Gender, Health, and Sustainable Development

Proceedings of a Workshop held in Nairobi, Kenya, 5–8 October 1993

Edited by
Pandu Wijeyaratne,
Lori Jones Arsenault,
Janet Hatcher Roberts, and
Jennifer Kitts
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"Gender and Tropical Diseases: Facing the Challenge"
Abstracts from an Essay Competition Sponsored by IDRC and TDR
Occupational Participation of Women and Health

Fekerte Haile

Introduction

The level of participation of women in different fields of industrial and non-industrial occupations varies from society to society and region to region. The participation of women in formal occupations is strongly related to industrial development. It is important to look at the occupation-health interaction amongst women workers. The working conditions of several industrial and nonindustrial occupations have a direct influence on the health and well-being of women. Many women are subject to inhumane exploitation through their participation in low-skilled and low-paid jobs in the formal sector. They may also be vulnerable to debilitating manual work in traditional economies (UNECA/ATRCW 1986; ILO 1985).

Because of the reproductive role of women in society, the issue of women's occupational participation and health has been the subject of several pieces of protective legislation, as well as international conventions (ILO 1990). Nevertheless, there is a lack of quantifiable occupational and medical information on the occupation-health interface among women participating in different occupations.

This paper examines the occupational participation of women, and associated health hazards in various spheres of economic activity. It also looks at some legislative measures aimed at the reduction of hazardous working conditions.

Occupational Participation of Women

Women are playing an increasingly important role in modern society. Over the last few decades, there has been a significant rise in the number of women participating in both industrial and non-industrial occupations (Bodrova and Anker 1985; UNECA/ATRCW 1986). As a result, women represent an important component of the productive force of their respective countries.

Industry

The significant growth in women's participation in the industrial labour force is evident in many parts of the world. For example, in 1980, in the former socialist states of

1International Labour Organization, Addis Ababa, Ethiopia.
Bulgaria, Czechoslovakia, Hungary, Poland and the USSR, women accounted for approximately one half of the industrial labour force. In 1970, women comprised one third of the labour force in Western Europe and North America. By 1980, this figure had grown to 46% in the United States (Bodrova and Anker 1985). There have also been significant increases in Canada and Nordic countries (ILO 1989). In Turkey, the proportion of women in industries increased from 45% in 1960 to more than 52% in 1980 (ILO 1989).

In developing countries, particularly in Africa, there is little available data concerning the occupational participation of women. However, the proportion of women in the industrial work force is significantly lower than in more developed countries. For instance, in Tanzania, the industrial employment of women (accounting for 12% of the labour force) increased from 8.8% in the early 1970s to 15.6% in 1980 (UNECA/ATRCW 1986). In Côte d'Ivoire, during about the same time period, about 8% of the labour force in textile factories was women. Furthermore, in Nigeria, women constituted 11% of the private sector manufacturing employees.

In contrast, the participation of women in the textile industry in Ethiopia is high. Fifty percent of the textile workers in 13 establishments in 1979 were women (UNECA/ILO 1979). This number increased continuously until the late 1980s (Ministry of Industry 1992).

Industrial type homework predominates even today in most industrialized and developing countries. The majority of the homeworkers are women (ILO 1990). There is a wide range of activities and products that fall in the homework category: the production of clothing, textiles, carpets and rugs, leather works; ancillary tasks such as sorting, cleaning, packaging and labelling; sub-assembly of electrical and electronic products; and traditional industries associated with the preparation of food, handicraft, pottery and so on.

**Non-Industrial Occupations**

Women also participate in non-industrial occupations in developing countries. Women make a significant contribution to the labour force in farming activities, animal husbandry, local handicrafts and informal occupations. In subsistence agriculture-based societies, a significant proportion of the major farming operations are carried out by women. For instance, in Africa, 80% of transporting and storing the harvest, 70% of the weeding and hoeing, and 50% of the sowing and planting are carried out by women (FAO 1989). In Ethiopia, handicrafts such as pottery, basketry and spinning for weaving are women-specific occupations.

In developing countries such as Ethiopia, the "informal" gender-specific occupations are an important category of activities that have health implications. Most of these traditional tasks are load-associated. For instance, young girls and women in Ethiopia frequently carry up to 77 kilograms of fuelwood and other produce (95-300% of their body weight) and travel an average of 11-12 kilometres daily (Haile 1985; Abegaz and Junge 1990).
Working Environment and Occupational Hazards

The working environment is an interactive process between man and technology and has two main components: the physical and the psychosocial. The physical component includes variables such as acceleration, vibration, noise, heat, cold, humidity, toxic chemical agents and radiation (ILO 1976). The psychosocial component of the working environment involves occupational elements such as working hours, shift, resting period, work demand and work procedure, skill demand, risk and safety status, supervisory, managerial and workmate relations and cultural elements like ethnic background, urban-rural habitat life style, peer and domestic relations. These inter-relationships in the working environment can cause, under certain circumstances, illnesses and dissatisfactions affecting productivity levels. Environmental variables in the workplace may have a negative influence on productivity through constraining the power, strength, endurance, learning ability, skill, performance, motivation and the general state of health of the worker (Fraser 1983).

Inappropriate working conditions tend to affect women more than men. The absence of proper sitting, sanitary, restroom and nursing facilities has detrimental effects on women in general, and pregnant women in particular. In factories, women often work for hours at a time, either standing or using seats which are not ergonomically designed. Women who frequently work under such conditions often suffer from back problems and other ailments which are aggravated during pregnancy (ILO 1990). Women textile factory workers in Ethiopia often operate under adverse conditions such as high temperature, poor working facilities and lack of protective devices. As a result, there are many illnesses, especially those related to the respiratory system.

Finally, women in Africa, and Ethiopia in particular, suffer from indoor pollution. Since women are closely associated with domestic duties, they are more affected by pollutants in the household caused by the use of fuels such as kerosene and industrial byproducts such as rubber, canvas, leather, oil seed cakes and fuelwood. These factors may contribute to the high incidence of asthmatic and other respiratory diseases, as well as eye problems. Furthermore, the WHO estimates that about half the world population today uses biomass as cooking and heating household fuel, often without proper ventilation. Exposure to biomass smoke can cause chronic lung disease; biomass reportedly contains a chemical that may contribute to lung cancer. It may also lead to acute respiratory infection in infants, right side heart failure, as well as low birth weight (Indoor Air Pollution from Biomass Fuel, WHO 1992/WHO/PEP/92.3A WHO Geneva).

Night Work

Women often have a dual responsibility in the household. They are expected to engage in income-producing work and also to care for children and other family members. Sometimes these demands conflict. For example, work hours can affect the health and well-being of the family. In particular, shift work involving night work is detrimental to both the physical health of women and the welfare of the family. In Ethiopia, for example, women
night workers are often forced to sleep in the factory after work due to the lack of adequate transportation services to their homes. If a woman takes a service bus which lets her off at a central point, she will be exposed to the risk of both rape and robbery. Therefore, many women decide to spend the night at the work area and often fail to get sufficient sleep (Ministry of Labour and Social Affairs; personal contact; ECA/ILO 1979).

Several legal provisions have been introduced in an attempt to address the problem of women and night work. In 1948, the ILO introduced the night work convention which prohibits women from engaging in night work. This convention was revised in 1989 and 1990. At present, the differential treatment in the convention concerns only pregnant women and mothers of children below a prescribed age.

Countries vary with regard to their provisions concerning the number of normal working hours, stipulated rest periods, special breaks for nursing mothers, and annual and maternity leaves. Some countries do not make any distinction between women and men in relation to normal working hours. However, in other countries, provisions dictate that women should work fewer hours per week than men (40 hours versus 48 hours per week in some instances) (ILO 1990).

In addition to physical and postural inconveniences in the working place, the exposure of women to physical agents such as toxic chemicals, radiation, heat, humidity, noise and dust may affect their physical health and decrease their productivity. These agents may also detrimentally affect the reproductive ability of female workers.

The effects of these hazardous agents on the health of women workers are aggravated by poor nutrition and lack of sufficient rest. Furthermore, exposure to such agents may also affect the offspring of the women who work in such hazardous environments. It is important to note that the adverse health effects of toxic substances can be more pronounced in women than in men. The fat soluble nature of organic compounds, combined with the tendency of women to have a relatively high proportion of body fat, sometimes results in menstrual disturbances and may also affect breast feeding babies.

In non-industrial occupations in developing countries, load is an important health factor among female workers. Women in developing countries often carry, lift and transport heavy loads in their daily activities. In Table 1 (see below), load data by fuelwood carriers in Ethiopia are compared with ILO weight limits. Even in industrial countries, manual handling of loads by women is reported to result in an increased incidence of back strains, lower back pain and other physical damages (ILO 1989).
Table 1. Limits for lifting and carry loads for women by loads carried

<table>
<thead>
<tr>
<th>Age</th>
<th>Permissible load (in kg) frequency of lifting and carrying</th>
<th>Average loads (in kg.) currently lifted and carried by women in Ethiopia</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Occasionally</td>
<td>More frequently</td>
</tr>
<tr>
<td>15-18</td>
<td>15(^1)</td>
<td>10(^2)</td>
</tr>
<tr>
<td>19-45</td>
<td>15(^1)</td>
<td>10(^2)</td>
</tr>
<tr>
<td>over 45</td>
<td>15(^1)</td>
<td>10(^2)</td>
</tr>
</tbody>
</table>

1. Limits which cannot be exceeded without health risk.
2. Values recommended from an ergonomic point of view.

Source: ILO 1989; Haile 1990

Protective Legislations for Women

Various protective measures have been taken by the ILO in order to minimize the number of accidents and amount of injury to women's health. However, while a number of ILO conventions exist which specifically address the protection of the health of women workers, their implementation by member countries has been less than desired.

One example of the various ILO conventions is the ILO maximum weight convention, 1967 (No. 127), and its accompanying recommendation (No. 128). This convention asserts differential maximum weight of loads for men and women. According to this convention, women should carry or lift substantially lighter loads than men in order to avoid injury (ILO 1990). Protective measures also recommend that women should be excluded from work environments with extremely high or low temperatures.

The Radiation Protective Convention, 1960 (No. 115) does not make a distinction between men and women. It only stresses that pregnant women should inform their employer of the pregnancy.

The Night Work (Women) Convention, 1948 (No. 89) prohibited the employment of women at night work in industrial undertakings. This, however, was revised in 1990, and retitled the Night Work Convention. Article 7 of the convention states that measures shall be taken to ensure that alternatives to night work are available to women workers during pregnancy and child birth. Pregnant and nursing mothers should be transferred from night work for at least sixteen weeks. If this is not possible, the provision of social security benefits and an extension of maternity leave should be extended. It also prohibits the dismissal or notice of dismissal because of pregnancy and child birth. During such periods, the income of the woman worker, her benefits regarding status, seniority and access to promotion, which may attach to her regular night work position, should be maintained.
The White Lead Convention of ILO, 1921 (No. 13) forbids the employment of women in industrial painting involving white lead or lead sulphate or any product containing these pigments. The same convention was ratified in 1988.

**Conclusion**

Over the last few decades, there has been a significant rise in the number of women participating in both industrial and non-industrial occupations. Adverse working conditions, which have a direct influence on the health and well-being of women, must be addressed. While there are a number of ILO conventions which specifically address the protection of the health of women workers, their implementation by member countries has been less than desired. In order to tackle this problem, it is hoped that the efforts of women in development groups, and others concerned with occupational safety and the protection of women, will help to significantly increase the level of awareness among governmental and nongovernmental agencies, industrialists, entrepreneurs and the community at large.

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1989. Special protective measures for women and equality of opportunity and treatment. Documents considered at the meeting of experts on special protective measures for women and equality of opportunity and treatment. MEPMW/1989/7 ILO, Geneva.


Discussion

• An extended definition of occupation is essential. Some women engage in various forms of work which may total up to 18 hours a day. The cumulative impact on women of these different types of work must be addressed.

• The presenter’s research on rural women was greatly appreciated. Her focus addresses the fact that most women do not work in factories, but in the informal sector. Their work, which may involve, for example, heavy lifting or long hours in the sun, has important health implications.

• There are lots of pieces of protective legislation, but very little that addresses the concerns of women. Most protective legislation has been designed by men. Furthermore, while the ILO has passed several regulations concerning these issues, there are serious problems concerning the implementation of these regulations. How do we ensure that ILO recommendations are enforced? Both employers and employees are unaware of the regulations, and therefore don’t adhere to them. Therefore, education of employers and employees, to create greater awareness of health issues and rights among workers, is strongly encouraged.

• The provisions in place, even if implemented, may not necessarily help women. Night work was prohibited for years - then this was subsequently revised. Today, according to conventions, women involved in night work can ask their employer to be switched to another shift. If this is not possible, they have the option of getting social security. This is not necessarily going to help the woman.

• Women must be aware that unions, which are usually male-dominated, may not fight for the interests of women. Unions have a poor record of addressing women’s reproductive health issues. Women must also be on guard for the possibility that protective legislation will be used against women’s best interests. This is currently a major issue in the United States. In an American case, Johnson Controls, protective legislation, excluding "women who are pregnant or who are capable of bearing children", was used to prevent women from obtaining high paying jobs.