

A STUDY ON RIGHT TO OCCUPATIONAL HEALTH FOR WOMEN WORKERS

Linamee Das

Doctoral Candidate, CIPOD/SIS, Jawaharlal Nehru University, New Delhi-110067

Abstract: Occupational Health (OH) has been recognized as a human right in the international level by many organizations and frameworks. Universal Declaration of Human Rights, International Convention on Economic, Social and Cultural Rights, Alma Ata declaration on Primary Health Care not only acknowledged health right as human right but also draw attention to OH. International Labour Organization, World Health Organization further heightened the importance of OH. However, women workers' concerns and issues are neglected in the research related to OH. Segregation of work on the basis of sex; assumption that women's works are safe; informal nature of their work and data deficiency related to their health, are some of the reasons responsible for the abysmal status of women's OH.

Keywords: Occupational health, International frameworks, International Organizations.

Introduction: Health and well being are necessary for the development of mental and physical faculties of a human being. The state and Universal standards guarantee many rights to individuals. The Right to health as human right has been acknowledged globally now. The Universal Declaration of Human Rights; International Convention on Economic, Social and Cultural Rights; Alma Ata declaration on Primary Health Care; all of them identify the significance of health right as human right. Occupational health (OH) is an important aspect of health rights and ideally all working population should be entitled to OH as well as rights guaranteed to them. However, women workers often face discrimination in the case of OH. While the science of OH is blind to women workers' concerns, the compensation provided to them in case of diseases or accidents is less compared to their male counterparts. This paper will throw light on how and why women workers can not enjoy the right of OH like their male counterparts. In this paper, qualitative methodology is employed as secondary literature is considered. Chapters in books, peer reviewed journal articles as well as publication of International Labour Organization (ILO) and World Health Organization (WHO) are considered. Database prepared by international organizations is also used for an empirical understanding. Assessment is done across formal and informal sectors.

Occupational Health as Human Right: The acknowledgement of health as human right came because of a few landmark conventions and treaties. To name, the Universal Declaration of Human Rights, 1948, Article 25(1) states.

Everyone has the right to standard of living adequate for health and well-being of himself and his family, including food, clothing, housing and medical care and social services and the right to security in the event of unemployment, sickness, disability, widowhood, old age and other lack of livelihood in circumstances beyond his control.

The International Convention on Economic, Social and Cultural Rights strengthens the Article 25(1) of UDHR. Article 12 of the ICESCR has many provisions that recognize the importance to improve aspects of environmental and industrial hygiene; prevention, control and treatment of epidemic, endemic, occupational and other diseases (Wolfgang and Kolhmorgen 2008). Another landmark declaration in the history of health right was Alma Ata declaration on Primary Health Care in 1978, which reaffirmed that health was a state of complete physical mental and social well being, and therefore, not merely absence of disease and infirmity. It was a fundamental human right and the attainment of highest possible level of health was a most important world- wide social goal according to this declaration. Health, therefore, by 1950s and 60s has emerged as a human right. WHO was reluctant initially to accept health as human right but by 1980s it changed its consideration (Meier 2010).

OH is an important facet of public health as most of the population are employed either in formal or informal sector of economy. The importance of OH in the present context is undeniable. Statistically speaking worldwide about 2.9 billion adult and child workers get exposed to mechanical, chemical, biological, physical and psychological hazards (Forst et al 2009).

The International Covenant on Economic, Social and Cultural Rights in Article 12, emphasizes on 'industrial hygiene' and protection against industrial disease (Feitshans and Levy 2011 and Das 2014). The preamble of the Constitution of ILO states, "the protection of the worker against sickness, disease and injury arising out of his employment" as a precondition to "Universal and lasting peace". OH is an important area of concern for ILO. The Preamble of the ILO Constitution mentions the importance of OH as follows:

...universal and lasting peace can be established only if it is based on social justice; and ...the protection of the worker against sickness, disease and injury arising out of his employment, the protection of children, young persons and women, provision for old age and injury, protection of the interests of workers when employed in countries other than their own...

ILO also has many conventions dealing with OH, which will be mentioned later. The Alma Ata declaration on Primary Health Care (1978) of WHO did not mention OH explicitly, but the article VI of the same stated:

It is the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process (Feitshans and Levy 2011; Whitehead 2006 and Das 2014).

Thus international declarations, organizations have recognized OH as human right and because of the universal nature of such rights everyone should be entitled. However, workers do not enjoy OH rights to the fullest because of issues like competitiveness among economies, global and informal nature of the market. Women workers suffer more under such circumstances.

Right to Occupational Health for Women Workers: The status of women workers' OH is abysmal. Less attention is paid to OH of women. Job segregation based on sex is one reason of this neglect towards women workers' OH. In the case of factory works, women are mostly employed to do repetitive work like packing which require them to sit for long in the same place which can lead to musculoskeletal diseases. Carpel Tunnel Syndrome (CTS) is one such disabling hand disorder resulted from nerve compression due to repetitive work. Men, on the other hand, are engaged in heavy lifting and carrying and therefore their work is considered as dangerous and more attention is paid to them. If health problems are identified among women workers, too often they are attributed to unfitness for the job or to hormonal factors. Indeed, many scholars regard that OH is one-eyed science as it considers women are occupationally hazard free. There are additional problems as well, many industries do not hire women and fire pregnant women as protective measure. Exhibiting this bias ergonomics, the science of making jobs suitable to workers according to their physical requirement, neglects the issue of women. Protective equipments are provided according to the requirements and specificities of male workers. Work of female worker is equally stressful and at times dangerous for them. They also face violence and sexual assault in many workplaces but these factors are rarely considered. In the case of compensation, men are paid three to ten times more than that of women (Messing 1998; Kane 1999; Srivastava and Bihari 2000; Alli 2008; Murthy and Smith 2010 and Stellman et al 2012). Sweden is considered as one of the advanced countries in terms of condition of workers. However, Monica Boethius, the head of *Swedish Work Environment Fund's* equality programme also recognizes the agony of women workers and says, "Despite decades of campaigning for equality, women still earn less than men, have less chance of promotion, often given work not up to their qualifications and are more exposed to health hazards than men" (Dewan 1998 and Das 2016).

In developing countries, women like men are also exposed to silicosis. Women working in agate, pottery, construction, stone quarrying, grinding industries are exposed to siliceous dust. In rural areas, grain grinding expose them to pneumoconiosis, whereas use of biomass fuel leads to exposure to smoke.

In the case of domestic workers, they have the risk of skin disease and allergy because of prolonged contact with water, detergent and organic materials (Srivastava and Bihari 2000). Considered as natural care givers, women most often are employed in the health sector, mainly as nurses. The occupational hazards of nurses can be categorized as biological as they are exposed to infectious disease; chemical as they have to use drugs and chemical based substance. Although they come under the preview of work related legislation the risk to their life and well-being is not less threatening (Tan 1991 and Sharma 2015 and Das 2016). Nonetheless, the fatigue and exhaustion due to the responsibility of household work along with workplace responsibility rarely get attention in the research of OH.

The problem lies in the fact that research related to women's OH was rare till 1970s and 80s. Researcher like Alice Hamilton drew attention to this differentiation between men and women workers. National initiatives taken by countries like Canada and the United States also contribute to the evolution of research on OH of women (Messing and Mergler 2006 and Messing and Stellman 2006).

Another problem is data deficiency. National data on women's OH is lacking. Therefore, it is difficult to compile statistics in a global level. Countries mainly focus on maternal mortality, an important indicator of women's health in general. Undoubtedly, working condition has impact on the health of the mother and the child. Indeed, many women remain outside the preview of data collection as they work in informal or domestic set ups (Forastieri 2010). Nonetheless, according to World Health Organization's report of 2017, women along with children have the high risk of disease caused by household air pollution. They nearly account for 60 per cent of death in the category of such pollution. Another report of the Organization states that in 2010, 7 per cent of women faced non-partner sexual violence. Thus data deficiency makes it more difficult to address OH issues of women both in the national and international level. Research and data collection in some areas are even more difficult. OH of sex workers is one such area. The informal as well as illegal nature of work at times create problem in this regard. Sadly, these workers are more prone to deadly diseases like HIV/AIDS and other STDs (Ross et al. 2012).

As a result of all these factors women have to continue working under precarious conditions without any guarantee of OH. Thus a large majority of working population is exposed to diseases and other hazards which are not even deem as important by researches as well as policy makers, causing loss of human capital.

Conclusion; Assurance of OH for all working population, men and women, is a very challenging goal in itself. In developing countries only 5 to 10 per cent and in developed countries 20 to 50 per cent have access to adequate OH services (Lucchini and London 2014). Global economy and expansion of informal economy make it way more difficult to provide OH rights to workers. In addition to that women workers face the problem of inadequate research and reporting on their specific needs. There are ILO conventions like- Maternity Protection Convention, 1919 (revised twice, lately in 2000); Maximum Weight Convention, 1967; Occupational Safety and Health Convention, 1981; Promotional Framework for Occupational Safety and Health Convention, 2006 that assure them OH. The universal nature of these frameworks is appreciable; however, their implementation is dependent upon national legislation. Therefore, there exists regional discrepancy along with gender inequity in the case of OH.

The responsibility lies with academicians engaged in OH research to draw more attention to women's issues as well as to take up their specific concerns. International organizations, NGOs and women's organizations also have their share of responsibility in making OH an egalitarian right. While international organizations can create a global platform on the importance of OH rights, NGOs and women's organizations can exert their influence in the national and local level. Thus an atmosphere of awareness will also emerge which will again heighten the efforts to have better OH services for both men and women without any discrimination.

References:

1. Alli, O. Benjamin (2008), *Fundamental Principles of Occupational Health and Safety*, Geneva: International Labour Organization.

2. Das, Linamee (2014), *Regulation of Occupational Safety and Health: A Study of Select International Organizations*, M.Phil Dissertation, New Delhi: Jawaharlal Nehru University.
3. _____ (2016), "Women and Work- Their Condition in the Workplace", *Social Sciences International Research Journal*, 2(1):115-117.
4. Dewan, Arun (1998), "Occupational and Environmental Health of Women", [Online: web] Accessed 9 Feb. 2014 URL: <http://www.un.org/womenwatch/daw/csw/occupational.htm>.
5. Feitshans and Ilise Levy (2011), "Occupational Health as Human Right", in Jeanne Mager Stellman (ed) *Encyclopedia of Occupational Health and Safety*, Geneva: International Labor Organization.
6. Forastieri, Valentina (2010), *Women workers and gender issues on occupational safety and health*, ILO, Geneva: International Labour Office.
7. Forst, Linda et al (2009), "The WHO Modules in Occupational Safety and Health: Training for Prevention, *Public Health Report*, 124(1), 169-176.
8. *ILO (2012), "Conventions", [Online: web] Accessed 10 Sep. 2013 URL: http://www.ilo.org/dyn/normlex/en/f?p=1000:12000:2994098056917329:::P12000_INSTRUMENT_SORT:4.
9. Kane, Penny (1999), "Women and Occupational Health, Issues and policy paper prepared for the Global Commission on Women's Health", [Online: web] Accessed 12 Aug. 2014 URL: http://www.who.int/occupational_health/publications/en/oehwomenandoh.pdf.
10. Lucchini, Roberto G. and Leslie London (2014), "Global Occupational Health: Current Challenges and the Need for Urgent Action", *Annals of Global Health*, 80(4): 251-256.
11. Messing, Karen (1993), *One Eyed Science-Occupational Health and Women Workers*, England: University of Pittsburgh Press.
12. Messing, Karen and Jeanne Mager Stellman (2006), "Sex, Gender and Women's Occupational Health: the Importance of Considering Mechanism", *Environmental Research*, 101: 149-162.
13. Messing, Karen and Donna Mergler (2006), "Introduction: Women's Occupational and Environmental Health", *Environmental Research*, 101: 147-148.
14. Meier, Benjamin Mason (2010), "Global Health Governance and Contentious Politics of Human Rights: Mainstreaming the Right to Health for Public Advancement", *Stanford Journal of International Law*, 46(1): 1-50.
15. Murthy, Padmini and Clyde Smith (2010), *Women's Global Health and Human Rights*, USA: Jones & Bartlett Publishers.
16. Ross et al. (2012), "Occupational health and safety among commercial sex workers", *Scandinavian Journal of Work, Environment & Health*, 38(2):105-119.
17. Sharma, Divya (2015), "Plight of Working Women: Formal and Informal Economy 'Adam for field, Eve for hearth' no longer relevant", [Online Web] Accessed 19 November 2015 URL: http://www.wscpedia.org/index.php?option=com_content&view=article&id=25:plight-of-working-women-formal-and-informal-economy-adam-for-field-eve-for-hearth-no-longer-relevant.
18. Srivastava, A.K. and Vipin Bihari (2000), "Occupational Health for Women: A Current Need", *Journal of Scientific and Industrial Research*, 59: 995-1001.
19. Stellman, Jeanne Mager et al. (2012), "International Perspective: Women's Occupational Health" in Marlene B. Goldman et al. (eds) *Women and Health*, London: Academic Press.
20. Tan, Cheng C. (1991), "Occupational health problems among nurses", *Scandinavian Journal of Work, Environment & Health*, 17(4): 221-230.
21. Whitehead, Dean (2006), "Workplace Health Promotion: the Role and Responsibility of Health Care Manager", *Journal of Nursing Management*, 14: 59-68.
22. Wolfgang, Hein and Lars Kolhmorgen (2008), "Global Health Governance- Conflict on Global Social Rights", *Global Social Policy* 8(1): 80-108.
23. *World Health Organization (2017), *World health statistics 2017: monitoring health for the SDGs, Sustainable Development Goals*, France: World Health Organization.
24. *World Health Organization (2017), "Global Health Observatory Data", [Online: web] Accessed 3 May. 2018 URL: http://www.who.int/gho/women_and_health/violence/non_partner_sexual/en.