Market systems programmes are increasingly targeting women’s economic empowerment. However, approaches to support women to participate in paid work often assume that women’s time is elastic.

They fail to consider roles and responsibilities in the household and the community, and the unpaid labour needed to sustain the households, community and the economy. This can undermine both development outcomes and market activities. For women to fully enjoy their economic rights in an optimised, shared and sustained way, the interlinkages between unpaid care work and market systems approaches need to be understood and addressed.

What is unpaid care work?

Unpaid care work is a group of activities that serves people in their well-being, outside the paid economy. It includes (i) direct care of people; (ii) housework; and (iii) unpaid community work. It is work because it involves time and energy in and it is shaped by power relations and social norms.

Unpaid care work is a social good. It becomes problematic when it is:

1. invisible, and therefore undervalued or ignored
2. characterised by extremely heavy care tasks, most notably in poor communities without adequate access to services; and,
3. unequal, meaning that the biggest responsibility falls on women and girls in poor communities.

Good-quality care work sustains society, including markets. It is valuable and essential to supporting the economy, however it is often, overlooked and neglected in policy and programming. Traditional women’s economic empowerment (WEE) approaches will often focus on the paid economy (i.e. that which does not recognise the value of care), ignoring areas that have direct impacts on whether, how, and under which conditions women can access paid work. However, it will be, more often than not, problematic aspects of unpaid care work the key variable in women’s ability to engage in economically productive work. Women’s caring responsibilities for elderly family members may only allow them to work in the informal economy, as they need to be close to home.

Research shows that heavy care work can have negative impacts on overall economic productivity and growth. It impacts market actors. For example, an Indian IT company, Infosys, started implementing flexible schedules, to support women working for them. As a result, the proportion of female employees returning to work after maternity leave increased from 59 per cent to 83 per cent in three years. The Body Shop is working in Nicaragua to introduce a Fair Trade premium that covers unpaid care work. An initial calculation in 2008 found that women’s unpaid labuor contributed to 22 per cent of the total input in sesame produced by the cooperatives.

Heavy and unequal unpaid care: a system-level constraint

At IDS, we recently worked with Oxfam to complete research - funded by BEAM Exchange - on interactions between market systems and unpaid care work. These interlinkages are not linear, but we found that for program that target women’s empowerment, heavy and unequal unpaid care will likely be a system-level constraint. Practitioners must understand how care intersects with the way the market system and its sub-systems work.

Heavy and unequal care responsibilities contribute to time poverty, limited mobility and poor health and well-being. They undermine the rights of women, limit their opportunities, capabilities and choices and often restrict them to low-skilled, irregular or informal employment. Low incomes and irregular employment for women have knock-on effects for families (lower quality of care, impacts on younger women) or the women themselves (health, low skilled jobs).

What can programmes do?

The question is how to more systematically understand this two-way interaction between expectations around women’s roles and the way the market system
This research outlines different pathways for programmes to facilitate changes to address problematic aspects of unpaid care work, but recognising care is the first step for change to happen. The diagnosis and research phase can already start to facilitate change, as the act of asking questions about unpaid care promotes dialogue and increases both men’s and women’s recognition of care work. Once the root causes of the constraints are identified, we found that combining interventions to directly address unpaid care, like supporting women’s collective action to change labour laws with others that support changes in the market to adapt to existing care responsibilities can be an effective approach such as changing the time or location of trainings or collection points so women can attend.

**Counting in non-market actors**

Finally, programmes often require a focus on market and ‘non-market’ actors - government agencies, community organisations, cooperatives and businesses – to identify (and unlock) incentives for positive change where addressing unpaid care constraints will result in increased value. This can involve supporting the market actor identify the ‘business case’. For example, in Fiji, MDF recently partnered with Mark One Apparel, a garment factory, to co-finance the feasibility study of a company-managed day-care centre for the workers’ children for a subsided fee. The company goals are to reduce absenteeism rates and staff replacement costs and, potentially, achieve higher productivity and income.

Our research provides an initial analysis of the connections between market systems programs and care, along with guidelines, tools and examples, though it has only explored part of the process. As more market systems programs integrate women’s economic empowerment along with interventions that address constraints rooted in unpaid care work, further learning needs to be taken from these experiences and the outcomes achieved through interventions designed to facilitate change.

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