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European Languages

زبانهای اروپایی

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## Women Hold Up 76.2% of the Sky: The Fourteenth Newsletter (2023)



Billie Zangewa (Malawi), *Ma Vie En Rose*, 2015.

There is no need to delve too deeply into statistical data when the findings are obvious. For instance, when women and men work at the same job, women are [paid](#) – on average – 20 percent less than men. To raise awareness about this persistent disparity, the International Labour Organisation (ILO) and United Nations Women host the [International Equal Pay Day](#) every year on 18 September and, through their [Equal Pay International Coalition](#), lobby corporations and governments to close the yawning gender

pay gap. The idea of ‘equal pay for equal work’ was established in the ILO’s [Equal Remuneration Convention](#) (1951) in recognition of the fact that women had always worked in industrial factories, increasingly so during the Second World War. The convention adopted ‘the principle of equal remuneration for men and women workers for work of equal value’, yet governments and the private sector have refused to follow suit.

During the COVID-19 pandemic, there was an intensified focus on the health care sector, including health care workers, who were applauded universally as ‘essential workers’. In March 2021, Tricontinental: Institute for Social Research published a [dossier](#), *Uncovering the Crisis: Care Work in the Time of Coronavirus*, which reflected the views of women workers in the health care industry. Janet Mendieta of the Argentine Workers’ Central Union reflected on this idea of ‘essential work’:

First, they should recognise that we are essential workers, and then we should be recognised with wages for our work because we work much more than we should have to. We do a lot of work promoting gender equality and health, we work as cooks in canteens and in eateries, and none of this is recognised or made visible. If it isn’t made visible, it certainly won’t be recognised or remunerated.

*None of this is recognised*, she said, neither during the height of the pandemic nor as we begin to drift out of it. In 2018, the ILO published an important [report](#), *Care Work and Care Jobs for the Future of Decent Work*, that estimated that the value of unpaid care and domestic work amounts to 9 percent of global Gross Domestic Product (GDP), or \$11 trillion. In some countries the value is far higher, such as in Australia, where unpaid care and domestic work amounts to 41.3 percent of the GDP. Based on time-use survey data collected in 64 countries, the report found that 16.4 billion hours are spent on unpaid care work every day, with 76.2 percent of the total hours of unpaid care work carried out by women. In other words, the daily unpaid care work of women around the world is equivalent to having over 1.5 billion women working eight hours a day for no pay.



*Aida Muluneh (Ethiopia), The 99 Series/Part Two, 2013.*

In July 2022, the ILO and World Health Organisation published another report on the pay gap, this time with an emphasis on the health care sector. Their [report](#), *The Gender Pay Gap in the Health and Care Sector: A Global Analysis in the Time of COVID-19*, established that, in the health and care sector, women earn on average up to 24 percent less than men. Despite women accounting for 67 percent of the jobs in this sector, only a small number of them work in upper management, and the gap between the wages of hospital administrators and nurses, for instance, only grows wider each year.

The report offers a number of explanations for this pay gap. Among them, it argues that women are paid less due to the ‘lower pay associated with highly feminised sectors and occupations’. Health care fields such as nursing are paid less than others not because of objectively lower skill levels, but due to their association with ‘women’s work’, which is routinely less valued across the world. Furthermore, the report points out that there is a ‘motherhood gap’ in pay, not often talked about but visible in statistical data and in the demands made by health care workers’ unions. There are low levels of part-time work in the health care industry, except for women in their late twenties and into their thirties, when, the report notes, ‘women have to either leave the labour market or reduce their working hours in order to balance work with unpaid caregiving for offspring’. When women leave the industry and return later or opt for part-time work, they do not get the promotions and wage raises that their male counterparts receive and therefore spend the rest of their work lives with lower wages than men who do the same work.

STUDIES | feminisms 04

# CHRYSLISES

FEMINIST MEMORIES  
FROM LATIN AMERICA  
AND THE CARIBBEAN



Women have fought against these social conditions for hundreds of years, and it was struggles led by women that established many of the international conventions on labour and on human rights. At Tricontinental: Institute for Social Research, we have been [lifting up](#) the stories of such struggles and the women who have led them. One of our latest publications, produced in collaboration with [ALBA Movimientos](#), is called [Chrysalises: Feminist Memories from Latin America and the Caribbean](#). Here, we shine a light on Nicaragua's Arlen Siu (1955–1975), Brazil's Dona Nina (b. 1949), and the Bartolina Sisa National Confederation of Peasant Women of Bolivia (whose members are known as Las Bartolinas), founded in 1980. Each of these women and their organisations have been part of the global fight against the wretched social conditions of inequality.



Bu Hua (China), *Brave Diligent*, 2014.



It is women like Arlen, Dona Nina, and Las Bartolinas who drafted the [World March of Women](#)'s demands for economic autonomy. This week's newsletter ends with their words, as they call for:

- The rights of all workers (including vulnerable workers, such as domestic and migrant workers) to employment with safe and healthy working conditions, without harassment and in which their dignity is respected, throughout the world and without discriminations (nationality, sex, disability, etc.) of any kind.
- The right to social security, involving income transfers in the case of sickness, disability, maternity and paternity leave, and retirement that permit women and men to have a decent quality of life.
- Equal salaries for equal work for women and men, also taking into account the remuneration of work in rural areas.
- A fair minimum wage (one that reduces the difference between the highest and lowest salaries and permits workers to support themselves and their families) instituted by law that serves as a reference for all paid work (public and private) and public social payments. The creation or strengthening of a policy of permanent valorisation of the minimum wage and common values for sub-regions or regions.
- The strengthening of the solidarity economy with low interest credit, support for distribution and commercialisation, and exchange of local knowledge and practices.
- Women's access to land, seeds, water, primary materials, and all necessary support for production and commercialisation in agriculture, fishing, livestock rearing, and handicraft.
- The reorganisation of domestic and care work so that the responsibility for this work is shared equally between men and women within a family or community. For this to become a reality, we demand the adoption of public policies for the support of social reproduction (such as crèches, collective laundries and restaurants, care for the elderly, etc), as well as a reduction in working hours without cuts in salaries.

Warmly,

Vijay