

Women, Health and Work

by Anne Hilton

This article looks at how the subordinate position of women in society affects not only their access to jobs, but also the kind of work that they do when they are employed. This affects the nature of the occupational health hazards that they are exposed to but, the author contends, this does not mean that "women's work" is necessarily safer than other forms of work which are usually reserved for men. Reproductive health issues in the workplace are also discussed. The implications of the double burden of labour that is often carried by women - housework in addition to employment - are also discussed. The article also looks at issues relating to the provision of family planning as part of occupational health services.

Health in the workplace is an important area of struggle for women. Traditionally approaches to occupational health and safety have tended to discriminate against women. Women are defined as unsuitable for certain tasks or are removed from the sight of specific hazards. This needs to be replaced by an approach which recognizes the right of women to work at jobs of their own choice, the right to have a job and be a mother and the right of all workers to a healthy and safe work environment.

Gender Oppression and Exploitation

The status of women is defined by social, economic and political conditions in society. A women's role is defined predominantly as a subordinate one. This subordination is experienced by women as exploitation in the workplace and oppression in gender relations in society.

A woman's ideologically defined domestic role and her capacity to have children play a role in negatively determining her marketability as a wage earner. This manifests itself in low wages, unequal remuneration for the same work, lack of training and unequal job opportunities and work that is often repetitive, boring and not very stimulating.

These conditions of employment are rationalized on the assumption that women do not represent a permanent factor in the labour force, that their reproductive function will

inevitably interrupt their work careers.

Furthermore women are assumed to exist in relations with men as subsidiary partners and as such their wages are seen to be subsidiary to man's earnings. This attitude persists in the face of overwhelming evidence that many women are single and self supporting or may have dependents where a woman may be the sole breadwinner.

In the workplace women are mostly employed in areas considered to be women's work, that is, in jobs similar to what they do at home. This is an extension of the so-called "traditional role" of women, that is, the labour women engage in is transferred from the home to the workplace. Women are usually given jobs in supportive roles and not as decision makers.

Women make up a large section of the working population in and out of the industrial sector. In industry women make up the majority of the workforce in sectors like food or garment manufacture. A very clear example of this is in the motor industry where women are employed to sew the car seats. They are often employed for their so-called dexterity, doing jobs requiring fine work, for example, in the computer industry, making components or working with fine wires.

In this article three areas of health affecting working women will be dealt with:

1. Occupational hazards
2. The "double shift"
3. Family planning

1. Occupational Health

Myths of occupational health

One of the common myths associated with occupational health is that men are at greater risk because of the work they do. It is true that men do many jobs which are very dangerous like mining, foundry work and construction. But thousands of women are also doing jobs which are hazardous to their health - problems caused by unsafe machinery, chemicals, noise and stress. Women therefore face the same hazards as men. They may also face different health hazards in the workplace, but this is more likely to be due to the marked differences in the type of work done and not because they are women.

Dangerous jobs

Many of these jobs are in fact dangerous and pose serious health problems, such as;

- i) Stress resulting from doing boring repetitive work, at low wages with few prospects for training, stress resulting from being a working mother.



Women often receive less pay than men for doing the same work.

cotton dusts in the textile industry which is a well known cause of lung disease.

iii) exposure to chemicals such as carbon and tetrachloride, heat and humidity in laundries.

iv) exposure to heat, cold, cleaning chemicals and slippery floors in the catering industry.

v) fatigue and menstrual disorders as the result of shiftwork.

vi) exposure to a range of hazards in the health care industry, including, chemicals, anaesthetic gases, radiation, exposure to infection from a range of organisms, for example, Hepatitis B and HIV and the lifting and carrying of heavy loads.

"Women's work"

It is clear from these examples that the assumption that so-called "women's work" is lighter and less hazardous is a dangerous myth. It has meant that women's occupational health problems are not well studied. The belief in the relative safety of "women's

work" has been perpetuated without appropriate research or relevant data to support it.

Most of the work done on non-reproductive related health problems has involved male workers. This is significant for a number of reasons: women are often exposed to similar hazards as men and many of the jobs considered "women's work" are also very unhealthy.

There are some basic physical and physiological differences which require consideration in the workplace if women are to participate in the economy. Women may not be able to handle certain kinds of industrial machinery designed essentially for men. It is the machine design which is unsuitable and not the woman who is badly designed.

Employers also determine Threshold Limit Values (TLVs) according to the needs of male workers. The limits are set by testing healthy male army recruits weighing an average of 70kg. Women often weigh less than men and have proportionally more fat on their bodies. This affects their absorption of certain substances, such as chemicals. These TLVs then need to be redefined or adjusted to meet the needs of women workers.

It is asserted that women suffer from occupational health problems because they are biologically weak and more susceptible. This concept persists despite any real evidence to support it and manifests itself in a number of ways, including job discrimination. This also translates into an underestimation of the health risks faced by women at work.

Job discrimination merely means that exposure to the hazard is transferred from the female to the male and does not reflect any attempt to eliminate the hazard. Exclusion of women may simply mean that men face the health risks.

Reproductive Health Issues

Again it needs to be stressed that these considerations should be used to make the workplace safer to work in rather than exclude women from the option to work.

Women face the possibility of job discrimination as employers and legislators have used the occupational dangers associated with fertility and foetal damage to exclude women from job choices and employment.

This is dangerous at two levels;

1. It does not improve conditions in the workplace and, again,
2. May ignore the hazards to male reproduction.

Occupational hazards can be reproductive hazards for both men and women and cause a variety of problems:

1. Infertility and impotence in men and women
2. Foetal growth retardation and deformity
3. Miscarriage or abortion
4. Childhood cancers

Reproductive risk can occur before conception, at conception or during pregnancy. The reproductive function of all women therefore needs to be protected at all times and not only during pregnancy.

Some of the workplace hazards which have been implicated are;

- lead, solvents, eg. benzene, mercury, pesticides, radiation, anaesthetic agents

2. The Double Shift

One of the major factors affecting the health of working women is the reality of the 'double shift', that is, a woman often does two jobs - one paid at work and one unpaid at home - thus shouldering a double burden as worker and housekeeper and parent.

There are many stresses related to this situation;

- exhaustion & fatigue
- little time for oneself - this can manifest itself in a variety of ways like frustration or neglecting one's own health needs because of a lack of time.
- anxiety, for example, working mothers worrying about their children.

This situation is particularly stressful for women who do shiftwork. Creche facilities are few and far between in the South African workplace. Tired, anxious, stressed and fatigued, these women can be at great risk in the workplace from accidents.



3. Family Planning

Women in the workplace are often under a lot of pressure from employers not to fall pregnant. Often their jobs depend on compliance with family planning services, which are sometimes offered in industry. These are offered for the purpose of keeping women on the job, the emphasis being on birth control rather than reproductive freedom. Often family planning is run in the absence of comprehensive health care or education for women.

A study done in Natal in 1985 illustrated some of these problems (Hilton 1986). This study was conducted by interviewing occupational health nurses (OHNs) in the Durban/Pinetown area:

1. The OHNs reported the following possibilities for pregnant women:

- lack of job security for pregnant women
- women having to take unpaid maternity leave to have a baby
- that women on maternity leave are often the first to be retrenched
- a few companies simply fired pregnant women
- of the 15 nurses interviewed who worked in factories with large female workforces, 4 had offered education on women's health and 5 had offered pap smear tests as part of the municipal family planning service. Breast examinations were done in a couple of cases.

Conclusion

Despite the important role women play in the economy, little is being done to improve the conditions of women workers, to facilitate their role as wage earners, or, to provide the support needed by working women during pregnancy. Prevailing conditions in the workplace are defined by the dominant ideologies of the oppression of women in society.

I believe that women have the right to be pregnant and to have a job. They also have the right to work in conditions which will not endanger their lives, or the development of their babies, while they are pregnant. We are still very far from this being a reality for working women in South Africa.

What can be done?

1. At the broadest level attitudes toward women and their role in the family and economy need to change.
2. Women need to have greater choices in the work they do. They need to be informed of the risks associated with their work.
3. Occupational health services can improve the health conditions of working women if they are sensitive to their needs. They can:

- monitor the workplace to identify health hazards.
 - monitor workers exposed to hazardous substances.
 - identify possible reproductive hazards for female as well as male workers and inform them of the risks.
 - recommend changes and improvements which will make the workplace safer (management seldom informs workers of the risks of the job despite legislation which provides for employee access to such knowledge).
 - provide services based on the health needs of working women, for example, education on breast examinations, pap smears.
 - provide contraceptive services based on the concepts of informed consent and choice.
- Health workers and management need to consult workers, both female and male, as they are the ones at greatest risk and they often are the best experts on the dangers of the workplace.

“While we must care for women workers and their unborn children, we must also move beyond the popular myth that reproductive hazards are specific to women workers. We must stop and think before we start making endless regulations to try and protect women from jobs they really want to do. Women are susceptible to hazards at work, but so are men. Many factors can make men impotent or, more subtly, reduce the quality of their sperm. In the long term there is only one solution: to clean up the workplace so that work is safe and pleasurable for both women and men. If a woman cannot do a job today it means there is something wrong with the job, not that there is something wrong with the woman”.

(Dr. John Denning, *Women's Work and Health Hazards*, 1984.)