



Home Truths

**Wellbeing and vulnerabilities
of child domestic workers**

**Anti-Slavery International
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Research partners:

The **National Domestic Workers Movement (NDWM)** is active in 23 states of **India** and works towards achieving dignity for domestic work and workers, at both national and international levels. NDWM organises domestic workers, empowering them through leadership and capacity building programmes and information about rights. The organisation runs awareness campaigns to sensitize the public, governing bodies and policy makers about the rights of CDWs as well as providing direct support for women and children in moments of crisis.

The **Asociación Grupo de Trabajo Redes (AGTR)** in **Peru** operates a broad programme of non-formal education, support and services to current and former domestic workers, children and adults in general through *La Casa de Panchita* day centre. AGTR also offers a hot line for legal advice and psychological counseling and defense, has scholarships for some adolescents in DW to pursue post secondary studies and offers complementary nutrition for CDW that are in most difficult situations. AGTR is also the visible head of a network of organisations throughout Peru that combine services, data collection, defence of legal rights and advocacy.

The **Visayan Forum Foundation (VF)** in the **Philippines** has pioneered advocacy for the recognition, development and full legal protection of domestic workers in the Philippines. Accredited by the Department of Social Welfare and Development (DSWD) to provide “residential care and community – based programmes and services for women and children in especially difficult circumstances.” VF works for the protection and justice of marginalized migrants, specifically trafficked women and children and domestic workers or *kasambahays*. It also helped organize the *Samahan at Ugnayan ng mga Manggagawang Pantahanan sa Pilipinas (SUMAPI)*, a national organization of domestic workers.

WAO-Afrique is a regional organisation based in **Togo**. WAO studies and researches the various violations of child rights in the region and engages in social mobilisation, awareness raising, lobbying, removal of children from exploitative situations as well as their rehabilitation and reintegration. The organisation is also home to a transit centre for children withdrawn from domestic work or who are victims of child trafficking or sexual exploitation.

Kivulini in **Tanzania** supports communities to be better organised and empowered to take action to prevent and mitigate domestic violence against women and girls. The organisation mobilises entire communities to break free from domestic violence and to respect and value the rights of women and girls. Kuvulini influences and facilitates the institutionalisation of desirable changes in policies, laws and practices to prevent violence against women and children in Tanzania while bearing in mind that successful advocacy requires careful research and data collection.

Defensa de Niños y Niñas Internacional (DNI) delivers rights-based programmes in **Costa Rica and in Central America** on issues such as child labour and HIV/Aids. The organisation advocates for the rights of children and adolescents and works towards an inclusive democracy that gives children equal rights on a political level as well as working directly with groups of children to empower them to understand and articulate their rights.

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Photo: Pete Pattison

Executive Summary

This report presents the findings of a multi-country study into the psychosocial wellbeing of child domestic workers (CDWs) across three continents. The study was conducted in Peru, Costa Rica, Togo, Tanzania, India and Philippines during 2009 with around 3,000 children, mostly between the ages of 10 and 17; half of whom work as paid or unpaid domestic workers.

A multidisciplinary research team including psychologists, anthropologists and epidemiologists used a specifically designed questionnaire to explore the nature and circumstances under which child domestic work is performed in order to understand how this affects the psychosocial wellbeing and health of child domestic workers. A total of 1,465 CDWs and 1,579 neighbourhood controls were interviewed on a one-to-one basis to quantitatively assess their socio-demographic and family situation, working life, conditions, cognitive abilities and psychosocial wellbeing in what is the first study of this nature and scale.

The findings provide a rich description of the lives of CDWs across the globe and suggest that a broad spectrum of working conditions and situations affect these child workers in different ways. A significant proportion of CDWs in Togo and India are clearly harmed by the situation in which they are working. In these two countries physical abuse is common, CDWs work long hours for little or no pay and this full time work often completely excludes them from the education system, leaving them with little opportunity for social mobility. Our data suggests that many of these children are seriously harmed on a psychosocial level and that policy and programme level interventions are urgently needed.

The results of this study strongly support the need for further *situation* specific research as researchers found that similar circumstances affect CDWs in different ways. The CDWs interviewed in Tanzania are also frequently victims of abuse in their place of work; some children in this study reported being whipped and caned by their employers but despite this and their similarly harsh working conditions they are less affected on a psychosocial level. The study findings suggest that this is in part due to higher school attendance and more varied forms of social support.

A significant proportion of the interviewed children were fortunate in being able to combine school and work and to benefit from good social and family support. In Peru and the Philippines many study and work and are little different from their non-CDW counterparts suggesting that domestic work per se is not necessarily harmful; however their wellbeing depends more on the support they can rely on and the conditions under which they work.

This study has made an important contribution to our understanding of child domestic work and provides important indicators in terms of the situation and circumstances that most affect these child workers as well as the aspects of their life that provide resilience and contribute to their wellbeing in a positive way. However, it is likely that this research did not access the children at most risk of harm, and is liable to be biased in favour of the least vulnerable CDWs. It is therefore probable that the findings underestimate the level of abuse that CDWs really experience, suggesting the need for further investigation and for greater accuracy, using longitudinal and in-depth qualitative research.



Photo: Anti-Slavery International

1. Introduction

Child domestic workers (CDWs) are “persons under 18 years who work in households other than their own,¹ doing domestic chores, caring for children, tending the garden, running errands and helping their employers run their small businesses, amongst other tasks. This includes children who ‘live in’ and those who live separately from their employers, as well as those who are paid for their work, those who are not paid, and those who receive ‘in-kind’ benefits, such as food and shelter” (Blagbrough, 2010).

Children as young as seven years old are routinely pressed into domestic service. CDWs are isolated from their families and from opportunities to make friends, finding themselves under the total control of employers whose primary concern is often not in their best interest as children. Despite some children entering domestic work in the hope of continuing their schooling, many are deprived of opportunities for education and are working in conditions that can be considered amongst the worst forms of child labour. Worldwide, the majority of CDWs are girls. Many have been trafficked, or are in debt bondage.

The International Labour Organization (ILO) estimates that there are more girls engaged in domestic work than in any other sector of work. In its first ever global estimates on domestic work, the ILO estimates that there are currently 15.5 million children engaged in this sector.² CDWs may count in the millions worldwide, yet they remain invisible and marginalised both economically and socially because of the very fact that domestic work is performed in the home and because of the myths that surround

¹ For the purpose of this research, researchers also consulted with children in Costa Rica who do domestic work for their own parents.

² ILO/SIMPOC 2008 in *Global and regional estimates on domestic workers*, Domestic Work Policy Brief 4 (ILO, 2011), page 9.

their employment. While it is conventional to regard domestic work as a 'safe' form of employment, especially for girls, in reality a wide range of abuses – including physical, verbal and sexual violence – routinely accompany this type of work.

A growing body of evidence has documented how child workers suffer musculoskeletal problems, skin and eye infections and diseases, accidents and injuries, intoxication, fatigue, exposure to harmful bacteria in water or waste and a multitude of other long and short-term work related health problems (Gamlin and Hesketh 2006, Gastal Fassa 1999). These concerns have rightly highlighted the risks faced by children in many harmful forms of employment from a public health as well as a rights based perspective, fuelling advocacy campaigns with information that has facilitated legislation such as the ILO's Worst Forms of Child Labour Convention (No.182).

The adoption of ILO Convention 182 was an important achievement for child workers everywhere; nonetheless concerns about the impact of child labour on health has overwhelmingly focused on aspects of children's physical wellbeing rather than their psychological and psychosocial wellbeing (Woodhead, 2004). There is also a significant gap in child labour research about the environment in which the child is working because data has tended to focus more narrowly on their working conditions –their hours of work, machinery they use, loads that they carry, neglecting the social and personal situations in which they live and work. This is very much the case of child domestic work, where their living and working environment (or 'circumstances' as used in ILO Convention 182) is as much of a hazard as the work itself and the wider context of the CDW's working life can be extremely psychologically demanding.

The current international focus on the Worst Forms of Child Labour has had a positive impact on efforts to improve the situation of many of the world's most exploited children but until the recent adoption of ILO Convention 189 on Domestic Workers, child domestic work had not benefitted from sufficient attention and the psychosocial element of the work has been largely ignored.

Domestic workers are often presented as 'a member of the family' and employment in the home is considered largely benign, in stark contrast to images of children working in brick kilns or scavenging. But the risks faced by CDWs might not always be physical but also psychosocial. Interventions and policy can more effectively address the needs of CDWs if they take into account the psychosocial impact of domestic work on children.

'Psychosocial' is a multilayered term that can be difficult to define. Trying to define it, Woodhead wrote:

"The term 'psychosocial' is frequently used as a catch-all for aspects of children's psychological development and social adjustment, but equally often disguises competing understandings about the boundaries of the concept. [...] Psychosocial impacts can appear to cover pretty much everything else! In terms of UNCRC Article 32, psychosocial might thus be taken to cover '...mental, spiritual, moral or social development'." (Woodhead, 2004:5)

Exploratory research conducted by Anti Slavery International with CDWs has suggested that key features of child domestic work give cause for concern, in terms of the potential for short and long term psychosocial impacts. These include:

- Separation from their family;
- Complete dependence on the employer;
- Isolation within the employers home ;
- Discrimination and treatment as an inferior;

- Little or no time off and few opportunities to make friends;
- Lack of freedom to leave the house;
- Denial of opportunities for education;
- Vulnerability to verbal, physical and sexual violence;

Feeling of obligation to parents/family to stay with the employer and to make the best of the ‘opportunity’, or to keep sending money home – regardless of the exploitative and/or abusive circumstances.

(Black & Blagbrough, 1999).

This same study concluded that:

“The daily experience of discrimination and the isolation endured by child domestic workers in the employer’s household have been reported as the most difficult part of the child domestic worker’s burden (Camacho et al, 1997). Even if they have affective relations with members of the household, these are not on equal terms. The capacity to resist sexual advances or negotiate fair treatment will be non-existent, emotionally as well as practically. There will be little or no experience of expressing desires and opinions with a right to respect for them. Children of the employer are also affected by the way young domestic workers are treated, learning to disregard the dignity and rights of others as part of their nurture.”

(Black and Blagbrough, 1999)

Confinement to the house leaves CDWs with no opportunity to make friends or enjoy interaction with peers who share their cultural background and language. A quantitative study of the psychosocial wellbeing of child workers conducted in Kenya in 1987 found that CDWs experienced significantly more psychological problems than other children, working and non-working (Bwibo and Onyango, 1987). Bedwetting, insomnia, withdrawal, regressive behaviour, premature ageing, depression and phobic reactions to their employers were common. Depression amongst CDWs has also been reported in Bangladesh (Rahman, 1995) and in various Latin American countries (Salazar, 1998).

This report explores the nature and circumstances under which child domestic work is done in order to understand how it affects the psychosocial wellbeing of CDWs and to be able to offer proper remedy.



Photo: AGTR

2. Research for Action

A project was launched in 2008 between Anti-Slavery International and six local partners from Asia, Africa and Latin America delivering a range of interventions dedicated to ending the abuse and exploitation of CDWs in these six countries and beyond. The research, co-ordinated by University College London's Institute of Global Health and the Psychosocial Support and Children Rights Center, Manila would feed into this project by providing data on the impact of domestic work on children. A greater understanding of the causes and protective factors for psychosocial harm would, it was considered, contribute to more relevant design of interventions in support of CDWs and provide a better understanding from which to produce policy.

2.1 Research design and tool development

This is the first study of child domestic work to provide quantitative evidence of the circumstances under which children work across the globe and to describe the harmful and protective factors that are contributing to the wellbeing of CDWs.

The data collection took place in six countries across 23 locations. It combined the expertise of epidemiologists, anthropologists and psychologists with the experience of grass roots organisations in order to generate reliable data that could be analysed on various levels and from different angles.

The principal aim of this research was to assess the health and psychosocial impact of child domestic work by asking:

- What is the current status of the psychosocial and physical wellbeing of CDWs?
- What are the working conditions of CDWs and how do they affect children's psychosocial wellbeing?
- What other factors affect the psychosocial wellbeing of CDWs?

To answer these questions a 100-item questionnaire was developed, largely designed around a framework developed by Professor Martin Woodhead (2004) and on research previously conducted by Anti-Slavery International (Brewer, 2005; Black, 2005; and Blagbrough, 2008). The questionnaire also included questions on socio-demographic background, school attendance and achievement, physical health, community participation and support, questions on working and living conditions as well as punishment, physical and sexual abuse, family structure and support, friendships and social support mechanisms.

2.2 Sample

This multi-site study was conducted with more than 3,000 children, 1,465 CDWs and 1,597³ neighbourhood controls (both working and non-working) in:

- The district of San Juan de Miraflores in Lima, **Peru**;
- Alajuelita and La Carpio districts of San José, **Costa Rica**
- The Mwanza, Mara and Shinyanga regions of **Tanzania**;
- Lomé, Sotouboua, Sokodé and Kara regions in **Togo**;
- The states of Tamil Nadu, Andhra Pradesh, Meghalaya, Nagaland, Kerala and Chennai in **India**, and
- The cities of Manila, Batangas, Bacolod, Cebu, Davao, Dumaguete and Iloilo in the **Philippines**.

Approximately 80% of CDWs in each country sample were children who had not previously been contacted by the local partner organisations concerned. These children were identified using school and neighbourhood 'snowballing' techniques whereby one CDW identifies another, who then introduces researchers to another CDW; or directly through the children working with the partner organisations.

Interviews were conducted in community spaces, schools, empty classrooms and in some cases the employer's home when the employer was absent. Additional effort was made to identify children who had not previously had contact with partner organisations and younger children who were less visible because they were under the legal age for employment. However, accessing these children for research purposes was difficult and as a result, the sample is likely to be biased in favour of the least vulnerable CDWs.

Data was collected between July and November 2009 by teams of researchers based at each of the six partner organisations. Interviews were conducted in more than ten languages: from Spanish, English and French through Swahili and Tagalog to Tamil, Kannada, Marathi and Kabye. In India alone there were six different language versions.

³ An average of 200 CDWs and 200 control children were interviewed in each country except in India where twice as many children were interviewed.

2.3 Costa Rica

The study research set out to assess and to understand the health and psychosocial effects of domestic work on children across six countries and three continents. The research findings provide a rich and broad picture of the diversity of experience of CDWs.

The targets of this research were CDWs who work in homes others than their own. However, in Costa Rica, DNI's view of working with children in vulnerable situations is that it is more important to take into consideration the economic situation of the household than to apply a strict definition of who are the CDWs: children who work for their own family might have the same immediate needs as those who work for other families and be compelled to perform exactly the same tasks. As a consequence, and whilst the focus of this research is very much on CDWs who work for other people than their parents, it was felt that a more in-depth analysis of this population in Costa Rica would provide researchers with a broader understanding of how different contexts affect CDWs.



Photo: AGTR

3. Overview of findings

This section of the report provides an overview of the main findings of this study across all six countries, focussing on how, when and why child domestic work is harmful. Measurement and analysis of how and which of the many potential factors relating to CDWs affect their psychosocial wellbeing was undertaken using a scale based on 26 questions (see Annex 1).

Factors that influence the way child domestic work affects children are examined in this study; from family circumstances and schooling, to their friendships and social networks. The nature of their work is also analysed, including the CDW's working day, the tasks performed, the type and extent of remuneration and the children's relationships with their employers –including the issues of punishment and abuse. Of particular relevance is the situation of children who 'live-in' with their employers and its impact on wellbeing. This cross-cutting feature is also explored in these findings.

3.1 Working conditions, abuse and family circumstances

In order to understand how contextual factors affect CDW wellbeing it was necessary to look at the conditions and circumstances under which CDWs live and work, including the individual tasks they perform, the layout of their working days and weeks and their work history. The relationships that CDWs have with their employers are also examined by looking at the support they are given at work and the forms of punishment or control that are used. This section discusses these circumstances and describes the diverse nature of CDW across the six countries studied.

3.1.1 Age of entry into domestic work

The average (mean) age of entry into domestic work for children in this study ranges from 10 to 14 years of age (see Table 1) although some of the children interviewed began work as young as six. This clearly falls outside the legal minimum age for admission to employment as set out in international labour standards (ILO Minimum Age Convention (No.138) as well as the national labour laws of countries in this study.

Location	Youngest reported age of entry	Average age of entry	Minimum age for employment in national law
Costa Rica	8	10	15
India	9	12	14
Peru	7	12	15
Philippines	9	14	15
Tanzania	6	14	14
Togo	6	12	14

Table 1: Age of entry into domestic work (years old)

A high proportion of the children interviewed entered domestic work between 12 and 15 years of age although a third of the CDWs from India started domestic work before they were 12 years old. This coincides with findings from a previous study which showed that some employers prefer younger children because they are perceived to be *easier to control*. Young CDWs are considered less demanding, more obedient and can be easily made to conform to the whims and requirements of their employers (Blagbrough, 2010); this may also be because they are less aware of their rights or the existence of labour laws and prohibitions.

3.1.2 Tasks performed

Children in domestic work are required to perform various tasks inside and outside the house, such as cleaning, cooking, dishwashing, laundry, gardening, and taking care of pets or animals. The variety of tasks performed depends on the context in which they work (including the location, and whether or not they ‘live-in’ with their employers) and to some extent their gender. Some children, particularly in Peru and Tanzania, are hired to take care of the employer’s children or elderly parents. In addition to their household tasks, some children in Tanzania and Togo are also expected to help in the employer’s business –for example preparing food or packaging items for public sale.

Tasks	Costa Rica	India	Peru	Philippines	Tanzania	Togo
Cleaning	91	62	45	82	93	98
Taking care of children / elderly	43	9	71	41	91	45
Cooking	62	17	16	58	92	80
Dish Washing	82	53	30	70	93	92
Clothes washing/ Ironing	43	30	14	67	93	82
Gardening	8	22	9	32	100	4
Taking care of pets / animals	24	14	5	20	100	11
Help family business / economic activity	13	4	8	15	94	75
Other Responsibilities	8	17	8	8	0	0

Table 2: Tasks performed at work (in %), in bold, most common activity in each country

CDWs in Tanzania perform the greatest number of tasks (at least 90% of all CDWs perform all the tasks listed) followed by Togo with a range of 75% to 98% for five different tasks. CDWs in Peru have the smallest variety of chores, mainly being employed to take care of children or the elderly. This is mainly due to the fact that there are expectations from a very young age for girls to act as carers or nannies: for poor families, children doing domestic work is perceived as something formative, which will help them in their later life and not as work in itself. This is culturally accepted in society which explains why it is so widespread and difficult to change. For girls of a younger age, caring for other children is commonly perceived by their parents as an easier task than doing other domestic chores, despite the fact that these children are faced with considerable responsibilities which are disproportionate to their age. These children will then gradually be asked to carry other more general domestic chores.

It is notable that in India, CDWs perform fewer tasks, all of which are related to cleaning. Cooking is seen as the domain of adult domestic workers as employers believe that cleaning and shopping constitute lighter (and therefore more suitable) work for CDWs.

CDWs often work for their close or extended family as well as for non-relatives.

All of the CDWs surveyed in India and Togo work for households other than their own. However, more than half of the CDWs in Togo work for a member of their extended family – usually aunts or uncles – while all CDWs surveyed in India work for non-relatives. A significant number of children surveyed in Peru (41%) and the Philippines (34%) also work for members of their extended families. This trend may be indicative of many poor families' hope that placing their children with wealthier relatives will increase options for their children's future. However, this research corroborates previous studies showing that placement with families is no protection from exploitation and ill-treatment (Blagbrough, 2008).

While most of the CDWs surveyed in all countries work in one household, a large proportion also work for several households. This is especially the case in India, where there are cases reported of CDWs working for up to six households, Peru where some children work in up to four households, and in the Philippines where children work in up to three households. CDWs in Togo and Tanzania only work for one household.

3.1.3 Payment

CDWs are poorly paid, working for salaries ranging from the equivalent of seven to 30 US dollars per month. All CDWs surveyed in India reported receiving wages for their work, but 53% of them also reported problems with actually getting their salary, including deductions for agent commission (19%), deductions for taking time or days off (17%) and payment delays (14%).

Are you paid for the work that you do? (in %)			
	No	Yes	Yes, non monetary
Costa Rica	87	13	0
India	0	100	0
Peru	10.8	72.7	16.5
Philippines	31	59	10
Tanzania	8	92	0
Togo	65	35	0

Table 3: Payment (%)

Wages of live-in CDWs can be monetary, in-kind or a mix of both. In-kind payments include the provision of food, sleeping quarters, gifts for the family or school fees and are often used by employers to justify low wages. The situation is far worse in Togo than in any of the other countries. Here 65% of CDWs reported not being paid for their work nor receiving non-monetary benefits. Amongst those who receive wages, around 40% of Togolese CDWs reported problems with payment such as delays, withdrawal of payment as a form of punishment, discrepancies between what was agreed and paid, and refusal to pay wages. Some children reported that their salary is sent directly by their employers to their parents. This situation is particularly worrying when considering that the majority of CDWs interviewed in Togo work for more than ten hours per day, have little opportunity for interaction with family and friends, and more than 50 % are not in school.

Despite these payment issues, most live-in CDWs in India, Peru, the Philippines and Togo claim that the general living conditions and food are *better* or the same as with their families, while 42% of live-in CDWs interviewed in Tanzania said that living conditions in their employer's home are better than at home (33% said that food provided by their own families is worse). This is indicative of the situations of extreme poverty in which many families of CDWs live and suggests that such children have a very limited or poor diet within their own homes, confirming data from previous studies where children have been found to have improved nutritional status when working and living with other families (see for example Benefice 2004). From a family's perspective although a child may not be paid by their employer, at least they are fed – and means one less mouth to feed at home.

3.1.4 Punishment and abuse

In order to explore the issue of punishment, researchers asked children in this study what their employer does when they 'make a mistake'. Many responded that their employer simply 'teaches them', 'does nothing' or 'talks to them'. CDWs in Peru responded particularly positively to this question, 29% said that their employer simply 'talks to them', 18% said their employer 'teaches them' and 31% said their employer 'does nothing'; while in the Philippines 58% said their employer 'talks to them', 10% said their employer 'does nothing' and 7% said their employer 'teaches them'. These were the good cases where very few CDWs reported abuse; in fact none of the CDWs in Peru said they were punished in any way. While it is recognised that there may have been some reporting bias, these responses still contrast strongly with the very negative responses given in Togo, India and Tanzania where large proportions of CDW are physically punished.

If respondents indicated that they were 'punished' they were then asked what forms of punishment were used. Most of their responses correspond to the categories given below in table 4.

	India	Philippines	Togo*	Tanzania	Peru	Costa Rica
Punished at work?	35%	7%	49%	17%	0	15%
Form of punishment						
Physical punishment	68%	22%	56%	30%	0	n/a
Verbal abuse	0%	57%	30%	9%	0	n/a
Economic sanctions	32%	21%	0	36%	0	n/a
Other	0%	0%	14%	25%	0	n/a

Table 4: Punishment

*In Togo all CDWs who were punished reported the use of physical punishment. They also reported additional forms of punishment; verbal abuse included threats, ridicule and cursing and 5% said they were neglected or ‘confined’. See table 5 for further detail on specific types of punishment used in Togo.

An open question was asked to assess what forms of punishment were used. Responses were varied and many of the forms of punishment described were difficult to categorise. Table 5 brings together a selection of the ‘other forms of punishment’ described by CDWs in Togo and Tanzania. Here it becomes evident that different forms of physical abuse are common including the use of objects such as sticks and electric wire in beatings and that verbal and psychological abuse are commonplace.

Togo	Tanzania
My employer beats me with a stick and refuses to give me anything to eat	My employer beats me with a stick
My aunt beats me, insults and curses me	My employer slaps and hits me
My employer beats and threatens me	My employer strokes me (hitting with a stick or hand)
My employer beats me with a stick or his hand, mocks me and curses me	My employer starves me
My employer closes the room on me, beats me with an electric wire and threatens me	My employer beats me with anything
	My employer canes me

Table 5: Additional detail on punishment in Togo and Tanzania

The nature of punishment in the two African countries is clearly disturbing and is an issue that needs further investigation, but answers to the question of how employers respond when they have done something wrong was not all negative. CDWs in Tanzania also reported that ‘most of the time I do ask for forgiveness and she forgives me’, ‘she doesn’t punish me, I am like her child’ and ‘they say it is bad luck’, suggesting that although some of the children interviewed have had extremely bad experiences, this is by no means the case for all CDWs. Some responses were indicative of a good relationship with their employers.

It was also important to ask the children if they were physically and/or sexually abused, regardless of whether this was a ‘result’ of a mistake. Due to the quantitative nature of this study, the possible reactions and ethical concerns with asking directly about physical or sexual abuse, as well as the skills needed by researchers in order to ask such questions, these issues were investigated *indirectly* by asking interviewees whether they *knew of someone* who had been abused. While these responses do not tell what proportion of CDWs have been abused, it has been assumed that interviewees will refer to themselves or other CDWs in their answers, making them useful for comparative purposes both within and between countries by indicating where these problems may be greater.

In India 24% of CDWs reported knowing someone who had been sexually abused compared to only 1% of control children. 62% of CDWs from Togo knew someone who had been physically abused, compared to 29% of control children. These are very alarming differences and one of the major factors in the psychosocial wellbeing of children from these two countries – suggesting that Indian CDWs are extremely vulnerable to sexual abuse and that domestic workers in Togo are regularly physically abused (this latter point is confirmed by data on physical punishment). Although only a small proportion of CDWs from India claim to know someone who has been physically abused, 35% of them report having been physically punished at work, suggesting that they do not consider the use of physical punishment at work to be a form of abuse – a further factor for concern.

Know someone	India	Philippines	Togo	Tanzania	Peru	Costa Rica
Physically abused (CDW)	6%	24%	62%	28%	44%	10%
Control	2%	37%	29%	n/a	46%	10%
Sexually abused (CDW)	24%	13%	19%	13%	25%	8%
Control	1%	19%	27%	n/a	23%	9%

Table 6: Physical or sexual abuse (through the question ‘do you know someone’; includes ‘don’t know’ answers)

On the issue of abuse, there was very little difference between the results of CDWs and control children in Peru and Costa Rica. Although a considerable proportion of CDWs in Peru knew someone who had been physically abused, responses from control children were similar, suggesting that being a CDW in these two countries is not a risk factor for abuse. Surprisingly, in the Philippines more control children than CDWs knew someone who had been either physically or sexually abused. This can be explained by the fact that the control children interviewed were themselves from a very disadvantaged environment and that most CDWs are still afraid to disclose any such type of abuse because of the trauma endured and the false belief that it might lead to support being withdrawn from them.

3.1.5 Conclusions

The elements described here are work related factors –including abuse and punishment - that may negatively affect CDWs’ psychosocial wellbeing. Here the strikingly poor conditions that CDWs in Togo experience become evident as well as the very diverse nature of work that they do in each country. Interesting also are the similarities between Togo and Tanzania in terms of work environment, but, as discussed in the following sections, these similar conditions and family backgrounds have not lead to similar psychosocial outcomes, in fact, they are almost the opposite.

3.2 Support and prevention: contact with family, friends and community

The circumstances in a CDW’s life that are thought to be protective, leading to better outcomes among CDWs, were also explored. Education, particularly the way in which CDWs compare to non-CDWs in terms of attendance and achievement, was specifically addressed to assess whether attending school positively or negatively affects CDWs’ psychosocial status. The relationship between work and school goes in multiple directions; some CDWs work so that they can attend school while some drop out of school so that they can work, and still others work so that siblings can study. The study also examined the structure and nature of relationships with their families and the social networks and contacts of CDWs, all possible sources of emotional support and friendship. Below are some of the most relevant findings on these themes.

3.2.1 Family situation and home circumstances

Most of the CDWs interviewed explained that the main factor that pushed them into domestic work was their families’ economic situation. Domestic work is the most easily available and accessible form of employment for young girls. It is commonly regarded as work that is formative while not requiring any formal training. A common factor noted across the six countries was that in families where the mothers are domestic workers, their children are much more likely to become domestic workers themselves.

Personal goals also often lead children to enter domestic work. Children’s hopes for an education score high across the six countries as their motivation to enter domestic work, either by providing them the

possibility to save money to cover their tuition fees or to support themselves while studying. In Peru, Tanzania and Costa Rica, children’s responses include aspects of self-accomplishment (“to be independent”, “work satisfaction”) and lifestyle (“to buy nice things”).

In Togo and Tanzania, some CDWs referred to “family problems” as one of the reasons for entering domestic work. These ranged from parental break-ups, loss of a parent and experience of violence or abuse within the home. In each country the number of children from single parent households or with one or more deceased parents was higher among CDWs than among control groups.

There are also country-specific family circumstances that merit further study. In Tanzania, 9% of the CDWs interviewed said that they were the principal family breadwinner. The existence of child-headed households in Tanzania could mean that, as a result of the death of one or both parents and with no adult relatives to care for them, children are forced into domestic work. Indeed, in some African countries where HIV has had a significant impact on family structures, many children are made orphans and forced to enter domestic work, as it is often the only option available to them. In India, 7% of the CDWs cited “to repay loan” as their principal reason for working. These children may be working to help their parents pay back a loan and, in some cases, may be in debt bondage.

Country	Reasons	Number	%
Costa Rica	Poverty	145	68
	To help family	9	4
	To continue studying	3	1.4
	To buy nice things	3	1.4
India	Poverty	194	39
	My mother sent me	112	22
	To continue studying	76	15
Peru	To help family	72	37
	Poverty	39	20
	Family obligation	23	12
	To buy nice things	20	10
Philippines	To continue studying	108	55
	To help family	84	43
	Poverty	29	15
Tanzania	To be independent	30	22
	Poverty	29	21
	Family problems	26	19
	To continue studying	16	12
Togo	Poverty	181	91
	To continue studying	66	33
	Cannot afford to continue education	38	19

Table 7: Why are you working?

3.2.2 Education and schooling

Education figured prominently amongst the reasons for entering domestic work, and as previously mentioned, many children saw work as a way to continue their education. However, it is only in Costa Rica (93%), Peru (99%), and the Philippines (87%) where a large proportion of CDWs are currently in school.

Conversely, more than half of the CDWs in India (65%), Tanzania (62%) and Togo (59%) are currently *not* enrolled in formal education. Notably, these are countries where there is a large proportion of live-in CDWs, or, as in the case of India, where CDWs have long working days with very little time off for rest, much less to go to school. An exception is the Philippines where there are more CDWs in school, even though 82% are CDWs with live-in work arrangements. This could be due to the presence of night schools in areas where the interviews were conducted (half of those who are currently studying go to school on weekday evenings), the high value that society as a whole puts on education, or the willingness of the employers to allow their CDWs to go to school.

	Percentage of CDW attending school	Percentage of control children attending school
Costa Rica	93%	96%
India	35%	100%
Peru	99%	99%
Philippines	87%	86%
Tanzania	38%	n/a
Togo	41%	95%

Table 8: School attendance

Most of the CDWs who are currently attending school in India (65%) and Peru (56%) report that they are doing fairly well. The situation is worst in Togo where 44% of those who are currently in school said that they are performing badly. While these responses may be a more generalised indication of self esteem, they appear to suggest that the long working hours and requirements of their job and the inflexibility of the formal education system are obstacles to performing well in school and continuing their education.

Perhaps where domestic work has a bigger impact on school-going children is in relation to their achievement; more than half of the CDWs in India, Peru and Togo reported that they have repeated a year in school while more than half of the CDWs in India, Philippines and Togo reported dropping out from school at some point. Given that the CDWs interviewed were from 12 to 17 years of age, the majority would be in secondary school had they pursued their education continuously. However, this is not the case in all the countries surveyed, particularly in Tanzania and Togo where most of the CDWs are still at primary school levels (78% and 57% respectively). All of the CDWs interviewed in India, the Philippines and Peru were currently or had attended school in the past while in Togo and Tanzania 15% and 8% respectively had never been to school.

3.2.3 Contact with family and friends

Separation from family and siblings, coupled with very little opportunity to make friends and socialise, has been found to threaten the emotional security and amplify feelings of disorientation of CDWs. A majority of interviewed CDWs work for at least six days a week, with limited time for rest. In India, 49% of CDWs reported that they have no free time at all, while 55% of CDWs in Tanzania and 42% in Togo said that they have less than four hours of free time in a working day. In addition, 91% of CDWs in India, 72% in Togo, 58% in Tanzania and 42% in the Philippines reported that they do not have a weekly day off. It is not surprising therefore that when asked if they participated in community activities, a majority answered in the negative (Togo: 85%; India: 67%; Tanzania: 57%; Philippines: 56%). For those who have some opportunities to engage in community activities, their participation is mainly in religious activities (Costa Rica, Philippines and Togo) or sports (for Costa Rica and Peru).

A significant number of CDWs in Tanzania (61%), Philippines (54%), and Togo (30%) are 'live-in' CDWs, children who work full time in exchange for room, board, care, and sometimes remuneration. The ability of live-in CDWs to meet with others has been found to be highly dependent upon their employer's will and this study has established that nearly half of them are not able to visit their families or relatives (Togo: 52%; Tanzania: 52%; Philippines: 35%). In addition, the long working hours do not give them much opportunity to make new friends or form support networks in their workplaces. In Togo, 30% of live-in CDWs work from 10 to 12 hours a day. In India, 12% of CDWs (all of those who live-in) work an average of 10 to 12 hours a day.

Again there is a wide diversity of contexts within which CDWs have to contend and there is no single pattern in terms of a relationship between school attendance and CDW status, a finding that is probably more indicative of general school attendance in each country than on domestic work itself.



4. Key Theme: Live-in Child Domestic Workers

The aims of this research were to explore the circumstances and conditions under which CDWs live and work, and to understand how and whether these factors affect their wellbeing. As explained previously, some factors appear to have a protective effect and others have a negative impact. However, one cross-cutting theme – the situation of ‘live-in’ CDWs – is particularly significant because of the widely held and differing assumptions which underpin its practice: from a parental and employer perspective, live in CDWs are in a safer and healthier environment than other child workers; but activists tend to believe that the isolated position of live-in CDWs creates much of their vulnerability and inhibits their development.

In Togo, the Philippines and Tanzania it is common for CDWs to live with their employer. By contrast, only one of the CDWs interviewed in Peru lives with her employer⁴ and just 12% of CDWs in India.⁵ In each country a small number of CDWs lived with someone other than their family or employer – usually a friend or family member.

⁴ This is very specific to the area of San Juan de Miraflores where the data was collected and where CDWs tend to work for relatively wealthier neighbours rather than come from rural areas of Peru to live with their employers.

⁵ Costa Rica has been excluded from this table because the majority of children work in their own homes.

	India	Togo	Tanzania	Philippines	Peru
Live with own family	84%	56%	n/a	30%	99%
Live with employer	12%	30%	61%	54%	0.5%
Live with other	4%	14%	n/a	16%	1 %

Table 9: Who do CDWs live with?

In this section the focus is on live-in CDWs from Tanzania, the Philippines and Togo where 61%, 54% and 30% of CDWs live with their employer. In these three countries live-in CDWs tend to be older than the general CDW population (15 or 16 years of age compared to 12-14). They have usually been in the area for a shorter period of time, were not born in the area, and have no family (parents or siblings) living in the same area, suggesting that those who live-in are also more likely to be migrants.

Family's employment status is important. Live-in CDWs are more likely to have siblings who have been employed as domestic workers than those who do not. In Togo, a higher proportion of live-in CDWs have *fathers* who were employed as domestic workers. In the Philippines, the average number of family members who are also domestic workers is 2.4 for live-out CDWs, and 3.5 for live-in CDWs.

Education of live-in CDWs is poorer. They are less likely to be enrolled, and are more likely to be behind in school and in Tanzania they are less likely to be involved in extra-curricular activities. In the Philippines, living arrangements affect their school attendance – live-out CDWs attend regular school while live-in CDWs (if they are enrolled), will attend night classes or weekend classes. Although many of both live-in and live-out CDWs have dropped out of school, a greater majority of dropouts among CDWs in the Philippines and Togo are live-in CDWs.

Live-out CDWs tend to have found their work through their own parents, while live-in CDWs will have used more diverse means (also including parents) – friends, relatives, by themselves, or through an employer. CDWs who do not live with their employers are far more likely than those who live-in to be working for their relatives. Live-in CDWs in the Philippines and Tanzania are also doing a wider variety of different types of tasks in the home, such as house cleaning, cooking, and washing dishes, possibly reflecting the fact that they are available for work all day long.

In Tanzania and Togo live-in CDWs also tend to have less than four hours of free time per day, while in the Philippines and Tanzania live-ins are paid less than their live-out counterparts. Most live-out CDWs share a room with members of their family while live-in CDWs sleep in their own rooms or share with a member of their employer's family. Only in Togo do live-in CDWs have no room at all to sleep in.

Live-in CDWs also tend to go to bed later than their live-out counterparts, and generally work longer hours. Although live-in CDWs from Tanzania and the Philippines are more likely than live-out CDWs to say they have friends who are CDWs, they are less likely to participate in community activities.

CDWs who live with their employers seem to eat more and better than CDWs who live at home. Live-in CDWs are more likely than live-out CDWs to report they have more than enough food and in the Philippines they are more likely to have had vegetables and meat or fish for their last meal –suggesting a better diet than at home. There is no consistent pattern as to the health status of live-in and live-out CDWs. However, in all three countries, live-in CDWs were less likely to say that they have ever been to a doctor, clinic or health centre.

Some data suggests that many live-in CDWs have good relationships with their employers. When sick, live-in CDWs more commonly ask their employer for help and for medicine, while live-out CDWs more commonly ask their families or relatives for help – possibly the logical consequence of asking the person who is closest to hand. Similarly, live-in CDWs are more likely than live-out CDWs to say they can talk to their employers about their problems; live-outs are more likely to say they speak to their family.

Worryingly, in Togo live-in CDWs are extremely disadvantaged in terms of their ability to read, write and count. Some of the live-in children interviewed in Togo talked about how their employer had promised to send them to school or an apprenticeship, but in reality this didn't happen.

The data suggests that live-in CDWs are exploited more (work more and for longer hours, have limited mobility) and thus have limited access to school, community resources, and partner organisation services. However, they may also enjoy greater support from employers in terms of adequate food, support for health care, emotional support when they have problems, and may have good friends who are also domestic workers. Among the three countries analysed, only for Togo is there a small difference in the psychosocial score totals, with live-ins at a disadvantage in comparison to CDWs who live at home. In Tanzania and the Philippines scores for live-ins reflect the general trend in each country.

So, despite the potentially negative conditions described above, it appears that living-in with an employer does not necessarily adversely affect psychosocial wellbeing, at least not in the short term. This may simply be a case of good balancing bad, where the negative factors associated with live-in domestic work are balanced out by the extra support and better living conditions that they may have in their employer's home. The apparent lack of impact of living with their employer could also be explained by the fact that these children have often migrated from other areas. Children from very marginalised rural areas are often sent to work for wealthier relatives or to employers who live in places where access to school, health care and social networks is better than at home. Finally, as has been acknowledged clearly in this report, this study probably did not succeed in accessing the most vulnerable population of CDWs and it is our hypothesis that a large proportion of these invisible and inaccessible CDWs live within their employers' homes and suffer the worst conditions.



Photo: Anti-Slavery International

5. Psychosocial Wellbeing of Child Domestic Workers across the Six Countries

Psychosocial wellbeing was assessed using a 26-item scale developed specifically for this study (see Annex 1), covering areas of psychosocial wellbeing that have previously been associated with child workers:

- sense of personal agency (self efficacy, locus of control, positive outlook);
- personal identity and valuation (self esteem, self concept);
- personal security and social integration (secure attachments, social confidence); and
- emotional and somatic expressions of wellbeing (stress, sleeping and eating and general health.

The responses to these questions were analysed individually and this data was then used to generate a score, based on the number of 'positive' responses to questions, with a high score reflecting good psychosocial wellbeing and a low score poor psychosocial wellbeing.

The results of the psychosocial assessment show significant differences between the six countries studied and suggests that there are situations where CDWs are clearly at risk of serious harm and that there are circumstances where domestic work does not appear to be having a negative effect on the child's wellbeing.

The mean psychosocial score by country for CDWs and controls are given in table 10 below. The total score was created for each individual based on the number of items the children answered positively. That is, positively stated items answered with a “true” and negatively stated items answered with a “not true” were given credit, while “not sure” answers were excluded. The minimum psychosocial score possible is 0 and the highest 46. CDWs scored worse than control children in each country, although their difference with the control population is much greater in Togo, India and Costa Rica where CDWs have scores that are 32%, 17% and 8% worse than their respective control groups. Note that the psychosocial scores of controls are similar in all six countries.

	CDW	Control	Difference (Percentage change*)
India	19.4	27.1	7.7 (-17%)
Philippines	30.7	31.9	1.2 (-3%)
Togo	16.9	31.5	14.6 (-32%)
Tanzania	30.2	30.5	0.3 (-1%)
Peru	30.8	31.2	0.4 (-1%)
Costa Rica	25.5	29.1	3.6 (-8%)

Table 10: Total psychosocial scores for CDWs and Control children (rounded to nearest decimal)

A larger overall proportion of CDWs have a low psychosocial score but large variations are to be noted between countries. The most significant differences between the psychosocial health of CDWs and controls is among children in India and Togo where domestic workers have scored significantly lower in terms of psychosocial health (see figures 1 and 2); in fact, in Togo there is very little overlap at all between the two groups. This suggests that CDWs are especially at risk of psychosocial harm in these two countries, suggesting that on the whole CDW did not give the same answers as control children. In contrast, as shown in figure 3, there is little difference between the psychosocial scores of CDW and control children in the Philippines. There, few children from either group score below 26 and the majority of scores among CDW and Control sit around the 30 mark, which were also found to be the ‘average’ score for control groups across all six countries. The majority of CDWs in India and Togo score considerably less than 30, in fact a very high proportion of CDWs in Togo score less than ten, implying that these CDW answered positively to *fewer* than $\frac{1}{4}$ of the questions asked.

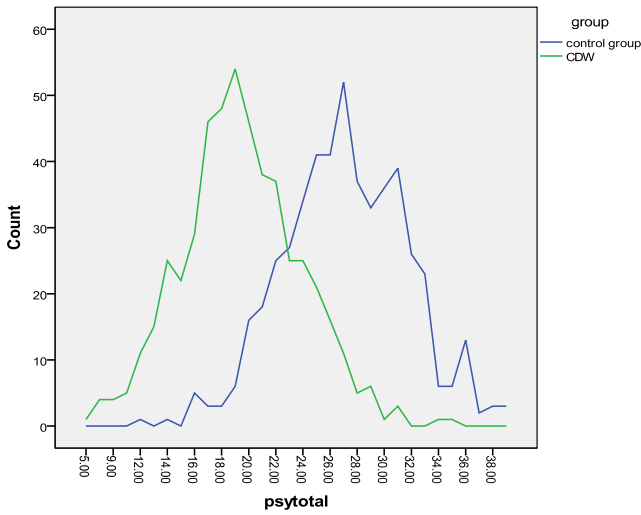


Figure 1: Psychosocial scores in India 1

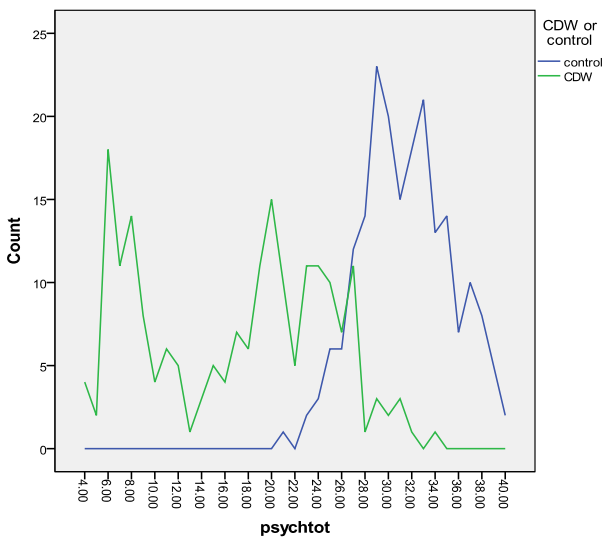


Figure 2: Psychosocial scores in Togo

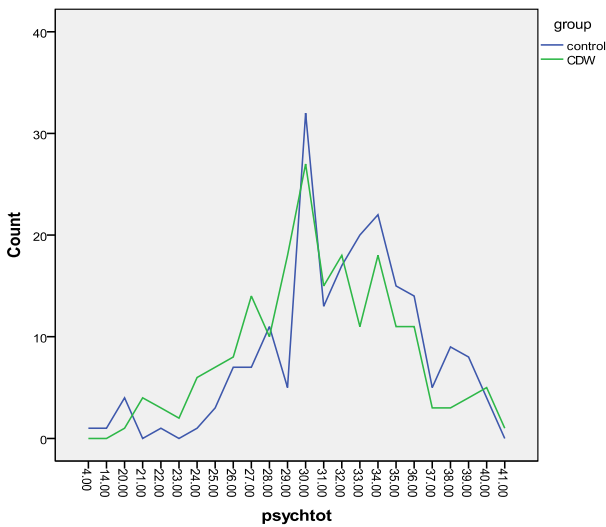


Figure 3: Psychosocial scores in the Philippines

In Costa Rica where the children work for their own families, the mean psychosocial score for CDWs is generally poorer than for controls and this difference is more marked for certain areas such as indicators of self esteem. There was little difference in mean total psychosocial scores between CDWs and controls in Tanzania, the Philippines and Peru.⁶

5.1 Determining factors of psychosocial wellbeing of CDWs in each country

Specific factors were found to significantly influence the psychosocial wellbeing of children and come some way to explaining why significant differences were found in Togo and India while negligible differences were found in Tanzania, Peru and the Philippines. The case of Costa Rica is different as CDWs work for their own families.

In each country there is a group of CDWs who have particularly low overall psychosocial scores – although as can be seen this group is more numerous in India and Togo than in the other four countries. In order to explore this group further, CDWs with psychosocial scores in the lowest 15% were compared with CDWs whose psychosocial scores are in the highest 15% (calculated using the mean and standard deviation). For this section, these two groups of CDWs are compared. Hereafter these groups will be referred to as “low CDW” and “high CDW”.

Below are the descriptions of the differences between these two groups for each of the six countries, presented in terms of the top five determinants of good and poor psychosocial wellbeing for each country.

5.1.1 India

The most worrying finding from India is the fact that the majority of low scoring CDWs (58%) report being beaten by their employers. The characteristics of the high CDW group compared with the low CDW group are presented below:

High scoring CDWs	Low scoring CDWs.
Higher levels of education (60% have completed primary school).	Poor school attendance (59% have never been to school).
Proud of their work	No one to go to for help
Less likely to have been raised in a single parent household	More likely to be an orphan
Better relationships with parents	Fewer friendships with other CDWs and less likely to have a girlfriend or boyfriend.
Employer less likely to scold or physically punish child.	More likely to report physical illnesses (headache, vomiting, stomach ache, extreme tiredness).

Table 11: Characteristics of CDWs with high and low scores in India

⁶ A detailed comparison of the psychosocial outcomes of children in India and the Philippines appears in Hesketh et al, 2012.

5.1.2 Philippines

In the Philippines, migration and education appear to be the most important determining factors of psychosocial wellbeing of CDWs. The main influences on good and poor psychosocial health of CDWs are as follows:

High scoring CDWs	Low scoring CDWs
Non migrants with parents living in the same area	Migrant workers whose parents live outside the area
Both parents living	High level of orphanhood, particularly deceased mothers
Better school achievement	More problems at school
Often employed in care of children or elderly	Suffer more back pains, sleeplessness, depression and respiratory problems
Good support network including family, friends and boyfriends or girlfriends.	Poorer relationships with parents and less likely to have boyfriend or girlfriend.

Table 12: Characteristics of CDWs with high and low scores in the Philippines

5.1.3 Peru

The psychosocial health of CDWs in Peru is only marginally worse than for non –CDWs. This group of CDW children are fortunate in that they did not complain of suffering from physical or sexual abuse of any kind.

High scoring CDWs	Low scoring CDWs
Attend school during weekdays	Study evenings or weekends
Obtained work through friends	Obtained work through their family
Generally good health	Less sleep and poorer physical health
Likely to have at least 1 day off per week (97%)	Less likely to have days off (81%)
Receive explanations and talks when make mistakes at work	Suffer insults when making mistakes at work

Table 13: Characteristics of CDWs with high and low scores in Peru

5.1.4 Togo

CDWs in Togo score the lowest of all six countries in terms of psychosocial health and their score shows very little overlap with those of non-CDWs. They also appear to be far more vulnerable to abuse and psychosocial harm than CDWs from any other countries. On the whole most of these children suffer some form of abuse or neglect yet differences between ‘high’ and ‘low’ CDWs tend to be marked by other factors, one of the most striking being their religious background – CDWs from Muslim families are far worse off than CDW from other religious backgrounds (religious affiliation refers to their *own* family and is not necessarily that of their employer).

High scoring CDWs	Low scoring CDWs
Mostly from Christian families	Mostly from Muslim families
Mostly live with their families	Mostly live with employer
Many have been to primary and secondary school	Many have never been to school
Have someone to talk to about their problems	Do not have anyone to talk to about their problems
Know someone who has faced sexual abuse	Do not know anyone who has faced sexual abuse.

Table 14: Characteristics of CDWs with high and low scores in Togo

5.1.5 Tanzania

In Tanzania, it appears that three main factors distinguish low and high CDW groups: being orphaned, quality of relationship with parents and their physical wellbeing. The results also suggest that physical punishment and orphanhood have a similar impact on CDWs and non-CDWs suggesting that these two concerns are relatively widespread among children throughout the communities surveyed, not only among CDWs.

High scoring CDWs	Low scoring CDWs
Less likely to be orphans	More likely to have a deceased mother
Free hours of work during the day	Less likely to have time off during the day
Most are able to read and write	Unable to read or write.
Nearly half say that they like working	Few state that they like working
Majority say they have 'never' experienced vomiting, tiredness or nervousness at work	Experience ill health 'most days'

Table 15: Characteristics of CDWs with high and low scores in Tanzania

5.1.6 Costa Rica

The Costa Rican sample is characterized by the fact that most children work in their own homes and the data suggests that working in their own home is in itself a risk factor for poor psychosocial wellbeing, also interestingly in Costa Rica male CDWs were better off than females. In contrast to other countries, the characteristics of high and low scoring CDWs are not complete opposites and circumstances such as alcoholism in the family and the type of work have an impact on poor outcomes, but the opposite is not the case of high scoring CDW. The table below presents a list of characteristics for low and high scoring groups.

High Scoring CDWs (trends)	Low Scoring CDWs (trends)
More likely to work outside their own home	All work in own home
Male	More likely to have alcoholic family members
Work fewer days than low scoring CDW	More likely to work as cleaners
At least 5 days or more off per month	4 days or less off per month
Less likely to suffer fatigue, nervousness or fainting	More likely to report headaches

Table 16: Characteristics of CDWs with high and low scores in Costa Rica

5.2 Summary of factors associated with the psychosocial wellbeing of CDWs

When comparing these results with the overall psychosocial scores in relation to living and working circumstances, a number of factors were found to be *positively* associated with the psychosocial wellbeing of CDWs in the study.

5.2.1 School attendance

CDWs with good psychosocial health are educated to a higher level and do better at school; they have lower reported incidences of dropping out of school or repeating a year and are able to spend more time studying than CDWs with worse psychosocial scores. This is reflected in the fact that CDWs in India and Togo, where psychosocial scores are lowest, also have the lowest rates of school attendance. In contrast there is almost 100% school attendance among CDW in the Philippines and Peru, where there is virtually no difference in psychosocial wellbeing between control and CDW groups.

These results are very strongly indicative of the crucial role that school attendance – more than education itself – plays in wellbeing, as schools are also social networks and spaces where children access other forms of emotional support. One of the major concerns of CDWs is the ‘invisible’ nature of this form of employment. School attendance counteracts this by giving visibility to children. Here the diverse dynamics of the school/work relationship must also be emphasised; for some CDWs school and work complement each other (with the former possible because of the latter), for other children they contradict each other and working children are excluded from school. Further research is needed to find ways of accessing and supporting children who are excluded from school.

5.2.2 Having good family ties

CDWs with good psychosocial health have better relationships with their mothers and are less likely to have parents who are separated. Their parents/family live in the same area and they are able to visit them during their days off. Children whose parent(s) is(are) deceased, or who have problematic relationships with their family were more likely to have poor psychosocial outcomes.

The study has shown how single parenthood is a risk factor for entrance into CDW; children are more likely to work if one or both of their parents are absent or deceased. As with school attendance, it is clear that finding the means of improving family ties, increasing positive contact with families – possibly through the use or creation of community spaces and support networks – could have an important impact on CDW wellbeing.

5.2.3 Good working conditions

High scoring CDWs have a larger amount of free time each day (over 4 hours), and at least one day off each week to spend on studies, leisure and with their family/friends. They are proud of their work and are more likely to be talked to instead of beaten by their employers for making mistakes. In some countries this also means having better food (quantity and variety of), as well as better access to health care.

Good working conditions are largely dependent on the employer’s will. Involving employers in the support and negotiation process is also necessary for the improvement of wellbeing, simple aspects such as the balance of tasks undertaken and establishing time off is vital. This aspect also needs to be addressed through national labour legislation and CDW support organisations and CDWs themselves can play a very important role in these negotiations.

5.2.4 Presence of social support other than family

This may be in the form of having romantic relationships, having peers who are also CDWs, participating in church or being in contact with an organisation that provides different types of services/assistance;

having and being able to call on people who can help or support them was associated with better psychosocial outcomes.

There are many ways organisations and programmes can improve the wellbeing of CDWs though this channel and most of the support agencies who participated in this project are already working on this problem. As is mentioned above, the issue here is to focus on identifying CDW who are most isolated from friends and social networks and to develop activities specifically focussed on accessing the most invisible CDWs.

5.2.5 Better overall health

CDWs with better psychosocial health are also observed to be enjoying better physical health (except in India). They are less likely to report suffering from headaches, stomach aches and extreme tiredness, and report fewer incidences of depression, apathy and nervousness. This could be an indicator of better working conditions (that is, less strenuous work, little or no exposure to hazardous work, less time working, adequate time for rest, better food) as well as better access to health care (support from employers and/or family and friends in case of illness).

Many of the CDWs in this study are also migrant workers and this issue needs to be considered when addressing health care needs. Health care provision is different in each country but linking CDWs into migrant and local health facilities is another task that could be assumed by support agencies. The findings also suggest that CDW health has an important psychosocial component where worse health is an indicator of poor working conditions, stress and lack of sleep or abuse and as such should be used as a warning light for CDWs who are particularly at risk.

The comparative data presented above suggests that the countries studied share many of the same risk factors for poor psychosocial health (not attending school, lack of social support and poor family ties, poor physical health and poor working conditions) and also that the inverse of these risk factors is protective. These results also reflect the cultural differences including the aspirations of CDWs in different countries. For example, the prominence of religious category as a risk factor in Togo, orphanhood in Tanzania, the importance of school attendance or education in Peru, India and the Philippines and the presence of alcoholism in the families of Costa Rican children. These diverse influences on psychosocial wellbeing are reflections of wider society, where more or less importance is given to education or where external factors such as the national incidence of HIV may have increased levels of orphanhood.



6. Conclusions and Recommendations

The research set out to assess and to understand the health and psychosocial effects of domestic work on children across six countries and three continents, with children from very different backgrounds and cultures, using one research instrument. It is the first study of this nature and breadth.

Much research on child labour, including child domestic work, has given excessive attention to exceptional situations. Many small scale or qualitative studies run the risk of cherry-picking data that overemphasizes hardship, interspersed with descriptions of children who are happy and proud of their work. The reality is that most children do not fall into these extremes and child domestic work itself can take many forms. Some CDWs live with their employers and work for them on a full time basis. These children often work extremely long days and sleep as little as four hours per night, sometimes in a hallway or kitchen. However, the research also found that not all live-in CDWs are exploited and mistreated.

All of the CDWs interviewed for this study are in one way or another working because they or their family have an economic need for them to do so. This is the only factor that is common to all of the CDWs interviewed in this study. Some other patterns came out of the data analysis, which appear relevant to all six countries:

- Combining domestic work and school is possible as results from the Philippines, Costa Rica and Peru indicate, but these children do not perform as well as other children in school;
- Abuse and exploitation seem to go hand in hand: many CDWs working very long hours, with no days off and often for no pay are also being physically abused;

- Domestic work often is the most obvious alternative left to children who live in extreme poverty or who have lost one or both parents;
- The cultural and social acceptability of child domestic work impacts upon the age at which children enter the sector and how they are subsequently treated;
- Children who live away from home usually live with their employer and often suffer from poorer psychosocial health than children who are closer to their families;
- CDWs living with their employers are not all worse off, from a psychosocial point of view, compared to those living out (at least not in the short term), despite having heavier workloads, working longer hours and having less mobility.

Some of the children interviewed were proud of their work and happy to be working but many of the CDWs who participated in this study need to be removed from the risky situations that they live and work in. What defines this need for protection and possibly removal from their employment is not domestic work *per se* but a series of circumstances and conditions that occur on individual, family and societal levels.

The findings of this research suggest that there are several determining factors which have either a protective or a harmful effect on CDWs' wellbeing. Because many CDWs also come from very poor socioeconomic backgrounds and complex family environments, it is difficult to say with certainty that it is the domestic work itself that is causing their poor psychosocial outcomes, just as the heterogeneity of our sample has meant that it is not possible to make an overarching cause and effect statement about their psychosocial wellbeing.

However a number of conclusions can be made which call for the immediate implementation of a number of policy recommendations.

In June 2011, the international community adopted at the ILO a ground breaking convention - supplemented by a recommendation - on decent work for domestic workers, which will serve to protect an estimated 50 to 100 million adult domestic workers and 15.5 million CDWs worldwide. As this Convention awaits widespread ratification, its key provisions on child domestic work (article 4 and paragraph 5) offer strong policy guidance in relation to a number of findings from this research.

Article 4

1. Each Member shall set a minimum age for domestic workers consistent with the provisions of the Minimum Age Convention, 1973 (No. 138), and the Worst Forms of Child Labour Convention, 1999 (No. 182), and not lower than that established by national laws and regulations for workers generally.

2. Each Member shall take measures to ensure that work performed by domestic workers who are under the age of 18 and above the minimum age of employment does not deprive them of compulsory education, or interfere with opportunities to participate in further education or vocational training.

ILO Domestic Workers Convention, 2011 (No.189)

Paragraph 5

(1) Taking into account the provisions of the Worst Forms of Child Labour Convention, 1999 (No. 182), and Recommendation (No. 190), Members should identify types of domestic work that, by their nature or the circumstances in which they are carried out, are likely to harm the health, safety or morals of children, and should also prohibit and eliminate such child labour.

(2) When regulating the working and living conditions of domestic workers, Members should give special attention to the needs of domestic workers who are under the age of 18 and above the minimum age of employment as defined by national laws and regulations, and take measures to protect them, including by:

- (a) strictly limiting their hours of work to ensure adequate time for rest, education and training, leisure activities and family contacts;
- (b) prohibiting night work;
- (c) placing restrictions on work that is excessively demanding, whether physically or psychologically; and
- (d) establishing or strengthening mechanisms to monitor their working and living conditions.

ILO Domestic Workers Recommendation, 2011 (No.201)**6.1 Education contributes to the wellbeing of CDWs**

Children who do not attend school have worse psychosocial outcomes than those who do

The research found that schooling has a positive and protective effect on CDWs; those who do *not* attend school are more likely to suffer from poor psychosocial health, particularly low self esteem. School also brings friends, social support and contact with other adults to whom children can turn.

Educational opportunities are an important reason why CDWs enter domestic work, but this aspiration is not borne out in reality for most. Better regulation of working conditions would ensure that CDWs have the time and opportunity to attend classes and do their homework.

The completion of compulsory schooling as provided by article 2.3 of ILO Convention 138 (on the minimum age for admission to employment) must become a reality for all. In addition, article 28 of the UN Convention on the Rights of the Child should be implemented incrementally, with the view of enabling children to receive the type of education most suited to their needs and providing the highest level of education possible on the basis of equal opportunity with other children.

The recently adopted ILO Domestic Workers Convention (No.189) (see above) provides strong guidance on the issue of education and reiterates that domestic work should not prevent children from receiving compulsory education. It also goes further by specifying that CDWs, like other children should be given the opportunity to participate in further education or vocational training.

Governments must seek feasible solutions so that CDWs can study while they work. Where adapted to the situation, targeted educational measures must be put into place that respond to the specific needs of CDWs, including conversion classes to allow CDWs who have dropped out to go back to formal compulsory education, vocational training and quality evening classes. Where evening time education is

needed and provided, governments must ensure that it is relevant and of quality. CDWs should be encouraged and supported in accessing further education.

6.2 The nature of the tasks performed by CDWs impacts on their wellbeing

The nature of tasks carried out by the children influences their psychosocial wellbeing. Children who mostly perform tasks that involve caring for others or are creative or constructive – such as cooking or helping with a small business - do better than children who solely perform chores such as cleaning and washing clothes. In addition children who perform tasks that have less impact on their physical health will enjoy better psychosocial wellbeing.

It is a duty of governments to identify, regulate and eliminate what are identified as hazardous tasks that CDWs must not be asked to perform. In countries where hazardous tasks lists have not yet been negotiated and finalised, efforts must be made to draw them as a matter of urgency in compliance with Conventions 182 and 189 and their corresponding recommendations.

In addition, Paragraph 5(2) of ILO Recommendation 201 sets forth provisions that will also ensure that CDWs are protected from any potential adverse effect of their living and working conditions including by: placing restrictions on work that is excessively demanding, whether physically or psychologically; and establishing or strengthening mechanisms to monitor their working and living conditions.

Governments must work towards establishing hazardous tasks lists for domestic work and seek to ensure that CDWs live and work in an environment that does not prevent their positive development. This calls specifically for strictly regulating their working hours, giving them time to rest and play and in all cases, protecting them from any kind of abuse or exploitation.

6.3 Social support key to the psychosocial wellbeing of CDWs

The availability of support networks, including those provided by non- governmental organisations and employers can make a significant difference to the way working and living conditions impact on CDWs psychosocial health.

Those who do not have strong social networks or close family, friends or support organisations to rely on have worse psychosocial outcomes; having someone to talk to is a key element of this support. The lack of support that migrant CDWs suffer from partly explains why they are amongst the most vulnerable CDWs.

Because CDWs work in the privacy of the home, isolated from public scrutiny, efforts should be made to ensure that their vulnerability to abuse is reduced and their psychosocial wellbeing protected. This will be partly achieved by ensuring that their situation is monitored on a regular basis by putting in place relevant services likely to involve labour inspectors and social workers. Para 5 (d) of Recommendation 201 should provide guidance in this regard.

Monitoring should ensure that CDWs who are suffering from abuse and exploitation are automatically removed from employment and referred to adequate social services. Ongoing monitoring will break the cycle of isolation and enable government officials to link up the children to services they offer or that non-governmental organisations provide.

6.4 CDWs' own perception of their work impacts on their wellbeing

Children who are proud of their work are less likely to have poor psychosocial outcomes. For example, for many children the pride comes from being able to support their families; others see their work as helping someone and they see this as positive. In many countries CDWs see their work as a means to something better.

When working towards putting in place measures to ensure that the working and living conditions of CDWs are not detrimental to their psychological and physical health, pursuant paragraph 5 (c) and (d) of ILO Recommendation 201, CDWs should be consulted about their needs and what they identify as necessary protective measures, in line with article 12 of the UNCRC.

Overall, this report intends to contribute to understanding better the complex nature of child domestic work. There are many and more vulnerable CDWs who this study was not able to reach; some are kept locked in their employers' homes at all times and others in very remote areas. Governments must make particular efforts to identify and reach out to the most exploited and abused of CDWs and make it possible for them to exit their situation as a matter of priority and urgency. Whilst identification of the most vulnerable CDWs remains a challenge, good practice that has been developed by support NGOs should be built upon.⁷

This initial study and its conclusions should be explored further through qualitative longitudinal studies. It is however very clear that a substantial number of CDWs are in need of additional support and protection. ILO Convention 189 and Recommendation 201 offer strong policy guidance on how this should be achieved at national levels. The ratification of ILO Convention 189 should be a priority for governments worldwide so as to ensure that CDWs are more adequately protected.

⁷ For example, the participative methods of Visayan Forum, the 'snowballing' mechanism used by WAO Afrique or the system of community watch implemented by Kivulini to identify and monitor CDWs.

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Annex 1: Results for psychosocial wellbeing of CDWs and controls in all six countries.

	India		Philippines		Togo		Tanzania		Peru		Costa Rica	
	CDW (500)	Control (500)	CDW (200)	Control (200)	CDW (200)	Control (200)	CDW (106)	Control (200)	CDW (198)	Control (205)	CDW (86)	Control (185)
1. I can count on friends for help and support.	25	41	52	67	25	50	60	62	77	74	63	83
2. I can count on adults for help and support.	28	42	68	83	37	72	83	90	58	62	49	63
4. I am happy with who I am.	33	36	90	90	22	86	82	82	94	89	55	77
5. I feel proud of myself.	23	49	90	92	47	94	75	78	89	89	51	74
6. When something bad happens, generally it's because I have bad luck.	15	31	16	11	57	39	50	76	26	22	30	23
7. I feel I am an important member of my own family	27	47	83	86	45	92	76	87	78	77	59	77
8. I am in charge of my own life.	40	42	67	65	27	22	85	84	78	75	58	76
9. I feel that other people make all of my decisions for me.	46	25	17	9	66	34	34	32	27	27	29	21
12. When I have a lot to do, I sometimes can't decide what to do first.	38	23	65	53	66	42	69	68	48	52	31	49
13. I have trouble concentrating.	36	31	44	34	68	35	38	33	49	51	31	43
14. My mind gets tired from everything I have to think about.	42	30	69	65	71	39	58	54	51	53	37	27
15. The activities I spend most of my time doing are important to me.	58	39	97	92	20	81	79	79	79	83	57	72
16. I am shy.	64	13	56	47	70	29	42	41	53	48	38	39
17. I feel a lot of stress.	55	22	71	52	68	28	50	41	39	29	37	32

	India (CDW/ Control)		Philippines (CDW/ Control)		Togo (CDW/ Control)		Tanzania (CDW/ Control)		Peru (CDW/ Control)		Costa Rica (CDW/ Control)	
18. I know how to relax.	35	63	83	90	53	94	85	80	65	67	47	58
19. There things about myself I hide from others	36	32	49	54	53	35	52	54	48	43	43	53
20. I hope I can change my life for the better.	32	53	87	91	84	95	90	89	90	89	53	76
21. I have good friends.	21	66	74	80	23	54	78	83	74	68	54	71
22. I hardly ever start conversations.	48	27	42	33	17	41	48	41	47	45	35	31
23. There's nobody I can go to if I need help.	58	18	16	14	39	19	38	20	27	27	48	38
24. I am on my own in the world.	49	18	10	8	4.5	1	36	23	15	11	37	14
25. I can laugh at my own mistakes	14	25	28	30	25	15	39	44	64	57	42	68
26. I laugh easily with friends.	21	56	84	85	58	83	84	87	81	80	59	73

Annex 2: Key findings from each country

Each of the research partner organisations prepared an interim country report documenting the key findings of this first stage of research from their own perspective. In these they were asked to describe their experience of research and what the results tell them about the population that they attend. These reports have given an inside account of the research and more specifically which aspects of the results are most important to each partner organisation. Here, the key findings from each country are presented.

Tanzania

A total of 387 children between the ages of 12 and 17 from the Ilemela and Nayamagana regions of Mwanza Region were interviewed.

HIV and poverty have an important impact on the reality of child domestic work in Tanzania. High proportions of orphanhood and the resulting poverty combine to propel children into domestic work. 73% of CDWs in this study live with their extended families.

62% of the parents of CDWs are not living together; in 61% of cases this is because of the death of one or more parents with the remaining 32% and 2% because of separation or migration respectively.

71% of the CDWs interviewed said that they liked working as CDWs and 61% were proud to do so.

19% of the CDWs said that they experience sadness on a daily basis.

CDWs in Tanzania work long hours: More than 50% of Tanzania CDWs interviewed work seven days a week and their working day is on average 12.6 hours long. More than half of the CDWs interviewed have less than four hours of free time each day and 21% said that they had no free time at all.

physical abuse is not uncommon among CDWs in Tanzania. 28% of children interviewed knew someone who had been physically abused and 13% knew someone who had been sexually abused.

Togo

A total of 200 CDWs and 200 control children were interviewed. Of these 250 are from the capital city of Lomé, 100 from the cities of Sotouboua and Sokodé in the Central Region and 50 from the city of Kara.

Only 41% of CDWs attend school in comparison to 96% of the control group and 15% of CDWs have never been to school, compared to only 1% of control children.

59% of the parents of CDWs do not live together anymore, compared to 39% for the control children. For 53% of the CDWs, this is because one of them had died against 39% for the control group.

65% of Togolese CDWs are not paid and 72% do not have one day off a week.

Most striking about the working conditions of the CDW population studied in Togo is that 19% of CDWs are not paid because their salaries are sent directly to their parents. More than half of the study population (54%) work for more than 10 hours a day.

CDWs came out worse on most measures of psychosocial wellbeing. They have more problems concentrating (68% compared to 35% of control group), are more stressed (68% compared to 28% of the control group), more often feel sad (75% compared to 35% in control group) and fewer CDWs feel proud of themselves (47% compared to 94% of control group).

India

There are more CDWs in India than in any other country in the world. The sample of children interviewed in India is the largest in this study, including 1,000 children in major cities throughout the country. 12% of the CDWs interviewed are live-in workers and 11% are boys.

Children in India enter domestic work very young: 36% of the sample began working as CDWs before the age of 12.

While 50% of the control group reported feeling 'proud of themselves', only 23% of CDWs felt the same way. Control and CDWs in India performed badly in terms of psychosocial wellbeing and the Indian population are least proud of themselves.

Indian CDWs work particularly long hours. Nearly half of CDWs interviewed in India (49%) claimed that they had no free time at all during the day. Of the remainder, 39% had less than four hours rest per day. Only 9% of these children were allowed to take their legal entitlement of one week of holiday per year.

This population of CDWs work for the largest number of employers, some children work for as many as six different families at the same time.

Nearly a quarter of CDWs from India are physically punished by their employer and CDWs were considerably more likely to know someone who has been abused and 23% of CDWs reporting 'knowing' someone who has been sexually abused compared to only 1.2% of the control group.

Philippines

Interviews were conducted in six regions of the Philippines, the Capital of Manila, Batangas, Bicolod, Cebu, Davao and Dumaguete. Most of the 200 CDWs interviewed are in school either during the day or in evenings and weekends and for many their domestic work enables them to study.

In the Philippines most CDWs are attending school. School attendance was similar between groups with only 13% of control group children and 12% of CDWs not attending school, although 50% of these children study in evening classes when they have finished their days work.

Perhaps because of the school/work combination, CDWs have little sleep, averaging 5-6 hours a night and they cite this alongside an irregular and at times meagre diet as the cause of their health problems.

Their heavy workload appears to have an effect on their ability to make decisions as 65% of CDWs said that that had so much to do that they had difficulty knowing what to do first. One child commented 'I cannot concentrate on school because of tiredness'.

54% of the 200 CDWs interviewed live with their employer and only 57% of the CDWs interviewed are paid, 31% receive no payment and 10% said that they were paid 'in kind'.

More control group children knew of someone who had been abused than did CDWs. 37% of control children compared to only 24% of CDWs knew someone who had been physically abused and 18.5% of the control children compared to 12.5% of CDWs knew someone who had been sexually abused.

Costa Rica

One of the most striking characteristics of the population interviewed in Costa Rica is that they work in their own homes and are consequently not protected by the country's child labour laws and programmes. However, it doesn't mean that there are no CDWs in third-party households in Costa Rica. Despite this, it was interesting to look into the situation of these children whose contribution is conceived as collaboration, as a 'learning activity', even though the consequences of these activities can be similar to those CDWs working in third-party households (i.e. that education, health and recreation rights are not fully enjoyed and the

children can be exposed to exploitation, abuse and risk and develop activities that do not correspond to their age or capacities). Furthermore, working in their own homes can be a step for the children towards working in third-party households.

50% of CDWs compared to 37% of the control group's parents are separated.

On most indicators of their psychosocial wellbeing the CDW population are worse off than the control group, with differences ranging from 5% and 30%. They to have less support around them, fewer say that they can count on friends, 53.6% of CDWs and 85% control group, or family -45% CDW compared to 64% of control group, for support.

Costa Rican CDWs appear to have a poorer self image and 47.6% of them compared to 78% of the control group say that they are happy with who they are. Similarly strong indications of poorer psychosocial wellbeing were found in relation to play, relaxation, friendships and fun.

Perhaps because they work in their own homes, Costa Rican CDWs start working very early, on average their working day begins at 4.30am and some work very long hours.

The vast majority of this home based domestic work is free. Only 13% of CDWs are paid and 67% of them give their reason for working as 'income poverty'.

Peru

The working situation of CDWs in Peru is very different and strikingly better than the reality faced by CDWs in Togo, Tanzania or India. In Peru research was done in San Juan de Miraflores (SJM), a poor neighbourhood of the capital city but where the situation is overall better for CDWs than in the provinces or for CDWs who live with their employers. In SJM, most of the 199 CDWs interviewed work on a part-time basis, combining their domestic employment with school. All of the children are in school and were drawn mostly from three large primary and secondary schools.

A total of 24% of the girls in CDW said they experience stress most days (for only 8% of the boys in CDW). 9% of the girls and 11% of the boys who work in other sectors experienced stress most days whilst amongst children who do not work 18% of girls and 25% of boys experienced it.

88% of girls and 92% of boys in domestic work said that they did not have anyone to go to in case of a personal problem.

Most children are proud of what they do and like working. This positive attitude to their work is mixed with a sense of 'helping', a feeling that what they do is helping someone else. This can probably be explained by the fact that in the Andean culture child work is considered a formative experience. Also the intergenerational nature of domestic work is obvious with 86% of the daughters and 77% of the sons of mothers in domestic work also being CDWs.

Half (51%) of the CDWs belong to homes with only one parent.

The CDWs interviewed are largely part time workers, working an average of 3.37 days per week and the control group 3.38 days per week. All the girls of 12-13 years old work as nannies. 10% of CDWs are not paid at all and 17% are paid 'in kind'; when CDWs work for employers outside the family, they usually receive a salary but when working for a relative more frequently they only receive small tips.

A total of 25% in CDW group and 23% in control group report having friends who experience physical violence; 49% of girls in CDW knew somebody who had been sexual abused. Approximately half of all children interviewed reported substance abuse within their family; many of them felt that this created problems. Despite this relative frequency of exposure to violence in the family and community none of the children interviewed in either control or CDW groups claimed to have been punished physically or psychologically by their employer.

