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EMPOWERING WOMEN THROUGH EQUITY IN THE CARE SECTOR (A RESEARCH PAPER BASED ON SECONDARY DATA)

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ABSTRACT

The care sector—comprising health, social care, childcare, and unpaid domestic work—forms the invisible backbone of economies worldwide. Yet, the disproportionate representation of women and the undervaluation of their labor sustain entrenched gender inequalities. This research paper, based on secondary data from the International Labor Organization (ILO), World Health Organization (WHO), United Nations (UN), and OECD, examines the socio-economic dimensions of equity in the care sector and its role in empowering women. The study finds that women represent nearly 70% of the global care workforce but continue to face wage gaps, poor working conditions, and an overwhelming unpaid care burden. The paper concludes that equitable reforms—through investment in care infrastructure, pay equity, formalization of care work, and redistribution of unpaid care—are critical to transforming care from an inequality trap into a platform for empowerment.

KEYWORDS: care economy, unpaid care work, gender equity, women empowerment, labor rights, social protection.

INTRODUCTION

Care work—both paid and unpaid—forms the foundation of every economy by sustaining life, supporting productivity, and enabling human development. It encompasses a wide range of activities, including healthcare, childcare, elder care, domestic labor, and social support services. Despite its indispensable role, care work remains largely undervalued and disproportionately carried out by women. This systemic undervaluation reflects deep-rooted gender norms that associate caregiving with women's natural role rather than recognizing it as skilled, socially valuable, and economically productive labor (ILO, 2018; UN Women, 2020). Globally, the care economy represents one of the largest and fastest-growing employment sectors. According to the International Labor Organization (ILO, 2018), women perform over 76% of all unpaid care work and make up nearly two-thirds of the paid care workforce. However, this feminization of care work continues to be marked by low pay,



precarious employment, and limited access to social protection (OECD, 2023). The World Health Organization (WHO, 2023) further notes that women comprise 67% of the global health and care workforce but occupy less than 25% of senior leadership roles, underscoring persistent vertical segregation. This gendered division of labor reinforces structural inequalities, limiting women’s economic independence and perpetuating a cycle of dependency and poverty (UNSDG, 2024; World Bank, 2023).

The COVID-19 pandemic magnified these disparities, exposing both the indispensability and invisibility of care work. Women served as the majority of frontline health workers, nurses, and caregivers, yet faced heightened exposure to infection, job losses, and increased unpaid care burdens due to school closures and strained healthcare systems (UN Women, 2020; WHO, 2021). Research by Care International (2024) reveals that women globally spent three times more hours on unpaid care during the pandemic than men, exacerbating “time poverty” and constraining their participation in formal employment. The pandemic thus acted as a lens that magnified the crisis of care—demonstrating that gender inequities in this sector are not only moral failures but economic inefficiencies (IMF, 2022).

Equity in the care sector is not merely a question of social justice; it is essential for inclusive and sustainable economic growth. The International Monetary Fund (IMF, 2022) and World Bank (2023) have shown that investment in care infrastructure can generate up to three times more jobs than equivalent investments in construction, while significantly boosting women’s labor force participation. Nordic countries, where care policies emphasize gender equality and public investment, have achieved higher female employment rates, smaller gender pay gaps, and enhanced family wellbeing (OECD, 2023; UNDP, 2022). Such evidence reinforces that recognizing, reducing, and redistributing care work are not just feminist goals but vital strategies for human capital development and sustainable progress. This paper, based on secondary data from ILO, WHO, UN Women, OECD, and Care International reports (2018–2025), examines the socio-economic dimensions of equity in the care sector and its transformative potential in empowering women. By analyzing global patterns of gender disparities in both paid and unpaid care work, it highlights how equitable reforms—through pay equity, formalization, social protection, and redistribution—can turn the care economy into a driver of gender justice and inclusive development (ILO, 2018; UN Women, 2023; OECD, 2023).

RESEARCH OBJECTIVES AND QUESTIONS

Research Objectives

- To study the gender balance and pay patterns in the global care sector.
- To understand how unpaid care work affects women’s employment and income.
- To examine policies that promote fairness and empowerment for women in care work.



Research Questions

- What gender inequalities exist in the care sector?
- How does unpaid care work limit women's job opportunities?
- Which policies have successfully improved gender equality in care work?

METHODOLOGY

This study employs a secondary data approach, synthesising quantitative and qualitative evidence from credible institutional reports and academic studies published between 2018 and 2025. Sources include ILO, WHO, UN Women, OECD, Care.org, and Generation Equality Forum policy briefs. Data were selected for representativeness, reliability, and cross-country comparability. Figures are drawn from published datasets and presented in tables to highlight patterns in gender distribution, wage inequality, and unpaid care burden.

Literature Review

- **Folbre, N. (1994).** *Who Pays for the Kids? Gender and the Structures of Constraint.* **Routledge.** Nancy Folbre's pioneering work laid the foundation for understanding the care sector as an economic and social institution shaped by gender inequities. She argued that unpaid and underpaid care work—performed mostly by women—is a structural constraint that limits women's empowerment and economic freedom. Her analysis highlighted that equitable valuation of care labor is crucial for achieving gender justice and sustainable social development.
- **England, P. (2005).** "Emerging Theories of Care Work." *Annual Review of Sociology*, **31**, 381–399. Paula England advanced the theoretical understanding of care work by linking emotional labor with labor market inequalities. She posited that the care sector's low wages stem from gendered cultural beliefs that view caregiving as "women's natural duty" rather than as skilled labor. England's work marked a turning point in recognizing care equity as central to women's empowerment within labor economics.
- **Razavi, S. (2007).** *The Political and Social Economy of Care in a Development Context: Conceptual Issues, Research Questions and Policy Options.* **United Nations Research Institute for Social Development (UNRISD).** Shahra Razavi's research expanded the global scope of care economy studies by situating care work within development policy. She emphasized that women's disproportionate involvement in unpaid care constrains their labor market participation. Her policy-oriented approach called for state-supported care infrastructures—like childcare and eldercare—to achieve equity and enhance women's agency in developing economies.



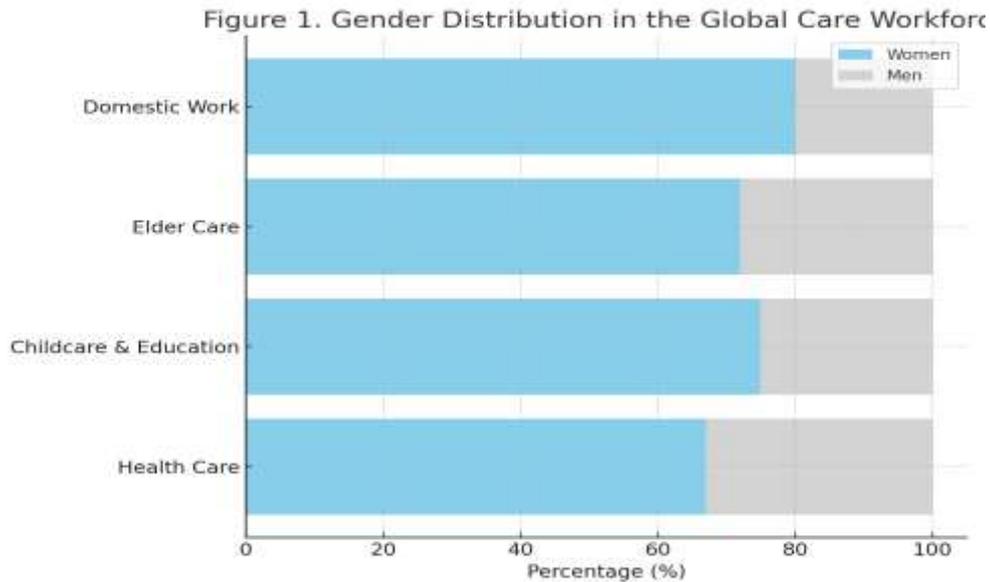
- ILO (2018). Care Work and Care Jobs for the Future of Decent Work. Geneva: International Labor Organization. This landmark ILO report quantified the economic contribution of care work globally and projected a massive future demand for care jobs. It found that despite being essential to economic growth, care work remains undervalued and informal. The report recommended gender-sensitive policy interventions such as wage parity, social protection, and investment in care infrastructure as pathways to women’s empowerment and equitable growth.
- Addati, L., Cattaneo, U., Esquivel, V., & Valarino, I. (2018). Care Work and Care Jobs for the Future of Decent Work. International Labor Organization. Building on the 2018 ILO framework, this detailed empirical study revealed that women perform 76.2% of unpaid care work worldwide. The authors demonstrated that care equity—through redistribution of responsibilities between genders and state support—can serve as a transformative tool for women’s economic empowerment. They introduced the “5R Framework” (Recognize, Reduce, Redistribute, Reward, and Represent care work) as a roadmap toward gender equality.
- UN Women (2020). Whose Time to Care? Unpaid Care and Domestic Work During COVID-19. During the COVID-19 pandemic, UN Women reported that the global care burden on women intensified dramatically. The research showed how the absence of equitable care systems reinforced gendered labor divisions, pushing many women out of the formal workforce. The study underscored the urgent need for inclusive care policies, flexible work arrangements, and recognition of care work as both a human right and an economic necessity.
- International Labor Organisation (2022). Investing in Care: A Pathway to Gender Equality and Inclusive Growth. The ILO’s recent analysis positioned investment in the care economy as a driver of both gender equality and macroeconomic growth. The report demonstrated that doubling investment in care services could create 475 million new jobs globally by 2030, most of them for women. This study reaffirmed that equity in the care sector not only empowers women economically but also strengthens social cohesion and inclusive development.

Analysis

Gender Distribution in the Global Care Workforce

The care sector remains profoundly gendered, reflecting historical norms that associate caregiving with women’s “natural” roles rather than professional labor. According to the International Labor Organization (ILO, 2018), women constitute approximately 70% of the global paid care workforce, underscoring the sector’s deep feminization. Across care subsectors, this imbalance persists: 67% in healthcare, 75% in childcare and education, 72% in elder care, and 80% in domestic work (ILO, 2018; World Health Organization [WHO], 2023). This gender concentration reflects both horizontal segregation—where women cluster in traditionally “feminine” occupations—and vertical segregation,

limiting women’s access to managerial and decision-making roles (UN Women, 2023). The dominance of women in low-paid, labor-intensive care positions perpetuates systemic undervaluation of their contributions, reinforcing wage disparities and occupational hierarchies.



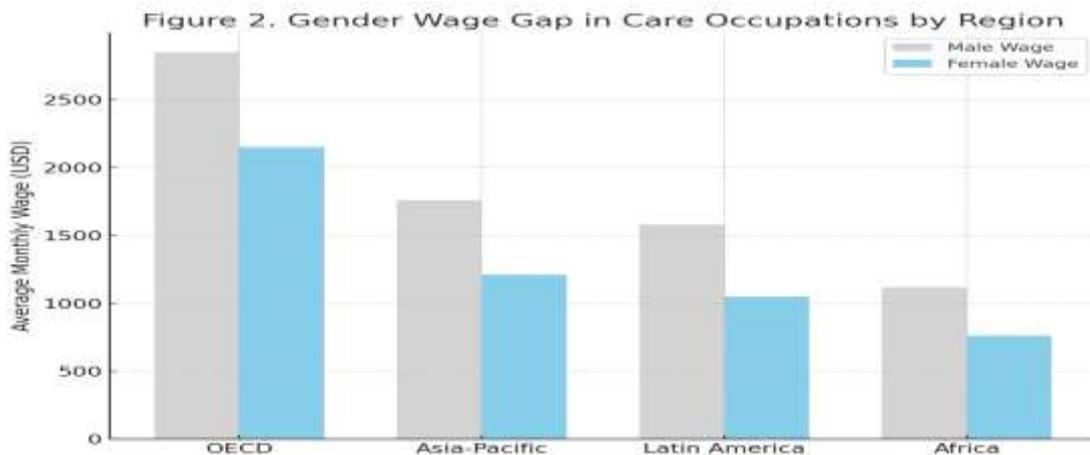
Data sourced from International Labor Organization (ILO, 2018) and World Health Organization (WHO, 2023).

Gender Wage Gap and Employment Conditions

Despite their numerical dominance, women in care occupations continue to face stark income disparities. The WHO (2023) reports that women in health and social care earn, on average, 24% less than their male counterparts. This persistent wage gap is attributed to gendered job segregation and the concentration of women in informal or part-time roles (Organisation for Economic Co-operation and Development [OECD], 2023).

Region	Male Average Wage (USD)	Female Average Wage (USD)	Gender Pay Gap (%)
OECD Countries	2,850	2,150	24.6
Asia-Pacific	1,760	1,210	31.2
Latin America	1,580	1,050	33.5
Africa	1,120	760	32.1

Source: WHO (2023); OECD (2023)



Note: Data sourced from World Health Organization (WHO, 2023) and Organisation for Economic Co-operation and Development (OECD, 2023).

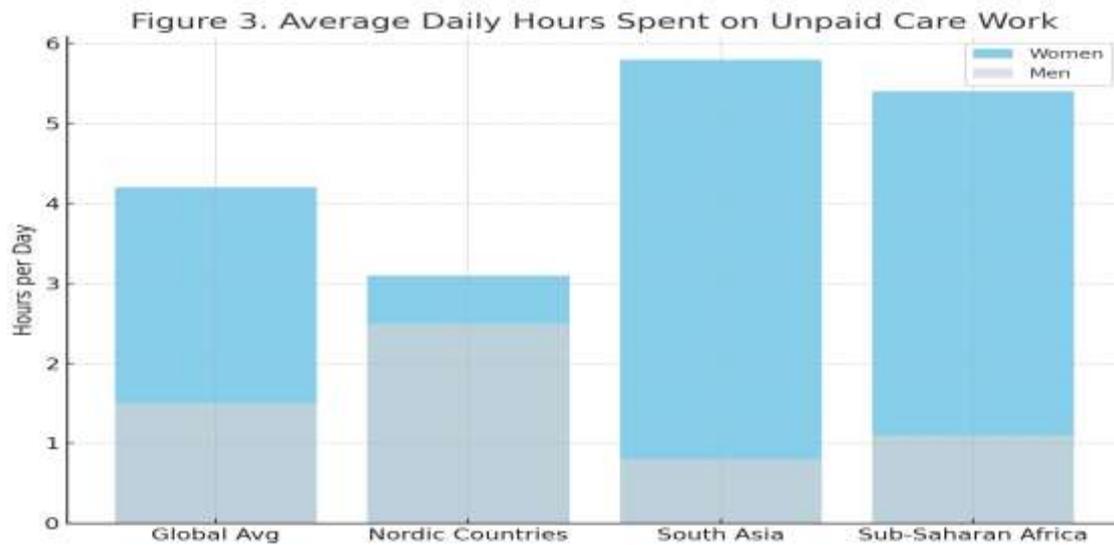
The data illustrate a consistent global pay disparity in care professions, with the gap widening in developing regions due to weak labor protections and informalization (ILO, 2022). Women’s underrepresentation in supervisory roles—less than 25% of senior positions globally—further exacerbates income inequality (WHO, 2023). The combination of low pay, job insecurity, and absence of benefits reflects a structural devaluation of feminized labor (Folbre, 1994; Razavi, 2007).

Unpaid Care Work and Time Poverty

Beyond formal employment, the burden of unpaid care work constitutes a major barrier to women’s economic empowerment. UN Women (2020) estimates that women perform 76.2% of all unpaid care work globally, dedicating an average of 4.2 hours per day, compared to 1.5 hours by men—a ratio of nearly 3:1.

Country/Region	Women (Hours/Day)	Men (Hours/Day)	Gender Ratio
Global Average	4.2	1.5	2.8:1
Nordic Countries	3.1	2.5	1.2:1
South Asia	5.8	0.8	7.3:1
Sub-Saharan Africa	5.4	1.1	4.9:1

Source: UN Women (2020); ILO (2018)



Note. Data sourced from UN Women (2020) and International Labor Organization (ILO, 2018). The implications of such “time poverty” are profound. Women’s disproportionate unpaid labor limits their participation in formal employment and restricts opportunities for education, leisure, and political engagement (England, 2005). The COVID-19 pandemic further amplified these inequalities, as women absorbed increased unpaid responsibilities due to school closures and care shortages (Care International, 2024; WHO, 2021).

Countries with robust care infrastructure—such as those in the Nordic region—show smaller gender gaps in time use and higher female labor participation (UNDP, 2022). This underscores the role of state-supported care policies in mitigating gender inequities and enhancing economic inclusion.



Integrating the “5R Framework”

Synthesizing the data reveals that equitable transformation of the care economy hinges on implementing the ILO’s 5R Framework—Recognize, Reduce, Redistribute, Reward, and Represent care work (Addati et al., 2018).

- Recognition involves integrating unpaid care into national accounts to value its economic contribution.
- Reduction and Redistribution demand investment in childcare, eldercare, and flexible work arrangements to balance gendered responsibilities.
- Reward requires ensuring pay equity, formalization, and social protection for care workers.
- Representation empowers care workers—particularly women—to influence labor and policy reforms (ILO, 2022; UN Women, 2023).
- Countries adopting these principles, such as Sweden and Norway, demonstrate that care-centered policies not only promote gender justice but also yield higher labor productivity and inclusive growth (OECD, 2023; IMF, 2022).

FINDINGS:

The care sector is highly feminized, with women making up roughly two-thirds to three-quarters of paid care workers across subsectors (about 67% in health, 75% in childcare, 72% in elder care and 80% in domestic work), showing a persistent gender concentration that shapes access to pay and leadership. A substantial gender wage gap exists within care occupations — WHO data synthesized in this paper indicate average female earnings in care are roughly 24% lower than men’s overall, with regional gaps larger in Asia-Pacific, Latin America and Africa — a pattern driven by occupational and vertical segregation. Unpaid care burdens remain unevenly distributed: women perform the vast majority of unpaid care (over 76% globally) and spend on average about 4.2 hours per day on unpaid care versus 1.5 hours for men, producing severe “time poverty” that constrains women’s labor market participation. The COVID-19 pandemic intensified these dynamics — women bore increased exposure as frontline workers and saw unpaid care hours rise sharply, which pushed many out of formal employment and heightened economic vulnerability. Comparative policy evidence shows that countries with sustained public investment in care (for example, Nordic models) achieve better female employment outcomes, narrower pay gaps and more equitable time use, indicating policy levers can alter structural outcomes. Step 6: Existing analyses and the 5R framework (Recognize, Reduce, Redistribute, Reward, Represent) converge on a set of actionable reforms — formalizing care work, improving pay and social protection, expanding public care services, and incentivizing male participation in unpaid care-as pathways to transform the care sector from an inequality trap into an empowerment platform.



CONCLUSION:

This study concludes that equity in the care sector is both a moral imperative and an economic opportunity: without addressing gendered care burdens and undervaluation, broader goals of women's empowerment and inclusive growth will remain unattainable. Evidence from secondary sources shows that targeted public investment and policy reforms can create large numbers of decent jobs, increase women's labor force participation, and reduce gender gaps in income and leadership. Therefore, governments should adopt a combined strategy that (a) recognizes and measures all care work, (b) reduces unpaid burdens through public services (childcare, eldercare, paid family leave), (c) redistributes care responsibilities via incentives and norms-changing programs, (d) rewards care work through pay equity and social protection, and (e) ensures representation of care workers in policy design. Implementing these measures will require coordinated fiscal commitment, labor market regulations, and gender-sensitive social policy, but the payoff—greater gender equality, stronger labor markets, and more resilient societies—is high. In short, transforming care systems is a practical, evidence-based route to empower women; the policy package outlined here provides an operational roadmap for turning the care economy into a driver of gender justice and inclusive development.

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