

# Our Bodies, Our Lives

## Women, Health and the Workers' Charter

by Kate Truscott

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*Women's health issues were amongst the issues discussed at last November's Cosatu Workers' Charter conference. This article gives an outline of the health and health related issues of relevance to women that were discussed at the conference. It argues that there is a need for a campaign which focuses specifically on "reproductive rights". An outline is given of the kind of demands that would be put forward in such a campaign. The ideas in the article are based on discussions conducted by the author with trade unionists and others.*

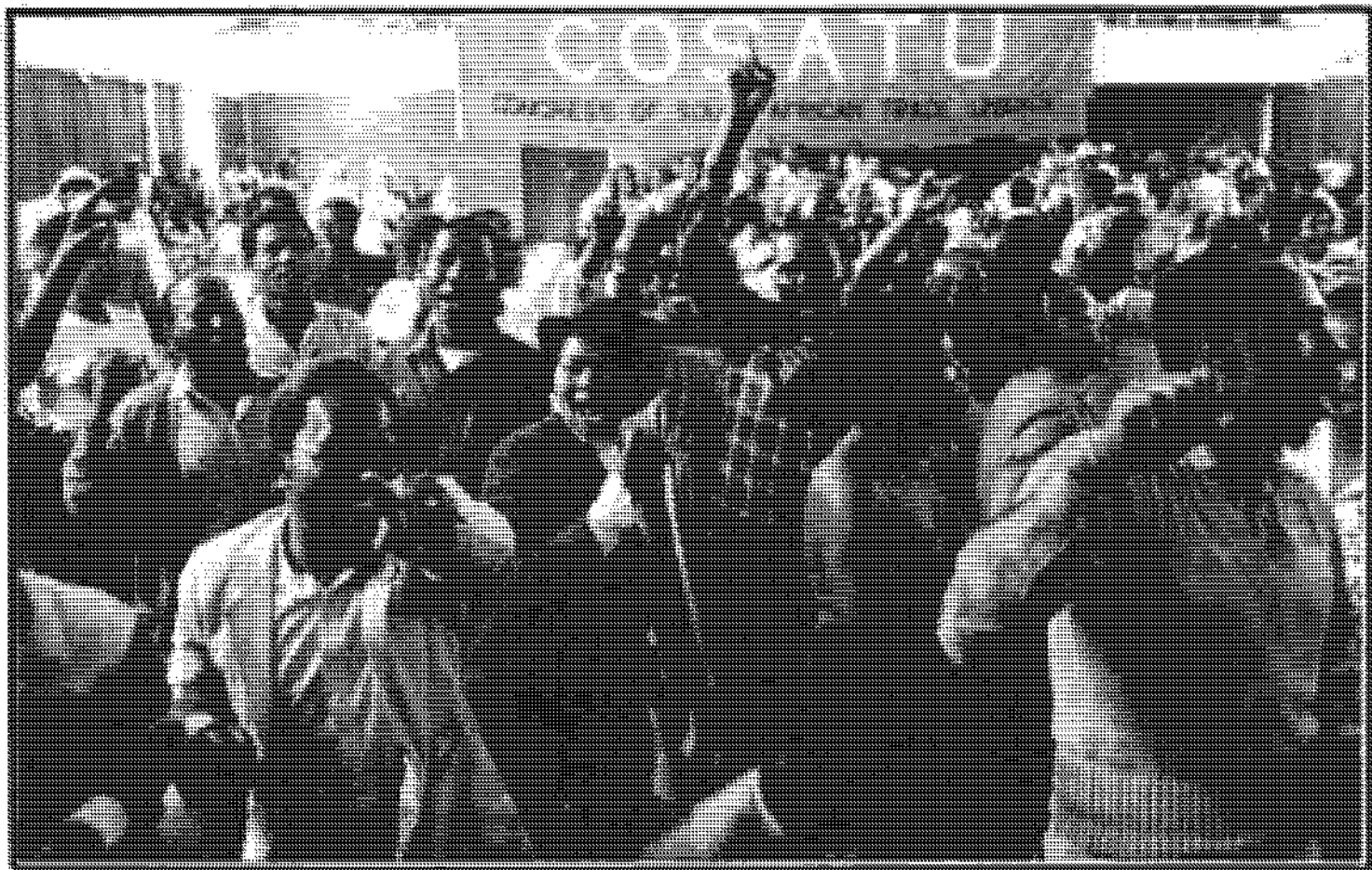
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The Cosatu Workers Charter Conference, in November 1990, marked an important step towards putting forward clear working class demands for inclusion in a new constitution. The debate was lively and contentious. Topics covered included: the right to strike, the right to take industrial action on political issues, and the participation of unions in state structures.

Issues relating to women's oppression and women's health were discussed in the "Gender Commission" under the heading, "Gender and the Constitution". The word gender was used as a way of showing that the issues raised must be dealt with by men and women.

### **"Gender" issues and the trade union movement**

Although 75% of those at the conference as a whole were male, most participants in the Gender Commission were women. But it was encouraging that there was a vocal minority of men who were prepared to take up these gender issues and outline strategies for including these in workers' demands and struggles. From unions like SACCAWU, (South African Commercial, Catering and Allied Workers Union), involved in the struggles for parental rights and pap smears, it became clear that when women and men mobilise together on gender issues, the union takes on a new strength and confidence.



*Union Power: when men and women mobilise together on gender issues the union gets stronger.*

It was a male delegate from CWIU (Chemical Workers Industrial Union) who made the report back from the "Gender Commission". His words were sobering. He reminded male delegates that all too often at trade union conferences, they would smile and snigger when "women's issues" were raised, and these issues would be relegated to the bottom of the trade union movement's list of priorities.

This time there was no sniggering. Delegations supported most of the proposals of the Gender Commission, including the demand for free legal abortions. Opinion was, however, divided on polygamy and lobola, both of which were referred back to the individual unions for further discussion.

## **Women's Health Issues in the Workers' Charter**

A draft Workers' Charter was drawn up and it includes 10 basic demands relating to gender. These include demands relating to:

- (a) Violence - including the right to protection from rape, battery, abuse and harassment.
- (b) Parental rights - the right to maternity and paternity leave.
- (c) Health Care - including (1) the need for state provision of accessible and safe health care; (2) the problems of South Africa being used as a dumping ground for third rate contraceptives; (3) the need for free pap smear tests; (4) the need for an affirmative

health care programme, especially for contraception; (5) the need to legalise abortion.

There are also demands dealing with: Marriage; Domestic Work; Work; Education; Culture; Media; and Gay Issues.

In addition, there are other places in the draft Charter where women and health issues are addressed. For example, the section on "Trade Union Rights and the Constitution" has a direct bearing on whether or not health care workers, most of whom are women, and other workers in "essential services" can take industrial action. Should workers in essential services have the same right to strike as other workers? One view was that the unions should decide what an essential service is. Another view was that it should be defined in the constitution. The matter was referred back to the unions.

Under "Economic Rights and the Constitution", the Conference discussed a range of issues which also relate to women's (and men's) health. For example, a living wage; no discrimination on the basis of sex or race; unemployment benefits; decent housing; adequate health care; parental rights, child care facilities and support; reduced hours of work; extended sick leave; healthy and safe working and living conditions; recreation facilities; disability benefits; nutrition.



## A campaign on women's health

It is clear, that *all* these issues are important. They touch on the need to transform not only health care services but also the appalling social and economic conditions which give rise to widespread poor health among the vast majority of the population. These issues need to be taken up together and separately by unions, health workers and communities if the Workers' Charter is to have a meaningful role in the struggle for socialist transformation of our society.

Having said this, there are some health issues which have particular relevance for women as *women*, as mothers, lovers, wives, daughters and sisters. These are issues of reproductive health: contraception, sexually transmitted diseases, fertility and infertility, abortion, teenage pregnancy, and AIDS. These crucial issues are rarely addressed openly. However, they underlie much of the tension, anxiety and frustration of personal life in our society.

While the Workers' Charter touches on most, if not all, of the important issues of women's health, it does not offer a focus on which to wage a massive campaign to win some of these demands. Our view is that the unions should reach out to various organisations to launch a major campaign on reproductive rights as a way of building women's support for the Workers' Charter and working class demands in the Constitution. The Workers' Charter could gain massive support from women all over the country, including the partners of male trade union members.

## Typical sex and reproductive health issues

We compiled the following three cases representing typical sex and reproductive health issues which are presented daily at surgeries, clinics and hospitals:

- Valeric is 23 years old. She works in a supermarket and is a member of a trade union. She has persistent lower abdominal pain. She has a steady relationship with her boyfriend, John, and they would like to have a child, but she cannot fall pregnant. When she was 15, her mother took her to a doctor to have an IUD (intra uterine device) inserted because she wanted her to finish her schooling and not have a baby too early. She had her IUD removed two years ago. The clinic suspects that her fallopian tubes are blocked and her chances of having a baby are slim.

- Sibongile is 38. She had four children by the age of 25. After this she wanted to stop, but her husband (a trade unionist) does not approve of contraceptives. She went to a clinic to get an injection (Depo Provera) so that her husband would not find out. She has had no more children since then. Recently her husband has been complaining that he wants another son. She has stopped the injections but she cannot fall pregnant. She has been suffering from abdominal pain for about two years. The doctor suspects she has

cancer of the cervix.

Shadrack is 42 years old and works as a factory watchman. He has been married for 18 years and has three children. He has had various girlfriends throughout his marriage, but currently has only one. He says that if he doesn't have at least one girlfriend in addition to his wife, his friends will make fun of him and call him weak. He is a good provider for his family and always gives most of his wages to his wife. His present girlfriend, Hope, recently got pregnant and had a backstreet abortion which Shadrack paid for. Complications set in and she was admitted to hospital. She took a long time to recover and now believes she may have AIDS.

## **Women, sex, and health**

The fictitious cases of Valerie, Sibongile and Shadrack illustrate some of the most common issues of sexual and reproductive health in our society. They also give the lie to the common belief that sexual illnesses are confined to prostitutes or single promiscuous men. In fact, the vast majority of cases of reproductive ill health occur among women and men who are trying to keep their marriages, relationships and jobs together.

These cases also show that people have access to very little information when it comes to sexual and reproductive health. Worse still is the lack of information about drugs, contraceptive methods, medical procedures and their potential side effects. Medical staff often maintain a paternalistic attitude towards patients, and withhold information, on the basis that patients are "ignorant" and "stupid".

The problem is enormous. What can be done about it? The proposed Workers' Charter represents the best attempt made so far to push forward issues of workers rights. We feel that these should include rights to control our bodies as a way of extending the fight to seize control of our lives. Some tentative suggestions for doing this are outlined below.

## **Suggested Demands for a Popular Campaign for Reproductive Rights**

1. Surgeries, clinics and hospitals which deal with reproductive health care are currently totally inadequate and understaffed. We need community-based, specialised family planning or reproductive health care clinics staffed by trained, sympathetic staff and counselors. They should also do popular outreach work in schools, community forums and workplaces. Unions, civics, and other groups could campaign to have such facilities in their workplace or community.

2. Safe, affordable contraceptives and full information on their use and side effects. Unsafe contraceptives should be banned.
3. Free (or affordable), legal, safe abortion.
4. Free pap smears on a regular basis, (at least once every two years), for all women.
5. Full and clear information, for men and women and children, about how our bodies function. The unions could sponsor the publication of booklets like "Our Bodies, Ourselves" for distribution and sale among members, and in schools and communities.

Unions, civics, student structures, PTSA's, and other groups could campaign for the above as part of the struggle to transform health care towards meeting peoples' needs. Of course, these are only some initial suggestions. We would welcome further ideas on such a campaign.

*Kate Truscott is a member of WOSA (Workers' Organisation for Socialist Action)*

## **The People's Health and Social Services: First National Joint Conference**

19 - 21 July 1991  
University of Western Cape

The first joint national health workers conference is hosted by the following organisations:

**HWS** - Health Workers Society, **NAMDA** - National Medical and Dental Association, **OASSSA** - Organisation for Appropriate Social Services of South Africa, **PPHC** - Progressive Primary Health Care network, **SAHWCO** - South African Health Workers Congress

### **Workshop Topics**

Theme A: Equity, Financing and Control

Theme B: Personnel and Workers' Issues

Theme C: Integration of Separate Services and Special Needs into Comprehensive Primary Health Care

For more information, contact the Conference Committee, P.O. Box 459, Athlone 7760 or phone (021) 696 0684, fax (021) 696 8349