

MEASURING SOCIAL NORMS ON UNPAID CARE WORK: INSIGHTS FROM OXFAM'S HOUSEHOLD CARE SURVEYS

WHAT IS THIS CASE STUDY ABOUT?

This case study describes the approach to measuring social norms related to unpaid care work in Oxfam's [Household Care Survey](#) (HCS), and discusses benefits and limitations of this approach. The HCS is a quantitative research tool developed through Oxfam's [Women's Economic Empowerment and Care \(WE-Care\)](#) programme. It measures adults' and children's time spent on unpaid care work (including caring for people and domestic work) and factors that influence this distribution within the household. An important component of the survey is understanding social norms, and in particular gendered social norms, related to care work.

Social norms often maintain gendered discrimination and inequality. Oxfam and others have shown that social norms play a crucial role in determining gendered differences in the distribution of care work at the household level.

Our approach to measuring care-related social norms in the HCS has been developed and refined since 2014, based on experience from six rounds of data collection in eight low- middle-income countries. These insights/experiences make an important contribution to the measurement of social norms in general, and related to care work in particular, and can be applied by development actors to address women's heavy and unequal unpaid care work.

WHY WAS THE RESEARCH NEEDED?

Caring for people and domestic work, such as cooking, cleaning and fetching water, is essential for personal wellbeing and survival. Unpaid care work also contributes to the market economy by maintaining a healthy, productive workforce and making all other forms of work possible. Yet across the world, social norms mean that unpaid care work is overwhelmingly provided by women – especially those from racialized, migrant or low-income groups. Women's disproportionate responsibility for unpaid care work limits their opportunities for education, decent paid work, political engagement and leisure, and is a [structural barrier to gender equality](#). Understanding and addressing social norms related to unpaid care work is therefore critical to addressing gender inequality.

Development actors are increasingly interested in understanding how to address social norms. However, evidence gaps remain:

1. First, most research on social norms tends to be qualitative; there is a need to further develop tools for quantitatively measuring social norms.
2. Second, definitions of social norms are not always clear; some questions that claim to be about social norms, actually measure attitudes or behaviour.
3. Third, most literature on gendered social norms has focussed on sexual and reproductive health, domestic violence or education, while less remains known about norms related to the division of care work.

Quantitative measures of social norms can help to understand the prevalence and strength of norms within a given setting and to determine whether distinct elements of a social norm are in place (see a [brief on quantitative measurement of gendered social norms](#)). This information can be used to design policies and programmes with the aim of addressing social norms and, importantly, to understand shifts in norms over time.

WHAT METHODS WERE USED?

The Household Care Survey (HCS)

Since 2013, Oxfam's WE-Care programme has produced innovative methodologies and evidence on unpaid care work to understand, measure and identify solutions for addressing women's heavy and unequal unpaid care work. As part of these efforts, the HCS was developed, tested and refined in eight low-middle-income countries across three continents:

4. The [2014 HCS](#) explored patterns of care in Colombia, Ethiopia, the Philippines, Malawi, Uganda and Zimbabwe, which helped to develop WE-Care interventions;
5. The [2015 HCS](#) interviewed households in the same communities, with an in-depth investigation of social norms, and served as an evaluation for WE-Care interventions;
6. The [2017 HCS](#) explored care work in new districts in the Philippines, Uganda and Zimbabwe, with a focus on public infrastructure, services, and time- and energy-saving equipment;
7. In [2018](#), a HCS was conducted in five informal settlements in Nairobi, Kenya, to understand gendered patterns of unpaid care work among women domestic workers and small-scale traders and their male partners;
8. In [2018](#), HCS data was collected in India and combined with qualitative research to inform further research and programming on unpaid care work;
9. In [2019](#), HCS data was collected in the same communities in Zimbabwe and the Philippines as in 2017 to evaluate the impact of the WE-Care programme.

The HCS questionnaire measures household members' [time spent](#) on direct unpaid care of adults and young people and indirect household and domestic care work. It also analyses factors that might be associated with time spent on unpaid care work, such as household and individual characteristics, access to infrastructure, services and equipment, and social norms and perceptions. The HCS methodology is now available as a [toolkit](#) for researchers and development practitioners.

Insights on social norms and care from HCS data

- In Kenya, we found that men were unlikely to have seen another man perform unpaid care work during their upbringing, with 71% of men having never seen another man wash clothes, 45% never seeing another man prepare meals, and 38% never seeing another man take care of siblings. The findings also showed that the vast majority (89%) of both women and men respondents believed that men shouldn't be shamed or mocked for performing unpaid care work.
- In Zimbabwe, Uganda and Philippines we found that men generally perceive care work as a less valuable activity than women do, but improved perceptions of the value of care have the potential to increase men's participation in care. Valuing care activities was associated with more hours per day of any care responsibility for men in Uganda and more primary care hours for men in Zimbabwe.

Measuring social norms around the division of unpaid care work

On the most basic level, social norms are the 'unwritten rules' that guide behaviour, indicating what one 'should do'. They are deeply held shared beliefs about what is considered normal, acceptable and appropriate ways of thinking and behaving, which in turn often drive behaviour.

Measures of social norms depend on how one defines social norms. In the first iteration of the HCS in 2014, we used a general definition of social norms, but then in 2015 and 2017 moved to a more nuanced definition requiring more complex questions.

Round 1 : Social norms as beliefs about what one should do

In the first round of HCS data collection, we asked respondents what they thought people 'should do' in relation to unpaid care work; for example:

1. Who do you think should mainly be responsible for performing 1) providing/ fetching water; 2) providing/ collecting fuel; 3) meal preparation; 4) cleaning; 4) preparing clothes; 5) child care; 6) elderly care; 7) care of ill/disabled; 8) care of community¹?
2. Do you think women should receive help to do care work from other members of the household? From whom?

These questions were easy to understand but they did not capture the influence of community members.

Round 2: Social norms as beliefs about what others think one should do

For the 2015 HCS data collection, in line with a growing literature that recognised the influence of peers on social norms, we revised our social norms questions to include the influence of community members. To do this, we constructed three vignettes that described different divisions of paid and unpaid labour between women and men. The vignettes were developed with country teams conducting the research, and were based on qualitative research, including [Rapid Care Analyses](#), that had identified common types and divisions of paid and unpaid labour in certain contexts.

Vignette 1

My husband Brian works as a carpenter, he leaves the house early and comes back in the evening. After preparing breakfast for my family, I work in the field in the mornings. I return to prepare lunch for my children. I fetch water and firewood, make sure the house and compound are clean. When my husband comes back from work he is very tired. I bring him water to wash his hands and serve him food. I do the dishes and prepare the beds for all of us.

Vignette 2

Ever since we got together, my husband John and I have shared responsibilities. We get up around the same time, prepare breakfast, clean the house and help the children. We work on our farm together. When we come home from the field, he carries the vegetables and I carry some firewood. We both go and fetch water whenever we need it. I take the lead on cooking but my husband helps me chopping vegetables and cleaning the kitchen and compound.

Vignette 3

I do a lot of work. I work on the farm and do all the housework, bathing the children, collecting water and fuel, cleaning, cooking, making sure the house is okay. My husband Michael does some agricultural work and some casual labour. He often meets up with friends to chat or relax. Usually he does not help me with my work. But sometimes he might get water or cook if I am sick or not at home.

**the vignettes for men were told from the perspective of men (i.e. 'My wife Mary and I...'), and names were adapted for different contexts.*

For each vignette, we asked:

3. What do you think about the way [NAME WOMAN] and [NAME MAN] divide tasks?
4. What do you think most other members in your community would think about the way [NAME WOMAN] and [NAME MAN] divide tasks?

The vignettes worked well but they did not capture beliefs about what other people do – an important dimension of social norms.

Round 3: Social norms as beliefs about what others do and think one should do

In subsequent rounds of HCS data collection and in the HCS Toolkit, we use [Cristina Bicchieri's definition of a social norm](#) as: 'a rule of behaviour such that individuals prefer to conform to it on condition that they believe that a) most people in their reference network conform to it and b) that most people in their reference network believe they ought to conform to it'. The definition is based on three concepts:

5. **Empirical expectations:** beliefs about what other people do.
6. **Normative expectations:** beliefs about what other people think they/others should do.
7. **Conditional preference:** an individual's disposition to act that is influenced by empirical and normative expectations.

Using this definition, we included the following questions:

Beliefs about what others do (empirical expectations):
<ul style="list-style-type: none">• Out of 5 men in your village we interviewed, how many do you think said that they spent at least an hour on caring for people and domestic work yesterday?
Beliefs about what others think one should do (normative expectations):
<ul style="list-style-type: none">• Out of 5 women/men in your village we interviewed, how many do you think said that men should do caring for people and domestic work?
How beliefs about others influence behaviour (conditional preference):
If nobody were to know that you/your husband did caring for people and domestic work, would you/your husband do it more?
We also randomly read out one of the four vignettes below and asked:
<ul style="list-style-type: none">• Given what Simon has learned, how likely is Simon to do care work?• Given what Doris has learned, how likely is Doris to want Simon to do care work?

<p>Vignette 1 Simon and Doris live together in a nearby village. In the past, no men in their village used to do caring for people and domestic work. Simon and Doris have learned that FEW MEN in their village now do caring for people and domestic work, and at the same time, FEW PEOPLE say that men should do caring for people and domestic work.</p>	<p>Vignette 2 Simon and Doris live together in a nearby village. In the past, no men in their village used to do caring for people and domestic work. Simon and Doris have learned that FEW MEN in their village now do caring for people and domestic work, but at the same time, ALMOST ALL say that men should do caring for people and domestic work.</p>
<p>Vignette 3 Simon and Doris live together in a nearby village. In the past, no men in their village used to do caring for people and domestic work. Simon and Doris have learned that ALMOST ALL MEN in their village now do caring for people and domestic work, but at the same time, FEW PEOPLE say that men should do caring for people and domestic work.</p>	<p>Vignette 4 Simon and Doris live together in a nearby village. In the past, no men in their village used to do caring for people and domestic work. Simon and Doris have learned that ALMOST ALL men in their village now do caring for people and domestic work, and at the same time, ALMOST ALL say that men should do caring for people and domestic work.</p>

BENEFITS AND LIMITATIONS

Out of all the sections of the HCS, the section on social norms changed the most over the years. Piloting different approaches generated important insights into what works and does not work to quantitatively measure social norms around care work. These insights include:

Attitudes vs norms: In the first round of data collection, we did not make a clear distinction between attitudes and social norms - a [common issue in research on social norms](#). The questions were easily understood by participants and did not take much time to answer. However, they did not account for two important dimensions of social norms: namely, beliefs about what others *think* and beliefs about what others *do*. One could argue that these first social norms measures captured attitudes rather than norms.

The later questions drew a better distinction between attitudes and social norms. While the 2015 data still lacked information about beliefs about other people's behaviour, the 2017 measures included all key components of social norms. The latest social norms measures worked well and provided important insights into the differences between attitudes and social norms. For example, when analysing the 2017 [data](#), we found that men underestimated the amount of time other men spent on care and other men's approval of sharing care work equally. These findings emphasise the importance of measuring both (a) individuals' attitudes and behaviour and (b) beliefs about others' attitudes and behaviour.

Social desirability bias: An inherent problem in questions on social norms is that respondents might be 'pushed' to give stereotypical or desired answers. Respondents might have said what they thought interviewers wanted to hear. For example, men might have said they approved of male participation in care work. We felt that the 2014 social norms measures suffered from social desirability bias. For example, the [2014 data analysis](#) found that the majority of women and men agreed that women should receive help with care work from other family members, quite often from their husbands. Focussing questions on community members and using vignettes seemed to work better in reducing social desirability bias. Asking about imaginary characters seemed to make it easier for respondents to give less socially desirable answers as their answers do not reflect their own actions.

Vignettes: Similarly to [others](#), we found that vignettes worked well to engage participants as they could relate to the stories. Vignettes helped to distinguish between individual attitudes and beliefs about community members. For example, the [HCS 2015 analysis](#) showed that the number of women and men who personally approved of a shared division of labour was greater than the number who reported that the community would approve. In Uganda, we tested the vignettes with children and adolescents (8 to 18

years), which worked well. Young people told us that they enjoyed the stories and could relate to them. However, vignette questions extended the length of the survey and required thorough training and translation.

Simple or complicated: As we moved on, our social norms measures became more complicated. This meant that they addressed some of the challenges of the earlier measures, but it made it more difficult to explain the questions and rationale of the questions to enumerators, respondents and research consultants. For example, some research consultants conducting the analysis were unsure about how to use the social norms indicators in the analysis. We realised that clear guidance on definitions and measures of social norms are important not just for data collection, but also for data analysis. In the [HCS toolkit](#), we have provided comprehensive and straightforward guidance around why these questions are included, and how to administer and analyse them. We also included a [simplified version of the third round of social norms questions](#) for less in-depth analysis of care social norms, which is yet to be tested (see [HCS toolkit](#))².

Qualitative data: We found combining qualitative and quantitative data collection methods very useful. While quantitative measures can establish relationships of norms and behaviour based on a more representative sample, qualitative data can provide a more detailed and nuanced understanding of particular social norms, their origins, influence and reach. In most HCS study contexts, we first collected qualitative data through a [Rapid Care Analysis](#). The qualitative data helped to design, adjust and interpret the quantitative measures. For example, we drafted the vignettes based on the qualitative findings.

Context specificity: As mentioned above, developing the vignettes to be context-specific and therefore relevant and relatable to survey respondents was extremely important. This meant firstly conducting qualitative research, and then also working with the country research team to adapt any nuances.

LESSONS LEARNED

Six rounds of data collection on social norms related to care work have provided us with key insights about measuring social norms in quantitative surveys:

1. A clear definition of social norms is important for designing measures.
2. Those who collect, interpret and use the data need to understand what the different components of social norms are and how they should be interpreted.
3. Simply asking respondents what they think people 'should do' is not enough; the influence of community members needs to be considered.
4. Measuring both (a) individuals' attitudes and behaviour and (b) beliefs about others' attitudes and behaviour is useful to explore how attitudes and norms relate.
5. Vignettes describing situations of imaginary people can be a useful tool.
6. Qualitative research can help to inform the design of quantitative measures by shedding light on aspects of particular social norms that can then be measured through quantitative research

FURTHER READING

1. Read more about Oxfam's [WE-Care initiative](#).
2. The Household Care Survey [Toolkit](#) provides guidance on using the HCS methodology. Part A provides guidance for planning, collecting, analysing and using HCS data. Part B provides guidance for understanding, adjusting and using the HCS questions. This [blog](#) gives an overview of the Toolkit.
3. Oxfam's [Social Norms Diagnostic Tool](#) is a participatory research tool to help programme teams identify and discuss social norms, perceptions and expectations that shape, constrain or promote gender-based violence, forced marriage, and women and girls' sexual and reproductive health and rights, and to develop initial ideas for change strategies.
4. The [report](#), 'Understanding norms around the gendered division of labour: Results from Focus Group Discussions in Zimbabwe', discusses social norms underpinning unpaid care work in Zimbabwe.
5. The research [brief](#), 'Measuring Unpaid Care work in Household Surveys' discusses successes and challenges of the time use measurements used in the HCS.
6. The [2019 report](#), Gendered patterns of unpaid care and domestic work in the urban informal settlements of Nairobi, Kenya discusses findings from the 2019 HCS in Kenya.
7. The [2017 HCS report](#), 'Infrastructure and Equipment for Unpaid Care Work: Household survey findings from the Philippines, Uganda and Zimbabwe', pays attention paid to infrastructure and equipment. This blog introduces the report findings.
8. The [2015 HCS report](#), 'Factors and Norms Influencing Unpaid Care Work: Household survey evidence from five rural communities in Colombia, Ethiopia, the Philippines, Uganda and Zimbabwe', presents findings from the HCS follow-up survey in Colombia, Ethiopia, the Philippines, Malawi, Uganda and Zimbabwe, with a special focus on social norms and perceptions.
9. The [2014 HCS research report](#), 'Women's Economic Empowerment and Care: Evidence for influencing', discusses patterns of care and related factors from data collection in Colombia, Ethiopia, the Philippines, Malawi, Uganda and Zimbabwe.
10. The [Rapid Care Analysis](#) is a participatory qualitative research tool to improve the design of a wider programme through gathering evidence to promote the recognition of care work and the identification of practical interventions.
11. Oxfam's 'Planning Survey Research' [guideline](#) outlines steps for survey data collection and provides useful advice.
12. The blog [A Caring Economy: what role for government](#), discusses the relationship between public investments in care-related infrastructure and services
13. Oxfam's [Real Geek blog](#) hosts learning and knowledge from Oxfam's technical advisers, researchers and programme colleagues
14. Participate in a [free online course](#) on social norms and how to measure them by Prof Bicchieri and UNICEF.
15. Read [Quantitative measurement of gendered social norms](#) - a comprehensive overview of approaches to measuring gendered social norms by Emma Samman.
16. Read the [report](#), Shifting Norms in the Economy for Women's Economic Empowerment for further insights on norms from a practitioner learning group.

NOTES

¹ The question was asked for each of the listed care work activities separately.

² To simplify the social norms questions we transformed them into yes/no questions, such as:

- Do you think that men should do caring for people and domestic work?
- Do you think that the majority of women/men we interviewed think that men should do caring for people and domestic work?
- If nobody were to know that you/your partner did caring for people and domestic work, would you do it more?

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