The Wages Occupational

The young woman clad in white overalls was on her knees on the cold tiled floor, scrubbing at glue spots. As I walked by, I sniffed the fumes. Stopping, I asked her how she was feeling. She looked up and wrinkled her nose. "I feel terrible, really giddy and strange. This stuff gives me a headache and that will not go away." "Where did you get this chemical?" I asked: "From over there," she replied, indicating a large barrel labeled "MEK." Methyl ethyl ketone is a solvent which affects the central nervous system, making you feel drunk and nauseous. It also removes the fat from the skin leaving it flaky and dry.

It is usual for articles on gender to illustrate yet again the multiplicity of women's roles. We all know women work hard and long. I need not remind you of this.

What I want to say is that all that work entails risks: risks to health and well-being. A woman farmer risks intoxication from pesticides or being bitten by a snake, or simply lacerating her foot with a badly aimed blow of her hoe. A woman at home may risk burning herself on a poorly designed stove or risk back injury from repeatedly lifting large loads. Women out-workers risk fire or accidental poisoning from chemicals that they carry home and know little about. Where I live, women are involved in heavy load-bearing and construction, suffering aching spines and increased risk of spontaneous abortion or premature delivery. Women migrant labour sent to other countries risk contracting exotic diseases to which they have no resistance, or rape and sexually transmitted diseases from sexually predatory employers. And so it goes on... Women as workers, women at risk.

Development efforts in health reform have focused on reproductive health: in essence defining women in purely reproductive terms. But even within that framework, reproductive health at work has not attracted anywhere near as much attention as the contraceptive needs of women. A cynic might say that this neglect is due to Western fear of large Majority World populations, balanced at the same time by their needs for a cheap

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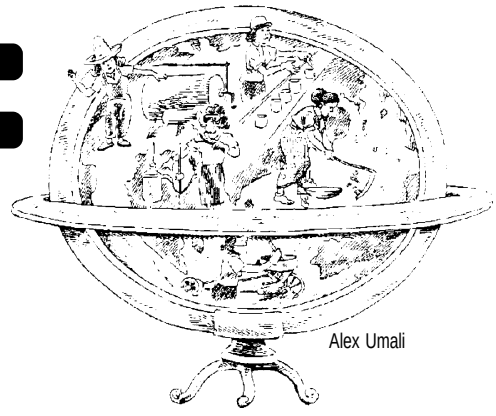
# of Work: Health and Women

by Melody Kemp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compliant female labour force which can produce affordable goods for Western consumption. Or it could be due to the continuing domination of men in labour administrations and trade unions. On the other hand it could be simply the need for work at all costs, brought about by increased population pressures, lack of land and changed expectations.

Personally, I believe that all of these are true in one form or another, but also that so little has been written about occupational health and women, that the issue has yet to surface in sufficient force to produce some form of international advocacy. For the remainder of the article I shall address myself to occupational health in the formal sector.

So why should women care about occupational health?

The short answer could be that capital has got away with it for too long... Both transnational corporations and locally owned enterprises have for too long neglected the issue of occupational health and safety on the ground that to invest in health and safety would be too heavy a financial burden.

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So how long do workers, and in particular women, have to subsidise the profits of corporations with their lives and health? *No longer* should be the answer. Human rights do not stop at the factory gates. The right to work safely is part of the right to health. If corporations are to profit from women's work it is incumbent upon them to provide safe and healthy conditions in which to do so.

The internationalisation of capital has provided a strong incentive for increasingly impoverished rural folk to pursue work in the industrial sector. In some countries, growth in the female participation rate has outstripped that of men. Women in this burgeoning sector have been subject to an alarming and dizzying number of new processes and materials, some toxic, some not. Some internationally-owned firms take hazardous processes off-shore in order to escape more stringent local standards. Local owners tend to purchase cheaper and more toxic products to increase profits. For instance, fabric dyes and glues from other industrialising countries such as China are not only toxic but poorly labeled, so that workers can be unaware of necessary health and safety measures. In addition, women more than men tend to be denied literacy, so most of the mainstream forms of information are not in fact available to women.

Many women in the Majority World already have poor health profiles, suffering

Type of Hazard	Examples from Industry	Examples from Home
Physical	Unguarded machinery, uneven floors, careless forklift drivers, unguarded blades and saws, burns	Falls, or falling objects, burns, cuts
Psychological	Sexual harassment, target systems, pace of work that is too fast/slow. Boredom, isolation	Domestic violence, conflicting roles, fatigue
Chemical	Solvents, heavy metals (mercury, lead, chrome), caustic chemicals - inhalation, swallowing, contact with skin or eyes	Household chemicals like solvents, ammonia or caustic-based chemical cleansers, fires or absorption as in industry
Radiation	X-rays, ultra-violet microwaves	Less common at home
Reproductive	Heavy lifting, chemicals, radiation, long periods of standing late in pregnancy	Same as for industry

anemia, chronic chest infections, worm infestations or gynecological disturbances. Occupational factors can exaggerate or add to existing illness. In addition, women are the bearers of children. The very state of pregnancy can, through increasing respiratory rates, increase the intake of dangerous fumes. Women's bodies become more vulnerable to physical loads and of course their baby is also vulnerable to workplace hazards, particularly radiation and certain sorts of chemicals.

To save money and reduce personal risk, women often live within the factory compound or in a nearby neighborhood. They are therefore susceptible to "double exposure" if hazards are not controlled in the workplace. The very same dangerous products to which they are exposed at work will be present in the immediate environment and in the water supply—affecting family health and well-being. Taking action at the workplace to reduce the immediate effects of dangerous materials can also have a spin-off in terms of environmental costs.

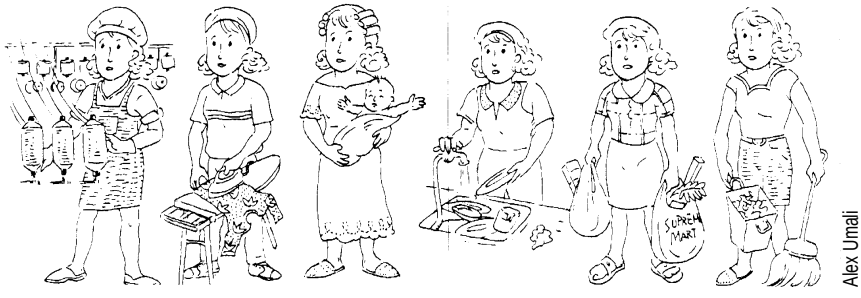
Women are increasingly heads of households, their wages being the source of support for extended families. Many industrialising countries do not have a well-developed or fair workers compensation system. So what happens if a woman is injured, or suffers disability? While the workers' movement in the Majority World has to date focused on fair wages, their arguments mean little to those unable to work due to injury or chronic illness. A family member unable to work can be a burden to an already poor family. The technology and knowledge exists to prevent the majority of workplace illness and injuries.

The Gender Dimension

There is no doubt that men perform the majority of the world's really hazardous and arduous work, and are killed in greater numbers than women. They tend the hot and noisy boilers, drive the trucks, ride rickety scaffolds, handle huge loads and work at the face of the mine. However, the nature of women's work, which is usually rapid, repetitive and target-oriented, means that they suffer different patterns of occupational injury and disability. This is not to discount the women who work in similar circumstances to men: those who labour on construction sites, or the women porters in Nepal who handle loads that dwarf their thin bodies. But for the sake of brevity I can only address generalities.

Women are susceptible to muscle-strain injuries, low-level intoxications from long periods of exposures to chemical pollutants, hearing loss from machinery noise, respiratory problems from inhalation of dusts, such as cotton fibers, and to stress-related conditions as a result of target-oriented work, long working hours, conflicting demands and lack of control over working pace or conditions (see table).

Some may believe that it is women's inherent "weakness"



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that contributes most to the development of injuries resulting from the strain on muscles and soft tissues. Evidence indicates that men asked to do the same work as women develop the same symptoms, sometimes in less time. *It is the nature of the work design, not the women themselves, that determines what occupational illness or injuries emerge.*

What are the Issues?

Occupational hazards fall into several categories. The last, reproductive hazards are a composite of the others: that is, they can stem from radiation, chemical or physical exposures. (see table)

Diseases such as cancer, breathing difficulties, kidney and liver illness, reproductive problems, arthritic conditions, heart disease, high blood pressure, and hearing loss are associated with factors in the workplace. Death and serious disability such as burns, amputation of hands or fingers are also found in unregulated manufacturing industries such as those making metal cooking pots, toys and fabrics.

Strategies for Workplace Reform

In days gone by, workers would be given "danger money" for continuing to work in hazardous conditions. In that way, hazards were regarded as part of the rigors of work. In the 1960s and 1970s, the Quality of Work Life school, led by Scandinavia, realised the economic and human costs of Taylorist management practices (highly specialised, routinised process work) and unsafe workplaces. They embarked upon a series of social experiments with work design that revolutionised work and how it was done. During this time emphasis was placed on workers' participation in such areas as safety and health management, via workplace safety committees. These committees have legally mandated rights and responsibilities.

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This approach made sense in light of overburdened labour administrations who could not visit each workplace and instead resorted to developing lists of priority industries. Places where women work are inevitably deemed "safe" and thus intermittently monitored.

The emphasis on health and safety management has increasingly shifted from making workers bear the burden (by the use of personal protection such as ear muffs, respirators and gloves) to the controlling or reduction of hazards. In factories I have visited, women workers have already done that and the first stage in factory inspection should be to note the way in which workers have modified their environments to make them more comfortable. At one factory, a woman had covered the apron of her sewing machine with paper. She had developed an allergy to the oils used on the machine. Others had disabled the lighting in an attempt to reduce the heat in the immediate environment. By drawing the responsible supervisor's attention to the reasons for the women's actions, management was able to develop a respectful and problem-solving dialogue with employees.

But underpinning a worker-driven OHS strategy is the need for clear information and education for women, either through the vehicle of trade unions or through women's organisations. Most of the existing books on women's occupational health tend to be technical in language or polemic in approach. It is time to produce simpler enabling information so that all women can be informed about the risks of work and how to prevent workplace illness and injury.

Women need to be represented on workplace safety committees and to have their questions answered. To support their roles and responsibilities, Isis International is soon to publish a book, *Working For Life*, which provides an introduction to some of the complexities of occupational health and safety. It is impossible to deny that this is a complex issue and at times women may feel intimidated by technical arguments. But it is hoped that the "how-to" approach taken in the manual will enable women to develop action-based strategies based on their own workplace diagnosis. It is the first small step on a long path to much-needed workplace reform and for the liberation of women from the dangers of work.

After years of working on both sides of the labour debate, Melody Kemp has dedicated most of her time in recent years to workers education, working in particular with women workers in Indonesia. Her book Working for Life *is soon to be published by Isis International.*