparable age and racial background (Becker, Aldridge, & Dearden, 1998; National

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Alliance for Caregiving, 2005). Within United Kingdom, young caregivers missed school significantly more often than other children and reported feeling stressed, depressed, and like they had no time for themselves (Dearden & Becker, 2000). In addition, results from qualitative studies show that compared to noncaregivers, child caregivers are more likely to report feeling "worthless," "like no one loves me," and that their caregiving responsibilities significantly hinder their school-work and participation in school activities (Aldridge & Becker, 1993a, 1993b). Youth also report feeling burdened, resentful, embarrassed, and worried about their caregiving responsibilities, and angry that others do not understand the pressures they face (Earley, Cushway, & Cassidy, 2007). Within a large Australian sample, youth caregivers reported higher somatization and lower life satisfaction than a matched comparison group of noncaregivers (Pakenham, Bursnall, Chiu, Cannon, & Okochi, 2006). Ethnographic studies also show that a disproportionate emphasis on "kin care" can prematurely funnel young, poor African American and Latina girls into early childbearing, a social arena in which they feel competent (Burton, 1996; Records, 1994).

In fact, given that girls provide more caretaking than boys, there is reason to expect that girls might derive more harm from caregiving than boys. However, the literature is equivocal in identifying caregiving effects by gender. Three studies have found greater distress among young female care providers than male caregivers (Dearden & Becker, 2000; East & Jacobson, 2001; East & Weisner, 2009), but in other studies young male care providers reported more depression and school problems than both female care providers and young male noncaregivers (McMahon & Luthar, 2007; National Alliance for Caregiving, 2005).

Although the aforementioned studies point to caregiving within relatively normal, typical family situations, there is growing attention to the concept of "parentification" or "adultification" of children, wherein children prematurely assume extensive family care responsibilities and essentially *replace* a parent in overseeing the family's nurturing needs (Burton, 2007; Chase, 1999; Earley & Cushway, 2002; Jurkovic, 1997). In these situations, caretaking demands are all consuming, exceed children's abilities, and ignore children's developmental needs (Valleau, Bergner, & Horton, 1995). Parentification typically occurs in situations involving family dysfunction (such as parental alcoholism or drug abuse), extreme poverty, or parental death or abandonment (McMahon & Luthar, 2007; Raveis, Siegel, & Karus, 1999). It can, however, also occur in situations of parental divorce (Jurkovic, Thirkield, & Morrell, 2001) or chronic illness (Sears & Sheppard, 2004; Stein, Riedel, & Rotheram-Borus, 1999), or with children who have a disabled or chronically ill sibling (Lamorey, 1999; Siegal & Silverstein, 1994). Others have described recently immigrated children as adopting behavior problems indicative of "pseudo-maturity" (such as smoking, drinking alcohol, or dropping out of school) when assuming a parental or "household manager" type role within the family (Suárez-Orozco & Suárez-Orozco, 1995; Walsh, Shulman, Bar-On, & Tsur, 2006).

It is important to distinguish between normative versus non-normative (or atypical) caregiving. Caregiving in exceptional circumstances, such as those mentioned above, must be addressed separately from caregiving in more normative settings (such as caring for healthy younger siblings and other forms of general family assistance). However, given evidence that care-giving in relatively normative circumstances can be detrimental to children's well-being, it is important to understand how caregiving stress affects children in both the short and long term, and how caretaking burden among children manifests itself.

DIRECTIONS FOR FUTURE RESEARCH

Given the prevalence of children's involvement in family caregiving, the shifting of recent demographic trends that collude to increase children's involvement in family care, and

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findings that highlight the significance of family care for children's adjustment, this topic deserves further research. Areas for future study include systematically exploring the *meaning* of caregiving to children, or better understanding children's *experiences* in providing care. Researchers in the literature on family work have noted that children's feelings about their work contributions to the family are more important for their development than the actual work itself (Call, 1996; Goodnow & Lawrence, 2001). Understanding the process of how children are involved in caregiving is also important because such processes likely have an impact on children's adjustment. Do the children provide care willingly and spontaneously, or begrudgingly and resentfully? Positive care experiences would support the prosocial and altruistic role of the child cooperating and helping their family in ways in which they are able (Bryant, 1992). Resentful care, with coercion from family members, would indicate that youth are obliged or compelled to respond to their family needs (East et al., 2009).

In assessing the impact of caregiving for children's development, it is also important to distinguish between primary and secondary caretaking (Weisner, 1982; Zukow-Goldring, 2002). Primary caretaking involves assuming the exclusive responsibility of caring for another and is often done alone and out of necessity. In contrast, secondary caretaking, or supplementary care, is done collaboratively with adults present and with the intent to build character and provide parenting preparedness (Call, 1996; Weisner, 1987). These are two very different forms of caretaking, and each is associated with divergent adjustment outcomes (East et al., 2009). Future research should specify the context of care and parents' intent in using children as care providers.

There is also a need for future research to clearly distinguish the type of caregiving provided, differentiating between household management and domestic chores from care given to a younger child, an elderly family member, or a disabled, rehabilitating, or chronically ill family member. Future research would also be well served by clearly specifying the extent of caregiving provided (e.g., in hours per week). Consistency across studies would provide clarification about how much care is too much. That said, however, it is important to recognize that caregiving is a complex activity that is sometimes intermittent, sometimes long term, sometimes voluntary, sometimes not, sometimes highly valued, and other times less so. To be sure, though, caregiving is almost always contingent on changing family needs and fluctuating family resources.

An important goal for developmental scientists within this area is to clarify what constitutes appropriate family care for children. Certainly, we must consider the age and developmental maturity of the child, as well as the degree of adult supervision and the type and length of family work involved. Many factors warrant further study as identifiable dimensions that might differentiate whether child caregivers experience benefits or costs, including the perceived fairness of family caregiving responsibilities (Kuperminc et al., 2009), the extent to which the child wants to provide care (vs. compulsory care), and the age of the child. One can imagine that the lesser maturity and coping abilities of younger children would enhance the stress and strain associated with caregiving. However, older adolescents likely have more stressful school demands and competing demands for their time (such as paid jobs or extracurricular activities) and, thus, may be more compromised by caretaking. Previous findings are inconsistent. McMahon and Luthar (2007) found that older caregivers (roughly 14- to 17-year-olds) experienced more psychological distress and school maladjustment, but results reported by the National Alliance for Caregiving (2005) indicate that depression and anxiety were highest among the youngest care providers (ages 8–11). Thus, judging the appropriateness of caregiving for children of different ages is not straightforward. Longitudinal studies are necessary if we are to understand how caregiving changes across development and what the consequences of long-term caregiving might be.

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Cultural values, family expectations, and family need are also important factors to consider. Indeed, the cultural value placed on family obligation is key in understanding caregiving effects on adults' mental health (Dilworth-Anderson, Williams, & Gibson, 2002; Pinquart & Sorensen, 2005) and is likely to be critical in evaluating the consequences of caregiving for children's wellbeing. Further research should incorporate children's race/ethnicity and accompanying cultural values and norms for family caregiving.

In conclusion, this review has illustrated the complex ways in which children are used as caregivers and the resulting effects on them. Future research should illuminate the developmental costs and benefits incurred from caregiving to more fully explain how caregiving affects children's daily lives, functioning, and future life course.

References

Aldridge, J.; Becker, S. Children who care: Inside the world of young carers. Loughborough, UK: Young Carers Research Group, Loughborough University; 1993a.

Aldridge J, Becker S. Punishing children for caring: The hidden cost of young carers. Child and Society. 1993b; 7:376–387.

Beach DL. Family caregiving: The positive impact on adolescent relationships. The Gerontologist. 1997; 37:233–238. [PubMed: 9127979]

Becker, BS.; Aldridge, J.; Dearden, C. Young carers and their families. Oxford, UK: Blackwell Science; 1998.

Belle, D. The after-school lives of children: Alone and with others while parents work. Mahwah, NJ: Erlbaum; 1999.

Brubaker SJ, Wright C. Identity transformation and family caregiving: Narratives of African American teen mothers. Journal of Marriage and Family. 2006; 68:1214–1228.

Bryant, BK. Sibling caretaking: Providing emotional support during middle childhood. In: Boer, F.; Dunn, J., editors. Children's sibling relationships: Developmental and clinical issues. Hillsdale, NJ: Erlbaum; 1992. p. 55-69.

Burton LM. Age norms, the timing of family role transitions, and intergenerational caregiving among aging African American women. The Gerontologist. 1996; 36:199–208. [PubMed: 8920089]

Burton LM. Child adultification in economically disadvantaged families: A conceptual model. Family Relations. 2007; 56:329–345.

Call, KT. The implications of helpfulness for possible selves. In: Mortimer, JT.; Finch, MD., editors. Adolescents, work, and family. Thousand Oaks, CA: Sage; 1996. p. 63-96.

Call KT, Mortimer JT, Shanahan MJ. Helpfulness and the development of competence in adolescence. Child Development. 1995; 66:129–138. [PubMed: 7497820]

Cancian, FM.; Oliker, SJ. Caring and gender. London: Pine Forge Press; 2000.

Chappell, NL.; Penning, MJ. Family caregivers: Increasing demands in the context of 21st-century globalization?. In: Johnson, ML., editor. The Cambridge handbook of age and ageing. Cambridge, UK: Cambridge University Press; 2005. p. 455-462.

Chase, ND., editor. Burdened children: Theory, research and treatment of parentification. Thousand Oaks, CA: Sage; 1999.

Chase-Lansdale PL, Wakschlag LS, Brooks-Gunn J. A psychological perspective on the development of caring in children and youth: The role of family. Journal of Adolescence. 1995; 18:515–556.

Creighton LL. Kids taking care of kids. US News and World Report. 1993; 115:26–30.

Crouter, AC.; Head, MR.; Bumpus, MF.; McHale, SM. Household chores: Under what conditions do mothers lean on daughters?. In: Fuligni, AJ., editor. Family obligation and assistance during adolescence: Contextual variations and developmental implications. San Francisco: Jossey-Bass; 2001. p. 23-41.

Dearden, C.; Becker, S. Growing up caring: Vulnerability and the transition to adulthood—Young carers' experiences. Leicester, UK: Youth Work Press; 2000.

NIH-PA Author Manuscript
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NIH-PA Author Manuscript

Dilworth-Anderson P, Williams IC, Gibson BE. Issues of race, ethnicity, and culture in caregiving research: A 20-year review (1980–2000). The Gerontologist. 2002; 42:237–272. [PubMed: 11914467]

Dodson L, Dickert J. Girls' family labor in low-income households: A decade of qualitative research. Journal of Marriage and Family. 2004; 66:318–332.

Earley L, Cushway D. The parentified child. Clinical Child Psychology & Psychiatry. 2002; 7:163–178.

Earley L, Cushway D, Cassidy T. Children's perceptions and experiences of care giving: A focus group study. Counseling Psychology Quarterly. 2007; 20:69–80.

East PL, Jacobson LJ. The younger siblings of teenage mothers: A follow-up of their pregnancy risk. Developmental Psychology. 2001; 37:254–264. [PubMed: 11269393]

East PL, Weisner TS. Mexican American adolescents' family caregiving: Selection effects and longitudinal associations with adjustment. Family Relations. 2009; 58:562–577. [PubMed: 24000269]

East PL, Weisner TS, Reyes BT. Youths' caretaking of their adolescent sisters' children: Its costs and benefits for youths' development. Applied Developmental Science. 2006; 10:86–95.

East PL, Weisner TS, Slonim A. Youths' caretaking of their adolescent sisters' children: Results from two longitudinal studies. Journal of Family Issues. 2009; 30:1671–1697.

Elder, GH.; Conger, RD. Children of the land: Adversity and success in rural America. Chicago: University of Chicago Press; 2000.

Fuligni AJ, Pederson S. Family obligation and the transition to young adulthood. Developmental Psychology. 2002; 38:856–868. [PubMed: 12220060]

Fuligni AJ, Tseng V, Lam M. Attitudes toward family obligations among American adolescents with Asian, Latin American, and European backgrounds. Child Development. 1999; 70:1030–1044.

Gager CT, Cooney TM, Call KT. The effects of family characteristics and time use on teenagers' household labor. Journal of Marriage and the Family. 1999; 61:982–994.

Galambos, NL. Gender and gender role development in adolescence. In: Lerner, RM.; Steinberg, L., editors. Handbook of adolescent psychology. Hoboken, NJ: Wiley; 2004. p. 233-262.

Ganong, L.; Coleman, M. Changing families, changing responsibilities. Hillsdale, NJ: Erlbaum; 1999.

Garey AI, Hansen KV, Hertz R, MacDonald C. Care and kinship. Journal of Family Issues. 2002; 23:703–715.

Gilligan, C. In a different voice: Psychological theory and women's development. Cambridge, MA: Harvard University Press; 1982.

Goodnow, JJ.; Lawrence, JA. Work contributions to the family: Developing a conceptual and research framework. In: Fuligni, AJ., editor. Family obligation and assistance during adolescence: Contextual variations and developmental implications. San Francisco: Jossey-Bass; 2001. p. 5-22.

Hertz, R.; Marshall, NL. Working families: The transformation of the American home. Berkeley: University of California Press; 2001.

Hoffman LW, Thornton A, Manis JD. The value of children to parents in the United States. Journal of Population. 1978; 1:91–131.

Jordan WJ, Lara J, McPartland JM. Exploring the causes of early dropout among race-ethnic and gender groups. Youth & Society. 1996; 28:62–94.

Jurkovic, GJ. Lost childhoods: The plight of the parentified child. New York: Brunner Mazel; 1997.

Jurkovic GJ, Thirkield A, Morrell R. Parentification of adult children of divorce: A multidimensional analysis. Journal of Youth and Adolescence. 2001; 30:245–257.

Kroska A. Investigating gender differences in the meaning of household chores and child care. Journal of Marriage and Family. 2003; 65:456–473.

Kuperminc GP, Jurkovic GJ, Casey S. Relation of filial responsibility to the personal and social adjustment of Latino adolescents from immigrant families. Journal of Family Psychology. 2009; 23:14–22. [PubMed: 19203155]

Lamorey, S. Parentification of siblings of children with disability or chronic disease. In: Chase, ND., editor. Burdened children: Theory, research and treatment of parentification. Thousand Oaks, CA: Sage; 1999. p. 75-91.

NIH-PA Author Manuscript NIH-PA Author Manuscript NIH-PA Author Manuscript

Lareau, A. Unequal childhoods: Class, race, and family life. Berkeley: University of California Press; 2003.

Larson RW, Verma S. How children and adolescents spend time across the world: Work, play, and developmental opportunities. Psychological Bulletin. 1999; 125:701–736. [PubMed: 10589300]

Lee, RD.; Bulatao, RA. The demand for children: A critical essay. In: Bulatao, RA.; Lee, RD., editors. Determinants of fertility in developing countries. Vol. 1. New York: Academic Press; 1983. p. 233-287.

Markus H, Nurius P. Possible selves. American Psychologist. 1986; 41:954–969.

McHale SM, Crouter AC, Tucker CJ. Family context and gender role socialization in middle childhood: Comparing girls to boys and sisters to brothers. Child Development. 1999; 70:990–1004. [PubMed: 10446731]

McHale SM, Updegraff KA, Shanahan L, Crouter AC, Killoren SE. Siblings' differential treatment in Mexican American families. Journal of Marriage and Family. 2005; 67:1259–1274. [PubMed: 18414595]

McMahon TJ, Luthar SS. Defining characteristics and potential consequences of caretaking burden among children living in urban poverty. American Journal of Orthopsychiatry. 2007; 77:267–281. [PubMed: 17535125]

Meyer, MH., editor. Care work: Gender, class, and the welfare state. New York: Routledge; 2000.

Mintz, S.; Kellogg, S. Domestic revolutions: A social history of American family life. New York: Free Press; 1988.

National Alliance for Caregiving. Young caregivers in the US: Findings from a national survey. Bethesda, MD: National Alliance for Caregiving; 2005.

National Institute on Aging. Alzheimer's disease fact sheet. 2008. Retrieved from http://www.nia.nih.gov/Alzheimers/Publications/adfact.htm

National Institute on Out-of-School Time. Fact sheet on school-age children's out-of-school time. Wellesley, MA: Wellesley College, Center for Research on Women; 1998.

Orellana MF. The work kids do: Mexican and Central American immigrant children's contributions to households and schools in California. Harvard Educational Review. 2001; 71:366–389.

Pakenham KI, Bursnall S, Chiu J, Cannon T, Okochi M. The psychosocial impact of caregiving on young people who have a parent with an illness or disability: Comparisons between young caregivers and noncaregivers. Rehabilitation Psychology. 2006; 51:113–126.

Pinquart M, Sorensen S. Ethnic differences in stressors, resources, and psychological outcomes of family caregiving: A meta-analysis. The Gerontologist. 2005; 45:90–106. [PubMed: 15695420]

Pollack EG. The childhood we have lost: When siblings were caregivers, 1900–1970. Journal of Social History. 2002; 36:31–61.

Rabain-Jamin J, Maynard AE, Greenfield P. Implications of sibling caregiving for sibling relations and teaching interactions in two cultures. Ethos. 2003; 31:204–231.

Raveis VH, Siegel K, Karus D. Children's psychological distress following the death of a parent. Journal of Youth and Adolescence. 1999; 28:165–180.

Records KA. Anglo-American and Mexican American adolescent mothers: Caregiving, approval, and family functioning. Hispanic Journal of Behavioral Sciences. 1994; 16:487–499.

Rowland DT. Historical trends in childlessness. Journal of Family Issues. 2007; 28:1311–1337.

Schoen R, Kim YJ, Nathanson CA, Fields J, Astone NM. Why do Americans want children? Population and Development Review. 1997; 23:333–358.

Sears HA, Sheppard HM. "I just wanted to be the kid": Adolescent girls' experiences of having a parent with cancer. Canadian Oncology Journal. 2004 Jan.:18–25.

Shifren K, Kachorek LV. Does early caregiving matter? The effects on young caregivers' adult mental health. International Journal of Behavioral Development. 2003; 27:338–346.

Siegal, B.; Silverstein, S. What about me? Growing up with a developmentally disabled sibling. New York: Plenum; 1994.

Stein JA, Riedel M, Rotheram-Borus MJ. Parentification and its impact on adolescent children of parents with AIDS. Family Process. 1999; 38:193–208. [PubMed: 10407720]

Stewart RB, Martin RS. Sibling relations: The role of conceptual perspective-taking in the ontogeny of sibling caregiving. Child Development. 1984; 55:1322–1332.

Suárez-Orozco, C.; Suárez-Orozco, M. Migration: Generational discontinuities and the making of Latino identities. In: Romanucci-Ross, L.; De Vos, GA., editors. Ethnic identity: Creation, conflict, and accommodation. Walnut Creek, CA: Alta Mira Press; 1995. p. 321-347.

Valenzuela A. Gender roles and settlement activities among children and their immigrant families. American Behavioral Scientist. 1999; 42:720–742.

Valleau MP, Bergner RM, Horton CB. Parentification and caretaker syndrome: An empirical investigation. Family Therapy. 1995; 22:157–164.

Walsh S, Shulman S, Bar-On Z, Tsur A. The role of parentification and family climate in adaptation among immigrant adolescents in Israel. Journal of Research on Adolescence. 2006; 16:321–350.

Weisner, TS. Sibling interdependence and child caretaking: A cross-cultural view. In: Lamb, M.; Sutton-Smith, B., editors. Sibling relationships: Their nature and significance. Hillsdale, NJ: Erlbaum; 1982. p. 305-327.

Weisner, TS. Socialization for parenthood in sibling caretaking societies. In: Lancaster, JB.; Altman, J.; Rossi, A.; Sherrod, L., editors. Parenting across the life span. New York: Aldine de Gruyter; 1987. p. 237-270.

Weisner, TS. Children investing in their families: The importance of child obligation in successful development. In: Fuligni, AJ., editor. Family obligation and assistance during adolescence: Contextual variations and developmental implications. San Francisco: Jossey-Bass; 2001. p. 77-83.

Whiting, B.; Edwards, CP. Children of different worlds: The formation of social behavior. Cambridge, MA: Harvard University Press; 1988.

Zukow-Goldring, P. Sibling caregiving. In: Bornstein, MH., editor. Handbook of parenting. 2. Vol. 3. Mahwah, NJ: Erlbaum; 2002. p. 253-286.

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