Baseline Survey Report

COVID-19 Awareness and Unpaid Care Work

in Bolgatanga East and Nabdam Districts

by

Widows and Orphans Movement (WOM)
Bolgatanga, Upper East Region
October, 2020

PLAN INTERNATIONAL | WOMEN'S VOICE AND LEADERSHIP IN GHANA | Canada

Final Report

Baseline Survey: COVID-19 Awareness and Unpaid Care Work in Bolgatanga East and Nabdam Districts

Region: Upper East

Country: Ghana

Submitted by: Chaka Uzondu, Ph.D.

Contact Tel: 020 669 8359

Contact email: c.a.uzondu@gmail.com

Date Submitted: 29 October 2020

Acknowledgements

This report is indebted to the contributions of different persons. First, I would like to thank all of the individuals who took the time to participate in the survey. I appreciate the work of the six enumerators who conducted the survey. Despite the risk of contracting COVID 19, they conducted interviews with 339 persons. This report would not be complete if it failed to acknowledge Patricia Ayichuru of the Widows and Orphans Movement (WOM) who was the organizational liaison and who provided all of the critical logistical support. I also thank WOM for providing the resources to make this survey possible.

Contents

Charts, Graphs and Table

Graph 3. Female perspectives on equality in the provision of unpaid care work between females and males.

Graph 4. Male perspectives on equality in the provision of unpaid care work between females and males

Executive Summary

This baseline survey provides critical information regarding awareness and behaviours of some people in the context of the COVID-19 pandemic. Given the health implications of COVID-19, there has been a strong emphasis on improving hygiene behaviours as well as social (physical) distancing. However, what has often been under-emphasized, even ignored, is: "who will perform the requisite care work?" With little exception it is women who disproportionately bear the brunt of providing unpaid care work. This baseline is a part of a project that aims to contribute to the redistribution of unpaid care work in the pursuit of gender equality and women's rights.

A total of 339 respondents participated in the survey on awareness of COVID-19 and gender in Bolgatanga East and Nabdam districts in the Upper East Region. The survey included 209 females and 130 males. The majority of the participants were between the 18 to 25 age range (114 persons; 34.2%). The second largest group of respondents were between the 26- 35 age range (106 persons; 31.27%).

The baseline was conducted by a group of six enumerators over the course of four days. The enumerators used Kobotoolbox to collect all the data. Before the enumerators began data collection they were trained in using the tool. They also participated in a piloting of the tool in a similar context in which the baseline would be conducted. Insights from the piloting of the tool were subsequently used to revise it before its official deployment in the field.

The survey revealed the following:

- The preferred source of information was the radio
- After the radio, the television was the preferred source of information

Interestingly, social media is the only source of information where the preference of males is greater than that of females. This suggests that social media messages, especially for men between the ages of 18 to 25 may be a highly effective way to reach males via their preferred source of information.

The survey also revealed that COVID-19 has led to an increase in unpaid care work. Unsurprisingly the majority of this care work is being performed by females. The survey found that 146 of the 208 females (65.2%) that participated in the study had experienced an increase in performing unpaid care work. This was nearly double the increase in the provision of unpaid care work performed by males. Of the 130 males who participated in the study, 78 (34.8%) of them observed their increase in unpaid care work.

The survey provided insights into social norms regarding unpaid care work. Respondents were asked if they believed that care work should be shared equally between females and males. From a possible 339 responses, there were 295 responses to this question; 206 respondents chose "yes," while 89 respondents chose "no".

Based on the findings of the survey a few recommendations were provided. One recommendation was for increased use of radio base communication, since this is the medium preferred by the majority of respondents. A second recommendation was for an increase in the use of social media for behavior change communication focused on men, especially for men between the ages of 18 to 25 and 26 to 35 age ranges.

1.0 Introduction and purpose of the Baseline Study

Communication on COVID-19 has not systematically linked unpaid care work to the pandemic. It is widely known that women bear a disproportionate amount of the unpaid care work in households. For example, ActionAid Ghana reports that women in Ghana perform on average 10 more hours of care work than men.[1] Despite this inequity, some COVID-19 messaging promotes intensification of hygiene activities (handwashing with soap under running water), without paying attention to the need to reduce women's burden of unpaid care work burden. Redistributing unpaid care work not only increases gender equity and helps realize the rights of women; it is also the basis for more sustainable hygiene interventions in the face of the ongoing COVID-19 pandemic.

In order to promote a redistribution of unpaid care work from women to men, it is essential to know more specifically both the extant socio-cultural norms and behaviours regarding unpaid care work, especially within the context of COVID-19. This baseline study provides information about the awareness of people about COVID 19 in two districts of the Upper East Region: Bolgatanga East and Nabdam. More specifically, the baseline seeks to identify current levels of awareness about COVID-19, self-professed compliance with protective behaviours, norms about unpaid care work, changes in the provision of care work in households and self-professed willingness (by men) to participate more in unpaid care work in their households.

[1] ActionAid Ghana. 2017. *Providing Opportunities for Women Empowerment and Rights*. Available at: http://powerproject.actionaid.org/wp-content/uploads/2017/08/AAG-POWER-baseline-summary-final.pdf Accessed 25 October, 2020.

1.1 Methodology

The baseline sought to provide answers to the following questions:

- Is COVID-19 increasing the disproportionate burden of unpaid care work borne by women?
- If COVID-19 leads to an increase in unpaid care work, what are the implications for gender equality?
- Does the emergence of the COVID-19 pandemic provide any opportunities to positively reshape gender norms so they are more equitable?

The baseline was also designed to do the following:

- To generate information that can be used to design and/or redesign project interventions, especially behavior communication interventions.
- To generate information on knowledge, attitude and behaviours in regards to COVID-19 prevention and transmission from a gender and age perspectives
- To generate evidence to support the design of gender-responsive interventions that can be used for advocacy and fund-raising purposes.

A quantitative approach was used to gather data. All surveys were carried out face to face. However, all efforts were made to protect respondents and enumerators from the COVID-19. Enumerators were provided with hand sanitizers and face masks. Confidentiality and data protection: all quantitative surveys were confidential. No personal data was collected. At the start of the survey it was emphasized that no names or identifying information would be stored

or shared in the report. All surveys were conducted on the basis of informed consent and a fully voluntary basis. Respondents were informed that they were free to stop the survey at any point they so wished.

In order to ensure quality data collection, skilled enumerators were identified. Seventy five percent of the team of enumerators was provided by the Widows and Orphans Movement (WOM); the remaining 25% of the enumerators were provided by the consultant. The initial intention was to have a team of enumerators comprised of three females and three males. Eventually, the team was comprised of one female and five males. This was problematic from one perspective – ensuring gender parity in this research in terms of skill development and income generating opportunity for the enumerators. However, having more male enumerators may have also encouraged more men to respond honestly to questions about social norms and their behaviours. All enumerators participated in a training session and review of the survey tool. A key aspect of the review was to practice translating the questions from English into the Grune language. Subsequently, the enumerators piloted the tool in a context similar to the intended context and then participated in an additional review to revise the survey tool, before it was finalized for use. To increase the quality of data collected, the need for data entry from paper surveys into a specialized software was eliminated. Rather, a data collection tool, KoBotoolbox was used for the collection of data for the entirety of the data collection.

Limitations of the study

This baseline is not representative of all groups. For example, adolescent youth did not participate in the study. Therefore, some findings and conclusions may not be generalizable across the entire population.

The survey was administered over the course of four days in three markets in two districts. The Pelungu market is in Bolgatanga East district. The Nangode and Kongo markets are in the Nabdam district. A total of 339 respondents participated in the survey.

2.0 Key Findings of the Survey

In Bolgatanga East 110 persons were respondents to the survey. In Nabdam there were 217 respondents. There were 12 respondents from other districts. The chart and table below provide additional details.

Graph 1. Respondents by districts

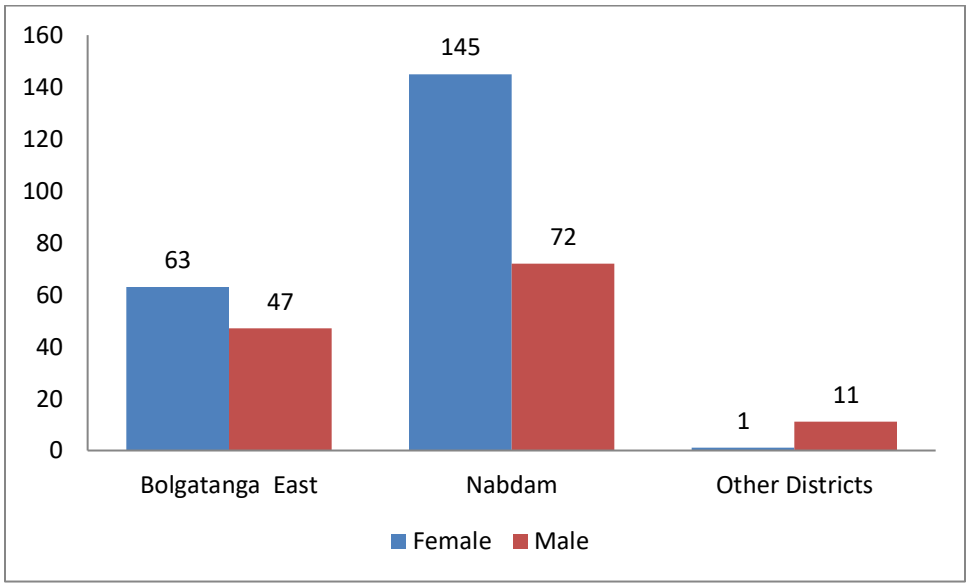


Table 1. Table of respondents disaggregated by sex

	Bolgatanga East	%	Nabdam	%	Other Districts	%	Grand Total
Female	63	57.27	145	66.82	1	8.33	209
Male	47	42.73	72	33.18	11	91.67	130
Grand Total	110	100.00	217	100	12	100.00	339

Table 2. Table of respondents disaggregated by sex and age

Age Ranges	Bolgatanga East	Bolgatanga East	Bolgatanga East	Nabdam	Nabdam	Nabdam	Other Districts	Other Districts	Other Districts Total	Grand Total
	Female	Male	**Total**	Female	Male	**Total**	Female	Male	**Total**	
18 to 25 years	20	15	35	57	17	74	1	6	7	116
26 to 35 years	21	8	29	48	27	75	0	2	2	106
36 to 45 years	7	10	17	25	19	44	0	2	2	63
46 to 55 years	9	11	20	11	4	15	0	1	1	36
56 to 65 years	4	3	7	3	4	7	0	0	0	14
66 and above	2	0	2	1	1	2	0	0	0	4
Grand Total	**63**	**47**	**110**	**145**	**72**	**217**	**1**	**11**	**12**	**339**

2.2 Preferred medium of receiving information

In order to effectively develop and deploy behavior change communication messages it is critical to understand the preferred medium of communication of various subsets of the population. The survey did this by asking respondents to specify their preferred medium of receiving information.

Table 3: Respondents preferred medium of receiving information

Age Ranges	Door to door visits	Loud speakers announcements	No preferred choice	Other	Public Meetings	Radio	Social Media	Television	Grand Total
18 to 25 years	2	13	17	1	2	29	14	38	116
26 to 35 years	1	19	16	0	2	37	9	22	106
36 to 45 years	1	11	5	0	1	35	0	10	63
46 to 55 years	2	5	3	0	1	16	0	9	36
56 to 65 years	0	1	1	0	0	11	0	1	14
66 and above	1	0	0	0	1	2	0	0	4
Grand Total	**7**	**49**	**42**	**1**	**7**	**130**	**23**	**80**	**339**
Total Percentage	**2.1**	**14.5**	**12.4**	**0.3**	**2.1**	**38.3**	**6.8**	**23.6**	**100**

The baseline revealed that majority of respondents (38.3%) preferred radio as their source of information regarding COVID-19. The next preferred source of information was television (23.6%). Information provided by public loud speakers (14.5%) was the third most desired source of information.

2.3. Preferred source of information for females and males

For designing effective behavior change communication interventions, it is important not to assume that females and males prefer to receive information from the same source. Therefore the survey sought to assess if the preferences were the same or had significant differences.

Table 4: Preferred source of information by sex

Source of Information	Female	%	Male	%	Grand Total
Door to door visits	5	71.4	2	28.6	7
Loud speakers announcements	31	63.3	18	36.7	49
No preferred choice	42	100.0		0.0	42
Other	1	100.0		0.0	1
Public Meetings	7	100.0		0.0	7
Radio	72	55.4	58	44.6	130
Social Media	8	34.8	15	65.2	23
Television	43	53.8	37	46.3	80
Grand Total	**209**	**61.7**	**130**	**38.3**	**339**

The analysis of the data by sex reveals one particularly interesting finding. Social media is the only source of information where men have a higher stated preference (as a percentage) than women. For instance, whereas eight women (34.8%) of 23 persons stated that social media was their preferred source of income, 15 men (65.2%) stated that social media is their preferred source.

2.4. Preferred source of information in Bolgatanga East

Bolgatanga East and Nabdam share many characteristics, however, Bolgatanga East is slightly less rural than Nabdam. The survey sought to assess if this may have had any impact on source of information preferences.

Chart 2: Pie chart of preferred source of information in Bolgatanga East

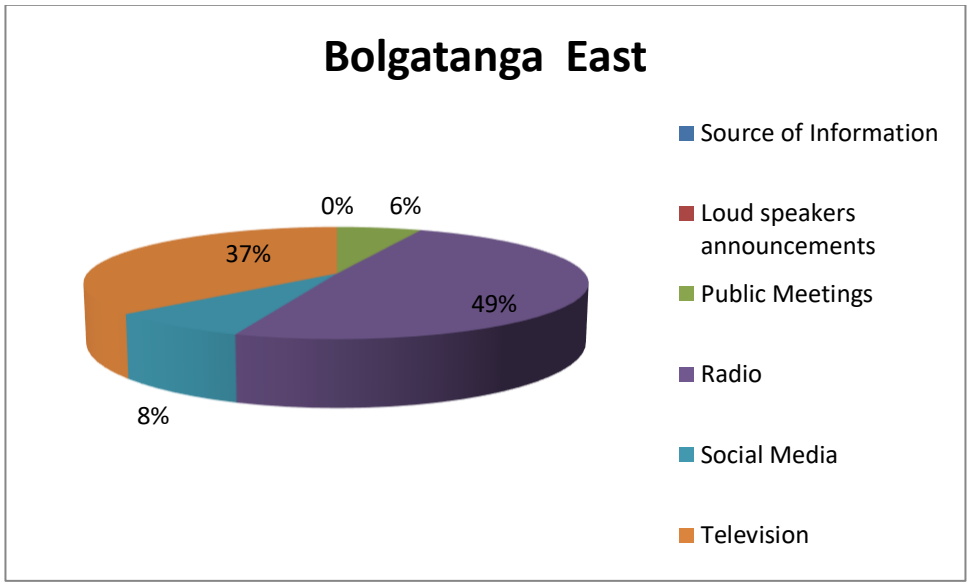


Table 5: Preferred source of information in Bolgatanga East disaggregated by sex

	Bolgatanga East		Bolgatanga East Total
Source of Information	**Female**	**Male**	
Loud speakers announcements	0	1	1
Public Meetings	4		4
Radio	31	18	49
Social Media	5	9	14
Television	23	19	42
Grand Total	**63**	**47**	**110**

2.5. Preferred source of information in Nabdam

Chart 3. Pie chart of preferred source of information in Nabdam

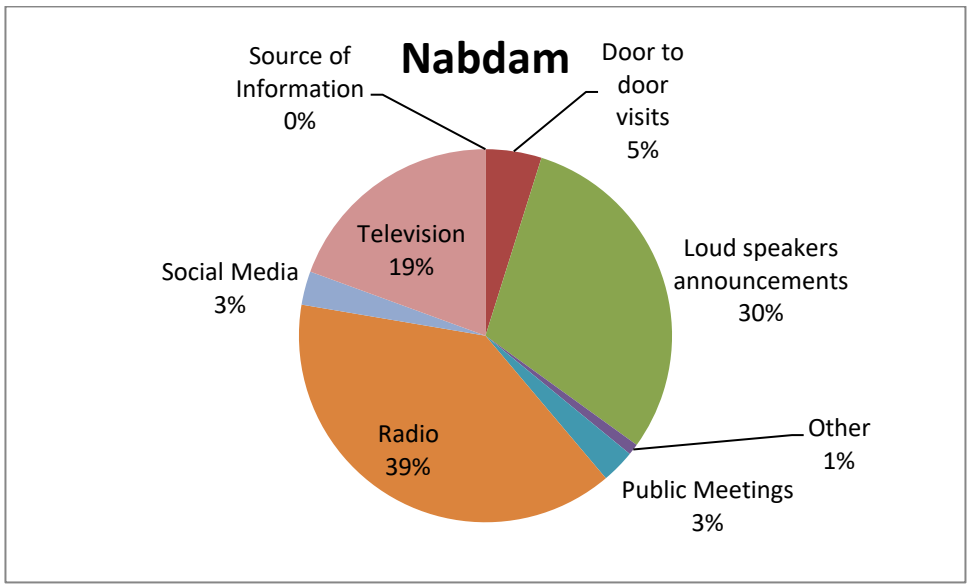


Table 6: Preferred source of information in Nabdam disaggregated by sex

	Nabdam	Nabdam	Nabdam Total	Grand Total
Source of Information	Female	Male		
Door to door visits	5	2	7	7
Loud speakers announcements	31	15	46	46
No preferred choice	42		42	42
Other	1		1	1
Public Meetings	3		3	3
Radio	40	36	76	76
Social Media	3	2	5	5
Television	20	17	37	37
Grand Total	**145**	**72**	**217**	**217**[2]

[2] Please note the total number of respondents were 339. The totals for Bolgatanga East and Nabdam are 327. The other 12 respondents were from other districts.

A comparison of the preferred choice of information in the two districts reveals the following: radio is the preferred source of information in both districts. What was most striking is that the use or public announcements were much more desired in Nabdam (46 persons preferred this) than in Bolgatanga East (1 person). Additionally, perhaps because Bolgatanga East is a little less rural than Nabdam, there was a greater preference for social media as a source of information in the former (14 persons in Bolgatanga East), than the latter (5 persons in Nabdam). There was also a greater preference of television in Bolgatanga East than in Nabdam. Strikingly, in Bolgatanga East more persons identified social media (5) as their preferred source of information than public meetings (4). In Nabdam, the same number of persons preferred public meeting as they did social media (3).

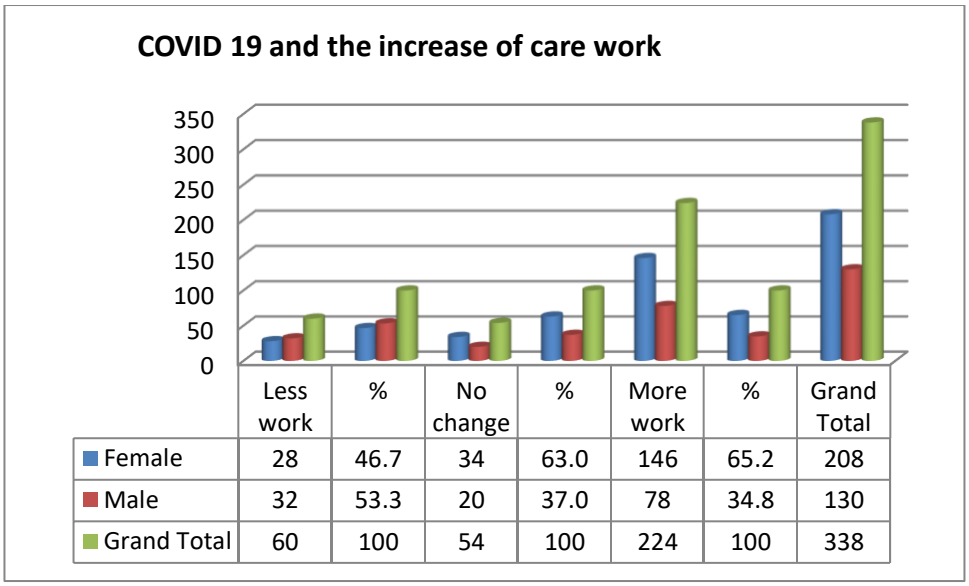
2.6. COVID 19 and the increase of care work

Given the highly infectious nature of COVID-19, its primary preventative measures revolved around hygiene especially hand hygiene and environmental hygiene (e.g. cleaning of surfaces). This, in turn, requires greater usage of water. Therefore, as a result of the COVID-19 pandemic, it was hypothesized that there would be a concomitant increase in the provision of care work (cleaning, cooking, fetching of water, caring for children and others). The survey sought to assess if this is true and to identify how gendered social norms were impacting who performed the unpaid care work.

Table 7: COVID-19 and the increase of care work

	Less work	%	No change	%	More work	%	Grand Total
Female	28	46.7	34	63.0	146	65.2	208
Male	32	53.3	20	37.0	78	34.8	130
Grand Total	60	100	54	100	224	100	338

Graph 1. COVID-19 and the increase of care work



	Less work	%	No change	%	More work	%	Grand Total
Female	28	46.7	34	63.0	146	65.2	208
Male	32	53.3	20	37.0	78	34.8	130
Grand Total	60	100	54	100	224	100	338

The emergence of COVID-19 pandemic has impacted care work. Data from the survey in the two districts reveals, as anticipated, that the burden of unpaid care work disproportionately increased for women. For example, 65.2% of female respondents indicated that they have experienced an increase in their care work. On the other hand, only 34.8% of men indicated that they experienced an increase in their workload.

2.7. Increase in the responsibility for care work since COVID 19 by age and sex

Table 8: Women, age, and Responsibility for care work

Age	Less work	No change	More work	Grand Total
18 to 25 years	10	13	54	77
26 to 35 years	8	9	52	69
36 to 45 years	4	3	25	32
46 to 55 years	3	4	13	20
56 to 65 years	3	3	1	7
66 and above		2	1	3
Grand Total	**28**	**34**	**146**	**208**

Two hundred and eight (208) females participated in the survey. Of this number, 146 of them asserted that since COVID-19 they experienced an increase in the provision of care work. The majority of these women (54) who experienced more care work were between the ages of 18 to 25. This group was followed by (52) women between the ages of 26 to 35. There is a clear trend – as females get older their responsibility to provide care work decreases. For instance, women between the ages of 18 to 25 and 26 to 35 were twice as likely to say that their responsibility for care work had increased since COVID-19, when compared to women between36 to 45 years and more than four times as likely when compared to women between the ages of 45 to 55.

Table 9: Men, age, and Responsibility for care work

Age	Less work	No change	More work	Grand Total
18 to 25 years	11	7	20	38
26 to 35 years	9	2	26	37
36 to 45 years	8	3	20	31
46 to 55 years	1	7	8	16
56 to 65 years	2	1	4	7
66 and above	1			1
Grand Total	**32**	**20**	**78**	**130**

The findings of the survey reveal that 78 of the 130 males who participated claim that their participation in care work has increased since COVID-19. The majority of the males who claim they have experienced an increase in care work provision are between the ages of 26 to 37. Males between the ages of 18 to 25 are the group which has the next highest level of participation in care work. Similar to the findings on females, as males' age their responsibility for the provision of care work declines.

It is interesting to note that while the highest level of participation in care work is for males between the ages of 26 to 37, it is females in the younger age range (18 to 25) that have the highest workload among all females. It is possible that marriage accounts for this. That is, given marriage practices normally pair older males to younger females, it is possible that females between the ages of 18 to 25 are more likely to be married to males between the ages of 26 to 35 and that both females and males have a higher responsibility of the provision of care (as the data suggests) during this period in their lives.

2.8. Male willingness to do unpaid care work in the aftermath of COVID-19

If COVID-19 has increased the amount of unpaid care work in households, then how, if at all, has this influenced behaviours? To get some insights regarding this question, the survey asked males only to respond to this question: *If you learnt that COVID 19 was causing extra work in the household, would you personally contribute more to the provision of care work?*

Table 10: Willingness of males to contribute to unpaid care work

	I do not know	No	Undecided	Yes	Grand Total
18 to 25 years	0	2	5	31	38
26 to 35 years	0	1	0	36	37
36 to 45 years	1	0	0	29	30
46 to 55 years	0	3	0	13	16
56 to 65 years	0	1	0	6	7
66 and above	0	0	1	0	1
Grand Total	**1**	**7**	**6**	**115**	**129**
Percentage	**1%**	**5%**	**5%**	**89%**	**100%**

The total number of males participating in the survey was 130. A total of 129 males responded to this question. Eighty nine percent (89%) of the respondents answered in the affirmative. Of that 89%, the majority (36 out of a total of 115) were between the ages of 26 to 35. The 18 to 25 years age group was the one with the second highest number of respondents who answered in the affirmative. Interestingly, male respondents in the age group 56 to 65 also answered mostly "yes" regarding willingness to participate in care work. The data reveals that 6 out of 7 males within that age range answered "yes."

2.9. Wider social norms about unpaid care work

To gain insights into the wider social norms about unpaid care work, the survey asked about norms on men's participation in care work in the household. The survey question posed was: *Do you believe that men should participate in the unpaid care work in the household?*

Graph 2. Perceptions on male participation in care work in households

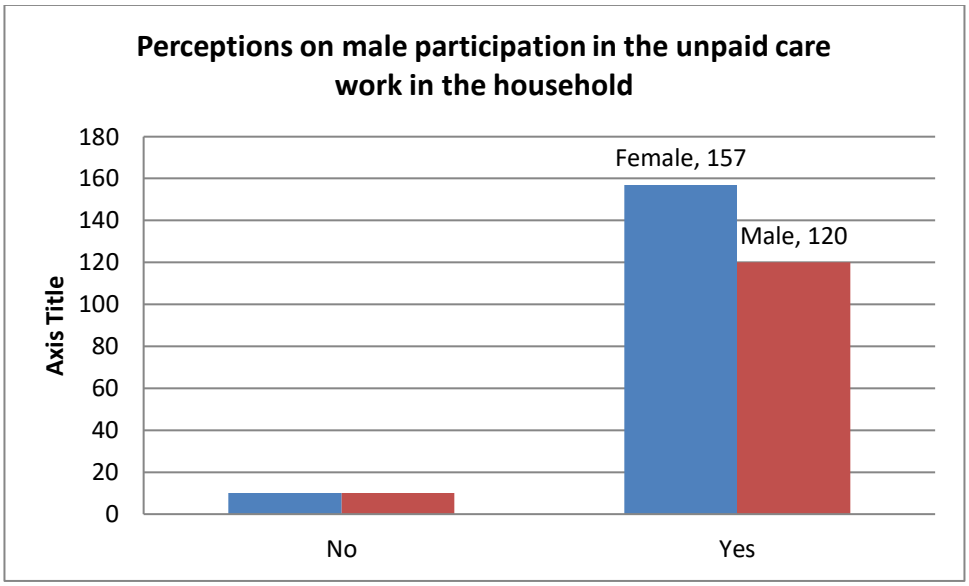


Table 11. Social norms on males' participation in care work in the household

	No		Total NO	Yes		Total YES	Grand Total
	Female	Male		Female	Male		
18 to 25 years	6	5	11	55	33	88	99
26 to 35 years	1	1	2	52	36	88	90
36 to 45 years	2	2	4	25	29	54	58
46 to 55 years	1	1	2	16	15	31	33
56 to 65 years	0	1	1	6	6	12	13
66 and above	0	0	0	3	1	4	4
Grand Total	**10**	**10**	**20**	**157**	**120**	**277**	**297**

There were 297 responses out of a total of 339 possible responses. Of those 297 respondents, 167 were female and 130 were male. Ninety four percent (94%) of the female participants said "yes" to male participation in household unpaid care work. Ninety two (92%) of male respondents answered "yes" when asked the same question regarding male participation in household unpaid care work. Strikingly, 277 of the 297 respondents stated that they believe that men should participate in unpaid care work. It is probably not surprising that female respondents between the age group of 18 to 25 were the largest number supporting yes to male participation in care work, given that this is also the population that is currently providing the most unpaid care work (see table 9).

2.10. Equality in the sharing of unpaid care work

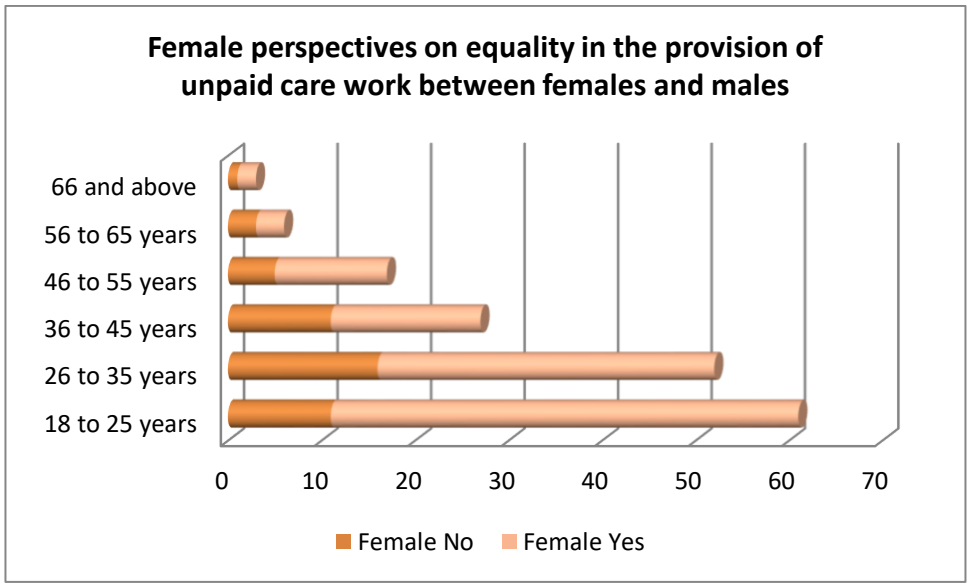
Even if men are willing to participate in the provision of unpaid care work, it is not self-evident that they are willing to share these responsibilities equally with females. The survey sought to understand this.

The survey found that 71.7% of females and 67.4% of males believe that there should be equality in the distribution of unpaid care work. Conversely, 28.3% of females and 32.6% of males do NOT believe that unpaid care work should be equally distributed between women and men. The data also suggests that respondents in the 18 to 25 age range (50 females and 28 males) are the ones most open to the idea of equality between women and men, in the provision of unpaid care work. The 26 to 35 age group (52 females and 28 males) are a very close second in this regard. That said, females in this age range also report the highest number of negative responses to the question of equality in the provision of care work. It is possible that social norms about what constitutes a "good woman/good wife" may be informing these negative responses by females in this age group. The assumption here is that 26 to 35 age group also represents the age where many females become married.

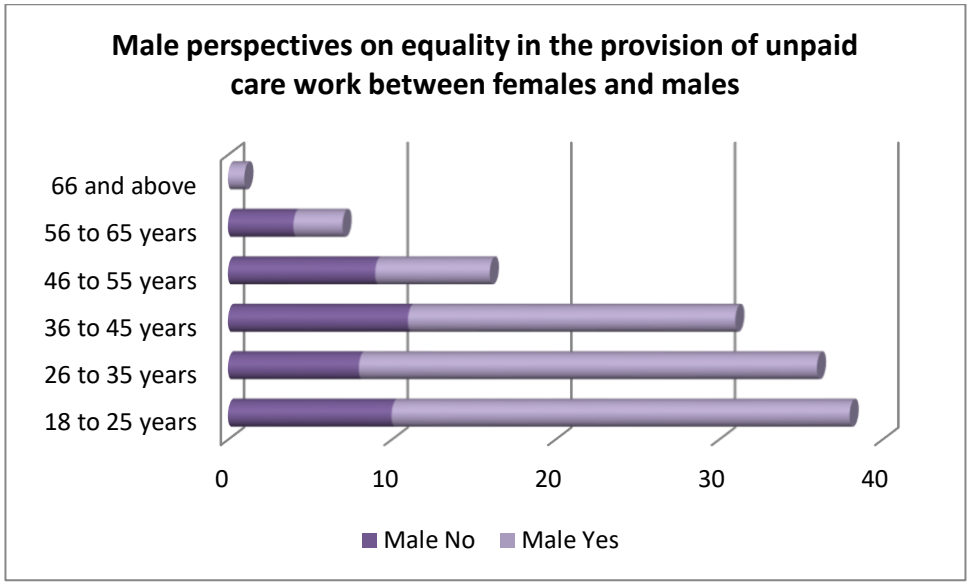
Table 12: Support for equality in the distribution of unpaid care work between females and males

Age Ranges	Female		Female Total	Age Ranges	Male		Male Total	Grand Total
	No	Yes			No	Yes		
18 to 25 years	11	50	61	18 to 25 years	10	28	38	99
26 to 35 years	16	36	52	26 to 35 years	8	28	36	88
36 to 45 years	11	16	27	36 to 45 years	11	20	31	58
46 to 55 years	5	12	17	46 to 55 years	9	7	16	33
56 to 65 years	3	3	6	56 to 65 years	4	3	7	13
66 and above	1	2	3	66 and above		1	1	4
Grand Total	**47**	**119**	**166**	**Grand Total**	**42**	**87**	**129**	**295**
Percentage	**28.3**	**71.7**	**100.00**	**Percentage**	**32.6**	**67.4**	**100.0**	**100**

Graph 3. Female perspectives on equality in the provision of unpaid care work between females and males.



Graph 4. Male perspectives on equality in the provision of unpaid care work between females and males



3. Recommendations

Given the findings from the baseline, the following are recommended:

- Prioritize the use of radio base communication, since this is the medium preferred by the majority of respondents. Given that behavior change takes time it would be strategic to build long term relationships with radio stations in the districts (where they exists) or in the regional capital, Bolgatanga, and the staff of these radio stations and to influence them to become gender equality champions. Focus should be engaging radio show hosts that are focused on the following demographics: 18 to 25 and 26 to 35 age groups.
- Increase the use of social media for behavior change communication focused on men, especially for men between the ages of 18 to 25 and 26 to 35 age ranges. Priority should be given to developing behavior change communication content in collaboration with "creatives" from the target populations.
- Focus the majority of interventions on populations in the 18 to 25 and 26 to 35 age ranges. Identify and groom gender equality champions from within these age groups and work with them to disseminate behavior change communication messages.