

End Line Survey Report

Covid- 19 Awareness and Unpaid Care Work in Bolgatanga East and
Nabdam Districts

4/1/2021

By

Widows and Orphans Movement (WOM)
Bolgatanga Upper East Region



**WOMEN'S VOICE
AND LEADERSHIP
IN GHANA**

Canada

Final Report

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

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Executive Summary

This endline 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 physical distancing. Unfortunately, what has often been under-emphasized, even ignored, is the fact that it is women who disproportionately bear the brunt of providing unpaid care work. This endline 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 323 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 177 females and 147 males.

The baseline was conducted by a group of twelve (12) enumerators over the course of two days. The enumerators used Kobotoolbox to collect all the data. Before the enumerators began data collection they were (re)trained in using the tool. The majority of the enumerators had participated in the baseline survey, so they were already familiar with the tool and the project. There was not field piloting of the tool, since the majority of the enumerators had participated in the baseline.

The survey revealed the following:

- The preferred source of information was the loud speaker in the market place.
- After the loud speaker, the radio and then the television were the preferred sources of information

Consistent with the baseline, 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 176 females (60.3%) that participated in the study had experienced an increase in performing unpaid care work. Of the 130 males who participated in the study, 96 (39.7%) of them observed their increase in unpaid care work.

The endline survey provided insights into social norms regarding unpaid care work. The survey found that 84.1% (71.7%) of females and 66.7% (67.4%) of males believe that there should be equality in the distribution of unpaid care work. This is positive change for women. During the baseline 71.7% of females held this view. However, men's support for equality between women and men in providing unpaid care work in the household has reduced. Whereas there was an almost a 13% increase among women, men's support for equality in providing unpaid care work reduced marginally.

The endline survey reveals that of the 323 respondents who responded to the survey, 234 of respondents heard COVID 19 messages **four or more times**.

An important revelation of the endline survey is the positive emotions men experience when they participate in the provision of unpaid care work. For example, 36.3% of the male respondents claimed to feel respected when they participate in unpaid care work in the household compared to 3.4% who say they feel disrespected.

Based on the findings of the endline survey a few recommendations were provided. One recommendation was for increased use of loud speaker and radio base communication, since these are the two media most preferred by the majority of respondents.

1.0 Introduction and purpose of the Endline 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 endline 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 endline 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 endline sought to provide answer the following questions:

- Are there any positive change in awareness and behaviours in response to COVID-19?
- Is COVID-19 continuing to increase the disproportionate burden of unpaid care work borne by women?
- If COVID-19 leads to an increase in unpaid care work, are men and boys becoming more willing to perform unpaid care work?
- If COVID-19 leads to an increase in unpaid care work, has it led to any changes in the emotions men and boys experience when they perform unpaid care work?

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 protection 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. All of the enumerators were provided by the Widows and Orphans Movement (WOM). The team was comprised of seven females and five males. 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 Grunne language. There was no piloting of the tool in the field before it was finalized for use, due to time constraints. 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 two days in two markets in two districts. The Pelungu market is in Bolgatanga East district. The Nangode market is in the Nabdam district. A total of 323 respondents participated in the survey.

2.0 Key Findings of the Survey

In Bolgatanga East 144 persons were respondents to the survey. In Nabdam there were 164 respondents. There were 15 respondents from other districts. The chart and table below provide additional details.

Graph 1. Respondents by districts

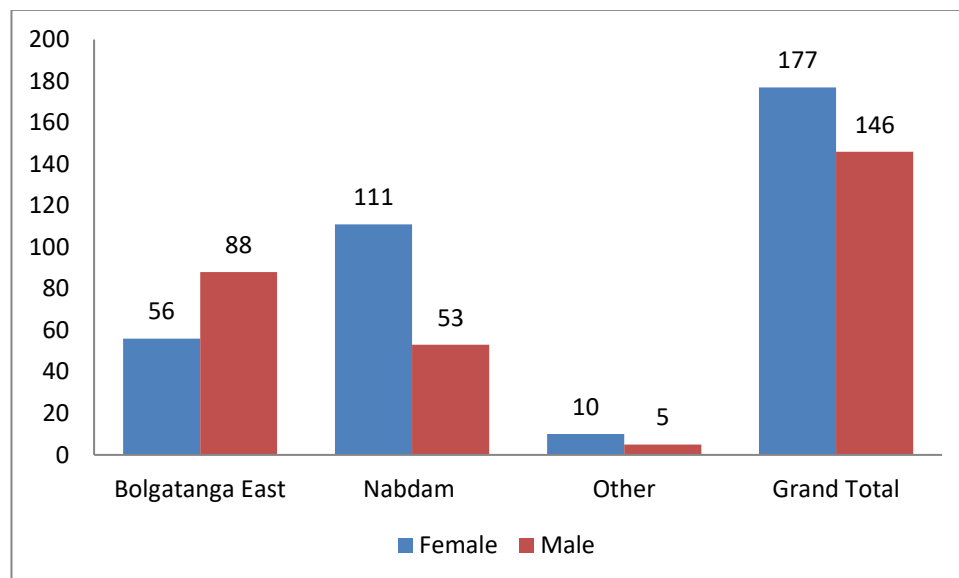


Table 1. Table of respondents disaggregated by sex

| | Bolgatanga East | % | Nabdam | % | Other Districts | % | Grand Total |
|--------------------|-----------------|-----|--------|-----|-----------------|-----|-------------|
| Female | 56 | 39 | 111 | 68 | 10 | 67 | 177 |
| Male | 88 | 61 | 53 | 32 | 5 | 33 | 147 |
| Grand Total | 144 | 100 | 164 | 100 | 15 | 100 | 324 |

Table 2. Table of respondents disaggregated by sex during baseline

| | 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 3. Table of respondents disaggregated by sex and age

| Age of Respondents | Bolgatanga East | | | Nabdam | | | Other Districts | | | Grand Total |
|------------------------------------|-----------------|-----------|------------|------------|-----------|------------|-----------------|----------|-----------|-------------|
| | Female | Male | Total | Female | Male | Total | Female | Male | Total | |
| 18 to 25 years | 8 | 23 | 31 | 28 | 14 | 42 | 2 | 0 | 2 | 75 |
| 26 to 35 years | 12 | 27 | 39 | 41 | 15 | 56 | 4 | 3 | 7 | 102 |
| 36 to 45 years | 14 | 21 | 35 | 23 | 11 | 34 | 3 | 2 | 5 | 74 |
| 46 to 55 years | 15 | 10 | 25 | 11 | 8 | 19 | 1 | 0 | 1 | 45 |
| 56 to 65 years | 5 | 7 | 12 | 7 | 4 | 11 | 0 | 0 | 0 | 23 |
| 66 and above | 2 | 0 | 2 | 1 | 1 | 2 | 0 | 0 | 0 | 4 |
| Total number of Respondents | 56 | 88 | 144 | 111 | 53 | 164 | 10 | 5 | 15 | 323 |

Table 4. Table of respondents disaggregated by sex and age during Baseline

| Age Ranges | Bolga tanga East | | | Nab dam | | | Other Distri cts | | | Grand Total |
|--------------------|------------------|-----------|------------|------------|-----------|------------|------------------|-----------|-----------|-------------|
| | Femal e | Male | Total | Femal e | Male | Total | Femal e | 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

Understanding the preferred medium of communication of the specific populations that are meant to be engaged is very important. This allows for more strategic use of communication channels. The endline survey sought to confirm if the preferred medium of communication identified in the baseline remained consistent. The endline survey asked respondents to specify their preferred medium of receiving information.

Chart 3. Preferred source of information

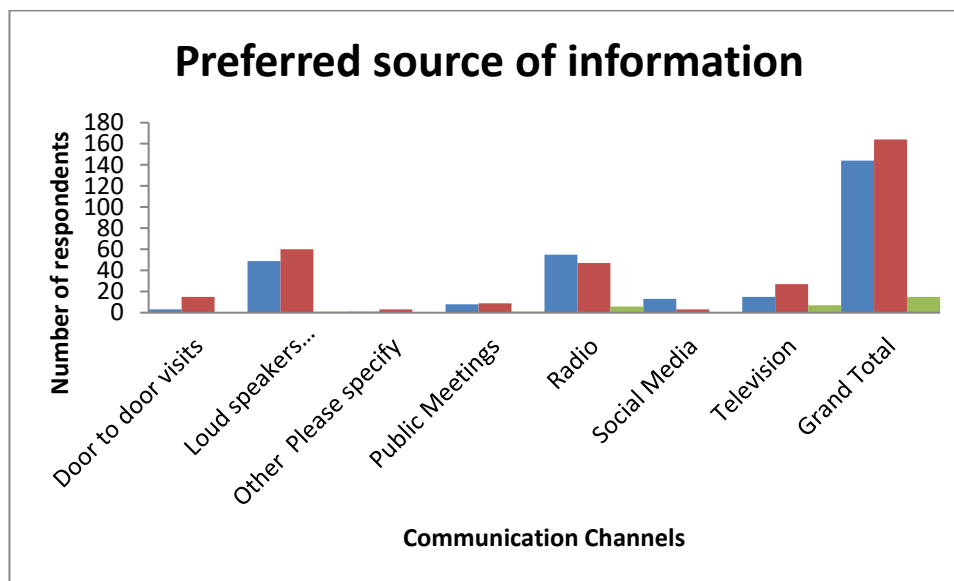


Table 3: Respondents preferred medium of receiving information

| | Bolgatanga East | | Bolgatanga East Total | Nabdram | | Nabdram Total | Other | | Other Total | Grand Total | Total % |
|-----------------------------|-----------------|------|-----------------------|---------|------|---------------|--------|------|-------------|-------------|---------|
| | Female | Male | | Female | Male | | Female | Male | | | |
| Door to door visits | 2 | 1 | 3 | 11 | 4 | 15 | | | | 19 | 5.9 |
| Loud speakers announcements | 32 | 17 | 49 | 43 | 17 | 60 | 1 | | 1 | 110 | 34.0 |
| Other Please specify | 1 | | 1 | 2 | 1 | 3 | | | | 4 | 1.2 |
| Public Meetings | 4 | 4 | 8 | 6 | 3 | 9 | | 1 | 1 | 18 | 5.6 |
| Radio | 12 | 43 | 55 | 31 | 16 | 47 | 4 | 2 | 6 | 108 | 33.3 |
| Social Media | | 13 | 13 | 1 | 2 | 3 | | | | 16 | 4.9 |
| Television | 5 | 10 | 15 | 17 | 10 | 27 | 5 | 2 | 7 | 49 | 15.1 |
| Grand Total | 56 | 88 | 144 | 111 | 53 | 164 | 10 | 5 | 15 | 324 | 100 |

The data reveals that 110 of the 324 (323) respondents identified loud speakers as their preferred medium for receiving information. This is 34 percent of the respondents. Radio, the second most popular medium for communication, was second with 108 respondents from a total of 324 (33.3% identifying it as such. Radio announcements only barely surpassed by radio. The difference between the two was **.7 percent** (loud speakers 34% and radio at 33.3% of the total responses). Television was the third most popular means of receiving information (15.1 percent of respondents).

In Bolgatanga East, radio was the preferred means of receiving messages. The second most preferred medium for receiving messages was loud speaker announcements. Television was the third most preferred medium. In Nabdram, loud speaker announcements were the most preferred medium for receiving information.

During the base line Information provided by public loud speakers (14.5%) was the third most desired source of information. However, during the endline, this has now become the most preferred medium for receiving information. Given the intensive use of the loudspeakers in

markets during the last 6 month it is possible that this is a significant in changing people's preferences from radio to loudspeakers.

2.3. Preferred source of information for females and males

The survey sought to assess if the preferences were the same or for women and me. This is important for designing effective behavior change communication interventions, so that to the extent possible females and males are engaged via media that is their preference.

Table 5: Preferred source of information by sex during (endline)

| Source of Information | Female Respondents | % of total by source | Male Respondents | % of total by source | Grand Total |
|-----------------------------|--------------------|----------------------|------------------|----------------------|-------------|
| Door to door visits | 13 | 68.4 | 6 | 31.6 | 19 |
| Loud speakers announcements | 76 | 69.1 | 34 | 30.9 | 110 |
| Other Please specify | 3 | 75.0 | 1 | 25.0 | 4 |
| Public Meetings | 10 | 55.6 | 8 | 44.4 | 18 |
| Radio | 47 | 43.5 | 61 | 56.5 | 108 |
| Social Media | 1 | 6.3 | 15 | 93.8 | 16 |
| Television | 27 | 55.1 | 22 | 44.9 | 49 |
| Grand Total | 177 | | 147 | | 324 |

The endline reveals that for women loud speakers is the preferred source of information (76 of 177). This is a change from the baseline, where radio (1st) and then television (2nd) were the preferred means of receiving information. The second most preferred source of information for women is radio (47 of 177) and then followed by television (27 of 177). Women (28 of 177) between 26 to 35 years are the ones who have the strongest preference for information via loud speakers. Women (21 of 177) between 36 to 45 years are the ones who have the strongest preference for information via radio. For men, the preferred means for receiving information

remains the radio. During the baseline, men had a greater preference (by percentage points) for social media than women. This remains the case in the baseline.

Table 5b: Preferred source of information by sex during (baseline)

| 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 |

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

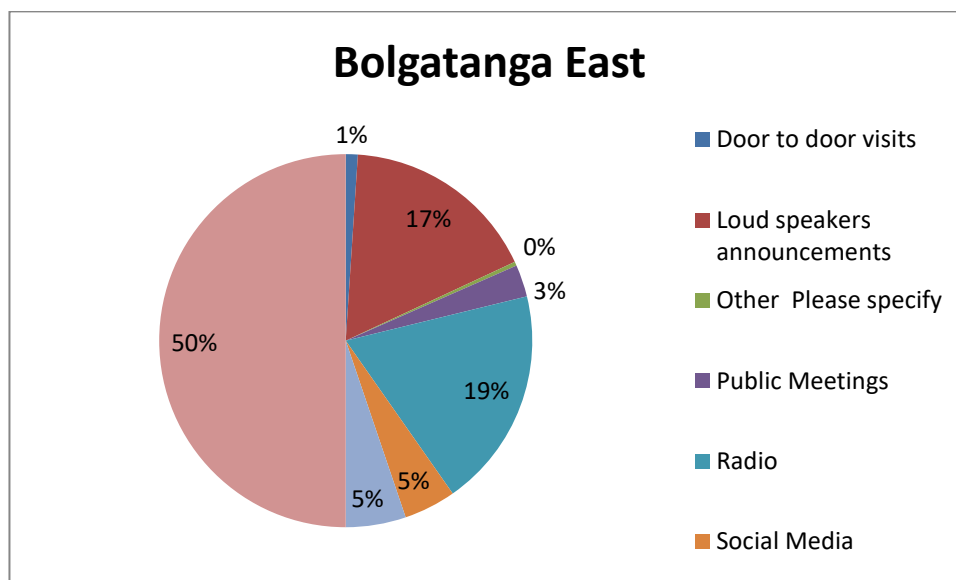


Table 5: Preferred source of information in Bolgatanga East disaggregated by sex

| Preferred source of information | Bolgatanga East | | Bolgatanga East Total |
|---------------------------------|-----------------|-----------|-----------------------|
| | Female | Male | |
| Door to door visits | 2 | 1 | 3 |
| Loud speakers announcements | 32 | 17 | 49 |
| Other Please specify | 1 | | 1 |
| Public Meetings | 4 | 4 | 8 |
| Radio | 12 | 43 | 55 |
| Social Media | | 13 | 13 |
| Television | 5 | 10 | 15 |
| Grand Total | 56 | 88 | 144 |

2.5. Preferred source of information in Nabdam

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

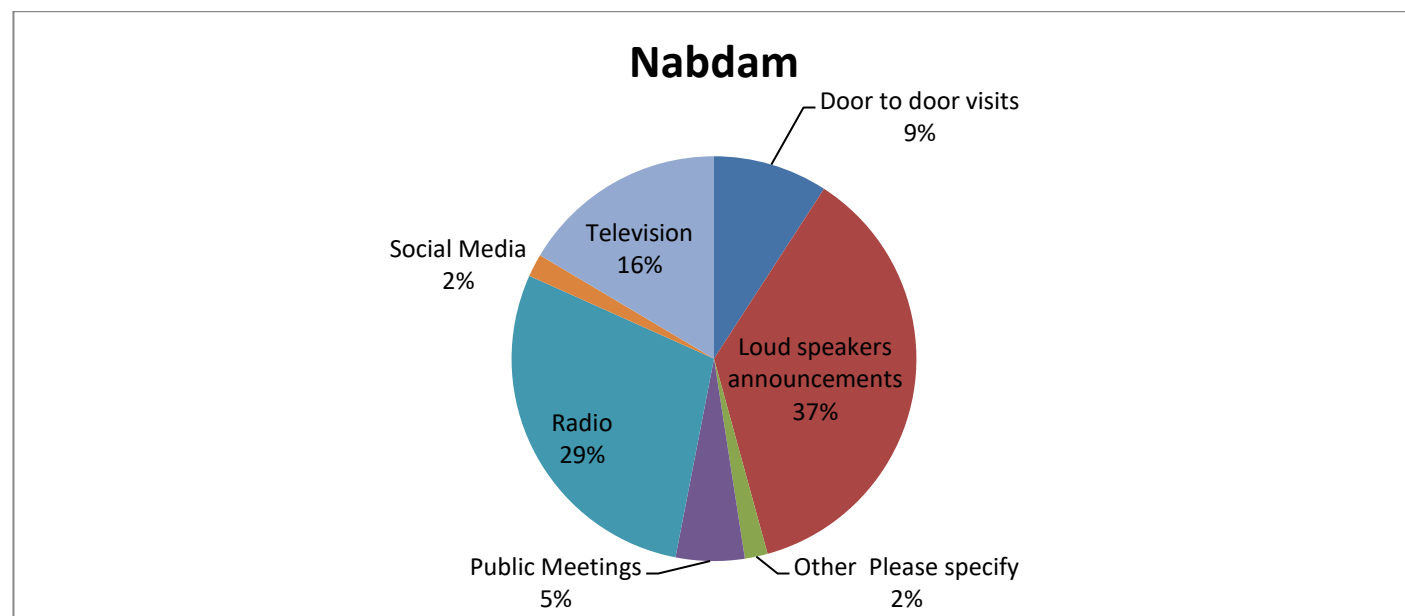


Table 6: Preferred source of information in Nabdam disaggregated by sex

| Preferred source of information | Nabdam | | Nabdam Total |
|---------------------------------|------------|-----------|--------------|
| | Female | Male | |
| Door to door visits | 11 | 4 | 15 |
| Loud speakers announcements | 43 | 17 | 60 |
| Other Please specify | 2 | 1 | 3 |
| Public Meetings | 6 | 3 | 9 |
| Radio | 31 | 16 | 47 |
| Social Media | 1 | 2 | 3 |
| Television | 17 | 10 | 27 |
| Grand Total | 111 | 53 | 164 |

During the baseline the preferred choice of information in the two districts reveals the following: radio is the preferred source of information in both districts. However, during the endline loud

speaker announcements were much more desired in Nabdam 60 persons preferred this (in the baseline it was 46 persons). In Bolgatanga East radio remained the preferred source, 55 persons preferred this to the radio, which was preferred by 43 persons. As was the case during the baseline, there was a greater preference for social media as a source of information in Bolgatanga East (13) than in Nabdam (3). Surprisingly, there was also a greater preference of television among respondents in Nabdam, than in Bolgatanga East.

2.6. COVID 19 and the increase of care work

The endline for this project is interested to learn what changes, if any, have taken place regarding who is providing unpaid care work. The baseline for this project began with a hypothesis that there would be a concomitant increase in the provision of care work (cleaning, cooking, fetching of water, caring for children and others), given that COVID-19 preventative measures revolved around hygiene especially hand hygiene and environmental hygiene (e.g. cleaning of surfaces). The baseline survey attempted to assess the extent to which this was accurate 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 (endline)

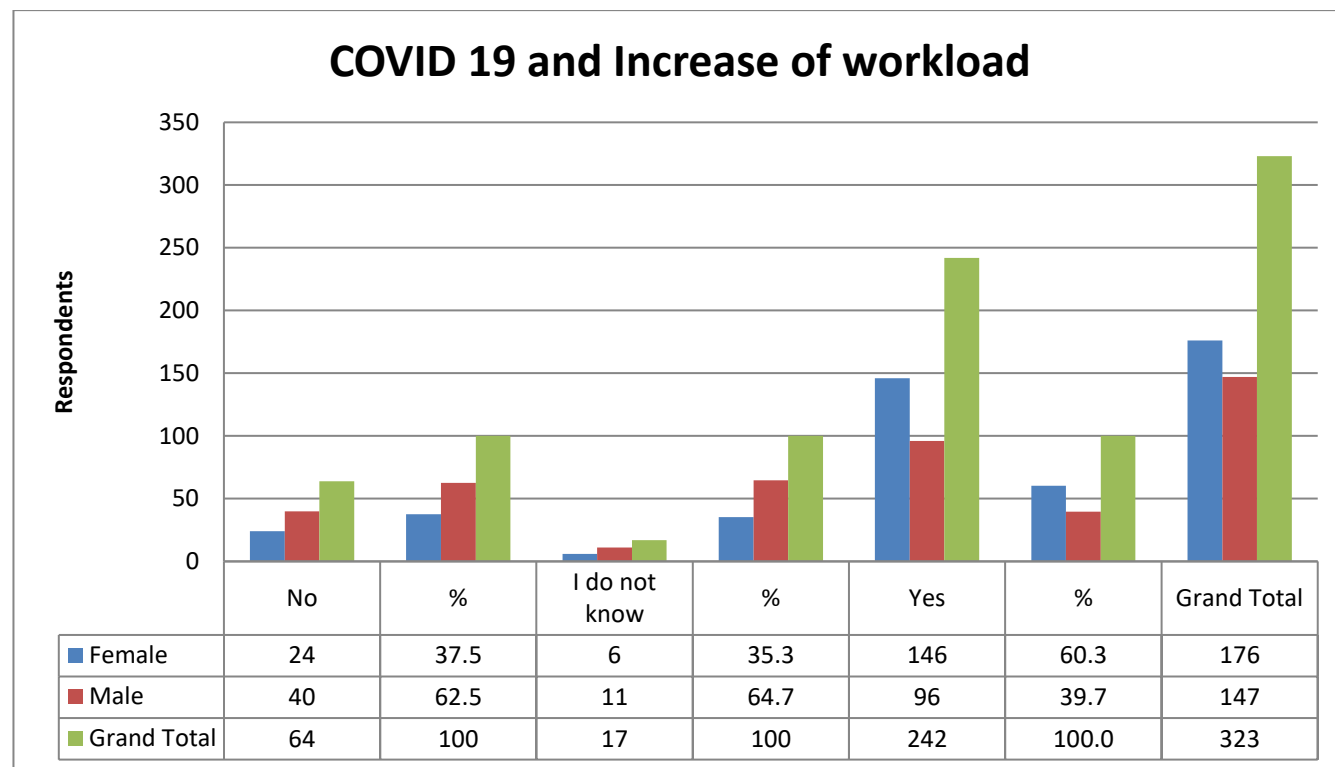
| | No | % | I do not know | % | Yes | % | Grand Total |
|--------------------|-----------|------------|---------------|------------|------------|--------------|-------------|
| Female | 24 | 37.5 | 6 | 35.3 | 146 | 60.3 | 176 |
| Male | 40 | 62.5 | 11 | 64.7 | 96 | 39.7 | 147 |
| Grand Total | 64 | 100 | 17 | 100 | 242 | 100.0 | 323 |

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

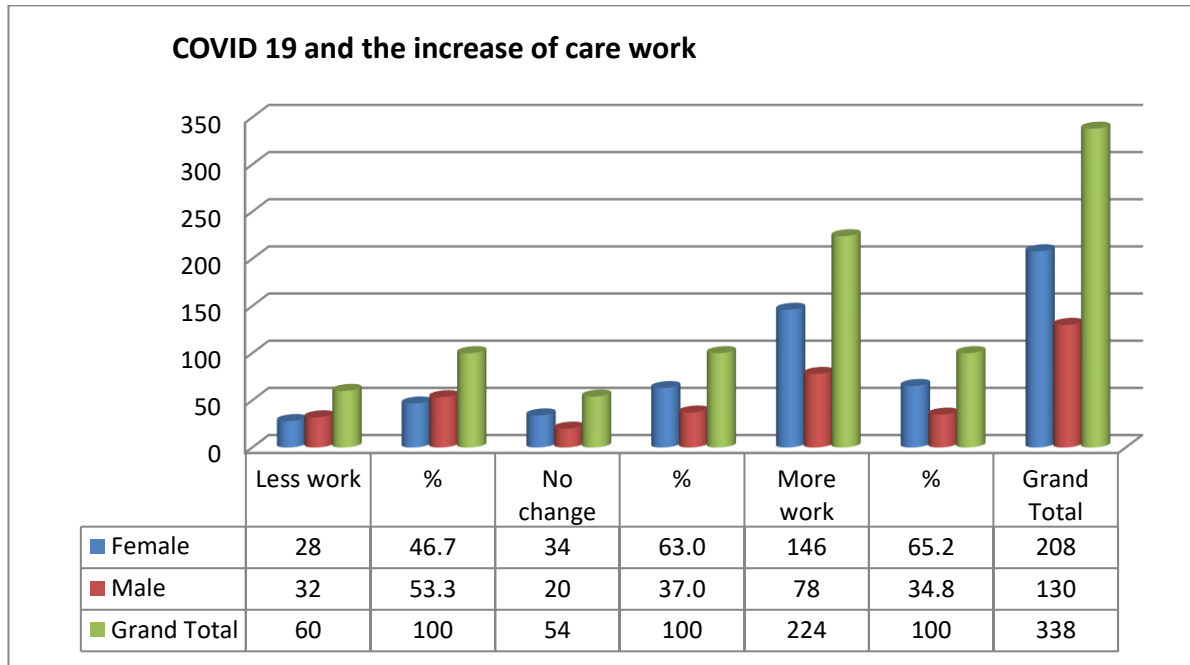
| | Less work | % | No change | % | More work | % | Grand Total |
|-------------|-----------|------|-----------|------|-----------|------|-------------|
| Female | 28 | 46.7 | 34 | 63.0 | 146 | 65.2 | 208 |
| Male | 32 | 53.3 | 20 | 37.0 | 78 | 34.8 | 130 |
| Grand Total | 60 | 100 | 54 | 100 | 224 |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

The endline survey in the two districts reveals, as anticipated, the burden of unpaid care work disproportionately increased for women. For example, 60.3% of female respondents indicated that they have experienced an increase in their care work. On the other hand, only 39.7% of men indicated that they experienced an increase in their workload.

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



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



However, the endline data also reveals that there has been a reduction in the number of women who say that their work load has increased since COVID 19. The endline data indicates that 60.3% of the women respondents say that their work load has increased. During the baseline, 65.2% of the female respondents said that their workload had increased. There has been a change in the data for males. Almost forty percent (39.7%) of male respondents allege that their workload has increased, according to the endline survey. This is approximately 5 percentage points higher than during the baseline (34.8%). For sure, all of this is subjective and the claims for females and males have not been (and cannot be) verified via a survey. Assuming that there is veracity in the claims made by respondents, there is a positive sign here: *intense awareness raising about unpaid care work may contribute to gradually reducing the disproportionate burden of performing unpaid care work borne by women.*

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 (endline)

| Age of Respondents | Yes | No | I do not know | Grand Total |
|--------------------|------------|-----------|---------------|-------------|
| 18 to 25 years | 31 | 4 | 3 | 38 |
| 26 to 35 years | 51 | 5 | | 56 |
| 36 to 45 years | 34 | 6 | | 40 |
| 46 to 55 years | 23 | 3 | 1 | 27 |
| 56 to 65 years | 6 | 6 | | 12 |
| 66 and above | 1 | | 2 | 3 |
| Grand Total | 146 | 24 | 6 | 176 |

Table 8b: Women, age, and Responsibility for care work (baseline)

| 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 |

Then endline revealed a change from what was identified during the baseline. In the endline, the majority of these women who experienced more care work were between the ages of the ages of 26 to 35, whereas in the baseline women between the ages of 18 to 25 were the ones who indicated the greatest burden of unpaid care work. However, the general trend whereas females get older their responsibility to provide care work decreases remains constant.

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

| Age of Respondents | Yes | No | I do not know | Grand Total |
|--------------------|-----------|-----------|---------------|-------------|
| 18 to 25 years | 27 | 9 | 2 | 38 |
| 26 to 35 years | 29 | 13 | 3 | 45 |
| 36 to 45 years | 20 | 9 | 5 | 34 |
| 46 to 55 years | 12 | 5 | 1 | 18 |
| 56 to 65 years | 8 | 3 | | 11 |
| 66 and above | | 1 | | 1 |
| Grand Total | 96 | 40 | 11 | 147 |

Table 9b: Men, age, and Responsibility for care work (baseline)

| 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 endline survey reveals that 96 of the 147 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. This is consistent with the findings of the baseline. 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 in the endline survey the highest level of participation in care work is for males and females between the ages of 26 to 37.

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

During the baseline and at the start of the project, it was important to get some insights regarding this question to men: *If you learnt that COVID 19 was causing extra work in the household, would you personally contribute more to the provision of care work?* Now that the project has ended, we asked the question above as part of the endline.

Table 10: Willingness of males to contribute to unpaid care work (endline)

| Age of Respondents | I do not know | No | Undecided | Yes | Grand Total |
|--------------------|---------------|------------|------------|-------------|--------------|
| 18 to 25 years | 1 | | 2 | 35 | 38 |
| 26 to 35 years | | 3 | 2 | 40 | 45 |
| 36 to 45 years | 2 | 3 | 1 | 28 | 34 |
| 46 to 55 years | | 1 | 2 | 15 | 18 |
| 56 to 65 years | | 1 | | 10 | 11 |
| 66 and above | | | 1 | | 1 |
| Grand Total | 3 | 8 | 8 | 128 | 147 |
| Percentage | 2.0 | 5.4 | 5.4 | 87.1 | 100.0 |

The total number of males participating in the endline survey was 147 and answered this question. Eighty nine percent (87%) of the respondents answered in the affirmative. Of that 87%, the majority (40 out of a total of 128) 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, 10 of 11 male respondents in the age group 56 to 65 also answered

“yes” regarding willingness to participate in unpaid care work. This is consistent with the data from the baseline survey which found that 6 out of 7 males within that age range answered “yes.”

Table 10b: Willingness of males to contribute to unpaid care work (baseline)

| | 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% |

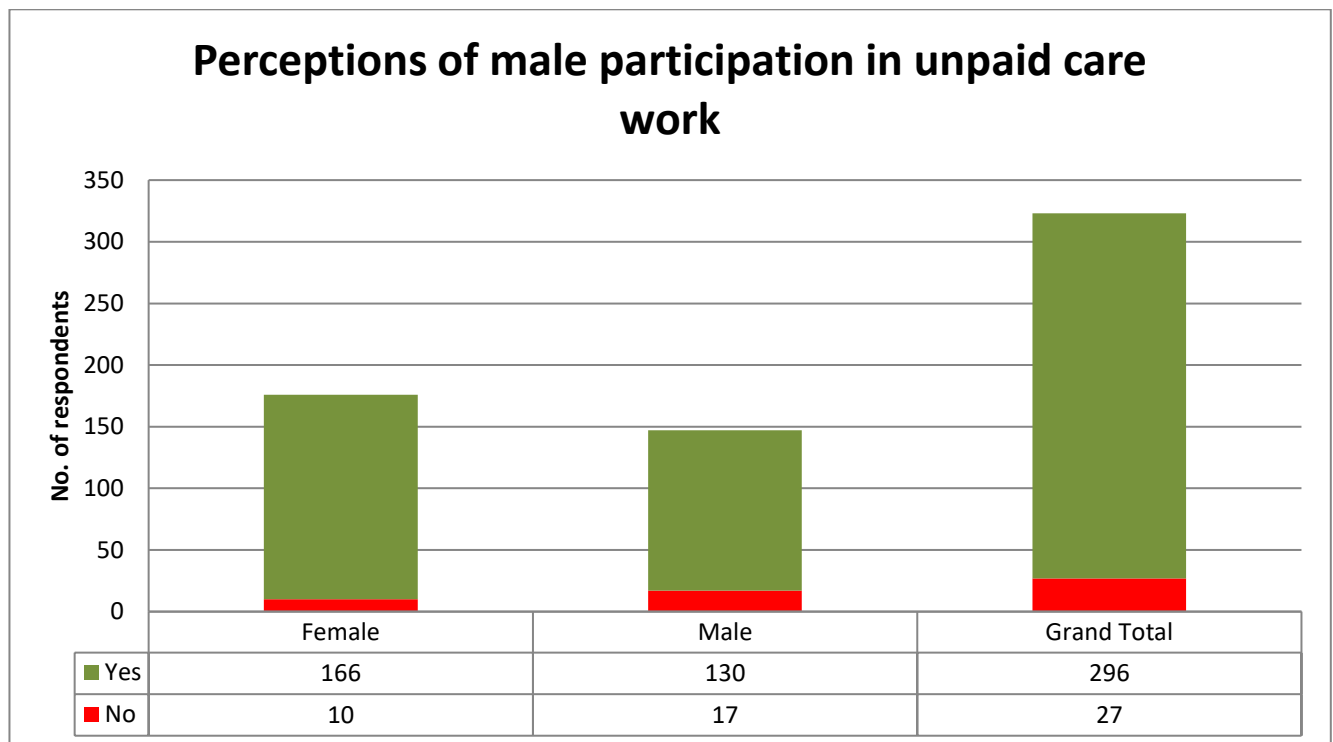
The willingness of the male respondents who participated in the survey to participate in unpaid care work has reduced from 89% during the baseline to 87% during the endline survey. This may be related to findings in the endline of increased participation of men in unpaid care work. That is, it is possible that increased male participation may not be driven by “positive” emotions/desires, but rather by a changing context engendered by the presence of COVID 19 and increased workloads across households.

2.9. Wider social norms about unpaid care work

To gain insights into the wider social norms about unpaid care work, the baseline 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?* The endline surveyed repeated this question, to ascertain if anything had changed.

Graph 2. Perceptions on male participation in care work in households (endline)



Graph 2b. Perceptions on male participation in care work in households (baseline)

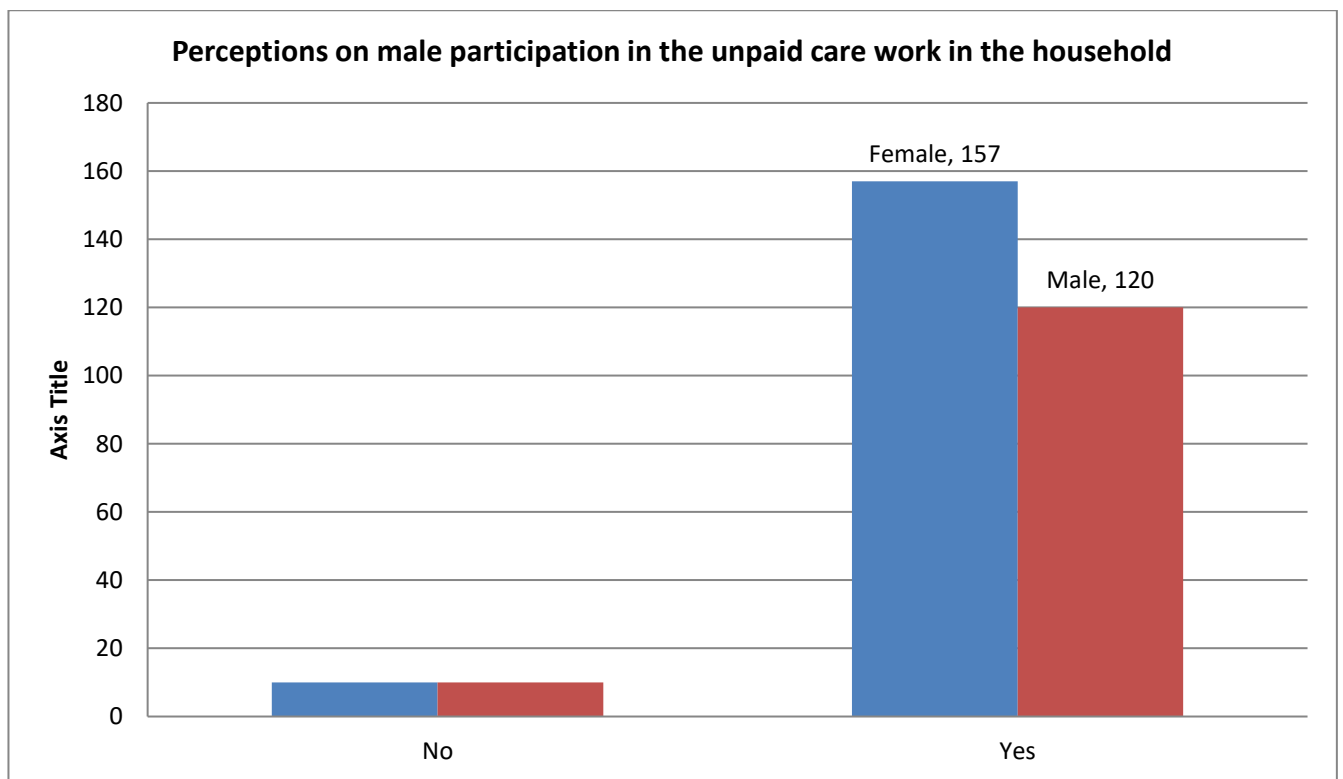


Table 11. Social norms on males' participation in care work in the household endline

| Age of Respondents | Female | | Female Total | Male | | Male Total | Grand Total |
|--------------------|-----------|------------|--------------|-----------|------------|------------|-------------|
| | No | Yes | | No | Yes | | |
| 18 to 25 years | 5 | 33 | 38 | 4 | 34 | 38 | 76 |
| 26 to 35 years | 1 | 56 | 57 | 6 | 39 | 45 | 102 |
| 36 to 45 years | 1 | 38 | 39 | 3 | 31 | 34 | 73 |
| 46 to 55 years | 1 | 26 | 27 | 1 | 17 | 18 | 45 |
| 56 to 65 years | 2 | 10 | 12 | 2 | 9 | 11 | 23 |
| 66 and above | | 3 | 3 | 1 | | 1 | 4 |
| Grand Total | 10 | 166 | 176 | 17 | 130 | 147 | 323 |

There were a total of 323 responses. Of those 296 respondents, 166 were female and 130 were male. Ninety four percent (94.3%) of the female participants said “yes” to male participation in household unpaid care work. This is almost exactly the percentage (94%) of women who answered yes during the baseline Eighty eight (88.4%) of male respondents answered “yes” when asked the same question regarding male participation in household unpaid care work. This decreased from the ninety two (92%) that answered yes during the baseline.

Interestingly, 296 of the 323 respondents stated that they believe that men should participate in unpaid care work. Whereas during the baseline it was female respondents between the age group of 18 to 25 who were the largest number supporting yes to male participation in care work, this has shifted. It is now women between the ages of 26 to 35 who now mostly strongly support men participating in unpaid care work. In the endline survey, this age group of women became the ones providing most of the unpaid care work (see table 9). This is consistent with the baseline findings where the women who bare the disproportionate burden of performing unpaid care work are the group that most strongly believe men should participate in the same.

Table 11b. Social norms on males' participation in care work in the household (baseline)

| | 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 |

2.10. Equality in the sharing of unpaid care work

During the baseline, it was not assumed that because men assert that they believe they should participate in the provision of unpaid care work, that they are willing to share these responsibilities equally with females. The endline survey explored if anything has changed in this regard.

The survey found that 84.1% (71.7%) of females and 66.7% (67.4%) of males believe that there should be equality in the distribution of unpaid care work. This is positive change for women. During the baseline 71.7% of females held this view. However, men's support for equality between women and men in providing unpaid care work in the household has reduced. Whereas there was an almost a 13% increase among women, men's support for equality in providing unpaid care work reduced marginally (.7%).

There were also changes from the baseline to the endline regarding how women and men think about whether or not men should participate equally in the provision of unpaid care work. The endline survey found that 15.9% (28.3%) of females and 33.9% (32.6%) of males do NOT believe that unpaid care work should be equally distributed between women and men. For women, this

contrasts considerably with the baseline where 28.3% of females did not think that men should participate equality in providing unpaid care work in the household. However, for men, the endline survey's finding (33.9%) is consistent with the baseline surveys of (32.6%).

The endline survey reveals that respondents, female and male, in the 26 to 35 age group are the ones most supportive of equality between males and females in the provision of unpaid care work. This is in contrast to the baseline where respondents in the 18 to 25 age range were the ones most open to this idea. As was the case during the baseline, females in this age range also report the highest number of negative responses to the question of equality in the provision of care work, during the endline. If it is correct to assume that women in this age group may not yet or recently entered marriage and/or cohabitation, their perspectives may be shaped by social norms about what constitutes a "good woman/good wife." On the contrary, if it is correct to assume that females in the 26 to 35 age group are more likely to be married/ cohabitating and have children, then maybe bearing a disproportionate burden for the provision of care work makes them more willing to believe that men should bare the unpaid care work equally with them.

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

| Age of Respondents | Female | | Female Total | Male | | Male Total | Grand Total |
|--------------------|-------------|-------------|--------------|-------------|-------------|--------------|-------------|
| | No | Yes | | No | Yes | | |
| 18 to 25 years | 8 | 30 | 38 | 14 | 24 | 38 | 76 |
| 26 to 35 years | 6 | 51 | 57 | 15 | 30 | 45 | 102 |
| 36 to 45 years | 5 | 34 | 39 | 13 | 21 | 34 | 73 |
| 46 to 55 years | 5 | 22 | 27 | 3 | 15 | 18 | 45 |
| 56 to 65 years | 4 | 8 | 12 | 3 | 8 | 11 | 23 |
| 66 and above | | 3 | 3 | 1 | | 1 | 4 |
| Grand Total | 28 | 148 | 176 | 49 | 98 | 147 | 323 |
| Percentage | 15.9 | 84.1 | 100.0 | 33.3 | 66.7 | 100.0 | 100 |

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

| 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 |

2.11. Ensuring COVID 19 Messages reach the Populace

To strengthen the project's ability to increase awareness about COVID 19, there was a deliberate strategy to intensifying messaging. The endline survey sought to identify how many times respondents said they heard COVID 19 messages.

Table. 13 Number of Times message heard by age

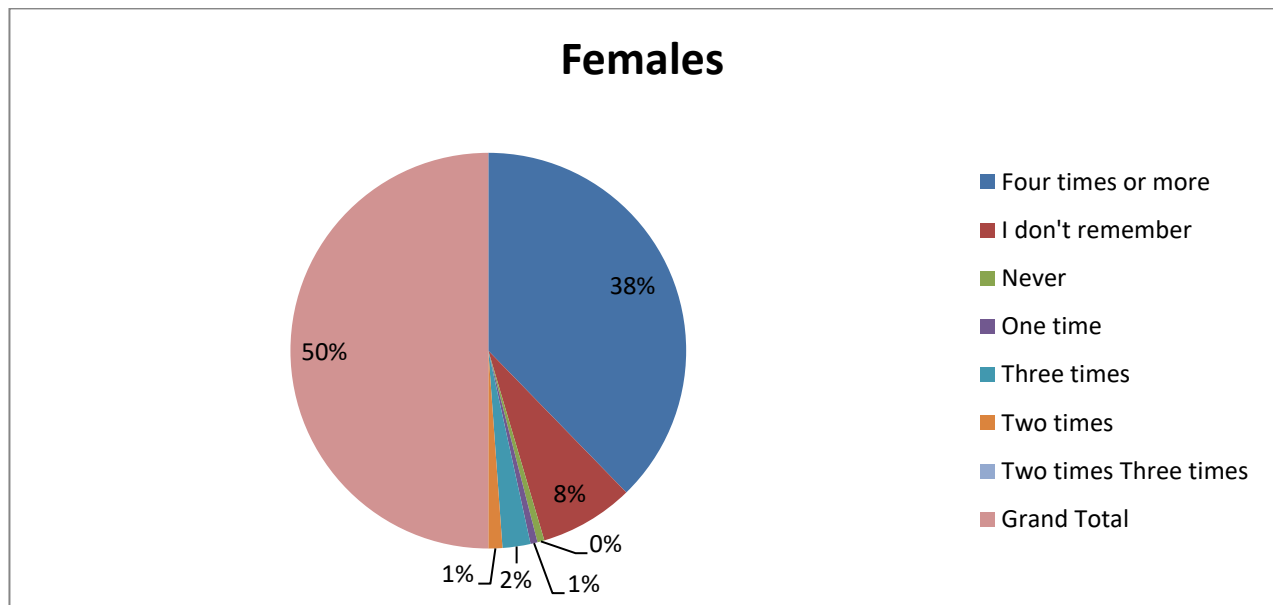
| Age of Respondents | Four times or more | I don't remember | Never | One time | Three times | Two times | Grand Total |
|--------------------|--------------------|------------------|----------|----------|-------------|-----------|-------------|
| Female | 132 | 27 | 2 | 2 | 8 | 4 | 175 |
| 18 to 25 years | 22 | 11 | | 1 | 2 | 2 | 38 |
| 26 to 35 years | 45 | 8 | | | 3 | | 56 |
| 36 to 45 years | 32 | 3 | 2 | | 1 | 2 | 40 |
| 46 to 55 years | 23 | 2 | | 1 | 1 | | 27 |
| 56 to 65 years | 9 | 1 | | | 1 | | 11 |
| 66 and above | 1 | 2 | | | | | 3 |
| Male | 101 | 11 | 7 | 4 | 13 | 10 | 146 |
| 18 to 25 years | 26 | 3 | 1 | 1 | 2 | 5 | 38 |
| 26 to 35 years | 31 | 2 | 2 | 2 | 3 | 4 | 44 |
| 36 to 45 years | 23 | 2 | 3 | 1 | 5 | | 34 |
| 46 to 55 years | 14 | 1 | 1 | | 1 | 1 | 18 |
| 56 to 65 years | 7 | 2 | | | 2 | | 11 |
| 66 and above | | 1 | | | | | 1 |
| Grand Total | 234 | 38 | 9 | 6 | 21 | 15 | 323 |

The table above reveals that of the 323 respondents who responded to the survey, 234 of respondents heard COVID 19 messages **four or more times**. Twenty one (21) respondents said they had heard COVID 19 messages at least **three times** during the six month period. Fifteen (15) respondents said they had heard COVID messages at least **two times**. A total of 38 respondents said they do not remember hearing any COVID 19 message.

The charts below reveal how the messages reached females and males. *

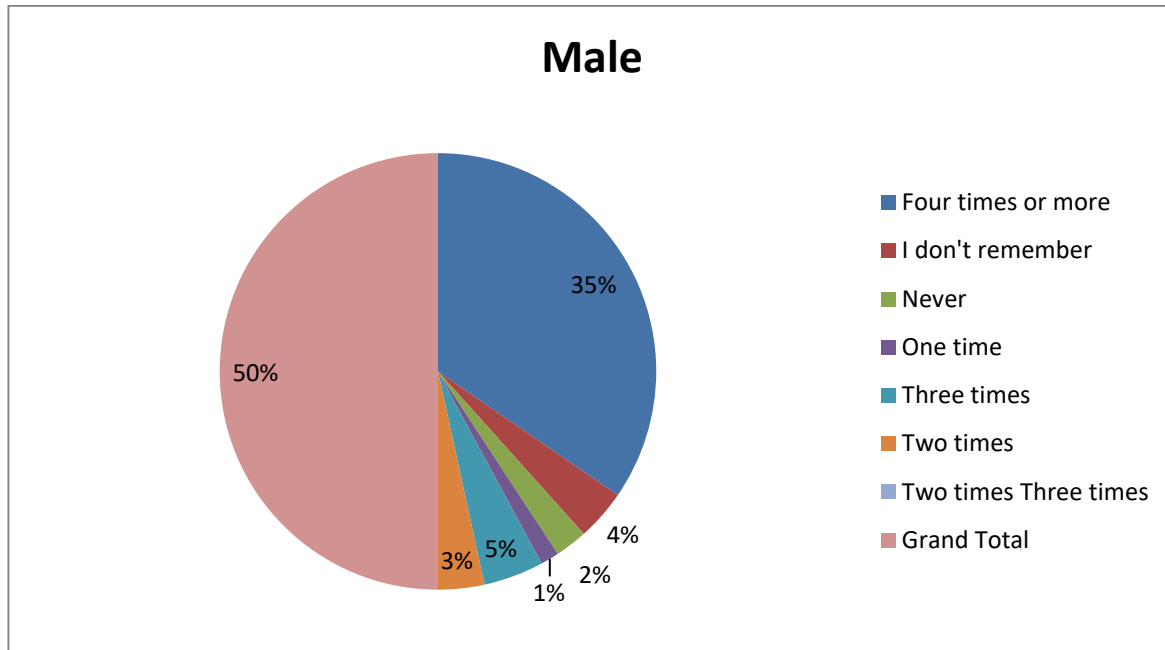
The endline survey found that 38% of women respondents heard the COVID 19 messages four times or more. This is not much greater than the 35% of male respondents who revealed that they had heard the message four times or more.

Chart 4. Number of times female respondents heard COVID 19 messages



*

Chart 5. Number of times male respondents heard COVID 19 messages



2.12. Performing unpaid care work elicits emotions from male respondents

This endline survey is part of a project that sought to contribute to behavior changes that would lead to a reduction of the disproportionate performance of unpaid care borne by women and girls. It is important to understand what emotions men experience when they participate or not, in the provision of unpaid care work. Understanding the emotions experienced is important because it can be useful for developing messaging, identifying emotional triggers, as well as selecting appropriate mechanisms for delivery.

The table below reveals that the overwhelming majority of men experience positive emotions when they participate in the provision of unpaid care work. *For example, 36.3% of the male*

respondents claimed to feel respected when they participate in unpaid care work in the household compared to 3.4% who say they feel disrespected. The second largest numbers of male respondents (30.8%) claim that they feel proud when they participate in unpaid care work. This means that two this means that 81.5% of the male respondents expressed a positive emotion as the main one experienced when participating in unpaid care work in the household. If these are truthful expressions of the emotions experienced, then it may have positive impact for transforming social relations between women and men towards greater equality, at least in the fulfillment of household unpaid care work.

Table 13: The emotions male experience when providing unpaid care work

| Emotion experienced | Total | % |
|-----------------------------|------------|--------------|
| Feel respected | 53 | 36.3 |
| Feel proud | 45 | 30.8 |
| Feel powerless/disrespected | 5 | 3.4 |
| Feel nothing; irrelevant | 13 | 8.9 |
| Feel Empowered | 21 | 14.4 |
| Feel disrespected | 9 | 6.2 |
| Total | 146 | 100.0 |

3. Conclusion and Recommendations

The baseline and the endline reveal that there may have been a small change in the level of unpaid care work performed by women and men in Bolgatanga East and Nabdam. That is ,if the survey results are reflective of the wider population, then there may have been a slight reduction and a marginal increase in the performance of unpaid care work by females and male respectively.

Also, the baseline and the endline have demonstrated that it is possible to shape the preferred media of a population, at least to some extent. Although during the baseline the majority of the respondents clearly preferred, radio as a medium for receiving information about COVID 19,

during the endline it became apparent that the project's intervention – mounting speakers in the market place with messages – had cause a shift in preferences so that the loudspeakers in the market place, was now the preferred medium for information for a majority of respondents. This ability to shape preferred media for receiving information also suggests how a project may design behavior change communication and effectively reach a target population. What is apparent is the effectiveness of loud speakers in public places to disseminate information.

The final concluding point is that, based on the survey results, it seems fair to assume that a majority of males experience positive emotions when they perform unpaid care work in the household. This is a positive sign and should be a cause for hope: greater equity in the provision of unpaid care work in households is surely possible. One necessary, but insufficient condition, is sustained culturally appropriate behavior change communication campaigns.

Given the findings from the endline and the way it remains consistent, for the most part, with the findings of the baseline survey, these recommendations still remain relevant:

- Loud speakers/public announcement systems and radios have the most potential to reach large number of people. 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.