

Travail invisible et précaire ? Professionnaliser le care pour favoriser l'insertion des femmes en situation difficile

Invisible and precarious work? Professionalizing the care sector to foster the integration of women in vulnerable situations

ED-Douadi Safae
Maître de conférence

L'Institut National de l'action sociale

Laboratoire Interdisciplinaire de recherche en action sociale, innovation et management des
organisations (LIRASIMO)

Tanger, Maroc.

M'Barki Rayyane

Docteure en sciences géographiques

Chercheuse Postdoctorale

Université Clermont Auvergne, UMR Territoires

Chercheuse associée à l'Université de Liège, LAPLEC (Liège)

Clermont-Ferrand, France.

Date de soumission : 19/01/2026

Date d'acceptation : 21/02/2026

Pour citer cet article :

ED-Douadi. S. & M'Barki. R. (2026) «Travail invisible et précaire ? Professionnaliser le care pour favoriser l'insertion des femmes en situation difficile», Revue Internationale du chercheur «Volume 7 : Numéro 1» pp : 451-475

Résumé

Au Maroc, la précarité et la pauvreté des femmes les emmènent dans de nombreux cas à travailler dans le secteur du care. Réalisée principalement dans un cadre informel, l'économie du care représente souvent une porte d'entrée économique pour les travailleuses, sans favoriser leur insertion socio-économique durable. Dans un contexte marqué par la professionnalisation difficile du secteur, cet article s'attache à identifier et à analyser les facteurs déterminants de sa réussite ainsi que son impact sur l'insertion des femmes en situation difficile. L'analyse repose sur une enquête qualitative menée auprès de deux catégories de publics : les travailleuses de la care et les actrices associatives engagées dans la promotion des droits des femmes et dans leur accompagnement socio-professionnel.

Les résultats contribuent aux débats actuels sur le genre, l'informalité du travail des femmes et la justice sociale, soulignant la nécessité d'une approche plus structurée et basée sur les droits pour le travail du care au Maroc.

Mots clés : professionnalisation du care, insertion socio-économique, genre, étude qualitative, Maroc.

Abstract

In Morocco, precariousness and poverty among women often compel them to enter the care sector, which remains largely informal and undervalued. While this sector can provide an initial source of income, it rarely enables long-term socio-economic integration. This article investigates the structural and institutional factors that hinder or support the professionalisation of the care economy and its potential as a vector for women's empowerment. Drawing on a qualitative field study involving 13 semi-structured interviews conducted in May 2025 with care workers and representatives of women's rights associations, the analysis highlights key levers such as legal recognition, access to training, social value attribution, and coordinated institutional support. The findings contribute to current debates on gender, informality of women's work, and social justice, emphasizing the need for a more structured and rights-based approach to care work in Morocco.

Keywords : care sector professionalization, socio-economic integration, gender, qualitative research, Morocco.

Introduction

Around the world, millions of people still live in conditions of poverty and precariousness. Precariousness refers to the lack of essential security that enables individuals to exercise their rights and fulfill their obligations. When such insecurity persists or affects multiple aspects of life, it can lead to poverty, defined as the inability to meet basic needs and live a decent life due to insufficient resources. In fact, poverty may be monetary or multidimensional, encompassing various domains such as health, education, income, housing, employment, and food security (Alkire 2011; Duhamel and Joyeux 2013; Oxfam France 2022). These conditions do not affect all individuals equally. Particularly, women remain disproportionately vulnerable to poverty and precariousness for various reasons, which are rooted in structural inequalities. Such inequalities stem from limited access to economic resources, education, healthcare, and family planning; workplace discrimination; and pervasive gender stereotypes that shape social expectations and roles (Azcona and Min 2023; INSEE PACA 2010; Ucciani 2012). Indeed, the relegation of women to reproductive tasks has significant consequences, including restricted access to formal employment. As a result, women are overrepresented in care-related occupations fields traditionally viewed as feminine and seen as natural extensions of women's familial roles. Despite the rapid growth of the care economy, driven by increasing demand for childcare and eldercare, women in this sector often work under informal and precarious conditions, including low wages, part-time contracts, lack of social protection, and exposure to violence. These circumstances negatively affect their physical and mental health, perpetuate poverty, limit social mobility, and reinforce gender inequalities (Carr and Chen 2001; Chant and Pedwell 2008; Duhamel and Joyeux 2013; El Maaroufi, Haroussi, and Drissi 2024).

Women in Morocco are no exception to this reality. The conservative socio-cultural context often normalizes gender-based discrimination and violence against women, including in the economic sphere. Care work is frequently perceived as a natural duty that women are expected to assume from an early age. In many cases, rural girls are sent to urban areas by their guardians as early as age eight to contribute financially to their families. Employed as domestic workers in private households, these girls are particularly vulnerable to various forms of violence and discrimination. In response to these injustices, legislative frameworks have been introduced to protect care workers. However, their implementation remains complex and limited in practice. A notable example is Law 19-12 (2016) on domestic work, which establishes the legal



foundations for worker protection but remains largely unenforceable due to the inability of labor inspectors to monitor private households (Oxfam 2023).

In light of the above, it becomes clear that while care work plays a central role in the socio-economic structure, it is constrained by persistent legal shortcomings and discriminatory socio-cultural norms. This form of labor continues to be viewed as an extension of traditional female roles rather than as a profession requiring specific competencies. Even when it is remunerated, it is typically associated with low wages and low professional status, thereby reinforcing the cycle of precariousness and poverty among women. Nevertheless, this dynamic is not irreversible. Given its capacity to generate numerous employment opportunities, the care economy holds significant potential as a vehicle for the socio-economic integration of women in vulnerable situations, provided that adequate legal, institutional, and social support systems are put in place (El Maaroufi et al. 2024).

In this context, our article analyzes the potential impact of professionalizing the care economy on improving women's socio-economic integration. Professionalization can be understood across three interrelated dimensions: individual, professional, and societal. At the individual level, the development of new skills allows care workers to be recognized as professionals. At the professional level, professionalization refers to the process through which an occupation gains social recognition, autonomy, and legitimacy characterized by shared ethical standards, specialized competencies, and common values among practitioners. Finally, at the societal level, the transformation of numerous occupations into formally recognized professions contributes to a broader movement toward the professionalization of society as a whole (Freidson 2001; Roquet 2012; Wittorski 2008). While these three dimensions are well established in traditional professions, their application to care work, which remains largely invisible and undervalued, highlights the challenges inherent in professionalizing this sector. First, care workers often acquire technical and interpersonal skills informally through experience, which hinders the formal recognition of their competencies. Second, care jobs are typically informal, lack institutional recognition and a shared ethical framework, and do not require formal training, factors that limit their status as recognized professions. Finally, because care work is still widely perceived as a natural extension of women's domestic roles rather than as an emerging professional field, it remains socially invisible and undervalued, thus impeding the broader process of societal professionalization.

Given the complexity surrounding the professionalization of care work, this study aims to identify and analyze the key factors that influence its success and its effects on the socio-economic integration of women. More specifically, the study is guided by the following research question: to what extent can the professionalization of the care economy contribute to the socio-economic integration of women in vulnerable situations, and what are the key factors that determine the success of this professionalization process?

Adopting a comprehensive and context-sensitive approach, the study is based on a qualitative inquiry, primarily through semi-structured interviews with community organizations that promote women's rights and with care workers themselves. The fieldwork was conducted by Fadwa Belbachir, a bachelor's student in social work, as part of her final-year internship, under the supervision of Safae Ed-Douadi, one of the authors of this article. Belbachir's contribution was instrumental in both data collection and analysis.

The article is structured in three parts. The first presents a literature review on the theoretical foundations of the care economy and analyzes existing measures aimed at professionalizing the sector and their implications for women's integration. The second outlines the research methodology and the organizations visited during the fieldwork. Finally, the third offers an analysis and interpretation of the study's key findings and the major insights drawn from them.

1. The care economy: theoretical foundations, integration challenges, and prospects for professionalization.

1.1. The care economy: global dynamics and gender discrimination.

Before addressing the care economy itself, it is essential to examine the foundational concept that underpins it: care (Laugier 2005; Garrau 2014). One of the most influential definitions of care comes from American feminist Joan Tronto, who describes it as a broad, generic activity that encompasses everything undertaken to maintain, sustain, and repair the world (Tronto 1993). Care is expressed through both practical dimensions, such as physical caregiving and domestic labor, as well as relational dimensions, including listening, emotional support, and empathy. These aspects are interdependent and crucial to individual and collective well-being (Jany-Catrice 2021).

Despite their fundamental role, care activities remain largely invisible within conventional economic indicators such as Gross Domestic Product (GDP), which tend to undervalue non-market activities (Jaïdi 2025). In response to this marginalization, feminist economists in the



1970s began challenging the categorization of care work as “natural” female labor and its exclusion from the productive sphere (Gilligan 1982; Tronto 1993). By criticizing the invisibility of care and advocating for its economic recognition (Gubitzer & Mader 2011), feminist economic thought has significantly contributed to the emergence and development of the care economy. Actually, the care economy refers to all activities (paid or unpaid) that aim to support others, meet their needs, and promote well-being at both the individual and societal levels. It encompasses direct and indirect care for vulnerable groups, such as children, older adults, and people with disabilities, and includes services related to healthcare, education, financial assistance, emotional support, and domestic responsibilities (Tronto 1993; Peng 2019). As such, care has become a pivotal concept for revaluing work that has long been devalued, while also recognizing the indispensable contributions of women to both the economy and society (Kittay 1999).

In recent decades, the care sector has expanded significantly, particularly in countries of the Global North (Jetté et al. 202). This growth can be attributed to three major factors: the emergence of new social challenges, such as urbanization, increased mobility, and changing family structures, which reduce the capacity for informal caregiving; a sharp rise in demand for personal care and services due to population aging; and the implementation of deinstitutionalization policies promoting home-based care for people with disabilities, supported by the independent living movement (Lenzi 2018; UNFPA & UNDESA 2012). Although countries in the Global South have also been affected by this trend, its scope remains more limited. This is particularly evident in Morocco, where the gendered division of labor continues to prevail, especially in rural areas, where women are primarily responsible for both reproductive and agricultural work. Despite their essential role, these activities are often perceived as “natural” and remain excluded from formal economic recognition. Yet, in 2012, women’s unpaid and invisible domestic labor was estimated to account for 34.5% of GDP (OECD 2024). At the national level, structural change remains slow and deeply embedded in existing socio-economic practices (Rodary 2007). As a result, care work in Morocco remains largely informal, with the family unit, and particularly women, continuing to shoulder the majority of caregiving responsibilities.

1.2. Professionalization of care and women's integration: an essential but uneven dynamic

The growth of the care economy represents a significant lever for the socio-economic integration of women. Although care professions remain widely undervalued, they offer real opportunities for empowerment. Economically, access to income, even if modest or informal, enables many women to gain a degree of financial independence and contribute to household livelihoods (ILO 2018). However, it is formal employment that provides women with access to decent and sustainable work, offering legal contracts, social security coverage, and training opportunities that foster skill development and enhance their capacity for agency (Razavi & Staab 2010; Kabeer 1999b). At the social level, care work can also serve as a vehicle for expanding women's social and professional networks, building self-confidence, and promoting broader social integration. Moreover, formalizing care work helps legitimize it as a professional domain, thereby challenging persistent social perceptions that view these tasks as inherently feminine, natural, and economically insignificant.

Nonetheless, in Morocco, the effective professionalization of the care sector faces persistent structural barriers that hinder women's full socio-economic integration. The female labor force participation rate remains among the lowest in the world (Lopez Acevedo et al. 2021), partly due to entrenched cultural norms that relegate women to reproductive roles and exclude them from the formal labor market (HCP 2023c; Lopez Acevedo et al. 2021). These conditions contribute to the overrepresentation of women in care and domestic work, which is often performed under highly precarious conditions, characterized by low wages, absence of employment contracts, lack of social protection, and heightened vulnerability to violence and harassment (HCP 2023b; Mechouat 2017; ILO 2022; Wittorsky 2012).

In this context, professionalization emerges as a critical lever for structuring the care sector and advancing the socio-economic integration of women (ILO 2018; Cherie Blair Foundation for Women & CARE International, 2024). Professionalization involves the creation of a formal reference framework grounded in clearly defined competencies, accessible training pathways that lead to qualifications, certification mechanisms, and the legal and social recognition of care occupations (Boudot 2022). It also facilitates workers' access to social protections and contributes to improved income and job security.

To better understand, analyze, and address the structural inequalities embedded in the care sector, the "5R" framework (Recognize, Reduce, Redistribute, Represent, and Reward) can be

mobilized through targeted public policies and civil society initiatives (Cherie Blair Foundation for Women & CARE International, 2024). This approach advocates for the following:

- Recognize care work by making it visible both symbolically and institutionally;
- Reduce the burden of unpaid care work, particularly on women;
- Redistribute care responsibilities more equitably between men and women, and across families, public institutions, and the private sector;
- Represent women by ensuring their participation in decision-making processes related to care work and labor rights;
- Reward care work through fair financial compensation and symbolic recognition.

In alignment with this approach, several countries have introduced ambitious reforms aimed at upgrading and professionalizing care-related occupations. Table 1 highlights selected measures implemented in Germany, Canada, and Japan (Government of Canada 2025; Japan Health Policy NOW 2025; Ministry of Family, Seniors, Women and Youth 2025). These initiatives reflect diverse strategies but converge on common goals of elevating the status and quality of care work.

Table N°1 : Measures to Professionalize Care Professions in Germany, Canada, and Japan

Country	Measures to Professionalize Care
Germany	<ul style="list-style-type: none"> - Reform of the Nursing Professions Act (adopted in 2017, entered into force in 2020): <ul style="list-style-type: none"> o Creation of a unified nursing training program integrating care for the elderly, adults, and children. o Abolition of tuition fees and guaranteed remuneration for apprentices. - Adoption of the National Dementia Strategy (2020–2026), aimed at improving care quality, supporting caregivers, and strengthening research. - Launch of the national campaign “<i>Care Professions Have More to Offer</i>” (2022–2025) to promote careers in care.

<p>Canada</p>	<ul style="list-style-type: none"> - Development of bilateral agreements (2021–2026) between the federal government and provinces to: <ul style="list-style-type: none"> ○ Ensure service quality. ○ Improve wages and working conditions. ○ Reduce childcare costs. - Adoption of Bill C-35 on early learning and childcare to institutionalize commitments and protect them from future policy reversals.
<p>Japan</p>	<ul style="list-style-type: none"> - Introduction of universal long-term care insurance (2000) with mandatory coverage and equitable financing through contributions from national and local governments. It includes home- and institution-based care services. - Establishment of a national certified care worker qualification, obtained through formal training and an examination. - Introduction of certified training programs for home helpers. - Bilateral agreements for recruiting foreign care workers (from Indonesia, the Philippines, and Vietnam) in response to the aging population.

Source : *Prepared by the authors based on a review of the literature.*

At the end of this theoretical exploration, it is clear that the care economy represents a strategic lever for the socio-economic integration of women in vulnerable situations, particularly within the Moroccan context. Far from being a mere extension of domestic responsibilities, care professions encompass a wide range of essential activities that contribute fundamentally to the functioning of societies. As such, they deserve formal recognition, structural support, and professionalization. Internationally, many countries have shown that it is possible to transform precarious, undervalued care jobs into recognized and structured professions through ambitious policies focused on training, social protection, and institutional validation. In contrast, the Moroccan context remains characterized by persistent informality, restrictive social norms, and the continued devaluation of care work in economic and social terms. Achieving effective

recognition of care as a sector of economic inclusion will therefore require proactive, multisectoral, and inclusive measures, including legal reform, public investment, and the mobilization of civil society and institutional stakeholders.

In summary, the literature review and international case studies reveal that the professionalization of care relies on a recurring set of factors: the formalization of employment status and working conditions; access to training and certification; social and institutional recognition of care roles; equitable redistribution of caregiving responsibilities; and fair, rewarding remuneration. These dimensions constitute a structural framework for transforming a historically precarious sector into a genuine engine for women's inclusion and empowerment.

Table 2 summarizes these key factors in the professionalization process, which will be compared with empirical findings in the next section.

Table N°2 : *Determinants of the professionalization of the care economy.*

Key dimensions	Associated factors	Main references
Qualifying training	<ul style="list-style-type: none"> - Access to technical and certified training - Development of specific skills - Pathways for professional mobility. 	Razavi & Staab (2010); Boudot (2022); Wittorsky (2012); Lobert (2016); Duffy (2011)
Institutional recognition	<ul style="list-style-type: none"> - Legal and regulatory frameworks - Professional status - Social rights guarantee - Monitoring and enforcement mechanisms 	ILO (2018); Cherie Blair Foundation & CARE International (2024); HCP (2023c); Mechouat (2017); Wittorsky (2012); Lobert (2016); Duffy (2011); Lázzaro (2020)
Social recognition	<ul style="list-style-type: none"> - Public awareness campaigns - Shifting social perceptions 	Kabeer (1999a); Wittorsky (2012); Duffy (2011); Lázzaro (2020)

	<ul style="list-style-type: none"> - Addressing the invisibility of care work 	
<p>Social dialogue and stakeholder involvement</p>	<ul style="list-style-type: none"> - Public-private partnerships - Engagement of trade unions and civil society - Information and awareness for female workers 	<p>Cherie Blair Foundation & CARE International (2024); HCP (2023d)</p>
<p>Improvement of working conditions</p>	<ul style="list-style-type: none"> - Formal employment contracts - Decent and fair remuneration - Access to social protection - Protection against abuse - Transparent wage structures 	<p>Lopez Acevedo et al. (2021); HCP (2023b); ILO (2022, 2018); Mechouat (2017); Duffy (2011)</p>

Source : *Prepared by the authors based on a review of the literature.*

2. Field Study

2.1. Methodological framework.

A qualitative approach was adopted to conduct an in-depth analysis of the challenges surrounding the professionalization of the care economy, linking structural determinants with individual experiences and social dynamics. This methodology enabled a detailed exploration of the perceptions, motivations, and obstacles faced by both the care workers and the community organizations supporting them. As Denzin and Lincoln (2018) emphasize, qualitative research seeks to understand the meaning individuals assign to their experiences, which is essential for grasping the complex and often invisible realities of care work within the Moroccan socio-economic context.

To capture a range of perspectives, 13 semi-structured interviews (Kvale, 1996) were conducted in May 2025 with two categories of participants:



- Ten care workers, most of whom operate in the informal sector, to explore their life stories, working conditions, the socio-economic impact of their work, and their future aspirations. To ensure anonymity, the names used for interviewees are pseudonyms.
- Three women active in community organisations¹ providing socio-professional support, in order to understand their roles, perceptions of working conditions in the care sector, and the challenges involved in securing recognition for these professions.

Although the number of interviews may appear limited, the sample size was determined by the principle of theoretical saturation. As the interviews progressed, recurring themes and patterns emerged consistently across participants, and no substantially new information arose in later interviews, indicating that saturation had been reached. While these findings provide rich insights into the professionalization of care work, their transferability could be limited to contexts with similar socio-economic and cultural conditions (Glaser & Strauss, 1967; Guest et al. 2006; Lincoln & Guba, 1985).

The interviews were conducted in person in Rabat and Tangier, in settings carefully selected to foster trust and confidentiality. Each session began with an explanation of the research project and the collection of informed consent, including permission for audio recording. All interviews were fully transcribed to build a reliable and analyzable qualitative corpus.

Thematic analysis was conducted using an inductive coding approach. Initial codes were assigned to significant segments (e.g., career trajectories, barriers, aspirations) without imposing a predefined theoretical framework, allowing themes to emerge organically from the data. These codes were then grouped into broader categories (e.g., professionalization, recognition, empowerment), which structured the subsequent analysis and interpretation. A cross-tabulation matrix was used to map these themes against the main dimensions of the study (access to employment, sustainable integration, and support mechanisms) as well as the two respondent profiles. Special attention was paid to both recurring patterns and divergent experiences, in order to reflect the diversity and complexity of perspectives and to identify the key success factors for the professionalization of care work.

2.2. An analysis focused on the Feminist Action Union.

¹ The regional coordinator (Tangier–Tetouan–Al Hoceima), the coordinator of the *Taghyir* project (which aims to improve living conditions through economic, social and territorial cohesion), and a programme officer working on issues of violence and integration.

The selection of the Feminist Action Union (FAU), including its branches in Tangier and Rabat, was guided by its relevance to the research focus: identifying the key factors enabling the professionalization of care work in Morocco. These organizations support marginalized women through training, professional integration, legal and psychosocial assistance, and initiatives for cooperative development. As such, they serve as concrete platforms for structuring care work within a more formal and protective framework. For example, FAU Tangier has launched a project in partnership with the Moroccan Social and Solidarity Economy Network (REMESS) to support women working in care (e.g. housekeeping, childcare, home assistance). The objective is to formalize these women's activities by helping them establish cooperatives or adopt self-employed status, providing a valuable case for observing the practical drivers of professionalization. Moreover, as a long-standing actor in Morocco's feminist movement, the FAU offers a relevant context for analyzing the relationship between women's rights advocacy and local development. Our choice thus reflects a dual ambition: to build upon existing practices while critically exploring a still largely unstructured sector that holds significant potential for women's empowerment and social justice.

3. Results.

Following the presentation of the theoretical and methodological frameworks, this section provides an empirical analysis that compares theoretical insights (including legislative texts , institutional reports, and recent academic publications) (Abreu, 2023) with realities observed in the field.

3.1. Care work: a job endured, undervalued, and performed in difficult conditions.

Women employed in the care sector often enter this field due to adverse socio-economic circumstances. Despite their diverse personal histories, the women interviewed were frequently single, divorced, widowed, or unable to rely on their partners for financial and/or emotional support. For many, care work serves as a coping mechanism in the face of economic or familial hardship. Samira, a chambermaid, described care work as a safety net that enabled her to escape a violent domestic environment and gain financial independence. She explained: "I entered this sector after fleeing a relationship marked by domestic violence".

Vulnerability, whether economic, social, or familial, is thus a decisive factor pushing women into care professions. These roles continue to suffer from social invisibility and lack of recognition. Although the women acknowledge the usefulness and human value of their work, they denounce the social contempt it attracts, which can damage their self-esteem. Amina, a

home help worker, links this devaluation to longstanding gender-based inequalities: “These jobs are really undervalued in society. [...] Maybe because they’ve always been done by women [...] without being paid”.

Despite their awareness of this injustice, the women’s vulnerable circumstances often compel them to endure difficult working conditions. Physically, the long hours, wide range of tasks³, and insufficient rest take a toll on their health. Relationally, they frequently encounter indifference, disrespect, demeaning behavior, and even verbal or physical abuse. Siham, a café cleaner, highlighted her need for acknowledgment: “They (her employers) only talk to me to tell me what to do. They never say thank you”. Such conditions contribute to fatigue, chronic pain, isolation, feelings of neglect, and psychological stress. Economically, care work remains poorly paid, with little opportunity for career progression or access to social protection. Among the ten women interviewed, only four reported earning an income equal to or approaching the Guaranteed Minimum Wage (SMIG). These women typically worked night shifts or were employed in formal institutions such as nurseries, hotels, or healthcare centers. The others reported monthly incomes ranging from MAD 1,200 to MAD 2,600, insufficient to meet basic needs.

This exploitative situation, enabled by the lack of legal status and institutional oversight, is unlikely to improve in a context where workers are unaware of their rights or too fearful to assert them. As Siham put it: “I’m not looking for trouble. Even if I had rights, what could I do? Go to court ?”.

3.2. The professionalization of care: a necessity hampered by inadequate conditions.

In order to promote the recognition of care work, ensure decent working conditions for care workers, and secure their professional trajectories, while also responding to demographic and social challenges, the professionalization of the sector has become an urgent necessity. While the women involved in associations interviewed for this study unanimously consider professionalization to be a key factor in the socio-economic integration of women in vulnerable situations, they also acknowledge that it requires multiple conditions: strong institutional support, firm political will, and sufficient funding.

In Morocco, the lack of professionalization in care work is evident from the outset, long before women enter the labor market. To find employment, women typically rely on informal networks such as family, neighbors, or word of mouth. Anisa, a cleaner, recounted: “A friend of mine

knew the doctor. She told me he was looking for someone to clean his office”. As a result, women are not expected to have formal training or qualifications; they are presumed to be “naturally” suited for care work and acquire new skills through daily experience. This perception complicates the formal recognition of their competencies and diminishes the social and economic value attributed to their work. Even when training opportunities exist, they often fail to meet the needs of women in precarious situations. The association representatives interviewed highlighted a significant gap between field realities and available training programs. Specifically, public courses, such as those offered by the office for vocational training and employment promotion, do not adequately address the diversity of care needs. Private training programs are financially inaccessible for most vulnerable women, while training provided by associations remains limited for reasons that will be detailed later.

Women thus find themselves trapped in a vicious cycle: the absence of a legal framework undermines their professional recognition, while the conditions under which they access employment reinforce their inability to claim rights. Informal recruitment, in particular, weakens women in two ways. First, it increases their dependency on employers or intermediaries. Second, it prevents them from working under secure conditions, with protective contracts, clearly defined responsibilities, and guaranteed rights. For example, domestic workers often lack fixed working hours and carry out tasks without clear boundaries. Those who live at their place of employment are often expected to be available at all times.

Even in formal workplaces such as cafés, hotels, or nurseries, women frequently lack employment contracts. This deprives them of basic social protection and leaves them economically, socially, and legally vulnerable. Without contracts, they forfeit access to social security, compensation for illness or accidents, paid leave, dismissal protection, and retirement benefits. Siham, a cleaner in a café, illustrated this precariousness: “If I ask for time off, I risk losing my job [...]. Even when I’m sick, [...] I prefer to ask the other cleaner to replace me just for the day. And to get her to agree, I give her my day’s pay. At least that way, I keep my job”. Moreover, even when contracts are signed, the absence of proper regulation in the care sector means that contractual protections are not always enforced. Touria, a nurse, remarked: “I have a contract, but the conditions are not always respected”.

3.3. The professionalization of care and the integration of women: the role of associations – The example of the Feminist Action Union



Largely performed within informal settings, care work serves as an economic entry point for many women, though it does not necessarily foster genuine or sustainable socio-economic integration. Despite the precariousness of such employment, women often view care work as a necessary step toward improving their future, enabling them to become active, earn an income, and sometimes gain recognition from their families or communities. However, wages are typically so low that they fail to cover even basic household needs. Siham, a cleaner in a café, illustrates this reality: “I just pay for a little food. My daughter takes care of the rest”. As a widow, her job does not enable her to support her family independently, leaving her in a state of financial dependence and unable to make long-term plans. The absence of social protection further exacerbates this precariousness. Alongside low and unstable incomes, these women lack access to health insurance, maternity leave, and pensions. This persistent insecurity can lead to chronic anxiety and moral exhaustion, with serious consequences for their mental health.

In this context, associations can play a crucial role in improving women's working and living conditions. The FAU provides a strong example, implementing numerous support measures for women in vulnerable situations, including those engaged in care-related professions. Adopting a partnership-based approach, collaborating with regional authorities, the Office for the Development of Cooperatives (ODCO), banks, cooperatives, and NGOs, the FAU works to develop a secure and comprehensive framework. This approach offers women integrated solutions that help them envision and plan for a more stable future. At the professional level, the FAU supports the professionalization of care work by offering practical training (e.g., social care assistant, chambermaid) and facilitating connections between trainees and potential employers, thereby improving access to fairer wages. Samira, who trained to become a chambermaid, now earns the minimum wage and feels respected in her role. She acknowledges the FAU's impact: “I am treated well. I feel that my work is respected {...} especially since associations such as the FAU have raised awareness among employers”. The FAU also supports women in transitioning from the informal to the formal economy by encouraging the creation of self-employed enterprises and cooperatives in sectors such as cleaning, home care, and childcare. At the social level, the FAU provides women with legal and psychological support and raises awareness of their rights, empowering them to resist injustice. Samira also speaks to the ripple effect of this support, describing how she passes on vital information to other women in similar circumstances.

Associations can thus contribute significantly to the professionalization of care work by identifying the needs of women and employers, providing support, training, and certification, and advocating for the institutional recognition of care professions. Nevertheless, the scope of their impact remains limited. Externally, many women in precarious situations are unable to access associations, due to barriers such as lack of information, geographic distance, or social isolation. Internally, disparities in access to support can create mistrust. For instance, Fatima and Siham both report that they were never informed of the training opportunities related to care work offered by the FAU. Additionally, association-based training often lacks formal recognition and is subject to unstable funding. These organizations also lack the legal and administrative authority required to guarantee full access to rights. Ultimately, while associations cannot replace public institutions, they remain constrained by structural challenges: the continued dominance of the informal sector, the shortage of sustainable professional opportunities, the difficulty of formally recognizing the specific skills involved in care work (which is often conflated with domestic labor), persistently low wages in the sector, and deeply rooted negative and stigmatizing social perceptions.

3.4. Proposals to strengthen the professionalization of care and the integration of women

Based on the findings of this study, three key areas of action have emerged to enhance the effectiveness of efforts aimed at professionalizing care work and promoting the socio-economic integration of women. These areas include the need for recognition and valorization, training, and collaborative, multi-stakeholder engagement.

First, recognition is a fundamental demand voiced by care workers. Their work is often rendered invisible and devalued, contributing to a profound sense of marginalization. Siham, a cleaner, shares her experience: “There are even times when the café is very busy, with lots of customers, and the manager tells me to stay in the back and not show myself. He doesn't want the customers to see me, as if I were a disgrace”. In response to such experiences, care workers call for a legal framework that defines and acknowledges care professions, provides them with a formal status, ensures access to social rights, and guarantees regular oversight and protection. Amina, a domestic worker, expresses a broader aspiration: “I would like to have a more recognized job, with better conditions and hours that allow me to live my life, have time for myself and my family, and build my future”. Such recognition is not only symbolic; it is crucial for ensuring decent working conditions and dignity in labor.

Second, training is regarded as essential to equip women with the necessary technical and cross-cutting skills for professionalization. These include basic competencies in caregiving (e.g., hygiene, safety, primary health care) as well as transversal skills such as communication, stress management, and knowledge of labor rights. Women's associations underscore the importance of tailoring training to the specific needs of various target groups, such as the elderly, children, or people with disabilities. For care workers, access to training represents a pathway out of informal and precarious employment. Many women express a desire to learn basic literacy skills, strengthen their professional capacities, and eventually acquire the tools to create and manage cooperatives.

Third, a collaborative and multi-stakeholder approach is widely recognized as indispensable. Given the structural limitations faced by the voluntary sector, associations emphasize the need for coordinated action among civil society organizations, training institutions, local authorities, and the State. In this regard, the State has a pivotal role to play, not only in adopting a binding and inclusive legal framework, but also in financing socio-professional support mechanisms and promoting accessible, certified training opportunities for women in vulnerable situations.

Care workers are not solely concerned with immediate economic gains. Rather, they advocate for a holistic and multidimensional approach that ensures long-term protection and meaningful socio-economic inclusion. Their demands go beyond mere survival; they seek respect, recognition, and the opportunity to contribute to society with dignity and security.

4. Interpretation of results in light of the theoretical framework.

At the conclusion of this empirical analysis, it is essential to revisit the theoretical framework to deepen and validate our understanding of the factors that drive the professionalization of care work.

Firstly, the structural precariousness experienced by women, manifested through the absence of formal contracts, low wages, excessive workloads, and social isolation, strongly echoes the findings in existing literature regarding the persistent informality and invisibility of care professions (Lázzaro, 2021; Mechouat, 2017). The demands expressed by care workers for a formal professional status, a binding legal framework, guaranteed social rights, and mechanisms for monitoring and enforcement are consistent with the recommendations advanced by Razavi and Staab (2010), the ILO (2018), and the Cherie Blair Foundation (2024).

Secondly, the widespread calls for access to training and mobility pathways underscore the critical role that skills development plays in the professionalization of care (Wittorsky, 2012; Lobert, 2016). The testimonies gathered reveal a clear need for equitable access to targeted training, which should be coupled with systematic follow-up and evaluation processes to assess effectiveness and refine approaches over time.

Furthermore, the issue of social recognition and the desire to shift cultural perceptions surrounding care work emerged as a recurring theme. Many participants expressed the aspiration for domestic work to be acknowledged as “real work”, deserving of dignity and respect. This perspective resonates with the analyses of Kabeer (1999a) and Duffy (2011), who highlight the need to challenge and deconstruct gendered stereotypes that contribute to the devaluation and invisibility of care-related tasks.

Finally, the study highlights the pivotal role played by community-based organizations as intermediaries and agents of change. Their involvement underscores the value of structured social dialogue and participatory evaluation mechanisms to align local initiatives, empower beneficiaries, and inform public policy (Cherie Blair Foundation & CARE International, 2024). Both care workers and community leaders emphasized the need for a strong role for the State in this process. This shared view reinforces a well-established consensus in the literature: the professionalization of care cannot be achieved without strong political will, institutional commitment, and the establishment of robust mechanisms to monitor rights enforcement and assess the quality of implemented programs (ILO, 2018; Lopez Acevedo et al., 2021).

In summary, the cross-analysis of empirical findings and theoretical contributions reaffirms the importance of key drivers of professionalization, such as access to training, institutional and social recognition, improved working conditions, and active social dialogue. These elements must be underpinned by a transversal imperative: the creation of reliable monitoring and evaluation systems. A comprehensive, multisectoral, and evidence-based approach is therefore necessary to transform the care economy into a genuine vehicle for empowerment and socio-economic integration for women in vulnerable situations.

Conclusion

This study has demonstrated that the professionalization of the care economy constitutes a strategic lever for the socio-economic integration of women in vulnerable situations. By focusing on the Moroccan care sector, still predominantly informal and insufficiently recognized by institutional frameworks, this research aimed to bridge theoretical insights with



empirical realities, in order to identify the conditions required for lasting structural transformation.

The fieldwork involving care workers and community stakeholders revealed a dual reality: one marked by deep-rooted precariousness, unclear professional status, and limited rights, but also by a strong sense of community engagement and an expressed desire for training, recognition, and dignity. These findings highlight that “the invisible” are, in fact, more active and mobilized than often assumed (Duffy, 2011). More specifically, the collected data confirm that care, historically relegated to the private and domestic sphere, now holds significant potential as a vector for women’s empowerment and integration, provided that it is supported by coherent professionalization mechanisms (Razavi & Staab, 2010; Lobert, 2016).

The synthesis of theoretical and empirical insights points to five key levers for driving such professionalization: 1) Expanded access to skills training; 2) Clear institutional recognition of both the status and competences; 3) Enhanced social recognition and valuation of care work and workers; 4) Tangible improvements in working conditions; and 5) Strengthened dialogue among the State, civil society organizations, and care workers themselves. Underlying all of these is a transversal and often underestimated factor: the imperative of robust monitoring and evaluation mechanisms to ensure that reforms are implemented effectively and that rights are not merely nominal (HCP, 2023).

Yet, as the results of this study underscore, current public policies remain largely inadequate. A persistent legal vacuum, lack of coordination among stakeholders, absence of concrete incentives to move towards formalization, and insufficient funding for grassroots initiatives all constrain the impact of existing efforts. In this context, the professionalization of care cannot be left solely to the initiative of associations: it requires strong political will, comprehensive regulatory frameworks, sustained public investment, and alignment with employment and territorial development strategies.

This research reinforces a critical point raised by numerous international studies (ILO, 2018; Cherie Blair Foundation for Women & CARE International, 2024): “care work is far from being a mere extension of domestic chores”. It is a vital pillar of societal functioning and a source of potentially decent, inclusive employment. Looking forward, it is imperative to envision a care economy that is inclusive, feminist, and equitable, where women are no longer subjected to structural precariousness but instead enjoy rights, protections, and genuine opportunities for advancement. This requires the design, testing, and continuous adaptation of systems to ensure



that care becomes a source of empowerment, not a reproduction of undervalued traditional roles. As one respondent poignantly noted: “*What is needed is for the law to regulate this work and recognize it as a real profession, not just services rendered*”. In a moment when Morocco is rethinking its development model, care must be placed at the core of national priorities, not as a financial burden, but as a fundamental human and social investment.

To this end, future research could expand this investigation to other national or regional contexts, and empirically evaluate the individual impact of each identified determinant on the professionalization process. Such comparative analyses would help to consolidate, refine, and scale up effective strategies for building a fairer, more inclusive, and sustainable care sector.

REFERENCES

- Alkire, S. (2011). Mesurer la pauvreté multidimensionnelle : Les limites. *Revue d'économie du développement*, 19(2).
- Azcona, G. & Min, Y. (2023). Progrès vers la réalisation des objectifs de développement durable : Gros plan sur l'égalité des sexes 2023. ONU Femmes; Département des affaires économiques et sociales des Nations Unies, Division de statistique.
- Boudot Lec, H. (2022). La difficile professionnalisation du secteur du « care ». ASH.
- Carr, M. & Chen, M. A. (2001). Globalization and the informal economy : How global trade and investment impact on the working poor. International Labour Organization. *Employment Sector Women in Informal Employment: Globalizing and Organizing*.
- Chant, S. & Pedwell, C. (2008). Femmes, égalité entre les sexes et économie informelle : Évaluation des recherches menées par l'OIT et propositions concernant la marche à suivre. Bureau international du Travail.
- Cherie Blair Foundation for Women & CARE International. (2024). Building caring economies as a pathway to economic and gender justice. Cherie Blair Foundation for Women & CARE International.
- Duffy, M. (2011), *Making care count: A century of gender, race, and paid care work*, Rutgers University Press.
- Duhamel, É. & Joyeux, H. (2013). Femmes et précarité. Conseil économique, social et environnemental.
- El Maaroufi, I., Haroussi, B. E. & Drissi, Z. (2024). L'économie des soins et l'autonomisation économique des femmes vulnérables au Maroc : Vers un impact durable dans un monde en proie à l'accroissement des inégalités. *Revue Française d'Economie et de Gestion*, 5(11).
- Freidson, E. (2001), *Professionalism : The Third Logic*, University of Chicago press.
- Garrau, M. (2014), *Care et attention*, Presses Universitaires de France.
- Gilligan, C. (1982), *In a different voice: Psychological theory and women's development*, Harvard University Press.
- Glaser B. G. & Strauss A. L. (1967). « The Discovery of Grounded Theory: Strategies for Qualitative Research ». Aldine Publishing Company.
- Gouvernement du Canada. (2025). Loi C-3.55 sur la justice et la protection sociale. Justice Canada.

Gouvernement du Canada. (2025). Vers un service de garde à 10 \$ par jour : contexte sur l'apprentissage et la garde des jeunes enfants. Emploi et Développement social Canada.

Gubitzer, L. & Mader, K. (2011). Care-Ökonomie: Ihre theoretische Verortung und Weiterentwicklung. *Kurswechsel*, (4), 7–21.

Guest G., Bunce A. & Johnson L. (2006). « How Many Interviews Are Enough? An Experiment with Data Saturation and Variability ». *Field Methods*, Volume 18 : numéro 1, pp. 59–82.

Haut-Commissariat au Plan. (2023a). *Activité, emploi et chômage au Maroc : Principales tendances en 2023*. Rabat, Maroc.

Haut-Commissariat au Plan. (2023b). *Emploi et chômage au Maroc : Résultats de l'enquête nationale sur l'emploi 2023*.

Haut-Commissariat au Plan. (2023c). *La femme marocaine en chiffres*. Rabat, Maroc.

Haut-Commissariat au Plan. (2023d). *Rapport national sur la population et développement au Maroc : Trente ans après la Conférence du Caire de 1994*.

ILO. (2018). *Care work and care jobs for the future of decent work*. International Labour Organization.

INSEE PACA. (2010). *Les femmes sont davantage confrontées à la pauvreté. Les facteurs à l'origine de cette disparité*. Institut National de la Statistique et des Études Économiques Provence-Alpes-Côte d'Azur.

Jaïdi, L. (2025). *Le travail invisible des femmes*. Policy Center for the New South.

Jany-Catrice, F. & Studer, M. (2021). Social impacts and their contracts. In D. Bourghelle, R. Pérez, & P. Rozin (Eds.), *Rethinking finance in the face of new challenges*, 15, 153–165. Emerald Publishing Limited.

Japan Health Policy NOW. (2025). *Long-term care insurance in Japan*. Japan Health Policy NOW.

Jetté, C., Vaillancourt, Y. & Lenzi, C. (2022). *Care and Home Support Services and the Social and Solidarity Economy*.

Kabeer, N. (1999a). Resources, agency, achievements: Reflections on the measurement of women's empowerment. *Development and change*, 30(3), 435-464.

Kabeer, N. (1999b). *The conditions and consequences of choice: reflections on the measurement of women's empowerment*. Geneva: Unrisd.

Kittay, E. F. (1999), *Love's labor: Essays on women, equality and dependency*, Routledge.

Lázzaro, A. I. (2021). "Los cuidados" como categoría de análisis de lo socioeconómico : una propuesta teórica de transformación desde la economía feminista. CIECS-CONICET.

Lázzaro, C. (2021). Care work and gender in North Africa : the case of Morocco. *Tiers Monde* (Résumé).

Lenzi, C. (2018). Mobiliser des ressorts d'action informels et délibérer : la construction de la professionnalité à domicile. In I. Puech & A. Touahria-Gaillard (Eds.), *L'accompagnement du handicap à domicile. Enjeux moraux, sociaux et politiques*, 101–120. Grenoble : Presses universitaires de Grenoble.

Lincoln Y. S. & Guba E. G. (1985). « Naturalistic Inquiry ». Sage Publications.

Lobert, G. (2016), *La professionnalisation : enjeux, processus et pratiques*, Presses Universitaires de France.

Lopez Acevedo, G. & al. *Maroc : Comprendre la faible participation des femmes à la vie active*. Banque Mondiale Blogs.

Mechouat, S. (2017). Femmes marocaines dans le secteur des services domestiques : reconnaître l'inconnu : Fès comme étude de cas. [Mémoire, Université Sidi Mohamed Ben Abdellah].

Mercille, J., Edwards, J. & O'Neill, N. (2022). Home care professionals' views on working conditions during the COVID-19 pandemic: the case of Ireland. *International Journal of Care and Caring*, 6(1-2), 85-102.

Ministère fédéral de la Famille, des Personnes âgées, des Femmes et des Jeunes (BMFSFJ). (2024). *Politique pour l'avenir : Buts du gouvernement pour la famille, les seniors, les femmes et les jeunes*.

OIT. (2022). *Faire du travail décent une réalité pour les travailleurs domestiques : Progrès et perspectives dix ans après l'adoption de la convention (n° 189) sur les travailleuses et travailleurs domestiques*, 2011 (189). Bureau international du Travail.

Oxfam. (2023). *Petites mains, grandes corvées. Le travail domestique des petites filles : Une offense à l'enfance marocaine*.

Oxfam France. (2022). *Qu'est-ce que la pauvreté et comment y mettre fin ? Des questions très politiques*.

Paperman, P. & Laugier, S. (2005), *Le souci des autres : Éthique et politique du care*, Paris, Éditions de l'EHESS.

Peng, I. (2021). *What is the care economy and why should we care? Carework Economy Project*, American University.

Razavi, S. (2007). *The political and social economy of care in a development context: Conceptual issues, research questions and policy options*. UNRISD.



Rodary, M. (2007). Le travail des femmes dans le Maroc précolonial, entre oppression et résistance. *Droit au travail ou accès aux bénéfices?*. *Cahiers d'études africaines*, 47 , 753-780.

Roquet, P. (2012). Comprendre les processus de professionnalisation : Une perspective en trois niveaux d'analyse. *Phronesis*, 1(2).

Tronto, J. (1993), *Moral Boundaries. A Political Argument for an Ethic of Care*, Routledge.

UNFPA & UNDESA. (2012). *State of the World Population 2012: People and Possibilities in a World of 7 Billion*. New York: UNFPA.

Ucciani, S. (2012). La transmission des stéréotypes de sexe. Communication n°110-Atelier 8 : Transmission et genre. *Biennale internationale de l'éducation, de la formation et des pratiques professionnelles*, Paris.

Wittorski, R. (2008). La professionnalisation. *Savoirs*,17(2), 936.

Wittorsky, G. (2012), *La professionnalisation : regards pluriels*, Presses Universitaires de Rennes.