

1ST INTERNATIONAL DIALOGUE FORUM OF THE MULTI-ACTOR PARTNERSHIP „GENDER AND HEALTH”



DATE

16 May 2023

MODERATION/ HOST:

Lisa Carl,
FEMNET e.V.

ORGANIZERS:

Lisa Carl, FEMNET e.V.
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Didit Saleh, TURC
Nitya Swastika, TURC;
Dr. Deepak Nikarthil,
Cividep
Kaveri M.T., Cividep

MODERATION PANEL:

Amalia Falah Alam, country manager, Fair
Wear Foundation (FWF) Indonesia

PANELISTS:

Lusiani Julia, programme
officer at the International
Labour Organisation (ILO),
Indonesia;
Rukmini V P, president of
the Garment Labour Union
(GLU), India;
Dr H S Anupama, doctor,
gender activist, author and
speaker, India;
Nitya Swastika, researcher,
TURC, Indonesia;
Dr. Deepak Nikarthil,
project coordinator,
Cividep, India

ARRIVAL AND WARM WELCOME – LISA CARL

- General welcome and thanks to funder BMZ
- Explanation of the zoom functions (translations etc.)
- Outlook on the event

WARM-UP – LISA CARL

Survey questions:

- Which stakeholder group do you represent?
- Which gender do you identify with?
- Which health effects have you felt from your work before?
- Do you know to which doctor you can go if you have a problem?
- Are you responsible for taking care of other people than yourself?

PANEL DISCUSSION – AMALIA FALAH ALAM

Introduction of panellists (see above)

DISCUSSION:

Amalia Falah Alam (FWF): Could you tell us about the study that was implemented as part of the Multi-Actor Partnership?

Dr. Deepak Nikarhil (Cividep): The study looked at the health situation of women in garment factories around Bangalore, their access to healthcare and the main risks that female workers face

Selection of critical aspects:

- Menstrual issues
- Urinary tract infections due to precarious health facilities
- Abortion, miscarriage
- Anaemia
- Stress due to high production targets, high workload and tension with supervisors leading to mental health issues
- Common knowledge among workers: job can affect ability to become pregnant.
- Lack of proper care for employees
- Lack of health education and awareness raising
- OSH often concentrates on physical health, but it is important to also look at mental health.

Nitya Swastika (TURC): Study followed feminist research methodology including focus group discussions (FGD) with women workers and women union representatives; interviews with women workers and local stakeholders and observations at shoe factories and home-based workers' houses.

Selection of critical aspects:

- Lack of childcare facilities
- Lack of lactation room facilities
- Menstrual pain
- Muscular disorder
- These have a direct impact on women, as they make up most of the workforce in the garment and footwear industry and are often the breadwinners of the family, but at the same time they are also responsible for the household and children, placing a double burden on them.
- For home-based workers no boundaries between the workplace and the household, very bad OSH conditions for workers and their household members (e.g. glue addictions)

Lusiani Julia (ILO): What we see is that women are becoming more active in the labour market but that there is a clear division of labour in terms of activities. Women are often in an unfavourable position because they have to work long hours but at the same time, they have to take care of the children. In addition, the employment relationship of women is often unclear. Many work in the informal sector such as home-based workers and migrant workers and they are not properly protected.

It is important to be aware of these gender differences and to address them in the development of OSH guidelines and policies. To date, few factories are aware of this.

Amalia Falah Alam (FWF): Aspects that were mentioned refer to reproductive rights and children's rights - how do trade unions see the issue? And to what extent can trade unions do something about this?

Rukmini V P (GLU): We also see that health issues have increased. These include:

- Sewing accidents
- Stress and pressure coming from high production targets and passed on by supervisors or from financial distress by not being able to pay rent
- Personal sensitivities are not heard, for example when children are sick
- Malnutrition
- Financial distress by not being able to pay the rent (affects mental health)
- Handling of chemicals
- This is aggravated by lack of access to doctors and healthcare

What needs to be done is:

- Brands need to take responsibility
- ILO conventions on OSH should be ratified by governments
- All stakeholders - unions, brands, employees should come together and talk to find solutions

Amalia Falah Alam (FWF): What is apparent from the statements is that the situation at the workplace strongly influences family life. It seems that there is a strong interconnection between the workplace situation, mental health issues and the impact on children. As a doctor, how do you see this situation?

Dr H S Anupama: I perceive that the health of women workers is strongly affected. They often take their work more seriously than their own health and go to the doctor less often when they have problems.

Suggestions for improving working conditions:

- Regular health checks
- Doctors should go to see the workers because they are not coming by themselves
- Sufficient leisure time to relax
- Health education and raising awareness on worker's rights
- Restriction of working hours to max. 8 hours per day
- Regular breaks (every hour ten minutes) so that workers can go to the toilet etc.
- Hygienic sanitary facilities that prevent women from urinary infections
- Interaction with feminist unions to be able to consider their perspective

Amalia Falah Alam (FWF): We have been informed about issues related to high production targets, and it has been suggested that government policies also contribute to these problems. How can these issues be addressed at different levels, and what roles do various stakeholders play?

Dr. Deepak Nikarhil (Cividep): At private stakeholder level, there are factory management and doctors. It is often observed that workers do not prioritize their health, indicating a clear lack of awareness regarding health issues. In order to tackle this, it is crucial to provide information and conduct regular health checks.

At government level, it is important to focus on ratifying the ILO Convention 155 (Occupational Safety and Health Convention)

. This should be a primary goal in addressing the issues. Additionally, factories often claim a lack of financial capacity to implement necessary changes. In such cases, brands should provide financial resources to ensure the necessary improvements can be made.

Trade unions play a vital role as representatives of workers. They have the ability to voice workers' concerns, provide guidance, and raise awareness about the issues at hand. Empowering and representing workers is their key role in this context.

Amalia Falah Alam (FWF): Are there best practices from factories and trade unions regarding gender-sensitive OSH?

Nitya Swastika (TURC): Introducing complimentary sanitary pads and revising the concept of "menstrual leave" to "menstrual rights" or "the right to leave" are important steps. Many workers are hesitant to take time off due to menstrual pain, but labour unions have become more actively involved in addressing this issue and advocating for their members.

Amalia Falah Alam (FWF): So, trade unions play a crucial role in providing information and raising awareness – how can the International Labour Organization (ILO) address OSH issues faced by women workers in garment factories?

Lusiani Julia (ILO): The COVID-19 pandemic has brought various issues to the forefront, highlighting the importance of upholding fundamental principles and rights. Indonesia has ratified Convention 187, which is commendable, and it would be beneficial if India

followed suit. Countries should adopt a gender-sensitive approach when formulating policies in this regard.

References to address these challenges exist, with a particular emphasis on the national level in Indonesia. The Better Work Programme is crucial from an ILO perspective to make a lasting difference. Despite positive trends in OSH compliance, problems persist, for example in fire safety, where only one third of factories meet the necessary requirements.

The role of workers is also important to consider, as there is a need to encourage greater awareness. Protecting women workers and addressing issues such as maternity protection and sexual harassment are becoming increasingly prominent concerns in such a female dominated industry.

Amalia Falah Alam (FWF): And from the workers' representatives' side - what measures do you propose to the stakeholders?

Rukmini V P (GLU): I would suggest:

- Provision of health insurance
- Free sanitary pads
- Effective trainings that really change something, because often they don't achieve that much
- Pressure on the government that India ratifies ILO Convention 187 (Promotional Framework for Occupational Safety and Health Convention)
- Proper nutrition
- Strengthening of worker's rights

Q&A SESSION

Q: Why is it uncommon for men in Indonesia to work and take care of children?

Amalia Falah Alam (FWF): The reasons behind this phenomenon lie within the cultural context of the country.

Nitya Swastika (TURC): In the industrial areas of Indonesia, most men do not work in industries such as garment or footwear factories. These factories predominantly hire women, while men tend to believe that taking care of children is solely the responsibility of women. As a result, women bear the double and triple burden of work, household and childcare.

Dr. Deepak Nikarhil (Cividep): A similar situation can be observed in India. In southern India, the garment industry employs primarily women, which serves as a means of independence for individuals from rural areas. The industry tends to prefer younger workers in their 20s and 30s, while those in their 40s often leave due to the pressure and demands. Men often rely on unstable incomes from the informal economy, which places the burden of financial support on women. Although women may be the de facto head of the family, they often lack the power to be the true decision-makers.

Q: Is there a specific study that solely focuses on either migrant workers or home-based workers?

Nitya Swastika (TURC): In the Indonesian study, we examined home-based workers as one of our cases. We found that there is a lack of government regulation for these workers,

resulting in low wages and poor working conditions. They often work below minimum wage, lack OSH facilities, and face challenges in terms of boundaries between their household and the factories they work for. This situation can lead to chronic diseases and other health issues.

Dr. Deepak Nikarhil (Cividep): We had a closer look at migrant workers in our study. They typically come for a certain period and then leave. They are often young and face health issues, but the long-term effects are generally not extensively studied.

While there have been studies that focus on both migrant workers and home-based workers, it is essential to conduct more specific and targeted research on these two groups separately.

Q: How can we address the fact that men predominantly occupy decision-making positions, including within large trade unions, and work towards changing this situation?

Dr. Deepak Nikarhil (Cividep): The central trade unions in India have not prioritised women workers' issues within their working structure, thus, the representation of female dominated sectors is not given enough focus. This is a challenge for women voices to be heard within the trade union systems. The structure of trade unions, similarly to society at large, follows a patriarchal logic and the privileges that men hold with regards to representation within labour issues are something they are unwilling to give up. Women-led trade unions need to build leadership and provide gender sensitization within trade union structures.

Rukmini V P (GLU): In central unions, men predominantly hold positions of power. While garment labour unions may have more women members, men often lack sensitivity towards gender issues and do not take women's concerns seriously. Therefore, it is crucial to provide training on gender-sensitive OSH for men in trade unions.

Additionally, it is important to promote more women leadership within trade unions to better understand and address women's perspectives. Men also need to be sensitized to gender-related issues in order to create a more inclusive and equitable environment.

Q: How much does an OSH audit contribute to preventing severity and fatality, and reducing accidents?

Lusiani Julia (ILO): While OSH assessments and audits are important, they should not be solely relied upon. Audits alone are not sufficient to address the issue. It is crucial to have continuous and open dialogue and communication between workers and employers to effectively improve the situation. Additionally, governments play a significant role in taking responsibility for OSH and ratifying relevant conventions.

Q: Have major brands been invited to participate in the dialogue forum?

Lisa Carl (FEMNET): Yes, we have established contacts with brands from the beginning of the project onwards and there are representatives from some major brands present in the audience. Brand perspectives will be represented more in future dialogue forum events.

Amalia Falah Alam (FWF): To wrap up the session and to summarize the key points –

it is evident that stakeholders need to unite and engage in meaningful dialogue. It is essential for management to adhere to national regulations, while brands must prioritize OSH trainings and integrate gender considerations into their practices. Supporting women's leadership and recognizing the specific needs of migrant and home-based workers are crucial aspects to be considered and addressed.

CLOSING – LISA CARL

- Thanks to panellists and audience
- Pending questions will be answered and sent together with the minutes

Possibilities to stay informed about the project:

- Project team can be contacted directly:
Lisa.carl@femnet.de; gojowczyk@suedwind-institut.de; didit@turc.or.id;
nitya@turc.or.id; deepak@cividep.org; kaveri@cividep.org
- Opportunity to register for project [newsletter](#)
- Follow social media channels and #WorkersHealthMatters:
www.instagram.com/femnet_ev
www.linkedin.com/company/femnet
https://www.instagram.com/suedwind_ev/
https://twitter.com/Suedwind_eV
https://instagram.com/turc_id?igshid=MzRIODBiNWFIZA==
<https://www.youtube.com/@turcchannel2487>
https://twitter.com/turc_id
- [Discussion paper](#): “What is a Gender Transformative OSH Approach?”
- Project studies will be published soon

FEEDBACK TO EVENT IS WELCOME!

ANSWERS TO OPEN QUESTIONS

Q: Now that Health and Safety is a Fundamental right at work, is there scope to use the 'new' ILO Convention to improve conditions for women?

Lusiani Julia (ILO):

Yes of course this is a good opportunity to improve conditions for women since the 'fundamental right at work' imposed obligations for all countries to guarantee workers, including and especially women, such rights. We could use this to lobby and advocate for a better standard of protection and highlight women's issues related to health and safety.

Q: Who can you turn to with the results of your valuable studies and results? Is there any resonance or reactions to the needs of the workers and the challenges they are facing, both, inside and outside/beyond the like-minded organisations, trade unions, NGOs?

TURC: In Indonesia, beside discussing with like-minded NGOs and trade unions, we also conducted hearings with local and national stakeholders to present the results of our study, such as the Department of Manpower and Labour Inspectors, business association.

Reaching out to them is rather difficult due to the challenges they face:

- Their other varied prioritized issues (rather than OSH)
- They still recognize OSH as safety rather than health and beyond
- Their supervisory function is quite ineffective due to quantity of human resources, and
- Factory management comply more with brands' demands, rather than local government stakeholders

Q: What is the role of trade unions in adopting gender sensitive occupational health and safety? How is their role so far?

TURC: Based on TURC's experience, the role of trade unions in adopting gender-sensitive occupational health and safety is to conduct collective bargaining on OSH (which is more gender responsive and goes beyond safety) with the factory management. An example of their role so far: One of the trade unions in Indonesia (SPN in Nikomas Factory) has succeeded in procuring free sanitary napkins and improving the menstrual leave system for women workers. The policy proposal has been adopted to the CBA (collective bargaining agreement) document by the PT Nikomas Gemilang factory management. They started the initiative by collecting data and information from NGOs' research result that also focus on OSH.

Q: Are there any challenges from trade unions whose leaders are mostly male?

Cividep and TURC: The challenge for trade unions whose leaders are mostly men is that gender-responsive OSH is still not their prioritized issue. It is also less voiced than other issues such as wages.

Q: Can woman workers take the menstrual leave effortlessly or do they have to prove that they experience sickness, e.g. with the doctor/clinic letter?

TURC: In some factories, woman workers cannot take menstrual leave effortlessly. They have to prove that they experience sickness with the doctor/clinic letter.

The production target forces women workers to keep working even though their bodies feel tired. Because of the high target that must be achieved, some women workers also

tend to ignore pain and cramps during menstruation. Failure to achieve targets often results in verbal violence from superiors. Therefore, it also affects their mental health.

The menstrual leave and production target system, especially for female workers who experience menstrual pain, needs to be reformed by the factory management.

Example: the term menstruation break needs to be changed to menstruation leave so that it becomes a woman's right.

Q: Is there a study specifically looking at migrant women workers and homebased workers. What kind of interventions would be needed to address their challenges? [some additional information]

TURC: There is also research on informal women workers which was conducted with home-based women workers also in the shoes and footwear sector.

In Indonesia, due to lack of government recognition, the rights of home-based women workers are unregulated, ie. very low wages, poor working conditions, no OSH facilities which lead to work accidents and occupational diseases.

No boundaries between the workplace and the household cause their children to also suffer from diseases. Lack of access to health services leads to untreated chronic diseases. Therefore, the intervention needed is government recognition.

Cividep: In our study, one of two focused inclusion was of the migrant workers. The migrant workers are often very young workers within the age group of 18-25. Their health issues are similar to the other workers, but less intensive as they could cope with pain better because of their age. The migrant workers also don't work for a long time in the garment industry; thus the long-term impact of their health is not defined. As a mobile population, they could not be studied in time analytic study also.

Further, accessing migrant workers is very difficult, as they are often placed in hostels, where people have restrictions for entering. All these factors are challenges for doing a specific study on migrant workers. However, there is a need for further studies and involvement of migrant workers' health and well-being in this sector.

Q: "I have a question about the scope of the project. Some OSH risks are more hidden, as Rukmini said (e.g. pressure vessels explosion (e.g. boiler), gas pipes/cylinders related explosions). These risks are nevertheless part of OSH, and they can cause many deaths, also of women. They were not mentioned in your presentations. Is it because the project focus more on sexual and reproductive health (to raise awareness in this area, what I would understand)? Is it because workers do not know these risks? Were these risks considered under control?"

Cividep and TURC: The study looked at the workers' health in tandem with their work environment. There are many issues that can be considered within the scope of occupational health and safety, and there is a lot of importance given to occupational safety within the guidelines and frameworks in the country. The study focused on health issues, its causes, and their impact on the life of workers. The study thus focused on regular health issues faced by women workers, from the perspective of women workers due to the precarious working environment. The study also wanted to highlight certain core issues on the quality and affordability of health care within the health systems available for workers. We have selected these issues based on our interactions with the workers. These are not the only conclusive health issues faced by women, but they are faced by the majority of women. You may also understand topics like the availability of menstrual pads and the necessity to take breaks as illustrations for the fact that a gender lens is needed in OSH systems and procedures.

Q: To what extent could health audits contribute to better health conditions for workers?

TURC: In Indonesia, there should be more health audits in the form of medical check-ups (MCU) for workers provided by factory management on a regular basis. It is regulated by national law.

However, factory management does not perform MCU routinely. In one of the research findings, in three factories where we conducted intense field research, we found that some female workers only received MCU once when they were accepted as factory workers, not later throughout their working years.

In addition, in Indonesia, there are OSH audits conducted by local stakeholders and external auditors funded by brands. For example: Better Work Indonesia, etc. However, trade union members and workers admitted that authorized stakeholders have not conducted regular, thorough, and gender-sensitive OSH audits, so as to truly contribute to better health conditions for workers.

Both studies in India and Indonesia also found evidence that on-site clinics may follow the interests of fast production more than those of longer-term protection of workers' health. This need not be a malicious intent on the part of the doctors concerned but is rather a structural problem and a socio-cultural problem within the production facilities.

Q: What is the role of trade unions in adopting gender sensitive occupational health and safety? How is their role so far? is there any challenges from trade unions whose leaders are mostly male?

Cividep: In India, the role of trade unions is challenging, as there is no Collective Bargaining Agreement (CBA) available in the country. Thus, engagement with factory management is limited. Trade unions are not allowed to work within the factory premises. The role of trade unions is limited to working outside the factory; thus, they depend on educating the workers and providing support without the support of factories. In the garment sector in Bangalore, India, the trade unions working closely with women workers are women-led trade unions. They are able to support the workers. However, the male-dominated central trade unions conveniently step away from the garment and footwear industry as it's a women dominated industries.

Q: As we all know, there are more than 60-70% female workers in these sectors. They are unionised but very few are in decision-making positions in their unions. How can we change this situation?

TURC: Very few women are in a decision-making position in their union, we can change this situation by promoting women's empowerment of working women, such as through women labour schools.

To all workers including male workers as well, NGOs need to underline that gender sensitive OSH is important because it concerns the wellbeing of workers both in factories and at home, relationships with family members, childcare and child health, viability, and many other things.