

# Working Women's Centre

Melbourne 3000

Telephone

Discussion Paper No. 10

August 1976

## OCCUPATIONAL HEALTH

Workers have a right to know the nature of hazards associated with their work but there is no law which states that they do have a right to this information. Many employers blame 'accident proneness' for industrial accidents and take no responsibility for the health and safety of their workers. But no amount of care on the part of the worker can eliminate all the effects of exposure to harmful substances; nor can workers be blamed for broken-down machinery, unsafe storage of goods, crowded aisles or slippery floors.

Although some companies have adopted stringent safety programmes, many content themselves with putting up a few posters (in English only) or offering a few rewards for low accident rates. There is almost no induction training or warning of potential hazards; limited access to medical staff, particularly for shift workers; and no involvement of workers in safety management.

During the last few years women have not suffered any fatal accidents but, although the proportion of accidents suffered by men is approximately three times that suffered by women, the occupational health problems of men and women do not differ greatly. Types and sites of occupational injuries are similar; most accidents occur on Mondays and decrease sequentially through the week. Yet few preventive measures are taken by employers. Too often workers are left to discover the risks for themselves - as a result of injury.

Management are reluctant to implement real safety measures because of the costs involved. They prefer to take cheap and easy steps (e.g. requiring workers to use ear muffs or respirators) rather than remove the source of the hazard and/or redesign plant layout.

### SPECIAL PROBLEMS OF WOMEN WORKERS

1. Protective Legislation: Most women workers are now covered by special protective legislation because of their childbearing function. International Labor Organization Conventions prohibit or limit the employment of women with certain chemicals - lead, benzene, ionizing radiations. If this work is really dangerous, protective legislation should be extended to men. Sperm counts can be lowered and sperm damage may give rise to sterility, miscarriages and birth defects". (1)

Little research has been done into work-related menstrual problems although the Encyclopaedia of Occupational Health & Safety lists potential causes such as abnormal postures, low frequency/high amplitude vibrations, effects of ionizing radiations, organic solvents and heavy metals and nicotine poisoning (for workers in the tobacco industry).

Many employers use protective legislation such as that limiting the weight which may be lifted by women to discriminate against them. A recent decision by Commissioner Holmes shows that discrimination can extend to the highest public authorities: ". . . there is also work of a physical nature which I suggest would not be undertaken by a woman".

Yet research(2)(3) has shown that muscle strength and physical endurance depend more on physiology than on sex. In any case, if weights are too heavy to be lifted by one woman, they should not be lifted by one man.

### INDUSTRIAL ACCIDENTS

Table I	By site of injury		By accident factor	Table II	
	Male	Female		Male	Female
Trunk	28.31	22.84	Machinery	7.6	11.69
Arm	12.76	21.87	Falling, tripping	22.5	24.50
Hand	25.36	27.01	Strain in handling	26.95	32.68
Leg	16.02	14.55	Struck by object	14.99	7.4

Table II shows that the largest number of workers' compensation claims result from strain in handling objects. These include sprains and hernias.

2. Fatigue: The greatest health risk for women is related to fatigue. Women in the workforce do two jobs - paid at work and unpaid at home. They have little time to prepare adequate nutritional meals and they are reluctant to seek medical advice because they have little time and fear the expense. Studies by the ILO have shown that working mothers have less than two-thirds of the free time enjoyed by their husbands. Even when working full-time women feel compelled (and society pressures them) to devote a large part of their spare time to family chores(4).
3. Mineral Dust Poisons: Of more vital concern than loss of leisure is the active threat to the health of women who live with men who work at asbestos or silica plants. Asbestos and other mineral dusts are absorbed by the workers' clothing and can cause lung cancer not only to the workers but also to people living in the same house. At least the workers are covered by workers' compensation but there is no such cover for their families.
4. Retail Sales Workers: A survey by the Australian Workers' Union into the health of its women members has shown that most suffer from poor health - 43 percent suffered from breathlessness, 40 percent had low back pains, 38 percent had tension headaches and 24 percent showed signs of arthritis and rheumatism. Many had high blood pressure, hearing and visual defects and respiratory problems. Many of these health problems are attributable to the worry of job security and lack of job satisfaction. Nearly 65 percent of employed women work as 'casuals' without holiday or sick pay.
5. Migrant Women Factory Workers: A study of migrant women in industry (5) found that many of them work under poor conditions in terms of temperature, noise, odour, physical danger, ventilation, pollution and lighting - particularly in small factories. Women surveyed complained of headaches, sore eyes, chest complaints and aching legs. Many stood all day on damp concrete floors which increased the likelihood of varicose veins. Sore eyes were caused by inadequate lighting while concentrating on 'fiddly detail' work. Women also complained about accidents at work due to the lack of multilingual safety signs and the difficulty of receiving medical attention.
6. Piece Work/Bonus Systems: The 'incentive' of piecework has been described as a source of back injury(6). Women working under these systems complain of the pressure and competition which give rise to many nervous complaints. Management safety experts sometimes point out that piece-workers remove safety guards from their machines to increase production but it is the company which sets the rate/speed so high that workers have to endanger themselves to earn a living wage. The speed-up of the production line, compulsory overtime and monotony produce tension and exhaustion which increase the accident rate. As well as these general hazards women working in the textile and clothing industry can contract dermatitis through chemicals in the materials(7).
7. Tenosynovitis: This condition has been described as a major cause of accidents resulting in lost time(8). Table I shows the large percentage of accidents to hands and arms. The symptom of tenosynovitis is swelling of tendons, generally in arms or wrists. It is caused by processes involving very rapid, repetitive hand movements, particularly with small work pieces - the sort of work at which women are supposed to excel, eg on production lines or in offices as key punch operators or typists. The likelihood of developing this condition is increased by production incentives and overtime which encourage excessive use of muscles, poor design, bad seating, inexperience and the use of unsuitable tools requiring an unnecessarily tight grip. Most tools are designed for/by men and are not satisfactory for repetitive use by women.
8. The Myth of Light Work: Much of the boring repetitive work done by women is classed as 'light work'. Although the total physical effort required may be low, the repetitive nature of the task can concentrate the load on to particular muscle groups or body elements with a cumulative effect which, over a period of time, leads to injury. An unskilled migrant worker who is told by a doctor that she must work only on 'light duties' will find it almost impossible to find alternative employment if she is unable to perform constant manipulative tasks. Production-line work is extremely frustrating and boring. Many women are employed as fragmented labour. They learn a small part of a job, such as cake-icing, rather than a fully skilled job such as pastry-cooking. They are therefore less likely than men to acquire a total skill which would enable them to assume more responsible work at higher rates of pay.

9. Shift Workers: Shiftwork is probably the worst of all work patterns in terms of damage to physical, mental and social wellbeing. Many women work on late shifts so their husbands can look after the children. A survey in 1974(9) found that the husbands of 24.6 percent of working mothers looked after the children while the mothers were at work compared to only 15.8 percent who relied on child-minding centres or relatives. Shift workers suffer from sleep deprivation and constipation and this work pattern places a heavy burden on family life, particularly for women. Workers who have accidents while working late shifts do not have access to company medical staff who work only during the day. If a dispute arises union organizers, who work 'normal' hours, cannot be called in. These problems increase the incidence of nervous disorders and ulcers compared to those suffered by day workers.

10. Outworkers: Women make up the majority of these grossly exploited workers. Outworkers are not unionized and the very mention of unions would probably result in threats to the woman's job. The employer has no overhead expenses and pays low wages and there is no factory inspector to see that guards are placed on machines.

11. Hazards of Packing: In Victorian supermarkets and pre-pack areas a common method of packing meat is by wrapping it in plastic polyvinyl-chloride film which is cut with a hot wire. This gives off a poisonous vapour which has been isolated as the cause of asthma and other respiratory disorders reported by women meat-packers/wrappers.

12. Office Workers: Even in the seemingly clean clerical and service fields where most women work there are hazards which include exposure to noise, solvents, fumes, photosensitive paper, high intensity light, ultraviolet and infra-radiation and electrical hazards. Most office workers are ignorant of the potential dangers of the machines they use and employers take no trouble to explain(10).

Duplicators and photocopiers are often housed in small, badly-ventilated areas and some women work these machines continuously. Most chemicals used for duplicators and photocopiers contain organic solvents but they seldom bear warning labels although most are poisonous and continued exposure over long periods of time - particularly in poorly ventilated areas - could have detrimental effects on the workers involved. Apart from liquid chemicals, treated photocopying paper, type cleaners and erasers can cause dermatitis. New processes and chemicals are constantly being introduced and perhaps companies do not take time to research possible harmful effects, given the conditions under which they will probably be used.

There is little information available about health hazards in offices. One reason could be that many office jobs have a high turnover rate. A person exposed to toxic chemicals could change jobs several times before symptoms appear. Women suffering from chronic chest complaints would be unlikely to connect these symptoms with a job held years before.

Most women in offices suffer from the same complaints as factory workers: general fatigue, muscle fatigue, tenosynovitis, eye strain, headaches and mental strain from noise, monotony of tasks, speed-up, working overtime. Secretaries, typists, key punch operators develop back strain because they are required to sit for many hours in uncomfortable non-adjustable chairs. They cannot put their feet up on the desk like the boss and the desks provided for them don't have foot rests.

13. Nurses: Many nurses are forced to give up nursing through illness - mostly caused by back injuries. Lifting aids are seldom available and chronic shortage of staff means that patients are often lifted by one nurse. The 'protective' legislation on maximum permissible weights is certainly not enforced for nurses.

Operating theatre nurses are exposed to such hazards as explosive flammable agents, radiation, electrocution, infection and dermatitis. Chemicals from anesthetic gases can increase the incidence of miscarriages, congenital defects and infertility(11).

#### "THAT'S WOMEN'S WORK!"

Most women work in jobs defined as 'women's work' - characterized by low pay, low status, lack of job satisfaction, little recognition and stress caused by the low-skill, demoralizing routine nature of the work. Women are under-utilized in terms of skill and educational achievement. The Royal Commission on Australian Government Administration found that women are predominantly

in occupations which offer lower rewards and limited career prospects and in the third division of the Commonwealth Public Service women have a higher proportion of degrees than men but serve longer before obtaining promotion.

Women returning to the workforce after raising their families lack confidence and have to adjust to the double responsibility of job and family. Both can cause strain and doubt and women often need advice about career planning and special counselling to raise their self-esteem.

#### WHAT CAN UNIONS DO ?

1. Ensure that workers are given proper job training, particularly relating to occupational dangers, protective clothing and safety equipment.
2. Encourage the establishment of health and safety committees at every work place to ensure that safety regulations are observed, these committees to have the right to accompany factory inspectors on inspections.
3. See that migrants have adequate job orientation - in their own language.
4. Ensure that all union members are informed about the main provisions of the Workers' Compensation Act - particularly migrants who are disadvantaged because of their lack of knowledge of English.
5. Fight delays in compensation payments which aggravate illness through worry.
6. Undertake research on workers' health problems, particularly those related to shift work.
7. Pool union resources to set up mobile medical clinics to screen workers upon recruitment and to monitor hazards and the effect of certain substances and to act as a preventive centre.
8. Run courses on safety and occupational health.
9. Press for implementation of effective noise legislation to prevent permanent impairment of workers' hearing by industrial deafness.
10. Fight for the elimination of exploitative piecework systems and for rotation of repetitive tasks.
11. Strive for an effective system of rehabilitation for injured workers. Currently no vocational help is offered. Such a scheme should include English lessons for migrants as, without English, they are virtually barred from all but process work.

\* \* \* \* \*

*"Management efficiency necessarily involves efficiency to make profits - an aim which is never compatible with the industrial safety of workers." (12)*

#### REFERENCES

- (1) Maupin J. "Working for your Life". Union Wage July-Aug. 1976
- (2), (3) Journal of Occupational Medicine August 1974, May 1975
- (4) ILO Equality of Opportunity and Treatment for Women Workers Report VIII 1975
- (5) "But I wouldn't want my wife to work here". Centre for Urban Research and Action. 1976
- (6) Seminar report of the Royal Australian College of Surgeons May 1973
- (7) Transactional Society of Occupational Medicine Vol. 22 Oct. 1972.
- (9) Anderson R. Leisure, an inappropriate concept for women. YWCA 1974
- (8) See (6)
- (10) Encyclopaedia for Occupational Health and Safety ILO 1972
- (11) See (4)
- (12) Grayson J. and Goddard C. "Industrial Safety and the trade union movement". Studies for Trade Unionists Vol.1 No.4 Dec. 1975.