



In partnership with
Canada



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

BANGLADESH

ACKNOWLEDGEMENTS

The Strengthening Health Outcomes for Women and Children (SHOW) Programming team in Bangladesh, Ghana, Haiti, Nigeria, Senegal and Canada and partners would like to thank and acknowledge Global Affairs Canada for the support of the SHOW Project.

SUGGESTED CITATION

Plan International Canada. (2022). 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. Toronto, Ontario: Plan International Canada.

CONTACT

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

Acronyms

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

Contents

Executive Summary	02
1.0 Introduction	07
1.1 Program Context	09
1.2 Gender Inequalities and UPCW in Bangladesh	11
2.0 Research Questions and Methodology	14
2.1 Geographical and Population Sampling	16
2.2 Qualitative Data Collection	17
2.3 Qualitative Data Analysis	21
3.0 Research Findings	22
3.1 Gendered Division of Care Roles and Responsibilities	24
3.1.1 Familiarity with the types of unpaid care roles and responsibilities	24
3.1.2 Causes behind division of care responsibilities	26
3.2 Implications of the Inequitable Division of Care Roles and Responsibilities	28
3.2.1 Perceived benefits of the gendered division of care work	28
3.2.2 Negative implications	28
3.3 Challenges on the Road to Gender Transformative Change	29
3.3.1 Barriers within the household: gender identity, and immediate families	29
3.3.2 Barriers outside the household barriers: community disapproval	30
3.3.3 Contextual barriers	31

3.4	Impact of COVID-19 on Unpaid Care Work and Gender-based Violence	32
3.4.1	Unpaid care work	32
3.4.2	Conflict and gender-based violence	33
3.5	Impact of SHOW UPCW Activities in Communities	35
3.5.1	Changes in male knowledge, attitudes and behaviours	35
3.5.2	Changes in female knowledge, attitudes and behaviours	36
3.6	Community Experience of Equitable Sharing of Care Responsibilities, and its Future	39
3.6.1	Equitable sharing during COVID-19.....	39
3.6.2	Future of equitable sharing in communities	43
4.0	Discussion, Challenges and Recommendations.....	45
Annex	50
1	Focus Group Discussion/Key Information Interview Questions	51

Executive Summary

GLOBAL SITUATION

Time spent for unpaid care work (UPCW) is heavily gendered with women and girls bearing a greater burden relative to men and boys. The global average for unpaid care work for women (covering 75 nations) is 277 minutes (or 19.7 per cent of a 24-hour day). When it comes to unpaid work for men, the global average is 111 minutes (or 7.7 per cent of a 24-hour day).¹ Pre-COVID-19, Bangladesh women spent 3.43 more time on UPCW compared to men.

PROJECT BACKGROUND & RATIONALE

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

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

In order to assess the effectiveness of the project's UPCW programming, a qualitative study was conducted in Bangladesh in October 2021. The following two research questions guided the research design and field implementation.

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

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



METHODOLOGY

Data was collected in Kishoregonj, Jaldhaka and Saidpur regions of Bangladesh through focus group discussions (FGDs) 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 crosstab coding.

Gendered division of care work, its implications and causes.

The majority of research participants, including women and adolescent girls and boys, agreed that women and girls are overwhelmed with care tasks and obligations, resulting in stress, bodily aches and pains, and physical fatigue. Although men and boys acknowledged the degree and scope of care work undertaken by women and adolescent girls, a fraction of respondents claimed that this workload did not have negative consequences. On the contrary, they maintained that working in the (paid) labour market was more difficult and a source of worsening health condition among men. The data also includes women's and girls' experiences with time poverty and their dissatisfaction with being unpaid caregivers to their extended and nuclear families around the clock, leaving them with no time to recuperate, relax, or look for work. Some married women also described how they had a confined lifestyle while living with their in-laws and were expected to follow commands.

Barriers on the road to gender transformative change.

Men are discouraged by their families and larger community from crossing culturally prescribed boundaries. Ridicule and stigmatization are used to pressure men and women to conform to gendered norms and serve as a barrier to gender transformative change. As a result, men and adolescent boys neglect household chores

while women and adolescent girls continue to perform them on a regular basis. Not only are men stigmatized by words like “maiyalu” (womanly), which target their masculinity, but women who request help from men in household work are also blamed. Other aspects shared by research participants include: intergenerational transfer of gendered care roles; the dynamics of extended and joint family systems and the power imbalances existing within such households; and the economic hardships that men are expected to bear by themselves, leaving them with less time and energy to contribute to UPCW.

Impact of COVID-19 on care work, family life and violence against women.

During the pandemic, the workload increased for women, adolescent girls, and boys. During the lockdown, men took on minimal care tasks. Boys made effort to help mothers in all household tasks (including in the kitchen), and to help their fathers, for example, by taking the cattle out for grazing. Girls were also greatly solicited to help their mothers with additional UPCW tasks. Many research participants reported that the economic challenges associated with the COVID-19 closures caused disagreements within families. According to respondents, disturbed household environment and, rapidly increasing levels of poverty contributed to a higher incident rate of wife beatings, early and forced marriages of girl children, dowry-related abuse of women and child-brides.

Impact of SHOW UPCW activities on communities.

The participation of men and boys in the SHOW project and UPCW initiatives has encouraged them to reconsider gendered and inequitable elements of care work. Adolescent boys and some men are increasingly participating in care roles and responsibilities. Participants expressed their willingness to be 'helpful' towards their female family members. Some adolescent boys spoke against the



detrimental consequences that cultural conventions (including early marriage and dowry) and imposed gender roles and duties have on women and girls. A few participants have taken action to prevent child marriage in their communities (details in section 3.5.1). Men are increasingly accompanying

women to health services. Several participants, men, women, adolescent girls and boys, reported feeling more confident as a result of these sessions. During the training, both women and girls learned about how to communicate assertively and are now utilizing these skills to communicate more effectively

with male relatives. After convincing their spouses to take on some UPCW tasks, some women have successfully reclaimed time and space for themselves.

The future of equitable sharing of UPCW.

The value of equitable sharing of care tasks and responsibilities, as well as joint decision-making, were core components of SHOW UPCW activities in which participants engaged. Even though some participants recognized the importance of gender equality and equitable distribution of care roles, several others shared their reservations. These concerns largely stem from patriarchal beliefs and culturally engendered masculinity practices, with men functioning as financial providers and exercising authority over all other family members in their household. Adolescent boys' objections are mostly prompted by a worry of becoming overburdened with both paid work and UPCW tasks. Furthermore, the prevalent understanding is that equitable sharing is difficult to establish within families since men and boys will quickly return to the public domain following removal of COVID-19 imposed restrictions, and their major focus will be to earn income.

RECOMMENDATIONS

Based on the study findings, recommendations include greater recognition and integration of UPCW in national data collection, policies and programs; co-designing with communities strategies that address the deeply entrenched gendered norms and practices and that engage all household members (taking into account the particular dynamics of both nuclear and extended families, and including youths and elders); 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 that address the two previously indicated research questions. The first two parts contain the relevant context, project specifics, background information, and methodology. Section three presents research findings arranged in six sub sections/themes, namely: gendered division of care roles and responsibilities; implications of unequal division of care roles and responsibilities; challenges on the road to gender transformative change; impact of COVID-19 on care work and violence; impact of SHOW -UPCW 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, and to 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



▲ Women's group meeting

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

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

SHOW's theory of change recognizes gender inequality as a key determinant of poor MNCH and SRH outcomes. An evidence-based gender equality strategy contributes to enabling women and adolescent girls to develop individual and collective agency towards the realization of their health rights. Implementation involves strengthening their knowledge and awareness of health rights and gender equality; increasing their participation and leadership in public life; building their financial assets through savings and skills training; establishing social networks; and engaging female community influencers. Also, by involving men and boys in positive masculinity practices, as well as traditional and religious leaders, an enabling social environment for gender equality is supported. SHOW's theory of change and gender equality strategy are linked to the larger system through its capacity-building components for health service providers, supervisors, and planners, ultimately contributing to improving 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 responsibilities².

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.³ To address the burden women and girls face in regard to the unequal distribution of household responsibilities, which was further exacerbated by the pandemic,⁴ 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 the extensive social behaviour change communication (SBCC) strategies across the SHOW countries prior to the COVID-19 pandemic. The objective of these targeted activities was to further reflect on and sensitize group participants on the causes and consequences of the unequal burden of UPCW on the lives and health of women and girls and to collectively identify ways to foster an equitable distribution of UPCW, especially at the household level.⁵

In each country, women and men participated in reflective group sessions to enhance their awareness and understanding around unpaid care work. Women's groups and men's groups participated in 6 and 7 weekly or bi-weekly sessions, respectively. The UPCW manuals⁶ were developed

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

and contextualized in each country with illustrations created by local artists. The UPCW manual for women's sessions covered topics such as gender roles and responsibilities, gender stereotypes, how to get partner support during pregnancy and post-delivery, assertive communication, and healthy relationships. The manual for men's groups included modules on gender roles and responsibilities, gender stereotypes, GBV, joint decision-making, how to support partners during pregnancy and post-delivery, and how to address community stigma for adopting positive and nonviolent masculinities. Similarly, adolescent boys and girls received awareness messages.⁷ 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.

1.2 GENDER INEQUALITIES AND UPCW IN BANGLADESH

Status of women and girls

Bangladesh's population is estimated at over 164.8 million. About 62% of the population live in rural areas. Women represent about 49.50% of the population and children make up almost 40% of the country's population. Bangladesh's literacy rate is 73.9% for females and 71.2% for males.⁸ Women are responsible for all reproductive tasks and engage in productive activities as well, which leads to more severe time poverty for women as compared to men. Due to religious and cultural norms, women's mobility and public roles are restricted. The gender division of labour is rigid, with women almost exclusively responsible for domestic work and childcare. This is even more true for adolescent girls.⁹

Nationally, 65% of girls are married by age 18. Early marriage is relatively common. The proportion of women aged 20-24 years who were married or in a union before age 15 is 15.5%.¹⁰ Unmarried pregnancies are thus very rare and it is a taboo to discuss this issue.¹¹ Male children are preferred and this drives high birth rate and early childbearing (nationally, 31% of girls between 15-19 years have had their first child). The adolescent birth rate is 74 per 1,000 women aged 15-19 as of 2019, the same as in 2018.¹² Maternal mortality ratio is 173 per 100,000 live births.¹³ Cultural norms and values are such that family planning is not encouraged.¹⁴

Rural women are more likely than urban women to be engaged in farming or agricultural work (5%

7. *SHOW Year 6 Annual Report. Plan International.*

8. *Country Fact Sheet | UN Women Data Hub*

9. *SHOW BORN Gender Equality Assessment Report, Annex 6 Bangladesh. Plan International, p.5*

10. *Country Fact Sheet | UN Women Data Hub*

11. *SHOW BORN Gender Equality Assessment Report, Annex 6 Bangladesh. Plan International, p.6*

12. *Country Fact Sheet | UN Women Data Hub*

13. *Country Fact Sheet | UN Women Data Hub*

14. (2020). *Bangladesh: Father's Club Study Findings, SHOW Project. (2020). Plan International Canada. pp 4-5*

versus 1%) and poultry or cattle raising (72% versus 27%).¹⁵ Exposure to solid fuel-based¹⁶ smoke inside the home, has potentially harmful health effects on women and adolescent girls as they spend time cooking for families. Eighty percent of households use solid fuel for cooking, while 20% use clean fuel (electricity, gas, etc.). Only 6% of rural households use clean fuel for cooking.¹⁷

In Bangladesh, 76% of women participate in decision-making regarding their own health care and 72% regarding key household purchases.¹⁸ Violence against women and girls is frequent and is seen as a private affair.¹⁹ In the previous 12 months, 23.2% of women and girls (ages 15–49) experienced physical and/or sexual violence at the hands of a current or former intimate partner.²⁰ According to the Bangladesh Demographic and Health Survey,²¹ around 20% of women agree that a husband is justified in beating his wife in one or more stated situations.²²

The gendered dimensions of UPCW.

As of December 2020, only 45.9% of indicators which monitor the Sustainable Development Goals in Bangladesh from a gender perspective were available. Information gaps exist in key areas, including unpaid care and domestic work.²³ About 60.2% of women (in comparison to 5.9% men) in Bangladesh 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 64% in 2000 and decreased to 47.1% in 2015. About 66.6% of women (in comparison to 6.8% of men) cite UPCW as the main reason for being inactive and outside the labour force. Another 17% of women say they are unemployed for personal reasons. There are 62.7% of women in Bangladesh's urban areas and 59.2% in rural areas who are outside the labour force. The data on women's and men's share of unpaid care work is not available. Nonetheless, estimates for neighbour countries can be considered as a reference point: in India and Pakistan, women provide 90.5% and 91.1% of UPCW respectively (meaning that men in these countries shoulder less than 10% of unpaid care work).

There are no legal, legislative provisions for long term care and emergency leave in Bangladesh. 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. Statutory family obligations to care for older relatives exist.²⁴ As a result, the larger share of these unpaid care responsibilities fall on women and girls.

15. (2017-18). Bangladesh: Demographic and Health Survey <https://www.dhsprogram.com/pubs/pdf/FR344/FR344.pdf>. p 33

16. For example, coal, charcoal, wood, straw/shrubs/grass, agricultural crops, and animal dung

17. (2017-18). Bangladesh: Demographic and Health Survey <https://www.dhsprogram.com/pubs/pdf/FR344/FR344.pdf>

18. 2017-18). Bangladesh: Demographic and Health Survey <https://www.dhsprogram.com/pubs/pdf/FR344/FR344.pdf>. p.202

19. (2020). Bangladesh: Father's Club Study Findings, SHOW Project. Plan International Canada (Report). pp 4-5

20. Country Fact Sheet | UN Women Data Hub.

21. (2017-18). Bangladesh: Demographic and Health Survey (<https://www.dhsprogram.com/pubs/pdf/FR344/FR344.pdf>)

22. If a wife argues with her husband, goes out without telling him, neglects the children, refuses to have sexual intercourse or she burns the food (Source: Demographic and Health Survey, Bangladesh). There is a decrease from 28% in 2014.

23. Country Fact Sheet | UN Women Data Hub

24. Laura Addati, Umberto Cattaneo and Emanuela Pozzan (March, 2022). Care at work Investing in care leave and services for a more gender equal world of work. ILO https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/publication/wcms_838653.pdf p. 393 & p. 405.



The impacts of COVID-19 on the distribution of UPCW.

In a pre-COVID-19 Bangladesh, women already did 3.43 times more UPCW and domestic work than men and the pandemic exacerbated the situation. Increased risks and evidence of GBV was recorded

along with unequal distribution of care and domestic work. COVID-19 has had significant implications on the livelihoods of women in Bangladesh as 91.8% of the total employment of women is in the informal sector. Women have had to shoulder the increases in unpaid care work.²⁵

25. May 2020). *Rapid Gender Assessment, Bangladesh*. UN Women, Gender in Humanitarian Working Group (GIHA). RGA Bangladesh.Final_May2020.pdf (reliefweb.int)

2

Research Questions and Methodology



Research Questions and Methodology

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

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

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

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

RESEARCH DESIGN AND IMPLEMENTATION

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

2.1 GEOGRAPHICAL AND POPULATION SAMPLING

In Bangladesh, the geographical sample consists of Jaldhaka, Saidpur and Kishoregonj. The data was collected considering two units of analysis (i) Gender and (ii) Age group [G1: 10–18y & G2:19–50y+] and accordingly, research participant sample groups were composed of: women, men, adolescent girls and adolescent boys. Participants were selected among those who completed the SHOW project’s Gender Equality and Unpaid Care Work Activities (Table 1). For more details on these sessions, consult section 1.1.

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



table 1. SHOW UPCW ACTIVITY PARTICIPANTS

		TOTAL GROUPS	COMMUNITY BASED FACILITATORS	AVERAGE # OF MEMBERS	ESTIMATED BENEFICIARIES
Bangladesh	Women	200	200	12	2400
	Men	108	108	15	1620



NMAR

2.2 QUALITATIVE DATA COLLECTION

Focus group discussions (FGDs) and key informant interviews (KIIs) were conducted during the study. The data set consists of 20 FGDs and 4 KIIs with community facilitators. Research participants consisted of sixty women, fifty-eight men, fifty-four adolescent girls and fifty-four adolescent boys.

Details are provided in *table 2* and *table 3*.

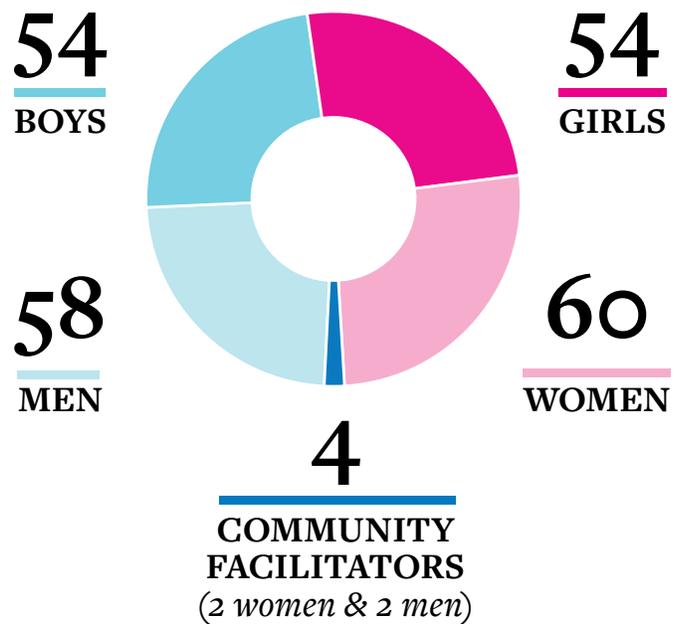


table 2. RESEARCH PARTICIPANTS

	RESPONDENT CATEGORY	RESEARCH TOOL	LOCATION	NUMBER OF PARTICIPANTS
1	Women	FGD	Jaldhaka, Singria, Shailmari	12
2	Women	FGD	Kishorgonj, Danggapara, Chadkhana	12
3	Women	FGD	Kishorgonj, Bafla School Para, Ronochondi	12
4	Women	FGD	Saidpur, Saskandor Uttar Majhapara, Botlagari, Saidpur	12
5	Women	FGD	Saidpur, Purbo Belpukur, Dangirpara	12
6	Men	FGD	Jaldhaka, 2 No Dawabari	12
7	Men	FGD	Kishorgonj, Dizan, Gram	12
8	Men	FGD	Saidpur, Uttor Maza Para	12
9	Men	FGD	Saidpur, Purbo Belpukur, Dungirpara	12
10	Men	FGD	Kishorgonj, Baniya Para, Chadkhana	10
11	Adolescent Girls	FGD	Jaldhaka, Dokkhin berubando, Shimulbag	10
12	Adolescent Girls	FGD	Kishorgonj, Haribecapara, Bahagili	10
13	Adolescent Girls	FGD	Kishorgonj, Garagram	10
14	Adolescent Girls	FGD	Saidpur, Khordo Botlagari, Dhangapara	12
15	Adolescent Girls	FGD	Saidpur, Khatamodhupur, Bonkor	12
16	Adolescent Boys	FGD	Jaldhaka, Kherkati, Dhormopal	10
17	Adolescent Boys	FGD	Kishorgonj, South rajib, kishorgonj	10
18	Adolescent Boys	FGD	Saidpur, New munsipara	12
19	Adolescent Boys	FGD	Saidpur, Koipara, Khatamodhupur	12
20	Adolescent Boys	FGD	Kishorgonj, Gonesh, garagram	10
21	Female Community Facilitator	KII	Kishorgonj, Keshba, Kishorgonj Sadar	1
22	Female Community Facilitator	KII	Saidpur, Saidpur Municipality	1
22	Male Community Facilitator	KII	Jaldhaka, Balagram	1
23	Male Community Facilitator	KII	Kishorgonj, LAMB Office	1

table 3. DEMOGRAPHIC PROFILE OF FGD/KII RESPONDENTS

1	TOTAL SAMPLE SIZE (NUMBER OF RESPONDENTS)	230
2	% of women	26%
3	% of men	25%
4	% of adolescent girls	23%
5	% of adolescent boys	23%
6	% of community facilitators	2%
7	% of people living in extended families	42%
8	% of people living in nuclear families	58%
9	% of married women	29%
10	% of married men	25%
11	% of pregnant women	6%
12	% of men with pregnant wives	3%
13	% of sample with children/siblings under age 5	33%
14	% of sample with children/siblings between 6–13	42%
15	% of sample with children/siblings above 14	25%



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

& people with disabilities (PWD) as a reference during data collection and analysis. The data collection was conducted by local enumerators under the supervision of Plan Bangladesh during October 2021. When possible, one moderator and one note-taker were present for each FGD and KII. Note-takers documented their notes in the template provided to them. Transcriptions and notes were then translated to English. A team of consultants was contracted to conduct the data analysis and produce the research reports.

table 4. CATEGORIES OF UNPAID CARE WORK

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

2.3 QUALITATIVE DATA ANALYSIS

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.²⁶

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 programming
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 below) 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.²⁷

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

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

3

Research Findings



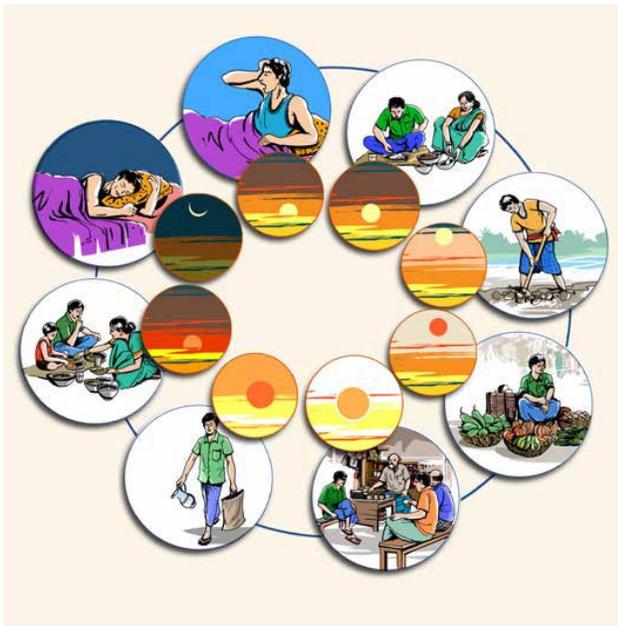
Research Findings

The findings reported as follows are organized around the six major themes mentioned in the previous sections. Quotes are incorporated throughout the report to illustrate participants' experiences and perspectives.²⁸

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

3.1 GENDERED DIVISION OF CARE ROLES AND RESPONSIBILITIES

Women are expected to do household chores such as cooking, cleaning, and washing. According to participants, men supported women in some types of care work activities such as cleaning, making beds, and cultivating vegetables. Household activities were largely done by women, with men assisting only occasionally, as explained by these respondents: “Men help with domestic duties after getting home from their work outside” (Woman, Singria, Jaldhaka); “They (men) do it occasionally when they think it is essential” (Man, Dawabari, Nilphamari). According to adolescent boys and girls, men and women spend their time differently. Men generally cultivate the land for crops. Wives take care of their spouses. The older brothers care for their younger brothers. Men sweep the yard while women cook or wash clothes. In general, boys assist their fathers while girls assist their mothers in their respective tasks, illustrating the clear division of labour between men and women.



▲ 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

3.1.1 FAMILIARITY WITH THE TYPES OF UNPAID CARE ROLES AND RESPONSIBILITIES

The findings show that many respondents across sex and age groups had a broad understanding of household care activities. For example, adolescent boys in South Rajib, Kishorgonj believed that all work performed for the household could be classified as UPCW. “Unpaid care work is what we generally do (for the house) 24 hours a day” they maintained.²⁹

In Gragram, Kishorgonj men gave a long list of major and minor chores that women accomplish at home, as UPCW: “Household chores are countless. Something new appears every now and then. However, we now provide some assistance as well”, they explained. “Women do more household chores than us” (Adolescent boys, Dhormopal); “Mothers do this work for free. That is why this is unpaid work”(Adolescent girls, Botlagari, Saidpur). The majority of Shimulbag, Jaldhaka adolescent girl groups were under 14 years old. These girls noted sweeping, cleaning the house, washing the dishes, childcare, and feeding the family, as well as feeding cows and other animals as examples of UPCW.

Inside the Household.

Overall, respondents identified cleaning, cooking, making a bed, and organizing rooms as key domestic responsibilities. Household activities include both indoor and outdoor chores such as caring for domestic animals, cooking, setting tables, washing clothes, hanging mosquito nets, sweeping, and so on. Babysitting, bathing, feeding, assisting children with school schedules and assignments, and playing with toddlers are considered examples of childcare activities. Some adolescent boys also mentioned being involved in certain types of UPCW: “I look after my younger siblings while my mother cooks. I never let my mother do my laundry; I do this myself” (Adolescent boy, Gonesh, Kishoregonj).

29. Note taker's observation about boys' focus group discussion in Dhormopal is: “Their perception regarding UPCW is confined to the household only. They have some knowledge gap.”

Some individuals identified care for the elderly and the sick as part of UPCW. Pregnant women were frequently mentioned as sick, needing care and support during medical visits, as were the common child illnesses that require hospital visits. A man in Dangarpara, Saidpur noted: “taking care of the pregnant mother, taking her to the doctor for checkups” and in the same community, another man added “in my opinion nursing a pregnant wife is also care work”. The men were keen to share their role in helping their family members when they are unwell and noted it as their contribution towards UPCW: “I have to do the household chores because my wife is sick. I need to take care of her. [...] I bring her water, take care of our children” (Man, Gramam, Kishoregonj). Both adolescent boys and girls mentioned taking care of their parents and the elderly at home: “I help my father when he is sick. Also, I accompany him shopping for groceries and to the fields” (Adolescent boy, Kishoregonj). Men in Dawabari and Gramam mentioned looking after parents and the elderly and women counted taking care of husband and the elderly as important care roles (Singria, Jaldhaka).

figure 1. Wordcloud on inside household work (based on data sets)³⁰



Outside the Household.

Some households have water pumps and gas cylinders. There are still many houses that rely on distant water and cooking fuel sources. Details were obtained from boys in Dhormopal and Gonesh who described the arrangement in these words: “My mother fetches water from a considerable distance” and “I collect firewood from the sawmill and assist my father in doing so.” Respondents also indicated “minding grazing animals”, “keeping poultry”, “buying groceries” and “cultivating vegetables” as primary outside household care tasks (Adolescent boys, Rajib, Kishoregonj).

figure 2. Word cloud on outside household work (based on data sets)



30. The word clouds were generated using NVivo

3.1.2 CAUSES BEHIND THE DIVISION OF CARE RESPONSIBILITIES

Culture and tradition.

In terms of the reasons for the current division of care roles and responsibilities between women/girls and men/boys, the cultural dimension appears prominently in the data set. Some women and adolescent girls responded that it is a societal construct that men earn income and women do housework. Men and adolescent boys had similar views. For example, some respondents shared: “From our childhood, we have noticed the women doing these chores, we have never participated”; “As women do not work outside, they should work at home” (Men, Uttor Moza Para, Saidpur). A boy in Gonesh, Kishoregonj attributed gendered care roles to culture, noting that cultures could not be changed quickly: “This division of labour is considered typical in our culture. It has existed since the beginning of civilization. So, it is not easy to share someone’s responsibility so instantly”. Some respondents even presented this division of work as advantageous for women: “Men

often work outside the house for agriculture or day labour. As a result, men are unable to participate in tasks such as cooking. Women, on the other hand, have the opportunity to stay at home and care for their children” (Adolescent boy, Rajib, Kishoregonj).

“This division of labour is considered typical in our culture. It has existed since the beginning of civilization. So, it is not easy to share someone’s responsibility so instantly.”

ADOLESCENT BOY, GONESH, KISHOREGONJ

Respondents’ statements also indicate the intergenerational transfer of gendered division of care roles and responsibilities: “Our father did not participate in domestic tasks, so we do not” (Adolescent boy, Dhormopal). Almost all adolescent girls claimed that domestic responsibilities were not equally allocated among men and women, or girls and boys, and that they had been taught since childhood that women are responsible for household work, and therefore men and boys do not share house chores. A group of adolescent girls from Gramam Kishoregonj provided further details of the local culture, highlighting the influence the elderly have on care roles and responsibilities: “Fathers will never be involved in this and older family members, such as grandparents, decide who should do what,”. These girls explained that they performed household responsibilities because they had observed their mothers do these tasks: “I’ve been seeing my mother wash everyone’s clothes since I was a child. So, I assumed I had to do the same”.

Performing these gendered roles and responsibilities also functions as informal training for children, particularly girls, preparing them for life after marriage. The rationale of the older generation in retaining this division of care tasks and obligations is primarily focused on fulfilling the



▲ 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

gendered expectations held within the institution of marriage: “My mother says household chores are your responsibilities. If your brother doesn’t, you have to finish these tasks because you are a girl (and) you have to go to your in-law’s house (i.e., you will get married and leave). So, you must learn all this” (Adolescent girl, Botlagari, Saidpur).

It is not easy to cross culturally defined gender boundaries as reflected in this quote: “People call those men ‘half ladies’ who share household chores. So, they do not want to get involved” (Adolescent girl, Khatamodhupur, Saidpur). For more on this, consult section 3.3.

Low status of women.

Women are generally considered inferior and are expected to serve their husbands. Not fulfilling household tasks according to the husband’s expectations can place women in risky situations.³¹ For example, one female respondent shared: “My husband reacts badly if he does not get food in time. He yells at me, ‘why have you not cooked yet? what will I eat?’ (Woman, Botlagari, Saidpur). Several women respondents explained that within patriarchal context women’s freedoms were largely curtailed and society did not approve of them working outside. Also, men expect women to be subservient: “Men want to keep women under their control”. They noted that men think of themselves as the guardian of the family: “As ours is a male dominated society everyone cannot accept a woman working outside” (Respondent’s quotes and notetaker’s note, Gagram, Kishorgonj). Some participants declared that men considered themselves to be superior to women. Furthermore, many respondents considered household based UPCW activities as less valuable than those performed outside. In this respect, one respondent stated: “despite the fact that women do so many things, they do not get paid”. Some women perceive their work as trivial and of no value. For example, the female community facilitator Kishorgonj explained: “Our work is worthless because we (women) have no value.”

Women’s lack of access to paid work and economic resources

is regarded as a major issue. Several women and adolescent girls associate their lack of household control with a lack of financial independence. The respondents stated their perceptions regarding cultural contexts that allow men financial independence but keep women dependent on men by limiting them to households and depriving them of opportunities to earn and exercise economic self-sufficiency and freedom. The quotes that follow demonstrate these dynamics: “Women are in the (gender) box because they do not earn (income)”; “Men are independent, but women are not” and, as a result “women have more household chores to handle”; “Women are not permitted to work outside.” (Women and Adolescent girls, Botlagari, Saidpur).

Women may contribute to household income at times, but their standing inside the household remains subordinate to that of their husband, and the burden of care work remains on them. An interesting excerpt from the adolescent girls in Bahagili, Kishoregonj demonstrate these dynamics: one adolescent girl indicated that “The father earns money and the mother works at home”, while another disagreed: “I (do not agree with) her. Nowadays (some) mothers are also earning income (while working) from home. So, it is not always women who have to do the household chores”. Another adolescent respondent adds: “the ‘family’ does not belong to the mother only; the father has a share too.”

31. Note taker notes about women’s group in Botlagari, Saidpur. “women highlighted that some husbands react badly if they do not get proper care or food on time. This results in mental stress and fear.”

3.2 IMPLICATIONS OF UNEQUITABLE DIVISION OF CARE ROLES AND RESPONSIBILITIES

3.2.1 PERCEIVED BENEFITS OF THE GENDERED DIVISION OF CARE WORK

Some respondents believe that this division of care work prepares children to become responsible and so they can take good care of their parents. Some adolescents shared similar views “We have trouble doing more household works but it feels good to see that mother is suffering less” (Adolescent girl, Botlagari, Saidpur). Men could see the benefits of the gendered distribution of care roles and obligations for themselves. Because of their low involvement in UPCW, men admitted that they were able to spend more time with their friends and pursue other interests: “As we do not have the responsibility to accomplish anything, we do not feel the stress” (Man, Chadkhana, Kishoregonj). Some men also stated that, given unpaid care work is the basic role of women, they do not perceive negative repercussions for women: “As these are not tough jobs (washing clothes, playing with children), I don't think that they have any implications” (Man, Uttor Moza para, Saidpur). There were other participants who could see the negative implications, and these are noted as follows.

3.2.2 NEGATIVE IMPLICATIONS

Women, time poverty, and its consequences.

According to some respondents, the high burden of UPCW prevents women from getting enough rest, focusing on their health and participating in leisure/ social activities. Female respondents stated that owing to their heavy workload, they were unable to rest, watch television, or spend time with their spouses (Women FGD, Dangar para, Saidpur). Adolescent girls in Gagram, Kishoregonj shared details regarding their restricted mobility: “The mothers-in-law restrict their daughters-in-law from going outside”; “Women are unable to go outside due to heavy work at home. Who will complete the task if she leaves?”.



▲ 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

Women's health.

Time poverty due to UPCW, lack of rest and resulting fatigue ultimately leads to reduced health among women and girls. Data trends across sex and age groups show that most respondents recognize the negative impact of the care workload on women's and girl's physical and mental health: “Women are involved in different types of responsibilities all day long. They never sit idle like us. They become sick when workload increases. Some of them do not feel well mentally” (Man, Chadkhana, Kishoregonj). Also, women themselves have highlighted the impact of UPCW on their health: “I am having physical complications due to the workload. I have no time to rest. So, I am having fatigue and feeling weak” (Woman, Botlagari, Saidpur). Adolescents understand and recognize that the excessive workload has resulted in several adverse outcomes for women. Participants stated that their mothers work 24 hours a day. This constant work makes them fatigued. “If you do the same work day after day it becomes monotonous (psychologically difficult). In addition to that, women also develop physical weakness” (Adolescent boy, Gonesh, Kishoregonj). Women's health issues not

only deprive women of well being but can also add financial pressure on the household: “Excessive workload creates physical sickness, raising the family’s expenses” (Adolescent boy, South Rajib, Kishoregonj).

“Women are involved in different types responsibilities all day long. They never sit idle like us. They become sick when workload increases. Some of them do not feel well mentally.”

MAN, CHADKHANA, KISHOREGONJ

Men’s health and economic concerns.

Some individuals indicated that engagement in outside work activities and the stress of managing household finances also have negative impacts on the health of men and adolescent boys: “Men have to go to work every day. Nobody shares their job. They also face physical and mental pressure. Working all day under the sun may make them physically sick” (Adolescent boy, South Rajib, Kishoregonj). The twenty-five-year-old male community facilitator (Balagram, Jaldhaka) admitted that even he could not help much in the household as he had to prioritize his occupational responsibilities: “We (men and boys) also have our difficulties; we have time constraints; we need to work in the field. We have to manage the financial crisis. My father helps a bit in household work and thinks about the problems but does not get enough time to work on them. Those who work in the field also feel hardships”, he maintained.

3.3 CHALLENGES ON THE ROAD TO GENDER TRANSFORMATIVE CHANGE

Based on the data, some challenges and barriers were identified regarding shifting norms and attitudes towards more equitable sharing of UPCW. These are explained as follows.

3.3.1 BARRIERS WITHIN THE HOUSEHOLD: GENDER IDENTITY AND IMMEDIATE FAMILIES

“We did not participate in these (care) activities before (i.e. they started only after UPCW activities in the area). The family members call us: *bou pagla* (wife-obsessed) if they find us helping our wives.”

MEN, UTTOR MOZA PARA, SAIDPUR

Overall, the absence of support from family members prevents men and adolescent boys from participating in UPCW. “The first obstacle to sharing care work between men and women is family. His mother scolds him for assisting his wife with chores. His mother shouts at him, asking: ‘What makes you so obsessed with your wife? Why did you marry? It is your wife’s responsibility, not yours’ (female community facilitator, Kishoregonj). Men acknowledged their difficulty in assisting spouses with care work because at times this makes their mother resentful: “Before I got married, I never chopped firewood for my mother. But now when I do this for my wife, my mother (sarcastically) calls me: ‘Bou Varua’ (wife’s subordinate)”. As depicted in these respondent statements, men and adolescent boys who assist women in care labour are frequently humiliated and given derogatory or degrading labels. Such socio-cultural tendencies can also create tensions between family members: “If I participate in household chores my mother and wife have a quarrel” (Man, Dangar Para, Saidpur). Married men are frequently reminded of the traditional purpose of marriage that places a wife in service of her husband. In other words, men are

discouraged to practice equitable sharing of care roles and sustain gendered and inequitable aspects of cultural customs: “The mother-in-law frequently insults her son, saying, why did you get married if you are doing all of your wife’s work? Men avoid sharing domestic tasks due to societal perceptions” (Adolescent girl, Gragam, Kishoregonj).

“My aunt calls me ‘wife’s slave,’ if I participate in household chores.”

ADOLESCENT BOY, SOUTH RAJIB, KISHOREGONJ

Gendered socialization and intergenerational transfer of social norms.

Parents play an important role in children’s gendered socialization and respondents argued that being exposed to a certain division of responsibilities during formative/childhood years had stayed with them. “Inequality begins in our childhood. Our family buys sporting equipment for the boys and provides utensils for the girls to play with. As a result, males are thought to work (outside), while females are to stay at home” (Adolescent girl, Shimulbag, Jaldhaka). Two men in Dawabari, Nilphamari explained the primary role of gendered socialization in these words: “We don’t share chores because we believe it is just a woman’s duty”; “From my childhood, I’ve seen my grandfather and also my father that they never shared household chores with their counterparts (grandmother and mother), so I also think that it is not necessary to share those with my wife.”

3.3.2 BARRIERS OUTSIDE THE HOUSEHOLD: COMMUNITY DISAPPROVAL

Many respondents identified external circumstances, particularly scorn from society, friends, and neighbours, as key impediments to boys and men embracing these changes despite participation in the SHOW sensitization activities. People insult men who share household chores and refer to them as “subjugated to the wife” (*bouer chamcha/bou varua*). If a man cooks, people refer to his wife as “*chakula*,” which means “crippled or disabled”; “If a woman ploughed the field, people would exclaim: ‘Isn’t there a man in your house?’ The same applies to when a man does household chores” (Adolescent boy, Dhormopal). People call men participating in household chores: “*maiylu*” (effeminate); “*maiya varua*” (wife’s obediently); “*Hijra*” (transgender) “half lady” (Adolescent girls, Botlagari, Saidpur); “*Bou Dulali*” (extremely sympathetic to wife); “*bouer golam*” (wife’s slave); “*talebore beti or choudhuri beti*” (a wealthy woman in whose service is this man) (Woman, Chadkhana & Adolescent girls, Bahagili, Kishoregonj). “If men do household chores people call them ‘*ghorer lokkhi*’ (bride of the family)”; or say that he is “hiding under the veil of his wife” (Women, Ronochondi, Kishoregonj). This shaming prevents many men from taking up unpaid care work.

Some men and adolescent boys believed that undertaking care work is beneath their status. Some respondents claimed that women in their community made fun of them for completing household tasks, asking them to get married and bring a woman to get this done (Adolescent boys FGD, Rajib, Kishoregonj). “My neighbour just gave birth to a child and her husband had been sharing all heavy domestic responsibilities. The neighbours criticized them (the couple), degraded the husband, and blamed the wife. I think this type of shame is one of the primary reasons that men are discouraged from doing unpaid care duties at home” (Woman, Chadkhana Kishoregonj).

3.3.3 CONTEXTUAL BARRIERS

Economic hardships.

Men are expected to earn income and be providers to their family. Men's work in farms and markets is considered very important as it becomes the source of income and sustenance for the family. "We are very poor and have to work all day on the farm. We do not have time to do household work"(Man, Dawabari, Nilphamari). "We earn money, but women do not. So they should be responsible for household chores" (Man, Chadkhana, Kishoregonj). This quote shows that unpaid work is clearly associated with women and men have difficulty in even comprehending the possibility of investing time and energy into something that does not generate earnings. Therefore, (unpaid) housework is left for the women and adolescent girls. Partly, women too are responsible for sustaining these gendered roles as they have been socialized to do so: "My husband is a poor man; he needs to go out to work. It will be a lot of burden on him if he has to do the household chores after returning home" (Woman, Singria, Jaldhaka). Some men faced increasing stress as they did not have a source of income during the COVID-19 related lockdown. At times, violence against wives and children was used to relieve this frustration (note taker's notes based on data from adolescent girls, Shimulbag, Jaldhaka).

"My husband is a poor man; he needs to go out to work. It will be a lot of burden on him if he has to do the household chores after returning home"

WOMAN, SINGRIA, JALDHAKA

Extended and joint family systems.

Participants identified parents, mothers-in-law and relatives as playing key roles in maintaining the gendered division of labour and highlighted the need to introduce changes through them. Participants expressed: "Mothers do not allow sons to work at home. Sisters humiliate them. Fathers are not interested in doing so (i.e., participating in care work)" (Adolescent boy, South Rajib, and Kishoregonj). The data shows that extended family members influence the couple and their decisions regarding equitable sharing of UPCW. Social trends are such that elders insist on the continuation of inequitable gender roles. Therefore, a husband is discouraged to help his wife: "Why? my mother-in-law asks her son. Your father never helped me, she tells him if she notices my husband helping me" (Woman, Singria, Jaldhaka). Young women seeking help from their husband are also criticized for crossing cultural boundaries and are insulted. "My mother-in-law says offensive words to me if my husband ever helps me. She screams at me: Why have I brought you to this house? As a result, my husband refuses to help"(Woman, Botlagari, Saidpur).

"My mother-in-law keeps resting and says that household chores are the responsibility of the wives (of her sons)."

WOMAN, SINGRIA, JALDHAKA

Regional variation.

Participants in Gragram, Kishoregonj appeared to be more open about equitable sharing of UPCW. The participants stated that there are no impediments to sharing home tasks and that they were already freely participating in these activities. Several participants stated: "We don't care what others say." Some respondents reported that they like sharing household chores. A few participants also stated that some community members encouraged them to share care responsibilities.

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

3.4.1 UNPAID CARE WORK

Work for women and adolescent girls increased inside the household.

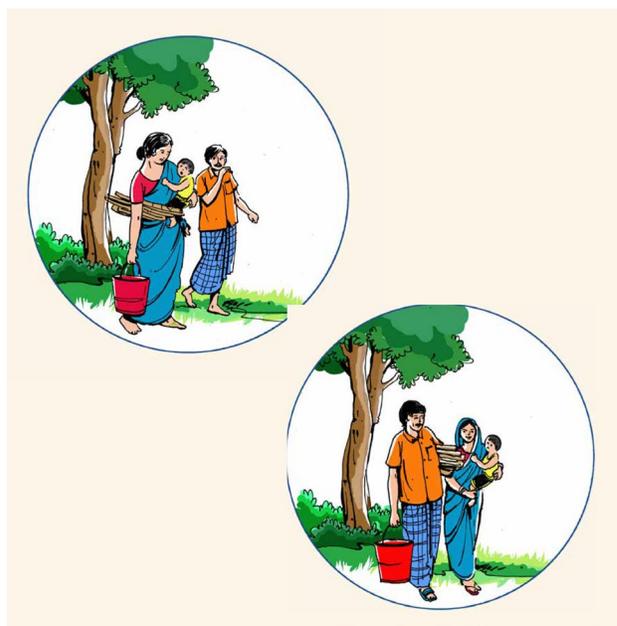
Data gathered across sex and age groups confirm that the pandemic increased the care work burden for women and adolescent girls. Many respondents indicated that women were under tremendous work pressure during the lockdown: “Women cooked frequently during the COVID-19 shutdown, and fetching water increased owing to hygiene requirements during Corona (Adolescent boy, Dhormopal). Women had to bear additional responsibilities, as more household members were staying inside during the lockdown and women had to constantly serve them. “Before the pandemic, our husbands did not stay at home for a long time, therefore there was little work, but now they remain at the home the whole day, so our duty has increased” (Woman, Singria, Jaldhaka). Adolescent girls were in a similar situation and they were also expected to serve men and boys in the family who were stranded at home due to lockdown. “My brother lived away from home. He returned home during the pandemic. Now I have to wash his clothes which I have not done before” (Adolescent girl, Shimulbag, Jaldhaka). Some adolescent boys made efforts to support their mothers during the pandemic: “Boys were not familiar with these jobs but tried to share” (notes on Rajib, Kishoregonj).

“The COVID pandemic has increased the workload of all the members of the family. But mothers have to bear the lion’s share. This annoyed the women and raised their stress levels.”

ADOLESCENT BOY, DHORMOPAL

Men’s roles and redistribution of unpaid care work.

During COVID-19, men shared limited household and outside care work roles with women. “Only two members of one father’s group participate in household chores. They are performing routine household duties such as washing their own clothes and cleaning the house for the first time” (Male community facilitator, Kishoregonj). In some households, as one adolescent pointed out “We don’t see much sharing” (Adolescent boy, Dhormopal), whilst in others they noted that they were relatively more involved in washing clothes, cooking, and supporting their parents than they were previously. Adolescent boys also contributed



▲ Man not helping spouse to carry items / man helping spouse to carry items

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

through assisting in grocery shopping, cleaning courtyards (compounds), and helping their fathers with managing cattle and goats (Gonesh, Gramam, and South Rajib, Khatamodhupur and Uttor Moza Para). “Women are overburdened with many tasks. Therefore, I help them regularly. I wash my clothes, sometimes help in cooking, follow small orders like bringing something, etc.” (Adolescent boy, Dhormopal). The adolescent girls from Gramam shared that “fathers slice vegetables for cooking or fetch water, something they never did before.”

Individuals reported an increase in childcare needs (bathing and feeding children, keeping them safe from COVID-19 with adequate hygiene) and responsibilities towards the elderly also increased. “Some mothers boiled cardamom and other spices for the family to get rid of COVID” (Adolescent boy, Gonesh, Kishoregonj). During the pandemic, “schools were closed, and children stayed at home, frequently demanding food. As a result, more cooking was also necessary” (Woman, Botlagari, Saidpur). “Taking children to the doctor for coughs and colds was an added burden” (Man, Dangarpara, and Saidpur).

3.4.2 CONFLICT AND GENDER-BASED VIOLENCE

During COVID-19, there was a significant increase in tensions between spouses, due in part to many men’s loss of livelihood, resultant financial difficulties and increased stress. “With no money in hand, no prospective work, they (men) feel restless”, an adolescent girl observed, “as a result, they often lost their temper” (Gramam, Kishoregonj). Conflict and antagonism within families increased and men’s presence made things difficult for women. “Everyone has had a restless mode during the lockdown, therefore, accused each other”; “People quarreled even while watching TV... one wants to watch a channel but the other does not agree... resulting in argument over TV”. Another respondent

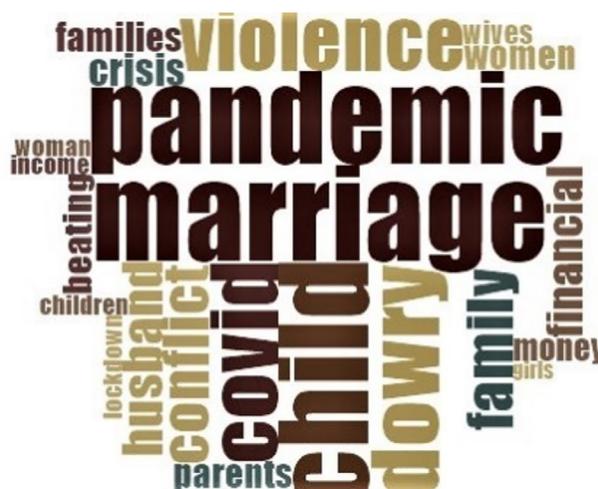
added “When the husband is at home, he criticizes his wife for every move she makes so there is argument” (Adolescent boys, Dhormopal). Boys in South Rajib Kishoregonj claimed that not just men but also women were losing their composure: “Family relations worsened as a result”; “During COVID, mothers were agitated due to the financial crisis and lost their patience (every now and then)”, they shared.

“During the pandemic, their husbands were in a terrible mood because of poor income, so they used harsh words.”

WOMAN, BOTLAGARI, SAIDPUR

figure 3.

Word cloud on violence during the Covid-19 pandemic (based on data sets)



Child, early and forced marriages (CEFM).

Some respondents reported that child marriages increased when schools closed due to the COVID-19 lockdown. “Child marriage has increased significantly. Parents prefer to arrange a marriage for the young girl than to feed her as they were in financial crisis” (Man, Dawabari, Nilphamari).³² Girls’ groups also provided information on forced marriages. In Shimulbag, Jaldhaka, adolescent girls shared that: “child brides who cannot do much work are often beaten up by the husbands”. They said this was the practice before and intensified after the increase of child marriage due to the pandemic. Notwithstanding, not all respondents agreed that CEFM had increased. In order to substantiate their statements, respondents provided information about local schoolteachers who were active in trying to stop child marriage in their communities. In Dizan, Gragram, Kishoregong, the male respondents reported that there were no incidences of child marriages in their community as everyone was aware of the dangers of child marriage. They also mentioned the teachers who play an important role in preventing child marriage in this community.

Dowry.

Information obtained from women and adolescent girls highlights the connection between UPCW and dowry-related violence. Respondents informed that there are expectations for the father of the bride/child-bride to pay a heavy dowry to his daughter. If the in-laws are dissatisfied with the amount spent on preparing the dowry, this can result in them treating her badly, including overburdening her with work (i.e., household tasks), to compensate for the low dowry. A woman in Botlagari, Saidpur explained: “If the parents fail to pay the dowry, the in-laws insult the bride, saying, ‘you are the ‘free-bride’ (i.e., unpaid and profitless). So you have to work for 24 hours a day”. According to Khatamodhupur and Saidpur adolescent girls’ group, there have been incidences of wife-beating and divorce owing to dowry: “Men beat wives for dowry” (Adolescent girl, Botlagari, Saidpur). The respondents also informed that dowry goes by different names locally, but that the practice has not yet been eliminated.³³ “Now there is no dowry, (instead) everyone says these are ‘gifts’. The girl’s father is stuck in the head (i.e. stressed). He has to arrange gifts (i.e. dowry) first, and then arrange the wedding” (Adolescent girl, Gragram, Kishoregonj). Given CEFM increased during the pandemic, as reported by some respondents, it is possible that more girls therefore were exposed to domestic and dowry related abuse as a result.

32. 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 honor 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: *Child, Early and Forced Marriage and Unions; Policy Brief. Oct, 2021. Plan International. https://plan-international.org/uploads/2022/02/glo-cefimu_policy_brief-final-io-eng-jan21-1.pdf*.

33. Bangladesh has a Dowry Prohibition Act, 1980 (amended 2017), which criminalizes the transfer of dowry. However, respondents indicated that the practice was still prevalent.



▲ **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

3.5 IMPACT OF SHOW UPCW ACTIVITIES IN THE COMMUNITIES

Participation in SHOW and UPCW activities resulted in a number of favourable results for many participants across sex and age groups. In this regard, a large proportion of women, men, adolescent boys and adolescent girls reported improvements in their awareness and knowledge about UPCW and gender equality and also shared details on improved communication skills and family relationships.

3.5.1 CHANGES IN MALE KNOWLEDGE, ATTITUDES AND BEHAVIOURS

Awareness about UPCW has increased. Men and boys are gradually starting to participate in household care roles.

Men and boys stated that after participating in the UPCW SHOW sessions, they have gained a better understanding of the unequitable distribution of UPCW and were attempting to be more attentive towards the needs of women and girls in their household. Following the sessions, their outlook on household chores has shifted. "We learned a lot from the pictures of the men's box and women's box. It is very helpful to me to understand how much women work in a day" (Man, Dawabari, Nilphamari). "We didn't share domestic tasks since we were in the man box" (Man, Chadkhana, Kishoregonj). Some male respondents shared that they now felt a greater responsibility to engage in UPCW: "It is my responsibility as it is my family too" (Man, Dangar para, Saidpur).



▲ **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

The activities in which men have tried to increasingly participate are wide ranging and include: "feeding and managing cattle; bringing water for cooking; looking after the babies, washing clothes; cooking rice sometimes" (Men, Uttor Moza Para, Saidpur). Some men have also started to recognize that all family members, not just women and girls, should share care work: "I finish all the work in her (his wife) absence, such as: cleaning, taking children to school, etc. I never leave anything for her" (Man,

Gragram, Kishoregonj). Following the sessions, several men attempted to do tasks such as “setting up a mosquito net”; “caring for children”; “making beds”; “arranging laundry”; “bringing water for cooking”; and “replenishing water in the bucket after bathing” (Men from Chadkhana, Kishoregonj).

Improved companionship.

Sharing household chores led to improved family bonds, especially between spouses, as indicated by the participants: “By sharing household chores, men realize women’s sufferings... as a result they will be respectful towards women” (Adolescent girl, Khatamodhupur, Saidpur); “If the husband shares household chores, then the wife becomes devoted to him” (Adolescent boy Dhormopal, Jaldhaka). “My wife is caring for me more than she cared when she was younger” (Man, Chadkhana, Kishoregonj).

Increased awareness about CEFM.

Due to the project, many respondents reported that they were more aware about the disadvantages of child marriage, including the potential for increased violence against girls due to early marriage. Some were unaware of these concerns before the project (Adolescent boys, South Rajib, Kishoregonj). An adolescent boy in Dhormopal, Jaldhaka shared details of an example where, due to the project, an early marriage was prevented.

Increased willingness to learn about UPCW and disseminate learnings.

UPCW sessions facilitated young boys to develop their communication skills so that they could further disseminate the knowledge they had gained. For example, adolescent boys in Dhormopal, Jaldhaka shared that: “we have learned how to speak in a meeting”; “ I learned how to express myself in front of many people”. Some men expressed that they wanted to continue learning about UPCW and gender equality through other similar trainings: “We have learned so many things here”; “We could have learned more if there were more sessions” (Men, Uttor Moza Para).

Adolescent boys in Khatamodhupur indicated their willingness to share what they had learned in the UPCW activities with their mothers and other elders in the family: “In our village, mother’s work is called ‘maial’ (like women). However, after attending training sessions, we have learnt to share it (care work). Our grandparents would overcome superstition (myths) if they were more informed” (Adolescent boy, Dhormopal, Jaldhaka).

3.5.2 CHANGES IN FEMALE KNOWLEDGE, ATTITUDES AND BEHAVIOURS

Better communication skills have led to improved family relationships.

Relying on assertive communication skills learned during UPCW sessions, some women have managed to successfully negotiate with their husbands to practice equitable sharing of care roles and responsibilities. “After attending the mother’s group session, I advised my husband on sharing domestic tasks”, one participant stated (Woman, Botlagari). Saidpur’s female community facilitator also shared that “her pregnant trainee told that her husband assists her in cooking and offers her quality time.” The facilitator confirmed that women have benefitted from the training as this has equipped them with communication skills and now, they are more aware of ways to persuade their husband and other men in the family to participate in sharing care roles and responsibilities. Adolescent girls also benefited, as reflected in this quote: “the SHOW project session taught me how to speak in public” (Adolescent girl, Gragram, Kishoregonj).

Some female respondent reported that they are learning to better communicate their needs to their husband, and in a way that encourages him to respond positively and participate in sharing care roles and responsibilities: “I used to think that if I talk angrily, everyone might be scared of me and follow my order, but now I know my mistake.” Another woman said that “my behaviour has changed after attending the sessions (on being assertive)” (Women, Botlagari, Saidpur). “I used to talk angrily to my husband while asking for help” (Dangar para, Saidpur).

One respondent explained that she had successfully persuaded her husband to support her in going back to school. She shared her experience in these words: “I explained to my husband that if I study and then start tutoring in my spare time, I can contribute my earnings to meet the needs of our family. My husband started helping me with housework whenever he has time, and now I can study” (Woman, Botlagari, Saidpur). A woman belonging to Ronochondi, Kishoregonj used the acquired communication skills to convince her husband to spend less time with friends and return home earlier to assist their children with schoolwork. Another respondent in the same community described that she had successfully persuaded her spouse to give her more freedom of movement while following “purdah” (veiling). She was able to find a good balance for herself and her spouse: “My relationship with my husband has improved. He did not help me with household chores before. After attending the sessions, I shared lessons with him and he now has a better understanding.”



▲ **Couple arguing**

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

Increased awareness and understanding about gender equality, women’s and girls’ rights and agency.

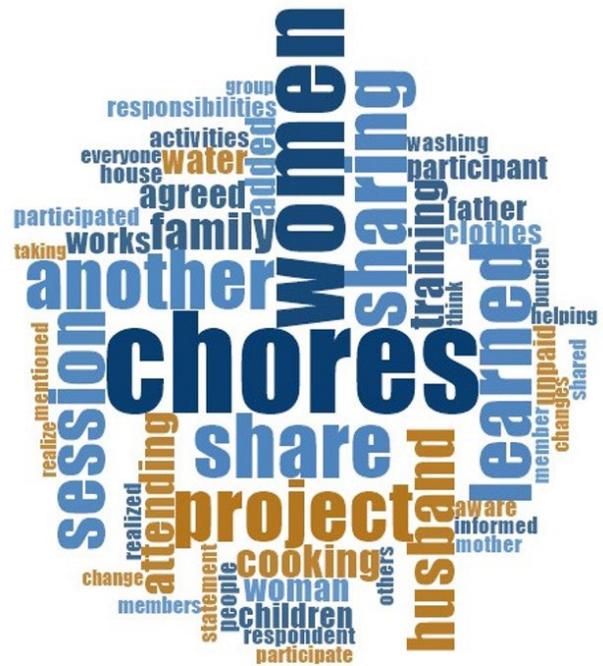
Women benefited from the sessions on gender equality as well, and some were even introspective: “I have not always treated my children equally. I learned that all children are equal after participating in these sessions. Everyone must be treated fairly. Now I treat all three children equally. I used to believe that my son would care for me when I was older, but now I realize that if I properly educate my daughter, she too can take my responsibility (in old age)” (Woman, Botlagari, Saidpur). Women in Chadkhana discussed how SHOW UPCW sessions had increased their understanding of topics such as violence against women and children, Covid-19 preventive measures, and maternal health. Some women believed that the project had improved their quality of life by making them more aware. “I had never considered becoming self-sufficient before. I assumed that because my spouse works, I would be able to support myself. Now I’m earning a living by sewing” a participant shared (Woman, Botlagari, Saidpur). Many adolescent girls agreed that the SHOW UPCW sessions had benefited them. For some, this meant they had gained more confidence. They wanted more sessions and also suggested workshops for their parents and brothers to help them recognize the importance of equitable sharing of care roles and responsibilities.

Data revealed that SHOW UPCW activities contributed towards increased awareness on gendered societal norms and how these impacted women and adolescent girls. The respondents expressed views that show a commitment to gender transformative change. For example: “my behaviour has changed. I will teach my children what I am learning. Our children will undergo a transformation” (Woman, Singria, Jaldhaka). Data sets includes statements from women who have communicated with their husbands about gender equality and equitable distribution of care work: “After attending the mother’s group session, I counsel my husband about sharing household chores. I tell him that these chores are not my responsibilities only. If



he has time to finish his work, he should help me with my work. Now we both share (unpaid care work)”; “The 24-hour work session has changed a lot in my life. I thought household chores were my sole responsibility. But after attending the sessions I told my husband to share the work with me. If he helps me with the housework, the work will be over soon” (Women, Botlagari, Saidpur). The female facilitator from Nilphamari, Kishoregonj shared that according to her, the training had brought changes in the community’s way of thinking and on how the household chores should be distributed among women and men. Data shows that not all husbands have cooperated or reciprocated, as a woman reflected here: “Now I know, it is not my responsibility to finish 24 hours of care work alone. I tried to convince my husband to share work with me, but he has not changed. It might take more time to change society too” (Keshba, Nilphamari, Kishoregonj). However, women have showed optimism and commitment to gender transformative change and have continued to persuade family to practice equitable sharing of care work.

figure 4.
Word cloud on impacts of SHOW UPCW activities
(based on data sets)



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

Many respondents observed that the impact of the redistribution of care work is beneficial for women and girls as it helps them to maintain good psychological and physical health. They gain time to rest and relax, which benefits their spousal, family, and community relationships. “By sharing household responsibilities, everyone may enjoy free time”(Adolescent boy, Gramam, Kishoregonj).

3.6.1 EQUITABLE SHARING OF UPCW DURING COVID-19

Some men participated in household work and shared their experiences: “washing clothes, helping with cooking. This help means a lot for the women in our traditional society” (Man, Munsipara, Saidpur). However, some men also felt that their contributions were not as great as they could have been, as noted by one respondent: “Though we stayed at home during the COVID-19 outbreak, we did not share household tasks with our wives as much as we should have had” (Man, Dawabari, Nilphamari).

According to the data, boys were involved in a variety of activities that benefited both parents (managing livestock, agriculture, the market, petty trading, fetching water and firewood, and so on). “If my mother has trouble, I cook for the family and bring water and firewood whenever she needs them” (Adolescent boy, Gramam Kishoregonj); “I help with preparing beds and cooking more frequently” (Adolescent boy, Rajib, Kishoregonj). The boys in Rajib, Kishoregonj also said that girls mainly assisted their mothers and boys helped fathers.

Men and boys generally reported that they could easily adopt many tasks related to inside and outside domestic responsibilities, while women respondents were more conservative in their responses about which tasks men and boys could easily adopt (See Table 5). For example, if men and boys said that they could cook, women and girls added that they could only boil water and eggs. Women and girls added specifics: washing ‘his own’ clothing, whilst men and boys described washing clothes as an easily adopted chore. Women supplied information that men could hold a baby for a short time, and some could assist with older children in their studies and school routine. Anything that required less effort time could be easily adopted by men and boys (Adolescent girls, Gramam Kishoregonj).

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 and children to health facility (and otherwise taking them out – (culturally this can be understood as in the role of a chaperone)	✓	✓		✓ taking younger sisters out (Khatamodhupur)
2	Fetching water/firewood	✓	✓ mainly from the tube-well	✓ chopping wood & fetching water	✓
3	Grocery	✓		✓	✓
4	Livestock care and management (cattle)	✓	✓ incl., poultry farming	✓ feeding cattle	✓ feeding cattle
5	Cow dung cleaning	✓			
6	Farming/harvesting	✓	✓ incl., kitchen gardening, veggies		✓
7	Garbage disposal				✓
8	Bringing household items/things inside, when it rains suddenly		✓		
<i>Inside the Household</i>					
1	Cleaning/sweeping/tidying up rooms	✓			✓
2	Washing clothes and dishes	✓	✓ only folding clothes and washing their own clothes		✓ washing his own clothes and folding
3	Cooking and kitchen tasks	✓	✓ help in kitchen	✓ boil water, eggs, some help	✓
4	Arranging beds and mosquito repellent nets	✓		✓ mosquito nets	✓
<i>Child Care</i>					
1	Playtime and school drop-off/pick-up	✓	✓ (helping children study)	✓	✓ brother accompanies younger sisters to school to ensure safeguard from teasing and violence (South Rajib)
2	Bathing children	✓	✓ (holding the baby)	✓	
3	Feeding children, giving them medicine	✓			

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 – overall domestic environment improves.	She will gain a sense of belonging to her family and to the neighbourhood. She will socialize more and that will give her a sound (i.e. stable) mind.	Opportunity to socialize and take up leisure activities; visit relatives,	Reduced stress - good physical and psychological health that also leads to improved family relations
2	She can rest and be happy; take some leisure activity	She will be comfortable and healthy, less fatigues and less stressed	Opportunity to rest	We can play ludo and watch TV in our spare time
3	Regains health, physical and mental	She can do what she loves doing, for example embroidery	Increase Family bonding; reduced conflict	Take a meal at the right time (if men help us with household work)”— Chadkhana, Kishoregonj
4		She will get time to rest	Take proper food, stay physically healthy	Rest, leisure, relax, watch TV
5		Her temperament will improve and she will spend quality time with children		
6		Her relationship with husband will improve		



3.6.2 FUTURE OF EQUITABLE SHARING OF UPCW

Positive comments.

Only a few women from Singria Jaldhaka, as well as a few adolescent girls from Gramam and Shimulbag, Kishoregonj, thought that after COVID-19, equitable distribution of care work could continue within their households and families. Although some men and adolescents expressed their support for sharing UPCW, some highlighted that such change takes time: “There is no question that sharing household tasks feels good” (Man, Chadkhana, Kishoregonj); “We all want to share those tasks, but it will take time to fully understand how they can be done.” (Adolescent boys, Rajib Kishoregonj). Some boys are convincing other to participate in household chores to learn and be more self-reliant. For example, an adolescent boy asked his group members: “if the mother gets sick, who will cook for us?” (Khatamodhupur, Saidpur).

Reservations: Patriarchal mindset.

Issues around gender inequality and power imbalances within households have been discussed in section 3.1.2 (Causes behind division of care responsibilities). Several reservations about equitable sharing among men are seated in performing masculinity within patriarchal contexts and thereby maintaining authority over the household and its members. For example, a man in Dawabari, Nilphamari reminded the group of his high social status, and questioned: “I am the head of the family. Why do I (have to) share such minor activities?”. Similarly, a group of men in Chadkhana, Kishoregonj stated very clearly: “We don’t share household chores equally. Housework is primarily a woman’s responsibility”; “With the exception of the harvesting season (i.e., a busy time period), we do not need to share work”. Some adolescent girls and women also expressed their reservations on the practicality of sharing UPCW. “Men are strong and more stubborn. They earn income and run the family. They think of themselves as the head of the family. So, they do not want to participate in household chores” (Adolescent girl, Botlagari, Saidpur). A woman in Dangarpara, Saidpur



▲ 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

explained :“Men can share work if they have time, otherwise sharing is not possible”.

Several participants shared they are not prepared to change gendered division of care work: “This (should be) discussed with others (i.e., the wider community) properly” (Adolescent boys, Dhormopal). The pressures of social ridicule and stigmatization also act as a barrier. “Men don’t want to be called *maiyaer fata dhoya* (subjugated by wife) or *maiyaer golam* (wife’s servant) and are reluctant to support equitable sharing” (Man, Dawabari, Nilphamari). Some women expressed the same concerns: “If men help the household chores, many people say that, ‘has your wife become your mother?’” (Woman, Singria, Jaldhaka). While describing a couple’s experience of sharing care work during pregnancy, a woman shared: “In this matter, the neighbours mocked them, humiliated the husband, and blamed the wife also” (Chadkhana, Kishoregonj). Due to gender socialization women too perpetuate gender norms. Elders among women also play an important role in maintaining this gendered distribution of care work, directly condemning young women if they try to modify this gendered allocation of work inside the home

by seeking help from their husband, as reflected in this statement: “My mother-in-law reacts badly and asks me why is he (i.e. her son, and respondent’s husband) doing this work despite having a wife?” (Woman, Chadkhana, Kishoregonj). Another woman in Bahagili explained that “old women get upset if their sons share household chores with wives. Because since they did not get help from their husbands, they do not want their sons to help wives”(Woman, Bahagili, Kishoregonj).

Equitable sharing will be hard to sustain after men return to work.

Many men explained that because of their financial obligations, they would be unable to share unpaid care work activities after COVID-19 restrictions are lifted. We spend most of our time outside the home, which makes it difficult for us to share household responsibilities equally with women. We won’t be able to work even if we share due to shortage of time” (Men, Chadkhana) Data shows that opinion among adolescent girls and women was similar, for example: “After the pandemic, sharing work would be great for each family member, but that will not be feasible since boys and men will be outside for their work” (Adolescent girls, Gragram, Kishoregonj). The female community facilitator in Nilphamari observed that there was no discernible equal division of chores at home after the pandemic restrictions

were lifted, since boys and men had begun working outside again. “Although women are being neglected now, someday change will happen and men will gradually start sharing household chores”, she hoped. Women in Ronochondi, Kishoregonj also thought that it was not possible for men to contribute much after the pandemic as they will be away from home. “It is not possible to share work equitably with our husbands. They will assist us in housework only when they have time. But how will they do the household chores if they aren’t at home?” (Woman, Singria, Jaldhaka). “Men can share work if they have time, otherwise sharing is not possible” (Woman, Dangar para, Saidpur). Among adolescent boys, opinion about equitable sharing post-COVID was largely divided. Similar trends were noted in other communities also.

Two boys in Gragram, Kishoregonj argued that equitable sharing might overburden them or hamper their studies. Some male respondents expressed their own reservations. “We become tired when we return from outside, so we can’t do the housework” (Man, Dawabari, Nilphamari). Women also show concern for the wellbeing of their husband: “I will feel bad if my husband participates in household chores after his work because he has worked outside for the whole day” (Woman, Botlagari, Saidpur).

4

Discussion, Challenges and Recommendations



Discussion, Challenges and Recommendations

The study results suggest that, based on the 5Rs approach, the burden of UPCW load on women and girls is increasingly being 'recognized' in some households. SHOW UPCW activities have positively influenced men's, women's, girls', and boys' knowledge of social norms, gender roles and UPCW. Care work has been more equitably redistributed in some households. Some adolescent boys have contributed towards equitable sharing by helping with a variety of household chores. Some have taken a more active role in defending girls' rights such as the example about a boy intervening to prevent child marriage shows. However, adolescent boys and girls also indicated their own limited influence and decision-making power within households.³⁴

34. For example, "my father and grandparents decide who will do what" (adolescent girl, Botlagari, Saidpur). "I went home (after UPCW session) and told my father about sharing household chores. My father heard me. But still, he does not fully agree to share unpaid care work [...]" (Shimulbag, Jaldhaka) Also, the note taker notes about the adolescent girls group in Gramam that they explained to her: "senior (family) members, such as, grandparents decide who would do what"

Several statements collected from adolescent boys and girls are evidence confirming that in these communities, children are raised to be obedient to their elders due to cultural beliefs. Any impact on adolescent boys and girls, therefore, will be difficult to sustain unless their elders are also persuaded to adopt transformative attitudes and behaviours. Notwithstanding, changes in the awareness and mindsets of adolescent boys and girls are bound to have an impact on gender power-relations in the long-term. Although women assume that their economic independence will decrease their burden of UPCW, it does not appear to be the case. The care burden on them remains high for many of them, and their status in comparison to their husband remains low, given they are viewed as supplemental income earners compared to men, whom are considered the primary income earners. Several participants have begun to see the value of thinking outside the gendered boxes defining men's and women's traditional roles and exploring new ideas. Some men could appreciate women's economic independence, still the focus was not on empowering women, but mainly on diversifying sources of income to deal with household poverty. Men respondents did not seem to show particular interest in the economic empowerment of women and girls and/or increase women's role in household level financial decision making.

Within extended families, the gendered and generational elements of UPCW distribution were under kinship/in-law's inspection and surveillance, as indicated by both female and male respondents. Many men are stigmatized both within and outside the family if they participate in domestic tasks and women and girls also face disapproval from

family elders such as in-laws for not fulfilling their prescribed roles. The qualitative data shows that social stigmatization remains an important issue for men and adolescent boys. Living in large families makes adaptability to equitable sharing of UPCW potentially more challenging.

The findings suggest that the UPCW curriculum and sessions have increased women and girls' ability to communicate assertively and effectively. The initiative has given some women improved negotiating skills, which they are using to their advantage and benefit of family relationships. Some success stories have been shared above.

Most participants across age and sex groups recognize that an equitable distribution of unpaid care tasks leads to more harmonious family relationships with less interpersonal conflict and disagreement. Most of the participants also agreed that the high workload had several health-related consequences for women and girls. Simultaneously, some men and a few boys maintained that the conventional division of work had no repercussions for women or girls because this had traditionally been their domain; and that women and girls are fortunate to stay at home,³⁵ rather than accepting that norms confine women to households,³⁶ and that it is not always a free choice that women and girls exercise. Some male respondents shared that that they also suffered from health problems as a result of hard work and financial problems. As the head of the family and income earners, some male respondents believed that they had certain privileges and should not be asked to assist in trivial household chores

35. For example, an adolescent boy in Rajib, Kishorgonj noted: "Men often work outside the house for agriculture or day labour. As a result, men are unable to participate in tasks such as cooking. Women, on the other hand, have the opportunity to stay at home and care for their children."

36. Note taker's notes in Bahagali, Kishorgonj.

CHALLENGES

Some study participants shared information concerning dowry and child marriage. As the data set suggests, both concerns can be linked with UPCW, as well as GBV. A child bride might be an easy target for violence since she is too young to shoulder the unpaid care load. Similarly, a woman who marries without a dowry may be abused and punished by her in-laws through an increase in household tasks.

Many married women and adolescent girls face restrictions and surveillance within households. Some senior household members, such as mothers-in-law, ensure that they remain occupied in UPCW. Both SHOW and UPCW activities were designed to ensure that a conducive social environment was provided for women and adolescent girls to exercise their rights. Several respondent statements shared information about household challenges posed by parents or parents-in-law.

Men continue to rationalize the gendered division of care tasks and obligations in the name of respect for culture and tradition; their own lack of time (when they are busy earning a livelihood), economic troubles, etc. Predominantly, respondents tend to refer to men's and boys' engagement in care work as "assistance," "help," or "support" to women and girls. Care roles and responsibilities are fundamentally considered to be female household members' responsibility. Most men (and many women) do not recognize and/or accept care labour as a man's role or responsibility. While men's support in some household chores has contributed to more equitable distribution of UPCW, the sporadic manner in which it is done indicates the ingrained

attitudes and conventions that drive the continued gendered and inequitable allocation of care labour. Therefore, a more sustained and extended level of community participation on this issue is needed; an involvement that demonstrates the benefits of equitable sharing to all family members and not just to women and girls. This is significant as an internal motivation for men and adolescent boys so that they can relate to gender transformative change in a more meaningful way. In this regard, some adolescent boys consider that being more involved in UPCW can be linked to gaining new life skills and in becoming more self-reliant.

Overall, this study suggests that even in a relatively short time, it is possible to increase knowledge and awareness of men, women, adolescent boys and girls on these sensitive issues. The key is in finding and leveraging the most effective entry-points that the SHOW project readily provided. 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 behaviours towards transformative change. 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, engage key stakeholder at all levels, and are thoroughly contextualized (i.e., premised on local understandings regarding deeply ingrained gendered norms, beliefs, and practices) it is possible to make steady progress.

RECOMMENDATIONS

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

- UPCW strategies should be scaled up. The patriarchal mindset is deeply ingrained and it is vital to continue supporting adolescent boys and girls so they can positively influence their peers and elders for gender transformative change and in seeing the benefits of equitable distribution of UPCW sharing for all.
- Recognize that care work is profoundly interwoven with the socio-economic position and value of women and girls, as well as the way their roles are defined. Gender roles are intrinsically tied to other domains such as resource access and control, decision-making powers, individual mobility, and more specific concerns such as gender-based violence, dowry-related violence, and child, early, and forced marriages (CEFM). As a result, it is essential that all members of any nuclear and extended family (including parents, grandparents, in-laws, other elders, and siblings) understand the significance of UPCW distribution and broader gender equality. This means that development, nexus and humanitarian practitioners should build programs that include gender equality across sectors.
- Extended awareness raising is required to help community members integrate the value of equitable sharing and redistribution of care work in their daily routine even after COVID-19. Following COVID-19, some men and boys look forward to returning to their previous routines of outside work. Several men continue to perceive household work as essentially women's and adolescent girls' work. Gender transformative work must continue in these areas in order to make sustainable progress in gender equality, equitable sharing of care roles and responsibilities.
- To raise the importance and recognition of UPCW in national policies and data collection operations, it is necessary to address gendered norms and practices as well as use effective advocacy techniques. Similarly, government stakeholders should collaborate with local women's rights organizations to develop targeted policies, action plans, and gather facts and evidence on UPCW towards articulating family-friendly policies such as paid parental leave for women and men and social safety nets across formal and informal economies. Existing policies/laws need to be reviewed in case these reinforce gender stereotypes that potentially contribute to the unequal distribution of care work such as the elderly care laws, etc. Also, it is important to advocate for relevant social protection safeguards frameworks and mechanisms.
- Future research must take a further intersectional approach emphasizing the care burden and socioeconomic disadvantages faced by diverse women and girls, including disabled, racialized, 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.

Annex

Annex 1

Focus group discussion/Key informant interview questions

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

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

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

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

Learn more and get involved at plancanada.ca



CRA Charity Registration Number 11892 8993 RR0001

© 2022 Plan International Canada Inc. The Plan International Canada, Because I am a Girl names, associated trademarks and logos are trademarks of Plan International Canada Inc.

*The Standards Program Trustmark is a mark of Imagine Canada used under licence by Plan International Canada.