



In partnership with  
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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

SOKOTO, NIGERIA

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**CONTACT**

Plan International Canada  
245 Eglinton Avenue East, Suite 300  
Toronto, Ontario, Canada M4P 0B3  
info@plancanada.ca  
plancanada.ca

# Acronyms

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

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# Executive Summary

## GLOBAL SITUATION

Time spent for unpaid care work—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 work for men, the global average is 111 minutes (or 7.7 per cent of a 24-hour day)<sup>1</sup>. In Nigeria, women spend 145 minutes a day on childcare, compared to men's 95 minutes<sup>2</sup>.

## PROJECT BACKGROUND & RATIONALE

The COVID-19 pandemic and subsequent 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 (SHOW)* project countries that implemented COVID-19 response programming, namely: Bangladesh, Senegal, Ghana and Nigeria.

Even before COVID-19, the project addressed UPCW of women and girls 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 health, social and economic impact 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 ten local government areas (LGAs) of the Sokoto state of Nigeria in Nov 2021. The following two research questions guided the research design and field implementation.

1. the extent to which SHOW activities have shifted men, women, girls' and boys' awareness and knowledge of social norms and gender roles towards unpaid care work and
2. the extent to which men and boys can now recognize the importance of gender-equitable sharing of unpaid care work.

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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](https://www.ilo.org/wcmsp5/groups/public/---dgreports/---gender/documents/publication/wcms_732791.pdf)

2. 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](https://www.ilo.org/global/publications/books/WCMS_633135/lang--en/index.htm). p.48



## METHODOLOGY

This qualitative research was carried out in Sokoto, Nigeria, and data was collected 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 research participants, including women, men, and adolescent girls and boys, agreed that women and girls are overworked and experience related health problems such as stress, fatigue, physical aches and pains. The data also covers women and girls' experiences with time poverty and their dissatisfaction with being unpaid caregivers to their extended<sup>3</sup> and nuclear families around the clock, leaving them with no time to rest or explore financially productive/remunerated and/or learning opportunities. For those who are married, a factor affecting conversations with men around gender inequality and the UPCW burden is their fear of divorce given the broader disadvantaged socio-economic status of women and girls and their dependency on male relatives for financial and socio-cultural security<sup>4</sup>.

3. The sample consisted of 62% participants belonging to extended families.

4. See section 3, sub-section on causes behind division of care responsibilities.

5. The Hausa are the largest ethnic group in West and Central Africa, mainly concentrated in northwestern Nigeria and southern Niger.



### ***Barriers on the road to gender transformative change.***

In Hausa<sup>5</sup> culture, men and boys are discouraged from crossing culturally established boundaries by their own families and communities. Mocking and stigmatization are utilized as pressure tactics, and this, in part, functions as a barrier to local gender transformative change. Other aspects shared by research participants include: a diversified interpretation of religious and cultural factors; the structural organization and composition of extended families; and intergenerational transfer of gendered care roles.



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

During the pandemic, the workload of unpaid care work increased for women, adolescent girls, and some boys, who were responsible for ensuring the availability of water and firewood. Concurrently, violence and abuse escalated both within and outside of homes. Many participants stated that they perceived an increase in disagreements, bickering, and disputes within families, and also in incidents of beatings, rapes, and forced and early marriages of girls. There were also reports of idle men and boys forming street gangs and harassing women, girls and small children.

### ***Impact of SHOW UPCW activities on communities.***

The purposive engagement of men and boys towards positive masculinities in the SHOW project and specifically to address UPCW has prompted many of them to reassess gendered and inequitable aspects of care labor while also facilitating them to be supportive participants in household and family care work. Men and boys are now increasingly aware of and can highlight the negative effects that societal norms and assigned gender roles and obligations have on women and girls. Study results suggest that more men and boys are helping out around the house. Many participants in the targeted initiatives to address UPCW have begun to discuss

and exchange ideas with the larger community regarding fair sharing of care work. Despite the risk of societal ridicule and censure, more boys and men are accompanying women to health-care facilities. Some men are growing more concerned about improving their domestic relationships. Many of the women and girls have expressed feeling more empowered with assertive communication skills acquired through the trainings and are using these to effectively interact with their families, progressively gaining the confidence to successfully renegotiate work distribution with parents, brothers, husbands and other family members in this respect.

### ***The future of equitable sharing of UPCW.***

The value of equitable sharing of care tasks and responsibilities, as well as shared decision-making, was a core component 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. There are a few exceptions, which are also included in the study.

## **RECOMMENDATIONS**

Based on the study findings, recommendations include greater recognition and integration of UPCW in national data collection, policies and programs; co-creating with women and girls educational and economic opportunities based on their needs; and further research rooted in an intersectional understanding of how diverse groups of women and girls experience UPCW.

## **STRUCTURE OF THE REPORT**

This study is divided into four sections. The first two parts contain the relevant context, project specifics, background information, and methodology. Section three presents research findings arranged in six sub sections, 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 unpaid care work and gender-based violence; impact of SHOW UPCW activities in communities; and equitable sharing of care responsibilities and its future. Section four discusses the findings briefly and presents recommendations.



# 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 (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, focused 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. Project implementation involved 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 was supported. SHOW's theory of change and gender equality strategy both link 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.

**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<sup>6</sup>. To address the burden women and girls face in regard to the unequal distribution of household responsibilities, which was further exacerbated by the pandemic<sup>7</sup>, a more targeted focus on unpaid care work (UPCW) was integrated in the CE stages of the 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 on the extensive social behaviour change communication (SBCC) 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 inequitable distribution 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.<sup>8</sup>

**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. UPCW manuals<sup>9</sup> 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. 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 masculinity. Similarly, adolescent boys and girls received awareness-raising messages.<sup>10</sup> 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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6. *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](https://www.ilo.org/wcmsp5/groups/public/---dgreports/---gender/documents/publication/wcms_732791.pdf). p. 3

7. *Lilian N. Unaegbu, Peninah Kimiri, Suzan Agada (2020) Rapid Gender Analysis North East Region, Nigeria; UN Women, Care, Oxfam*

8. *SHOW Year 6 Annual Report*

9. *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.*

10. *SHOW Year 6 Annual Report*



▲ A men's group meeting in Nigeria.

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

Nigeria's population is estimated at over 216 million (2021). Women constitute 49.95% of the population<sup>11</sup>. One in every 10 Nigerians is aged 15 to 19, and nearly half of them are girls, according to data from the UN Population Fund. The Demographic Health Survey notes more than 4 in 10 women are married by age 18. Among the 15–19 year-olds, one in five is already a mother or pregnant with her first child<sup>12</sup>. Generally, family responsibilities and specifically child care are serious constraints to women's employment in Nigeria. Many married women do not seek formal employment because of such responsibilities<sup>13</sup>. About 1 out of 3 women aged 15–49 have experienced physical or sexual violence<sup>14</sup>. The Demographic and Health Survey, Nigeria notes that about 28% of women agree that a husband is justified in beating his wife under one or more specified circumstances<sup>15</sup>. About 34% of currently married women participate in three specified household decisions (regarding their own health care, household purchases, and visits to their family or relatives). Women report that decisions about their own health care and about major household purchases are made mainly by their husband (56% and 59%, respectively).<sup>16</sup>

Women's work in Nigeria is three pronged: regenerative, unpaid, and supplementary (i.e., where they take up a small activity such as petty trading in order to raise extra income for the household). Men generally engage in productive tasks (farming, field work, livestock). In most families, girls assist their mothers, while boys are trained to assist their fathers.<sup>17</sup>

According to the International Labour Organization (ILO), the gender dynamics of UPCW have shown no major signs of modification or alteration over the past two decades<sup>18</sup>. About 44.6% of women in Nigeria are outside the labour force and living with care recipients as their unpaid caregivers. The care dependency ratio (that of children aged 0–14 years and the elderly combined) was 84.1% in 2000 and increased to 84.9% in 2015. About 36% of women (in comparison to 1.2% men) cite UPCW as the main reason for being outside the labour force. Another 44.9% of women say they are unemployed for personal reasons<sup>19</sup>. Over 40% of men in Nigeria work overtime.<sup>20</sup> 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 0–2 years.<sup>21</sup> As a result, the larger share of the care burden falls on women and adolescent girls.

11. [https://africa.unwomen.org/en/where-we-are/west-and-central-africa/nigeria\\_africa](https://africa.unwomen.org/en/where-we-are/west-and-central-africa/nigeria_africa)
12. *Mitigating COVID-19 Threat To Adolescent Health*(Aug, 2020) <https://dhsprogram.com/Who-We-Are/News-Room/Mitigating-COVID-19-Threat-To-Adolescent-Health.cfm>
13. *Sixth periodic report of States parties, Nigeria, CEDAW/c/NGA/6. p77. 2006*
14. [https://africa.unwomen.org/en/where-we-are/west-and-central-africa/nigeria\\_africa](https://africa.unwomen.org/en/where-we-are/west-and-central-africa/nigeria_africa)
15. *If a wife argues with her husband, goes out without telling him, neglects the children, and refuses to have sexual intercourse, while 15% agree that wife beating is justified if she burns the food* (Demographic and Health Survey, Nigeria (2018), National Population Commission, Abuja, published Oct 2019, <https://dhsprogram.com/pubs/pdf/FR359/FR359.pdf>).
16. *Demographic and Health Survey, Nigeria (2018), National Population Commission, Abuja, published Oct 2019, <https://dhsprogram.com/pubs/pdf/FR359/FR359.pdf>, p.384.*
17. *SHOW Gender Equality Assessment Report & Annex 5 SHOW Nigeria (Sokoto) Country Description/Analysis (Unpublished documents).*
18. *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](https://www.ilo.org/wcmsp5/groups/public/---dgreports/---gender/documents/publication/wcms_732791.pdf). p. 3
19. *In order to compile these statistics, ILO's global report (based on data from 90 countries) has been consulted. 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](https://www.ilo.org/global/publications/books/WCMS_633135/lang--en/index.htm)
20. *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](https://www.ilo.org/global/publications/books/WCMS_633135/lang--en/index.htm)
21. *Care at work Investing in care leave and services for a more gender equal world of work, ILO Publication* [https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/publication/wcms\\_838653.pdf](https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/publication/wcms_838653.pdf), 07 March 2022



### ***The Gendered Dimension of COVID-19 and UPCW***

UN Women, CARE International and Oxfam conducted a joint Rapid Gender Analysis in parts of Nigeria and recommended an early recognition of COVID-19's gendered primary and secondary effects. Evidence collected confirmed increasing gender inequalities, an additional burden of household and childcare responsibilities on women and girls that ultimately increased their risk of acquiring infection, as well as an increased risk of domestic and intimate partner violence/abuse<sup>22</sup>. Similarly, Plan International's Gender assessment of the impact of COVID-19 in Nigeria<sup>23</sup> found that the pandemic contributed to an increased

work and care burden on women and girls, and reinforced harmful coping mechanisms such as child marriage and GBV.

Not recognizing women's paid and unpaid contributions to the economy causes and sustains systemic gender inequalities in society. Governments and the private sector are now being called upon to provide adequate support to caregivers and to recognize that care is a collective good and an "inherently sustainable economic sector that rather than consuming resources, helps to sustain and strengthen human abilities"<sup>24</sup>.

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22. Lilian N. Unaegbu, Peninah Kimiri, Suzan Agada (2020) *Rapid Gender Analysis North East Region, Nigeria*; UN Women, Care, Oxfam [https://africa.unwomen.org/sites/default/files/Field%20Office%20Africa/Images/Publications/2020/NE%20Nigeria%20RGA%20digital\\_compressed.pdf](https://africa.unwomen.org/sites/default/files/Field%20Office%20Africa/Images/Publications/2020/NE%20Nigeria%20RGA%20digital_compressed.pdf)

23. Plan International. *Gender assessment of the impact of the COVID-19 pandemic on individuals and households in Nigeria. A case study of Adamawa, Borno, Bauchi, Kaduna, Sokoto and Yobe States*. October 2020.

24. *Beyond COVID: a feminist plan for sustainability and social justice: Feminist-plan-for-sustainability-and-social-justice-en.pdf* ([unwomen.org](https://unwomen.org))

# 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 unequal gender norms applied to care work at the household level. 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 & boys of the importance of sharing unpaid care work

Based on these outcomes, this qualitative 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 (FDGs) and key informant interviews (KIIs).

## 2.1 GEOGRAPHICAL AND POPULATION SAMPLING

In Nigeria, the geographical sample consists of Local Government Areas (LGA) in Sokoto, namely Dange Shuni, Tambuwal, Binji, Wamakko, Sokoto South, Sokoto North, Illela, Yabo, Gwadabawa and Gada. The data was collected considering two units of analysis (i) Gender & (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 (*table 1*). For more details on training sessions organized for men, women, adolescent girls, and adolescent boys, 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

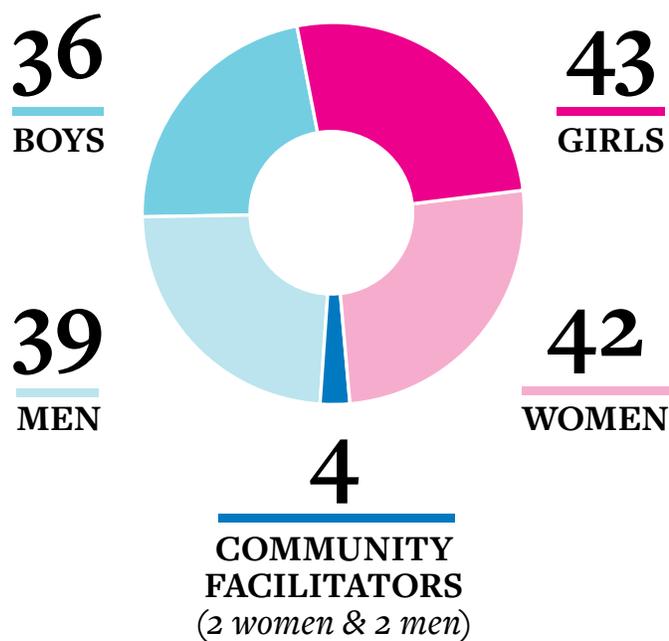
		TOTAL DISTRICTS	TOTAL GROUPS	COMMUNITY BASED FACILITATORS	AVERAGE # OF MEMBERS	ESTIMATED BENEFICIARIES
Nigeria	Women	10	20	20	15	300
	Men	10	10	11	15	150



## 2.2 QUALITATIVE DATA COLLECTION

Focus group discussions (FGD) and key informant interviews (KII) were conducted during the study. The data set consists of 20 FGD note taker forms and transcripts and four key informant interviews with community facilitators. A total of thirty-six boys, forty-three girls, thirty-nine men, forty-two women participated along with four community facilitators (2 women and 2 men).

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



**table 2. RESEARCH PARTICIPANTS**

	<b>RESPONDENT CATEGORY</b>	<b>RESEARCH TOOL</b>	<b>LOCATION</b>	<b>NUMBER OF PARTICIPANTS</b>
1	Women	FGD	Dange Shuni	8
2	Women	FGD	Gwadabawa	8
3	Women	FGD	Illela	8
4	Women	FGD	Sokoto South	8
5	Women	FGD	Yabo	10
6	Men	FGD	Sokoto North	6
7	Men	FGD	Binji	8
8	Men	FGD	Gada	8
9	Men	FGD	Tambuwal	8
10	Men	FGD	Wamakko	9
11	Adolescent girls	FGD	Sokoto North	8
12	Adolescent girls	FGD	Wamakko	10
13	Adolescent girls	FGD	Tambuwal	10
14	Adolescent girls	FGD	Binji	9
15	Adolescent girls	FGD	Gada	6
16	Adolescent boys	FGD	Dange Shuni	9
17	Adolescent boys	FGD	Gwadabawa	7
18	Adolescent boys	FGD	Illela	6
19	Adolescent boys	FGD	Sokoto South	7
20	Adolescent boys	FGD	Yabo	7
21	Female community facilitator	KII	Gada	1
22	Female community facilitator	KII	Sokoto North	1
23	Male community facilitator	KII	Illela	1
24	Male community facilitator	KII	Sokoto South	1

**table 3. DEMOGRAPHIC PROFILE OF FGD/KII RESPONDENTS**

TOTAL SAMPLE SIZE (NUMBER OF RESPONDENTS)	166
% of women	25%
% of men	25%
% of adolescent girls	26%
% adolescent boys	22%
% of community facilitators	2%
% of people living in extended families	62%
% of people living in nuclear families	38%
% of married women	21%
% of married men	29%
% of pregnant women	0%
% of men with pregnant wives	14%
% of sample with children/siblings under age 5	33%
% of sample with children/siblings between 6–13	36%
% of sample with children/siblings above 14	31%



Questionnaires used during FGDs and KIIs ([Annex 1](#)) focused 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. During data collection, the research team used **table 4**, if needed, to describe different types of UPCW categories to respondents, namely: 1) Household care work, 2) Outside household care work,

3) Childcare, and 4) Care for the sick, elderly & people with disabilities (PWD). The data collection was conducted by local enumerators under the supervision of Plan Nigeria during November 2021. One moderator and one note-taker were present for each FGD and KII. FGDs and KIIs were audio recorded and transcribed in Hausa. Note-takers took notes in the template provided. Transcriptions and notes were then translated to English.

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

## 2.3 QUALITATIVE DATA ANALYSIS

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<sup>25</sup>.

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.

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25. *Although the report structure considers all six coding themes indicated here, 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.*

# 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 and preserve participants' experiences and perspectives.<sup>26</sup>

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26. *Quotes from participants should ideally appear verbatim and unedited. However, because the data was gathered in the Hausa 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 at the beginning of sentences such as "honestly," "sincerely," and "to speak the truth" were eliminated. Community expressions remain unaltered. For example, "cleaning plates" appears instead of "dish washing"; "puts his eyes in whatever she does" appears instead of "keeps her under surveillance" etc.*

## 3.1 GENDERED DIVISION OF CARE ROLES AND RESPONSIBILITIES

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

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“They always say (“mace ai ‘yarzamangidace”) that a woman’s role is at home and a man’s function is outside the house.”

ADOLESCENT GIRL, TAMBUIWAL

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Men and boys are related to economic activities and recreation. Traditionally, men avoid performing household duties when they are at home.

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“Men will sit at home doing nothing but observing things.”

IMAM, ILLELA

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Respondents from all categories, boys, girls, women, and the majority of men<sup>27</sup> provided rich information to questions on the sorts of UPCW performed within and outside the home.

### *Inside the Household.*

According to respondents, the majority of women and girls in the sample communities are currently responsible for household care work, which involves: washing, cleaning (including toilets, as reported by the many respondents), sweeping, ironing, and various food preparation-related duties. Cooking dominates the data set in terms of “coded references coverage,” “word frequency,” and “weightage%”. Next to cooking, washing, sweeping, caring for children (including educational activities, school, and Islamiyya<sup>28</sup>) and serving the spouse follows. Mothers frequently make and bring lunch boxes for their children who attend school. In rural areas they provide food to the farmers. Women, adolescent boys, and girls noted how the presence of a spouse at home becomes a substantial responsibility in and of itself. While counting home chores in Dange Shuni, women said “serving meals to the husband,” “taking care of the husband’s necessities,” while an adolescent boy mentioned “a married woman organizes the husband’s room.”

Women are in charge of childcare (activities are mainly focused on food, hygiene, and education). Children attend morning and evening school (religious school, Islamiyya), and the women’s routine is essentially linked to caring for their children so that they eat, attend school on time, and remain clean. Fathers play a significant role in disciplining and directing their children, and in some cases, even hitting them. According to a woman in Yabo, “men understand children better and can tell the difference between well-behaved and difficult youngsters”. Adolescent girls play a major part in child care as well.

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27. With the exception of a few men in Wamakko who seemed unclear on the types of unpaid care work that existed around them.

28. Religious education (learning to read the Quran), which generally takes place in the evenings after school in a mosque or madrasa.



▲ **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

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“There are young girls who have been assigned to look after the babies.”

MAN, SOKOTO NORTH

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Adolescent boys may act as guardians to younger siblings outside the home, for example checking to see if younger children are praying on time (Adolescent boy, Sokoto South). Only a few women in Gwadabawa, Sokoto South, and adolescent girls in Binji referred to taking care of the elderly and sick.

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“Sick people need proper care and it is all part of women’s work.”

WOMAN, SOKOTO SOUTH

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Girls, in particular, are expected to step in for their sick mothers as reflected in this quote: “[...] I sweep the house, wash plates and if my mother is sick I cook” (Adolescent girl, Binji).





▲ 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

### 3.1.2 CAUSES BEHIND DIVISION OF UNPAID CARE RESPONSIBILITIES

#### **Culture.**

The gendered division of labor is rationalized using tradition, culture, and religious references. A woman in Yabo reflected on the causes behind gendered division of care roles and responsibilities: “The reason is that Allah has made it that way. Women will be at home and man is the source of food (i.e. breadwinner)”. Some participants also stressed the relevance of custom above religion in terms of influence on gendered roles and responsibilities (see sub section 3.3.3). Many of the respondents expressed that women are ‘expected’ to stay at home, while men must work outside the house (farms and markets): “Work is distributed among women and girls because the grown-up boys go to the farm with their father,” men in Binji explained. In Sokoto South, an 18-year-old boy remarked: “Women must stay at home as full-time housewives.”

Gender inequality in division of labour is often overlooked. “If you list twenty care responsibilities, you will notice that only five are for men, indicating that they have time to relax due to our culture”<sup>29</sup>. “Our parents are not aware of the effects/burden of UPCW on girls” (Adolescent girl, Tambuwal).

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“I have male and female siblings but I do everything alone ...my mom doesn't work. I wash plates and sweep. The male is my twin but he doesn't work if I'm around... and our mother will say why will he work while you are around. My brother only goes to school and the bushes (to collect firewood).”

ADOLESCENT GIRL, BINJI

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Some of the adolescent boys did not consider this unequal allocation of tasks problematic. Some even defend it as good housekeeping practice. However, some adolescent boys argued differently, recognizing gender inequality in care responsibilities:

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“Most of the work has been loaded onto females while males are always going to their businesses.”

ADOLESCENT BOYS, GWADABAWA

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#### **Intergenerational transmission of gendered care roles and responsibilities.**

Some parents believe that care work contributes to a heightened sense of responsibility and increased functioning capacity among youth. They prepare boys/men to be the head of households and girls/women to manage their own households after marriage. “As a woman, it is mandatory for us to learn before marriage because one day, we will definitely get married,” said a young girl in Gada.

#### **Power imbalances within households and lack of awareness of women's rights.**

Decision-making has traditionally been an all-male prerogative as noted here: “The husband gives command to everyone at home” (Man, Sokoto North).

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“Fifiko [young women] feel inferior”, “women are not valued by men and they don't appreciate them.”

WOMEN, SOKOTO SOUTH

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29. The respondent is a thirty-one-year-old woman from Dange Shuni who has children ranging in age from one to thirteen and lives in an independent household



Some women in Sokoto believe that there is a lack of awareness regarding basic women's rights. At times, the gendered division of care responsibilities is left unquestioned due to fear of divorce<sup>30</sup>, as explained below.

### ***Social ridicule and stigmatization.***

Men too are expected to adhere to gender roles and responsibilities. Overstepping cultural boundaries makes them targets of social ridicule and stigmatization.

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“If you support your wife even at home, they will call you a submissive husband. Before [...], if you give a boy a girl's work, they call the boy “namata namata” (girlish) [...].”

MAN, GADA

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Culturally men are socialized not to step into women's domain for the sake of helping her unless absolutely necessary, for example if she is sick or pregnant.

30. The profiles of research participants who mentioned divorce are broader than expected: **Man** 48 years; **Woman** 37 years old with many children and living in an **extended family**; **Woman**, 40 years old, with children aged between 14–18 and living in a **nuclear family**; **Woman**, 58, children aged between 6 to 18 and living in a nuclear family; **Girl** aged 19 years old, and a **Boy** aged 16 living in extended families. These respondents belonged to Gada, Tambuwal, Dange Shuni, Yabo, Sokoto South and Illela. The female community facilitators also mentioned divorce as a factor.

## 3.2 IMPLICATIONS OF INEQUITABLE DIVISION OF CARE ROLES AND RESPONSIBILITIES

### 3.2.1 PERCEIVED BENEFITS OF THE GENDERED DIVISION OF CARE WORK

**Division of care responsibilities allows for smooth functioning of households.** “Sibling rivalry is reduced” (Man, Binji). The division, and/or distribution is across gender and age.

“Everyone knows what they are supposed to do. Therefore, work is done smoothly.”

MAN, SOKOTO NORTH

Children grow up internalizing gendered expectations transmitted from family, community, and society at large and accordingly, comply with cultural ideals.

**Capacities are developed** as boys and girls are prepared to take responsibility of their own household/family after marriage.

“Boys learn from fathers, and girls learn from mothers.”

MAN, SOKOTO NORTH

Young women in Dange Shuni explained: “we have to teach girls about how to cook and do other care work which will help them a lot when they marry”. A 55-year-old woman from Gwadabawa explained the value of gendered division of care work in these words: “Why it is good is because girls can assist the husband when married... and even boys when married can assist in preparing food for his family”. Adolescent girls in Binji resonated similar views and a boy in Illela maintained: “They (boys and girls) gain familiarity of work which is useful once they get married.”



### 3.2.2 NEGATIVE IMPLICATIONS

#### *Tensions in the household.*

Some men see the need of motivating men and women to support each other in order to be better partners, since this separation of tasks can cause a gap between spouses. Some of the negative implications mentioned by adolescents include “More fighting within couples,” (Adolescent boy, Gwadbawa), and “sibling rivalry” (Adolescent girl, Sokoto North). One male participants mentioned that when women are overworked, they get rivalrous among themselves: “Before (i.e., before project implementation), when men and women did not collaborate, there was misunderstanding... and women tried to seek revenge among themselves.” Another highlighted: “Not aiding members of the family contributes to the resentment level. It also adds to children’s misbehaviour.” Both men are in their forties and live in Tambuwal with extended families.

#### *Health and well-being of women and girls.*

Boys, women and girls mentioned that unequitable sharing of UPCW can impact the health and well-being of women and girls. “Lack of care work equity can make the girls/women fall sick” an adolescent boy living in an extended family in Dange Shuni shared.

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“Most of the time women fall sick due to work load.”

ADOLESCENT BOY, GWADABAWA

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“The women and girls could get tired and can have health issues that have been underlying” (Men, Binji); “Boys can become ill if the work load is high” (Adolescent girl, Wamakko). Adolescent girls complained of back ache, headache, fatigue, and having no opportunity to rest. Not only this but “if there is heavy work load, she (women and adolescent girls) will not rest and fall sick” (Man, Binji).

#### *Time-poverty as a barrier to education.*

Many women and adolescent girls expressed never having the time to do anything beyond managing a long task list of household chores. Because of household tasks, it also becomes difficult for girls to attend school. Being occupied with care work at home, girls often miss school and many are held back and not even enrolled. “Care work affects her educational attainment” (Adolescent girl, Tambuwal).

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“It can deny girls access to education as she will be busy doing all the house work and not have time to go to school.”

ADOLESCENT GIRL, WAMAKKO

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#### *UPCW and the positional disadvantages of women and adolescent girls.*

According to some research participants, women are often taken for granted, considered inferior and exploited.

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“I constantly perform chores by myself, with no help from the men who are always outside doing nothing (sharholiya).”

ADOLESCENT GIRL, TAMBUWAL

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“We help today, but we used to let them suffer”, told a sixty-year-old man in Wamakko. These gender stereotypes make “girls feel inferior” and “boys feel superior and are rude towards girls.” (Adolescent girl, Sokoto North). Boys can become increasingly demanding of mothers and sisters and can even say: “Mama, give her (his sister) something to prepare for me. Boys say this (care work) is not for them. They ask, how can I cook if I am not a girl?” (Woman, Yabo).



▲ **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

Gender roles place women and girls on a weaker footing. They sometimes lack the confidence to communicate with their husband: “Women don’t even know how to face their husbands and ask them to help in house-hold activities...they are just sitting (idly); “Maybe if he notices that you are doing something, he can ‘decide’ to help you; not that you can ‘choose’ or ‘demand’ from him as to what he will do” a group of young women aged between 23 and 30 explained in Dange Shuni. Some of the female participants want to question this unequal work arrangement and ensure a better future for their girls. A 27-year-old woman with small children vocalized her concerns: “There is a problem if we don’t teach both boys and girls equally. If not, then work will be (reserved) only for women”.

For some women, the negative implications of this unequal division of care responsibilities are lesser than the potential implications of questioning gender roles. In Dange Shuni, a 37-year-old woman living in a extended family warned: “if we divide care work responsibilities it can lead to a big problem or even a divorce. So, you have to be explaining to your husband gradually till he understands and starts helping you willingly”. The female community facilitator in Gada also alerted that such arguments over care responsibilities are avoided because women are afraid of angering their husband, which could even lead to divorce<sup>31</sup>.

## **Repercussions on men and adolescent boys.**

Restrictive gender roles can also be consequential for men and boys. Some female participants maintained that when men and boys are restricted to their prescribed gender roles i.e outside the household, they experience repercussions. Household duties are life skills that everyone should learn and practice, yet men and boys are excluded from this. Data confirms that some women and girls uphold the idea that children irrespective of their sex should be encouraged to build their capacities in UPCW. “Boys suffer when they do not learn”; “He cannot cook for himself”; for example, if his wife is admitted to the hospital and they have children... he is unable to cook for them” (Adolescent girls, Sokoto North).

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“Boys don’t learn and if women go out leaving them behind, they are wondering about how the boys must be coping in their absence?”

ADOLESCENT GIRL, SOKOTO NORTH

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Not only this, but greater freedom of mobility may at times lead adolescent boys to an early exposure to negative influences as reflected in this quote of a 32-year-old woman in Illela “boys should have less to handle than their father. Outdoor work exposes boys to bad societal influences”. As a mother of many children living in an independent household she shared her concerns: “it (gender roles) can trigger unnecessary mobility among boys, and then he can fall into bad company.” Therefore some women and girls favored more male participation in household work as such engagements will keep men and boys busier at home and thus less exposed to negative influences outside the household.

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31. According to Islamic laws (also relevant to Sokoto), it is the man and not the woman who can ‘give’ divorce by declaring it to her. A woman on the other hand can file i.e., initiate proceedings for a ‘termination of marriage contract’ (khul) in a court of law.

## 3.3 CHALLENGES ON THE ROAD TO GENDER TRANSFORMATIVE CHANGE



### 3.3.1 BARRIERS WITHIN THE HOUSEHOLD

Some barriers stem from men's and boys' perceptions of superiority over women/girls, which inhibit them from sharing care tasks equally within the home. "Disrespect might arise when we always perform these care tasks for them (women)", "(there is a) breach of trust where she tells her acquaintances that her spouse does some domestic duties as if she had hired a slave" ("*kamar ta samubawa*").

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"Some men used to do housework, but they stopped once they got married, because some women start bragging if the husband helps with housework, and they may go about telling acquaintances that the husband dances to their tune."

ADOLESCENT GIRL, TAMBUIWAL

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Some of the participants expressed how gender transformative change is in some cases thwarted by immediate and extended family: "At times, the mother-in-law will not allow the son to work for his wife while they are in the house." "A *maidashi dan daudu*," she'd add, "he acts like a woman" (Woman, Yabo). "Most women do not let their boys help them with their work" (Woman, Gwadabawa)

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"Even I [...] prevented my son from cooking for his wife because it felt odd. But, after attending the session, I concluded that there is nothing wrong with a husband cooking for his wife."

WOMAN, YABO

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### 3.3.2 BARRIERS OUTSIDE THE HOUSEHOLD: COMMUNITY DISAPPROVAL

The participants gave many examples of terms and expressions that are used to stigmatize men who assist women with UPCW tasks, such as: “you submissive husband” (Adolescent boy, Dange, Man Gada); “she has gotten a slave, *kamar ta samubawa* (Adolescent girl, Gada); “overruled spouse and women’s slave” (Adolescent boys, Sokoto South); “maidashi dan daudu” i.e., he behaves like women” (Woman, Dange Shuni); “*namata namata*” that “feminist” (Man, Sokoto North.). Some noted that there is sometimes mocking, chatting or inquiring from other community members who are curious as to why they are helping their spouses when it is traditionally women’s work. However, there are men who disregard external mockery by protecting themselves from them. A thirty-six-year-old man in Tambuwal shared: “I lock my house to help my wife escape any negative comments from society, because I don’t like it.”

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“Don’t let anyone into your house so they don’t mock you or prevent you from helping out.”

MAN, WAMAKKO

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### 3.3.3 CULTURAL ARRANGEMENTS AND FAMILY STRUCTURES

According to some respondents, prevailing culture as opposed to any religious belief (such as Islam) plays a large role in establishing social norms, values and practices. “Non-Hausas from the east help their wives, but here in the north they don’t help” (Woman, Dange Shuni. ), “[...] even though Islam does not exclude men from assisting at home, our traditions do.” (Woman, Gwadabawa). A few men in Sokoto North are trying to justify and rationalize their interest and contribution in household chores through Islam: “Our Prophet teaches us to help our spouse”.

How households and families are structured plays an important role in cultural reproduction.

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“Because some of us live in extended families, there is workload... and in-laws are there... which limits the activities of your husband in the house.”

WOMAN, DANGE SHUNI

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Considering the rural context, not only can this be embarrassing for a man but also unnecessarily problematic for the wife.

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

Data from community stakeholders and particularly in Sokoto North, Tambuwal, Gwadabawa, Sokoto South and Illela indicate that housework increased not only due to more demand for food given families were at home, but also due to COVID-19 prevention measures that focused on maintaining personal and household hygiene and recommended social distancing. Child management, particularly within extended families became problematic for mothers. “The children are disturbing, while the husband is complaining” (Female Community facilitator, Gada).

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“The husband gives command to everyone at home. During the coronavirus pandemic, he was home and assigned work to wife and children.”

MAN, SOKOTO NORTH

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### 3.4.1 CARE WORK

**Responsibilities increased, especially for women, adolescents girls and boys.** Girls and women from Sokoto North, Wamakko and Tambuwal recounted their experiences of a tremendous increase in household work during the lockdown as family members spent more time at home. An eighteen-year-old girl with siblings aged under five shared: “I sweep more than three times a day. It is tiring”. Some men recognized the increase in work when the pandemic was at its peak but were not willing to contribute much.

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“We saw the burden of work on women. We men are wicked. Sorry to say, we are not doing justice.”

MAN, GADA

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Boys had to fetch water several times a day so that prevention measures related to hygiene and cleanliness could be followed.

**Managing the constant male presence at home during lock down was difficult for women and girls.** During COVID-19, women and girls faced heightened surveillance and accountability as men were more present at home and observing the family and interfering, being demanding. “Womenfolk are being blamed constantly for whatever they do (in terms of work)” (Imam, Illela).

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“When the husband is home he wants his wife to attend to him for even small tasks, such as giving him a glass of water.”

FEMALE COMMUNITY FACILITATOR, SOKOTO NORTH

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### 3.4.2 CONFLICT AND GENDER-BASED VIOLENCE

#### Conflict and antagonism within families increased.

It is worth noting that the pandemic also worsened interpersonal friction in households. A 17-year-old girl living in an extended family in Wamakko reflected: “since everyone is home, people get upset at one another over any minor error”. Another girl in the same location shared: “he (her father) puts eyes in anything she (her mother) does” (i.e., needlessly interferes).

According to many respondents, violence against women and children during the pandemic increased. Wife beating, child beating, failed marriages/divorce and verbal abuse, forced marriages/early marriage, rape, physical violence were indicated to have increased by all categories of respondents. Violence during lockdown emerged as a serious issue that affected girls and women in particular and smaller children. “He will beat you for delaying his water or food without considering your efforts of taking care of the children. Even if children are fighting and crying, he will blame you for the one crying” (Female community facilitator, Gada).

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“Loss of livelihood led to an increase in fighting because of his inability to fulfil his responsibilities.”

WOMAN, ILLELA

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figure 3.  
Wordcloud on violence during the COVID-19 pandemic



A few adolescent girls have internalized gender stereotypes to the point that they may justify mistreatment of women and girls. These quotes reflect this: “Too much demand from a wife also creates many marital issues” (Adolescent girl, Gada). Also, some adolescent boys excuse violence towards female family members: “A woman who is in the habit of collecting (money) from a man notices that, owing to COVID, he is limited and cannot go out and bring money daily. (Her demanding money) incites a man’s rage, resulting in him hitting her” (Adolescent boys, Dange Shuni).

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”Rape occurrences and domestic violence have increased during lockdown because, previously, men were not present at home, but now that they are, they can watch the wrongdoings at home.”

ADOLESCENT BOYS, SOKOTO SOUTH

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▲ 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

Several men among the research participants replied to questions on violence yet many denied that GBV existed and some tended to view domestic violence as a typical marital disagreement rather than an issue of major concern, underlining a social acceptability towards the practice<sup>32</sup>. For example, “GBV is not relevant to us” (Gada); “There is no gender violence in my neighbourhood” (Binji). Adolescent girls in Binji revealed information on GBV, including rape<sup>33</sup>. Some men recognized that child abuse and violence against women occur in all of their forms (rape, fighting, wife beating, divorce), “GBV is a habit, not a result of COVID-19 lockdown” they maintained (Gada). “Some men can be very harsh to their family” and “there are rape cases during the lockdown” (Tambuwal).

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“Yesterday I was sent to call upon a man who locked his daughter for two years just because she said no to forced marriage.”

WAMAKKO

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Women recognized and identified all forms explained above. In addition, they also mentioned circumstantial prostitution among young women and drug addiction among some youth. Women also highlighted that the lockdown caused gangsterism among men/boys to grow and it particularly made girls and smaller children further exposed to violence.

### Child, Early and Forced Marriages (CEFM)

during COVID-19 has previously been reported<sup>34</sup>. The data set gathered for this study adds to our understanding of such cases.” I know a girl who got married while she was writing WAEC. She took her last test at her husband’s house. No freedom at all “(Woman, Yabo). “Even if a girl expressed an interest in attending school, she was advised to first go to her husband’s residence and then to school” (meaning, if the husband allowed) (Female community facilitator, Gada). In some cases, CEFM has increased since everyone is at home and the fathers are “tired seeing their daughters in the house” (Woman, Dange Shuni).



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32. Nvivo generated coded references show that in a full sample size at least 23.52% men, 28.51 % women, 23% boys and 24.88% girls discussed ‘violence.’ The qualitative nature of responses is discussed in the maintext.
33. The respondents were asked whether GBV existed in their location. “Gender based violence, that is (meaning, it exists), not only includes rape but also verbal abuse”; “During Covid-19 the incidences of gender-based violence increased”. “The men, they stare at you without any reason and it makes you feel bad (intimidated)”; “Wife-beating” – (several adolescent girls’ quotes, Binji)
34. 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: Plan International’s Child, Early and Forced Marriage and Unions; Policy Brief -Oct, 2021 [https://plan-international.org/uploads/2022/02/gjo-cefmu\\_policy\\_brief-final-io-eng-jan21-1.pdf](https://plan-international.org/uploads/2022/02/gjo-cefmu_policy_brief-final-io-eng-jan21-1.pdf))

## 3.5 IMPACT OF SHOW UPCW ACTIVITIES IN THE COMMUNITIES

COVID-19, the lockdown, and its gendered impact on UPCW motivated Plan International to introduce targeted interventions and strengthen existing gender transformative programming under the SHOW project. As reported by the study respondents, this programming contributed to some noticeable changes in participants' perceptions and increased community acceptability of gender equality. Details are provided below:

### 3.5.1 CHANGES IN MALE KNOWLEDGE, ATTITUDES AND BEHAVIORS

#### *Transformative change within and outside the household.*

The research results suggest attitudes and behaviors about sharing UPCW are beginning to change.

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“Before it used to be sad when she requests for assistance from me but now I do it myself without any complaint because it makes my children happy.”

MAN, TAMBUWAL

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“I used to let her do a lot of housework before, but now I support her” (Man, Gada). The lessons of the training sessions are being shared and disseminated. Only men attended training in Sokoto North and Tambuwal, but they shared lessons learned with their wives to increase understanding among family members on matters of care work.

“There are things that men should be doing but they left it for women. We were enlightened (due to this training) and now things have started changing and it has helped the family because we now assist one another at home. Everyone now knows their responsibility. The children, both boys and girls, have been given their various responsibilities”(Man, Binji); “I totally support this program even if people call me a submissive husband” (Man, Gada). Members of the Sokoto South community have been educating one another on how to assist their women with domestic duties.

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“We advocate for this UPCW activity in certain (geographic) regions, and some of them inform us that they are already implementing it.”

MALE COMMUNITY FACILITATOR, SOKOTO SOUTH

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An adolescent boy from Yabo told, “I was asked to make a speech in class and give awareness about Plan international and on how to help our mothers and sisters with the household chores.”

Furthermore, men have started tackling stigmatization and women are supporting them to. “She asked her husband to share house work and he said do you want people to call me “*mijin hajiya*” or “*ta ci karhi nai*” and she said let them [...] He then agreed to support her” (Female community facilitator, Sokoto North).



▲ 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

figure 4.

Wordcloud on impacts of SHOW UPCW activities



**Men and adolescent boys are providing increased and diversified practical support to women and girls.** According to some respondents, men's attitudes towards women and girls are shifting and their participation in domestic responsibilities has visibly increased<sup>35</sup>.

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“Men were no longer embarrassed to assist their wives with housework.”

WOMAN, SOUTH SOKOTO

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“My boy even makes rice for me on occasion. My spouse entertains and bathes the children” (Woman, Dange Shuni). “My aunt's husband now sweeps and boils water before she wakes up” (Adolescent girl, Gada). Changes are occurring within nuclear and extended family systems<sup>36</sup>. Awareness about practical ways to help female household members has increased. Boys have learned to be more helpful around the house. Both men and boys are becoming more aware of practical ways to support girls and women.

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“There are topics that individuals did not know before being trained, but they now know.”

IMAM, ILLELA

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The data suggests the content covered in the community groups training sessions has motivated men to reflect on traditional gendered roles and question traditional notions of masculinities.

**Women's health is also being increasingly prioritized.** An adolescent boy from Gwadabawa, among several other respondents who had similar experiences to share, provided details about how he influenced a friend to take his wife for an ante-natal checkup. Men are being more supportive of women taking time to rest.

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“Now he says to me: sleep, relax, and let me handle the work.”

WOMAN, DANGE SHUNI

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35. Previously, though not always, men and boys supported a few selected tasks such as disposing household garbage and helping children bathe. However post training, study results suggest that they are participating more in kitchen work, childcare (helping a crying baby stop or taking an infant out in the street while the mother is busy), washing, folding and ironing clothes, cleaning/mopping rooms and not just the courtyard.

36. Some men and boys continue to struggle with cooking, kitchen tasks including dish washing and infant care. Since childhood men are trained to perform outside household tasks (fetching water, firewood and working on farms and in animal sheds) and therefore they are able to manage these activities better.

“My husband stated: even the prophet helped his wives with care work, so I should not be excused” (Woman, Yabo). “This arrangement (i.e. equitable sharing of carework) is important because this has “yayi min daidai” provides way of resting for girls and I support it 100%” (Adolescent girl, Gada).

### 3.5.2 CHANGES IN FEMALE KNOWLEDGE, ATTITUDES AND BEHAVIORS

**Spousal relationship and communication has improved.** When men assist their spouses, it creates harmony and contributes to the psychological well-being of the entire family, including children as the female community facilitator in Gada explained: “It increases good relationship like peace and harmony between couples”. An adolescent boy in Illela reflected: “it will bring harmony in the family if he supports her, thereby having time to rest unlike before, even improve her health and wellbeing.”

“When men help their women at home, they also reconcile with them (i.e., unpleasant feelings disappear).”

WOMAN, GWADABAWA

UPCW activities in SHOW have contributed towards boosting understanding between couples and siblings, resulting in “greater love among the couples as a result of taimakekeniya (helping each other)” (Woman, South Sokoto).

“Yes it has created strong bond between the husband and wife, and the wife will have the opportunity to continue her studies.”

ADOLESCENT GIRL, WAMAKKO

“Previously, my wife could not seek support from me (since it was not expected), but now she has the freedom to do so. She is now free to seek help from me.”

MAN, GADA



▲ 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

**Women and girls' assertiveness and communication capacities**, strengthened via the training, have helped them in at least three significant ways. Women's and girls' self-confidence has grown<sup>37</sup>.

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“Before joining this course, I lacked confidence in addressing a group of people, but now I can talk to them confidently.”

ADOLESCENT GIRL, TAMBUWAL

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“I can now speak in public and know what kind of people to stick around (Adolescent girl, Binji). Their self esteem and awareness has grown stronger. Women are more aware of the value of their work. “I never felt that the work I performed was this much until after the training” (Female community facilitator, Gada).

Women and girls are increasingly successfully and freely communicating with their husband, father, brothers and even neighbors. “My father once stopped my brother from sweeping, but I informed my father about what I had learnt in Plan [International]’s project and then he also said: OK, he (i.e., the brother) should help in care work” (Adolescent girl, Wamakko).

Women in Illela are also helping to spread the word about the training and what they have learned. Some have collaborated with their husbands to organise these sessions at their houses. Their sphere of influence is expanding as they share thoughts on equitable work distribution with their families, neighbors, and even individuals they encounter during health facility visits<sup>38</sup>. Women and girls are becoming more aware of the consequences of gender inequities within homes, as well as the necessity for men and boys to engage in and contribute to shared care duties. This has led to a growing sense of solidarity among women and girls. “I told my daughter-in-law to stop washing his clothes [...]” (Woman, Dange Shuni). Some women groups have purposefully scheduled time aside to relax.

Adolescent girls' awareness about sharing UPCW has also increased. For example, some had previously mocked men and boys who assisted women, without realizing that this was actually to their detriment.

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“(...) earlier we used to scoff at any man who aided his wife inside the house.”

ADOLESCENT GIRLS, TAMBUWAL

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37. About women FGD participants in Illela, the note taker noted: “I observed confidence in their faces, they answered the questions with confidence”.

38. Binji lags behind in terms of programme exposure and advantages, and this was evident based on the group's lukewarm responses during data collection (note taker observation on Binji Adolescent Girls FGD).



▲ 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

## 3.6 COMMUNITY EXPERIENCE OF EQUITABLE SHARING OF CARE RESPONSIBILITIES, AND ITS FUTURE

### 3.6.1 EQUITABLE SHARING DURING COVID-19 LOCKDOWNS

Through Plan International's COVID-19 response programming focusing on UPCW, men and boys were encouraged to reflect on positive masculinities and their equal role in care work

and adopt equitable attitudes and behaviours that are supportive of women and girls. The study data suggests men and boys increased their involvement in a range of activities, such as sweeping, ironing, washing clothing, various culinary jobs (*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	✓	✓	✓	✓
3	Grocery	✓		✓	✓
4	Livestock care and management		✓		✓
5	Animal huts cleaning		✓		
6	Farming/harvesting	✓			✓
7	Garbage disposal	✓			✓
<i>Inside the Household</i>					
1	Sweeping/mopping	✓	✓	✓	✓
2	Washing clothes		✓	✓	✓
3	Ironing	✓	✓		✓
<i>Child Care</i>					
1	Playtime and bringing children to/back from school	✓			
2	Bathing children		✓	✓	✓

These changes and redistribution of care duties are perceived to have many benefits. Women and girls benefited, as they gained time to rest, became healthier, and had the time to carry out productive work (**table 6**). During the COVID-19 lockdown,

equitable sharing interventions were critical in reducing tension and promoting bonding within homes and for promoting household harmony and mutual support regardless of gender and age.

**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	She will be happy	Opportunity to socialize	Reduced Stress
2	She can rest	She will be healthy	Opportunity to Rest	Participatory decision making becomes possible <sup>39</sup>
3	She may start a business	She may start a business	Increase Family bonding	Regain Self worth <sup>40</sup>
4	She can trade	She will learn to respect me (if I help her) <sup>41</sup>	Improve health/ gain weight	Regain Health
5	Regains health		Start a business	Rest
6			Peace and harmony in household	Happiness, children too will be happy
7				Trading opportunities

39. "Stress will reduce which will make you healthier". "It has improved couple relationship because we have understood each other more, no more quarreling"; "Now we take decision together" (Women, Dange Shuni).

40. "We will know that we are being valued" (Woman, Illela)

41. "Assisting women and girls will earn me respect from my younger sisters" (Adolescent boy, Dange Shuni).



▲ **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

**Reducing the impact of intergenerational transfer of unequal gendered care roles and nurturing positive masculinities.** There has been generational transfer of these cultural practices, and parents may find it difficult to tell boys to undertake “girls’ work” as “children may say this is not my work” (Man, Tambuwal). Female community facilitators believe it is critical to include parents, in-laws etc., in understanding the significance and impact of the fair distribution of family care roles. Some female respondents believe that by observing their fathers participate in house work, the boys will have a good role model and become better and supportive companions to their wives in the future.

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“I regard everything as culture. But I think that if the children are raised watching their father work around the house, they will do the same”;

“Not only that, but they will be able to care for themselves if the wife becomes ill.”

WOMEN, DANGE SHUNI

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Equitable sharing allows positive practices in masculinity. If you are not engaged in chores, you will start stealing and smoking (Adolescent boy, Dange Shuni). Equitable work distribution at home allows men to take care of themselves and the home in their spouse’s absence as reflected in this quote: “When his wife is not there, he will be able to cook for himself and keep the place tidy” (Woman, Illela).

**Gradually stigmatization anxieties will reduce and pave way for a culture of sustainable equitable sharing.** Some men avoid equitable sharing of UPCW at home because they are afraid of being judged by society in disparaging terms. However, this is changing, and the data set demonstrates these attitudes are being rejected by some. This is important as this shows that some men are overcoming the fear of being stigmatized by other family and community members. Respondents with married siblings confirmed that some men were helping their wives inside the house. “I informed my brothers and I saw with my own eyes that they are practicing it by helping their wives”; “I informed my brother-in-law who is now helping my sister with house chore’s”(Adolescent girls, Sokoto North).

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“Men help with baby care and step out of the house with babies to allow their wife a stress free environment. Similarly boys help with sweeping at home, a thing they also do in schools. There is change.”

IMAM, ILLELA

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Results show that seeing men involved in UPCW can encourage other men to follow. “A civil defense officer noticed me sweeping and inquired why I was doing it myself, and I should have instructed my children to do it. I told him that I wanted my children to learn from me. He informed me the next day that he agreed with my opinions and actions” (Man, Gada).

**Women expressed optimism about equitable sharing of care obligations**, and many shared that their spouses are now collaborating. “Our spouses take this matter of assisting us seriously”; “now we are resting in the day” (Women, Dange Shuni). Women want their sons to practice equal care work sharing.

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“We are the mothers; therefore, we must teach our children, both boys and girls, how to cook [...] or else they would never learn to help around the house”;

“It is important to share labour from childhood. When they reach adulthood, they will be able to continue.”

WOMEN, GWADABAWA

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Adolescent girls generally support equitable care work sharing and are keen on letting men and boys contribute more in the domestic domain. Simultaneously girls also hope to become more independent themselves. For example, a young girl in Binji with many siblings and living in an extended family said: “if one of the children is sick... she can take him to the hospital without waiting for the father.” Adolescent boys in Dange, Illela, and Yabo maintained that equitable care work sharing will continue to increase family bonding and bring peace.

**Some respondents expressed reservations about practicing equitable sharing of UPCW.**

Male respondents raised some concerns about the utility of any concept that promotes equality as they argued: “A boy cannot do what a father does,” and similarly, “girls can only help their mothers (not fathers),” and “the oldest sibling could not demand equal amounts of effort from the younger siblings because children could not do it.”

Similarly, some men and boys are concerned that if they begin to participate in domestic chores, they will become overworked. “Since it is physically difficult for girls to perform what boys do... equal care work sharing will overwhelm boys”; “we will not be happy because (our work) load will increase”; “because there is work assigned to boys that the girls cannot do. Even if distributed equitably they cannot do it” (Adolescent boys, Illela).

There are no guarantees as to how many will continue to share care obligations in an equal manner after COVID-19 (when men return to their regular paid occupations). The boys expressed a willingness to adjust to change and some boys in Dange Shuni maintained that even after COVID-19 equitable sharing of care roles and responsibilities will continue as “sharing care work improves love, unity is stronger.” Regardless, a few boys, for example in Gwadabawa, maintained that equitable sharing of UPCW will end after COVID-19 because “sharing won’t be essential then”, they predicted. Some of these predictions may be turning out to be true, as evidenced by this quote: “The workload has increased now since all schools are open after COVID-19. The boys can assist, but not now (implying school work is demanding). Even if he has to help it will not be much (Adolescent girl, Gada).

# 4

## Discussion, Learnings and Recommendations



# Discussion, Learnings and Recommendations

The research findings suggest that SHOW activities have contributed to shift men's, women's, girls' and boys' knowledge of social norms and gender roles on Unpaid Care Work (UPCW). Findings based on qualitative data confirm a significant increase in participants' awareness about the gendered dimensions of UPCW. Women, men, boys and girls reported that they have started redistributing care work and, in the process, have learnt to effectively communicate and support each other in order to strengthen a culture of equitable sharing of care work.

UPCW programming has facilitated men and boys in recognizing that the heavy burden of care work on women and girls is unfair. Participants have begun to realize the importance of stepping out of established gender stereotypes and exploring new possibilities. Some men are accepting redistribution of care responsibilities because they do not want women to suffer due to being overworked. Some men also expressed that they want to enable women to become more independent and realize their economic potential.

The findings based on the empirical data collected from Sokoto's 10 LGAs clearly demonstrate that all respondent categories: women, men, adolescent boys and adolescent girls have benefited from the SHOW UPCW training, which has enabled them to absorb and disseminate information about equitable sharing, highlighting its links with: domestic peace and harmony; improved health outcomes for women and children; better time management; and economic stability. Several statements in the data set show boys and men holding themselves accountable for taking women and girls (wives, daughters, sisters) for granted. Realization and recognition is always a first step to change and, therefore, this is encouraging for all stakeholders.

The status quo is difficult to change as gender roles and norms are reproduced through the community's structure, organization, and culture. Within extended families, for example, the gendered and generational elements of UPCW distribution can be particularly rigid. Men are stigmatized both within and outside the family if they participate in domestic tasks. Nonetheless, many participants: men, women, and adolescent girls and boys, and community facilitators and leaders have started questioning societal behaviours that hinder gender transformative change.

The UPCW sessions have contributed to improve the functioning ability of women and girls. Throughout the sessions, women and girls were encouraged to reflect on the advantages of more equitable distribution of care labour, to lessen time poverty and offer them more time to rest and maintain a healthy lifestyle, which can lead to other possibilities such as engaging in business or educational/ learning opportunities to pursue their full potential. The sessions have also contributed to build social capital for young girls, through the opportunity to meet and connect with other women and girls.

Equitable sharing of care work also has the potential to contribute to greater mutual understanding, trust, love, and compassion within families, as the study results have shown, and this has benefited children. Some relationships between children and parents and siblings have improved and more family members are providing practical support to each other in fulfilling care roles and responsibilities. Many are openly discussing what they have learnt in the program recognizing the burden of UPCW responsibilities and its impact on women and girls. More men and boys are making attempts to be more involved in these tasks and many women and girls are encouraging them to do so<sup>42</sup>.

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42. A man shared how his daughter has requested him to be back home in time and be physically present to support the family. "There is really a change because if I go out now my daughter will ask her mum to call me so as to come back in time and work (i.e. support in household work)" (Man, Wamakko). "This programme helps us in supporting and helping our family, it brings love and understanding between the couple" (Man, Gada). "Before this program (UPCW training sessions) men didn't come back home during the day but now they stay at home and help too"(Woman, Sokoto South). Adolescent boys are making effort to reduce care work load: "I assisted my mother with washing her clothes and that of the children" (Dange Shuni).



This study suggests that even in relatively short duration interventions, 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 the SHOW project (an initiative that focuses on maternal, newborn, child, and reproductive health and rights) readily provided. Gender transformative approaches in tackling even the most entrenched of 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

It is difficult to attain generational equality due to some cultural and religious factors. For example, adolescent girls reported that it is difficult for them to step outside of their culturally assigned roles. Intergenerational transfer of gender inequality results in an over-emphasis of gendered division of care roles and responsibilities within households that eventually aids the preservation of the status quo.

Predominantly, respondents' statements refer to men 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 responsibilities, 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 sharing part of the unpaid care workload, 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 for 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.

Some research participants had a rudimentary understanding of sensitive topics such as domestic violence and child abuse. Lack of knowledge prevents individuals, especially women and girls, from fully understanding their individual and socioeconomic status and, how it affects them. This, in turn, contributes to further expose women and girls to exploitation, violence, and abuse. For example, a few participants indicated that violence against women and children is justified and acceptable in some situations.

Some study participants considered that conducting care labor in the parental house prepares girls, and to a lesser extent boys, to manage their family after marriage. While it is indeed vital to build children's life skills, 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 difficult and necessitates not just long-term interventions but also efforts that are evidence-based and 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 organisations, public and private sector stakeholders that are seeking to tackle unequal distribution of UPCW and promote gender transformative change at the local level through policy and programs.

The empirical evidence obtained from this qualitative research demonstrates that the UPCW load on caregivers is gradually 'reducing' due to 'redistribution' within households.<sup>43</sup> More men and boys are engaged in equitable sharing of care chores as a result of the SHOW project's UPCW activities, and time poverty among women and girls is perceived to be declining. As a result, it is an excellent time to 'recognize' and respond to the needs of unpaid caregivers by co-creating with them programs and initiatives that lead to their empowerment and economic independence (examples include promoting educational, recreational and economic activities).

Recognize that care work is deeply entrenched in the social value attributed to women and girls, as well as the way their roles are defined. Gender roles are intrinsically related to other areas, such as gender norms, access to and control over resources, decision-making power, autonomous mobility, and challenges such as gender-based violence and child, early, and forced marriage (CEFM). As a result, it is critical that all members of any nuclear and extended family (including parents, grandparents, in-laws, elders and siblings) are sensitized to the importance of UPCW distribution and broader gender equality. This means that 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 harmful 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 (WROs) to produce focused policies, action plans, and data on family-friendly policies, such as extended paid parental leave for mothers and fathers and safety nets across formal and informal economies, as well as recognize the value of UPCW.

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

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43. Based on the 5R Framework for Decent Care Work: Recognize, Reduce and Redistribute unpaid care work, Reward decent care work for care workers and Representation for care workers (ILO, 2018, *Care work and care jobs for the future of decent work*).



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

Future research should take a further intersectional approach emphasizing the care burden and socioeconomic disadvantages faced by diverse women and girls including disabled, ethnic/tribal minorities, widows, divorced, female heads of households, and single women living within extended families to better understand how multiple identities and factors of exclusion affect women and girls differently when it comes to UPCW, especially in strictly patriarchal societies.

**Annex**

# Annex

## 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 <b>unpaid care work</b> you are familiar with?	Describe the type of <b>unpaid care work</b> you are familiar with?	Describe the type of <b>unpaid care work</b> you are familiar with?	Describe the type of <b>unpaid care work</b> you are familiar with?	Describe the type of <b>unpaid care work</b> you are familiar with?
2	How is all the <b>care work</b> divided up between you and your spouse? Other male & female family members? Who would do what?	How is all the <b>care work</b> divided up between <b>male &amp; female family</b> members? Who would do what?	How is all the <b>care work</b> divided up between you and your spouse? Other male & female family members? Who would do what?	How is all the <b>care work</b> divided up between <b>male &amp; female family</b> members? Who would do what?	How is all the <b>care work</b> 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?

<b>10</b>	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?
<b>11</b>	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?
<b>12</b>	How 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?
<b>13</b>	What are the reasons that limit men's and boys' participation in care responsibilities?	What are the reasons that limit men's and boys' participation in care responsibilities?	What are the reasons that limit men's and boys' participation in care responsibilities?	What are the reasons that limit men's and boys' participation in care responsibilities?	What are the reasons that limit men's and boys' participation in care responsibilities?



In partnership with  
**Canada**



**Plan International Canada Inc.**

245 Eglinton Avenue East, Suite 300  
Toronto, ON M4P 0B3  
Canada

416-920-1654  
1-800-387-1418  
[info@plancanada.ca](mailto:info@plancanada.ca)

Learn more and get involved at [plancanada.ca](http://plancanada.ca)



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