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Understanding Unpaid Care Work to Empower Women in Market Systems Approaches

Policy Brief

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Understanding Unpaid Care Work to Empower Women in Market Systems Approaches

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 this can undermine both development outcomes and market activities. This policy briefing highlights the interactions between market systems programmes and unpaid care responsibilities, and the consequences for both programmes and women of not addressing unpaid care work related constraints. It outlines different pathways for programmes to facilitate changes to address problematic aspects of unpaid care work.

What is unpaid care work?

Care is a group of activities that serves people in their well-being. It may be provided by households, communities, the market and/or governments through a combination of paid and unpaid activities. Unpaid care includes: (i) direct care of people, such as child care or care of dependent adults; (ii) housework – such as cooking, cleaning or collecting water or firewood; and (iii) unpaid community work undertaken for friends, neighbours or more distant family members, and work undertaken out of a sense of responsibility for the community, such as volunteer work. It is work because it has costs – both time and energy.

The provision of care supports and maintains society, including markets. Although time spent on care responsibilities is rarely counted, it occupies the majority of work hours for rural families, and mostly falls to women. This pattern of care responsibility is shaped by power relations and social norms, which often define caring as an innate characteristic of women. While many women feel empowered, and derive pleasure and satisfaction from these responsibilities, care is problematic when it is invisible, highly unequal, with the biggest responsibility falling on women and girls in poor, marginalised communities. Heavy and unequal care responsibilities contribute to time poverty, limited mobility and poor health and wellbeing, undermining the rights of carers, limiting their opportunities, capabilities and choices and often restricting them to low-skilled, irregular or informal employment.

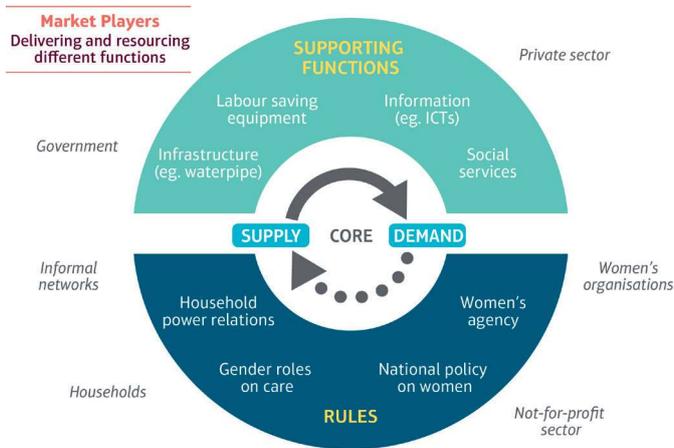
Why is unpaid care relevant to market systems approaches?

The ultimate goal of market systems programmes is poverty reduction for both men and women. Achieving this goal means that both women and men need the time, information, mobility and agency to benefit from new opportunities. By understanding how programme interventions interact with existing care work and responsibilities, programmes can identify where excessive household care responsibilities affect women's participation in economic opportunities (Box A), as well as the potential to facilitate changes in the underlying structure, operation and dynamics of the system. Where programmes ignore unpaid care, it can be detrimental for both development outcomes and market activities.

Factors related to unpaid care within market systems

Unpaid care can intersect with market systems through impacts on time, mobility and agency (see Figure A):

Figure A: Factors related to unpaid care within market systems



Source: adapted from Jones 2012

- **Time:** the more that women increase or decrease time in one sphere directly affects the time availability in the others.
- **Mobility:** some women's responsibilities, can limit women's mobility and their ability to, for example find stable employment.
- **Agency:** if unpaid work is not seen as contributing, it can lead to women's low control over resources or undermine their self-esteem

These factors are interrelated. For example, women's time poverty affects their ability to participate in community or cooperative decision-making bodies. Where women are

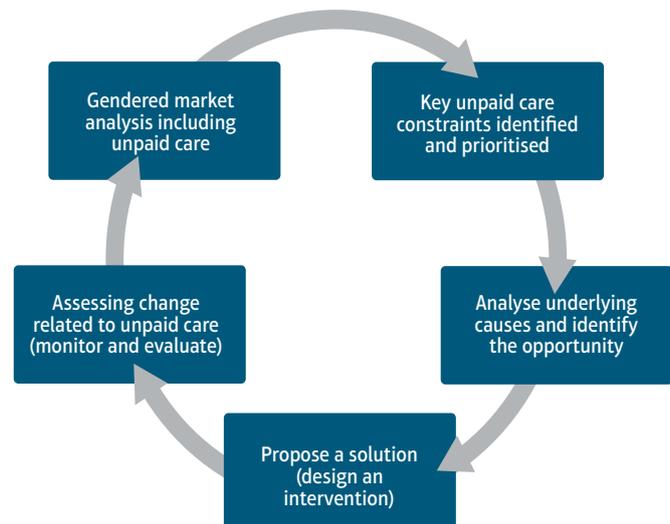
unable to leave their house and participate in marketing crops, they may lose control over the money that is earned from farming. Women's time, mobility and agency are influenced by functions and institutions in the market system that act as enablers or disablers of women's economic empowerment, such as power relations, access to information or social networks, or social norms and formal rules

How can market systems facilitate change towards women's economic empowerment?

Figure B: Unpaid care work analysis integrated within the project cycle

For programmes that target women's empowerment, heavy and unequal unpaid care will likely be a system-level constraint. The first step in facilitating change is understanding gendered roles and responsibilities, household dynamics and community or other social group dynamics that affect women's time, mobility and agency.

For example, where women are unable to leave their house due to their care responsibilities, such as preparing meals at specific times of the day, and participate in marketing crops, they may lose control over the money that is earned from farming. A gendered market analysis will reveal these and other patterns of care work and allow programmes to identify constraints that are systemic, and facilitate system changes. Programmes can integrate this understanding throughout the project cycle (see Figure B), and facilitate system changes to, for example, support the reduction or redistribution of care work.



Solutions to address the problematic aspects of unpaid care work may take different forms, and programmes will generally design a combination of interventions of different forms. One approach

Table A: responding to unpaid care work

Change	Adapt market system to work around care	Reduce arduous and inefficient care tasks	Redistribute some responsibility	Improve women's representation and agency (bottom up)	Influence norms and regulations (top down)
Examples	<ul style="list-style-type: none"> • Change location of collection points • Change timing of training • Use of technology 	<ul style="list-style-type: none"> • Labour-saving equipment (e.g., laundry facilities) • Village electricity • Prepared foods (labour-saving product) 	<ul style="list-style-type: none"> • Redistribution of labour within the household • Provision of crèche • Health services (e.g., at work or in the community) 	<ul style="list-style-type: none"> • Women's social capital (e.g., support groups) • Quotas for women in leadership • Women's negotiating power 	<ul style="list-style-type: none"> • Influence social norms • Support for women's collective action to change labour laws on work hours or maternity

is to support market actors to adapt activities in ways that reflect care responsibilities; another would include interventions designed to reduce arduous and inefficient care tasks; or redistribute responsibility from women to men or from the household to the community, state or market.

Solutions may also focus on women's representation and agency, and influencing existing norms and regulations. Table A (above) presents a simple mapping of changes programmes can facilitate. Implementation of these interventions involve working with actors – government agencies, community organisations, cooperatives and businesses – to identify (and unlock) the incentives for changes that either accommodate unpaid care responsibilities or offer alternative solutions.

Box A - PEPE: facilitating change to support the redistribution of care work

Private Enterprise Programme Ethiopia (PEPE), working on the garments sector, identified a lack of skilled workers, high turnover of employees and lack of relevant training programmes as sectoral constraints. It also learned that local factories value women workers. These constraints can become opportunities, if women have access to appropriate training and employment. PEPE also identified an entry point – training providers – in a sector that has the potential to impact women – garments factories. PEPE identified and partnered with a training provider that has capabilities and incentives to design training tailored to women's needs, and to coordinate with factories to ensure employment for their graduates. In the long term, PEPE aims to support factories to establish a human resources function to address other challenges related to unpaid care (e.g., flexible working hours) to help factories retain trained and skilled women, particularly after maternity leave. PEPE is facilitating the training and garments sectors to build a stable and growing business model which benefits women, based on training providers accessing new customers and factories benefitting from a stable and healthy workforce.

Recommendations for practitioners

Recognising care is the first step for change to happen. By integrating an understanding of how care work intersects with market activities through the entire programme cycle, programmes can avoid unintended consequences and ensure that women as well as men benefit from interventions.

1. 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. Programmes can use and combine a diverse set of diagnostic tools. Experience suggests that participatory action oriented methodologies, involving both men and women, increases recognition of unpaid care work within communities and key stakeholders a year after of implementing them. Also, participatory workshops can create awareness around unpaid care, help actors better understand their roles and connections within the system, and start the process of building a common vision for the system.
2. **Combining interventions to directly address unpaid care, with others that support changes in the market** to adapt to existing care responsibilities **can be an effective approach**. There are successful programme examples that show how by combining short-term changes or 'quick wins', (eg. increased recognition of care or adapting market activities to care) with longer-term changes, the underlying constraints can be addressed, even those that seem challenging, such as influencing social norms.
3. **Focus on market actors** (eg. companies) and **'non-market' actors**, at the **household** (including men as well as women), **community or government levels**, when addressing unpaid care related constraints. This will mean identifying all relevant system actors and finding incentives and leverage points where addressing unpaid care related constraints will result in increased value. For example the government may have existing policies supportive of changes that would address root causes of women's time and mobility constraints, but these may be poorly coordinated and implemented. These can be good entry points for interventions.

Further reading:

Chopra, D. and Sweetman, C. (2014) 'Introduction to gender, development and care', *Gender & Development* 22(3): 409–421.

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