

STRENGTHENING HEALTH OUTCOMES FOR WOMEN AND CHILDREN



UNPAID CARE WORK, SOCIAL NORMS AND GENDER ROLES

A qualitative study assessing shifts in knowledge and awareness among women, adolescent girls, men and adolescent boys

GHANA

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Acronyms

CE	Costed Extension
CEFM	Child, Early and Forced Marriage
COVID/COVID-19	Corona Virus Disease of 2019
DHS	Demographic Household Survey
FGD	Focus Group Discussion
GAC	Global Affairs Canada
GBV	Gender-based violence
KII	Key Informant Interview
MNCH	Maternal, Newborn and Child Health
PWD	Person with Disabilities
RGAs	Rapid Gender Assessment
SBCC	Social Behavior Change Communication
SHOW	Strengthening Health Outcomes for Women
SRH	Sexual and Reproductive Health
UPCW	Unpaid Care Work
VSLA	Village Savings and Loan Association
WRA	Women of Reproductive Age

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Executive Summary

GLOBAL SITUATION

Time spent on unpaid care work (UPCW) is heavily gendered with women and girls bearing a greater burden relative to men and boys. The global average for unpaid care work for women (covering 75 nations) is 277 minutes (or 19.7 per cent of a 24-hour day). When it comes to unpaid care work for men, the global average is 111 minutes (or 7.7 per cent of a 24-hour day).¹ In Ghana, women spend 155 minutes a day doing unpaid household work (in comparison to men's 40 minutes of a day), another 53 minutes caring for family members, and 12 minutes conducting community service.²

PROJECT BACKGROUND & RATIONALE

The COVID-19 pandemic and subsequent preventive household hygiene practices and lockdowns with full families being at home significantly exacerbated the unpaid care work (UPCW) demand on women and adolescent girls worldwide. The intensity of the impact was evident in Plan International's *Strengthening Health Outcomes for Women and Children* (SHOW) project countries, which implemented COVID-19 response programming, namely: Bangladesh, Senegal, Ghana and Nigeria. Even before COVID-19, the project addressed UPCW throughout the MNCH/SRH continuum through

programming seeking to transform unequal gendered power relationships and norms that are at the root of the uneven gendered division of care work. As part of the gender transformative response to mitigate the health, social and economic impacts of the COVID-19 pandemic, the SHOW project accelerated UPCW programming in four countries with the goal of promoting **equitable sharing of care responsibilities and gender equality**. This has been a step towards improving the management of daily care work at home, where women and girls, in comparison to men and boys, spend more time in UPCW.

In order to assess the effectiveness of the project's UPCW activities, a qualitative study was conducted in Ghana in January and February 2022. The following two research questions guided the research design and field implementation.

1. To what extent have the SHOW activities shifted men's, women's, girls' and boys' awareness and knowledge of social norms and gender roles towards unpaid care work?
2. To what extent shifts in men's and boys' understanding translated into recognizing the importance of gender-equitable sharing of unpaid care work?

1. Jacque Charmes (2019). *The Unpaid Care Work and the Labour Market. An Analysis of time use data based on the latest world compilation of time-use surveys*. ILO. https://www.ilo.org/wcmsp5/groups/public/---dgreports/---gender/documents/publication/wcms_732791.pdf

2. *In total women spend 220 to 251 minutes a day in unpaid care work. (Source: Jacque Charmes (2019). The Unpaid Care Work and the Labour Market. An Analysis of time use data based on the latest world compilation of time-use surveys*. ILO. https://www.ilo.org/wcmsp5/groups/public/---dgreports/---gender/documents/publication/wcms_732791.pdf



METHODOLOGY

Data collection was carried out in seven geographical locations in Ghana, namely: Bincheratanga, Makayili, Nangunkpong, Daboya, Langogu, Napolgu, Lingbinsi, through focus group discussions (FDGs) and key informant interviews (KIIs) with women, men, adolescent girls, adolescent boys, and community facilitators. Content analysis of the qualitative data set draws upon NVivo-based matrix and cross-tab coding.

Key findings of the report are summarized below:

Gendered division of care work, its implications and causes.

Many participants demonstrated improved knowledge and recognition of unpaid care work both within and outside the household. Several participants agreed that UPCW overwhelmed women and girls. Adolescent boys described in detail care roles and responsibilities that women and adolescent girls fulfilled.³ Although adolescent girls are primarily expected to support their mothers with cooking, washing, cleaning, and childcare, adolescent boys are expected to support both parents, especially in tasks that girls do not take up such as cleaning the gutters at home and minding livestock.

Many research participants indicated that women and girls face significant levels of physical and psychological stress and are often overworked. Pregnancy complications and miscarriages were also mentioned as some possible consequences of



being overworked. Some participants raised time poverty as an issue and that women and girls are expected to prioritize UPCW over other types of engagements such as managing their own farm or spending time in trading or going to school.

Respondents associate the division of responsibilities with intergenerational transfer of cultural values. Participants maintained that a gendered division of care responsibilities enables children to grow up to be responsible, adaptable individuals capable of establishing their own families one day. This also provides children with real-world life skills that they may use to their advantage, and

3. Discussed in section 4.



in the event something unexpected happens to their parents they could be a reliable support system for them. Adolescent boys typically leave the house to study, and there is a growing recognition that if they do not learn to cook, they will have difficulty when living on their own.

Barriers on the road to gender transformative change.

Data indicates that, while societal ridicule and stigma affect individual and family attitudes toward gender transformative shifts, cultural and religious contexts also have a considerable impact on gender transformative outcomes. Also, polygynous family structure is important to consider as some participants provided details of UPCW dynamics within such households.

Impact of COVID-19 on UPCW and women's and child's rights.

During the pandemic, respondents shared that the workload increased for women, adolescent girls, and boys. Men helped only occasionally, mostly for fetching water so that preventive measures could be followed. Due to poverty, many girls left their home to work as kayayei (female porters). During the pandemic, incidents of exploitation, violence and abuse against women and children increased according to some respondents. In some cases, increased financial strain due to the pandemic exacerbated tensions within households. Several participants mentioned incidents of wife beatings, sexual abuse, early and forced marriages, mostly to deal with teenage unwed pregnancies.

Impact of SHOW UPCW activities on communities.

The participation of men and boys in the SHOW project and UPCW activities has encouraged them to reconsider the gendered and inequitable distribution of unpaid care work responsibilities. Some men reported being sexually and physically violent to their female partners during COVID-19, or knew someone who had been violent towards the women in their families. Men are becoming more aware of and capable of highlighting the detrimental consequences that cultural standards and assigned gender roles have on women and girls. More men and boys are joining in to assist with UPCW around the house. SHOW UPCW activities has raised awareness among participants about the importance of sharing household responsibilities and how this can contribute to strengthen positive relationships within families. Some women and girls have reported an increased sense of confidence and solidarity with other women and girls. Furthermore, UPCW trainings have generated interest and discussions regarding more equitable distribution of UPCW not just between couples, but also among other household members (for example, between in-laws) under certain circumstances.

The future of equitable sharing of UPCW.

The value of equitable sharing of care tasks and responsibilities, as well as shared decision-making, were core components of the curriculum that participants were exposed to through a range of sensitization/awareness-raising sessions. As noted above, this initiative has substantially helped communities in supporting enabling environments for promoting the agency of women and girls. Some among the younger generation are changing their stance and expressed that equal distribution of care duties and shared decision-making are essential for harmonious households. There are a few exceptions, which are also included in the study.

STRUCTURE OF THE REPORT

This study is divided into four sections that address the two previously indicated research questions. The first two parts contain the relevant context, project specifics, background information, and methodology. Section three presents research findings arranged in six sub sections/themes, namely: gendered division of care roles and responsibilities; implications of unequal division of care roles and responsibilities; challenges on the road to gender transformative change; impact of COVID-19 on care work and violence; impact of SHOW–UPCW programming in communities; and equitable sharing of care responsibilities and its future. Section four discusses the findings briefly and presents recommendations.

RECOMMENDATIONS

Based on the research findings, recommendations are presented to stakeholders seeking to contribute to tackling unequal distribution of UPCW and promoting gender transformative change at the local and national levels. These include designing strategies which take into account local specificities such as household structure and dynamics (including nuclear and extended families) and cultural and religious context; continuing to engage communities, including men and adolescent boys, to address deeply entrenched gendered norms and practices; a greater recognition and integration of UPCW in national policies; further research focusing on intersectional approaches to explore how diverse groups of women and girls experience UPCW.

1

Introduction



Introduction

Addressing gender inequalities through transformative work.

Plan International's gender transformative approach focuses on addressing the core causes of gender inequality and exclusion, as well as altering uneven gender and power relations in order to realize girls' rights and equality for all children, youth, and adults, regardless of gender or other identities. The gender transformative approach goes beyond improving the condition of women and girls; it attempts to elevate their social position and works at several levels at once, including the individual and collective, family and community, and institutional and policy levels. It focuses not only on ensuring equal opportunities and outcomes for all, but also on reducing the barriers that prevent girls and women from reaching their full potential and exercising their rights. To this end, Plan International's programs are premised on robust contextual data and address and measure progress in core dimensions including improving women's and girls' agency to access and control resources, participate in and lead decisions in private and public spheres, equalize the gendered division of labour and stereotypical notions around roles and responsibilities, address harmful social gender norms as well as policy, institutional responsiveness and service delivery.

1.1 PROGRAM CONTEXT: THE STRENGTHENING HEALTH OUTCOMES FOR WOMEN AND CHILDREN (SHOW) PROJECT

The Strengthening Health Outcomes for Women and Children (SHOW) project is a multi-country, gender transformative initiative which aims to improve the quality, availability, utilization, and accountability of essential Maternal, Newborn and Child Health/Sexual and Reproductive Health (MNCH/SRH) services to reduce maternal and child mortality amongst marginalized and vulnerable women and adolescent girls and their children in targeted regions across five countries (Bangladesh, Ghana, Haiti, Nigeria and Senegal). With support from Global Affairs Canada's (GAC) and individual Canadian donors, Plan International Canada worked in partnership with Plan International offices in five countries, the respective governments, and local non-governmental organizations to implement SHOW from 2016 to 2022. SHOW has four Intermediate outcomes:

- **DEMAND (1100):** Improved access and utilization of essential health services by women of reproductive age (WRA), adolescent girls, newborns and children under 5 living in poverty, with high vulnerability
- **SUPPLY (1200):** Improved delivery of quality essential health services to WRA, adolescent girls, newborns and children under 5 living in poverty, with high vulnerability
- **ACCOUNTABILITY (1300):** Increased dissemination and use of data by project, communities, health committees, service providers, planners and decision makers
- **PUBLIC ENGAGEMENT (1400):** Strengthened endorsement by Canadian public of Canadian global investments on MNCH/SRHR issues

In August 2020, the SHOW project received its first of two Costed Extensions (CE) from GAC to contribute to the COVID-19 response in Bangladesh, Senegal, Ghana and Nigeria. The CE, which started in August 2020 and ended on June 30, 2022, focuses on enabling safe access to essential MNCH/SRH services, supporting health system response to COVID-19 and continuation of essential services and increased demand for MNCH/SRH and COVID-19 prevention information and services:

SHOW's theory of change recognizes gender inequality as a key determinant of poor MNCH and SRH outcomes. An evidence-based gender equality strategy contributes to enabling women and adolescent girls to develop individual and collective agency towards the realization of their health rights. Implementation involves strengthening their knowledge and awareness of health rights and gender equality; increasing their participation and leadership in public life; building their financial assets through savings and skills training; establishing social networks; and engaging female community influencers. Also, by involving men and boys in positive masculinity practices, as well as traditional and religious leaders, an enabling social environment for gender equality is supported. SHOW's theory of change and gender equality strategy both tie up with the larger system through its capacity-building components for the health service providers, supervisors, and planners, ultimately contributing to gender-responsive and adolescent-friendly health service delivery. The "5 Rs" Approach (Recognize, Redistribute, Reduce, Represent, Respond), a central framework within the care economy, recognized by Global Affairs Canada, underpins SHOW's UPCW

activities as part of the broader work on gender quality and equitable distribution of care roles and responsibilities.⁴

Across the world, without exception, women carry out three-quarters of unpaid care work, or more than 75 per cent of the total hours provided.

Women dedicate on average 3.2 times more time than men to unpaid care work. There is no country where women and men perform an equal share of unpaid care work.⁵ To address the burden women and girls face in regard to the unequal distribution of household responsibilities, which was further exacerbated by the pandemic,⁶ a more targeted focus on unpaid care work (UPCW) was integrated in the CE stages of the SHOW project.

The UPCW activities were built on the SHOW project's successful programming with women's support groups, Fathers' Clubs and adolescent boys' and girls' groups as well as the extensive social behavior change communication (SBCC) strategies across the SHOW countries prior to the COVID-19 pandemic. The objective of these targeted activities was to further reflect on and sensitize group participants on the causes and consequences of the unequal burden of UPCW on the lives and health of women and girls and to collectively identify ways to foster an equitable distribution of UPCW, especially at the household level.⁷

In each country, women and men participated in reflective group sessions to enhance their awareness and understanding around unpaid care work. Women's groups and men's groups participated in 6 and 7 weekly or bi-weekly sessions, respectively. The UPCW manuals⁸ were developed and contextualized in each country with illustrations created by local artists. The UPCW manual for women's sessions covered topics such as gender roles and responsibilities, gender stereotypes, how to get partner support during pregnancy and post-delivery, assertive communication, and healthy relationships. The manual for men's groups included modules on gender roles and responsibilities, gender stereotypes, joint decision-making, how to support partners during pregnancy and post-delivery, and how to address community stigma for adopting positive and nonviolent masculinities. Similarly, adolescent boys and girls received awareness messages.⁹ In Senegal and Ghana, partnerships with local women's rights organizations were forged to carry out both the community level awareness raising on UPCW and advocacy with their governments on the importance of addressing the burden of UPCW on women and girls.

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4. The main elements of the 5 R Approach are: recognizing the value of unpaid and poorly paid care work; reducing unpaid care work through technology and infrastructure; redistributing responsibility for care work more equitably both within the household and outside it; representation of care workers; ensuring that they have a voice; and responding to the rights and needs of all care workers. (Canada's feminist approach to addressing unpaid and paid care work through international assistance. https://www.international.gc.ca/world-monde/issues_developpement-enjeux_developpement/priorities-priorites/fiap_care_work-paif_prestation_soins.aspx?lang=eng#a5)
 5. Jacque Charmes (2019). *The Unpaid Care Work and the Labour Market. An Analysis of time use data based on the latest world compilation of time-use surveys*. ILO. https://www.ilo.org/wcmsp5/groups/public/---dgreports/---gender/documents/publication/wcms_732791.pdf. p. 3
 6. Lilian N. Unaegbu, Peninah Kimiri, Suzan Agada (2020) *Rapid Gender Analysis North East Region, Nigeria*; UN Women, Care, Oxfam
 7. *SHOW Year 6 Annual Report. Plan International.*
 8. *These manuals were adapted from the 'Low Literacy & Low Resource Version of Fathers Clubs Manual' jointly developed by Promundo and Plan International Canada during the SHOW project.*
 9. *SHOW Year 6 Annual Report. Plan International.*



▲ A men's group meeting in Ghana.

Illustration from the SHOW project's Men's clubs and Women groups manuals on Gender Equality and Unpaid Care Work

1.2 STATUS OF WOMEN AND GIRLS AND UPCW WITHIN NIGERIA'S CONTEXT

Ghana's estimated population is 32.4 million.¹⁰ Between 2000 to 2020, the female population declined from 49.5 to 49.3%.¹¹ About 67% of the population are between 0-24 years. Population aged 10-19 represents 21%.¹² Forty percent of the Ghanaian population is under age 15.¹³

Status of women and girls. A total of 17% of women aged 15–49 have no education, rising to 24% in rural regions. Only 12% of rural women have attended secondary school. Only 5% have completed primary school, while 17% have not.¹⁴ Women with no education and living in low-income families marry earlier than educated women from higher-income families. Less than one in ten Ghanaian women marry before the age of 15, compared to one in four by the age of 18.¹⁵ Child marriage before the age of 18 is estimated to be 19%(2005–2020).¹⁶

Fertility varies by region and nature of location. For example, women in rural areas have an average of 4.7 children, compared to 3.3 children among women in urban areas. Fertility is highest in the Northern region (5.3 children per woman).¹⁷ In Ghana, 14% of adolescent women age 15-19 are already mothers

or pregnant with their first child.¹⁸ Unintended pregnancy rate is 102 per 1,000 women aged 15-49 (2015-2019).¹⁹ Adolescent birth rate is 78 per 1,000 girls aged 15-19 (2004-2020).²⁰ Maternal deaths accounted for 14% of all deaths in Ghana.²¹

In rural Ghana, 68% households are headed by men and 32% by women.²² Although overall polygynous relationships have declined from 33% to 14%, still in the Northern region, nearly 2 in 5 women are in a polygynous union.²³ Intimate partner violence during the past 12 months is estimated to be 10 % (2018).²⁴ Ghana's Demographic and Health Survey²⁵ notes that about one quarter (28%) of women agree that a husband is justified in beating his wife under one or more specified circumstances.²⁶ Women report that their husband make decisions about their health care and major household purchases (77% and 74%, respectively). Women's participation in decision making increases with education.²⁷

Unpaid care work. In Ghana, women spend 155 minutes a day providing unpaid domestic services for own final use within household, another 53 minutes providing unpaid caregiving services to members of the household, and roughly 12 minutes providing community service and help to other households. Men spend 40, 11, and 17 minutes of their day on these three aspects of caregiving. Women spend

10. (2022). UN Population Fund official website. <https://www.unfpa.org/data/world-population-dashboard>

11. The World Bank official website. <https://data.worldbank.org/> , <https://data.worldbank.org/indicator/SP.POP.TOTL.FE.ZS?locations=GH>

12. (2022). UN Population Fund official website. <https://www.unfpa.org/data/world-population-dashboard>

13. (2017). Ghana Maternal Health Survey. <https://dhsprogram.com/pubs/pdf/SR251/SR251.pdf> . p.2

14. (2019). Ghana: Malaria Indicator Survey. Chapter: "Characteristics of Household and Women", <https://dhsprogram.com/pubs/pdf/MIS35/MIS35.pdf> . p.7 & p.12

15. (2017). Ghana Maternal Health Survey. <https://dhsprogram.com/pubs/pdf/SR251/SR251.pdf> , p.4.

16. (2022). UN Population Fund official website. <https://www.unfpa.org/data/world-population-dashboard>

17. 2017). Ghana Maternal Health Survey. <https://dhsprogram.com/pubs/pdf/SR251/SR251.pdf> . p.3. Please note that this fertility rate has reduced from an average of 6.6 children in the region that was reported in Demographic and Health Survey 2014. <https://dhsprogram.com/pubs/pdf/SR224/SR224.pdf>

18. (2017). Ghana Maternal Health Survey. <https://dhsprogram.com/pubs/pdf/SR251/SR251.pdf> . p.4

19. (2022). UN Population Fund official website. <https://www.unfpa.org/data/world-population-dashboard>

20. ((2022). UN Population Fund official website. <https://www.unfpa.org/data/world-population-dashboard>

21. (2017). Ghana Maternal Health Survey. <https://dhsprogram.com/pubs/pdf/SR251/SR251.pdf> . p.4 & p.12

22. (2019). Ghana: Malaria Indicator Survey. <https://dhsprogram.com/pubs/pdf/MIS35/MIS35.pdf> . p.19

23. (2017). Ghana Maternal Health Survey. <https://dhsprogram.com/pubs/pdf/SR251/SR251.pdf> . p.4. DHS 2014 notes that polygyny is more common in Northern region where 42% of women and 27% of men are in such unions.



24. (2022).UN Population Fund official website. <https://www.unfpa.org/data/world-population-dashboard>
25. The status of Ghana DHS 2022 VIII is ongoing (9/2022- 12/2022). Therefore the details provided here are based on the last published version DHS 2014
26. If a wife argues with her husband, goes out without telling him, neglects the children, refuses to have sexual intercourse, or she burns the food (Source: (2014). Ghana: Demographic and Health Survey; Key Findings. <https://dhsprogram.com/pubs/pdf/SR224/SR224.pdf> . p.16. This percentage is likely to change at the end of DHS 2022.
27. (2014). Ghana: Demographic and Health Survey. <https://dhsprogram.com/pubs/pdf/SR224/SR224.pdf> . p.16

around 220 minutes per day (251 minutes for married women)²⁸ on unpaid care work, whereas men spend 68 minutes on UPCW each day. Women perform 76.4 percent of total unpaid care work, while men perform 23.6 percent. As men's education levels rise in Ghana, men devote more time to unpaid care work.²⁹

About 19.2% of women in Ghana are outside the labor force and living with care recipients as their unpaid care givers. About 21.2% of women (in comparison to 5.2% men) cite UPCW as the main reason for being outside the labor force. Another 52.8% of women say they are unemployed for personal reasons. The care dependency ratio³⁰ (that of children aged 0-14 years and the elderly combined) was 77.9% in 2000 and decreased to 69% in 2015.³¹ There is no provision of a public long-term care service system for the elderly nor is there a national childcare service system for children.³² As a result, the larger share of the care burden falls on women and girls. Care work comes with its own social and health costs. For example, wood is more

commonly used by rural households (60%) than urban households (11%)³³ and the smoke produced by solid fuel³⁴ based cooking is hazardous for the health of those engaged in cooking, predominantly women and adolescent girls.

The Gendered Dimensions of COVID-19 and UPCW. During the pandemic, time allocated to paid and production activities dropped, whereas unpaid household duties surged dramatically. The pandemic necessitated additional domestic work (cooking, washing, sweeping, etc.), as well as extra hygiene maintenance and care. Women and children felt the impact of these demands. Female-headed households had additional challenges in providing both income and care for their families. Due to the economic and psychological stress that accompanied lockdowns, violence against women and children increased. During the pandemic, women's reproductive and maternal health stress levels also increased.³⁵

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28. Laura Addati, Umberto Cattaneo, Valeria Esquivel and Isabel Valarino (2018). *Care work and care jobs for the future of decent work*, ILO, https://www.ilo.org/global/publications/books/WCMS_633135/lang--en/index.htm . p.66
29. Jacque Charmes (2019). *The Unpaid Care Work and the Labour Market. An Analysis of time use data based on the latest world compilation of time-use surveys* . ILO. https://www.ilo.org/wcmsp5/groups/public/---dgreports/---gender/documents/publication/wcms_732791.pdf . pp 18-19, p. 46, and p. 96. Please note that the ILO research team made three categories of countries based on their education systems – secondary , tertiary, complete – incomplete etc. The team allocated Ghana to a group that also included South Africa, the United Republic of Tanzania Argentina, Turkey, and Belgium following which they concluded: “men's time spent in unpaid care work increases with the level of education”.
30. The care dependency ratio is designated as the number of “dependants”, defined as children aged 0–14 years old plus persons at or above the healthy life expectancy age at 60 years old (older persons), divided by the number of people aged between 15 years and the healthy life expectancy age at 60 years minus 6 years of age (“potential unpaid care providers”). The care dependency ratio differs from the usual dependency ratio, where both active and dependent population is defined according to fixed age ranges. The care dependency ratio makes use of the healthy life expectancy at 60 years, as defined by the WHO's Global Health Observatory (2018), accounting for each country's demographic heterogeneity. For more read “Care work and care jobs for the future of decent work” https://www.ilo.org/global/publications/books/WCMS_633135/lang--en/index.htm. Endnote 80, p.35
31. In order to compile these statistics, ILO's global report (based on data from 90 countries) has been consulted. (Source: Laura Addati, Umberto Cattaneo, Valeria Esquivel and Isabel Valarino (2018). *Care work and care jobs for the future of decent work*. https://www.ilo.org/global/publications/books/WCMS_633135/lang--en/index.htm p.376 & p. 387.
32. Laura Addati, Umberto Cattaneo and Emanuela Pozzan (March ,2022). *Care at work Investing in care leave and services for a more gender equal world of work*. ILO https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/publication/wcms_838653.pdf , p 387 & p. 400.
33. (2019). *Ghana: Malaria Indicator Survey. Chapter: “Characteristics of Household and Women”*, <https://dhsprogram.com/pubs/pdf/MIS35/MIS35.pdf> . p.9
34. For example, charcoal, wood, straw/shrubs/grass, agricultural crops, or animal dung.
35. Fatouma Zara Laouan (April 2020). *Rapid Gender Analysis – COVID 19 West Africa. Care International*. <https://reliefweb.int/sites/reliefweb.int/files/resources/CARE%20West%20Africa%20Rapid%20Gender%20Analysis%20COVID-19%20May%202020%20final%20EN.pdf>

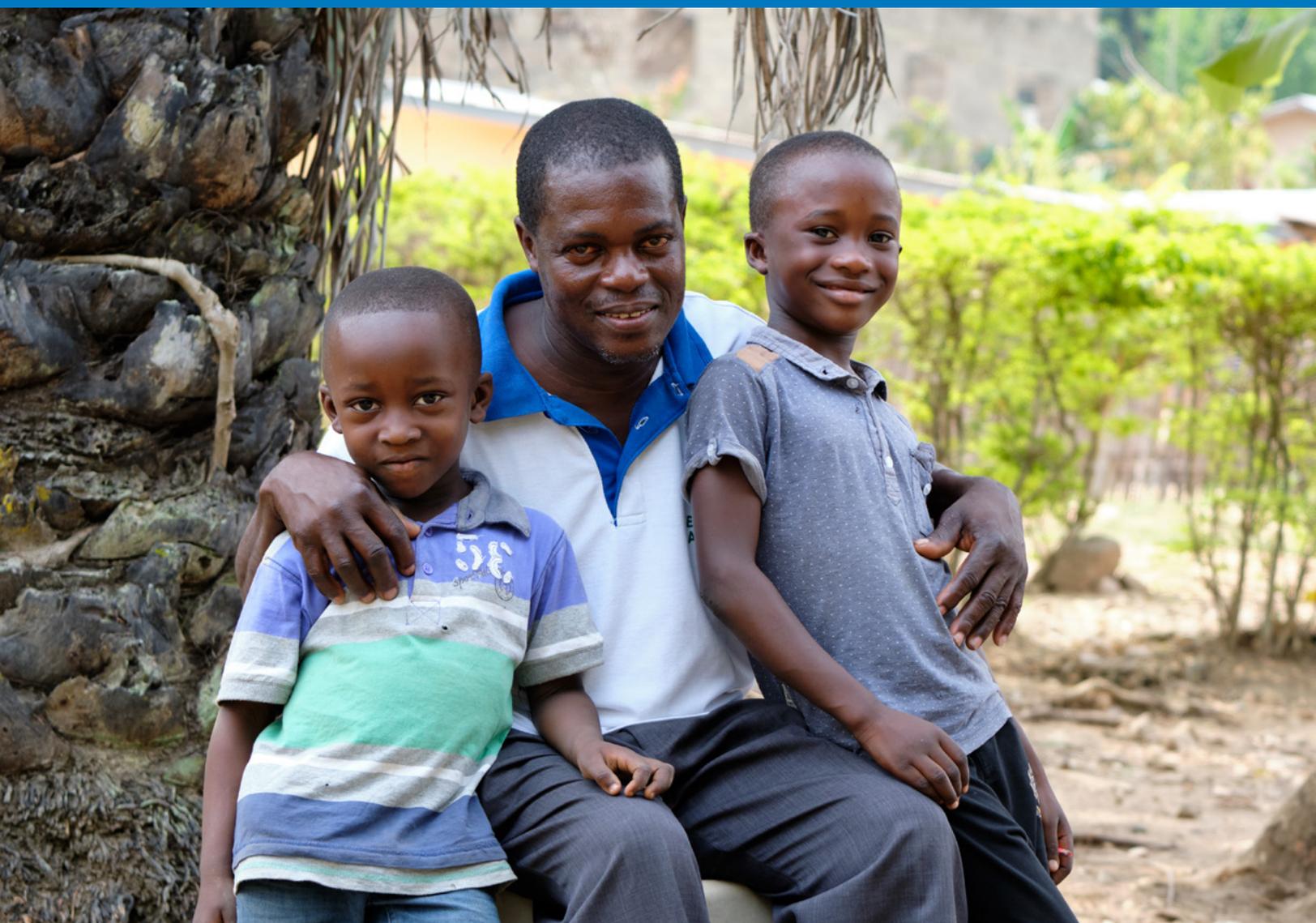


▲ A women's group meeting in Ghana.

Illustration from the SHOW project's Men's clubs and Women groups manuals on Gender Equality and Unpaid Care Work

2

Research Questions and Methodology



Research Questions and Methodology

The overall objective of this four-country research is to assess the effectiveness of the project's UPCW strategies which were carried out through COVID-19 specific activities in Bangladesh, Ghana, Nigeria and Senegal during 2021 vis-à-vis expected outcomes of enabling participants (men, women, adolescent boys, and adolescent girls) to recognize the value of unpaid care work, including the unequal gender norms practiced in care work at home. The research is linked to the two following immediate outcome indicators in the SHOW project:

- Enhanced awareness of social norms and/or gender roles around unpaid care/childcare/household work
- Enhanced understanding by men and boys of the importance of sharing unpaid care work

Based on these outcomes, the research aims to answer the following two research questions:

- To what extent have the SHOW activities shifted men's, women's, girls' and boys' awareness and knowledge of social norms and gender roles towards UPCW?
- To what extent shifts in men's and boys' understanding translated into recognizing the importance of gender-equitable sharing of unpaid care work?

RESEARCH DESIGN AND IMPLEMENTATION

This study seeks to capture changes in understanding and awareness of women, men, adolescent boys, adolescent girls and community facilitators using qualitative methods, based on focus group discussions (FGDs) and key informant interviews (KIIs).

2.1 GEOGRAPHICAL AND POPULATION SAMPLING

The geographical sample consists of seven locations: Bincheratanga, Makayilli, Nangunkpung, Daboya, Langogu, Napolgu, Lingbinsi. The data was collected considering two units of analysis (i) Gender and (ii) Age group [G1: 10-18y & G2:19-50y+] and accordingly, research participant sample groups were composed of: women, men, adolescent girls and adolescent boys. Participants were selected among those who completed the SHOW project's Gender Equality and Unpaid Care Work Module. For more details on these sessions, consult section 1.1

Other than the two major units of analysis, a set of variables including marital status, age group, family type, pregnancy status were also considered at selected relevant places.



table 1. SHOW UPCW ACTIVITY PARTICIPANTS

COUNTRY		TOTAL DISTRICTS	TOTAL GROUPS	COMMUNITY BASED FACILITATORS	AVERAGE # OF MEMBERS	ESTIMATED BENEFICIARIES
Ghana	Women UPCW Training	4	120	120	20	2400
	Men UPCW Training	4	120	120	15	1800



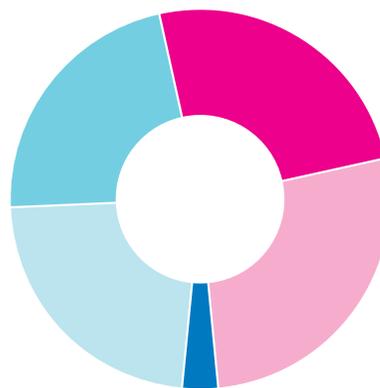
2.2 QUALITATIVE DATA COLLECTION

Focus group discussions (FGDs) and key informant interviews (KIIs) were conducted during the study. The data set consists of 22 FGDs and 4 KIIs with community facilitators. A total of forty-nine boys, fifty-six girls, fifty men, sixty-two women participated, along with two male and two female community facilitators.

Details are provided on the following page in **table 2** and **table 3**.

49
BOYS

50
MEN



56
GIRLS

62
WOMEN

4
COMMUNITY FACILITATORS
(2 women & 2 men)

table 2. RESEARCH PARTICIPANTS

	RESPONDENT CATEGORY	RESEARCH TOOL	LOCATION	NUMBER OF PARTICIPANTS
1	Women	FGD	Nanumba North Bincheratanga	10
2	Women	FGD	Karaga, Langogu	10
3	Women	FGD	North Gonja, Lingbinsi	10
4	Women	FGD	Nanumba North, Makayilli East	12
5	Women	FGD	Karaga Nagunkpang	10
6	Women	FGD	North Gonja Daboya	10
7	Men	FGD	Nnaumba North, Bincheratanga	10
8	Men	FGD	Daboya , Daboya	10
9	Men	FGD	Karaga, Langogu	10
10	Men	FGD	Nanumba-North, Makayilli East	10
11	Men	FGD	Karaga, Napolgu	10
12	Adolescent Girls	FGD	Nanumba North Bincheratanga	10
13	Adolescent Girls	FGD	Karaga, Langogu	10
14	Adolescent Girls	FGD	North Gonja, Lingbinsi	5
15	Adolescent Girls	FGD	Nanumba North, Makayili East	11
16	Adolescent Girls	FGD	Karaga, Nangunkpung	10
17	Adolescent Girls	FGD	North Gonja, Daboya	10
18	Adolescent Boys	FGD	Nanumba North Bincheratanga	10
19	Adolescent Boys	FGD	North Gonja , Daboya	9
20	Adolescent Boys	FGD	Karaga , Langogu	10
21	Adolescent Boys	FGD	Nanumba North, Makayili	10
22	Adolescent Boys	FGD	Karaga, Napolgo	10
23	Female Community Facilitator	KII	Karaga, Langogu	1
24	Female Community Facilitator	KII	Karaga, Langogu	1
25	Male Community Facilitator	KII	Karaga, Langogu	1
26	Male Community Facilitator	KII	Karaga, Langogu	1

table 3. DEMOGRAPHIC PROFILE OF FGD/KII RESPONDENTS

1	TOTAL SAMPLE SIZE (NUMBER OF RESPONDENTS)	221
2	% of women	28%
3	% of men	23%
4	% of adolescent girls	26%
5	% adolescent boys	22%
6	% of community facilitators	2%
7	% of people living in extended families	62%
8	% of people living in nuclear families	38%
9	% of married women	31%
10	% of married men	23%
11	% of pregnant women	5%
12	% of men with pregnant wives	9%
13	% of sample with children/siblings under age 5	37%
14	% of sample with children/siblings between 6–13	34%
15	% of sample with children/siblings above 14	29%



The questionnaires used during FGDs and KII (Annex 1) focus on participants' perceptions of how UPCW responsibilities were distributed within their households; the consequences of UPCW on women and girls; the impacts of Covid-19 on UPCW distribution; the impacts of the project's UPCW activities on how UPCW responsibilities are being shared; as well as the barriers to more equitable distribution of UPCW. The research team also used the UPCW categories in **table 4**, namely: 1) Household care work, 2) Outside household care work, 3) Childcare and 4) Care for the sick, elderly & people with

disabilities (PWD) as a reference during data collection and analysis. The data collection was conducted by local enumerators under the supervision of Plan Ghana during January and February 2022. When possible, one moderator and one note-taker were present for each FGD and KII. Note-takers documented their notes in the template provided to them. Transcriptions and notes were then translated to English.

A team of consultants was contracted to conduct the data analysis and produce the research reports.

table 4. CATEGORIES OF UNPAID CARE WORK

HOUSEHOLD CARE WORK	OUTSIDE HOUSEHOLD CARE WORK	CHILDCARE	CARE FOR SICK, ELDERLY, & PERSON WITH DISABILITIES
<ul style="list-style-type: none"> • Food preparation • Cooking food • Serving food • Boiling water • Washing utensils • Cleaning kitchen • Arranging utensils • Washing clothes, • Sweeping in the house • Cleaning bathroom/toilet • Dusting furniture • Arranging clothes • etc. 	<ul style="list-style-type: none"> • Bringing water • Collecting firewood, • Purchasing/bringing food • Buying household groceries • etc. 	<ul style="list-style-type: none"> • Taking care of small children's hygiene • Bathing children • Preparing food for small children • Feeding children • Playing with children • Helping children with schoolwork, • Commuting children to/from school • Taking a child to a health professional 	<ul style="list-style-type: none"> • Nursing sick, elderly, PWD • Taking sick/elderly/PWD to a health professional • Taking care of sick, elderly, PWD's hygiene • Spending time with sick, elderly, PWD • Helping them with exercise • etc.

2.3 QUALITATIVE DATA ANALYSIS PROCESS IN NVIVO

An inductive approach allowed coding/nodes and findings to be based on data collected from the research participants. Simultaneously, a review of existing research literature and reports also guided the analysis so that knowledge acquired from the field could be contextualized. For purposes of thorough content analysis, an analytical framework was prepared in NVivo, based on the FGD and KII questionnaires. This resulted in six primary (parent) coding themes indicated below.³⁶

1. Division of care responsibilities
2. Implications of unequal work division
3. Challenges on the road to gender transformative change
4. Impact/implications of COVID-19 on UPCW
5. Impact of Plan International's SHOW UPCW activities
6. Equitable sharing of UPCW (present and future)

Sub themes, and 'for and against'/ negative / positive data trends in responses further guided the formation of child and grandchild nodes.

Classification of attribute questions.

Along with providing results for the main codes, a list of independent variables (provided underneath) was incorporated in the classifications table. This produced data findings that represent variable-wise diversity.

- i. Respondent category (Men, Women, Adolescent Boys, Adolescent Girls, Facilitators)
- ii. Sex (Male, female)
- iii. Marital Status (Married, unmarried)
- iv. Age group (15–18, 19–30, 31 and above)
- v. Pregnancy/ Pregnant wife
- vi. Children/ siblings (Under 5, 6–13, 14–18)
- vii. Family system (Nuclear, with in-laws, extended system)

Coding.

Additional sub-themes were identified during the study as a result of coding trends. Once data coding was complete, node and reference summary reports were generated in NVivo. Matrix coding was utilized, and each node's group diversity and variation were studied. The crosstab function was also used to compare the data.³⁷

36. Although the report structure considers all six coding themes indicated here but it does not follow the same titles. The process of writing, structuring, restructuring of the report sections and, sub-sections is mainly guided by the nature of findings.

37. When using a matrix coding query, all relevant nodes are often identified in the 'rows' portion of the menu window in the NVivo interface, and 'attributes/values' are selected for the 'column' section. The findings enable not only the analysis of data coverage for the chosen attribute values but also the systematic reading of responses coded under each given value

3

Research Findings



Research Findings

The findings reported below are organized around the six major themes mentioned in the previous sections. Quotes are incorporated throughout the report to illustrate participants' experiences and perspectives.³⁸

38. *Quotes from participants should ideally be verbatim and unedited. However, because the data was gathered in the native language and subsequently transcribed into English, some of the quotes have been 'slightly' edited for clarity. For example, grammatical problems and sentence construction were rectified, and redundant words were eliminated.*

3.1 GENDERED DIVISION OF CARE ROLES AND RESPONSIBILITIES

3.1.1 ROLES AND RESPONSIBILITIES AND FAMILIARITY WITH THE TYPES OF UNPAID CARE WORK

“My husband and I split the job, and we urge the children to work; the males do the washing, while the girls get water and cook”

WOMAN, LINGBINSI

Men, adolescent boys, adolescent girls and women all had awareness and increased sensitivity to recognize and accordingly highlight several activities inside the household such as cooking, serving food, sweeping, washing utensils and washing clothes. Furthermore, fetching water, firewood, farming, and arranging medical visits for family were mentioned as outside care work. Adolescent boys provided details about many types of household tasks, demonstrating good levels of observations on unpaid care work.³⁹

“The men do not directly involve themselves in the care work, but they always ensure that, the boys use bigger cans (gallon to fetch water to support the household”

WOMEN, LANGOGU

In some households, work is shared among children as per instructions of both parents. According to some participants, it is the father whom makes these decisions, as reflected in this quote: “I decide on how the work at home should be divided because I am the landlord of the house” (Man, Makayilli). Their authoritative posturing is considered useful especially for adequately directing boys whom, according to some women and girl respondents, were tougher to control.

“The male (i.e. father) of the home instructs the boys to get firewood for cooking”

ADOLESCENT GIRL, LANGOGU

Inside the Household.

Women are largely responsible for household work, with men occasionally assisting them. “When we look at things in Ghana, particularly in the Northern Region, we think (i.e. our mindset is such) that in any house... if there is a woman,... she must take care of all tasks within the house. For example, cooking, sweeping, collecting water, and so forth” (Adolescent boy, Bincheratanga). A young man from Napolgu shared: “My wife washes the children’s clothing, my clothes, and my father’s clothes.” Research participants shared that women are mostly busy in cooking, sweeping, cleaning, washing clothes and dishes. Girls are trained in the highly sophisticated and time-consuming methods of cooking since childhood while helping their mothers. Women and girls are also responsible for managing childcare activities and provide care to the elderly and sick.

Young girls are allocated many household and outside responsibilities by their parents especially mothers. A 12 year-old girl shared what she does in a day:

“My mother ignites fire (under the cooking pot), I bathe the children, clean the room, wash utensils and sweep the compound (courtyard)”

NANGUNGPUNG

Girls also participate in outside household work such as fetching firewood for the household and follow their father to the farm. Some of the girls in the household wake up earlier and light the fire, heat water and mop the rooms (Women, Langogu). The community facilitators provided similar information.



▲ Women's 24-hour schedule.

Illustration from the SHOW project's Men's clubs and Women groups manuals on Gender Equality and Unpaid Care Work

"I can cook food such as TZ and prepare soup. This I sometimes do to help the women at home. I also help the women pound "fufu""

MAN, MAKAYILLI

Data set from all sample communities indicates that men at times participate in sweeping the compound, weeding, facilitating in making firewood and water available for cooking and quite rarely washing bowls. Some men indicated a long list of tasks that they contributed to, including cooking, folding clothes, washing clothes, serving food, boiling water and ensuring everyone is healthy.

"Men are supposed to check on the health condition of house members [...]"

MAN, LANGOGU

"After my wife cooks, I serve food for myself and my kids [...] to ease the burden on her " (Men, Bincheratanga). Adolescent boys also participate in a few household tasks, including "arranging furniture i.e. tables in the dining room", and "scrubbing toilets" and "clearing gutters" (Adolescent boys, Makayilli, and Napolgu).

39. For example, they not only mentioned 'cleaning' but also 'dusting' and 'mopping' of rooms, 'scrubbing' of toilets etc. Similarly boys mentioned not only 'washing' bowls, but also 'arranging' utensils; not only "collecting" garbage around the house, but also "disposing" garbage as if these are separate tasks. Women and adolescent girls data shows that they do not ordinarily distinguish between tasks as minutely as the boys.



▲ **Men's 24-hour schedule.**

Illustration from the SHOW project's Men's clubs and Women groups manuals on Gender Equality and Unpaid Care Work

Providing care to the elderly and sick.

According to respondents, different family members provide care for the elderly and the sick in their household. Data shows that men and adolescent boys are involved in care work related to doctor visits or buying items for sick household members. "I make it a point to look after any sick people in the house rather than leaving it to my wife, who will be busy cooking and shopping for groceries so (I do this so) that her load of unpaid care labor is reduced". "Men are obliged to check on the health of family members while the women cook" (Men, Langogu). "I assist with taking the children to the

hospital when they become ill" (Man, Daboya). "I go to the store and purchase food so that her burden is reduced" (Man, Bincheratanga). A 19 year-old boy from Napolgu shared: "I have been carrying sick family members to the nearby health facility on my bicycle". Women are more focused on providing inside-the-household care to older or sick family members, for example: "I look after the elderly and cook for them"(Woman, Daboya). "There is a sick person in her family, who is being cared for by the women in the house" (Woman, Bincheratanga).



3.1.2 CAUSES BEHIND DIVISION OF UNPAID CARE RESPONSIBILITIES

Intergenerational transfer of gendered care roles and preparation for future responsibilities.

According to the data, parents play an important role in transmitted gendered norms and behaviors. Many respondents indicated that perceptions of parents impacted their opinion towards care distribution. “Our parents taught us growing up what men are supposed to be engaged in such as the man farming to provide food for the family while the women take the rest of the household work” (Men, Makayilli).

“My husband constantly supports the boys for not assisting with the care work and typically says it is the women’s/girls’ responsibility”

WOMAN, DABOYA

Making children adhere to the gendered distribution of care obligations is viewed as important life skills and preparation for their future roles (including for life after marriage). “The gender role for girls ensures that when they get married, they can be good wives” (Man, Langogu).

“It is a must (compulsory) for women to do this because we will marry ...so we have to practice care work before we get married”

ADOLESCENT GIRL, DABOYA

Women in Bincheratange and Daboya also explained that this prepared their children for future responsibilities outside their houses and hometowns, i.e. when they will start living independently.

“My boys and girls are in school, and when they reach the tertiary level and their parents or guardians are no longer around to guide them, the children will be able to apply whatever skills they have gained now”.

Perceptions of men’s and women’s physical capacities.

The research data indicate that some men and adolescent boys justify the existing allocation of gender roles by associating physical strength to men and weakness to women: “Women or girls are not strong enough to go to the farm” (Adolescent boy, Langogu).

“Men are stronger in terms of doing difficult work example, farming, cutting firewood. Women do less or soft work such as washing, cooking, etc.”

MAN, BINCHERATANGA



Effective way of dividing household tasks.

According to some adolescent boys, the gendered division of housework is an effective way to allocate tasks within households and maintain harmonious households (when these norms are not contested), even if it is at the disadvantage of women. For example, one of the respondents indicated:

“Gendered care work is distributed in this way to reduce fighting among family members. (Questioning these gendered roles) could cause fighting because women’s work is plenty and men’s own share in it is small.... so women would not agree to it and there will be fighting.”

WOMEN, SOKOTO SOUTH

3.2 IMPLICATIONS OF UNEQUAL DIVISION OF CARE ROLES AND RESPONSIBILITIES

3.2.1 PERCEIVED BENEFITS OF THE GENDERED DIVISION OF CARE WORK

As mentioned above, one of the perceived benefits of the gendered division of care work is that it strengthens their children's skills so that they become responsible adults and can adapt to their future responsibilities.

“The girls become hard working and can fit in any environment that they find themselves in”

WOMAN, BINCHERATANGA

Similarly boys are supposed to help in their farm “so that in future when the head (i.e. father) is weak and old, the boys will be able to take over from him and continue to work and feed the family and the family will not beg on the streets (Woman, Langogu).

The gendered division of care roles and responsibilities is also rationalized on the grounds that it allows boys more time to read and do better in school than girls who are expected to fetch water, wash dishes and much more. Women in Lingbinsi had similar views.⁴¹

“This helps boys focus on their academics and enhance their academic and ultimately economic performance while females tend to their needs”

ADOLESCENT BOY, BINCHERATANGA



41. These views are seated in a patriarchal understanding of gender roles; men in the public and productive domain, performing as financial providers to their families and women restricted to the domestic domain and fulfilling culturally allocated reproductive function.

3.2.2 NEGATIVE IMPLICATIONS

Many participants also identified negative implications related to the unequitable division of unpaid care work:

Health issues and quality of life.

Many respondents indicated that the excessive workload of household tasks including carrying heavy containers of water and stacks of firewood caused health problems for women and girls, whom often suffered from chest pains, muscle pains, leg spasms, etc. Another health issue mentioned was related to cooking with firewood:

“In this area, women do not use gas to cook but firewood. The smoke from the fire affects their eyes”

ADOLESCENT BOYS, MAKAYILLI

Several respondents also highlighted maternal health problems. “After a woman gives birth to two children, she begins to look like an old woman due to the stress she goes through”(Adolescent girl, Makayilli). According to some participants, the unpaid care workload could even lead to women experiencing miscarriages: “Overburdened pregnant women often get miscarriages” (Man, Daboya);

“This (i.e. UPCW) cause pregnant women to experience miscarriages. This is because, a woman may be pregnant at an early stage and may not be aware of it and will be lifting heavy loads which can lead to miscarriage”

(WOMAN, NANGUNKPUNG).

This information was also shared by the male community facilitator in Napolgu: “Women and girls are overburdened with care work and they don’t get rest for themselves. Some women can have a miscarriage, especially those experiencing pregnancy for the first time”. These quotes from adolescent girls in Nangunkpung underline the heavy toll that the burden of UPCW can have on women’s lives: “It (UPCW) makes our mothers age quickly” and, “too much workload shortens our lives.”

Some respondents believed that the heavy workload led to greater stress in women, which sometimes caused tensions in the household and affected marital relations.

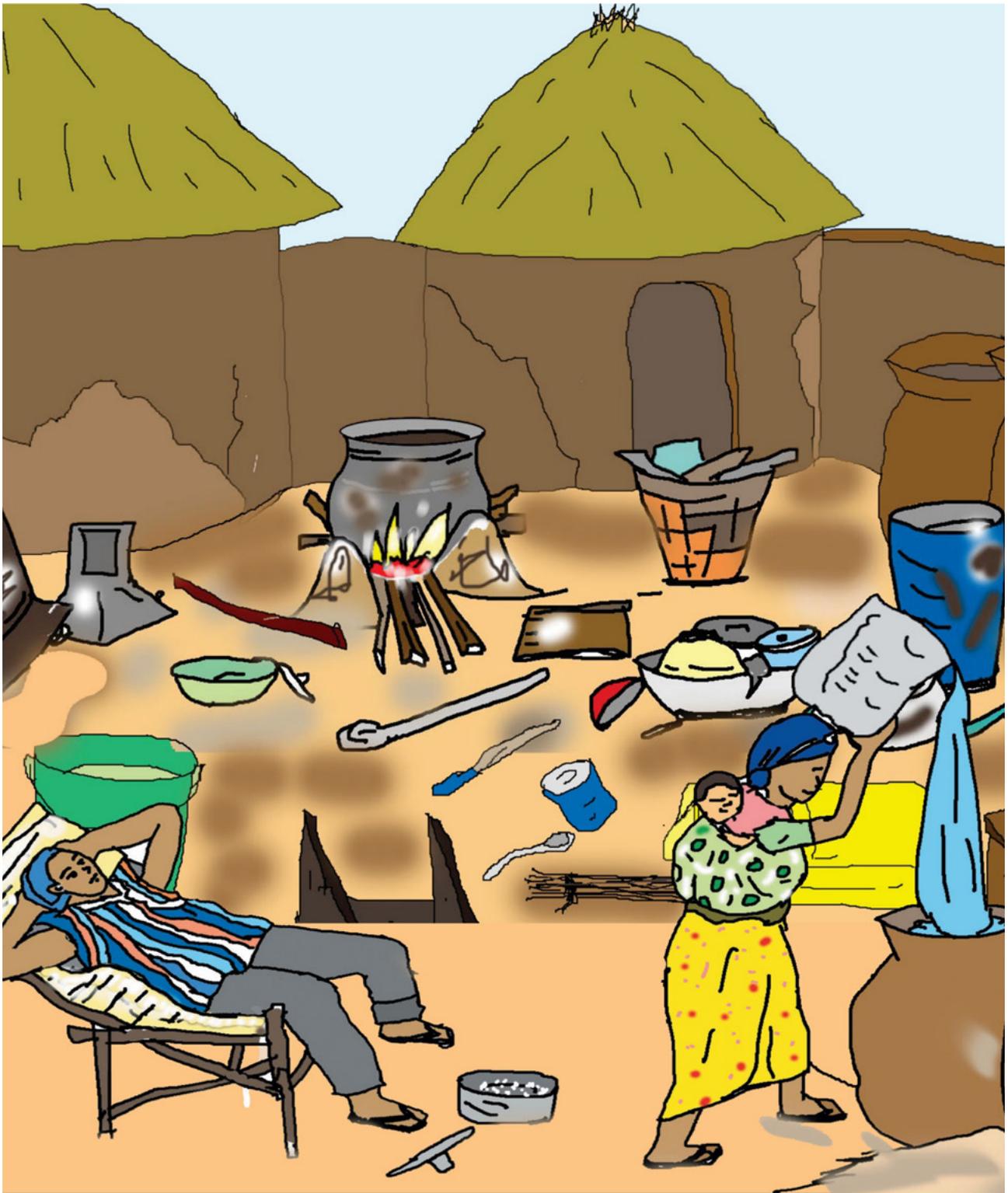
“Women are stressed out and, talk unpleasantly to their husband”

ADOLESCENT GIRL, LANGOGU;

“When unpaid care work is left on women and on girls, it brings discomfort and fighting in the household”

MAN, NAPOLGU

A twenty-three-year-old woman in Makayilli living in an extended family noted: “It affects sexual intimacy since they (women) already are stressed”. The female community facilitator in Langogu had similar observation: “It makes the women in the community sometimes sexually unresponsive (to their spouse)”.



▲ **Man not helping with household chores.**

Illustration from the SHOW project's Men's clubs and Women groups manuals on Gender Equality and Unpaid Care Work

Barrier to girls' education.

Some respondents recognized that the heavy workload of UPCW limited girls' access to education.

"The burden of household chores on girls in the morning, for example, washing bowls, sweeping fetching water affects our education as it makes us late, to go to school and learn" (Adolescent girl, Bincheratanga); "There is increase in absenteeism and school dropout. Many girls do house chores in the morning (fetching of water, washing of bowls) which results in them going to school late and sometimes they decide not to go to school. Such a child may finally decide not to go to school ever again and hence dropout" (Adolescent boy, Bincheratanga);

"They (i.e. girls, are tired (due to housework) and late and then teachers punish them"

ADOLESCENT BOY, LANGOGU

The male community facilitator in Napolgu recounted the negative impact of UPCW, resulting time poverty on adolescent girls' education. "It can also make girls perform poorly in school because they have to work in the morning even before going to school. Even if they go to school, they cannot concentrate. Ultimately, this leads to school dropouts."

Less time for income-generating activities.

The disproportionate time spent of on UPCW prevents many women from participating in other activities, including income generating activities.

"You cannot engage in economic activities as the house chores will take all your time"

WOMAN, LINGBINSI

For those involved in income-generating activities, finding enough time to dedicate to these activities is a challenge. For example, a woman from Bincheratanga whom owned a farm shared: "I am a farmer, and at the same time, I do almost all the household chores before I can go to my farm and work. This makes the productivity of my farm very low as I spend more of my time in doing the household chores and less time to attend to my farm."

While women and girls lack time, some respondents perceived that men and boys had too much time on their hands and that this could lead to problematic behaviors. Women in Lingbinsi reflected that men had become lazy and less efficient because of the unequal work division between men and women, boys and girls.

"Males believe that, the only responsibilities they have in the house is to go to the farm"

WOMEN, LINGBINSI

A 28-year-old mother living in an extended family in Langogu explained: "After the rainy season when cultivation starts, the men or boys will be busy, but after the harvest, they turn to sit idle leaving all the household chores on us, the women. This is tiresome, because, we also help with the farm work". "The male child can become wayward" (Women, Lingbinsi).

"The boys may become wayward and loiter around doing unnecessary things" i.e. if they are not engaged in household chores."

ADOLESCENT GIRL, NANGUNPUNG

3.3 CHALLENGES ON THE ROAD TO GENDER TRANSFORMATIVE CHANGE



3.3.1 BARRIERS WITHIN THE HOUSEHOLD: GENDER IDENTITIES AND IMMEDIATE FAMILIES

Social stigma.

Fear of being ridiculed by other family members was one of the barriers identified by respondents that prevent men from engaging in unpaid care work.

“The man refuses to help with the tasks out of fear of being stigmatized. When a man is spotted performing chores here, it is assumed that he is being dominated by his wife and is not a real man”

ADOLESCENT GIRL, LINGBINSI

In some cases, men are discouraged from assisting in UPCW by extended family members. “In this

community, a man was collecting firewood and carrying water to support his wife, and the extended family members mocked at him and ordered him not to ruin the family’s image or make their family a laughing stock” (Woman, Bincheratanga);

“Some men feel if they do chores they will be considered as women and, will be disrespected”

ADOLESCENT GIRL, LINGBINSI

A man may suspect that his wife will go around “portraying him as someone who is afraid of her. This can also limit a man’s participation in care work” (Adolescent girl, Makayilli).

Less value is attributed to roles and responsibilities associated with women and girls.

As women's work is generally perceived as less important, men typically avoid these because they do not want to lose the status that society has allocated to them.

“Many African men believe that sharing and assisting their wives with caregiving will make them look weak in the eyes of friends, relatives, and other community members”

WOMAN, NANGUNKPUNG

“A man playing with a child was perceived as weak (i.e. not having anything better to do)” (Male community facilitator, Napolgu). “Work like cleaning and washing is viewed as humiliating to us, males” (Man, Makayilli). Unpaid care work is perceived as being below their status. In other words, women's work is not valued as it is unpaid.

“They believe that by not doing household chores, they would be more valued.”

ADOLESCENT GIRLS, LINGBINSI

Taboos or negative perceptions surrounding women's biological functions, such as menstruation, may also prevent men from further engaging in certain unpaid care work tasks:

“Washing my wife's clothing would be tough for me since she menstruates”

MAN, LANGOGU

3.3.2 BARRIERS OUTSIDE THE HOUSEHOLD: COMMUNITY DISAPPROVAL

Mockery/stigmatization from the wider community is one of the factors that limit men and boys from participating in care responsibilities. “When a man washes bowls his friends will look down upon him” (Adolescent boy, Makayilli). They (neighbors) will “call you all sorts of derogatory names”; “You are a useless man when you help your wife”; “You are gossiped about and called ‘manwoman’ (Men and adolescent boys, Daboya). Boys who help their mothers with house care work are teased and called names like “Mariyama” or “Adishetu” (Woman, Bincheratanga), because they are not considered ‘real men’...

“If you are a man helping your wife at home, then it means that she is controlling you and that you are not man enough”

WOMEN, LINGBINSI

As reflected in the following quote, this type of mocking comes from both male and female community members:

“Some of us find it difficult to sweep the yard because girls and women would call you impotent”

ADOLESCENT BOYS, NAPOLGU



3.3.3 WIDER CONTEXTUAL BARRIERS: CULTURAL ARRANGEMENTS AND FAMILY STRUCTURES

Polygynous family structures and organization.

Polygyny permits men to reduce their need to contribute inside the family. Household work is allocated and shared among women when there are several wives. Thus, men and boys do not feel compelled to contribute. A thirty-five-year-old woman in Nanpungung explains how the workload is allocated by the man to different co-wives .

“My husband distributes household chores. One wife is in charge of breakfast, the other of lunch, and we all make supper together in the evening.”

WOMAN, NANPUNGUNG

Cultural, religious and spiritual beliefs.

Spiritual beliefs, such as *juju*, can also pose barriers to greater male involvement in certain household chores.

“Some men and boys find it difficult to wash their spouses’ clothes because of spiritual powers they have (*juju*). They believe that the spiritual powers will spoil or will not work when they wash their spouse’s or women’s clothing”

ADOLESCENT BOY, LANGOGU

Some respondents also referred to the belief that if men perform certain activities, such as cooking, they will suffer from sexual dysfunction.

“A guy goes out for *juju* and he is ordered never to touch a stirring stick or bring water for his family; if he fails, he will go angry, be impotent, or lose something essential that belongs to him”

FEMALE COMMUNITY FACILITATOR, MAKAYILLI

Respondents from various communities shared similar versions of this. According to a fourteen-year-old boy from Napolgu, Dagombas customs and culture forbid boys from sweeping the yard for fear that “they will lose their reproductive organ”.

“Serving meals and cleaning dishes, the Dagombas community forbids males from doing so”

ADOLESCENT BOY, NAPOLGU

Men made indirect comments and underlined that they had spiritual strength to preserve and that as men, they could not participate in all types of household.

3.4 IMPACT OF COVID-19 ON UNPAID CARE WORK AND GENDER-BASED VIOLENCE

3.4.1 UNPAID CARE WORK

The COVID-19 pandemic increased UPCW responsibilities for women and girls.

Women were responsible for ensuring that preventive measures were followed. They were in charge of cooking meals and maintaining the household's general hygiene in order to avoid transmission. Adolescent girls assisted their mothers in most of these activities.

“Because of COVID-19, my workload doubled, and I went to the farm and cooked more because school was closed and everyone was at home.”

ADOLESCENT GIRL, MAKAYILLI

“(Time spent) cooking increased as the number of individuals staying at home had increased” (Adolescent girls, Makayilli). “The number of times we cooked had increased from once daily before COVID-19 to three times daily during the same period” (Adolescent girl, Bincheratanga).

During COVID-19, there was a significant rise in household activities, such as washing, and the demand for additional water. “COVID increased the quantity of water I have to fetch for the house” (Man, Langogu). With more people at home, the boys debated whether work increased or decreased. Some maintained that the work decreased as there were more hands to help and others argued that it had increased as preventive measures and social distancing acted as a barrier to help each other. Nonetheless, some adolescent boys specifically mentioned how the women, their mothers, were under pressure during the COVID-19 lockdown. “Yes, it (the pandemic) prevented children from

attending school and this increased the care work on our mothers.” Several adolescent boys mentioned that their mothers were continuously “cooking in the kitchen” and “cleaning children after they used toilets” (Adolescent boys, Bicheratanga and Napolgu). In several households, adolescent girls had to become additional financial providers. “Due to poverty and financial difficulties, many girls were forced into being kayayei [i.e. women porters in Accra] (Adolescent boy, Langogu).

3.4.2 INCREASED HOUSEHOLD TENSIONS AND GENDER-BASED VIOLENCE

During COVID-19, there was an increase in violence against women and children. Respondents reported an increase in forced marriages, marital rape, unplanned pregnancies, as well as more disputes, quarrelling and conflicts in households. “During the COVID-19 pandemic, individuals in the community were not tolerant with each other” (Women, Lingbinsi and Bincheratanga).

In some cases, financial difficulties due to lockdowns and other Covid-19 measures led to increased frustrations and dissatisfaction, which sometimes resulted in increased violence against women.

“People are then holding on to egos and prides that's already too vulnerable due to economic failure. Shortfall of trading activities lead to violence.”

MALE COMMUNITY FACILITATOR, NAPOLGU

In some household, financial concerns lead to anger issues over budget management and violence. “The cost of living escalated, and men thought that we, the women, were mismanaging the food in the house, forgetting that the number of people had grown because all the children in school were sitting at home.”; “Yes (there was violence), because we were financially down and things were not going well in the house, because the traders who were



▲ Couple arguing in front of their child.

Illustration from the SHOW project's Men's clubs and Women groups manuals on Gender Equality and Unpaid Care Work

Child, early and forced marriages.

During the Covid-19 lockdown, some girls were forced into marriages, resulting in an increase in adolescent pregnancies. There were also cases where unwed pregnancies, considered socially unacceptable were used to legitimize forced marriages. "Some girls were given away in marriage" (Man, Langogu); ⁴²

"There were teenage pregnancies, and then they forced early child marriages"

MEN, BINCHERATANGA AND NAPOLGU

42. Plan International's previous research work also confirms that practices such as child (early and forced marriages and unions) are based on patriarchal ideas and honour codes that control girls' sexuality. Child marriage is seen as a way to cope with greater economic hardships and as a means to protect girls from increasing instability, uncertainty, and violence through a husband and his perceived guardianship (for more consult: Oct, 2021. Child, Early and Forced Marriage and Unions; Policy Brief. Plan International. https://plan-international.org/uploads/2022/02/glo-cefmu_policy_brief-final-io-eng-jan21-1.pdf)

Responses from women confirm similar difficulties, but focus on unwed teenage pregnancies that lead to unexpected rushed weddings, affecting the future of young girls in locations like Bincheratanga and Lingbinsi.

“Some girls got pregnant and had to be married away to avoid embarrassment. Some women were impregnated and taken into marriage in their teenage years due to the lockdown”

FEMALE COMMUNITY FACILITATOR, NAPOLGU

Girls in Langogu shared that although some girls were pregnant, other girls who were not even pregnant “were quickly married away as parents wanted to avoid the case of unwed pregnancy in their home”. Some fathers arranged early marriages for their daughters who were otherwise school students and were staying at home only due to the lockdown.

As unwed pregnancies are socio-culturally unacceptable, the situation often caused a rift between parents of pregnant girls as they blamed each other: “There was misunderstanding between parents of girls who were pregnant. Our fathers blamed it on our mothers”. (Adolescent girl, Daboya). In some cases, such premature marriages caused argument between couples and mostly mothers tried to stop these forced early marriages. “There were also instances where fathers wanted their daughters to marry since schools were closed down but the mothers wanted their girls to further their education hence resulting in fighting between parents”(Adolescent girl, Nanpungung). Financial problems also led to early marriages. Pregnancies were not the only reason for early marriages; other families tried to alleviate financial problems by marrying off their children.

“During the pandemic children were forced to marry early as a way of raising funds for the family”

MEN, BINCHERATANGA AND NAPOLGU

“During the COVID-19 pandemic, some family members and community members pushed their children for early marriages in order to collect resources to support themselves as there was nothing moving or happening to bring money to them” (Adolescent boys, Langogu).

Vulnerability of girls working outside the household.

Couples fought over disciplining their children and at times men blamed women for sending daughters away as “*kayayei*” (female porter). Men in Daboya hinted that a girl’s financial vulnerability makes her physically exploitable and there are chances that someone will take advantage of her as reflected in this quote:

“COVID has increased teenage pregnancy. Girls who were in Accra (i.e. migrant workers from sample communities) could not work (due to lockdown) and they had to ‘depend’ on boys (i.e., acquaintances) which led to their pregnancy”

(MAN, DABOYA).

3.5 IMPACT OF SHOW UPCW ACTIVITIES IN THE COMMUNITIES

The research findings suggests that participation in the SHOW UPCW activities contributed to increased awareness for many women and adolescent girls, as well as men and adolescent boys regarding gender norms and the importance of equitable sharing of UPCW.

3.5.1 CHANGES IN MALE KNOWLEDGE, ATTITUDES AND BEHAVIORS

Some men and adolescent boys are providing increased support to women and girls in UPCW.

Several research participants indicated men and boys are increasingly taking up household activities such as sweeping and washing clothes and outside activities, such as, fetching water. Boys and men are also sweeping compounds, helping in the kitchen, disposing garbage and helping children bathe, arrange/fold washed clothes.

“I allow my wife to cook and my girls to assist in sweeping the compound while the boys and myself engage in fetching water for household use. This is because of the SHOW awareness activities on household unpaid care work”

MAN, TAMBUNAL

“My son has learned how to cook food for the family” (Man, Bincheratanga); “I now support my wife in cooking, for example: rice, yam and soup” (Man,

Daboya). Women and adolescent girls have noted these supportive behavior changes too. For example a girl from Lingbinsi noted: “Anytime my mother and I go to the market or farm and return late, my brother starts cooking and we help him finish on our return.”

Some men reported that they are now making efforts to be involved in childcare responsibilities. “I now support my wife [...] and bathe my children (Men, Daboya). “Now that men are receiving appreciation from their spouses after assisting with care chores, it is making other men feel the challenge and likewise assist their wives as needed” (Female community facilitator, Napolgu). “I think I should be doing majority of the work since I brought my wife from her house (i.e. parental house), into my house and she has given birth to my children”, reflected a thirty two year old man from Napolgu.

“Men assist in taking care of the children so that our mothers can cook”

ADOLESCENT GIRL, NANGUNPUNG

UPCW sessions motivated some adolescent boys to adopt certain tasks inside the household and help their female family members with UPCW. Some participants were also encouraged to disseminate the lessons with family so that equitable sharing becomes acceptable. For example, a 13-year-old boy in Langogu shared his experiences in these words:

“The SHOW awareness activities on UPCW taught me the value of assisting my mother with cooking and water fetching, among other things”.



▲ Man stepping out of the 'gender box'.

Illustration from the SHOW project's Men's clubs and Women groups manuals on Gender Equality and Unpaid Care Work

“I educated my mother about unpaid care labor and I assisted in sweeping, fetching water, and other tasks after receiving education from Plan Ghana,” stated an 18-year-old boy from Daboya. “I now wash my mother and children’s (little siblings) clothes to relieve the load on my mother so that she may have time for other household duties”, expressed a boy in Langogu. Evidence collected from women confirm similar findings. For example, a thirty-five-year-old mother from Nangunpung shared:

“I only have boys, thus they basically do everything; cooking, sweeping the house, washing utensils, getting water, gathering firewood, washing clothing, sweeping the various rooms and mopping them, and also purchasing food stuffs for the family”.

Some men are still hesitant to share or are selective in which tasks they take on. Some wash only their personal clothing but avoid doing so for their wife and children due to the presence of other people around. A few girls in Daboya and Lingbinsi noted that men still avoided messy baby garments and expected women and girls to manage these tasks.

“After assisting their spouses, men have recognized the burden of care labor on women and have begun to share it”

MALE COMMUNITY FACILITATOR, NAPOLGU

Increased involvement in maternal health care.

Community facilitators shared how they made sharing UPCW more acceptable by focusing on the negative outcomes on women’s health. In Langogu, facilitators revealed that husbands were also bringing their wives for antenatal check-ups.

“The SHOW project shared with us some images of men aiding their women to attend prenatal care. After that, I spoke with my parents, and my father drove my pregnant stepmother to the hospital for prenatal care”

ADOLESCENT BOYS, BINCHERATNAGA

A young man from Daboya explained how he counselled his friend: “My friend’s wife used to experience a lot of miscarriages due to the work load on her and I asked him to relieve her of some of the domestic tasks. And the wife has just given birth without complications.” Several men mentioned that it was important to take care of pregnant women by helping them in household chores and accompanying them to the health facility when needed.

figure 4.

Wordcloud on impacts of SHOW UPCW activities



Sharing and disseminating information to the wider community.

Data from Daboya, Langogu, Napolgu and Makayilli shows that some of the male respondents are more aware of the importance of sharing unpaid care work and are promoting gender equality. Some of the men have shared these changes in their lifestyles with friends encouraging them to contribute more in their household. Adolescent boys and girls are being instrumental in making their parents reconsider gender inequalities around care responsibilities.

“I teach my parents how to share care work which makes me develop the confidence to speak to adults ”

ADOLESCENT BOY, BINCHERTANGA

Boys have shared their experiences and lessons about UPCW with other members of the community, particularly their parents, siblings, and friends. A 17-year-old boy from Napolgu reflected: “my involvement in SHOW allows me to assist my mother with cooking and collecting water, which I had always believed was just the responsibility of women and girls.”

Men are being more respectful of women’s time and are learning not to impose themselves.

The male facilitator in Napolgu shared that men are beginning to realize that they have demanding attitudes towards wives which is not right. “Now more men are realizing that staying home does not mean that she is not doing anything”. Men are being more respectful to women’s schedules and are beginning to realize that she has right to sleep and rest.

“We are now enlightened to know the benefit of sharing care work at home by Plan Ghana, so now the women can rest”.

(MAN, DABOYA)

3.5.2 CHANGES IN FEMALE KNOWLEDGE, ATTITUDES AND BEHAVIORS

The data set demonstrates positive shifts in the attitudes and behavior of women and adolescent girls who participated in UPCW activities.

“We educate them (men) to be more sensitive to women, and we are noticing some progress”

WOMAN, GWADABAWA

Improved interpersonal relations within the household.

According to some respondents, participation in SHOW UPCW activities has led to improvement in spousal relationships.

“There is love, peace, and unity in the households [...] overburdened women were tired of housework, which invariably resulted in quarrels and misunderstandings between spouses”

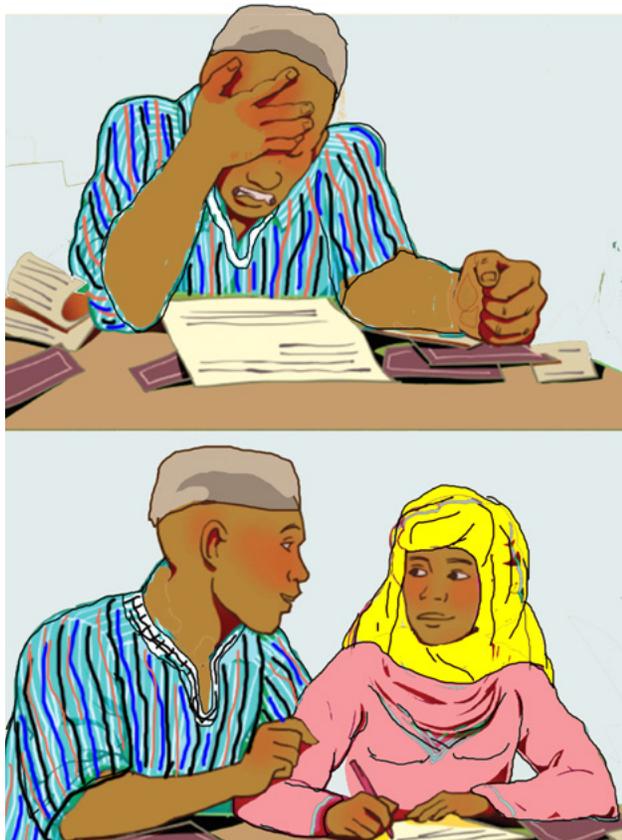
(MALE COMMUNITY FACILITATOR, LANGOGU).

“My husband is also in the project and has learned to assist me. I have shared this information with my mother-in-law, who never assisted me before but now I can see that if I am cooking while caring for the child, she takes the child and looks after her so that I can cook without interruptions.”

Some of the female respondents reported that they are applying the assertive communication skills they had learned during the project activities.

“You can’t ask the men/boys to help you cook when they just returned from the farm or bring in firewood, they can even refuse or get angry”

WOMAN, MAKAYILLI



▲ **Man and woman making decisions together.**

Illustration from the SHOW project’s Men’s clubs and Women groups manuals on Gender Equality and Unpaid Care Work

Some women and girls are becoming empowered to better communicate their needs regarding the burden of UPCW. This calibration has been achieved as a result of training as reflected in this respondent statement: “My husband had

asked me to get up and prepare lunch for the household and I told him that, I am not feeling very well [...] and that the house care is too much of a load on my shoulders and for that reason, my health is failing me day by day. I therefore told my husband to start helping me in the house care duties so that we will be able to analyze and see if my failing health is due to stress or if I am just a sick person from the beginning. My husband started helping with some little house care work” (Woman, Langogu). A 46-year-old woman from Langogu told the field team that the SHOW UPCW sessions had developed her communication and negotiation skills:

“We were taught to be respectful towards our husband and also know how to talk to them i.e. not be submissive and not be hostile. Now my husband helps with care work.”

Dissemination of what was learned with family and friends.

Women in Bincheratanga are contributing to changing the way men see women by showing them the training manuals and convincing them to practice gender equality by sharing household work. In Daboya, women “acted it out in a drama, explaining the benefits of sharing care work tasks”. An adolescent girl in Lingbinsi described how she persuaded both her parents to take charge of their reproductive health.

“I taught my mother how to use a sanitary pad, and my father became more supportive of her, even sending her to the hospital when she became pregnant.”



▲ Woman stepping out of the 'gender box'.

Illustration from the SHOW project's Men's clubs and Women groups manuals on Gender Equality and Unpaid Care Work



Girls are especially glad to receive training manuals since the information therein helps them communicate effectively with others. Some adolescent girls have also disseminated and shared lessons with boys in the community encouraging them to adopt equitable sharing and promote gender equality inside and outside their households as reflected here:

“After sitting for the UPCW session, I taught my male friends about care work and raised their understanding that care work is not just the responsibility of women/girls”

ADOLESCENT GIRL, LANGOGU

Another girl in Lingbinsi shared: “I persuaded several of my male classmates to assist their sisters with housework, which they now do.” Some adolescent girls have negotiated with parents to ensure equitable distribution of care roles irrespective of gender:

“I told my father about what we learned at the SHOW project meeting, and since then, even if my father does not get up to help with the task, he ensures that my brothers do it to support us and my mother”

ADOLESCENT GIRL, NANGUNPUNG

These results are encouraging and suggest that attitudinal and behavioral shifts are taking place.

Exploring economic possibilities and contributing to household income.

“I assist my husband financially during the farming season when he is low on funds. I do this for the betterment of the household” (Women, Bincheratanga). “I did not have money (before), so I couldn’t help with home expenses, but now I’m doing some modest trading because of this there is sharing of household chores (and I have more time). My husband is pleased,” a woman in Lingbinsi explained.

For some of the women whom have access to financial resources, the fact that their spouse is taking on more UPCW results in them being more willing to contribute to household finances.

“When I participated in the SHOW UPCW activities before that I assumed it was simply the man’s obligation to offer children pocket money [...] As my spouse shares household care work with me, I occasionally and willingly give our children money to take to school”

WOMAN, LANGOGU

3.6 EQUITABLE SHARING OF UNPAID CARE WORK RESPONSIBILITIES

Research findings indicate positive changes in participants, perceptions and increased community acceptability regarding equitable sharing of care responsibilities within and outside households.

3.6.1 EQUITABLE SHARING OF UPCW DURING COVID-19

Many respondents provided favorable feedback regarding more equitable distribution of care work. Some, however, did express reservations about sharing UPCW.

Some men and boys have begun to participate in more care work responsibilities and can notice and explain the impact of this redistribution of care work on women. Both male and female respondents shared that there are many tasks that men and adolescent boys could easily adopt (*table 5*).

table 5. LIST OF ACTIVITIES THAT MEN CAN EASILY ADOPT ACCORDING TO EACH RESPONDENT CATEGORY

GENDER/GENERATION RESPONSE		INDICATED BY			
		MEN	WOMEN	GIRLS	BOYS
<i>Outside the Household</i>					
1	Accompanying women to health facility		✓		
2	Fetching water and firewood/ grind mill visits	✓		✓	✓
3	Livestock care and management				✓
4	Farming /weeding				✓
5	Helping women in small scale trading		✓		
6	Arranging good sanitation facilities at home		✓		
<i>Inside the Household</i>					
1	Sweeping courtyard /mopping	✓	✓		✓
2	Cooking/ self-service/preparing snacks/ preparing cooking ingredients	✓	✓		✓
3	Washing his own clothes/folding clothes	✓	✓		✓
4	Washing Utensils	✓			✓
<i>Child Care</i>					
1	Playtime and school drop for children		✓	✓	✓
2	Bathing children	✓			✓

However, respondents expressed that some tasks, such as cooking and childcare are more difficult for men and boys to adopt. This may be due to the fact that cooking requires more skills than other types of

tasks, as women in Nangunpung indicated. There might also be more nuanced explanations, such as males believing cooking is spiritually harmful to them (consult section 3.3).

table 6. IMPACT OF EQUITABLE REDISTRIBUTION OF CARE WORK ON WOMEN ACCORDING TO EACH RESPONDENT CATEGORY

	MEN	BOYS	GIRLS	WOMEN
1	Increases bonding and understanding with family – no quarreling	She will be happy	Mothers get more opportunities to socialize	Peace, harmony and love within family
2	Girls can attend school on time and focus on schoolwork	She will be healthy and safe from illnesses	Opportunity to sleep early, attend school on time and study hard – improve academic performance	Opportunity to take rest
3	Decreasing levels of stress and irritability	Girls gain development opportunities, attend school, learn other skills	Increase family bonding /Peace and harmony in household	
4	Regains health/ miscarriages reduces	Family bonding increases	Improve health	
5		Personal hygiene improves	Men and women will respect each other	
6			Reduction of stress	

Benefits of practicing equitable sharing.

Several respondents shared that physical, psychological and maternal health will improve as a result of equitable sharing of UPCW, as will marital and interpersonal communication; learning and financial opportunities for women will increase.

Improvements in health.

Mostly adolescent girls outlined the beneficial impact of equitable sharing of UPCW on women's and girls' health and how this lead to greater happiness, leisure and rest. "Our mothers will become healthy" (Adolescent girl, Nangunpung).

"I'll feel glad for it would promote good health for me as a girl."

ADOLESCENT GIRL, MAKAYILLI

A 39-year-old woman from Lingbinsi shared: "since the workload on me has reduced, my health will be improved. I used to fall sick easily due to too much work which still happens sometimes".

Capabilities and functioning capacities will improve.

"When unpaid care labor is divided evenly, it boosts women's confidence" (Man, Bincheratanga). Data collected from men and women emphasized the impact of equitable sharing of care roles and responsibilities on children, particularly girls' school attendance and educational outcomes. Parents realize that UPCW causes time poverty for many girls and ultimately this prevents them from completing their schooling.

"This (equitable sharing) will contribute to all children male or female to pursue their education because they can all finish their household work early in the morning and in time for school"

MAN, MAKAYILLI

"The boys and the girls will be given equal opportunity to study, as the case of boys studying and girls being in the kitchen ceases. Both the boys and girls will all take part in the house care work as well as sit together and study their books"(Woman, Nangunpung). It is also important to note that some parents want to see greater gender equality between their children.

Data collected from adolescent boys and girls focused on the positive impact equitable sharing will have on boys' overall functioning capacity in real world. Knowing how to cook, wash, clean etc., are considered life skills. In the sample communities, some boys need to leave the home to pursue further education. Therefore, both boys and girls appreciate the value and utility of learning household tasks in order to be more autonomous. "Equitable distribution among family members (will) enable boys to develop familiarity with household chores. They can help themselves if no one is around to do it for them. They can also help their wives when they marry or just when they leave parental home" (Adolescent girls, Bincheratanga and Lingbinsi).

"I think I will feel okay if work is equitably shared in the family because it will help me to learn how to cook which is only done by women and girls"

ADOLESCENT BOY, MAKAYILLI

Economic stability.

Some participants maintained that if care work is equitably shared among family members it can ultimately lead to financial stability of the household. When work at home is efficiently managed in a collaborative way, it can leave everyone enough time to plan for income generation activities. Several men and boys spoke about this in Napolgu and Bincheratanga.

“It will be very useful because time poverty will reduce, since she can channel her time into other economic activities that can bring her some income for the home”

WOMAN, MAKAYILLI

Belonging and harmony within families.

Inequitable and gendered allocation of care roles along with women's gendered role of reproduction has far reaching implications for her overall sense of self and personhood. As reflected in the statement of a 57-year-old woman living within an extended family:

“It will give us a sense of ‘belonging’ in the household, in the sense that fair sharing among family members (men, women, girls, and boys) will make us feel that we, the women, ‘belong’ and have a role in the family, and are not just objects, or baby-making machines for the males”

(LANGOGU).

This statement suggests that some women live with a deep sense of isolation and alienation within their own households; lacking control and decision making power over their time and, bodies. Some women, as the respondent highlighted, feel they are being exploited, providing care to household members and also experiencing repeated pregnancies and in some cases, intimate partner abuse.

Equitable sharing of UPCW is important for creating harmony within families. “Because care work will be divided equitably throughout the family, no one will feel deceived, promoting peace and love among family members” (Adolescent boy, Napolgu). It will make me feel better since I would have more time to think (Adolescent girls, Langogu and Makayilli).

“I will feel loved since I will have other family members around who usually assist with housework.”

ADOLESCENT GIRLS, LANGOGU AND MAKAYILLI



▲ **Man helping with household chores.**

Illustration from the SHOW project's Men's clubs and Women groups manuals on Gender Equality and Unpaid Care Work

3.6.2 FUTURE OF EQUITABLE SHARING OF UPCW IN COMMUNITIES

Some respondents expressed reservations about practicing equitable distribution of UPCW as described below.

Going against culture and overlooking social hierarchies will eventually upset the order of the house and create conflict.

“There will be no peace and harmony in the house if household responsibilities are distributed equally, resulting in a lot of stress and confusion at home.” (Adolescent boy, Makayilli.) A 16-year-old girl living in an extended family in Bincheratanga maintained that: “It is disrespectful, to idly sit and just watch your elder brother, father, or husband wash their clothes”.

“I will not be at ease if work is distributed equitably in the family since it will not be comfortable for the head of the household to have the same chores as everyone else”

ADOLESCENT BOY, MAKAYILLI

Rationalizing gendered socialization.

Some adolescent girls and boys were reluctant not to conform to gender ideals and prescribed gender roles that they regularly practice and have seen their elders uphold. For example, a 15-year-old girl living within an extended family based in Bincheratanga said:

“I don’t think care work should be shared among family members because everyone has a duty or a role they play or carry out effectively and efficiently. For example, it is very easy for girls and women to stir TZ (meat stew, Tuo Zaafi) but very difficult for men and boys. It is very difficult for women and girls to weed around the house, but very easy for men to do so. Therefore, everyone should be allowed to do what they can do best and no sharing should be done”.

There is a sense of detachment in each gender from the tasks that are culturally performed by the other gender. For example a boy from Daboya expressed his worries in these words:

“I will feel sad (if equitable sharing becomes the new norm), because they can assign a particular work to me which may be difficult for me to do but I will be forced to do it”

ADOLESCENT BOY, DABOYA

Men and boys will be overburdened. Such distribution might over-burden men and boys because they are not aware of doing certain tasks. “I don’t think care work should be divided among males and females. I feel there will be too much work on men and boys because they go to farm and they work very hard but the females don’t go to the farm. Sharing the work equitably will only overburden the men and boys”, a fifteen-year-old boy from Makayilli shared his concerns.

Loss of status. Respondents shared that equitable sharing will hinder men from focusing fully on their primary responsibility of earning and that they will lose their authority in the family. In this regard, one of the participants highlighted: “I will not feel ok if their work is shared equitably among the family. This is because you may want to go out to make money and care work in the house can make you late,” an eighteen-year-old boy from Daboya noted.

“Men are seen highly in the family [...] they are family heads and such like this (i.e. by practicing equitable sharing) they do not want to lose their dignity (i.e. dignified status)”

ADOLESCENT BOY, NAPOLGU;

“The ladies will start disrespecting you in this case”

ADOLESCENT BOY, BINCHERATANGA

4

Discussion, Learnings and Recommendations



Discussion, Learnings and Recommendations

The empirical evidence acquired during this qualitative study indicates that based on the 5Rs approach, the UPCW load on caregivers in local communities is being increasingly 'recognized' and is gradually 'reducing' owing to its 'redistribution.' More men and boys are engaged in equitable sharing of care chores as a result of SHOW project activities, and time poverty for some women and girls is perceived to be declining. The research findings suggest that SHOW UPCW activities have contributed to shift men's, women's, girls' and boys' knowledge of social norms and gender roles on UPCW. Findings based on the qualitative data confirm a significant increase in participants' awareness about the gendered dimensions of UPCW. Women, men, boys and girls have started redistributing care work and, in the process, have learned to effectively communicate and support each other in order to promote healthier and more equitable relationships.

The sessions on UPCW and gender equality, combined with other project activities, have contributed to more men and boys recognizing that gendered division of care roles and responsibilities is unequal and unfair and has a negative impact on women and adolescent girls, particularly in terms of their health and wellbeing. The SHOW UPCW activities have influenced its participants and enabled them to absorb and transmit information about equitable sharing and its links with domestic peace and harmony; improved health outcomes for everyone, particularly women and children; better time management; and more time for income-generating activities.

The UPCW module/curriculum has contributed to the improvement of functioning ability of women and girls. The activities contributed to raise awareness about the benefits of a more equitable distribution of UPCW and how they could effectively communicate with the men around them and engage them in reducing and decreasing UPCW.

The road to gender transformative change is not an easy one. The data set reveals a range of experiences among families as they transition from inequitable gender distribution to a more equitable

sharing of care roles and responsibilities. While some family members freely communicate and support the redistribution of care roles across gender and age, others question the practice of equitable sharing, as well as its long-term sustainability. Still there are many respondents who are openly discussing what they have learned in the project activities; recognizing the burden of UPCW and its impact on women and girls. Some men and boys are making attempts to practice equitable sharing of UPCW and more women and girls are encouraging them to do so.

However, the data set indicates that men and boys continue to view UPCW as predominantly a female responsibility.

Adolescent boys have grown more aware of what happens inside and outside the household; who does it, and how many times it must be done. Some boys, for example, specified the number of times water and firewood needed to be fetched; and how many meals are cooked in the house. This attention to details is positive as it allows boys to appreciate UPCW is not as simple as it appears but involves a series of tasks that ultimately affects women's and adolescent girls' overall physical and psychological health and much more.



Different people have different positions, power and access to resources and mobility that ultimately determines how a task will be done. For example, women and girls fetch water on foot, boys and men on bikes. Men have access to resources to buy water. Boys provided these details, again confirming their increasing levels of understanding of UPCW and gender inequality.

Responses from adolescent boys are very encouraging since several respondents discussed the beneficial impact of the UPCW trainings on

their lives. They had become more knowledgeable about the status of the women in the family and the unequal allocation of care obligations. They were reaching out to parents to support each other and also the community, friends, and community elders. A respondent revealed his effort of travelling to the community hall and information desk to raise awareness about the implications of the unequal allocation of care duties. They were even teaching their mothers how to recognize and modify their own situation. Several boys shared the responsibilities to which they contributed, including cooking.

Simultaneously, boys understand that their own conduct has a direct impact on the health of women. This responsible behavior among boys will benefit women.

This study suggests that even in a relatively short intervention it is possible to increase knowledge and awareness of men, women, adolescent boys and girls. The UPCW sessions were one activity among many others which contributed to address the root causes of gender inequalities and to shift knowledge, attitudes and behaviors towards transformative change. The key is in finding and leveraging the most effective entry-points that in this case SHOW (an initiative that focuses on maternal, newborn, child, and reproductive health and rights) readily provided. Gender transformative approaches tackling even the most entrenched gender issues such as UPCW, if embedded within the overall theory of change, can be successfully transferred and utilized across sectors. If efforts are built on evidence and are thoroughly contextualized, i.e., premised on local perceptions regarding deeply ingrained gendered norms, beliefs, and practices, it is possible to achieve gender transformative shifts in attitudes and behaviors benefitting everyone involved.

CHALLENGES

Predominantly, respondents' statements refer to men's and boys' engagement in care work as "assistance," "help," or "support" to women and girls in reducing what is locally and fundamentally considered to be female work, as opposed to any acknowledgement or recognition that care labor is an equal role and responsibility of men and boys. While this assistance or help has contributed to workload sharing, it still points to the ingrained attitudes and conventions that drive the continued gendered allocation of care labor, necessitating a sustained and expanded degree of community engagement on this problem; an involvement duly demonstrating the continuous advantages of equitable sharing to all family members and not just women and girls. This is important as an intrinsic motivator for men and boys, as their objectives and interests are met meaningfully for themselves, their families, and their community in this transformative change.

The data set has several examples of intimate partner violence, sexual violence and abuse within households. It is challenging to deal with such sensitive subject matter. Adolescent children also

noticed that their mothers were experiencing stress, as well as physical and mental health issues. Also, young adolescent girls suffered due to culturally unacceptable unwed pregnancies and many were forced into early unplanned marriages. Collecting data on such sensitive topics is important.

Some study participants considered that conducting care labor in the parental house prepares girls, and to lesser extent boys, to manage their family after marriage. While it is indeed vital to build children's lifeskills, this frequently causes parents to have a very restrictive and gendered view of their child's role in society and may even lead them to deny educational and skills training opportunities to girls. Modifying such attitudes and culturally embedded practices is challenging and necessitates not just long-term interventions but also efforts that are co-created with the involvement of diverse groups of women, men, adolescent girls and boys. Contextual and organic approaches are most likely to be successful and sustainable.

RECOMMENDATIONS

These recommendations are offered to civil society, public and private sector stakeholders that are seeking to contribute to tackling unequal distribution of UPCW and promoting gender transformative change at the local level through policy and programs.

Recognize that care work is deeply entrenched in the social value of women and girls, as well as the way their roles are defined. Gender roles are intrinsically related to other areas, such as resource access and control, decision-making capacities, autonomous mobility, and more issues such as gender-based violence and child, early, and forced marriages (CEFM). As a result, it is critical that all members of any nuclear and extended



family (including parents, grandparents, in-laws, other elders, and siblings) are sensitized to the importance of UPCW distribution and broader gender equality. Engaging and involving men with multiple co-wives in equitable distribution of care roles and responsibilities is important. Research participants in Ghana have indicated polygynous arrangements as a barrier to gender transformative change and a practice that also impedes equitable sharing of care roles and responsibilities. Polygynous males divide care work among women and girls (daughters from multiple wives) and may be less inclined to engage in these tasks. As a result, it is critical that all members of any nuclear and extended family (particularly co-wives in the



case of Ghana) are sensitized to the importance of UPCW distribution, gender equality and the overall wellbeing of all family members.

Development and humanitarian practitioners should design programs that integrate gender equality across sectors and engages with diverse groups of stakeholders. It is critical to address gendered norms and practices, as well as use effective advocacy strategies, in order to increase the importance and recognition of UPCW in national policies and data collection initiatives. Likewise, government stakeholders should work with local women's rights organizations to produce focused policies, action plans, and data on policies that support families and gender equality such as paid

parental leave for mothers and fathers and social safety nets across formal and informal economies.

Increase community involvement to ensure men and adolescent boys can fully internalize equitable sharing of care roles and responsibilities. UPCW programming should be advanced in such a manner that it allows men to go from supporting roles in childcare to being autonomous and self-sufficient fathers who experience the benefits and joys of being more involved and not see it just as an obligation.

Extended awareness raising is required to help community members integrate the value of equitable sharing and redistribution of care work in their daily





routine even after COVID-19. Following COVID-19, some men and boys look forward to returning to their previous routines of markets and schools, but women and girls are expected to continue doing what they did before COVID-19, namely providing round-the-clock unpaid care. As mentioned above, men and boys need to internalize equitable sharing and feel comfortable in fully accepting care roles and responsibilities rather than continue to perceive it as support and help that they may (or may not) extend to the women and adolescent girls in their families.

Design strategies that are rooted in local cultural and religious beliefs and values (for example, juju in the Ghanaian context). Data reveals that local communities interact with cultural traditions in a number of ways (at times using the same piece of information to argue in favor of two opposite positions). A good understanding of local beliefs allows to identify and address the existing opportunities and barriers for more effective strategies.

Future research must take a further intersectional approach emphasizing the care burden and socioeconomic disadvantages faced by diverse women and girls, including disabled, racialized, divorced women, widows, female heads of households and single women living within extended families to better understand how multiple identities and factors of exclusion affect women's and girls' experience of UPCW differently. In this regard, research on adolescent girls (particularly kayayei) in Ghana and other girls pushed into early marriages owing to unwed pregnancies is an important area to explore.

Annex

Annex 1

Questions for FGDs and KIIs

SHOW QUALITATIVE STUDY: UPCW Research on Social Norms & Gender Roles

	WOMEN FGDs	GIRLS FGDs	MEN FGDs	BOYS FGDs	FACILITATOR MALE/FEMALE
1	Describe the type of unpaid care work you are familiar with?	Describe the type of unpaid care work you are familiar with?	Describe the type of unpaid care work you are familiar with?	Describe the type of unpaid care work you are familiar with?	Describe the type of unpaid care work you are familiar with?
2	How is all the care work divided up between you and your spouse? Other male & female family members? Who would do what?	How is all the care work divided up between male & female family members? Who would do what?	How is all the care work divided up between you and your spouse? Other male & female family members? Who would do what?	How is all the care work divided up between male & female family members? Who would do what?	How is all the care work divided up between women and men in this community? Other male & female family members? Who would do what?
3	Why are care work responsibilities distributed among women/girls and men and boys the way you described?	Why are care work responsibilities distributed among women/girls and men and boys the way you described?	Why are care work responsibilities distributed among women/girls and men and boys the way you described?	Why are care work responsibilities distributed among women/girls and men and boys the way you described?	Why are care work responsibilities distributed among women/girls and men/boys in this community the way you described?
4	What are the implications of gender roles and responsibilities around care work on women and girls?	What are the implications of gender roles and responsibilities around care work on women and girls?	What are the implications of gender roles and responsibilities around care work on women and girls?	What are the implications of gender roles and responsibilities around care work on women and girls?	What are the implications of gender roles and responsibilities around care work on women and girls in this community?

5	How would you feel if care work is equitably shared in the family among men, women, girls, and boys during the COVID19 Pandemic?	How would you feel if care work is equitably shared in the family among men, women, girls, and boys during the COVID19 Pandemic?	How would you feel if care work is equitably shared in the family among men, women, girls, and boys during the COVID19 Pandemic?	How would you feel if care work is equitably shared in the family among men, women, girls, and boys during the COVID19 Pandemic?	How would community respond/ feel if care work is equitably shared in the family among men, women, girls, and boys during the COVID19 Pandemic?
6	Describe your participation in SHOW Project awareness activities for sharing unpaid care work?	Describe your participation in SHOW Project awareness activities for sharing unpaid care work?	Describe your participation in SHOW Project awareness activities for sharing unpaid care work?	Describe your participation in SHOW Project awareness activities for sharing unpaid care work?	How was your experience of deliving training on gender equaility and care work under SHOW Project?
7	Have you made any change to support/ encourage your spouse's participation in care work in the household since taking part in the UPCW sessions? If yes, what has changed?	-	Have you made any changes to support your spouse in unpaid care work or otherwise in the household since taking part in the UPCW sessions? If yes, what changes have you made?	-	Have your participants reported any changes in their activities about care work or otherwise in the household since taking part in the UPCW sessions? If yes, describe the changes?
8	What unpaid care activities could men and boys easily adopt?	What unpaid care activities could men and boys easily adopt?	What unpaid care activities could men and boys easily adopt?	What unpaid care activities could men and boys easily adopt?	What care activities could men and boys easily adopt in this community?
9	What unpaid care activities have men and boys already adopted, for example within last month?	What unpaid care activities have men and boys already adopted, for example within last month?	What unpaid care activities have men and boys already adopted, for example within last month?	What unpaid care activities have men and boys already adopted, for example within last month?	What care activities have men and boys already adopted, for example within last month in this community?

10	If men are sharing care work what are its effect on women and girls?	If men are sharing care work what are its effect on women and girls?	If men are sharing care work what are its effect on women and girls?	If men are sharing care work what are its effect on women and girls?	If in this community men are now sharing care work what are its effect on women and girls?
11	What care work activities are most difficult for men and boys to adopt and Why?	What care work activities are most difficult for men and boys to adopt and Why?	What care work activities are most difficult for men and boys to adopt and Why?	What care work activities are most difficult for men and boys to adopt and Why?	What care work activities are most difficult for men and boys to adopt in this community? Why so?
12	Has the COVID-19 Pandemic somehow increased the incidence of gender-based violence in this community? Why?	Has the COVID-19 Pandemic somehow increased the incidence of gender-based violence in this community? Why?	Has the COVID-19 Pandemic somehow increased the incidence of gender-based violence in this community? Why?	Has the COVID-19 Pandemic somehow increased the incidence of gender-based violence in this community? Why?	Has the COVID-19 Pandemic somehow increased the incidence of gender-based violence in this community? Why?
13	What are the reasons that limit men's and boy's participation in care responsibilities?	What are the reasons that limit men's and boy's participation in care responsibilities?	What are the reasons that limit men's and boy's participation in care responsibilities?	What are the reasons that limit men's and boy's participation in care responsibilities?	What are the reasons that limit men's and boy's participation in care responsibilities?



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