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Gender, Health, and Sustainable Development

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

Edited by
Pandu Wijeyaratne,
Lori Jones Arsenault,
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The International Development Research Centre
Le Centre de recherches pour le développement international
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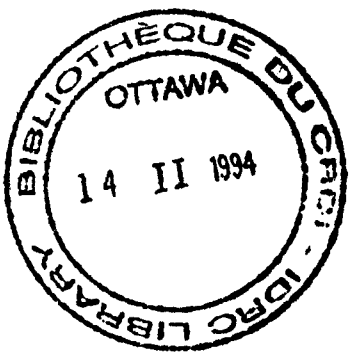

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Contents

Tropical Diseases and Gender

Environmental Stress, Production Activities, Health and Gender

Social Issues, Gender and Health

Working Group Discussions

Related Topics and Initiatives Informally Presented at the Workshop

Occupational Health, Safety and Gender

Anne Kamoto Puta[1]

The target of both developed and developing countries is the attainment of an acceptable level of health for all citizens that will permit them to lead socially and economically productive lives. The health and safety of the worker is fundamental for the achievement of maximum productivity necessary for economic development, social well-being and political independence of the state. It is essential that the health and safety of the worker not be neglected at the expense of high productivity.

ILO/WHO Definition of Occupational Health

According to the internationally accepted definition of occupational health, defined by the ILO/WHO joint committee on occupational health in 1950, *occupational health should aim at the promotion and maintenance of the highest degree of physical, mental and social well-being of workers in all occupations.*

Occupational health is concerned with the prevention of illness and injury, resulting from working conditions. Preventive measures include advising employers, workers and their representatives about: (1) the requirements of establishing and maintaining a safe and healthy working environment which will facilitate optimal physical and mental health in relation to work; and (2) structuring workers' responsibilities according to their physical and mental health. Measures also involve the provision of first aid and treatment services.

Women and Occupational Health and Safety

Maintaining a safe and healthy working environment for all workers, including women, is an important objective. There are increasing numbers of economically active women in the world. Indeed, according to ILO estimates, the total number of economically active women in the world is approximately 600,000,000. It is predicted that this figure will rise to approximately 900,000,000 by the year 2000, at an average of about 11,000,000 a year. Developing countries are expected to contribute about 83% of the increase. The health of these women is greatly affected by potential health hazards in the workplace.

[1]Zamabian Organization of Occupational Health and Safety, Ndola, Zambia.

The Workplace and its Hazards

Zambia, like other African countries, has a high incidence of occupational disease and injury. Virtually all work includes some hazards. Heavy work, incorrect working methods, insufficient organization and inadequate or inappropriate technology may lead to accidents, physical harm, low productivity and considerable losses of production and equipment.

There have been a number of changes in the workplace as a result of technology, and economic and social development. Many of these changes are dramatically affecting the worker. While this has resulted in some progress, there are a number of new problems as a result of development.

While some hazards are obvious, others are insidious and slow to manifest themselves. Workers may be exposed to the dust-laden air of a mine, to fumes and gases in chemical extraction plants, to the freezing temperatures of cold storage, to the high level of radiant heat of a steel rolling mill, to artificial humidification in cotton mills, to the loud noise of testing aircraft engines, to vibration from pneumatic drills, to certain paints which contain solvents that can be absorbed through the skin, to rays from electric welding, to tropical heat or to attack from wild animals (snakes, etc.). They may be struck by falling bricks and masonry on demolition sites, or receive an electric shock from a wet switch; their work on conveyor belt production may be boring and tedious; they may suffer physical stress working in tree felling, or over-excitement working as a fireman, or suffer psycho-social stress due to problems at home and work.

In Africa and other developing countries, workers, especially women, are involved in agricultural activities. Due to a lack of knowledge and poverty, workers may be exposed to dangerous chemicals without protection. Sometimes these chemicals are banned in the countries of origin/manufacture and are dumped in the developing world. It has been demonstrated that some agro-chemicals are related to cancer, birth defects, damage to the brain and nervous system, and/or low intelligence in children and adults. DDT has been shown to be a contributing factor in cancer, mental illness, sterility in men, and abortions/ miscarriages in women.

Employers and manufacturers of toxic chemicals usually know more about the toxic effects of their products. Unfortunately most of their workers, especially in developing countries, are unaware of the toxic effects of the chemical materials they handle.

There are a number of occupational related diseases, such as pneumoconiosis, contact dermatitis, cancers, mental illness and so on, which may be difficult to diagnose. It may take a long time for symptoms to appear. These types of diseases are not identifiable in the same way as industrial injuries. Occupational diseases may not be diagnosed until long after the worker has left his or her employment. In developing countries, it is particularly

difficult to relate the disease to the occupation since most workers are not medically assessed. This is due to a lack of occupational health and safety services and reinforcing legislation to police the services.

Workplace illnesses and diseases can be exacerbated by infections and parasitic diseases which are not necessarily related to occupation, for example, malaria, hook worm, HIV/AIDS, as well as by socio-economic problems such as hunger, poverty and lack of knowledge. All of these factors have an adverse effect on productivity.

Both developed and developing countries are sharing the results of these global calamities. It is imperative that agencies involved in correcting occupational health and safety at the grassroots, national, regional and global levels use the systems/resources available to protect and promote workers' health.

Accidents

Every three minutes, somewhere in the world, one worker dies of an occupational injury or illness. For every second that passes, at least three workers are injured. It is estimated that about 180,000 workers die from occupational related injuries each year, and that 110 million are injured in occupational accidents.

In Zambia between 1970-1973, about 5,000 industrial accidents occurred annually, including 160 fatalities. These accidents were a result of inadequate provisions of occupational and human surveillance. It is essential that the government take steps to reverse this trend, including enacting occupational health and safety legislation.

The Health Care System

Compared to many other developing countries, Zambia has a fairly good health infrastructure and reasonably good health personnel. However, the health care system tends to emphasize curative services over preventive services. It also tends to provide more resources for the urban population than for the rural population.

The Zambian Party and Government of the First and Second Republic had, as part of their national development plans, a policy aimed at developing national occupational health and safety services. It also aimed at the establishment of a National Institute of Occupational Health and Safety. Furthermore, it intended to enact appropriate legislation on the matter. International experts were consulted to assist the country with its proposed objectives. Despite a number of initiatives involving the assistance of international experts, including feasibility studies, evaluations of local resources, numerous reports, discussions, visits to institutes and workplaces, many of the government's laudable goals have not been implemented.

Over the years, Zambia has drawn upon legislation from both Britain and South Africa. There have been several pieces of legislation enacted in Zambia concerned with occupational health and safety, including the following:

Mines and Mineral Act 1969
The Explosive Act 1975
The Action for Smoke Damage
The Pneumoconiosis Act 1980
Medical Examination of Young Persons and Children Act 1933
The Factories Act 1967
The Lionizing Radiation Act 1974
The Workmans Compensation Act 1969

Other related occupation health legislation include:

Employment Act
Aviation Act
Road and Road Traffic Act
The Professional Boxing and Wrestling Control Act
National Food and Nutrition Commission Act
National Council for Scientific Research Act
Petroleum Act
Public Health Act
Environment Pollution Act 1990

Zambian Organization of Occupational Health and Safety (ZOOHS)

Zambian Organization of Occupational Health and Safety (ZOOHS) has suffered from a lack of operational funds to support its activities. Many proposals made to the government and other organizations have been unsuccessful. However, ZOOHS has had a few achievements over the years, including the following:

1. ZOOHS has successfully initiated occupational health and safety programs. In 1989, 1990, and 1992, occupational health nursing programs were conducted, in conjunction with Anricia Health Care and the Royal College of Nursing (London), successfully training 64 occupational health nurses. In 1992, 8 health care professionals were trained in the first multidisciplinary course on occupational health, safety and environment. ZOOHS has urged the government to introduce OHS programs at primary/secondary school, college and university levels.

2. In 1992, ZOOHS influenced the government to set up the National Occupational Health Centre, and urged it to enact the Occupational Health Bill.

3. ZOOHS established a collaborative system with the Zambia Federation of Employers and the Zambia Congress of Trade Unions.

4. ZOOHS hosted PACOH '92 and initiated an organization for women in development.

Industry

In 1985, about 375,000 people were engaged in Zambian industries and factories. The major industries in Zambia, past and present, include peasant farming, mixed farming, copper mining, factories, timber, cement and construction of electrical work, as well as industries in petro-chemical, fertilizer, textile, food processing, social manufacture, and general manufacture.

There is a complete of lack occupational health and safety regulations for the agricultural industry. The mining industry, on the other hand, has some relevant legislation in place. Also, the following institutions were solely established for the benefit of miners: Mining Safety Department, the Pneumoconiosis Medical and Research Bureau and Pneumoconiosis Compensation Board.

Occupational Health Safety Program

Occupational health and safety must address the following: (1) the effects of work on health, and (2) the effects of health on work. There are many benefits to a good occupational health and safety program. It can help lead to high productivity, good quality control (high standard of service), and cost effectiveness. It can help improve living standards, raise the quality of life of the people, and therefore improve the economic status of the country.

A multidisciplinary approach must be taken in the provision of occupational health and safety services. Managers, unions and governments must be involved. There must also be support from national OHS policies. An occupational health and safety team should ideally include a cross section of people including doctors, nurses, hygienists, epidemiologists, chemists, ergonomists, safety engineers, employer and employee representatives.

Occupational Health and Safety Management

Occupational health and safety management can be addressed on a number of levels, including the following: (1) through primary health care; (2) through education and training; and (3) through community participation through cooperatives.

Primary health care is an appropriate system through which OHS services can be managed, especially in developing countries. PHC is essential health care based on practical, scientifically sound and socially acceptable methods. It aims to meet the needs of all

individuals and families in the community, at reasonable costs that can be maintained by the community or country. It forms an integral part of a country's health care system and is central to the overall social and economic development of the community.

Health has been defined as not merely the absence of disease but a state of complete physical, mental and social well-being. Primary health care needs includes the provision of good nutrition, good sanitation, and affordable housing.

Management of occupational health and safety through primary health care services should examine the following: the existing human resource and infrastructure, as well as the community at national, provincial, district and grassroots levels.

Occupational health and safety education and training should be designed to suite the needs of each sector. Workers should receive adequate training concerning the health implications of their work, as well as the environment in which they work.

Occupational health and safety programs should also involve community participation. There are many potential benefits of community involvement, including the following:

- More work is accomplished.
- Services can be provided at a lower cost to each community.
- Both government and community will benefit from the program.
- Participation leads to sense of responsibility for the project.
- Participation helps to ensures that things are done the right way.
- The use of indigenous knowledge and expertise will strengthen the approach.
- It gives freedom from dependence from professionals.
- It raises the consciousness of community of issues involved.

Finally, cooperatives are essential tools to bring the community together and may help in the implementation of occupational health and safety programs. In some countries, cooperatives are large, well organized, influence governments, and contribute substantially to the economic development of the country. With a view to the promotion of improved occupational health and safety, cooperative societies can:

- Improve the economic situation of the members.
- Contribute to the economy through democratic economic activity.
- Increase personal and national capital resources, encouraging thriftiness and prevention of usury and encourage the use of wise credit.
- Increase income and employment by fuller utilization of resources, such as land, marketing and processing of agriculture, natural products, the development of local industries and processing of raw materials.
- Improve social and cultural conditions were appropriate, providing supplementary services in housing, education and communication.
- Raising the level of general and technical knowledge of members of the society.

Conclusion and Recommendations

A healthy and active worker is a valuable asset in attaining national economic growth. Good health has a direct relationship on productivity levels. The working environment can affect the health of workers, just as a workers' state of health can effect his or her ability to perform the tasks for which she or he is employed. A poor work environment, leading to poor health of workers, contributes to poor performance and low productivity.

In the long-term it is more cost efficient to prevent occupation-related diseases and injuries than treating them. The following strategies are therefore recommended:

- The best way of dealing with health problems related to occupations is to attack them at the source through preventive measures.
- Workers should be protected from hazardous materials derived from the industrial process.
- Governments, agencies and businesses should adhere to legislation stipulated in both ILO and WHO recommendations regarding the safety of the worker's health and the environment.
- Information, training and research programs should be developed with collaboration at the grassroot, national, regional and international levels.
- Occupational health and safety services, aimed at comprehensive health coverage of workers, must be a priority in national development programs.
- Occupational health and safety education should be given to workers at all levels. Programs should be established which address the needs of the disabled, women, children and the aged.
- OHS services can be implemented through primary health care systems, and can be tailor-made according to primary health care needs of the country.
- Finally, cooperatives could help in the mobilization of the working population and may be helpful in the implementation of occupational health and safety programs.

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