

SPECIAL REPORT

Women, work and health

Rio 2nd International Congress

Around 800 people (overwhelmingly women) from 32 countries attended the 2nd International Congress on "Women, work and health" held in Rio de Janeiro from 19 to 22 September 1999. Delegates came from all regions of the world, but American contingents (from Latin America and Quebec especially) were particularly strong. It followed a first Congress held in Barcelona in April 1996¹ (see *TUTB Newsletter* No. 3) but forged a much closer link between multidisciplinary scientific research and trade unionism, and was more socially and politically engaged. Which is why the Rio Congress was not just a showcase for research work, but also a forum for critical debate on women's struggle with global capitalism for healthy working conditions. The high standard of dialogue between the scientific community, trade unionists and militant feminists made the Congress an exceptional experience in many respects.

But there were heart-wrenching moments, too. The setting first: Rio, one of the world's finest cities, where most of the people live in squatter shacks unfit for humans, sometimes on the doorstep of residential districts. You cannot shut your eyes to this social divide, which stands as a microcosm of mankind's future if the widening inequality gap is not closed. The Congress kicked off on a political note, with a speech by the Vice-Governor of the State of Rio, Benedita da Silva, a long-time activist in the 'favelas' (shanty) organizations and leader of the left-wing opposition Workers Party, which is in the coalition government of the State of Rio. The contract killing of two nursing union leaders on 20 September sent shockwaves through the meeting. The leaders, Edma Rodrigues Valadao and Marcos Otávio Valadao, had spoken out against corruption in the health service and consistently opposed the federal government's creeping privatization of health care under President Cardoso. Even death threats had not silenced them. Their murders are the latest of many attempts to stifle opposition carried out by the official forces of repression (like the slaughter of 19 peasant farmer activists in the Mouvement des Sans Terre dispossessed action group on 17 April 1996), or private militias.

The Congress organizing committee of Brazilian scientists and trade unionists was advised by an international consultative committee, which included the TUTB. There is not enough space here to do justice to the wealth of papers and debates. Over a hundred reports and oral presentations, plus 200-odd posters, addressed a vast range of issues, including:

- the gender impact of changing production systems;
- mental health and gender;
- workplace violence and health;
- the gender perspective of ageing;
- interdisciplinarity and the production of knowledge;
- work, sexuality and reproductive health;
- child labour;
- domestic violence;
- trade union action;
- how women workers deal with musculoskeletal disorders; etc.

¹ The Barcelona Congress documents are available (in Spanish) at: <http://nodo50. ix.apc.org/mujeresred/salud-caps.htm>

Most of these issues were addressed from a cross-disciplinary angle (anthropology, sociology, psychology, ergonomics, medicine, toxicology, etc.). Sectoral reports provided the basis for searching debates based on the experience of women working in teaching, the health service, the metalworking industry, farming, telecommunications, and so on.

The long series of papers presented, lively and instructive debates, many first-hand contacts between researchers, trade unionists and scientists led to the working out and consensus approval of a hugely complex final document. What was notable, though, was the lack of interest in the Congress from most national workplace health agencies. Almost all but those of Quebec, Sweden, Finland and Brazil still tend to largely play down the health impacts of the sexual division of labour.

What the Congress also did was to show that the link between health, work and equality is not just an issue in wealthy countries. Globalization widens disparities, and this particularly affects women workers in dominated countries. Reports on the situation in Asia, Africa and Latin America showed that working conditions were getting materially worse, the net effect of which is that public health and education systems are crumbling. Women have been the main focus of the "structural adjustment policies" pushed by the International Monetary Fund and World Bank, prompting the Quebec trade unions to call for all Congress participants to support the world march of women (see p. 19).

The participants also felt the Congress was an experience well worth repeating on a regular basis, so a new Congress is scheduled for early June 2002 in Stockholm. It will be organized by Sweden's National Institute for Working Life², consulting with trade unions, feminist organizations, the research community and public health bodies. The question of whether employers' organizations should also be involved provoked a heated debate. Most participants stressed that the Swedish tradition of tripartite cooperation had to be differentiated from the reality of workplace relations in most other countries. Broad agreement was reached on ring-fencing the Congress from possible employers' pressure and preserving the close links between scientific research and social movements fighting for the empowerment of women workers. The European Trade Union Confederation will be working to step up European trade union participation in the Stockholm Congress. European unions were fairly thin on the ground in Rio: the TUTB apart, only Spanish, Portuguese, Swedish and Italian unions were represented.

Stockholm 2002 will be followed by India 2005, but between Congresses there is a huge job of work to do - not least in the trade unions - to mainstream equality into workplace health. ■

² Information on the Institute for Working Life in English on:
http://www.niwl.se/default_en.asp

This special report was written by
Laurent Vogel, TUTB researcher (lvogel@etuc.org)

The 2nd Rio International Congress: Summary of work

The summary conclusions approved at the Congress final session are reprinted below.

1. The social organization of work and structural adjustment policies have created job insecurity, lower pay, and rising unemployment at the cost of men and women workers' health.

The Congress' priorities include:

- linking actions in different countries to prevent risks and harsh, dangerous working conditions being exported from wealthy countries to poor countries;
- supporting the creation of an international working health defence network, especially for the prevention of work-related sickness like musculoskeletal disorders.

2. Established social gains must be guaranteed and occupational health rights and legislation developed to restore dignity and citizenship.

The Congress made a forceful call for action in support of overhauling ILO C130 Maternity Protection Convention (see p. 20).

3. Rural work includes specific aspects of the division of labour which also have specific health implications.

Priorities include giving visibility to all forms of health damage in rural work so as to eliminate the many damaging aspects from the production process.

4. New patterns of work and new production technologies have subjective psychosocial, ethical, ethnic and generational outcomes which create psychological distress and new forms of illness.

Priorities include the way job insecurity undermines self-esteem and mental health.

5. All forms of gender-, class-, race- or ethnic group-related disparity and violence in employment relations, social and health services must be abolished.

6. The impact of working conditions on sexual and reproductive life must be examined to extend social rights. The Congress underscored its opposition to pregnancy and HIV testing and sterilization certificates as a job or continued employment requirement.

7. The conspiracy of silence on violence against women is being broken down. The Congress considers that violence against women should be recognized as a public health issue and that sexual harassment is a workplace hazard which causes psychological and physical illness.

8. A stimulus must be given to the production of multi-disciplinary methods in partnership with NGOs and trade unions.

Priorities include:

- increased involvement by trade unions and other social organizations in occupational health research;
- study of the paid work-domestic work continuum based on specific survey techniques like social time analysis;
- recognizing bioethics as a highly political field requiring thought about the health- and work-related applications of biotechnology.

9. Eradicating child labour.

The Congress stressed the links between this and guaranteed quality public education, as well as creating awareness among consumers.

10. The link between domestic work and health is difficult to study because of the invisibility of domestic work at the public-private life interface and the resulting loss of social and economic esteem.

11. Public occupational health policies must address the gap between paper law and fact from a gender perspective. ■

The 2nd Rio International Congress: a kaleidoscope of contributions

Brazilian trade unionism, women and health

Maria Ednalva Bezerra de Lima, Denise Motta Dau,
Nair Goular, Léa Santos Maria*

We try to take women's health issues beyond maternity protection into all occupational health issues. At the end of the day, the working class consists of two sexes and women's health is not just about their reproductive rights.

We pushed the unions to find out more about women workers in their industry branch, especially the different physical and health outcomes working conditions have for women.

These measures form part of the range of affirmative actions run by the three central labour bodies - CUT, CGT and Força Sindical. The affirmative action policy ranges widely from the workplace, through training and issue-based organization of women, up to setting quotas so that neither sex has fewer than 30% of the seats on central union and confederation policy bodies.

The feedback from the training and organization of women in different industries and regions has clarified women's key occupational health concerns. Repetitive strain injuries (RSI) are rife in computing and banking, as are aches, eyestrain, cystitis, and psychological stress. 53% of public health workers in the State of Sao Paulo have no appropriate health protection equipment, and 24% report work-related health problems. Teachers complain to us about voice strain, chalk dust allergy and stress.

Women in the chemical and textile industries report tendinitis, chemical- and noise-induced miscarriages, hormonal disorders and restrictions on lavatory use. Building industry workers have to contend with sinusitis, varicose veins, back strain, RSI and a high prevalence of sterility. Workers in the household electrical goods industry report problems associated with robotization, long working hours, attention deficit disorders, and competitive work practices. Problems in the metalworking industry include RSI, restrictions on lavatory use, noise levels and the rapid introduction of new technologies. Farm women complain about varicose veins caused by long hours of arduous work, days, pesticide poisoning and sunlight-induced skin problems. Stress, depression and emotional upset are common to all industries.

All these health outcomes are specifically work-related, but together they are also fundamentally the consequences of new forms of work organization across all industries.

Quality control systems, service outsourcing, time-pressure working and, computer-controlled automation all spread during the 80s, while layers of management were cut and "participation programmes" brought in, which bumped up job qualifications.

These new management patterns now permeate the production system. Multi-skilling, behavioural training, productivity pay, new supervisory responsibilities, profit sharing and flexitime are the new watchwords.

Neo-liberalism prevails. The free market, productivity, competitiveness affect not just production, but all aspects of social and employment relationships. High unemployment, enforced flexibility of established gains (through outsourcing and home work) and the emphasis on "re-skilling" enjoin us to become "employable". Men require physical strength, skills, abilities and excellence. Women require gentleness, patience, agility, submission, dexterity, grown-up children and even good looks - a requirement that cloaks racism and ageism.

There are now many more women in the workforce, but they are confined to a narrow range of jobs. Nearly 80% of women's jobs are in domestic service, farming and sales, nursing, clothing and household electrical goods manufacture. Women accounted for 39% of the unemployed total in 1991, and 45% in 1997.

This cross-industry survey of health problems helps us to map out a trade union response. The health of women workers must be a focus of the trade union agenda.

Women workers' health demands must be brought into collective bargaining. Some industries have already worked out specific demands, like:

- regular health and safety information campaigns and activities;
- seminars on women's rights;
- training and electing women to CIPAs (health and safety committees) and CONSATs;
- support women's health demands and give male CIPA members training on it;
- set up checks on overtime work generally, which is unhealthy;
- set up workplace sexual harassment complaint committees with trade union participation;
- get collective agreements to guarantee that sexual harassment victims do not get sacked;

* Maria Ednalva Bezerra de Lima is coordinator of the national women workers committee and part of the leadership of the CUT (United Labour Confederation); Denise Motta Dau, is a member of the national women workers committee, and leader of the CUT's social security workers' union; Nair Goular is on the executive of the "Força Sindical" confederation, and national secretary for women's policies; Léa Santos Maria is on the executive of the CGT (General Labour Confederation) and coordinator of the women's department.

¹ In Brazil as elsewhere, the term "repetitive strain injury" (RSI) is preferred to "musculoskeletal disorders" (MSD). It describes the same medical conditions, but creditably, indicates the main cause.

- carry out and publish regular surveys on the gender aspects of health, safety and reproductive health;
- workplace creche provision;
- breast-feeding room provision;

- proper hygiene facilities for women workers;
- guaranteed equal access to retraining and vocational training;
- guaranteed job retention after termination or childbirth. ■

The Brazilian trade union documents on Internet: <http://www.sindicato.com.br/sbrasil.htm>

Occupational and environmental health of women farm workers in South Africa

Sophia Kisting, F. OMar, H. Mtwebana, J. Cornell, D. Edwards, P. Lewis, S. Mbuli et L. Caimcroos*

Farming is a main employer in South Africa. Around 500,000 women work on commercial farms; about 60% of them are casualised. They work in isolated rural areas with inadequate infrastructure and acute transport problems. The legacy of apartheid and internal migration-based work systems is still clear to see.

The Industrial Health Research Group (IHRG) works with trade unions and has set up seminars with women fruit production workers. A subsequent survey confirmed their perceptions of their arduous working conditions. The survey focused on:

- social and rural infrastructure, lavatory facilities;
- psychological aspects: stress, workload, job insecurity;
- chemicals and agrichemicals (pesticides, fertilizers, etc.);
- biological factors, organic waste;
- equipment, tractors;
- ergonomic factors: ladders, standing positions;
- physical factors: sun, heat, noise.

The women described their chronic health problems and exposure to most of the above factors. Their workplace is generally also their home. The work is hazardous, and health damage takes the form of chronic pain, poor quality of life and in some cases, death. Exposure to pesticides is common, and is increasingly affecting reproductive health and development. They are low-paid.

Agrarian reform remains central to improving these women's lots. Other problems identified include a lack of occupational health services, especially for reproductive health; violence against women; lack of childcare provision; lack of quality leisure time; unfulfilled other basic needs, like housing, electricity, transport, lack of representation in trade union structures.

In 1996, women farm workers organized a landmark conference to speak up for themselves and develop a forum to address invisibility and isolation. There is a big job of work ahead. Only a radical rethink of priorities will change power and gender relationships, and hand rural women the economic and training resources they need to tackle the challenges. ■



* Industrial Health Research Group, Cape Town University, South Africa
E-mail: ih Sophia@protem.uct.ac.za

Swedish programme on gender and work

Asa Kilborn*

During the '90s, many Swedish women saw their working conditions worsen. The rising proportion of women in part-time or insecure jobs coupled to significantly increased productivity demands pushed up perceived stress levels. Society's support to child and elder care was cut back, leaving women to shoulder the added burden at home. Swedish women are still better off than women in other countries, but it is a worrying turn of events.

Gender equality has slipped down Swedish women's priority scale. That may be linked to a growing class divide between immensely successful women with high-profile jobs and those whose situations are getting worse.

The Swedish Institute for Working Life has launched a research and development programme on "Gender and work". Social and natural science researchers, especially in disciplines like psychology, sociology, economics, ergonomics and medicine, from different departments in the Institute, were brought together to work on a multi-disciplinary basis. (...)

They looked at the situation in three municipalities with different labour markets and social conditions to try and plumb the mechanics behind gender-related inequality, segregation and health problems. They found a three-way interaction between society, the workplace and the individual. The programme should contribute towards equality and a comparison between sectors, in particular expanding and failing industries. ■

* akilborn@raven.niwl.se (A. Kilborn was unable to give this talk in person due to ill-health.)

Rural work, gender and health in India

Sunita Kaistha*

The paper outlined the basics of the situation of women workers in India. Of 403 million women, 90 million (22.73%) work outside the home. Most of these work in rural areas, where 87% of them are farm workers. Of them, 34.8% are unpaid family workers. Only a minority of women (about 4.5 million) work in the formal sector of the economy (public and private).

Rural workers' working conditions are determined by the seasonal nature of the work, the shortage of paid jobs, internal migrations and gender-based pay disparities.

Poverty is a key influence on women's health. Its outcomes include:

- nutritional deficiencies;
- lack of access even to free health care because transport and medicines are costly, and they cannot stop work without foregoing a family income;

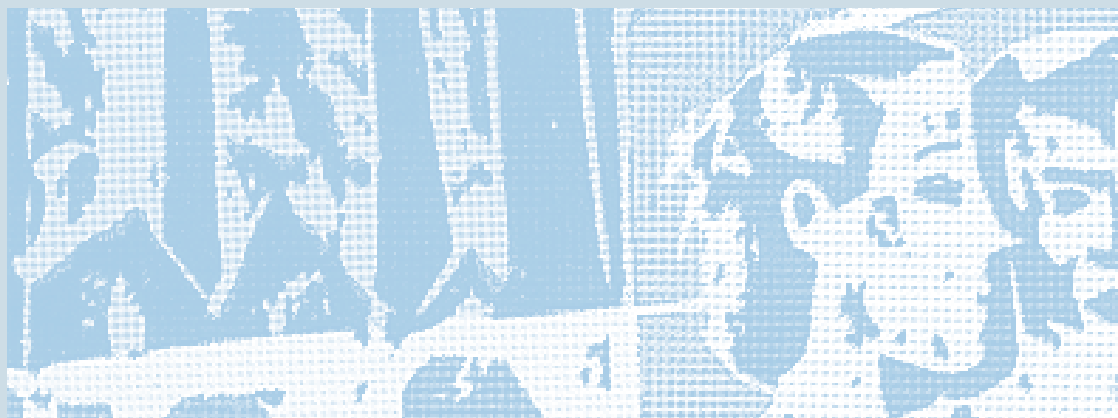
- they cannot send their children to school or access adult education programmes;
- they cannot think beyond immediate problems and a of hand-to-mouth survival approach;
- the denial of their human dignity.

Significantly, the health care share of the Indian budget declined from 3% in 1951 to 1.05% in 1998. The situation is little different in education.

India is a major food producer, but one child in two suffers from malnutrition, a third of newborns are low-weight, three in five of all women and three quarters of pregnant women suffer from anaemia.

The talk concluded by pointing up the link between rural women's occupational health and agrarian reform, the democratization of land, water and forest tenure and the broader struggle for economic and social justice. ■

* Jesus & Mary College, International Youth Center, Delhi University



Migrant women: marginalised through work

Hélène Bretin*

Research into the link between women's health and work has made great strides in France (...). By contrast, little attention has so far been paid to ethnicity aspects for two main reasons:

- occupational health remains very much a fringe area of French research;
- sociological studies of the ethnic aspect of labour relations and racism at work are fairly new and do not directly address the health issue.

Migrant women are involved at first-hand in the historical link between work and immigration. Joining their migrant husbands, they looked after the home

and the male labour force. But they also entered the workplace, and their labour force participation rate rose more rapidly than that of women generally. They tend to work in unskilled, part-time, casual jobs.

(...) Based on two research studies, one on cleaning jobs, the other on long-term unemployment, we hope to show that health damage is a factor in exclusion from the working world and that the health impacts of radical changes in work organization undermine the position and status of these women within our society. ■

* Paris XIII University

The world march of women

Quebec trade unions presented the world march of women. Starting on 8 March up to 7 October, women across the world will stage actions and marches against poverty and violence. The European leg will be launched in Geneva, and the marchers will arrive in Brussels on 14 October. The march will end up on 17 October 2000 in front of the UN headquarters building. Over 130 countries and 2.000 groups are involved.

The idea to hold a world march of women in the year 2000 was born out of the experience of the Women's March Against Poverty, which took place in Québec in 1995. This march, initiated by the Fédération des femmes du Québec, was hugely successful. Three contingents of 850 women marched for ten days to win nine demands related to economic justice. Fifteen thousand people greeted them at the end of their ten-day walk. The entire women's movement mobilized for the march as did many other segments of the population.

The aims of the march are:

- to undertake a vast process of popular education during which all women can analyse by and for themselves the causes of their oppression and the liberating alternatives that are possible;
- to work on the national scale to identify demands related to poverty and violence against women and to start acting to get them implemented;
- to foster solidarity among women of all continents through exchanges, common projects and unifying actions. In the context of market globalization, solidarity between North and South has become crucial in building a resistance movement;
- to promote our world demands by presenting them wherever decision-makers must take them into account;
- finally, to lay the foundations of an international feminist network where dedicated, militant, creative feminists will want to unite to provoke major changes in the order or disorder of the world. ■

For further information:

<http://www.ffq.qc.ca/marche2000/>

