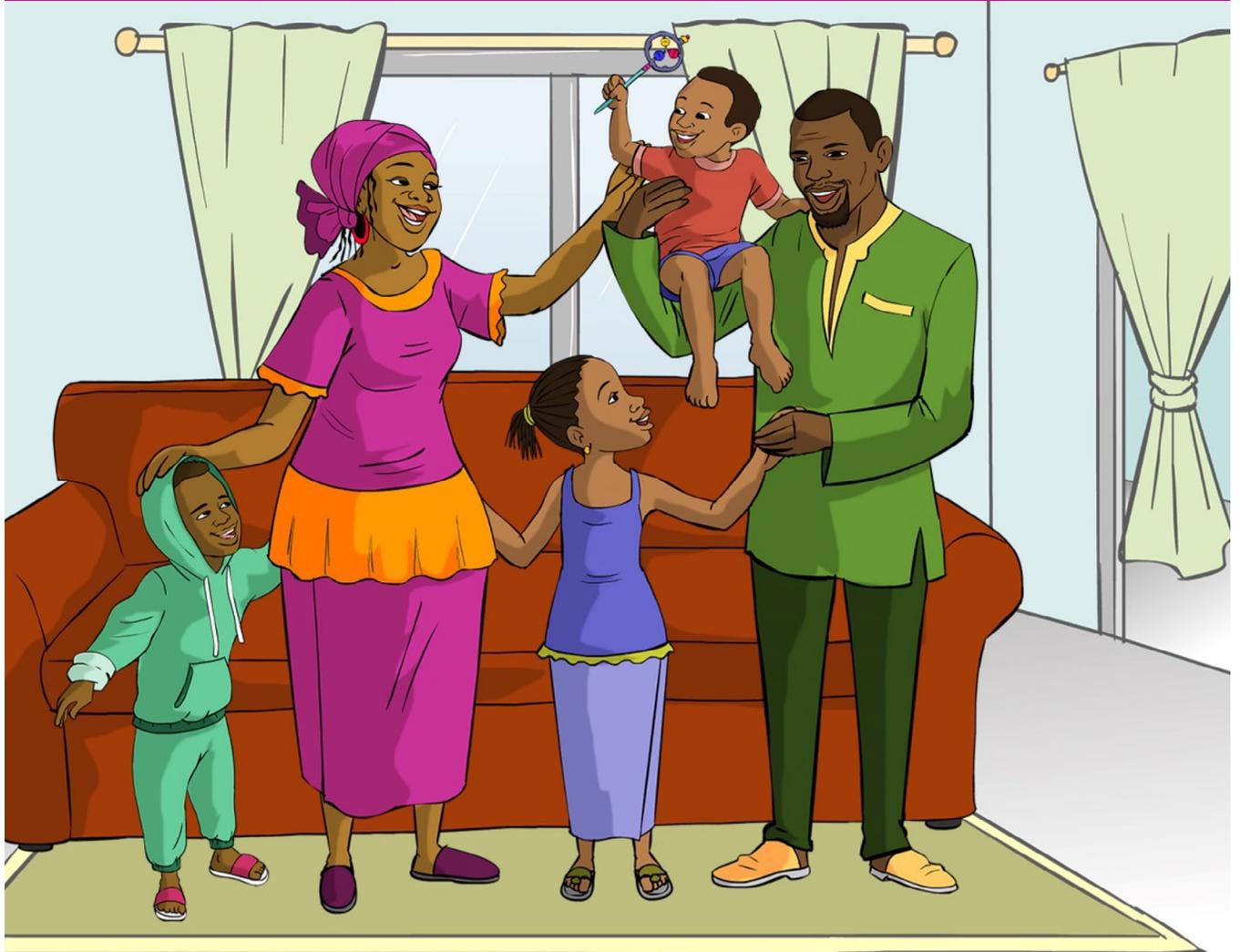




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STRENGTHENING HEALTH OUTCOMES FOR WOMEN AND CHILDREN



UNPAID CARE WORK, SOCIAL NORMS AND GENDER ROLES

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

SENEGAL

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Acronyms

CE	Costed Extension
CEFM	Child, Early and Forced Marriage
COVID/COVID-19	Corona Virus Disease of 2019
DHS	Demographic Household Survey
FGD	Focus Group Discussion
GAC	Global Affairs Canada
GBV	Gender-Based Violence
KII	Key Informant Interview
MNCH	Maternal, Newborn and Child Health
PWD	Person with Disabilities
RGA	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

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Executive Summary

GLOBAL SITUATION

Time spent on unpaid care work (UPCW) is heavily gendered with women and girls bearing a greater burden relative to men and boys. The global average for unpaid care work for women (covering 75 nations) is 277 minutes (or 19.7 per cent of a 24-hour day). When it comes to unpaid work for men, the global average is 111 minutes (or 7.7 per cent of a 24-hour day).¹ In the case of Senegal, the data on women's and men's proportion of time spend on unpaid and domestic care work is not available at present. Nonetheless there is evidence to confirm that women in Senegal spend 92 minutes of a day on childcare in comparison to 38 minutes spent by men.²

PROJECT BACKGROUND & RATIONALE

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

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

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

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

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

2. Laura Addati, Umberto Cattaneo, Valeria Esquivel and Isabel Valarino (2018). *Care work and care jobs for the future?*



METHODOLOGY

Data was collected through focus group discussions (FDGs) and key informant interviews (KIIs) with women, men, adolescent girls, adolescent boys, and community facilitators. Content analysis of the qualitative data set draws upon NVivo-based matrix and crosstab coding.

Key findings of the report are summarized below:

Gendered division of care work, its implications and causes.

Many research participants, including women, men, and adolescent girls and boys, agreed that women and girls are overworked. Men's roles in domestic chores are considered complementary; for example, they may be required to assist with outside work, particularly one that involves physical strength (carrying water barrels, gas cylinders and firewood), or they may be asked to care for the children when the women are unavailable. Men are culturally regarded as financial providers, and their function within the family in terms of regular care responsibility is perceived as secondary. Due to overwork, participants reported that women suffer from health problems such as stress, fatigue, physical aches and pains, and in some cases, miscarriages. Some research participants also noted women's stress and exhaustion on the one hand, and men's tendency to see women as constantly emotionally and sexually available to them, as reasons that contribute to marital problems, and in some cases can lead to intimate partner violence. The data also covers women's and adolescent 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 rest, attend school, or explore financially productive/remunerated opportunities. Due to time poverty, only some women were able to carry out small scale trading in the local streets.

Barriers on the road to gender transformative change.

Several respondents stated that in the Mandinka Muslim culture, women were hesitant to include men (especially their spouse) in care responsibilities. According to men and adolescent boys, this inhibition is rooted not just in societal pressure and the predetermined cultural norms where a husband is not expected (and often criticized) for completing household chores, but also in a wife's own sense of her inferior status relative to her husband, based on religious beliefs. As a result, a few married women



allow their husbands to engage in care tasks, but many other women position them on a pedestal as the head of the household and serve them to attain paradise. Only a few women discussed religion in this context, and one respondent specifically mentioned Prophet Muhammad's manner of life, emphasizing that, while the Prophet actively participated in care responsibilities, Mandinka men today do not because of local customs. Beliefs that gender inequalities are due to inherent biological differences between men and women (i.e., biological determinism),³ the structure and composition of extended families, and intergenerational transmission

of gendered care roles also feature as impediments to gender transformative change. Some elderly respondents in the sample, both men and women, supported the need to promote gender transformative shifts in care roles.

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

During the pandemic, the workload of unpaid care increased for women, adolescent girls, and some boys. Conflicts escalated in some families when men lost their jobs, causing a financial crisis. In

3. *Biological determinism refers to the idea that men and women's respective social positions are determined by our biological differences. Parallel to biological determinism, gender roles are an equally important concept. Societies ascribe roles and attributes to a gender on the basis of social interpretations and perceptions of/about that gender. There are communities where women perform physically demanding tasks at times endangering their health, while men, who believe their biological characteristics are superior to women's, do not always share the labour and expect women to serve them because they consider women inferior.*

some households, the pandemic strengthened family unity and solidarity, as family members began to help one another. Notwithstanding, some women reported that their husbands were one of the most difficult burdens they had to bear during the pandemic. Violence and abuse increased in some households, and a few men respondents reported engaging in intimate partner violence during the pandemic. Some couples argued about conjugal rights over each other, with husbands demanding services and intimacy while disregarding the amount of labour women were already managing during the pandemic, and wives demanding money while downplaying the impact of loss of livelihood on their husband. As a result, in some couples, fighting increased, which in some cases, even led to divorce or separation. A few respondents also mentioned an increase in child marriages during the pandemic.

Impact of SHOW UPCW activities on communities.

The purposive engagement of men and boys towards positive masculinities to address maternal and reproductive health concerns, UPCW and gender-based violence has prompted them to reassess gendered and inequitable aspects of care labour while also facilitating them to be supportive in household and family care work. Men and boys are now increasingly aware of the negative effects that societal norms and assigned gender roles and obligations have on women and girls. Respondents in Bignona and Nioro reported that as a result of participating in project activities, violence against women has decreased.

More men and boys are helping around the house and fulfilling childcare responsibilities, especially those related to school attendance and lessons. Men have also been promoting more rest time for women and allowing women to take breaks from care responsibilities (for example, allowing them to visit their parents while leaving the children in the husband's responsibility). More boys and men are accompanying women to health-care facilities. Participants have begun to effectively discuss and exchange ideas with the larger community regarding

fair sharing of care work. A few elderly participants in the group shared that at times they have trouble organizing community meetings and disseminating the lessons learned, but they continue to raise awareness among community members.

Men are growing more concerned about improving their domestic relationships. Some respondents are beginning to associate household peace with women's role in decision making and overall gender equality. A few men have made efforts to support their spouse to increase economic productivity and even set up small businesses.

Women and girls elaborated on how these training sessions have contributed towards their empowerment and how they are disseminating lessons and knowledge on gender-based violence (domestic violence), UPCW, maternal and reproductive health care, adolescent health and vaccinations in the larger community. Women are also creating awareness within households and renegotiating work distribution with men; for example, sisters are asking married brothers to support their wives and mothers are asking their sons to be supportive towards their sisters and parents. Women appreciate Village Savings and Loans Associations' role in granting financial independence to women in the sample communities. Overall, women expressed that they have gained confidence to communicate effectively and assertively and the perception is that SHOW and UPCW sessions have contributed towards greater harmony, peace and love between family members.

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 the modules that participants were exposed to through a range of sensitization/awareness-raising sessions. As noted above, this initiative has substantially helped communities in supporting enabling environments for promoting the agency of women and girls. Men and boys increasingly participated in care responsibilities during the pandemic and with a few

exceptions, respondents believe that the importance of equitable sharing cannot be undermined due to its role in ensuring family peace, harmony and bonding, as well as, its role in allowing women and adolescent girls to diversify their productivity through income-generation and educational

activities. Those who insist on gendered division of care roles largely do so due to cultural expectations and for them the best housekeeping arrangement is for men to focus on earnings, leaving behind regular care roles like cooking, sweeping, laundry, child feeding, bathing, schooling to women.



RECOMMENDATIONS

These recommendations are offered to civil society, public and private sector stakeholders that are seeking to contribute to UPCW, gender equality and gender transformative change through policy and program actions.

- Recognize that care work is deeply entrenched in the social value of women and girls. It is critical that all members of any nuclear and extended family are sensitized to the importance of UPCW. This also means that advocacy strategies, data collection initiatives and social policy can all be strengthened if gender inequality issues, including UPCW, are addressed by governments and non-government sector alike.
- Data shows that the burden of UPCW reduces girls' access to education. Therefore, initiatives aiming to promote girl's education should include activities that address and tackle harmful gendered norms, roles and responsibilities.
- Involve the community to ensure that men and adolescent boys are fully engaged in the equitable distribution of caring tasks and obligations. Many respondents' responses refer to men and boys' involvement in care work as "assistance" indicating that care labour is still gendered.
- Women and a few couples in the sample communities are keen on establishing small businesses and other income generating activities. Initiatives to support such activities should include a focus on shifting gendered roles and responsibilities so that women have more time to dedicate to such activities.
- National statistics are missing on UPCW in the Senegalese context. The government should be supported in addressing these data gaps.
- Future research on UPCW should adopt an intersectional perspective, emphasizing the care burden and socioeconomic disadvantages faced by diverse groups of women and girls within patriarchal contexts.

- Existing policies/laws should to be reviewed so that they do not reinforce gender stereotypes that contribute to the unequal distribution of care work (such as elderly care laws, etc.). It is also important to advocate for relevant social protection safeguards frameworks and mechanisms.

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, 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.



▲ Women's group meeting

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

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

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

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

In August 2020, the SHOW project received its first of two Costed Extensions (CE) from GAC to contribute to the COVID-19 response in Bangladesh, Senegal, Ghana and Nigeria. The CE, which started in August 2020 and ended on June 30, 2022, 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 both tie up with the larger system through its capacity-building components for the health service providers, supervisors, and planners, ultimately contributing to gender-responsive and adolescent-friendly health service delivery. The "5 Rs" Approach (Recognize, Redistribute, Reduce, Represent, Respond), a central framework within

the care economy, recognized by Global Affairs Canada, underpins SHOW's UPCW activities as part of the broader work on gender quality and equitable distribution of care roles and responsibilities.⁴

Across the world, without exception, women carry out three-quarters of unpaid care work, or more than 75 per cent of the total hours provided. Women dedicate on average 3.2 times more time than men to unpaid care work. There is no country where women and men perform an equal share of unpaid care work.⁵ To address the burden women and girls face in regard to the unequal distribution of household responsibilities, which was further exacerbated by the pandemic,⁶ a more targeted focus on unpaid care work (UPCW) was integrated in the CE stages of the 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 in the extensive social behaviour change communication (SBCC) across the SHOW countries prior to the COVID-19 pandemic. The objective of these targeted activities was to further reflect on and sensitize group participants on the causes and consequences of the unequal burden of UPCW on the lives and health of women and girls and to collectively identify ways to foster an equitable distribution of UPCW, especially at the household level.⁷

In each country, women and men participated in reflective group sessions to enhance their awareness and understanding around unpaid care work. Women groups and men's groups

4. *The main elements of the 5 Rs 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.*

5. *Jacque Charmes. (2019). The Unpaid Care Work and the Labour Market. An Analysis of time use data based on the latest world compilation of time-use surveys. ILO. https://www.ilo.org/wcmsp5/groups/public/---dgreports/---gender/documents/publication/wcms_732791.pdf. p. 3*

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

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

participated in 6 and 7 weekly or bi-weekly sessions, respectively. The UPCW manuals⁸ were contextualized in each country with illustrations created by local artists. The UPCW manual for women's sessions covered topics such as gender roles and responsibilities, gender stereotypes, how to get partner support during pregnancy and post-delivery, assertive communication, and healthy relationships. Men's groups included modules on gender roles and responsibilities, gender stereotypes, GBV, joint decision-making, how to support partners during pregnancy and post-delivery, and how to address community stigma for adopting positive and nonviolent masculinity. Similarly, adolescent boys and girls received awareness messages.⁹

In Senegal and Ghana, partnerships with local women's rights organizations were forged to carry out both the community level awareness raising on UPCW and advocacy with their governments on the importance of addressing the burden of UPCW on women and girls.

1.2 GENDER INEQUALITIES AND UPCW IN SENEGAL

Status of women and girls in Senegal.

In 2020, Senegal's female and male population has been recorded at 8.57 million and 8.17 million respectively. Women constitute 51.2% of the total population. The population density in Senegal (i.e. people per sq. km of land area) has grown from 80.1% in 2017 to 87% in 2020 and the population growth rate stands at 2.7% per year. Life expectancy at birth is 68.2 years. In 2018, the poverty headcount ratio in Senegal was recorded at 7.6% of the total population.¹⁰

About 62.4% of women and girls aged between 15-49 have suffered physical violence from their current husband and 12.4% from their former husband. Statistics show that 59.8% of single women and girls suffer violence at the hands of their mother/father's wife.¹¹ The practice of female genital mutilation has increased from 24.2% in 2015 to 25.2% in 2019. Adolescent girls first married by 18 years of age represented 31% in 2015 and dropped to 25.5% in 2018, but increased again in 2019 to 30.5%, settling to 28.8% in 2022.¹² Adolescent girls married by age 15 have also increased from 7.8% in 2018 to 8.8% in 2019. Only 7% of women aged 15-49 make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care (2017). In 2016, this value was 4.9%. In 2016-2017, 12.2% of women age 15-49 were subjected to physical and/or sexual violence.¹³ Contraceptive prevalence among married women ages 15-49 dropped from 27.8% in 2017 to 26.9% in 2019.

8. These manuals were adapted from the 'Low Literacy & Low Resource Version of Fathers Clubs Manual' jointly developed by Promundo and Plan International Canada during the SHOW project.

9. SHOW Year 6 Annual Report, Plan International.

10. The main elements of the 5 Rs 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. Data collected from the World Bank's databank: World Development Indicators. <https://databank.worldbank.org/source/world-development-indicators/Type/TABLE/preview/on#>

11. 2019. Sénégal: Enquête Démographique et de Santé Continue (EDS-Continue) - Tableaux [FR368.T] (dhsprogram.com). p.212

12. COVID-19 and gender monitor | UN Women Data Hub

13. World Bank databank. Meta data on Sustainable development goals (country selection: Senegal) [https://databank.worldbank.org/source/sustainable-development-goals-\(sdgs\)/Type/TABLE/preview/on#](https://databank.worldbank.org/source/sustainable-development-goals-(sdgs)/Type/TABLE/preview/on#)

Fertility rate stands at 4.5 birth per woman (2020). Adolescent fertility rate (births per 1,000 women ages 15-19) is at 66.7% (2020). About 74.5% of births are attended by skilled health staff (2019).

Total adult literacy is estimated to be 51.9%. Male literacy stands at 64.8% and female literacy is 39.8% (2017). 21% of female and 30.4% of male primary school age children are out of school (2019). 37.3% of male children ages 7-14 are in employment (2015). 13.1% of female children ages 7-14 are in employment out of a total of 25.1 children of the same age group (2015). About 4.6% (cumulative) of girls complete post-secondary education and 0.9% complete a bachelor's degree (2017).¹⁴

A few descriptive statistics for women and girls aged 15-29 years are provided here. For example, 29.0% agreed that a husband is justified in beating his wife if she goes out without telling him; 30.1% agreed to it if she neglects the children; 32.3% agreed to it if she argues with him; 31.5% agreed to it if she refuses to have sex with him; and 18.9% agreed to it if she burns food. Wife beating is also supported against a woman who owns a mobile phone, uses it for financial transactions, or has an account in a bank or other financial institution, with agreement percentages of 64.7, 23.1, and 3.9, respectively.¹⁵ The concern here is that intimate partner violence against women is generally accepted for different reasons.

UPCW in Senegal's Context.

Women in Senegal spend 92 minutes a day on child care in comparison to 38 minutes spent by men.¹⁶ The care dependency ratio in Senegal (that of children aged 0-14 years and the elderly combined) was 87.7% in 2000 and decreased to 80.9% in 2015.¹⁷ Senegal offers partial provision of a public long-term care service system for the elderly (health care). There is no long-term care leave provision. Statutory family obligations to care for older relatives are present. Senegal enacted the Integrated Early Childhood Development Policy in 2007, which mandates childcare from birth to school admission (0–6 years). However, there is no provision of national childcare services. As a result, these care roles and responsibilities are shouldered by women, as in most other countries. Childcare responsibilities are recognized in form of legal provisions such as paid nursing breaks up until the child is 15 months old.¹⁸ In 2021, Senegal was counted as one of 115 countries with paternity leave rights. Senegal offers one day paternity leave, which is less than its neighbours Gambia and Mali which offer ten and three days leave respectively, but more than Mauritania, Guinea and Guinea Bissau, which offer no paternity leave.¹⁹ The data on proportion of time spent on unpaid and domestic care work by women and men (% of 24 hour day)²⁰ is not available for Senegal.

14. World Bank databank. Meta data on Sustainable development goals (country selection: Senegal) [https://databank.worldbank.org/source/sustainable-development-goals-\(sdgs\)/Type/TABLE/preview/on#](https://databank.worldbank.org/source/sustainable-development-goals-(sdgs)/Type/TABLE/preview/on#)

15. Kerry MacQuarrie (July 2021). *Young Women's Empowerment and Fertility Intentions*. DHS Analytical Studies No. 77. Rockville, Maryland, USA: ICF. <https://dhsprogram.com/pubs/pdf/AB20/AS77.pdf> p. 9

16. Laura Addati, Umberto Cattaneo, Valeria Esquivel and Isabel Valarino (2018). *Care work and care jobs for the future?*

17. Laura Addati, Umberto Cattaneo, Valeria Esquivel and Isabel Valarino (2018). *Care work and care jobs for the future of decent work*. https://www.ilo.org/global/publications/books/WCMS_633135/lang--en/index.htm. p.365

18. 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.321, p.375, p.388,& p.401

19. 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. 273 & p. 321

20. For many other countries, these indicators are included in the data series on SDGs in data banks such as that of the World Bank.

Not recognizing women's paid and unpaid contributions to the economy causes and sustains systemic gender inequalities in society. Government and the private sector are increasingly being called upon to provide adequate support to caregivers and to recognize that care is a collective good and an "inherently sustainable economic sector that rather than consuming resources, helps to sustain and strengthen human abilities."²¹

The gendered dimension of COVID-19.

The COVID-19 crisis in Senegal has underlined gender disparities and exacerbated the vulnerability of women with family obligations in the informal economy. As a result of lockdowns, and due to the gendered division and inequitable allocation of care work inside the household, particularly childcare, many mothers were forced to choose between ceasing economic activity (and therefore falling into absolute poverty) or defying safety warnings and taking their children to work. Both options posed health concerns to the child and the mother, as well as greater stress for the mother.²²

A UN Women-led Rapid Gender Assessment (RGA) conducted in Senegal during the COVID-19 pandemic indicate that many women and men suffered a total or partial loss of income (81 versus 78%) due to the pandemic and that self-

employed women were the most affected with 93% losing income (versus 90% of self-employed men). The RGA also provides details of socio-economic discriminations that exacerbated social and/or gender inequalities. It reveals that 20% of respondents who needed reproductive health services (contraception, screening and treatment for STDs and HIV, infertility treatment, care for survivors of gender-based violence, care related to pregnancy) could not access, or had difficulties in accessing, such services due to the pandemic. At 32%, the situation for persons with disabilities was more dire. Almost 27% of respondents agreed that they had perceived an increase in domestic violence during the pandemic.²³ The RGA data confirms that gendered division of labour exists in households and communities and during COVID-19, "most women carry/carried a disproportionate workload, doing all the housework as well as earning income outside the home".²⁴ COVID-19 prevention measures required more water resources to maintain cleanliness and hygiene. Only 8.6% of rural and 41.8% of urban population have basic hand washing facilities such as water and soap (2015-2017).²⁵ Ensuring water availability for all family members around the clock was a demanding task. In some households, women not only worked inside the house but also went to the gold mines and did petty trading or cultivated beans for selling.²⁶

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21. UN Women's Women Economic Empowerment initiative in which it collaborates with the government, IFIs and other UN agencies. (Source: Tina Johnson Editor., (2021). *Beyond Covid: a feminist plan for sustainability and social justice*. UN Women. *Feminist-plan-for-sustainability-and-social-justice-en.pdf* (unwomen.org)
 22. 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. 226
 23. Aug 2021. In Senegal, RGA results spur a new programme to support vulnerable women while increasing the knowledge of social protection actors | UN Women Data Hub
 24. Aug. 2021. In Senegal, RGA results spur a new programme to support vulnerable women while increasing the knowledge of social protection actors | UN Women Data Hub
 25. World Bank databank. Meta data on Sustainable development goals (country selection: Senegal) [https://databank.worldbank.org/source/sustainable-development-goals-\(sdgs\)/Type/TABLE/preview/on#](https://databank.worldbank.org/source/sustainable-development-goals-(sdgs)/Type/TABLE/preview/on#)
 26. SHOW Gender Equality Assessment Report & Annex -3 SHOW Senegal, Country Description/Analysis (Unpublished documents). Plan International p 7.

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 homes. 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

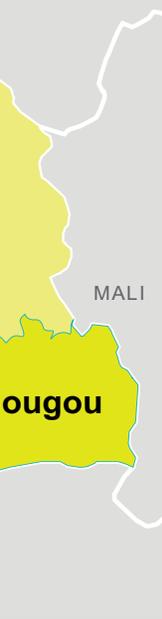
In Senegal, the geographical sample consists of Kedougou, Sansamba, Bignona, Kebemer, Niore, Pikine, and Louga. The data was collected considering two units of analysis (i) Gender and (ii) Age group [G1: 10–18y & G2:19–50y+] and accordingly, research participant sample groups were composed of: women, 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 sessions organized for men, women, adolescent girls, and adolescent boys, consult [section 1.1](#).

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



table 1. SHOW UPCW ACTIVITY PARTICIPANTS

		TOTAL DISTRICTS	TOTAL GROUPS	COMMUNITY BASED FACILITATORS	AVERAGE # OF MEMBERS	ESTIMATED BENEFICIARIES
Senegal	Women	9	18	18	15	270
	Men	9	18	18	15	270



2.2 QUALITATIVE DATA COLLECTION

Focus group discussions and key informant interviews were conducted during the study. The data set consists of 15 FGDs and 3 key informant interviews with community facilitators. A total of fifty-one men, seventy-eight women, eleven adolescent boys and seven adolescent girls, participated in the study, along with two female and one male community facilitators.

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

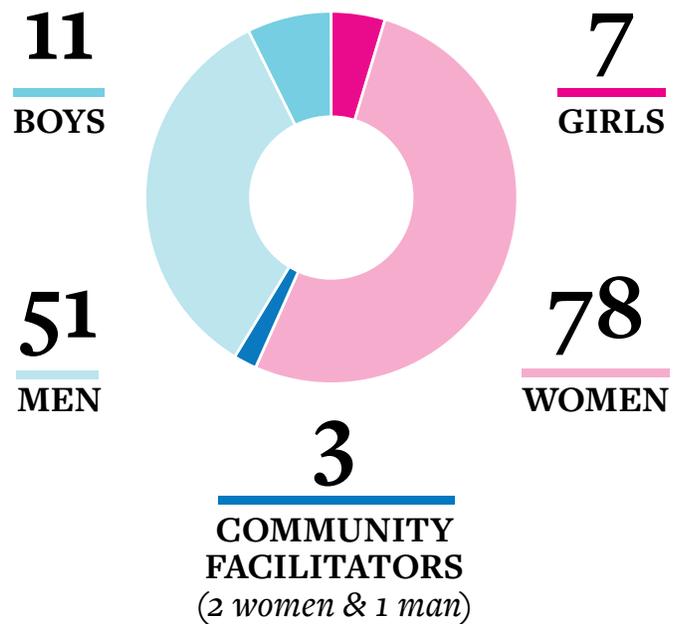


table 2. RESEARCH PARTICIPANTS

	RESPONDENT CATEGORY	RESEARCH TOOL	LOCATION	NUMBER OF PARTICIPANTS
1	Women	FGD	Pikine	10
2	Women	FGD	Nioro	11
3	Women	FGD	Louga	16
4	Women	FGD	Kedougou	16
5	Women	FGD	Kebeemer	16
6	Women	FGD	Bignona	9
7	Men	FGD	Kedougou	19
8	Men	FGD	Sansamba	8
9	Men	FGD	Kaolack	8
10	Men	FGD	Bignona	8
11	Men	FGD	Kebeemer	8
12	Adolescent Girls	FGD	Pikine	5
13	Adolescent Girls	FGD	Kedougou	2
14	Adolescent Boys	FGD	Pikine	8
15	Adolescent Boys	FGD	Kedougou	3
16	Female Community Facilitator	KII	Pikine	1
17	Female Community Facilitator	KII	Pikine	1
18	Male Community Facilitator	KII	Nioro	1

table 3. DEMOGRAPHIC PROFILE OF FGD/KII RESPONDENTS

1	TOTAL SAMPLE SIZE (NUMBER OF RESPONDENTS)	153
2	% of women	39%
3	% of men	32%
4	% of adolescent girls	5%
5	% of adolescent boys	7%
6	% of community facilitators	17%
7	% of people living in extended families	61%
8	% of people living in nuclear families	22%
9	% of married women	33%
10	% of married men	28%
11	% of pregnant women	0%
12	% of men with pregnant wives	0%
13	% of sample with children/siblings under age 5	5%
14	% of sample with children/siblings between 6–13	25%
15	% of sample with children/siblings above 14	25%



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. During data collection, the research team used Table 4, if needed, to describe different types of UPCW categories to respondents, namely: 1) Household care work,

2) Outside household care work, 3) Childcare, and 4) Care for the sick, elderly & people with disabilities (PWD). The data collection was conducted by local enumerators under the supervision of Plan Senegal during January and February 2022. When possible, one moderator and one note-taker were present for each FGD and KII. Note-takers documented their notes in the template provided to them. These 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 • 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.²⁷

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.²⁸

27. 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.

28. 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. Quotes from participants should ideally be verbatim and unedited.

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.²⁹

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



▲ 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



▲ 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

While women were responsible for managing all household activities, men only provided some assistance to women and adolescent girls in managing care work activities as highlighted here: “When we are available at home, we can help and lend a hand and this will allow her to do something else” (Man, Bignona). At times men decrease women’s workload by taking on chores related to themselves. For example, a forty-two-year-old man with several children and living in an extended family in Kaolack noted that: “Sometimes the husband washes his own work clothes.” Also, “boys do wash their own clothes”(male community facilitator, Niore).³¹ A few men contribute by working independently and/or on tasks that require relatively more energy or strength: “[...] (a man) does big things, such as cleaning the carpets [...]” (Woman, Pikine); “At home it is the men who clean the patio. There are men who do the cleaning of the house without waiting for the women” (Adolescent girl, Pikine).³²

Many research participants highlighted childcare related responsibilities. “I wash the children in the morning” (Woman, Pikine). “My husband helps children get ready for school” (Woman, Louga). “As a husband, I take care of the children before going to work; my wife goes to the market [...]” (Man, Kebemer). A man in Bignona shared that his wife took responsibility for the children whenever he stepped out to collect firewood. Respondents mentioned a few other tasks such as bringing children to and back from school, helping with school lessons, maintaining child hygiene (bathing in particular), serving food and taking a sick child to the hospital/health clinic.

The data set also consists of several quotes that confirm that research participants, both men and women provide care to the elderly and people with disabilities in their families. A few quotes are briefly mentioned here: “We take care of the needs of fathers and mothers in-law” (Woman, Kebemer); “We take care of our parents” (Woman, Kebemer); and “[we] take care of handicapped or sick people [in our household]” (Man, Bignona).

Taking care of children and their health needs is considered an important aspect of care. Data shows that men play an important role in ensuring that any sick child or pregnant woman at home is taken to the health facility and is provided care. “When the children are sick, the husband takes them to the hospital” (Men, Kaolack); “they look after their children’s health” (Male facilitator, Niore); “A man accompanies his wife to the hospital, takes care of her, checks her medication and in case she is pregnant, does all the housework” (Female facilitator, Pikine). Evidence obtained from women also confirms that men adopt care roles and care responsibilities when women are unwell. A 27-year-old pregnant woman and a mother of children aged under 5, living in an extended family in Bignona shared that whenever she was sick her husband would help her with household chores. “Concerning the housework [...], I share it with my husband. Sometimes I get sick and he takes care of everything. He is in charge of taking care of the children and helping them. I really thank him for that”.

Outside the household.

Participants highlighted several outside care work activities such as fetching water, collecting dead wood, and going to the market to buy essentials. Regarding men’s and boys’ participation in outside household care work activities, they are mostly

the wives give uncomplimentary responses about their husbands”. About women’s group in Pikine, the note taker indicated: “When asked about this question, the women were all opening up about their daily activities, but some women could be seen bowing their heads as if they did not feel comfortable describing the housework they were doing”.

31. *About the respondent, the note takers has noted: “got a little frustrated, saying “that we should not answer in generalizations because we live in different households.” This shows that the respondent had the sensitivity and realization that each household had its unique UPCW dynamics.*

expected to handle tasks that require physical strength, such as carrying gas cylinders, water barrels, managing livestock/sheep and cleaning courtyards, etc.: “Man is stronger than the woman so he helps in work that requires strength like buying and (carrying) gas (cylinders)”; “It is the men who fetch dead wood and do all the heavy work that requires strength” (Adolescent boy, Pikine). A few men also indicated that at times women left selected domestic activities half done for men and boys to complete. For example, “I want to specify that when I am not available, she fills up water barrels and leave these there (at the water point) and returns home. Then it will be up to me or the children to carry these back home dragging the cart” (Men, Sansamba).³³ A 49-year-old man in Kedougou with several children and living in extended family shared: “We fetch firewood and water to make the women’s work easier”.

3.1.2 CAUSES BEHIND THE DIVISION OF CARE RESPONSIBILITIES

Gender role attribution and biological determinism.

The data set shows that several women and adolescent girls rationalize the gendered division of care roles and responsibilities by associating these with the widely accepted socio-cultural interpretations and perceptions of ‘feminine’ roles. The sampled communities allocate to women the role of homemaker where their role is to serve the other members of the household. A fifty-one-year-old woman in Pikine noted: “For me, the workload weighs on women because they reflect the home and therefore it is the woman who has to do the housework” (Woman, Pikine). An adolescent girl and a fifty-four-year-old woman in the same community explained that men were the heads of the households and this meant that they had a certain status: “Some men don’t participate in the housework because they know they are the head of the household. It is only the woman who has to cook, do the laundry and all the care work (Adolescent girl, Pikine).

Data obtained from some men shows that they rationalize the division of care work based on their biological attributes. Rather than focusing on gendered socialization, or other aspects such as culture or economy, some men chose to only highlight aspects of their physique and physiology: “As I said, men do the muscle work, like lifting bags of rice and so on; it is risky to leave the heavy work to a sister or mother because it can cause her health problems” (Man, Kedougou); “It depends on the type of work: the heaviest work is for boys and the girls the lightest work. The man can from time to time help the wife and vice versa; because psychologically, we are all equal” (Man, Kedougou). The data set also consists of several statements where men emphasized women’s care roles within the domestic

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



32. Although men rationalized this by citing their physical strength; that they can “carry” water barrels back home, research reveals that women are frequently so busy inside the household that they may take similar measures in order to better manage their time. Data also reveals that men have access to transportation but women rarely do. As a result, leaving water barrels behind may be linked to women’s overall lack of mobility in the public domain.

domain. For example, a sixty-four-year-old man in Bignona noted: “It is necessary to be clear that work such as sweeping, washing utensils, preparing meals, etc., is work reserved for women”.

Culture, tradition, and religion.

Many men highlighted the influence of local traditions, customs and: “It is the woman who takes care of all the housework. The man is only present when it is about eating or sleeping. These are the social constructs that result from the repetition of our parents’ habits and customs” (Man, Bignona). Participants also highlighted women’s internalization of these culturally assigned gendered care roles as a factor that perpetuates the inequitable distribution of care work. “Tradition teaches the woman to do the housework even if the man does not help her” (Man, Kaolack). This statement shows that women are socialized to serve members of the household even when no one feels bothered to help or support her. Data collected from women also show that some consider inequitable and gendered care roles as part of Senegalese culture that is widely accepted: “it is because of the Senegalese culture that women work more than men who are often slow to help women” (Woman, Louga). The male community facilitator in Nioro indicated that boys are socialized to behave accordingly: “Even if a boy wants to help his mother with some work, society tells him that it is not a man’s job” (Male community facilitator, Nioro).

“I say that work is not shared equally because it is linked to socio-cultural considerations and tradition.”

MAN, KEDOUGOU

A 52-year-old woman in Bignona focused on religion and spiritual aspects of care responsibilities. She emphasized that the division is “a divine will, a custom to see the woman as always being the only one responsible for the household tasks. You can see a husband is completely available (to lend a hand), yet he will leave the wife to work/handle

on her own all day. But ideally, in a couple we have to share everything to aspire to a better life”. The elderly women in Bignona also highlighted aspects of traditional and customary laws in this regard, for example a sixty-two-year-old woman reflected: “From my point of view, women are really disadvantaged when it comes to work. It’s as if there was a law that said that housework must be done by women. I really feel that men need to be more involved”. And a fifty-four-year-old woman in Bignona explained: “There are several reasons why the work weighs more on women: for example, in our country, when a man helps his wife, it can be viewed or interpreted wrongly. Some will even say that the husband has been *maraboutised* (*i.e. bewitched*) or that he is afraid of his wife”. “Men do not share the housework equally because they are ashamed to be seen doing it by their friends and being called weak” (Woman, Kedougou) (See [section 3.3](#) for more details on the barriers to gender transformative change).

“From my point of view, women are really disadvantaged when it comes to work. It’s as if there was a law that said that housework must be done by women. I really feel that men need to be more involved.”

WOMAN, BIGNONA

“Men still think that they marry women only to come and work at home”; “It is related to the mentality of our community” (Adolescent girls, Kedougou). Participants in the group shared their day-to-day experiences meeting other women who prioritize serving their husband over and above their own comfort. For example: a fifty-eight-year-old woman from Nioro shared: “Just this morning when we were at a ceremony, a woman was dozing next to me and when I asked her why, she said she woke up early to clean her husband’s shoes and make him breakfast just to please him”. All these quotes confirm that the gendered division of labour is rationalized using tradition, culture, and religious references.

Division of labour may vary regionally.

A man in Bignona explained why division of labour in local communities and households could not be generalized: “Here in Casamance, field work is done by men. However, there is the work in the rice fields where it is the woman who has to transplant the rice. The man only takes the kadiandou (hoe) and cultivates. In some areas, such as Calounai, it is the men who transplant the rice. Just to say that each area has its own particularities. It is society that determine the role of each person. Therefore, it is rare to see a person who does not respect them (i.e. local customs)” (Man, Bignona).

Men as financial providers.

Men are culturally regarded as financial providers, and their function within the family in terms of regular care responsibility is perceived as secondary: “Because men go out of the house to earn food for the family and women take care of the housework,

that’s why they have more work in the house” (Man, Kedougou). A twenty-seven-year-old mother of children aged under five and living in an extended family in Bignona talked about practical issues due to which men’s participation in care roles is limited. “We share the work to help each other and for a rapid execution. But I really consider that it is only the men who have no job (unemployed) who will be able to help their wives. Otherwise, they can only do it when they are available.” Another woman in Louga reflected: “Because some women are fixed (i.e. stagnant, restricted within homes), and men are much more mobile. I can mention my husband who is in Dakar for professional reasons”; “A man doesn’t spend a lot of time at home so he can’t do some of the housework” (Adolescent boy, Pikine). “The men look for money for the expenditures. I find this abnormal (i.e. men being focused on money all the time). Men should help the women do the housework” (Adolescent girl, Pikine).



▲ **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

3.2 IMPLICATIONS OF UNEQUITABLE DIVISION OF CARE ROLES AND RESPONSIBILITIES

3.2.1 PERCEIVED BENEFITS OF THE GENDERED DIVISION OF CARE WORK

The sample communities were asked about what they considered were the implications of gender roles and responsibilities around care work, especially on women and girls. The research respondents focused on negative implications of gendered division of care work (noted below) and, unlike the three other countries that were also part of this research study, the respondents in Senegal did not provide many substantive statements favouring the existing gendered division of care roles and responsibilities, except those noted in [Section 3.6](#) as reservations on equitable sharing. An adolescent girl in Pikine reflected: “The care workload falls on the girls because they are expected to marry and join the in-laws, so if you are used to working at home, you won’t have a problem with your in-laws”. Other than this quote, the data set does not include sufficient findings to conclude that respondents within these communities considered gendered division of care work particularly beneficial. Research participants mainly highlighted the negative effects of the gendered division of care roles and responsibilities.

3.2.2 NEGATIVE IMPLICATIONS

Compromised health and its impact on family life.

Due to overwork, participants reported that women suffer from health problems such as fatigue, stress, physical aches and pains, and in some cases, pregnancy complications.

The data obtained reveals that the male participants recognize that feeling fatigued due to the care work burden is a serious health issue. They acknowledge that when at home, women are constantly working and that causes them to feel physically exhausted: “If the housework is not equitably shared, it can

impact the woman’s health. She spends all her time working and is tired all the time” (Man, Sansamba). Both men and women emphasized the issue of pre-mature aging among women due to constant work. “Workload causes stress in women and make them age early” (Man, Kedougou); “If a woman works a lot at home, even if she is 15 years old, in less than a few years she looks like she is 30 years old. The woman has no time to take care of herself” (Woman, Kedougou).

Some research participants also noted women’s stress and exhaustion on the one hand, and men’s expectation that women be constantly emotionally available to them on the other, as reasons that contribute to marital problems, and in some cases lead to intimate partner violence, including physical and sexual abuse. Men in Kaolack mainly focused on emotional stress among women that led to lack of intimacy in marriages and among couples. Men in Sansamba mentioned violence as a consequence of the gendered division of care roles and responsibilities and this has been documented in [Section 3.4.2](#).

Evidence from the research confirms that men and women recognize the negative impact of the care workload on pregnant women: “If the woman is pregnant, for example, this may cause complications in her life and the life of the child may be in danger (Man, Sansamba). “For pregnant women, there are risks of complications with the overload of work, which can lead to operations: cesarean sections or miscarriages” (Woman, Kedougou).

Respondents also highlighted the pressure of gendered care roles, and its impact on men’s health. Not only women, but men also suffered from fatigue they maintained. “Fatigue, after a long day of hard work and the weight of poverty prevents you from sharing unpaid housework” (Man, Kedougou). Gendered expectations take a heavy toll on the health of both men and women: “Even if the woman was pregnant, she is obliged to continue performing the housework. On the other hand, even if the man was ill, he should also continue to perform his role. As a result, the activities became much heavier”

(Man, Bignona). Also, women's compromised health status can also cause financial stress on men: "There are economic problems because if the wife gets sick (due to overwork) the man will spend a lot of money to take care of her" (Woman, Pikine).

Respondents indicated that the inequitable distribution of UPCW can also lead to tensions and frustrations within the household: "This situation diminishes harmony that should exist between couples or partners" (Male community facilitator, Nioro). "The impacts of unfair work sharing in the household are mainly frustration, lack of love, [...] tiredness of the wife and daughters often leading to irritability (i.e. moodiness). Obviously, there is no communication in the family [...] there is no understanding in the family" (Female community facilitator, Pikine). For women who are married, unpaid care work pressures, violence, family conflict

may even lead to divorce, as noted by participants in Kebemer, Pikine and indirectly mentioned by those in Kedougou and Bignona. "I have noticed many problems in couples and especially an increase in divorce cases" (Man, Kebemer); "She (i.e. any woman) will say that since I am the one who does everything in the house, this can push her to say that I ask for a divorce" (Woman, Kedougou).

Time poverty and its impact.

The data also covers 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 rest. "Practically the biggest burden is that the woman cannot rest" (Female community facilitator, Pikine). UPCW has a negative impact on girls' school attendance and



▲ Couple arguing about sending their daughter to school

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

performance. “My little girls do all the work. And I must admit that this has a negative impact on their studies. This may prevent them from studying (i.e. performing) well” (Woman, Bignona). Women in Kedougou mentioned girls dropping out of school and health issues as an implication of gendered division of care work, and men also agreed that this problem existed. “The girls will not have the chance to continue their studies” (Man, Kedougou). A man in Bignona explained the impact of UPCW on girls and education in these words: “for example when we came to the house this morning (i.e. for the FGD session) we all saw that the yard is very clean and if it is a girl who had school classes starting at 8:00am, then very possible she is late for school... and she will be in a lot of problem... so this (i.e. sweeping the yard) disrupted her (i.e. her school routine).”

“It’s not at all easy to combine studies and housework. Productivity in school is at risk. This is why as mothers, we sacrifice ourselves to do all the work so that our daughters can study and be successful.”

WOMAN, BIGNONA

Due to time poverty it also become difficult for women and adolescent girls to explore financially productive/remunerated opportunities. “Due to this (i.e. burden of UPCW), there is lack of

opportunity for young girls to engage in income-generating activities. This situation can hinder the empowerment of women and girls” (Male community facilitator, Nioro). A seventeen-year-old adolescent boy in Pikine also explained the connection between housework and women’s restricted economic activity: “[...] the amount of housework done by women, this has effects on their well-being and economic prospects. All this is explained by the fact that she leaves the labour market more often than men”, he noted. Notwithstanding, a few of the female respondents do manage petty trade with the help of men in their families.

Perpetuation of gender inequality.

Gendered care roles and responsibilities and the UPCW burden on women and girls deepen gender inequalities in communities and these are transferred intergenerationally as highlighted in these respondent views: “the suffering and oppression that boys see between their parents will make them repeat the same treatment with their wives in the future” (Woman, Kedougou). “The impacts of unequal sharing of care work among men and boys lead them to be authoritarian when they marry” (Adolescent girl, Kedougou). “This situation can hinder the empowerment of women and girls, and also diminish the harmony that should exist between couples or partners” (Male community facilitator, Nioro).

3.3 CHALLENGES ON THE ROAD TO GENDER TRANSFORMATIVE CHANGE

3.3.1 BARRIERS WITHIN THE HOUSEHOLD: GENDER IDENTITY AND IMMEDIATE FAMILIES

At times immediate family members pressure men to maintain the status quo and this can be for several reasons. In-laws may do so to maintain a certain power structure. “Mothers-in-law prevent their sons from helping their wives and say bad words to their daughters-in-law if they get the chance” (Woman, Nioro). “There are mothers-in-law who do not encourage their sons to participate in the work and even prevent them from doing so” (Woman, Bignona); “Some mothers-in-law and sisters-in-law try to hurt their brother’s wife by refusing to help her with housework” (Woman, Nioro). The male key informant interviewee in Nioro also emphasized that in order to introduce gender transformative changes, those at the center of such relational power structures should be engaged: “If the outreach is expanded to include mothers-in-law, change would be easier and more widespread.” At times a wife herself may stop her husband from practicing equitable sharing in order to remain culturally acceptable. For example, a thirty-three-year-old man in Kaolack shared: “One day, returning from the SHOW UPCW session, I talked to my wife about the support I should give her, especially in times of pregnancy. She was very happy and agreed on the principle but asked me not to do these tasks in front of other people for this would appear as if she dominates her husband and that is not good for a married woman.”

3.3.2 BARRIERS OUTSIDE THE HOUSEHOLD: COMMUNITY DISAPPROVAL

Quite frequently men and boys face social ridicule and are humiliated for extending support to women. For example, a thirty-year-old man in Kedougou asked: “You know why they call me baby, it’s because I used to share activities with the women at home and when they call me on the phone, they ask me: baby where are you? Today many people call me baby because of this complicity with women”.

“There are men who really want to help their wives and share the housework, but out of fear of how they will be viewed by others, they prefer to stay within the concept of the gender box.”

MAN, SANSAMBA

Men and women respondents described that in their experience, there were men in the community who were genuinely committed to implementing gender equality and redistributing care work, but they succumbed to the resistance and social pressure they encountered. A thirty-six-year-old pregnant woman from Bignona said: “There are men who really want to change and help their partner, but because of a fear of other people’s perception, they always remain in their gender roles”. Men in Pikine and other communities shared similar concerns. Also, the “fear is of being called: a “weak man” (Woman, Kedougou). This quote also brings to mind the masculine gender identity, which is socio-culturally constructed around notions of strength and power, and thus social ridicule labeling men as weak strikes a raw nerve, demotivating men to practice gender equality in care work roles and responsibilities.

3.3.3 WIDER CONTEXTUAL BARRIERS: CULTURAL ARRANGEMENTS AND FAMILY STRUCTURES

Culture and Religion.

Data from the study provides enough evidence on both local culture and religious practices allocating a very privileged status to men. One participant refers to the higher status of Mandinka men within households as reflected in this quote: “He told us (i.e. an outsider, a head nurse): “if I was to come back after death, I will ask God to turn me into a Mandinka man because you Mandinkas don’t work... you don’t help your wives and still you manage to eat your fill and drink when you are thirsty. This shows that culturally Mandinka man is not asked (by the women) to sweep or to wash dishes [...] but now we are seeing changes” (Man, Sansamba). Not only that, but some men justify the arrangement as something that women choose to exercise their religious beliefs. For example, a forty year old man from the same community reflected: “When one (individual and/or couple) believes that the key to a woman’s paradise is in her husband’s hands, it will be difficult for him to do any work because he will remain firm in his position (i.e. as a Master over his wife/wives). There are men who cross their arms (as in sitting in a relaxed posture) and, just watch their wives spend all day working. On the other hand, with this notion you can see women who will never let their spouses do housework.”³⁴ Only a few women discussed religion in this context, and one seventy-year-old respondent from Pikine specifically mentioned Prophet Muhammad’s manner of life, emphasizing that the issue was not religion but local culture. “The Prophet used to cook and do household chores but in our society today, men find this difficult to do”.

Family structure and organization

has a direct impact on individual and couple’s confidence to implement equitable sharing at the household level. Many men and women described that living in extended family structures makes practicing gender equality and equitable sharing of care roles and responsibilities problematic: “The extended family environment is not conducive. It will not be easy for him to change and participate in housework” (Woman, Bignona); “living in an extended family with the parents, it blocks some men from helping their wives with certain household tasks” (Woman, Niore); and “life in a large family is a hindrance to the fair sharing of household chores” (Male community facilitator, Niore).

“There are men who really want to help their wives and share the housework, but out of fear of how they will be viewed by others, they prefer to stay within the concept of the ‘gender box.’”

MAN, SANSAMBA

Economic barriers.

As mentioned previously, men are considered the financial providers of the household and their time spent in paid activities also limits the time they can contribute to UPCW: “Lack of time is a major obstacle to our participation [in the household]. Because let’s face it, it’s not as easy to go to work... to be able to support your family financially... and still come home to do housework” (Man, Bignona). Another female participant shared: “my husband wants to help me but he doesn’t have the time. If he had the time, I am sure he would help me with the housework” (Woman, Pikine).

33. i.e. women too think that it is not right to expect husband to work in the house.

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

3.4.1 CARE WORK

During the pandemic, the workload of unpaid care work increased for women, adolescent girls, and some boys, who were responsible for supplying firewood and gas cylinders. A thirty-eight-year-old mother with children aged under 5 years to 18 and living in an extended family in Pikine shared the impacts the pandemic had occurred for her: “With COVID-19, I do a double job, with the restrictions everyone has to stay home which increases the housework. I used to cook less than two kilos per day and now I cook more than three kilos while the expense has not changed because my husband does not go to work. Sometimes I have to borrow money to complete the shopping.”³⁵ Preventive measures added to the care burden of women and adolescent girls who described the situation in these words: “being clean was part of the struggle. So we were forced to increase the frequency of work. In the end, we ended up with more work than before” (Woman, Bignona). “When your husband has not left for work, then it is your job to take care of him (fetch water for him to wash, make him breakfast, shine his shoes etc., so to say that these are small services that, had he left home we would not have done. But now that he is here so all this become additional burden” (Woman, Bignona).

Many households experienced financial crisis during COVID: “The reduction in income due to the pandemic was a complicated situation for everyone” (Woman, Kedougou). The women respondents cited the crisis as causing stress for the person in charge of the home, who in patriarchal cultures is often a breadwinner: “the economy had already fallen and this affected the people in charge of the household.” (Women, Kedougou)

“With COVID-19, our work as girls has increased a lot. I am doing twice as to what I was doing before COVID-19.”

ADOLESCENT GIRL, PIKINE

Interestingly, in some households, the crisis caused by the pandemic strengthened family unity and solidarity, as family members began to help one another: “I help my daughter-in-law with the work by sweeping the yard every morning before preparing the millet porridge that I sell” (Woman, Bignona). “My husband made sure sanitary measures were observed and children wash their hands when leaving the toilet” (Woman, Nioro). The female community facilitator in Pikine emphasized the importance of the lockdown in exposing men to the numerous duties that women and adolescent girls perform during the day: “I think that the pandemic has been beneficial for women, in the sense that many men have become aware of the magnitude of household chores and have started to get involved in relieving women of this burden”. Evidence gathered from men and adolescent boys shows that both recognize women’s care burden and were willing to redistribute it so that women’s work could be reduced: “COVID 19 allowed me to see that women were doing a lot of the work, so I decided to do some of the work for them like cleaning the house” (Adolescent boy, Pikine). “Watching the children (i.e. supervising/guiding) has increased as they are unaware of the severity of the COVID situation (Man, Kedougou). Similar statements were made by women in Nioro.

34. Note taker notes about the respondent: Sad face as if she wanted to cry, explained her situation during COVID-19. With her arms folded and her head down, she dared to share her experiences during the pandemic

“I think that the pandemic has been beneficial for women, in the sense that many men have become aware of the magnitude of household chores and have started to get involved in relieving women of this burden.”

FEMALE COMMUNITY FACILITATOR, PIKINE

In some families, COVID-19 brought more collaboration in terms of work redistribution. During the process, men were able to adopt a few roles easily and could realize the benefit this redistribution had over women (see Table 5). Many respondents recognized that the larger share of care work remained on women and adolescent girls and they suffered the consequences too, as is reflected in these quotes from the field: “It is true that we helped our wives with the housework, but we must recognize that the workload was always much heavier on the women’s side than on the men’s side” (Man, Sansamba). A fifteen-year-old boy in Pikine noted: “for me, women are feeling more anxious, depressed, overworked, isolated, or physically ill due to the increased burden of household chores resulting from the pandemic confinement measures”.

Some women also engaged in economic activities and started supporting their family members financially: “During this period of COVID-19, thanks to the equal sharing of work in the family, we had a good (i.e. supportive) family atmosphere and women had the opportunity to engage in other activities such as small trade” (Woman, Kebemer).



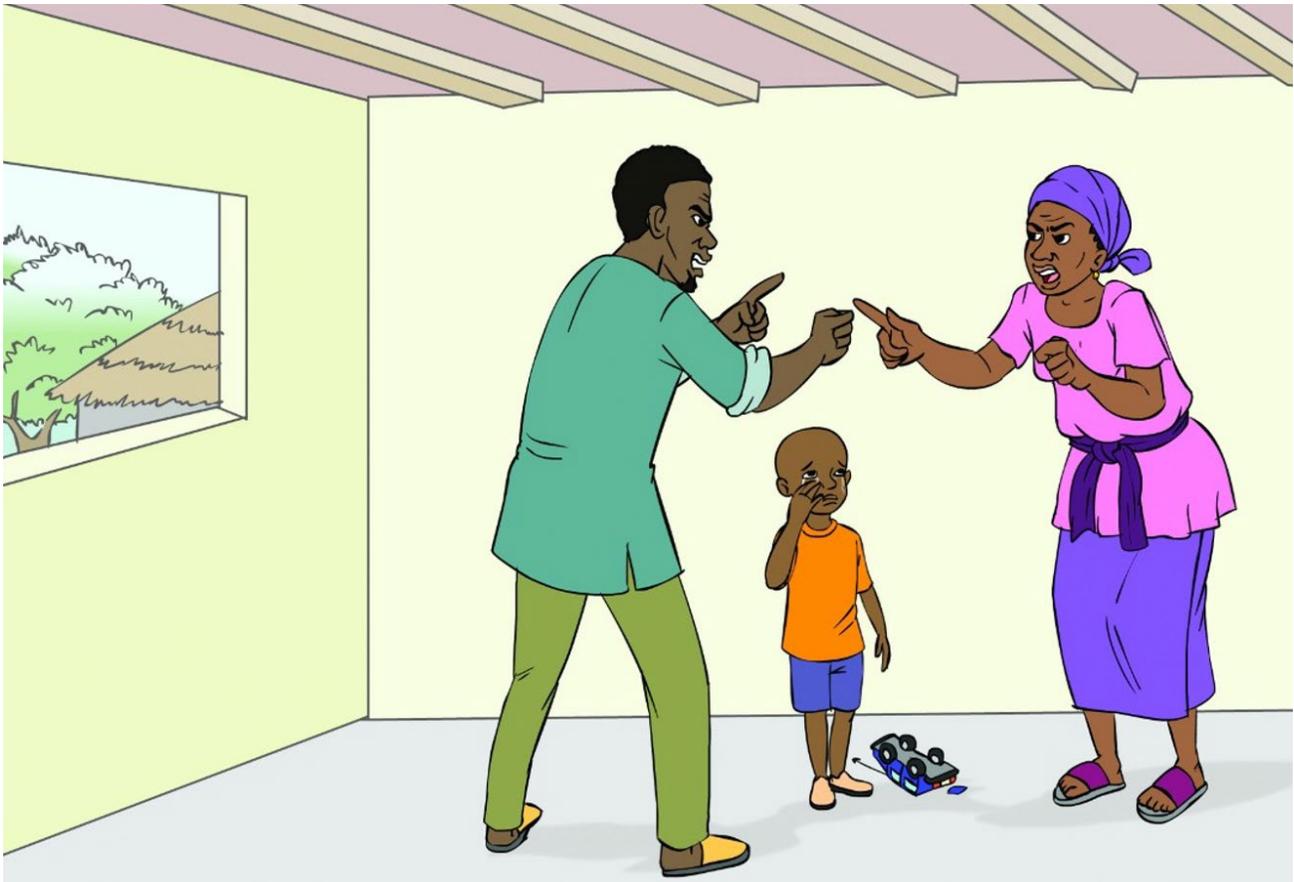
▲ Man not helping spouse to carry items + man helping spouse to carry items

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

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

GENDER/GENERATION RESPONSE		INDICATED BY			
		MEN	WOMEN	GIRLS	BOYS
<i>Outside the Household</i>					
1	Accompanying women to health facility	✓	✓		
2	Fetching water and firewood and buying gas	✓	✓	✓	✓
3	Grocery/buying rice bags	✓	✓	✓	✓
4	Livestock care and management		✓		✓
5	Washing the sheep and cleaning the sheep shed		✓		✓
6	Farming/harvesting/gardening (lemons)	✓			✓
7	Garbage disposal	✓			✓
8	Building fence around the house/repairing fences	✓			
<i>Inside the Household</i>					
1	Cleaning toilets/Sweeping the yard/Mopping floors	✓	✓	✓	✓*
2	Men wash their own clothes i.e. selected laundry/fold clothes	✓	✓	✓	✓
3	Ironing	✓	✓		✓
4	Cooking/preparing meals/peeling onions, etc.	✓	✓		✓
5	Repairing roofs for rainy season		✓		
6	Washing dishes		✓	✓	
<i>Child Care</i>					
1	Playing with children and bringing them to school	✓		✓	
2	Bathing children		✓	✓	✓
3	Helping children with school lessons/homework		✓		
4	Taking children to health facility/ensuring vaccinations	✓	✓		
5	Taking care of pregnant wife	✓			

*cleaning shoes



▲ Couple arguing in front of child

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

3.4.2 CONFLICTS AND GENDER-BASED VIOLENCE

GBV is perceived to have increased during the pandemic, but even before the pandemic, violence against women was not unusual as noted in this statement: “especially when the woman is pregnant and her husband is violent, it can put an end to her pregnancy and inflict great worries on her besides the fatigue of labour. Even the child is not spared.” The respondent is a twenty-three-year-old young woman living in an extended family in Kedougou. Having stated this, the data set shows that conflicts and violence escalated in some families due to the pandemic: “COVID contributed to a lot of violence. You could see those families that were not able to overcome the pressure COVID caused” (Woman,

Bignona). A thirty-six-year-old pregnant woman from Bignona described conflict and violence between couples during COVID: “during COVID we can say that, on the one hand there was a positive aspect [...]. We spent more time together. However, we could see that the financial impact of COVID caused serious (economic) problems [...] then there could be a lot of violence and the couple would argue about everything.”³⁶ This statement shows how at times, violence against women is justified or rationalized, not only by men but also by women themselves. Some women reported that their husband’s presence inside the house was one of the most difficult aspects of the pandemic. For example, women in Kedougou shared: “[...] and she

35. This respondent also described how at times due to communication issues between the couple the situation worsens. “women do not always have ‘this’ communication intelligence (‘this’ i.e. how to assertively communicate without directly offending the partner). During COVID good communication (with the partner) was important”.

angry and took it out on my youngest who came home late. I hit him and banned him from dinner. It was when I put my head down that I realized that I was overreacting. So, I can say that if I hadn't had such a hard day, I wouldn't have reacted the way I did. Therefore, the work must really be shared in an equitable way."

Respondents briefly touched upon child marriages during the pandemic. "In other areas (i.e. not in Bignona) one could see parents who gave their daughters in marriage just because a rich person was the applicant or just to reduce the burden. So this was done without the girl's consent" (Man, Bignona). Child, early and forced marriages (CEFM) are arranged with the intention to gain financial benefits. Girl's consent is often missing. "With the lack of means, I have seen parents wanting to get rid of their daughters by giving them in marriage" (Adolescent boy, Pikine). Other than this, "sexual violence on young girls was also noted because of promiscuity" (Adolescent girl, Pikine), and were some "cases of rape" (Man, Bignona).

3.5 IMPACT OF SHOW UPCW ACTIVITIES IN THE COMMUNITIES

COVID-19, the lockdown, and its gendered impacts motivated Plan International to introduce targeted interventions and strengthen existing gender transformative programming under the SHOW project. As reported by the study respondents, this programming contributed to noticeable changes in participants attitudes and behaviours and increased community acceptability of gender equality. Details are provided as follows:

3.5.1 CHANGES IN MALE KNOWLEDGE, ATTITUDES AND BEHAVIOURS

The purposive engagement of men and boys towards positive masculinities in the SHOW project and specifically to address maternal and reproductive health concerns and UPCW distribution, has prompted them to reassess gendered and inequitable aspects of care labour while also facilitating them to be supportive participants in household and family care work. Some men have begun to be more involved during their spouse's pregnancy after participation in project activities and several women confirmed this: "Now men accompany us more often. During my last pregnancy, my husband accompanied me every day especially during my visits to the health post" (Woman, Louga)³⁷. More boys and men are enabling and accompanying women to health-care facilities: "men accompany their wives during pre- or post-natal visits and with any other health problem, a situation that was not possible before" (Woman Kedougou).³⁸ Data shows that men are advising each other to support their wives in care work and particularly take care of the health needs of

36. Note taker notes: We note a good involvement of men in household tasks.

37. Note taker notes: The group is made up of Bajenu Gox whose association is already involved in SHOW project activities, including those on unpaid housework.



▲ 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

pregnant women. For example, a sixty-year-old man in Bignona shared “during the awareness activities, we had a good discussion about housework. We assisted pregnant women by accompanying them during their prenatal visits. We have made husbands aware to better support their wives by helping them with housework.”

“Change is happening in our house. My brothers used to spend all their time elsewhere; now they are there to deal with any problems the children have at school or at parent meetings and in case of illness.”

WOMAN, KEDOUGOU

Men and boys are now increasingly aware of and can highlight the negative effects that societal norms and assigned gender roles and obligations have on women and girls. “These activities also helped us a lot because these allowed us to be much more aware of the difficulties encountered by our wives” (Man, Sansamba); “Our participation in training activities allowed us to know that being of service to others is something very good and that it is fundamental” (Adolescent boy, Pikine).

More men and boys are helping around the house. A few men have taken steps to redistribute work around the house and indicated the tasks that they were completing in order to promote the culture of equitable sharing in their family. For example, two men in Kaolack described their household care work in these words: “Today my wife is totally relieved of certain tasks such as making the children’s bed at night, washing the children in the morning and getting bread for breakfast” and “I help my wife with everything except cooking and sweeping the yard and front of the house.” More men are taking on childcare responsibilities especially those related to school attendance and lessons and women are noticing these transformative changes as they confirmed: “Change is happening in our house. My brothers used to spend all their time elsewhere; now they are

there to deal with any problems the children have at school or at parent meetings and in case of illness” (Woman, Kedougou). The female facilitator in Pikine also noted that gender transformative change was gradually taking place: “Men have understood that they have to help with care work in the interest of the family. And since men want to live in a stress-free environment, they will do everything in their power to make it so, even if that means making concessions.”

The note taker’s notes indicate that the women in Pikine were very happy to share how their husbands were becoming more helpful and contributing towards household tasks. Exceptions do exist and a few men may still insist on their culturally legitimized superior status relative to women as implied in this forty one year old man’s statement: “We help women but what is sad is that at one point they abuse it and claim it as a right. And I think that awareness of this should be raised as well” (Kaolack).

The training sessions have emphasized on the need to deal with gender based violence and research participants have shown commitment towards recognizing the issue and try to eliminate it: “Some men have confessed that they hit their wives but that they have stopped doing it” (Male community facilitator, Nioro). Respondents in Bignona and Nioro reported that as a result of the project, violence against women has reduced as there is a decrease in complaints from women: “We have made changes because, first of all, we are a ‘Father’s Club,’ so we have always aspired to be role models, for our wives and, also for the community. In addition, we did focus group sessions in the village to discuss with the husbands and to raise awareness [on GBV]. And sincerely, it has borne fruit, since today we note a decrease in the number of complaints concerning the violence suffered by women” (Man, Bignona).

Participants have begun to effectively discuss and exchange ideas at home and with the larger community regarding equitable sharing of care work. “Already being the ‘Husband School of Sansamba’, we are conducting talks and advocacy activities in the framework of the SHOW project. So, the

3.5.2 CHANGES IN FEMALE KNOWLEDGE, ATTITUDES AND BEHAVIOURS

Women and girls report feeling more empowered after participating in the awareness sessions on UPCW and other SHOW activities and are disseminating lessons and knowledge on gender-based violence (domestic violence), UPCW, maternal health care, adolescent health and vaccinations in the larger community. In this regard a few local initiatives are particularly active. After attending UPCW trainings/sessions local institutional initiatives such as Bajenu Gox, a community-based organization, have been directing their efforts towards engaging men and adolescent boys and girls to address gendered division of care work and inequitable distribution of workload inside and outside households and its connections with health of women and adolescent girls. In this regard the Dimboli Teen Center is also providing useful services. This change is visible as more men can be seen in spaces where previously there were only women, as reflected in this quote: “we involve men in our talks, we take about ten or more men to make them aware of the importance of supporting their wives during and after pregnancy. Today if you are in the hospital, you will notice men accompanying their wives on the sidewalks because some have understood the message of sharing unpaid housework” (Woman Kedougou). About the Dimboli Teen Center, women noted: “we are happy to see our wishes come true thanks to the strength of the SHOW project. There is a real change nowadays because younger people can inform themselves without embarrassment.” Another woman reiterated: “We have made many people aware because since the SHOW project trained us on gender-based violence and unpaid housework, we can easily address the subject everywhere.”

Women also appreciate the Village Savings and Loans Association’s role in granting financial independence to women in the sample communities. “the project activities that we have the opportunity to participate in are the VSLA meetings; and the awareness activities like the dialogue sessions (Woman, Louga, and women, Kebemer). A fifty-

three-year-old pregnant woman with children aged between 14-18 and living in an extended family in Bignona appreciated the VSLA in these words: “We are familiar with the SHOW project. It is thanks to the project that the VSLA was set up. The VSLA is very beneficial for us. We have become financially independent. We conduct income-generation activities (...), we are exclusively in charge of all expenses concerning schooling: registration fees, purchase of supplies (capital investments and recurrent items), etc.”

Women are influencing men to change their habits in a way that they are more engaged in care work at home. The following quotes capture how a sister counsels her married brother to be more sensitive to his wife and children, and how two mothers are guiding their sons to get more involved in housework and not always expect mothers and sisters to be at their service. “I have a young brother who is authoritarian in front of his wife, I often approach him to make him understand that the home is managed by two in a couple and that the children belong to both parties, if you find your wife doing something, you can help her by doing the rest of her work”; “The proof is that in my house, on Sundays, it is the boys who wash their clothes so that my daughter can finish cooking and doing her laundry, if you don’t make your family aware of this, the boys only wait to eat and go to play soccer”; “I have three boys whom I teach to share unpaid housework because I only have boys” (Women, Kedougou). The perception is that SHOW and UPCW training sessions have contributed to strengthen harmony, peace and love between family members. “We are sensitized to live well with our spouses and families, in return the impact multiplies at the community level” (Woman, Niore).

“(...) in my house, on Sundays, it is the boys who wash their clothes so that my daughter can finish cooking and doing her laundry, if you don’t make your family aware of this, the boys only wait to eat and go to play soccer.”

WOMAN, KEDOUGOU



▲ 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

Some women have gained greater confidence to communicate in groups and, also talk effectively and persuasively with their husband. A twenty-one-year-old young woman in Pikine shared: “My participation in the SHOW project has given me more knowledge about unpaid work and communication techniques. I didn’t know how to give a talk or conduct a home visit, but thanks to this project I am now able to educate my peers”. Given the context of gender inequality, the female community facilitator in Pikine explained how challenging it was to convince women to communicate effectively with their husband in matters of UPCW but that the training sessions proved to be very beneficial. She notes: “(a community) where some women said they would not accept their husband’s participation in housework [...] after discussion sessions and as we explained it to them [...] some women even had problems just asking their husbands to help them with the children [...] but in the end they had the courage to talk about it with their husbands”.

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

3.6.1 EQUITABLE SHARING DURING COVID-19 LOCKDOWNS

Through Plan International’s COVID-19 response programming focusing on UPCW, men and boys were encouraged to reflect on positive masculinities and their equal role in care work and adopt equitable attitudes and behaviours that are supportive of women and girls. The study data suggests men and boys embraced a range of activities, such as sweeping, ironing, washing clothing, various culinary jobs, and so on. While men were able to easily adapt to most of the household care work activities, cooking was highlighted as one of the challenging activities, as expressed here: “cooking is the most difficult thing for men, because we are not used to doing it, it is women who have been doing it for a long time” (Adolescent boy, Pikine).

The value of equitable sharing of care tasks and responsibilities, as well as joint decision-making, were core components of the content that participants were exposed to. As noted in [section 3.5](#), this initiative has substantially helped communities in creating enabling environments for



▲ Assertive communication

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

promoting wellbeing and agency of women and girls, as well as contributing to reducing GBV. Several men and boys participated in care responsibilities during the pandemic (see [section 3.4.1](#)). During the COVID-19 lockdown, equitable sharing proved to be critical in reducing tension and promoting bonding within couples and family members and for promoting overall household harmony and mutual support regardless of gender and age.

Many respondents believe that the importance of equitable sharing cannot be undermined and that the practice will continue even after the COVID pandemic.

3.6.2 FUTURE OF EQUITABLE SHARING OF UPCW

The findings suggested that almost all participants across sex and age groups expressed positive aspects regarding the equitable sharing of work responsibilities. Men recognize the importance of equitable sharing for example, a sixty-four-year-old man from Bignona emphasized: “it is very important that everyone participates. All people or family members of different age groups must do so”. Men in their thirties and forties also recognize the negative impact that UPCW has on women when it is gendered and unequal and, that it can be a factor in keeping women and girls uneducated. “When we were young, household chores weren’t shared and today almost all our sisters didn’t have the chance to succeed in school” (Men, Kaolack). Therefore, many men highlighted the importance of equal sharing of tasks and that this could have a positive impact on the academic performance of girls.

Equitable sharing is doable if one is motivated enough as this fifty-eight-year-old man in Kedougou who maintained: “Something you’ve never done before, if you practice it for six months, then you can continue to do it” (Man, Kedougou). The research participants also value equitable sharing and its positive impact on women’s wellbeing. “If we shared the work equally in the family, things would be much simpler and easier to do. Therefore, we women will have our free time to rest, take care of ourselves, our bodies, and we will be in good health” (Woman, Bignona). “The sharing of household chores in our

families will have a positive impact on the health of the woman” (Woman, Louga).

“I have noticed that since I started to participate in the [household] work, a relationship of trust has developed in our couple. And today she is very proud of me and we have a happy family.”

MAN, SANSAMBA

Communities appreciate the value of equitable sharing for its direct impact on improving family life and therefore would like to continue practicing it. “When work is shared equally, we will have a happy family. And psychologically it reflects on the children because they will be educated with this virtue (participation in the care of the whole family) and they will see that their parents help and love each other. I consider that helping one’s wife or helping each other is still a form of expression of love in a couple” (Man, Sansamba). Other participants shared: “the cohesion in the house is strengthened and the whole family tolerates and supports each other” (Man, Kaolack); “It increases peace and social harmony in the family” (Woman, Louga). Men in Kedougou also indicated joy, peace, and good communication within family as direct outcomes of equitable sharing. In this regard, the female community facilitator in Pikine emphasized the importance of engaging men in the process as that made the intervention successful in her view: “We were only popularizing women’s rights,[...] but thanks to this (project), we were able to solve problems that had no solution as we were able to raise awareness among men so that they would decide to do housework, and this has created cohesion between spouses. By doing this project, we have gained experience and we have also seen that women who were supported by men, were more content.” A man in Sansamba also stated: “I have noticed that since I started to participate in the [household] work, a relationship of trust has developed in our couple. And today she is very proud of me and we have a happy family.”



▲ 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



Data obtained from women also reveals that equal distribution of care work will improve women's sense of self and attachment to their family. Women are happy when they sense that their contributions to the family are recognized and appreciated and that other members of the household are committed to their wellbeing. "We will find fulfillment, and this proves that your partner cares about your wellbeing, as well as the health of your family" (Woman, Kedougou).

Respondents also value equitable sharing due to its role in allowing women and adolescent girls to diversify their productivity through income-generation and educational activities. "If the work was shared in the right way, we women and girls would have more time to rest and take care of ourselves, and we could take advantage of this time to study at home" (Woman, Pikine). Data shows that some schoolgirls find their household environment inconducive to completing school assignments.

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	There will be harmony and happiness in the family	Increase family bonding, peace and harmony/good communication with family	Unity among children/girl children will have time to study
2	She can rest, be peaceful, happy and stress free	She will have time to rest	Opportunity to rest, take care of oneself.	Tension free atmosphere and communication at home/conjugal and sexual relationship will improve due to stress free environment
3	She may start a business/ income generation/financially independent	Girl children can focus on school lessons	Wife can take better care of husband/ spousal relationship will improve and sharing leads to love between couples.	Regain Self esteem
4	Regains health/weight/ physical beauty (that diminishes with hard work)	Boys can have good relationship with sisters.		Regain Health
5	Sexual violence against wives will decrease (when women are overworked, they refuse sexual intimacy and that leads to violence)	Her health will improve		Rest/visit parents
6				Happiness, children too will be happy
7				Income generation activities can be taken up
8				Focus on husband and take care of him more.

When at home, girls are expected to prioritize care responsibilities. As a coping mechanism, a few girls delay returning home so that they can focus on the school assignment properly. A fourteen-year-old with several siblings and living in an extended family in Pikine shared: “if the work was shared equally, I wouldn’t have to stay at school all day to study, I would rather come home to do my homework.”³⁹ (Adolescent girl, Pikine). Data trends based on information gathered from women indicated that they too want to tackle time poverty and generate income with a clear sense of purpose, that of playing an economic role in the household. “I would have more time to do small-scale trade” (Woman, Nioro). “If we shared the housework equally, we would have more time to do income-generating activities” (Woman, Pikine). The youth also tie up women’s success in income generation to equitable sharing of care work inside the household. “If the housework was shared equally, it would allow the woman to have some free time to carry out income-generating activities [...]” (Adolescent boy, Pikine). This statement is important in the light of information recorded in [section 3.2.2](#). Several adolescent boys have witnessed the care work strain their mothers face on a regular basis, and they maintained that women can only focus on economic activities if care work is redistributed among members of the household and not exclusively left to women.

“I have noticed that since I started to participate in the [household] work, a relationship of trust has developed in our couple. And today she is very proud of me and we have a happy family.”

MAN, SANSAMBA

Some respondents expressed reservations about practicing equitable sharing of UPCW

Regarding the perceptions about equitable distribution of workload after Covid-19, there were very few responses. Although the idea of equitable work distribution during and after Covid was appreciated by many members, some expressed reservations and disagreed. A dialogue that took place among men in Sansamba captures the disagreement on equitable sharing quite well. A thirty-five-year-old man maintained: “I find that workload cannot be shared equally. You don’t take a wife and then go back to sweeping or cooking. It is the woman herself who would not let you do this since she knows that housework is part of her role. It will be up to us as men to manage the house financially by going to work.”⁴⁰ A forty-year-old man responded: “My friend’s answer is an old notion, we admit it. But it must be said that for some time we have been aspiring to change and participate in housework. Just being a member of the “Club”, shows that we are making a significant effort to help our wives”. Both men had children and lived in extended families.

The qualitative data set guides that those who insist on gendered division of care roles largely do so due to gendered cultural/economic expectations and consider these to be the regular housekeeping arrangement. For example, a woman in Kedougou predicted that equitable sharing of UPCW will no longer be possible for men as they will no longer be at home once lockdown restriction are lifted: “After the pandemic, with the resumption of activities, it will be difficult for the man to help the woman because he is often absent from home”.

38. Note taker notes on this respondent: “(she)was not comfortable speaking, finally spoke up on this issue with her head bowed. In a sad voice, she seemed to be preoccupied by the question”.

39. Note taker notes: He gave his answer in a rigorous manner. It is clear that he has not completely abandoned his old ideas after the UPCW training. There are some in the group who have also expressed their disagreements through whispers and gestures. The one who replied to him also caused a lot of noise with some people making fun of the first one (35 year old man). This suggests others were in disagreement with him.

4

Discussion, Challenges and Recommendations



Discussion, Challenges and Recommendations

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

Men and boys are increasingly recognizing that the heavy burden of care work on women and girls is unfair. Participants have begun to realize the importance of stepping out of established gender stereotypes and exploring new possibilities. Many men are accepting redistribution of care responsibilities because they do not want women to suffer due to being overworked. Some men also want to enable women to become more independent and realize their economic potential. A few men have collaborated with their wives in starting small businesses and are also supporting them in trading activities.

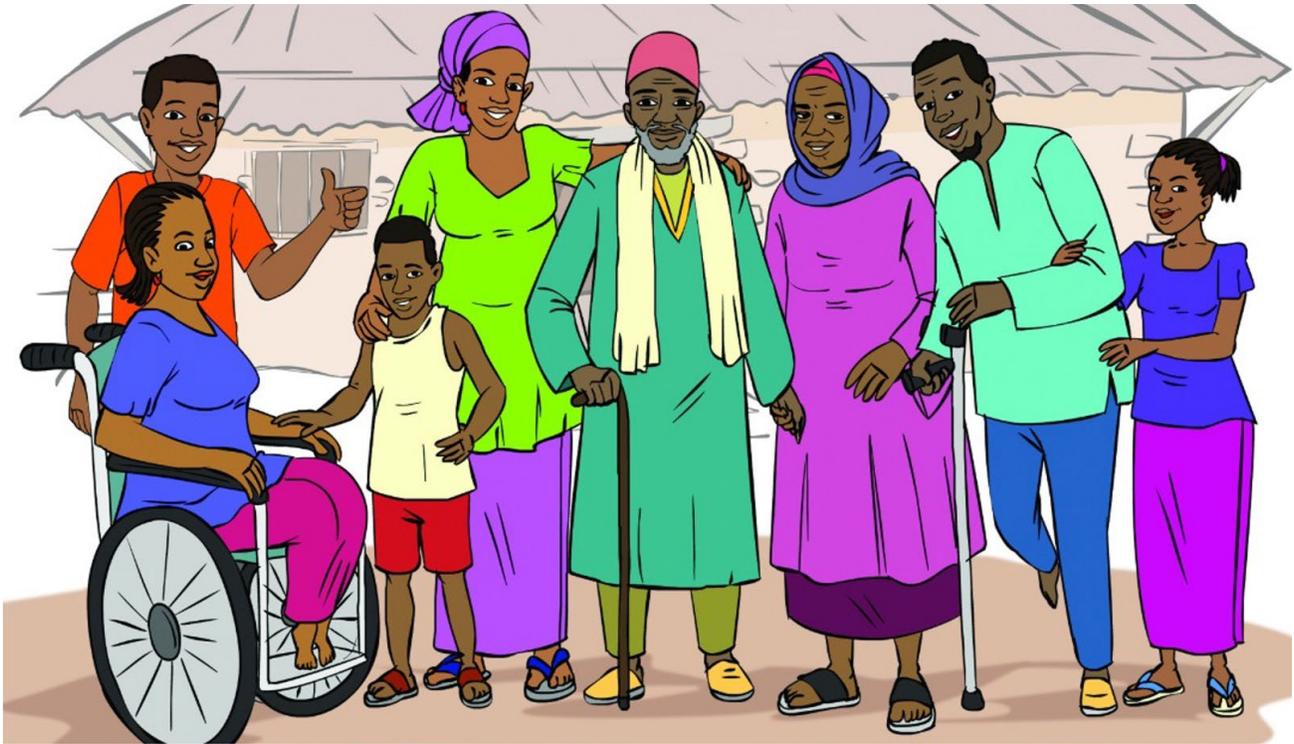
The UPCW project activities have clearly benefited the members of the Fathers Clubs and Husband Schools as they indicated that they recognized the importance of sharing UPCW. Some respondents already considered themselves role models in their community. Facilitators working directly with the communities emphasized the importance of directing efforts to engage men in order to address UPCW. Development approaches if embedded within the overall theory of change can be successfully transferred and utilized across sectors. If efforts are built on evidence and are thoroughly contextualized, i.e., premised on local perceptions regarding deeply ingrained gendered norms, beliefs, and practices, it is possible to achieve gender transformative shifts in attitudes and behaviours benefitting everyone involved.

The findings based on the empirical data set collected from local communities in Senegal clearly demonstrate that all respondent categories, women, men, adolescent boys and adolescent girls, have benefited from the SHOW UPCW activities which have enabled them to learn about and disseminate information about equitable sharing of UPCW, highlighting its links with domestic peace and harmony; improved health outcomes for everyone, particularly women and children; better time management; and economic stability within households. Increased awareness is always a first step towards change and, therefore this is encouraging for all stakeholders.

The status quo is maintained through the community's structure, organization, and customs. Within extended families, for example, traditional gendered norms and generational elements of UPCW have an impact on one's essential cultural identity; and it is difficult for both men and women to challenge this.

Some participants have started questioning societal behaviours that hinder gender transformative change. Local women's rights organizations and adolescent support centers (details already provided in [Section 3.5](#)) are also important vehicles for gender transformative change. The UPCW sessions have improved the functioning ability of women and girls. The program has made women recognize that if there is more equal distribution of care labour, these arrangements will lessen time poverty and offer them the opportunity to rest and maintain a healthier lifestyle, which will lead to options such as engaging in business or any other educational/learning activity. The activities have also helped young adolescent girls develop confidence and communication skills.

In some households, equitable sharing of care work has increased to mutual understanding, trust, love, and compassion within families. Some are openly discussing what they have learned in the sessions; recognizing the burden of UPCW and its impact on women and girls. More men and boys are making attempts to practice equitable sharing and many women and girls are encouraging them to do so.



▲ Group with diverse individuals looking happy

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

CHALLENGES

Intergenerational transfer of gender inequality contributes to the preservation of the status quo. Predominantly, respondents' statements refer to men's and boys' engagement in care work as "assistance", "help", or "support" to women and girls, as opposed to any acknowledgement or recognition that care labour is an equal role and responsibility of men and boys. While this assistance or help has contributed to sharing the workload, it still points to the ingrained attitudes and conventions that drive the continued gendered allocation of care labour, necessitating a sustained and expanded degree of community engagement on this problem; which should include demonstrating the advantages of equitable sharing for all family members and not just women and girls.

Data from the research confirms that girls' education is often downplayed and although a few participants, including men indicated their worry over girls dropping out of school due to UPCW it is important to transform attitudes and adopt practical measures. Shifting culturally embedded attitudes and practices is difficult and necessitates not just long-term interventions, but efforts that are co-created with local communities and are representative of diverse groups of stakeholders.

National statistics and the current data set both demonstrate that violence against women and girls, particularly intimate partner violence is widespread in Senegalese culture. Ending violence against women and children is complex and requires multi-dimensional interventions which address deep-seated gender norms and power differentials.

RECOMMENDATIONS

These recommendations are offered to civil society, public and private sector stakeholders that are seeking to tackle the unequitable distribution of UPCW and promote gender transformative change through policy and programs.

The empirical evidence acquired through this research indicated that based on the 5 Rs framework, the burden of UPCW on women and girls in communities is increasingly being 'recognized' and is gradually being 'reduced' for some women and girls, due to greater 'redistribution' within some households. More men and boys are engaged in equitable sharing of care chores as a result of SHOW's UPCW activities, and time poverty for some women and girls is perceived to be declining. There are women and couples who have expressed their interest and need to engage in small scale local trading and business. Such local efforts can be supported in consultation with the communities. VSLAs are already being considered by the sample communities as a source of financial independence for women.

Recognize that care work is deeply entrenched in the social value of women and girls, as well as the way their roles are defined. Gender roles are intrinsically related to other aspects, such as access to and control over resources, decision-making power, autonomous mobility, and challenges

such as intimate partner violence and child, early, and forced marriages (CEFM). As a result, it is critical that all members of nuclear and extended families (including parents, grandparents, in-laws, and siblings) are sensitized to the importance of UPCW distribution and broader gender equality. This means that development and humanitarian practitioners should design projects that integrate gender equality across sectors and engage with diverse groups of stakeholders. It is critical to address gendered norms and practices, as well as use effective advocacy strategies, in order to increase the importance and recognition of UPCW in national policies and data collection initiatives. Likewise, government stakeholders should work with local women's rights organizations to produce policies, action plans, and data on family-friendly policies, as well as recognize the value of UPCW.

Future research should adopt a more intersectional approach, emphasizing the care burden and socioeconomic disadvantages encountered by diverse groups of women and girls, such as women living with disability, racialized, widowed, divorced women, female heads of households, and single women living within extended families. Additional statistics and evidence on UPCW should be made available to document and better understand the lived experiences of diverse women and girls in relation to UPCW in order to design and provide appropriate social and economic safeguards and protections.

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?



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