



A synthesis of national research

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This research study across three countries – Kenya, UK, and Zimbabwe – was carried out to identify the dominant narratives that influence public perceptions of care and informal work. It enabled the researchers to develop and test new narratives that could be used to improve public attitudes towards care and informal work. Creating new stories about care and informal work is vital to securing adequate investment and support from communities, traditional leaders and governments.

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EXECUTIVE SUMMARY

Globally, unpaid care, paid care work and informal work across many sectors is undervalued, underinvested in, unseen and taken for granted. It is not adequately supported by governments or societies more broadly. Despite the great social and economic contribution of this unpaid, underpaid and informal work, existing public and institutional narratives currently dismiss care, and much of the work undertaken by women more widely, as a low-skilled activity of little or no social and economic worth. This has a negative impact on the lives of the people who carry it out – primarily women and girls – and those who benefit from it the most.

To change this, we need to tell new stories about care (unpaid and underpaid) and informal work – stories that value this work as a vital part of society and the economy, a collective good that must be adequately invested in and supported by communities, traditional leaders and governments.

As part of the ‘Reframing Narratives on Care and Informal Work’ project (from January 2022 to July 2023), Oxfam worked with researchers in Kenya (Busara Center for Behavioural Economics), the UK (The Answer) and Zimbabwe (Grace Ruvimbo Chirenje), in close collaboration with international and local organizations in each country, to develop new narratives on care and informal work. These narratives were tested against their ability to effectively communicate the vital importance of paid and unpaid care, domestic work and informal work to the general public and key audiences; in particular, the urgent need to value it properly – setting the scene for specific calls to action for policy change.

Due to the distinct social, cultural and political contexts prevalent in the three countries, there was a slightly different focus in each. In **Kenya**, the research focused on unpaid care and domestic work, encompassing all unpaid services provided within a household for its members, including care of people, housework, and voluntary community work, and paid domestic work – performed for private households in exchange for monetary compensation. In the **UK**, the project used a broad definition of paid and unpaid care work, including caring for children as parents and guardians, paid social care and childcare work, and providing unpaid care for others with additional support needs due to illness, disability or old age. In **Zimbabwe**, the focus was on unpaid care and domestic work and informal work, which included street vending and trading.

In **Kenya**, five narrative concepts were identified that had the potential to positively reframe perceptions of unpaid care and domestic work:

1. The contributions domestic workers make to Kenyan households and the importance of earning a basic income for their survival.
2. The diverse skill set required for performing care and domestic work.
3. The unbalanced workload of women's ‘double shift’ – balancing unpaid domestic work with paid work, and the redistribution of care and domestic work within households.
4. The significance of care and domestic work through its direct impact on the economy.
5. A narrative that encouraged fathers to engage in unpaid care and domestic work to foster a better relationship with their children, expressed through a vignette featuring ‘John’, a fictional father.

The findings demonstrated that a new narrative is capable of positively influencing research participants’ beliefs, regardless of the message frame of the counter-narrative. They also indicate that a comprehensive mixed-narrative strategy integrating so-called ‘gain, nudge, and loss narratives’ should be adopted in future efforts to shift perceptions.

In the **UK**, the research focused on paid and unpaid care, with a nationally representative sampling design. A single narrative, in which care was broadly framed as a collective activity that holds society together, was identified as having the greatest potential to change perceptions of care.

This performed well in shifting how care was prioritized by the UK public as an issue for politicians to address. It also provided the basis for a series of recommendations:

- Lead with the idea that caring is a collective activity that holds society together and contributes significantly to the wellbeing of the nations. This can shift people's perceptions of care.
- Frame carers as part of a network across the UK to help people see care as more of a 'system' or 'safety net for society'.
- Talk about the enormous number of people from diverse backgrounds who carry out caring activities.
- Remind audiences about the scope of caring – from caring for the youngest people (children) to the oldest (aged 90 and above), and everyone in between.
- Emphasize the emotional benefits that carers bring – human warmth, independence and dignity.
- Highlight the negative consequences for society, carers and recipients of care if caring does not receive better support.

In **Zimbabwe**, the research focused on unpaid care and informal work (in particular, street vending), and on audiences from the media, informal workers, and religious and traditional leaders. Four reframed narratives were identified that have the potential to change perceptions of unpaid care and domestic work/informal work:

1. Engaging in unpaid care and domestic work can improve the relationship between fathers and their children.
2. Men and boys supporting unpaid care and domestic work can lead to happier relationships and homes.
3. Men and women are equally capable of performing domestic and professional duties.
4. Unpaid care and domestic work are crucial factors driving economic development.

The key findings that emerged from testing the new narrative suggested:

- It is important to highlight the collective benefits of care for society to change people's perceptions of unpaid care and domestic work/informal work.
- This can be achieved by emphasizing that caring is a collective activity that holds society together and contributes significantly to the wellbeing of the nation.
- It is important to frame unpaid care and domestic work as part of the economy, with a special emphasis on informal work, to make caregivers more visible and highlight their contribution to the economy.
- The emotional benefits that caregivers bring should be emphasized, along with the more functional and financial aspects.
- By highlighting negative consequences for society if care is undervalued, caregivers and recipients of care generate a sense of urgency in tackling the undervaluation of unpaid care and domestic work.

1. INTRODUCTION

Care and informal work play a key role in sustaining our economies and societies. Care work, whether paid¹ or unpaid,² enables us all to be nourished, healthy and productive; our children to be nurtured; our homes to be clean; and elderly people, people living with a chronic health condition and people with a disability to live a life with dignity. Informal work³ is similarly the backbone of our economies, with informal workers such as waste pickers, street vendors, domestic workers and home-based workers making up 61% of the world's employed population, producing critical goods and services on which societies and formal economies thrive.⁴ In some regions, the rates of informal work are much higher. Yet, around the world, unpaid care and informal work are largely excluded in GDP calculations,⁵ not seen as a public policy priority, and underinvested in by governments.⁶ This has devastating consequences for the health, economic security and wellbeing of care and informal workers, particularly women, who do most of this work, and those facing intersecting inequalities.⁷

Some of the key structural factors driving the undervaluing of informal and unpaid care work are dominant narratives and perceptions around work. These exclude activities that are unpaid, and 'services for people' (versus technical or financial services), and dismiss care and informal work as low-skilled and of less value to the economy than other forms of work.⁸ In terms of gender and economic equality, it is vital to consider how perceptions and narratives around care and informal work can be shifted.

This report draws together the findings from a multi-country research project carried out in Kenya, Zimbabwe and the UK. The project aims to understand existing narratives around care and informal work, and to develop transformative framings to influence key groups in the general public and within communities, rather than working directly to influence decision-makers and political leaders.

This framing project follows a psychological theory of change and a bottom-up approach. Meaningful social and policy change often relies on shifts in communities' own understanding and will for change. Changing the framing of an issue such as care and informal work can change the mindset of an audience. Public pressure in turn can be the route to influence decision-makers; it can also ensure that people embrace transformative policies. A strong framing project needs both a research component and a movement-building component. The research component is to understand audiences and test frames, while the movement-building component is to align different groups, communities and organizations on the strategy and direction of the work. A collaborative approach to direction-setting not only helps to strengthen the movement, but also helps ensure that the frames are used: 'If your words don't spread, by definition, they don't work'.⁹

On that basis, in each country the research was collaboratively shaped by an advisory steering group whose members were drawn from local partners and allies, including women's rights and social change organizations, trade unions, church organizations and research institutes, with the aim of fostering wider support for, and alignment with, the new narratives. The groups for each country included:

KENYA

- International Center for Research on Women (ICRW)
- The Collaborative Center for Gender and Development (CCGD)
- ActionAid
- Innovations for Poverty Action (IPA)
- Kenyatta University
- Abdul Latif Jameel Poverty Action Lab (J-PAL)

UK

- Carers Trust
- Carers UK
- Joseph Rowntree Foundation
- Trades Union Congress (TUC)
- Women's Equality Network (WEN) Wales
- Women's Budget Group

ZIMBABWE

- Vendors Initiative for Social and Economic Transformation (VISET)
- Padare/Ekundleni Men's Forum
- Musasa Project
- Research and Advocacy Unit
- Economic Justice for Women Project

Our research is only a first step towards reframing conversations on care and informal work. This paper seeks to shed light on the key lessons learned and reflections; these can serve future research and collaboration to build greater public mobilization on these issues.

2. KENYA

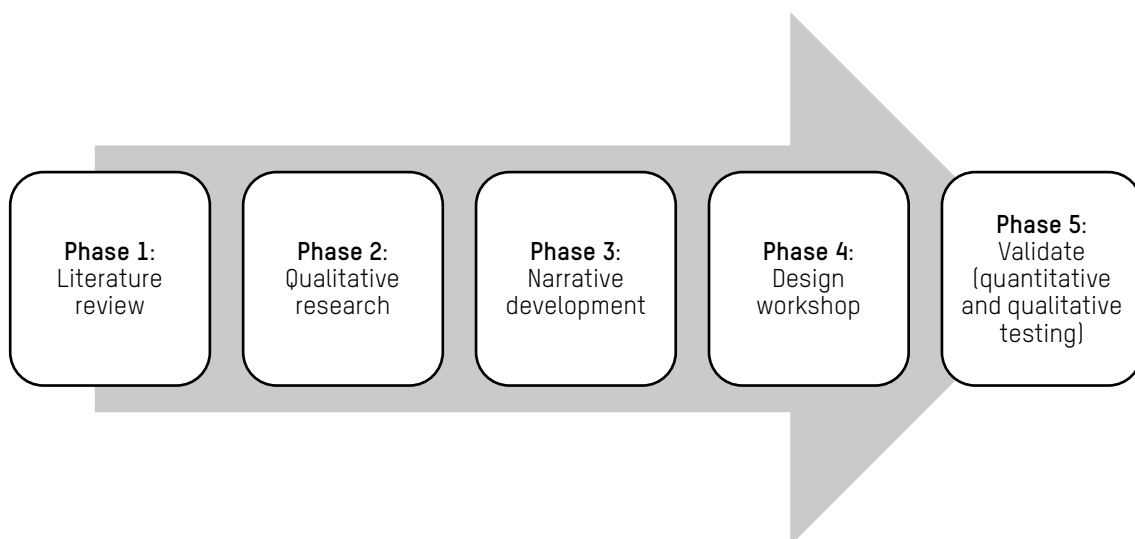
The Kenya research had two main aims: first, to uncover the prevailing narratives surrounding unpaid care and domestic work; and second, to quantitatively test the various message framings that might effectively alter public perceptions about care and domestic work. The study aimed to determine which message framing would positively shift public perception.

2.1. THE RESEARCH APPROACH AND METHODOLOGY

The research used a five-phase mixed-method, iterative approach (Figure 1).

1. An initial **literature review**, examining literature on care and domestic work in the Global South and Kenya to identify the prevailing narratives around unpaid care and domestic work/informal work.
2. **In-depth qualitative interviews** with the public and key informant interviews (KIIs) with expert professionals and policymakers to probe deeper into the existing narratives.
3. Findings from the literature review and qualitative interviews were used to **develop preliminary narratives**.
4. These narratives were then refined in a **co-design workshop** with the advisory steering group and key policy experts.
5. The newly developed narratives were tested **qualitatively** and **quantitatively**, using in-depth interviews and a randomized controlled trial (RCT), respectively, to assess their effectiveness and potential impact.

Figure 1. Project phases, including key research steps



2.2. LITERATURE REVIEW AND KEY FINDINGS

In the initial phase, a comprehensive **literature review** was undertaken of 50 sources, including research papers, sector reports, academic studies, and blog posts about care and domestic work in the Global South and Kenya, to identify the prevalent narratives.

The review identified several narratives surrounding care and domestic work:

- Care and domestic work are not always considered ‘real work’ because they are not seen to contribute to the economy.
- Women are naturally more nurturing and better suited to care work,¹⁰ and women bear the primary responsibility for performing care and domestic work.¹¹
- Some women in Kenya believe men lack the ability to perform these tasks effectively, and that women who neglect their domestic duties often face criticism and might even be susceptible to physical violence.¹²

2.3. QUALITATIVE IN-DEPTH INTERVIEWS AND KEY FINDINGS

In-depth interviews were conducted with 45 respondents¹³ across three Kenyan counties (Nairobi, Kakamega and Kilifi) to ensure representation of different demographics.¹⁴ Virtual key informant interviews (KIs) were also conducted with 10 key experts and policymakers working in the field of care and domestic work in Kenya. Each interview lasted between one and one and a half hours and was conducted either in English or Swahili, based on the respondent’s preference. A stratified sampling approach was used to ensure diversity in location, religion and other relevant demographic characteristics. The primary goal was to uncover existing dominant narratives, gain insights into societal views, and identify structural, cultural and behavioural barriers that shape the perception of unpaid care and domestic work in Kenya. The interviews also helped pinpoint key elements for a transformative narrative to shift public views on the subject.

Table 1. Stratified sampling approach

Stratified sampling	
<i>Age</i>	20–60 years old
<i>Education</i>	Uneducated to graduate
<i>Income</i>	High income to low income
<i>Occupation</i>	Formal/informal
<i>Location</i>	Urban (Nairobi), peri-urban (Kakamega), rural (Kilifi)
<i>Gender</i>	Female/male
<i>Religion</i>	Christian/Muslim

2.3.1. CURRENT DOMINANT NARRATIVES AROUND UNPAID CARE AND DOMESTIC WORK

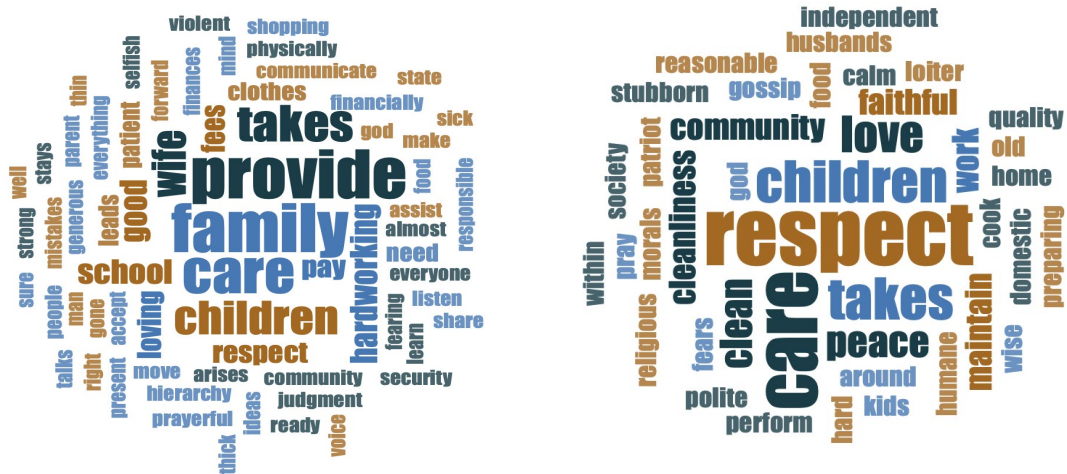
Four key narratives emerged around unpaid care work in Kenya. These narratives were shaped by the primary data from the qualitative interviews concerning household task distribution, prevailing social and gender norms, and perceptions of the roles of wife and husband (figures 2 and 3). They were corroborated by the literature review.

1. **Women are better at care and domestic work, and therefore should bear its primary responsibility** – nearly half the respondents expressed disapproval of men engaging in domestic work.
2. **Performing unpaid care and domestic duties requires gender-specific, innate abilities** – religious doctrines, particularly Christianity and Islam, significantly influenced many respondents’ beliefs about family roles.
3. **Women should perform care and domestic work because it does not require any effort** – women are perceived as the ‘weaker gender’, leading to the belief that women should engage in activities (such as cooking, washing and cleaning) that are viewed as requiring less physical strength.
4. **It is unmanly for men to perform care and domestic work** – those who performed it were seen to be dominated by women and/or failures: many respondents believed men should only assume household responsibilities if their wives or women in the household are unable to do so.

Overall, a quintessential Kenyan man is expected to embody traits such as being hardworking, reliable and financially stable, while assuming primary responsibility for the family’s financial wellbeing as a husband. A typical Kenyan woman is expected to demonstrate characteristics such as respectfulness, faithfulness and neatness, while fulfilling the role of the principal caregiver to her husband and children as a wife.

Figure 2. Participants’ perceptions of the qualities of a husband (left-hand image)

Figure 3. Participants’ perceptions of the qualities of a wife (right-hand image)



Note: The word clouds were created in Nvivo based on insights from in-depth interviews with the general public and expert interviews with key stakeholders.

2.3.2. CURRENT DOMINANT NARRATIVES AROUND PAID DOMESTIC WORK

Paid domestic work includes performing household chores and care work that are compensated either monetarily or non-monetarily (by providing food, shelter and clothing); for example, cooking, cleaning, caring for children or tending to the farm.

According to participants, a key distinction between unpaid and paid domestic work is in who performed these tasks. Outsiders tended to perform paid domestic work and were expected to receive some form of remuneration. This view reinforces the undervaluing of care and domestic

work, as well as the effort required when it is undertaken by women and girls within their household. It implies that such work is only deemed valuable when performed by someone external to the family, rather than by a family member. Furthermore, since this work is perceived as requiring minimal effort and skill, and the outsiders performing it – predominantly women – are often deemed to be unskilled and lacking formal education or training, they receive low wages. Such wage structures contribute to the unfair employment practices reported by domestic workers.

Two narratives emerged around paid domestic work:

- **Paid domestic work is a low-skilled occupation.**

Additionally, women attributed greater significance to paid domestic work than men did. When surveyed about the importance of paid domestic work to their families, women, on average, scored its value at 9 on a scale of 1 to 10 (with 10 being the most important) – in part from its potential to provide opportunities for additional paid work – men only assigned it a value of 5.

Men felt that funds allocated to domestic workers could be better used to meet other household expenditures, such as children’s educational costs. This view was rooted in the belief that women in the household should ideally undertake unpaid care and domestic work.

- **Paid domestic work is a lifeline for poor and uneducated people.**

The terminology used to describe paid domestic work revealed pejorative societal attitudes towards domestic workers; for example, *kazi chafu* (dirty work) and *kazi ya maid* (maid’s work) are commonly used to describe the work performed by domestic workers.

The findings also indicated a societal bias against men engaging in paid domestic work, which is traditionally viewed as a woman’s domain. Terms like *Mboch* used to describe women in paid domestic work are demeaning and derogatory. No equivalent terms exist for men, suggesting that women often face a lower status even when doing the same job as men.

2.4. IDENTIFICATION AND TESTING OF NEW NARRATIVES

This phase aimed to identify narratives that best fit the Kenyan context and had the potential to challenge and ultimately shift existing perceptions surrounding unpaid care and domestic work in Kenya.

Following the insights from the in-depth interviews and KIs, five initial narrative concepts were explored and discussed in a co-design workshop with local experts and stakeholders.

- **Narrative 1:** The contribution of domestic workers to Kenyan households and the importance of earning a basic income for their survival.
- **Narrative 2:** The diverse skill set required for performing care and domestic work.
- **Narrative 3:** Raising awareness about the double workload faced by women in balancing unpaid domestic work and paid work.
- **Narrative 4:** Quantifying the significance of care and domestic work through its impact on the economy.
- **Narrative 5:** Our children, our shared responsibility: fathers who engage in care and domestic work develop better relationships with their children.

The first three narratives were chosen for testing in qualitative in-depth interviews with paid domestic workers, while the first four were discussed with key policymakers in Nairobi.

The final narrative (the fifth) was selected during the co-design workshop to be tested in a quantitative survey with the general public. Key experts from Kenya identified it as the narrative with the highest potential to change Kenyan perceptions about unpaid care and domestic work.

Throughout this research, participants consistently emphasized that in Kenya, the responsibility of raising children predominantly falls on women. This is despite the well-documented benefits of fathers being actively involved in their children's upbringing. By underscoring the impact of a father-child relationship, this narrative was presumed to encourage more men to share in these responsibilities, thus challenging prevailing societal expectations.

2.5. QUANTITATIVE TESTING OF DIFFERENT NARRATIVE FRAMES AND KEY FINDINGS

A randomized control trial (RCT) was used to test the impact of different message frames on shifting Kenyans' perception, attitudes and beliefs regarding unpaid care and domestic work.

The study was designed around a narrative about 'John', a fictional Kenyan father, and his decision to engage in unpaid care and domestic work to foster a better relationship with his children. It was presented with three different message frames:¹⁵

- **Narrative frame 1: the 'gain frame'**¹⁶ – outlined the benefits of John's involvement in unpaid care and domestic work; for example, John would develop a better relationship with his children by spending more time with them.
- **Narrative frame 2: the 'nudged-gain frame'**¹⁷ – built on the first frame by incorporating a call to action to nudge societal change towards normalizing a father's involvement in caregiving responsibilities.
- **Narrative frame 3: the 'loss frame'**¹⁸ – highlighted the negative consequences resulting from John's lack of involvement in his children's lives; for example, lack of parental care could lead to emotional and behavioural problems in a child.

Participants were randomly assigned to three treatment groups, each receiving a different narrative frame:

1. Control group – participants received the **gain-framed narrative**.
2. Group 1 – participants received the **nudged-gain-framed narrative**.
3. Group 2 – participants received the **loss-framed narrative**.

Respondents also completed two surveys:

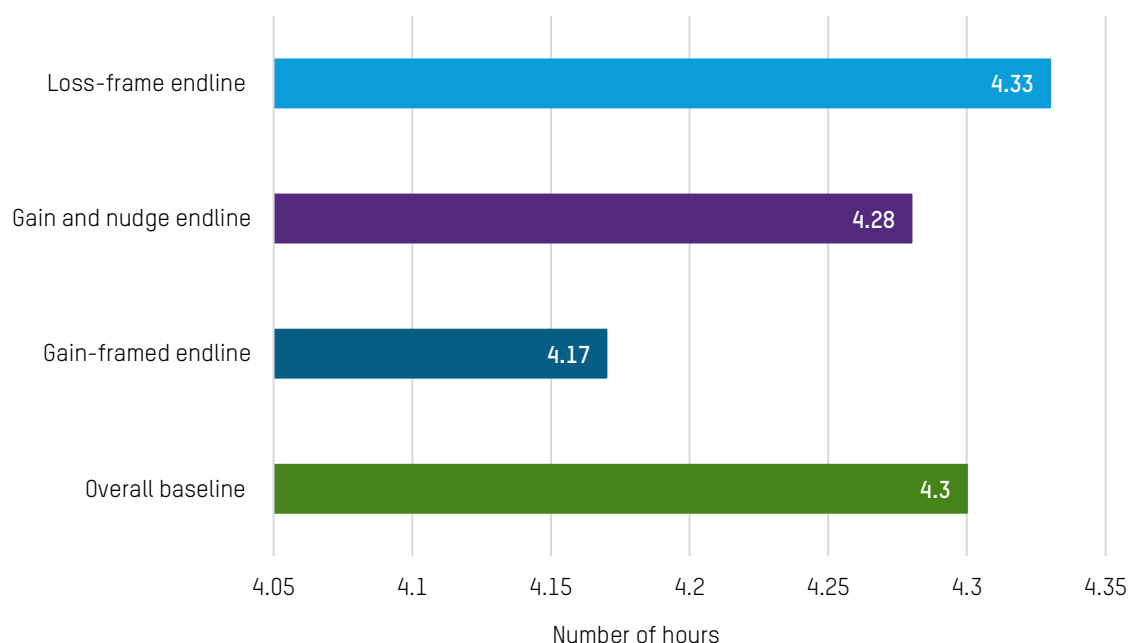
- A baseline survey taken before reading the narrative, to gauge their initial opinions about the prevailing narratives on unpaid care and domestic work, specifically the role of a father's involvement in care and domestic duties for his children.
- After reading the narrative, participants completed an endline survey that aimed to quantify the frames' impact on shifting perceptions, beliefs and attitudes on unpaid care and domestic work.

The final sample consisted of 2,127 participants.¹⁹

Table 2. Treatment groups’ responses to the question of how many hours a fathers should spend with his children

Question	Baseline survey	Control group: gain-framed narrative	Group 1: nudged-gain-framed narrative	Group 2: loss-framed narrative
1. How many hours should a father spend with his children? (Figure 4) ²⁰	Respondents believed that a Kenyan father should spend an average of 4.3 hours daily caring for his children.	After being presented with the gain-framed narrative, participants believed that the number of hours should be lower.	Participants reported a higher number of hours than the control, although this was not statistically significant.	Participants reported a higher number of hours than the control, and this was statistically significant, indicating that a negative framing of the issue slightly increases the time respondents think a father should spend with his children.

Figure 4. Group responses to the question of how many hours a father should spend with his children, reported at baseline and endline

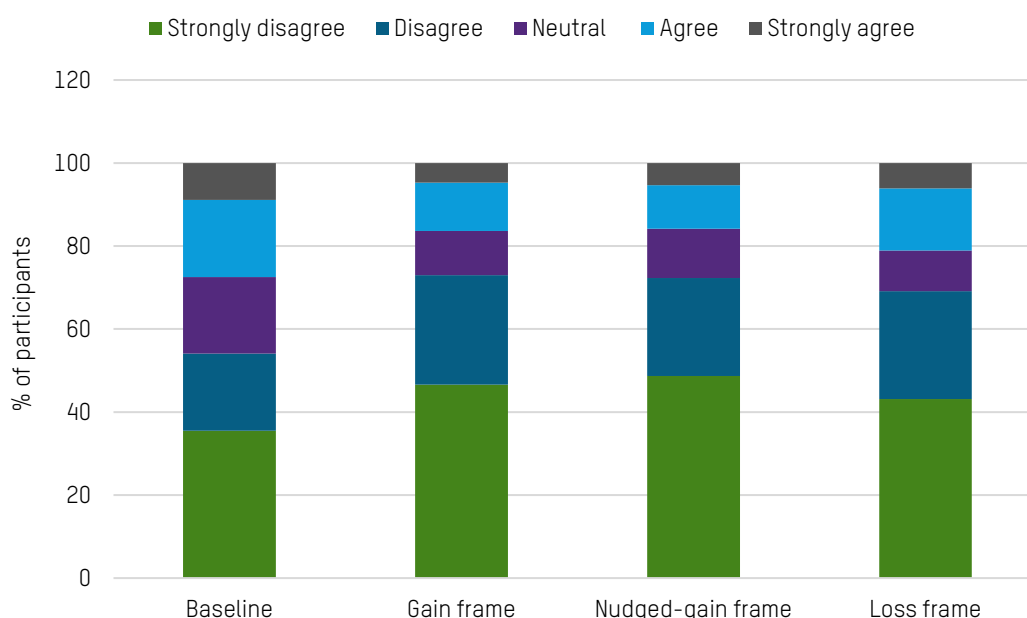


Notes: Baseline (Q11)/Endline (Q13) – ‘On average, how many hours do you think a Kenyan father should spend time with his children doing daily activities such as feeding, bathing, playing and helping with homework?’. Base: total control group n=2127; Gain-frame narrative group n=806; nudged-gain-frame narrative group n=618; loss-frame narrative group n=651.

Table 3. Treatment groups’ perceptions of whether public engagement in care and domestic work is unmanly

Question	Baseline survey	Control group: gain-framed narrative	Group 1: nudged-gain-framed narrative	Group 2: loss-framed narrative
2. <i>Is public engagement in care and domestic work unmanly? (Figure 5)²¹</i>	Thirty percent of respondents felt that it is unmanly for men to perform domestic activities in public.	After participants were exposed to the gain-framed narrative, those who disagreed with the statement increased.	There was a more pronounced increase in the number of participants in the nudged-gain frame who disagreed with the statement than at the baseline.	In the loss-framed narrative, more participants were likely to disagree with the statement than at the baseline, although it seemed to have less impact than the gain or nudged-gain frame.

Figure 5. Participants’ perceptions of men doing domestic work publicly

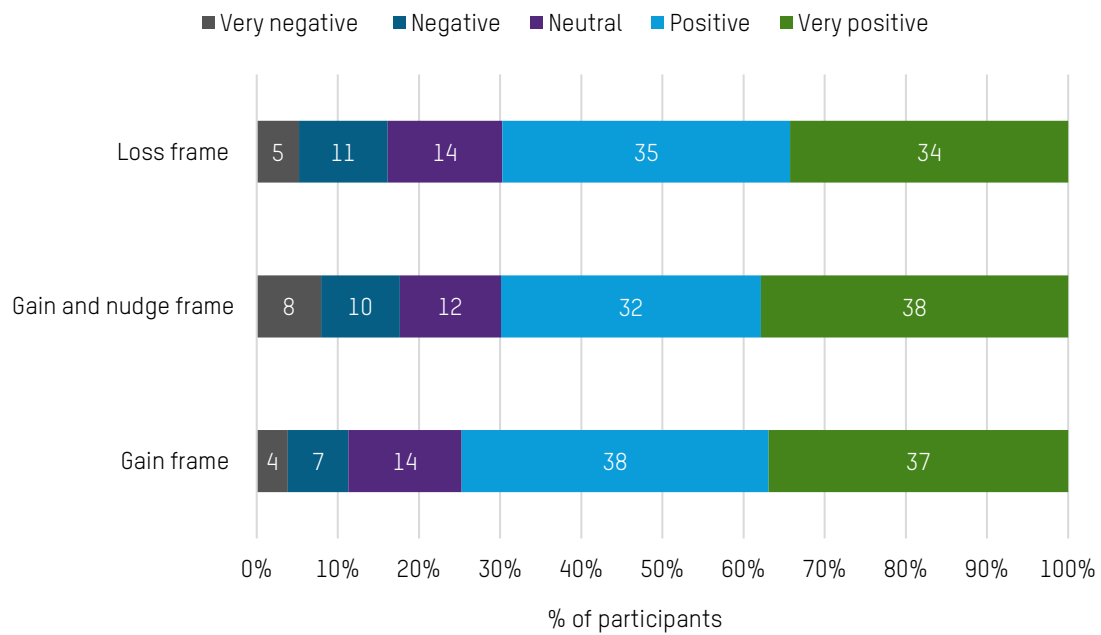


Notes: Baseline (Q12)/Endline (Q14) – ‘On a scale of 1-5, where 1 is strongly disagree and 5 is strongly agree, please indicate how you feel about the statement: ‘I believe it is unmanly for men to partake in activities such as washing and ironing in front of their family or friends’. Base: total control group n=2127; gain-framed narrative group n=806; nudged-gain framed narrative group n=618; loss- framed narrative group n=651.

Table 4. Treatment groups’ perceptions of the character ‘John’

Question	Control group: gain-framed narrative	Group 1: nudged-gain-framed narrative	Group 2: loss-framed narrative
3. <i>What are your perceptions of the ‘John’ character? (Figure 6).^{22, 23}</i>	More positive responses from those receiving this narrative versus the others.	More likely to agree that John, as the man of the household, should focus on financially providing for his family than those who received the baseline narrative.	More likely to agree that John, as the man of the household, should focus on financially providing for his family than those who received the baseline narrative; 24.6% more likely to have a negative perception of John compared to the other narratives.

Figure 6. Initial reaction of participants after reading a vignette on fathers' involvement, across treatment groups



Notes: Endline (Q12) – ‘On a scale of 1-5, where 1 is strongly disagree and 5 is strongly agree, please indicate how you feel about the following statements: 12.1. ‘As a man of the household, John should concentrate on his job and focus on financially providing for his family’; 12.2. ‘John is a responsible and loving father who is dedicated to his children’s wellbeing’; 12.3. ‘John is clearly scared of his wife, as no man would willingly perform activities of cooking, feeding the children and changing diapers, etc.’ Gain-frame narrative group n=832; nudged-gain-frame narrative group n=618; loss-frame narrative group n=651.

Women participants, irrespective of treatment, tended to have more positive perceptions about men’s involvement in household work and engagement with their children.

Those with a higher number of children correlated with a lower total perception score, suggesting that participants with more children may prioritise a man focusing on activities like earning a living over performing care and domestic duties for their children.

Table 5. Treatment groups’ preferences to donate to organizations supporting marginalized children or advocating for young fathers to be more active in their children’s lives

Question	Control group: gain-framed narrative	Group 1: nudged-gain-framed narrative	Group 2: loss-framed narrative
4. Dictator game: Would you prefer to make a donation to an organization supporting marginalized children or advocating for young fathers to be more active in their children’s lives? ²⁴	Respondents donated KSh 27 to an organization for children and KSh 12 to organization for fathers.	Total donations were notably higher than in the control group. Donations to the children’s organization saw a slight increase of KSh 2, while donations to the fathers’ organization increased by KSh 4. The increase is statistically significant at 10%.	Donations were significantly higher than the control group. There was an overall increase of KSh 12 in total donations. Both the children’s and fathers’ organizations received an additional KSh 6 compared to the control group. The increase is statistically significant at 5%.

Figure 7. Donation amount: comparison of the gain-framed and nudged-gain-framed groups

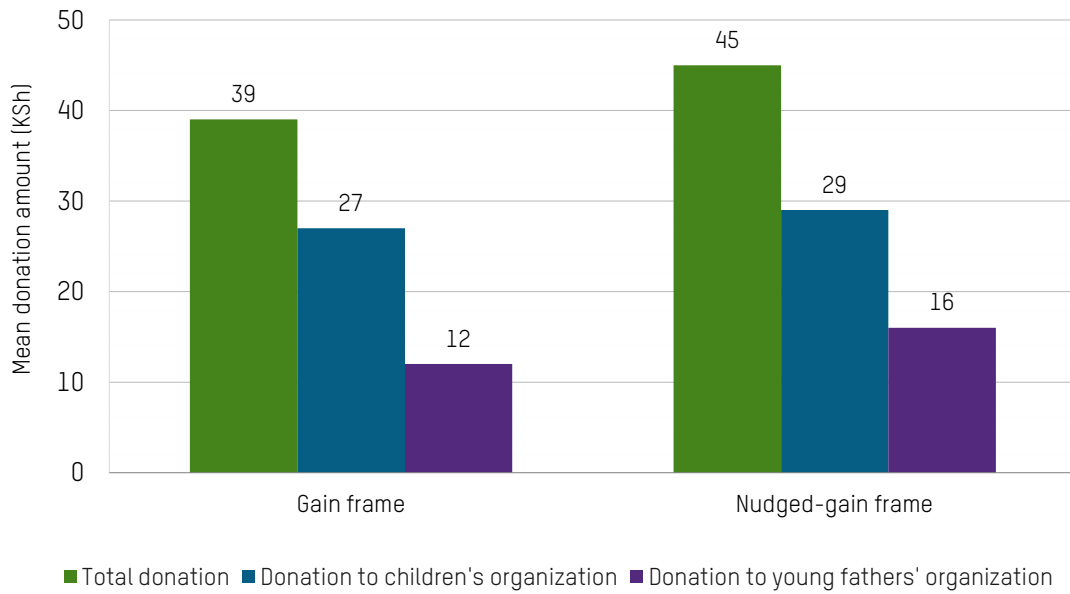
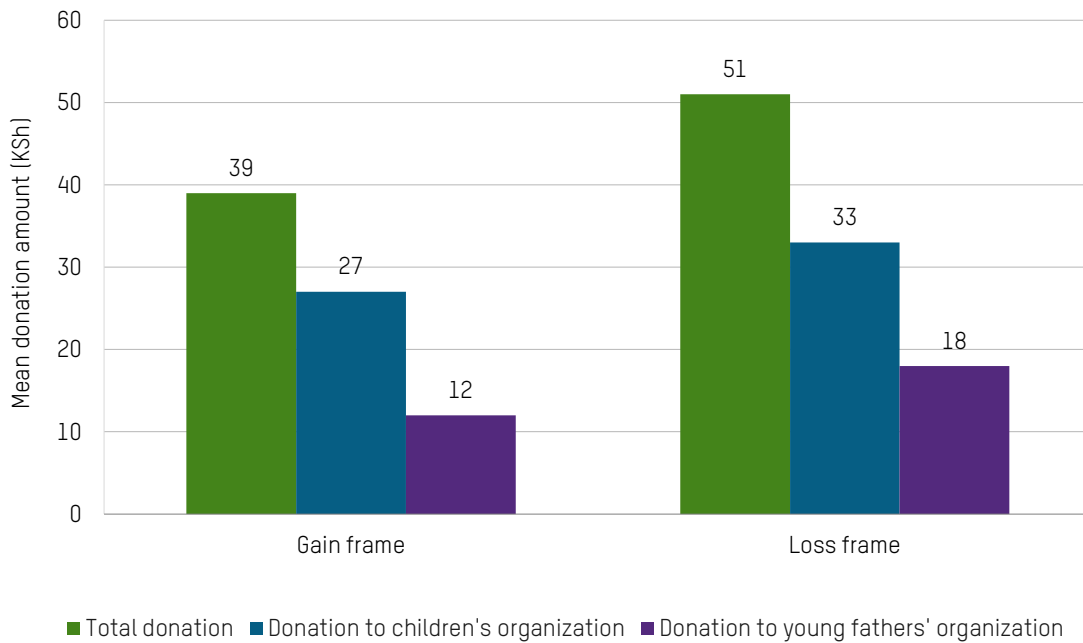


Figure 8. Donation amount: comparison of the gain-framed and loss-framed groups



The dictator game suggests that highlighting the consequences of a father's lack of participation in their child's life has a positive impact on a participant's likelihood to donate more to organizations advocating for young fathers' active involvement.

2.6. CONCLUSIONS FROM THE KENYA RESEARCH

The findings demonstrated that exposure to a counter-narrative can positively influence participants' beliefs, regardless of the message frame of the counter-narrative. Moreover, each of the three narrative frames tested altered respondents' reported perceptions, attitudes and beliefs about unpaid care and domestic work, depending on the context.

Adopting a comprehensive mixed-narrative strategy integrating gain, nudge, and loss narratives is most likely to be effective in future efforts to shift perceptions.

- Use **gain-framed narratives** to encourage the adoption of new, positive behaviours – it emphasizes the positive outcomes of a particular course of action. Use when advocating for the recognition, reduction and redistribution of care and domestic work.
- Use **nudge-gain-framed narratives** when prompting participants to take specific active steps beyond shifting attitudes or beliefs – it uses positive reinforcement and indirect suggestions to effectively influence the behaviour and decision-making of individuals.
- Use **loss-framed narratives** for measures involving financial decisions; for example, when motivating participants to reward paid care and domestic work by underscoring the potential costs of not properly compensating such work.

The research also offers crucial insights into the best methods for creating and disseminating these effective counter-narratives. The recommendations stem from both qualitative and quantitative insights. In the qualitative phase, for example, respondents assessed transformative narratives shaped by literature. This helped identify initial ideas and concepts for new narratives that could resonate with Kenyans. Notably, the narratives chosen for the further research phase shared the following underlying themes:

- **Context-specific counter-narratives:** Given Kenya's diverse socio-cultural landscape, tailoring narratives to resonate within specific regional, religious or cultural contexts is crucial. The findings underscored the significant role local languages play in shaping perceptions, attitudes and beliefs about unpaid care and domestic work.
- **Leverage relevant messengers:** Utilizing the right messengers can powerfully influence a shift in perceptions of unpaid care and domestic work. Stakeholders such as religious leaders, educators, women's group leaders, community leaders, and employers of domestic workers could play a vital role in advocating for equitable practices in unpaid care and domestic work and paid domestic work.
- **Utilize non-traditional methods for narrative dissemination:** In today's increasingly digital landscape, using relevant social media platforms effectively can help spread these narratives to a wider audience – participants pointed to social media platforms such as Facebook and WhatsApp as their preferred channels for spreading these narratives.

3. UK

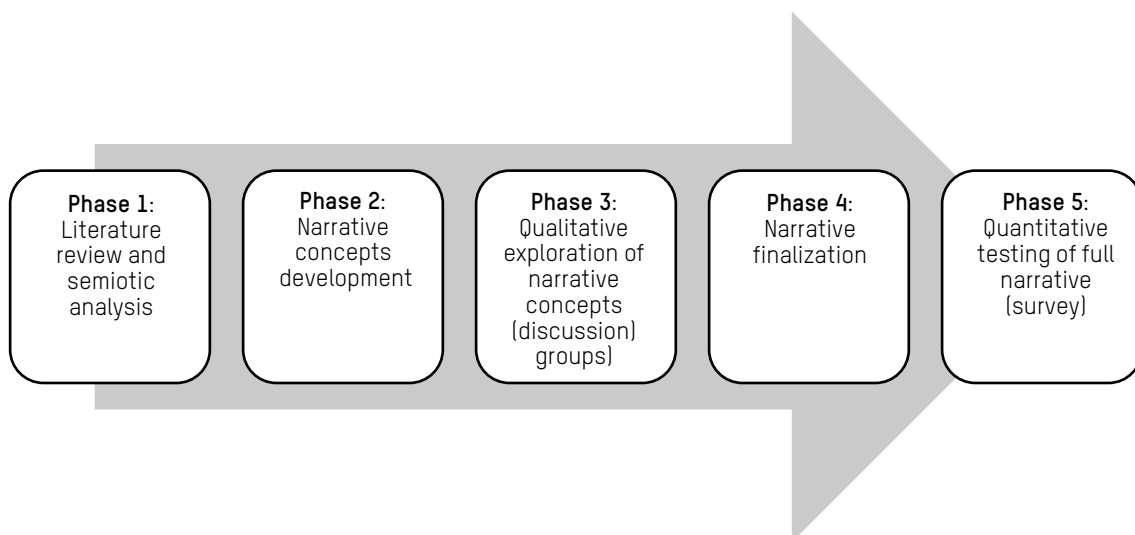
In the UK, paid and unpaid care work are undervalued, driven by dominant narratives and perceptions around ‘work’ that exclude activities that are unpaid or take place in private homes, but also dismiss paid care work as low-skilled, and **see all care as an activity that is of no or very little value to the economy**. The research aimed to help reshape the way the UK public talks and hence thinks about care, by developing new narratives and testing their ability to change the terms in which care is debated.

3.1. THE RESEARCH APPROACH AND METHODOLOGY

The research employed a mixed-method approach of five key phases (Figure 9):

1. An **initial phase of semiotic analysis**²⁵ to get insights into the cultural factors shaping public perceptions on care, along with a **literature review** to identify existing narratives on care.
2. **Initial narrative concepts** developed from the insights that Phase 1 generated, as well as feedback from the advisory steering group.
3. These **narrative concepts were explored through qualitative discussion groups**.
4. The initial narrative concepts were refined into the **final new narrative**.
5. The efficacy of the new narrative in shifting public views on care was tested through an **experimental survey**.

Figure 9. Project phases, including key research steps



3.2. LITERATURE REVIEW, SEMIOTIC ANALYSIS AND KEY FINDINGS

The research process began with a review of some of the key literature produced by organizations that are active in the sector in the UK – over 60 sources, including research papers, sector reports, academic studies and blog posts. The review sought to identify:

- Key issues related to the care and campaigning concerns of stakeholders.
- What kind of narratives on care were already being used about and within the sector.

The **literature review** was supplemented by **semiotic analysis** which took a broader cultural focus. This included: news stories about care from a range of sources spanning both right- and left-leaning mainstream publications and outlets, including the BBC, ITV, Channel 4, Sky, *The Times*, the *Guardian*, the *Daily Mail*, the *Sun*, the *Independent*, the *Daily Telegraph* and the *Daily Express*; entertainment media, including documentaries and fictional formats; and historical and social sources related to care.

The literature review identified several key themes around care which were used to develop the new narratives:

- The economic contribution of care
- Care as a social good
- Care as infrastructure
- The invisibility of carers
- The skill of care
- The universality of care.

The semiotic analysis identified the following issues with the dominant narratives around care:

- Low social salience around the skills of carers and their contributions to society, shaping perceptions of care as being of low value.
- Carers presented as dutiful and/or good-intentioned individuals who operate in poor conditions and (for paid care workers) for low pay, whose beneficial individual acts are overlooked.
- A focus on paid social care, particularly in care homes, and less on the large numbers of unpaid carers, who are rendered less visible.
- Overlooking the importance of childcare versus other types of care, which is often framed as a personal/private issue, not an issue for the government.

The findings from the literature review and semiotic analysis produced an initial longlist of 12 narrative concepts, which were discussed with the advisory steering group, with the aim of identifying the most promising concepts to be further refined and then explored through qualitative discussion groups.

From this, four narrative concepts were identified:²⁶

1. Care is the heart of our social infrastructure.
2. Without care we all face an uncertain future.
3. The unique knowledge, skills and qualities of caring.
4. Care: the driving force of the economy.

These four concepts covered a wide range of perspectives around care, and were also themes that the public might be familiar with to some degree. The concepts were developed into draft narratives that were complete enough to be explored in qualitative discussion groups.

3.3. QUALITATIVE DISCUSSION GROUPS AND KEY FINDINGS

The discussion groups focused on:

- Perceptions of care and barriers to valuing it more, including care as a concept, its role in society and the range of specific caring roles.
- The four draft narratives, to understand how and to what extent they could shift perceptions of care and grow support for policies related to better support for carers.

Six two-hour, online group discussions, with five respondents each, took place in October 2022. Participants were selected online and assigned to groups following the structure in Figure 10.

Figure 10. Qualitative discussion groups, approach and sample



Notes: Key: social class B = middle class; social class C1 = lower-middle class; C2 = skilled working class; D = working class. Respondents were recruited from England, Wales and Scotland, with a 50/50 gender split in each group, and ethnic and health condition representation.

In each session, the discussion was divided into two parts:

1. Open-ended discussion of what care meant to participants, including questions on the types of carers that are more/less valued.
2. Participants were then shown the four draft narrative concepts, which were discussed and assessed for appeal.

The discussion groups highlighted the following:

- The COVID-19 pandemic increased the value that people attach to care and caring.
- There was agreement among participants that people providing care (paid and unpaid) are often unrecognized and under-rewarded.
- Not all care was equally valued – paid and unpaid childcare and unpaid adult care were generally understood as requiring fewer skills or competencies than paid adult care.

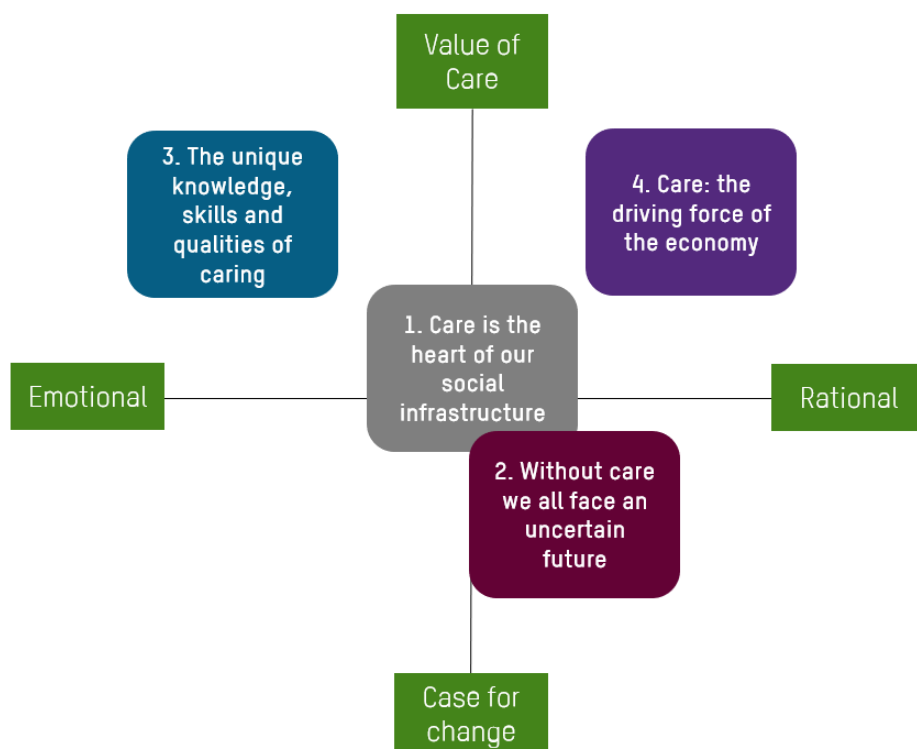
- Although the value of care was recognized at the individual level, it was not seen as collectively valued by society, by the government or the private sector.
- There was no shared narrative that articulated the positive benefits of care as a social good, and without this collective resource there was a sense of inertia.
- Therefore, a motivating sense of collective benefit was absent from people’s understanding of care.
- Any new narrative would have to connect all the different types of care activities and carer roles to help ratchet up the value of those that were seen as less significant.

Each of the four draft narratives was assessed across four key variables:

1. **Emotional appeal:** the degree to which a narrative moved people and created empathy.
2. **Rational appeal:** the degree to which a narrative was convincing or credible.
3. **Value of care:** the degree to which a narrative made a case for a reassessment of the value of care.
4. **Case for change:** the degree to which a narrative evoked a sense of immediate need for change.

While all four options performed well in different ways, the ‘care is the heart of our social infrastructure’ narrative had the most consistent appeal overall. It achieved the best balance across these variables, as illustrated in Figure 11.

Figure 11. Comparison of draft narratives across key variables as explored in discussion groups



The care is the heart of our social infrastructure narrative:

- Emphasized that caring is a collective activity, ensuring society functioned on a day-to-day basis.
- Showed how numerous carers are, and the range of caring responsibilities.
- Provided an ‘umbrella narrative’ to reframe a wide range of care issues.
- Had emotional resonance with respondents, as well as conveying facts.

This narrative was further developed for testing in a quantitative survey. This final **narrative comprised three key sections:**

- A fundamental **premise**, outlining care as a collective activity that holds society together.
- An **evidence statement** for the premise, highlighting key facts about the extent and nature of care work across the UK.
- Three different **impact statements** describing the negative consequences of not providing greater support for, and investing more in, carers, from different perspectives. These were tested in three different groups (cells):
 - **Group 1: Provision** for carers, focusing on the effects on the overall health and care infrastructure, and the wellbeing of wider society.
 - **Group 2: Economic** consequences of lack of support and investment for carers.
 - **Group 3: Receivers of care**, focusing on those needing care due to illness, disability and old age.

3.4. QUANTITATIVE TESTING AND KEY FINDINGS

The quantitative survey aimed to understand the:

- Extent to which the new narrative made people prioritize care versus other policy issues, and shifted people’s beliefs and attitudes toward caring in the UK.
- Likelihood that the new narrative will motivate some kind of action regarding making care a policy priority.

The survey was administered online between December 2022 and January 2023 to a UK nationally representative sample of 3,000 respondents. Booster samples for Wales and Scotland were added to ensure that analysis could be conducted at the nation level.

The survey took an **experimental approach**. Some respondents were exposed to the narrative (**treatment**) and others were not (**control**). The treatment group was then split into three subgroups, with each seeing the same premise and evidence, but a different impact statement (either **provision, economic, or receivers of care**).

Two methods were used to measure the performance of the narrative:

1. Control group versus treatment group approach. The control group had **no exposure to the new narrative** and provided a baseline measure for the perceived importance of care as a priority for politicians. The treatment groups did see the narrative, so it was possible to directly compare their perceived importance of care against that of the control group to understand how far the new narrative shifted perceptions.
2. Self-reporting. The research focused on detailed reactions to the narrative by asking people directly how it had an impact on their thinking.

The survey was structured as follows:

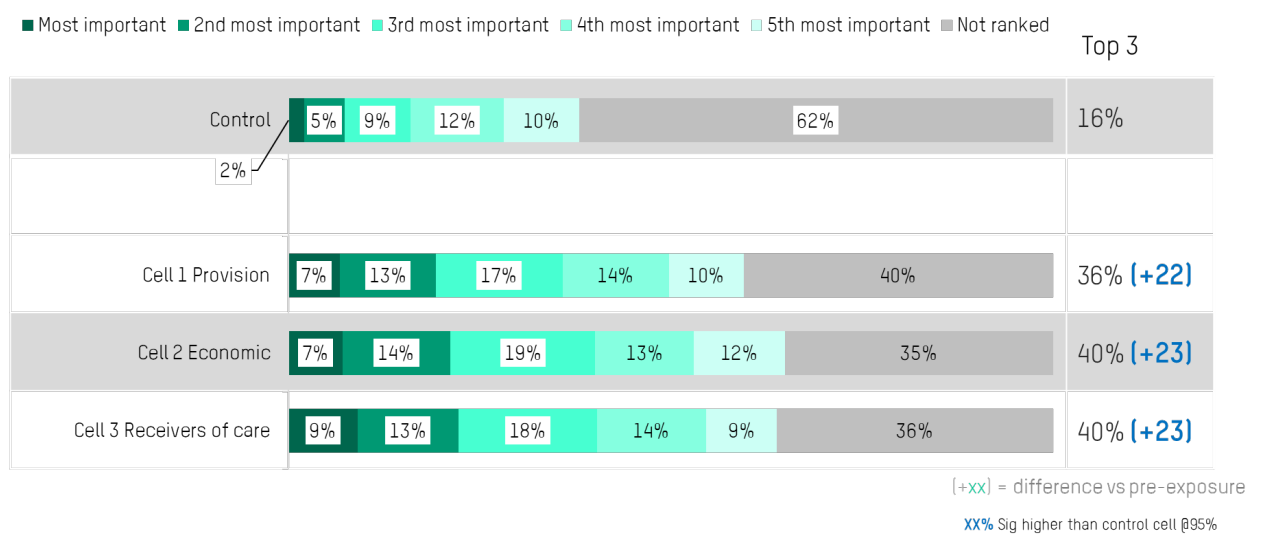
- Ranking of care as a priority issue (asked to all, treatment and control).
- Agreement with premise and if it changed their own views on care (treatment only).
- Agreement with evidence and if it changed their own views on care (treatment only).
- Agreement with impact statements and if it changed their/others' views on care, level of prioritization (treatment only).
- Agreement with full narratives and if it changed their/others' views on care, how it made them feel, level of prioritization and actions showing support (treatment only).
- Post-exposure questions – ranking care as a priority for politicians (for treatment only), importance of support, and responsibility for support of care (asked to all, treatment and control).

The findings of the quantitative testing are outlined below.

Care as a priority for politicians significantly increased for respondents who were exposed to the narrative, across all three impact statements (Figure 12).

- Sixteen percent of the control group (*not* exposed to the narrative) saw care as a top-three priority for politicians.
- Of those exposed to the narrative, over 38% saw care as a top-three priority for politicians.²⁷

Figure 12. Ranking of care as top-three priority for politicians over the next few years

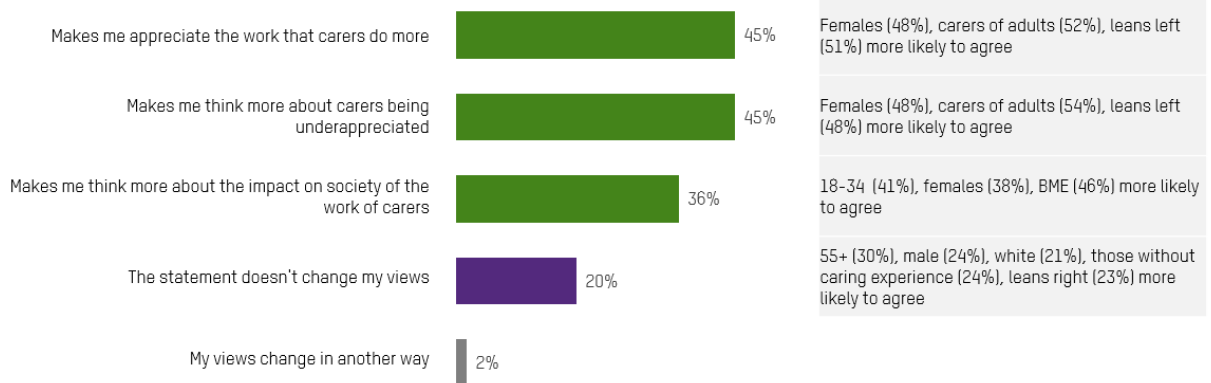


Notes: Q1a/PQ1a – ‘Please select the top five issues that you think should be the highest priorities for politicians over the next few years’. Base: total control n=739; Cell 1 provision n=764; Cell 2 economic n=741; Cell 3 receivers of care n=756. (+ percentage) = difference versus pre-exposure. XX% = significantly higher than control cell at 95%.

3.4.1. THE PREMISE

- Eighty-five percent of respondents agreed with the overall premise of the narrative.
- It positively shifted attitudes towards carers for almost six out of ten respondents (Figure 13).

Figure 13. How the premise changes thoughts about carers



Notes: Q3 – ‘How does the statement change your thoughts about carers, if at all?’ Base: total in cells 1–3, n=2,261.

3.4.2. THE EVIDENCE

- Eighty-one percent of respondents agreed with the evidence part of the narrative.
- A significant proportion of respondents reported either appreciating carers’ contributions more, or thinking more about different kinds of carers or about how many carers there are.

3.4.3. THE IMPACT STATEMENTS

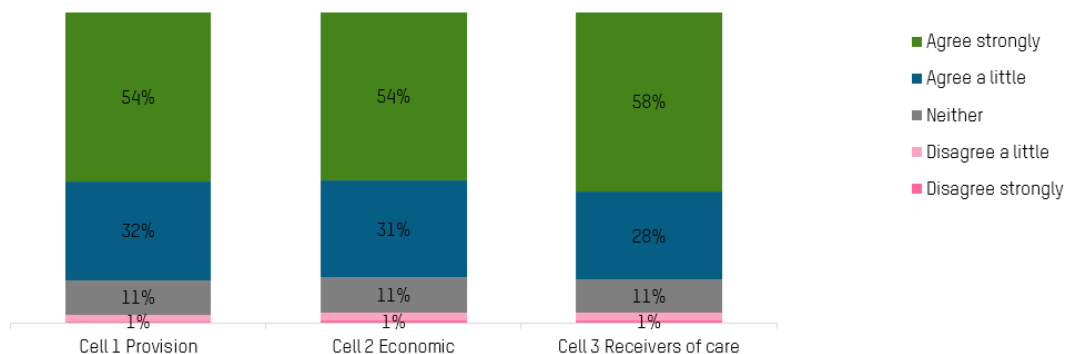
Tested individually, all performed well in terms of level of agreement and as self-reported shifts in views of care:

- Eighty-six percent agreed with impact statement 1 (Cell 1 provision).
- Eighty-three percent agreed with impact statement 2 (Cell 2 economic).
- Eighty-four percent agreed with impact statement 3 (Cell 3 receivers of care).

3.4.3. THE FULL NARRATIVE (PREMISE, EVIDENCE, IMPACT)

As shown in Figure 14, agreement with all three variations of the full narrative was strong.

Figure 14. Agreement with full narratives (premise + evidence + one of the three impact statements)



Notes: Q12 – ‘Now looking at everything you’ve read all together, and thinking carefully about it, how much do you agree or disagree with it?’ Base: total Cell 1 Provision n=764; Cell 2 Economic n=741; Cell 3 Receivers of care n=756.

- Respondents felt that the narrative changed their minds about carers, and could also change other people’s views on carers.
- There was good agreement (85% of respondents) that something needs to be done as a priority across the narrative.

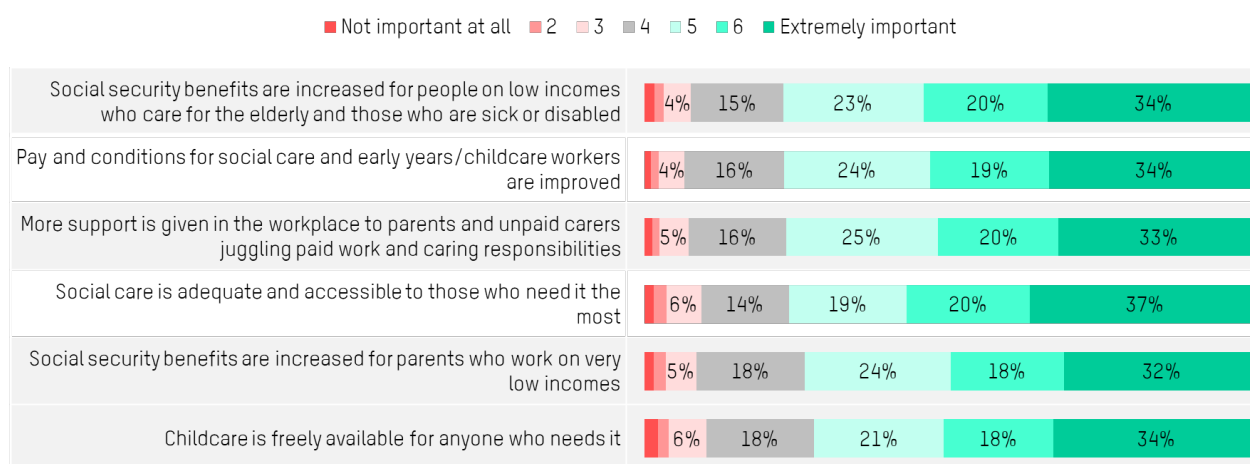
Regarding the actions respondents would be most likely to take, signing a petition was most likely, followed by talking to friends and family about the issue. One-third said that the narratives would influence their voting decision.

3.4.4. WHO IS RESPONSIBLE FOR SUPPORTING CARERS?

The final part of the survey, asked to the full sample, focused on capturing views regarding who is responsible for making sure that all those who are in caring roles are properly supported.

- It was seen as primarily the government’s responsibility.
- There was strong agreement with improving all types of support flagged (Figure 15).

Figure 15. Participants’ scaled responses to different approaches to providing more support for carers



Notes: PQ3 – ‘Please read each of the statements below carefully. Thinking about care work, how important do you feel it is that ...?’ Base: total n=3,000.

3.5. CONCLUSIONS FROM THE UK RESEARCH

The UK research shows that the new narrative that was developed has the potential to support significant shifts in public perceptions to value care more and make the issue of better support for carers a greater policy priority.

There was strong agreement with the new narrative across different demographics and groups, including more politically right-leaning audiences and People of Colour.

It is also clear that the premise and evidence parts of the narrative can be used as an umbrella narrative to reframe a wide range of caring issues.

The new narrative also has the potential to generate actions, including influencing voting choice.

The research also shows that more tailored messages may be required for some groups, including right-leaning audiences and People of Colour, and to some extent those with no care experiences, and men.

The findings show that it is important to:

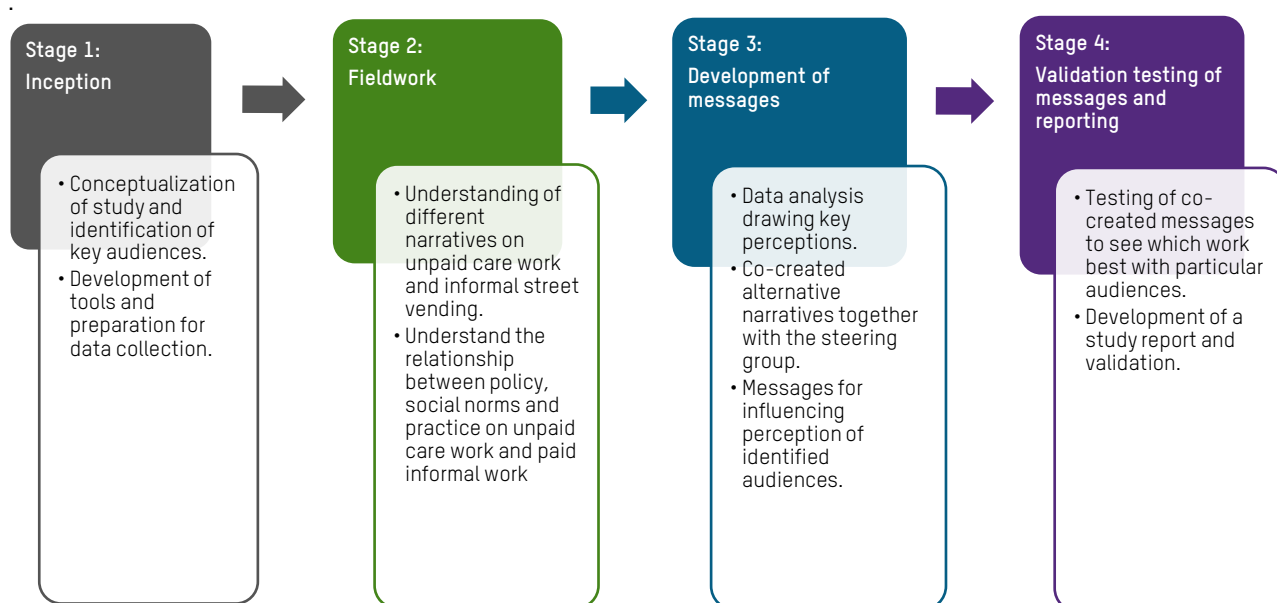
- Talk about the collective benefits of care for society – care and carers can easily be taken for granted, so we need to explain how their acts add up to a better society.
- Lead with the idea that caring is a collective activity that holds society together and contributes significantly to the wellbeing of the nation.
- Frame carers as part of a network across the UK, which helps people see care as more of a ‘system’ or ‘safety net for society’.
- Talk about the enormous number of people from diverse backgrounds who carry out caring activities.
- Remind audiences about the scope of caring.
- Emphasize the emotional benefits that carers bring – human warmth, independence and dignity.
- Highlight the negative consequences for society, carers and recipients of care if caring does not get better support.

4. ZIMBABWE

In Zimbabwe, unpaid care and domestic work or informal work, particularly work to do with caring in the home, any form of domestic work, and street vending, is widely undervalued and inadequately supported. The research aimed to identify the narratives around unpaid care, domestic work and informal work used by different audiences and identify those that would shift their perceptions.

4.1. THE RESEARCH APPROACH AND METHODOLOGY

Figure 16. Stages in the research process



Participatory methods were used to empower and encourage participants to discuss complex and sensitive topics in engaging ways that would shed more light on their views.

4.2. LITERATURE REVIEW AND KEY FINDINGS

The literature review provided a comprehensive understanding of the existing research and informed the direction of the research questions and methodology. Valuable insights were gained into unpaid care, domestic work and informal work, legal and policy documents, and national surveys such as the labour force survey.

Previous studies were carefully analysed to establish the current policy position on unpaid care, domestic work and informal work, as well as the opinions of various stakeholders. The literature review also identified gaps in the available information, which informed the focus of the primary data collection to cover these areas.

The key insights from this stage were:

- Unpaid care, domestic work and informal work is unequally distributed between women and men.
- Men spend significantly more hours than women on paid and conventionally productive work as a primary activity.
- Women and girls bear the brunt of unpaid care and domestic work and are often disadvantaged due to the patriarchal nature of society in Zimbabwe. Building a more gender-equal and prosperous society in Zimbabwe requires the crucial step of implementing the recognition of women's rights.

4.3. QUALITATIVE RESEARCH APPROACHES AND KEY FINDINGS

This stage combined KIIs and focus group discussions: stages 2 and 3 of the research shown in Figure 16.

4.3.1. KEY INFORMANT INTERVIEWS

Key informants were selected from a diverse range of individuals in the unpaid care and domestic work/informal work sector, including media, traditional and religious leaders, and informal workers, through a method of consulting with stakeholders individually to gather information. A total of 25 KIIs were conducted to ensure a comprehensive understanding of the issues at hand. A team of experts (the lead researcher and team) utilized a combination of AI algorithms and traditional methods to select key alternative narratives and messages regarding unpaid care and domestic work. They conducted interviews with individuals from diverse backgrounds and analysed data from various sources to ensure a comprehensive and informed approach. The resulting narratives and messages are based on real-world experiences and aim to shift perceptions surrounding unpaid care and domestic work. This method involved consulting with stakeholders individually to gather information from a diverse range of individuals in unpaid care and domestic work/informal work. Key informants were selected from these key audience categories:

- Media
- Traditional leaders
- Religious leaders
- Informal workers

Participants included government officials as policy custodians and executors, civil society organizations who complement government efforts and question effective implementation, and networks and economic groups for workers within the informal sector. Overall, the KII approach provided a comprehensive understanding of the existing narratives on unpaid care and domestic and informal work, identifying key concerns and developing targeted solutions.

4.3.2. FOCUS GROUP DISCUSSIONS

Six focus group discussions (FGDs) were carried out at the community level with men and women aged between 21 to 80, from a combination of media, traditional, religious leaders and informal work backgrounds, in urban, peri-urban and rural locations. A minimum of 15 and maximum of 20 individuals made up each FGD.

The discussions took place in the Zvishavane, Chiweshe, Bubi, Matopos, Mberengwa and Harare districts, within Oxfam WE-Care project areas, and each had 15 to 20 attendees.

The focus groups aimed to gain insights into people's perceptions and attitudes towards unpaid care and domestic and informal work, identify the barriers that hinder individuals from recognizing the value of unpaid care and domestic work/informal work, and determine the factors that contribute to negative narratives surrounding it.

The discussions highlighted the following reflections on narratives on unpaid care and domestic and informal work.

1. **It is perceived to be women's responsibility:** Unpaid care and domestic work is predominantly viewed as a natural and inherent responsibility of women and girls, rather than a shared responsibility among family members.
2. **It is classified as unskilled labour and as economically unimportant:** Unpaid care and domestic work is seen as a low-priority issue compared to other pressing development challenges, such as economic growth or political stability, mainly because it is unpaid and so does not generate income in households.
3. **It does not require recognition and compensation:** Unpaid care and paid domestic work is undervalued and unrecognized because it is classified as unskilled labour. This has also led to inadequate compensation for the work done.
4. **Unpaid care and domestic work is seen as a common yet private matter and not a public issue that requires government intervention or support.** This view ignores the social and economic impact of the work on women and girls and their families, and makes it difficult to address the workload that it places on them.
5. **Informal work is not perceived to make significant contributions to the economy:** Informal workers are stigmatized as criminals or tax evaders, reinforcing negative perceptions of those working in the informal economy. This perception is often perpetuated by media coverage that highlights the negative aspects of the informal sector. There is also an expectation that women will participate in the informal sector after completing their household duties, in part because, unlike with formal work, there are no stipulated or regulated hours of work.

These perspectives and attitudes were influenced by various factors, including culture, traditions, religion and patriarchy. In Zimbabwean society, power is held largely by men; this is a significant factor influencing attitudes, as patriarchal norms and practices often limit women's opportunities for paid employment and economic empowerment, leaving them with few options but to perform unpaid care or domestic work. Men are also expected to prioritize their paid work over domestic work, which further reinforces gender inequalities.

In many Zimbabwean cultures, women are expected to be the primary caregivers and homemakers, responsible for caring for children, elderly relatives and the home. Often this means women are overloaded with unpaid care and domestic work, limiting their opportunities for paid employment and economic empowerment. In Zvishavane, Chiweshe, Mberengwa and Harare districts, for example, respondents explained that it has 'always been a norm' that women's roles and responsibilities are confined to taking care of the home and family members.

Traditional gender roles and expectations often reinforce the unequal distribution of unpaid care and domestic work in Zimbabwe. In some communities, it is believed that men should not be involved in domestic work as it is considered 'women's work'. Also prevalent was the notion of *kudyiswa* – that men who support the household with unpaid care or domestic work are bewitched.

Religion is also a factor. Although some religious institutions, such as the modern Pentecostal churches, advocated for gender equality and recognition of the value of unpaid care work, religious groups such as the Apostolic and traditional Christian sects promote traditional gender roles and expectations, which can reinforce gender inequalities around unpaid care and domestic work.

During the FGDs and KIIs, participants were asked about their perceptions and experiences related to the topic under investigation. By analysing the responses from the FGDs and KIIs, an estimate of

approximately 70% of men was derived. This information was then cross-validated and supplemented through KIIs, where selected individuals provided their insights and perspectives on the matter. The combination of these two methods helped in obtaining a comprehensive understanding of the perceptions. Roughly 70% of men believed that it was their duty to support the family financially and that unpaid care and domestic work is women's responsibility. Some men also claimed that they were unable to handle domestic duties, while others believed that it would be degrading to do a 'woman's job'.

Overall, these factors contribute to a dominant public narrative which presents informal traders and carers as dutiful and/or good-intentioned people who operate in poor conditions, for low pay, and whose beneficial individual acts are overlooked. This narrative gives low social salience to the skills of carers and their contribution to society, reinforcing the perceptions of care as being of low value.

4.3.3. KEY NARRATIVES AND COMMUNICATIONS IN SHIFTING PERCEPTIONS ON UNPAID CARE AND DOMESTIC AND INFORMAL WORK

A team of experts from various backgrounds and disciplines collaborated to identify a number of key alternative narratives and messages that could shift perceptions around unpaid care and domestic work. The team included researchers, traditional leaders, the media, religious leaders, policymakers, activists, and community leaders who worked together to develop these narratives and messages.

Several alternative narratives and messages that could shift perceptions around unpaid care and domestic work were identified through a collaborative process involving various stakeholders. This process included engaging with experts, community members, activists, and individuals with lived experiences in unpaid care and domestic work. Through this research process using the KIIs and FGDs, these diverse voices contributed to the identification of impactful narratives and messages that have the potential to challenge existing perceptions and promote a more equitable understanding of unpaid care and domestic work. Several key alternative narratives and messages that could shift perceptions around unpaid care and domestic work were identified as follows:

- **Household work is not just 'women's work'**: It does not make men and boys less masculine, but instead ensures a balance of chores in the household for the health of everyone.
- Emphasizing **the collective benefits that care brings to society**: Women believed that partners who assist each other in the distribution of household chores will be happier and have a stronger bond, and even accomplish more together.
- **Raise public awareness about the economic value of unpaid care and domestic and informal work**: Highlight the ways in which it supports the economy, such as by enabling paid workers to participate in the labour force or by reducing healthcare costs through preventative care, and challenge the idea that it is low-skilled or unimportant.

4.4. DEVELOPMENT OF NEW NARRATIVES AND TESTING

Four new draft narratives and messages were then developed and tested qualitatively and quantitatively:

1. Engaging in unpaid care and domestic work can improve the relationship between fathers and their children.

2. Men and boys supporting unpaid care and domestic work can lead to happier relationships and homes.
3. Men and women are equally capable of performing domestic and professional duties.
4. Unpaid care and domestic work are crucial factors driving economic development.

4.4.1. QUALITATIVE TESTING

Focus group discussions to test the narratives were held in Mutare and Masvingo with the support of a local NGO, Women and Law in Southern Africa, that works with women.

A total of 68 participants were involved, including women in political leadership, the media, and traditional and religious leaders. An experimental design was used to test the effectiveness of the new narratives; some respondents were exposed to the new narratives and others were not.

The qualitative discussions were used to gauge public perception of unpaid care and domestic and informal work and its importance in society. Respondents were asked how they would prioritize the narratives and messages.

To triangulate and validate the data obtained from the testing, machine-learning²⁸ modelling was employed using a dataset derived from the draft narratives. The term 'testing' in this context refers to the process of gathering data, which could potentially include various methods such as FGDs, surveys or other data collection techniques.

From this stage, the narratives were narrowed down to four key interventions that respondents felt were critical for Zimbabwe to focus on to shift perceptions on unpaid care and domestic and informal work.

4.4.2. QUANTITATIVE TESTING

Quantitative testing was conducted to assess various elements of the narratives. These included:

- **Emotional impact** - the testing measured the degree to which the narratives evoked emotions and generated empathy among the audience.
- **Rational persuasion** - the testing evaluated the extent to which the narratives were convincing and credible in presenting arguments and evidence.
- **Value of care** - the testing assessed how effectively the narratives made a compelling case for re-evaluating the value of care, particularly unpaid care work that is often undervalued and underappreciated.
- **Urgency for change** - the testing gauged the narratives' ability to evoke a sense of an immediate need for change, motivating individuals and organizations to take action towards addressing the issues highlighted.

4.5. KEY FINDINGS FROM THE NEW NARRATIVE TESTING

The key findings from the new narrative testing suggest the following, supported by substantiating data:

1. Engaging in unpaid care and domestic work can improve the relationship between fathers and their children. Studies have shown that the active involvement of fathers in caregiving activities leads to stronger bonds and more positive relationships with their children. [1]²⁹

2. Men and boys supporting unpaid care and domestic work can lead to happier relationships and homes. Research demonstrates that when men take on a fair share of domestic responsibilities, it contributes to greater relationship satisfaction, improved communication, and overall wellbeing within marriages and households. [2]
3. Men and women are equally capable of performing domestic and professional duties. Numerous studies have demonstrated that there are no inherent gender differences in the ability to perform domestic or professional tasks. Equality in opportunities and responsibilities benefits individuals and society as a whole. [3]
4. Unpaid care and domestic work are crucial factors driving economic development. Research consistently highlights the significant economic contributions of unpaid care work, as it enables individuals to participate in the workforce, enhances productivity and supports sustainable economic growth. [4]

The following additional considerations were recognized:

- To change people's perceptions of unpaid care and domestic work, highlighting the collective benefits of care for society is important. This can be achieved by emphasizing that caring is a collective activity that contributes to the wellbeing of the nation and holds society together.
- Framing unpaid care and domestic work as part of the economy, with a particular emphasis on informal work, helps make caregivers more visible and highlights their valuable contribution to both society and the economy.
- It is important to emphasize not only the functional and financial aspects of caregiving but also the emotional benefits that caregivers bring. Highlighting the negative consequences of undervaluing unpaid care and domestic work generates a sense of urgency in addressing these issues.

By incorporating these considerations into narratives, it is possible to challenge societal perceptions, advocate for change, and promote a more equitable and appreciative understanding of Unpaid Care and Domestic Work.

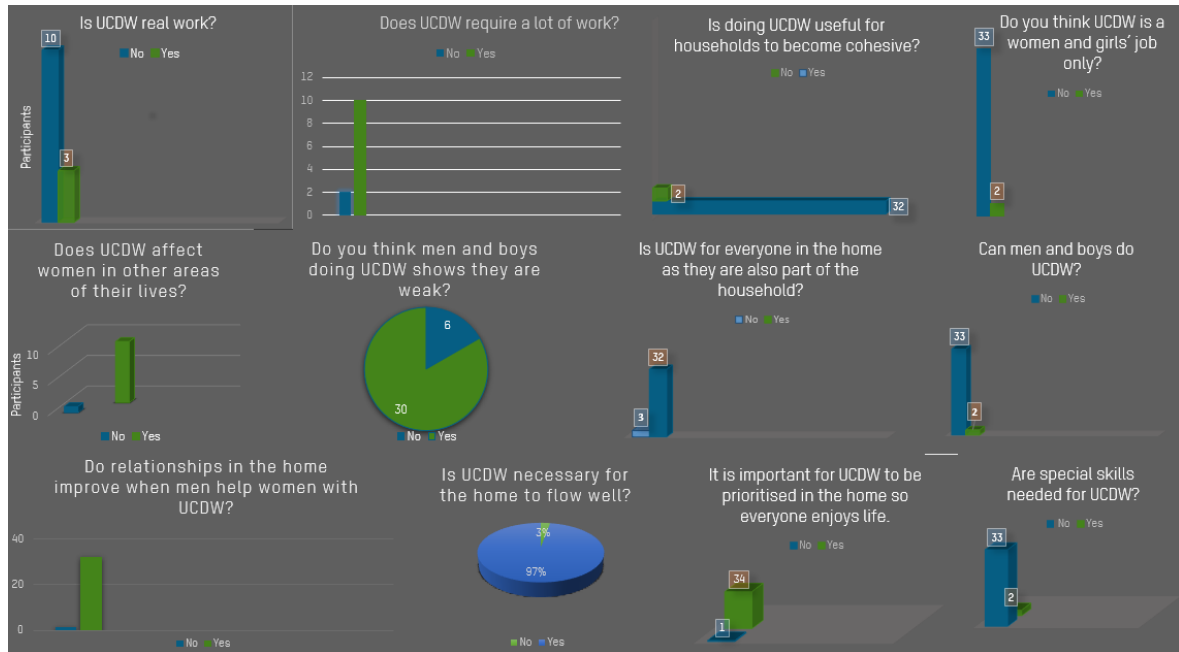
The results from the machine-learning analysis (Figure 17) demonstrated that most of the participants believe that unpaid care and domestic work require a great deal of effort and affect women in other areas of their lives. To triangulate and validate the data from the testing, a machine-learning model was trained using the dataset of the draft narratives that was used for the purposes of pre-testing. The purpose of these narratives was to understand the difficulties experienced by those who carry out these kinds of work, and to influence interventions and policies that can alleviate these difficulties.

The machine-learning model was trained on the dataset of narratives that emphasize the dynamics of conducting unpaid care and domestic work to generate positive narratives about these tasks. The dataset focused on acknowledging and appreciating the significant role that domestic work and unpaid caregiving play in Zimbabwean communities, families and the economy. The model was also used to raise awareness of the importance of unpaid care and domestic work and encourage more support from men and boys to those who carry out unpaid care and domestic work – women and girls. Positive narratives were confirmed by using this model, thus affirming the research and the results from the fieldwork and pre-testing stage.

It also demonstrated the strength of gender norms, as many participants believe that for men and boys, doing unpaid care and domestic work shows weakness. People also believe that greater family participation in unpaid care and domestic work can be useful for households and improve relationships.

Additionally, there is a strong belief in the universality of unpaid care and domestic work, with most participants believing that it is necessary for the home to function and should be prioritized for everyone in the household. Finally, it showed that most participants do not believe that unpaid care and domestic work is a job for women and girls, that special skills are not needed for such work, and that men and boys can do unpaid care and domestic work.

Figure 17. Results from the machine-learning analysis



Note: UCDW is an acronym for unpaid care and domestic work.

4.6. CONCLUSIONS FROM THE ZIMBABWE RESEARCH

- Unpaid care and domestic and informal work are vital parts of the proper functioning of households and society. It is imperative that society shifts perceptions and attitudes that undervalue the contribution that women and girls make at the household level. In the same vein, unpaid care and domestic work should not be the preserve of women only, but a collective intervention.
- Families that collectively support each other in unpaid care and domestic work are more peaceful and productive. If the same approach is appreciated by the nation, this will contribute immensely to the wellbeing of society and economic growth.
- Valuing unpaid care and domestic work will make women feel equally important as part of families and society. Men playing a greater role in household chores and care work will allow women to participate in other sections of life such as economic and political leadership opportunities. It will also support the resocialization of boys, fostering a culture of peaceful co-existence in households.

5. OVERALL CONCLUSIONS

Changing public attitudes is not a simple task, particularly when changes challenge strongly held norms and beliefs embedded in day-to-day relationships between family members or between citizens and the state. What this study demonstrates is the importance of empirical research with the public and other key stakeholders as the starting point for identifying the kinds of stories and messaging that need to be developed to make progress possible. It also illuminated several issues and opportunities that will aid future research approaches to care and informal work and beyond. These are discussed further in this section of the report.

5.1. SIMILARITIES AND DIFFERENCES ACROSS THE RESEARCH

The three countries where the research was carried out are all distinct, with different definitions and understandings of what care and care work mean, but several commonalities emerged.

First, although care is largely undervalued, it is possible to shift people's perceptions through well-framed narratives that challenge existing norms.

Second, it is possible to move care beyond private and individual domains by reframing it in terms of its wider social benefits; here it is important to acknowledge the work of feminist movements over the past decades to do just this (for example, the Wages for Housework campaign). This was important for Kenya and Zimbabwe, where it is seen as a private, domestic matter (whether paid or unpaid) and not one for government or community intervention; and in the UK where, although publicly funded or supported care exists, it is usually framed around its impact on individuals as receivers or deliverers of care.

Third, the same issue around the gendered nature of care was prevalent. In Kenya and Zimbabwe, it manifests as a set of deeply entrenched values around the roles and obligations of men and women, and how gender is related to issues like domestic work, responsibility for children and paid work. Interestingly, despite statistics that show an observable gender imbalance in the provision of both paid and unpaid care work in the UK,³⁰ respondents in the qualitative discussions sought to play this down, perhaps because UK norms and values encourage a self-perception as egalitarian, and a desire to avoid conflicting evidence.³¹

There were also distinct differences between the three countries.³² For example, several of the narratives from Zimbabwe and Kenya were concerned with challenging gendered roles by encouraging men to play a greater role in domestic work and care. So, for these narratives to be effective, gender disparity had to be publicly recognized in the first place.

In the UK, the key tension was the relationship between state and individual carers rather than between men and women, where public opinion saw the state as responsible for supporting carers. While the state in Kenya and Zimbabwe was expected to pass legislation and develop policies that would protect domestic care workers and informal workers, remuneration and support would largely come from other individuals – whether husbands/partners or employers.

As a corollary of this, noticeable differences were also present in terms of the relationship of care to public and private domains. In Kenya – where there is less care-related infrastructure – there was a much greater emphasis on care in the private sphere of the home, whereas in the UK caring had a more public profile – in part because caring is considered a profession, is primarily person-oriented, and also through the media focus on care homes for elderly people. For Zimbabwe, caring

shared elements with Kenya in terms of its focus on the private and the domestic, but there was also a public dimension where voluntary work in the community was strongly recognized.

Demographic differences may contribute to this difference, as Kenya and Zimbabwe have much more youthful populations, higher birth rates and lower life expectancy than the UK. This also accounts for the greater focus on care in the domestic sphere and for children in Kenya and Zimbabwe, whereas in the UK care for children tended to be one of the areas viewed as less urgently in need of support.

5.2. KEY LESSONS LEARNED

There were several key lessons that could be helpful for future research programmes.

1. Research that has a strong movement-building approach embedded in it and seeks to work collaboratively with a broad range of actors, though important and critical for narrative-shifting work, requires time and resources to be designed, planned and implemented. The project required the best part of a year from beginning to completion. This was due in part to the multi-stage approaches that were used and the heavy involvement of partner organizations and individuals. Both these elements helped ensure that the findings were of a high quality in terms of rigour, relevant to the local context and useful for consensus-building to serve a wide range of advocacy purposes. It is therefore important to carefully consider the amount of time and resources needed for similar projects.
2. The close involvement of partner organizations was important to develop strong narratives and for developing movement-building and some sense of shared ownership. It was important to support this collaborative work appropriately, dedicating the time and attention it deserved. This included organizing meetings where all partners could be present and felt equally included and represented. It also entailed taking time to reshape plans based on comments and feedback gathered, as well as to collectively discuss and resolve divergent views and expectations, and agree on next steps.
3. The nature of narrative development research, which is concerned with shifting public perceptions, means that the narratives that are tested need to be relatively concise and easy to understand. This invariably means that some things need to be left out and/or simplified. While the process of deciding what to include was at times difficult, this project was always seen as just a starting point with the prospect of further research and development; also recognizing that crafting a new story on long-standing complex issues would inevitably require a step-by-step approach.
4. A further key lesson was the importance of using an intersectional approach. This included collecting and analysing data across different social characteristics, roles and identities. While some narratives had broader overall appeal than others, it was also apparent that all the narratives tested had different levels of appeal to different types of audiences. Through looking at audiences in more granular ways we were better able to understand how to use messages and/or platforms in more targeted ways and how narratives could be framed differently to work better. The research helped provide some groundwork to help understand where more targeted research with specific audiences could take place in the future. It also highlighted gaps to explore in greater depth in terms of literature review and problem analysis, particularly in terms of the intersection between gendered norms and racism, classism, and other systems of oppression.
5. It was also clear that developing narratives designed to change public opinion on issues that were deeply embedded in societal norms demanded a multifaceted strategy and a diverse range of transformative narratives that respond to the systems and norms that underpin today's attitudes. To reach the objectives set out across the research it may be necessary to employ various perspectives or communication styles to identify those that resonate most effectively with our audiences.

5.3. FUTURE RESEARCH

The narratives that were identified as capable of shifting public perception promise to lay the groundwork for the development of further narratives that build on these insights, themes and frames.

A significant aspect of future research should therefore be to focus on how well these narratives perform outside of research conditions in the real world, over time, and how well they hold up in the face of social and political change. Returning to these narratives would provide an opportunity to optimize and refine them based on feedback.

The notions of care that were explored in the research were very broad, so future research should also be an opportunity to focus on more granular elements that were explored in less detail during this research and that in some cases proved more difficult to shift audience perceptions on. Here it would likewise be important to explore the extent to which these narratives are applied equally to women from different socioeconomic backgrounds, whose work may be further devalued on the basis of their identity, including class, race, migrant status, caste, language, ability and religion.

APPENDIX A. KENYA SAMPLE BREAKDOWN – QUALITATIVE INTERVIEWS

Table 1A. Demographic breakdown of respondents

Demographic characteristics		Percentage of respondents
<i>Gender</i>	Female	47
	Male	53
<i>Age</i>	18–29	20
	30–39	33
	40–49	38
	50+	9
<i>Marital status</i>	Married	80
	Single	18
<i>Religion</i>	Islam	42
	Christianity	58
<i>Education</i>	No education	2
	Primary education	13
	Secondary education	36
	Bachelors	25
	Masters	2
	Other (diploma, technical education)	22

APPENDIX B. KENYA SAMPLE BREAKDOWN – QUANTITATIVE SURVEYS

Total: 2,127 surveys	Education level	Marital status
37% female 63% male	Primary education: 1% Secondary school: 11% High school: 17% Bachelor's: 56% Master's: 3% Technical college: 10%	Married: 32% Single: 64% Other: 4%
The sample is skewed towards the male population.	The sample is highly skewed towards those who have completed a bachelor's degree.	Age 18–29: 76% 30–39: 18% 40–49: 4% 50+: 2%
Regional distribution	<ul style="list-style-type: none"> 📍 Nairobi: 38% 📍 Rift Valley: 19% 📍 Central: 12% 📍 Nyanza: 10% 📍 Western: 7% 📍 Coast: 6% 	Income
Urban: 44% Peri-urban: 24% Rural: 32%		<10,000 KSh: 50% 10,001–20,000 KSh: 25% 20,001–30,000 KSh: 12% 30,001–40,000 KSh: 6% 40,001+ KSh: 7%
Religion		Occupation
Christianity: 94% Islam: 4% Other: 4%		Not engaged in paid work: 11% Unpaid family work: 9% Paid domestic work: 6% Informal worker: 14% Formal paid work: 18% Student: 27% Other: 15%
Tribe	Other regions include Eastern (6.8%) and North Eastern (1.4%)	
Kalenjin: 18% Kikuyu: 20% Luhya: 19% Luo: 15% Kisii: 10% Kamba: 9% Others: 9%	Percentage of respondents with children: 43 Mean number of children: 2	

APPENDIX C. REGRESSION ANALYSIS

Table 2A. Impact of gain nudge and loss frames on donations

	Dependent Variable: Donation to the father's organisation			
	(1)	(2)	(3)	(4)
<i>Gain-nudge frame (T1)</i>	3.445* (1.801)	2.974 (1.031)		
<i>Loss frame (T2)</i>			6.191*** (3.037)	4.698 (1.585)
<i>Number of children</i>		-3.031*** (-2.498)		-3.253*** (-2.903)
<i>Constant</i>	12.45**** (9.877)	17.69*** (5.800)	12.45*** (9.220)	18.08*** (6.076)
<i>Observations</i>	1424	619	1483	652
<i>R2</i>	0.002	0.008	0.006	0.013
<i>Residual std. error</i>	35.78	35.28	38.96	37.47
<i>F statistic</i>	3.243	3.610	9.222	5.318
*** $p < .01$, ** $p < .05$, * $p < .1$				

NOTES

- ¹ **Paid care work** is caring for people or doing domestic work for pay. It takes place in public and private care sectors such as education, health and social work, but also in private households. Domestic workers might care directly for other people and do tasks such as cleaning, cooking and washing clothes. See C. Coffey, P. Espinoza Revollo, R. Harvey, M. Lawson, A. Parvez Butt, K. Piaget, D. Sarosi, and J. Thekkudan. [2020]. *Time to Care: Unpaid and Underpaid Care Work and the Global Inequality Crisis*. Oxfam. Accessed 11 October 2023. <https://policy-practice.oxfam.org/resources/time-to-care-unpaid-and-underpaid-care-work-and-the-global-inequality-crisis-620928>
- ² **Unpaid care work** is caring for people, such as bathing a child or taking care of adults who are sick or frail, and undertaking domestic work such as cooking and doing laundry, without receiving any explicit financial compensation. It usually takes place within households, but can also involve caring for friends, neighbours or other community members, including on a voluntary basis. See C. Coffey et al. [2020]. *Time to Care*, op. cit.
- ³ **Informal work** includes both employment in the informal sector (parts of the economy not covered by formal regulation) and employment in the formal sector without social protection coverage in their work; broadly it covers workers who 'in law or in practice, [are] not subject to national labour legislation, income taxation, social protection or entitlement to certain employment benefits'. See J. Ghosh (ed.). [2021]. *Informal Women Workers in the Global South: Policies and Practices for the Formalisation of Women's Employment in Developing Economies*. Abingdon: Routledge. In the UK context, officially formalised working relationships such as zero-hour contracts may still be considered informal employment due to the absence of labour protections provided – and these types of contract are particularly prevalent in paid care work, such as work in care homes.
- ⁴ International Labour Organization (ILO). [2018]. *Women and Men in the Informal Economy: A Statistical Picture* (Third Edition). Accessed 11 October 2023. https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/publication/wcms_626831.pdf
- ⁵ A.P. Butt, E. Berkhout, M.C. Zaghbour, and A. Bush. [2023]. *Radical Pathways Beyond GDP: Why and How We Need to Pursue Feminist and Decolonial Alternatives Urgently*. Oxfam. Accessed 11 October 2023. <https://policy-practice.oxfam.org/resources/radical-pathways-beyond-gdp-621532>
- ⁶ For example, lack of investment in public services and infrastructure so vital for redistributing care from households to the state, ensuring quality care services, and decent work for care workers and quality accessible gender-responsive public services, social protection, and other decent work protections.
- ⁷ M. Bolis, A. Parvez, E. Holtten, L. Mugehera, N. Abdo, and M.J. Moreno. [2020]. *Care in the Time of Coronavirus: Why Care Work Needs to Be at the Centre of a Post-COVID-19 Feminist Future*. Oxfam. Accessed 4 July 2023. <https://oxfamilibrary.openrepository.com/bitstream/handle/10546/621009/bp-care-crisis-time-for-global-reevaluation-care-250620-en.pdf>
- ⁸ L. Karimli, E. Samman, L. Rost, and T. Kidder. [2016]. *Factors and Norms Influencing Unpaid Care Work: Household Survey Evidence from Five Rural Communities in Colombia, Ethiopia, the Philippines, Uganda and Zimbabwe – Executive Summary*. Oxfam. Accessed 11 October 2023. <https://oxfamilibrary.openrepository.com/bitstream/handle/10546/620145/er-household-care-surveywecare-151116-summ-en.pdf?sequence=2>
- ⁹ Anat Shenker-Osorio. (n.d.) *Our Approach*. ASO Communications. Accessed 11 October 2023. <https://asocommunications.com>
- ¹⁰ N. Pillay. [2014]. 'Equality and Justice in the Courtroom', [Blog] *United Nations Human Rights*. Accessed October 2023. <https://www.ohchr.org/en/2014/06/equality-and-justice-courtroom>
- ¹¹ G. Ferrant, L.M. Pesando and K.Nowacka. [2014]. 'Unpaid Care Work: The missing link in the analysis of gender gaps in labour outcomes', Boulogne Billancourt: OECD Development Center. Accessed October 2023. https://www.oecd.org/dev/development-gender/Unpaid_care_work.pdf
- ¹² L.W. Maina and E. Kimani. [2019]. *Gendered Patterns of Unpaid Care and Domestic Work in the Urban Informal Settlements of Nairobi, Kenya: Findings from a Household Care Survey – 2019*. Oxfam. Accessed 11 October 2023.
- ¹³ Research suggests that qualitative studies can reach theoretical saturation at a relatively small size, usually 9 to 17 interviews. For Kenya, we have 45 in-depth interviews, which is much larger than usual for a study on a similar topic, primarily because we focused on three counties and wanted to ensure conceptual saturation in all three counties.
- ¹⁴ See Appendix A for a detailed sample breakdown of the qualitative interviews.
- ¹⁵ The three messages were developed based on insights from behavioural science, strategically presenting information to influence individual's decisions and preferences.
- ¹⁶ The gain frame underscores the advantages or positive results from certain decisions or actions. In this case, the message points to the beneficial effects on children when fathers are actively involved in their lives.

- ¹⁷ The nudged-gain frame combines highlighting positive outcomes with a call to action to adopt the desired behaviour. Here, the message not only showcases the benefits children experience when fathers are actively present, but also urges fathers to increase their involvement.
- ¹⁸ The loss frame highlights the potential negative impacts from certain decisions or actions. Here, the message focuses on the challenges children encounter when fathers remain distant or less active in their lives.
- ¹⁹ See Appendix B for a detailed sample breakdown of the quantitative survey.
- ²⁰ Respondents were asked, 'On average, how many hours do you think a Kenyan father should spend time with his children doing daily activities such as feeding, bathing, playing and helping with homework?', during both the baseline and endline surveys.
- ²¹ In the endline survey, respondents in all three groups were asked to rate their agreement or disagreement with the statement, 'I believe it is unmanly for men to partake in activities such as washing and ironing in front of their family or friends', on a scale of 1 to 5. Respondents were asked this twice – once in the baseline survey and then in the endline survey once they had read the vignette about John.
- ²² After reading a vignette about John, all three groups were posed three statements to gauge their perceptions about John: a. As a man of the household, John should concentrate on his job and focus on financially providing for his family; b. John is a responsible and loving father who is dedicated to his children's wellbeing; c. John is clearly scared of his wife, as no man would willingly perform activities of cooking, feeding the children and changing diapers, etc. Respondents were asked to rate their agreement with each statement on a scale of 1 to 5, where 1 denotes 'strongly disagree' and 5 is 'strongly agree'. Their responses were combined to create an index score. The potential range for this index is between 3 to 15. A higher score indicates more favourable attitudes towards fathers actively participating in childcare.
- ²³ Since the questions are directly related to John, there is no data for the baseline and endline for this variable. Therefore, comparisons are made between the control and treatment groups, rather than the typical endline versus baseline.
- ²⁴ In this research, a modified version of the dictator game was employed. Dictator games are utilized in experimental surveys to gauge people's actual preferences, offering insights beyond just their stated preferences. Respondents were given KSh 250 as an incentive for participating in the quantitative survey, and were asked to choose to donate a portion, all, or none of their incentive to either, both, or neither of the two organizations. The detailed regression analysis to show the impact of narratives on donations is in Appendix C.
- ²⁵ Semiotics is a research method for understanding how culture shapes people's values, beliefs, perceptions and behaviours. It does this by 'decoding' the implicit meanings of the symbols, messages and information that people are exposed to on a daily basis – what they read and see in the news and media, what they watch on TV, what they encounter from brands and other organizations and what they hear and share with family, friends and colleagues. Semiotics draws on a range of disciplines, including linguistics, anthropology, psychology, sociology, narrative analysis and marketing, to help brands and organizations develop messages, brand identities and narratives that communicate meaning and influence consumer behaviour – what is called 'recoding'. It is also used to look at larger context of social and cultural change that drives people to adopt new behaviours and beliefs, so is a perfect tool for understanding emerging trends.
- ²⁶ The initial longlist was narrowed down based on two key criteria: likelihood to appeal to the UK public; and representation of the values of carers themselves. They were also chosen as they broadly supported the policy change goals of advisory steering group members.
- ²⁷ Statistically significant differences between each of three experimental groups (i.e. groups exposed to premise + evidence + one of the three impact statements) and the control group (i.e. respondents not exposed to any elements of the narrative) mean that there is evidence that the narratives influenced a particular outcome (in this case the policy salience of care).
- ²⁸ Machine-learning modelling or analysis involves the use of algorithms and statistical techniques to identify patterns, make predictions, or gain insights from data. In this context, it was utilized to complement the data obtained from the testing phase and provide additional validation and analysis of the draft narratives. Machine-learning techniques can help uncover underlying patterns, relationships or trends in large datasets, contributing to a more comprehensive understanding of the research topic.
- ²⁹ [1] N.J. Cabrera, C.S. Tamis-LeMonda and R.H. Bradley. (2000). 'Fatherhood in the twenty-first century'. *Child Development*, 71(1), 127–136; [2] A.J. Hawkins and D.C. Dollahite (1997). *Generative fathering: Beyond deficit perspectives*. Sage Publications; [3] A.H. Eagly and W. Wood. (1999). 'The origins of sex differences in human behavior: Evolved dispositions versus social roles'. *American Psychologist*, 54(6), 408–423; [4] Organization for Economic Co-operation and Development (OECD). (2011). *Doing better for families*. OECD Publishing.
- ³⁰ For example, E. Neitzer. (2020). *Spirals of Inequality: How Unpaid Care is at the Heart of Gender Inequalities*. Women's Budget Group. Accessed 11 October 2023. <https://wbg.org.uk/wp-content/uploads/2020/04/Accompanying-paper-FINAL.pdf>; I. Buchanan, A. Pratt, and B. Francis-Devine. (2023). *Women and the Economy*. House of Commons Library. Accessed 11 October 2023. <https://researchbriefings.files.parliament.uk/documents/SN06838/SN06838.pdf>

³¹ C. Ibbetson. (31 August 2022). *Men and Women Disagree on How Much They Contribute to the Housework*. YouGov. Accessed 11 October 2023. <https://yougov.co.uk/topics/society/articles-reports/2022/08/31/men-and-women-disagree-how-much-they-contribute-ho>

³² These were shaped by the vast cultural, social, political and economic differences between the UK, and Kenya and Zimbabwe, such as resources, level of state intervention in private household issues, women's gains in higher education, paid work, better social support, history of benefits, affirmative action and so on.

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