



**MMS Bulletin #66**

*Arbeit und Gesundheit*

---

## ***Neglected for a long period - not only in South Africa*** **Women's Health at the Workplace**

Von Sharon Fonn

*Women's health at the workplace includes mental, physical, and environmental health. It is not restricted to workplace hazards and reproductive health. It encompasses issues of fundamental concern to the well-being of women as workers and as citizens, such as sexual harassment, the double shift and occupational stress. In the past occupational health has been neglected in South Africa. Where there has been legislation, it has not been taken very seriously by industry. And because women have not been employed in the „heavy“ industries like the mines, they have often not been covered by any legislation.*

Historically, occupational health has been neglected in South Africa and the relevant legislation has neither been widely adhered to by industry, nor adequately enforced by the factory inspectorate. Similarly, unions have tended not to focus on health and safety, with other priorities such as wage and political demands having taken precedence. Since occupational health has been neglected by the state, industry and worker representatives, the risk of ill health arising from the workplace has been substantial for both female and male workers. Most occupational health legislation has been rewritten or amended in recent years in an attempt to improve standards of practice. Some of the changes benefit women. Agricultural workers, many of whom are exposed to a variety of occupational risks, now fall under the Occupational Health and Safety Act and are afforded protection under this law.

Women workers are concentrated within certain industries and occupations, such as the electronics and clothing industries. Seasonal farm workers and domestic workers form the largest sectors of working women in South Africa. Historically, women have not been employed by the mining or heavy engineering industries. Women tend to be under-represented in the structures responsible for regulation and compensation in respect of occupational health. Many occupational diseases that are specific to women-dominated occupations tend to be under-researched.

Probably one of the most important aspects affecting women's health is the fact that women are often voiceless with regards to workplace issues. It is essential that a democratic culture of interaction be developed in the workplace whereby women workers have a direct say in the

decision-making process. The time has come for full representation on all structures dealing with workplace issues, including health and safety committees and employee assistance programmes.

Existing workplace health services include health inspectors, occupational hygienists, nurses, factory workers, and, in some instances, sick benefits and hospitalisation, i.e. predominantly curative services. These services are employer controlled and neglect women's health care needs and are not orientated to primary health care or prevention. Comprehensive health services that are appropriate and specific to women's health needs must be developed. The workers, their representatives and their employers should co-operate and participate in the implementation of occupational health services on an equitable basis. Women have to be fairly represented in policy implementation.

Implementing policy options will have to be industry specific, but there are broad principles that apply to most women, whether in the formal or informal work sector. To mention only a few of them:

- Extension of the principles of primary health care to the workplace. This means empowerment of individual workers through adequate information and full participation in decisions about health care. Clinics at work should be accessible. Confidentiality and privacy must be ensured. All workers must have the right to a respectful attitude and efficient care from health care workers.
- Health and safety committees must have a quota system for women to ensure balanced gender representation. Work inspections should be done on a regular basis with evaluation of inspection reports by workers.
- Breast-feeding is one of the most important preventive health measures we have as a nation. An hour's breast-feeding time off work, for at least the first six to eight months after birth of the baby, is an investment in the health of our children.
- Ergonomic aspects for pregnant women need special consideration. The work should be adjusted to her capacity, and consideration given to work methods.
- Women in the informal sector should be supported through recognition of their contribution to the economy, and should be assisted through state financial support to improve their working lives.

We can have the best policy on paper, but without women organising in trade unions, pressure groups, representative health and safety committees and a strong working women's movement, the policy implementation will not have the desired results. Women need to be on all decision-making bodies, including debate on the budget and job creation. Education, training and opportunities for confidence building in different fields are essential to redress some of the inequalities brought about by the apartheid system.

*\*Sharon Fonn, Women's Health Project, Centre for Health Policy, University of the Witwatersrand, Johannesburg. The article is an extract from the "Health in our Hands Proceedings" document of a 1994 Women's Health Conference in South Africa.*



## **Kontakt**

### **Deutschschweiz**

Medicus Mundi Schweiz  
Murbacherstrasse 34  
CH-4056 Basel  
Tel. +41 61 383 18 10  
[info@medicusmundi.ch](mailto:info@medicusmundi.ch)

### **Suisse romande**

Medicus Mundi Suisse  
Rue de Varembe I  
CH-1202 Genève  
Tél. +41 22 920 08 08  
[contact@medicusmundi.ch](mailto:contact@medicusmundi.ch)

### **Bankverbindung**

Basler Kantonalbank, Aeschen, 4002 Basel  
Medicus Mundi Schweiz, 4056 Basel  
IBAN: CH40 0077 0016 0516 9903 5  
BIC: BKBBCHBBXXX