



INVISIBLE GIRLS

Evaluations of interventions with child domestic workers: a systematic review of published studies

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Main messages

- Five interventions that included child domestic workers have been evaluated and only one was specifically targeted for child domestic workers.
- Intervention results are mixed, with some studies indicating improvements in children's mental health, literacy and numeracy or financial and work outcomes.
- Most studies had notable weaknesses and only two interventions disaggregated child domestic workers from other youth participants.
- Interventions need to specifically target the particular circumstances of children in domestic work and be based on their specific needs and availability in the context where they work.

Background

Global estimates for child domestic work suggest that 17.2 million children (aged 5–17 years) are in paid or unpaid domestic work in households other than their own.¹ Yet, to date, there have been few studies examining interventions to support the education, skills training, and health of youth currently working as domestic workers.

Study aim

We conducted a systematic review to learn about evaluations of interventions that might represent promising methods to access and support child domestic workers. Specifically, we sought to identify and synthesise peer-reviewed and grey literature on evaluations of health, education and economic interventions for child domestic workers and interventions targeting employers.

Methods

Studies were eligible for inclusion if they included: 1) CDWs (up to 18 years old) and young adult domestic workers (18-25 years old), or employers of CDWs; or 2) either occupational outcomes, health, education outcomes, risks or abuses, CDW prevalence, economic outcomes or outcomes related to employer attitudes or behaviour. Our search focused on low- and middle-income countries, but also included several Southeast Asian countries that might employ children as domestic workers (i.e., Singapore, Taiwan, Macau, Hong Kong, Brunei). Data were extracted and studies underwent a quality appraisal based on Joanna Briggs critical appraisal tools (CAT), Critical Appraisal Skills Programme (CASP), and Cochrane Effective Practice and Organisation of Care (EPOC) appraisal tools.



Results

We identified a total of 6,573 articles (6481 from the academic literature and 92 from grey literature), which were screened for eligibility (PROSPERO protocol).² Of these, 149 progressed to full text screening, plus five snowballed studies, resulting in 154 articles for full text screening by three reviewers. Ultimately, eight articles met the inclusion criteria, which reported on five unique interventions that were evaluated using either a randomised controlled trial or a quasi-experimental study design (Table 1). These interventions aimed to improve health, education or financial conditions and were conducted in Ethiopia, Burkino Faso, and Malawi.

Health

Six papers reported on health-related outcomes for child domestic workers. Children's psychosocial health outcomes were evaluated for Trickle Up and Trickle Up Plus, which were interventions targeted for children aged 10 to 16 from ultra-poor families in Burkina Faso. Trickle Up provided economic support to care-givers and Trickle Up Plus added a family coaching component to the intervention.^{4,5} The findings suggested that compared to the control group, those enrolled in the Trickle Up Plus intervention showed a significantly greater reduction in depressive symptoms at 12 and 24 months. Trauma symptoms also significantly reduced in the Trickle Up Plus arm compared to the control group. Biruh Tesfa intervention in Ethiopia fostered greater HIV knowledge and better health service utilisation among participants.^{9,10}

Education

Various education-related activities were included for nearly all interventions. Powering up Biruh Tesfa in Ethiopia reported significant improvements in literacy and numeracy scores.^{9,10} However, COMPASS (Ethiopia) did not detect any significant intervention

effects.⁶ Filles Eveillees (Burkina Faso) noted improvements in financial behaviour (saving and planning) among participants, but the study did not have a control group.⁷

Economic or work-related outcomes

Most interventions evaluated addressed financial or economic outcomes. COMPASS is an economic strengthening intervention for adolescent refugee girls in Ethiopia (aged 13 to 19 including paid child domestic workers). The results indicated that girls in the intervention group had higher odds of being enrolled in school or working for pay, and lower odds of being exposed to transactional sex versus the control group. However, there was insufficient evidence to reject the null hypotheses.⁶ The Filles Eveillees study (Burkina Faso) found some improvements in financial behaviour, namely savings behaviour, between baseline and endline (74% vs 84%, $p < 0.05$).⁷ There was no significant effect of Trickle Up Plus on work-related health outcomes at 12 or 24 months or on work-related abuses at 12 months—although there was a slight reduction seen at 24 months (verbal abuse only).^{4,5} The Malawi Social Cash Transfer Programme evaluation (Malawi) found a small but significant reduction in levels of child domestic labour.³

It is notable that only two interventions (Malawi Social Cash Transfer Programme and Filles Eveilles) disaggregated data for child domestic workers.

Employer-related interventions

No studies of evaluations of employer related interventions were identified or included in this review.

Table 1: Peer reviewed papers on child domestic worker interventions (n=8)

Author (year)	Intervention	Study design	Study population	Sampling method	Outcome	Disaggregated outcomes for CDWs	Country	Study quality
Karimli et al (2018) ^{a,c}	Trickle up and Trickle up Plus	Open-label cluster randomised design	Ultra poor families (mothers and children) children aged 10-15	Random selection	Health and social	No	Burkina Faso	Moderate
Ismayilova et al (2018) ^{a,c}	Trickle up and Trickle up Plus	Open-label cluster randomised design	Ultra poor families (mothers and children) children aged 10-15	Random selection	Health and social	No	Burkina Faso	Good
Erulkar (2013) ^{b,c}	Biruh Tesfa	Quasi-experimental (pre and post intervention in control and intervention areas)	Vulnerable girls and adolescents aged 10-19	Purposive	Health and social	No	Ethiopia	Moderate
Erulkar & Medhin (2014) ^{b,c}	Powering up Biruh Tesfa	Quasi-experimental (pre and post intervention in control and intervention areas)	Vulnerable girls and adolescents aged 10-19	Random selection from eligible girls	Educational	No	Ethiopia	Moderate
Engrebretson (2012) ^a	Filles Eveillees	Prepost evaluation (no control)	Female adolescent migrant domestic workers aged 11-16	Purposive	Health and social	Yes	Burkina Faso	Poor
Engrebretson (2013) ^a	Filles Eveillees	Prepost evaluation (no control)	Female adolescent migrant domestic workers aged 11-18	Purposive	Health and social	Yes	Burkina Faso	Poor
Covarrubius (2012) ^a	Malawi Social Cash Transfer Programme	Open-label cluster randomised design	Children from impoverished households eligible for participation in Malawi's social cash transfer programme aged <18	Villages randomly assigned, households assigned using criterion sampling	Prevalence	Yes	Malawi	Poor
Stark (2018) ^a	COMPASS (Creating Opportunities through Mentoring, Parental Involvement, and Safe Spaces)	Randomised controlled trial	Vulnerable adolescent refugees from surrounding conflict affected regions mainly in Sudan and South Sudan aged 13-19	Random assignment	Economic	No	Ethiopia	Moderate

KEY: ^a Same study; ^b Same study; ^c Same study.

Conclusion

This review indicates that there have been disappointingly few interventions and even fewer high quality evaluations of interventions designed specifically for child domestic workers. Those that included domestic workers were primarily not disaggregated to understand different challenges to girls' uptake and participation in interventions or the effects on child domestic workers versus other at-risk youth. Other research on child domestic workers has indicated that opportunities for domestic workers to attend school seem to depend on the context. For example, a study by Hesketh et al of child domestic workers indicated that 87% of workers in the Philippines were attending school compared with 35% of Indian workers.¹¹ On the other hand, we found several studies that were ranked relatively high in quality (i.e., Trickle up, Biruh Tesfa) that showed reductions in depression and trauma symptoms, greater HIV knowledge, better health service utilisation and improvements in girls' literacy and numeracy.

Given the challenges associated with immediate eradication of child domestic work—not least because it might force girls to move into situations that are more hazardous—clear regulations must be implemented to improve the current working conditions. Regulations should include limitations to working hours so girls can attend school and have leisure time and require fair wages and decent treatment to protect girls' physical and mental health. Importantly, regulations need to be accompanied by strong intervention-focused research and evaluation to understand what works to improve health, well-being and educational outcomes for child domestic workers, especially what girls want to help them make their own choices about their future.

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