

Reproductive Rights of Globalized Workers: Integrating Labor Standards and Reproductive Health in Export Processing Factories

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RR-LS, University of Michigan,
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Purpose of Workshop

- FOCUS on the nexus between
 - international codes of conduct, reproductive rights and reproductive health
 - in the context of export led development.
- BRING TOGETHER practitioners and scholars
 - Of human rights, public health, and labor rights
 - from the academic, NGO and business communities
- BEGIN A DIALOG and BUILD A COMMON UNDERSTANDING about this nexus and its IMPLICATIONS for our work.

Goals of Workshop

- Identify critical gaps in **discourse, knowledge** and **action** that limit effective engagement across the labor standards, reproductive rights, and reproductive health movements.
- Develop a joint agenda for future research and integrated action that will help ensure that the needs of women working in export manufacturing factories are more effectively addressed.

Goals of Workshop

- Develop a common language and understanding of codes of conduct, reproductive rights, reproductive health.
- Articulate the issues -- nexus
- Generate recommendations

WHY?

Disconnects

- Export-led development → major development strategy
- Women=laborforce
- Reproductive health agenda: Women workers?
- Codes of conduct/monitoring: Gendered workforce?

Export-Led Development

- Foreign Direct Investment
- Production for Export
- Special Industrial Zones
 - *export processing, free trade, special economic zones*
- Tax and duty concessions
- Exceptions to national labor law

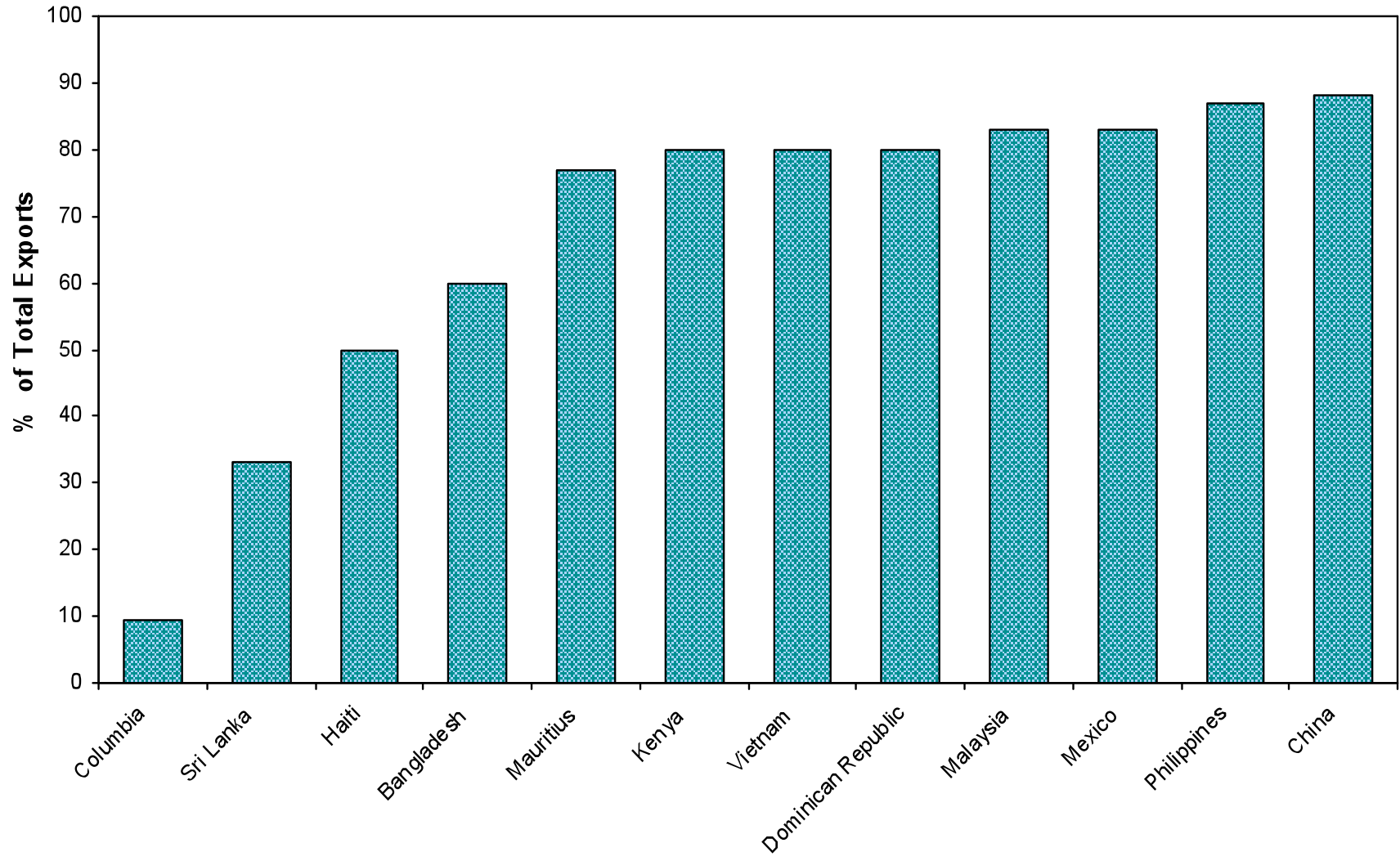
Export-Led Development

- Export Processing Zone Factories:
 - Predominantly Assembly
 - *Garment and Footware***
 - Electronics, Plastics, Furniture, Auto

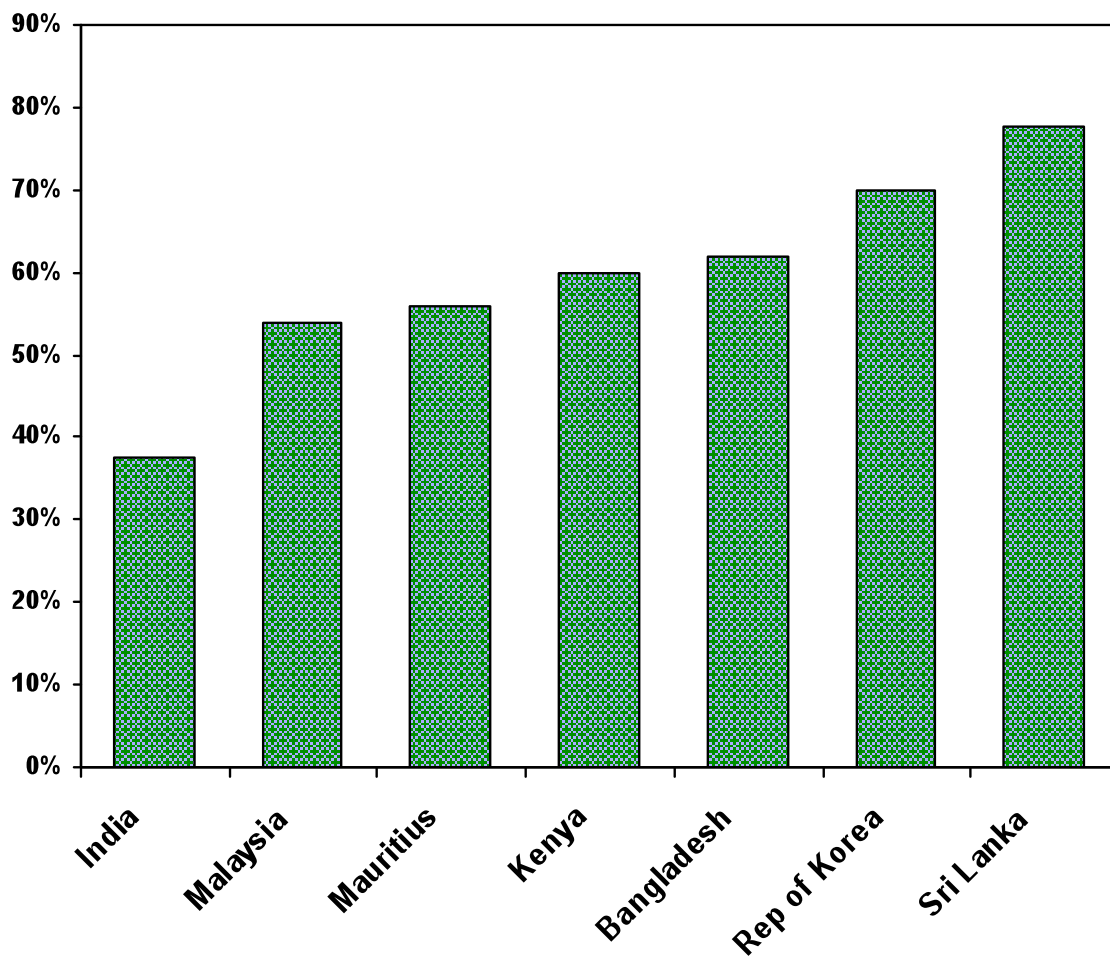
PROBLEM

- Major development strategy for 1/4 century.
- Large social impacts:
 - new population concentrations, rapid urbanization, transformation of family relationships
- Dependent on the labor of women.
- Few efforts to understand/address implications of this gendered laborforce in critical international and national policy and program arenas.

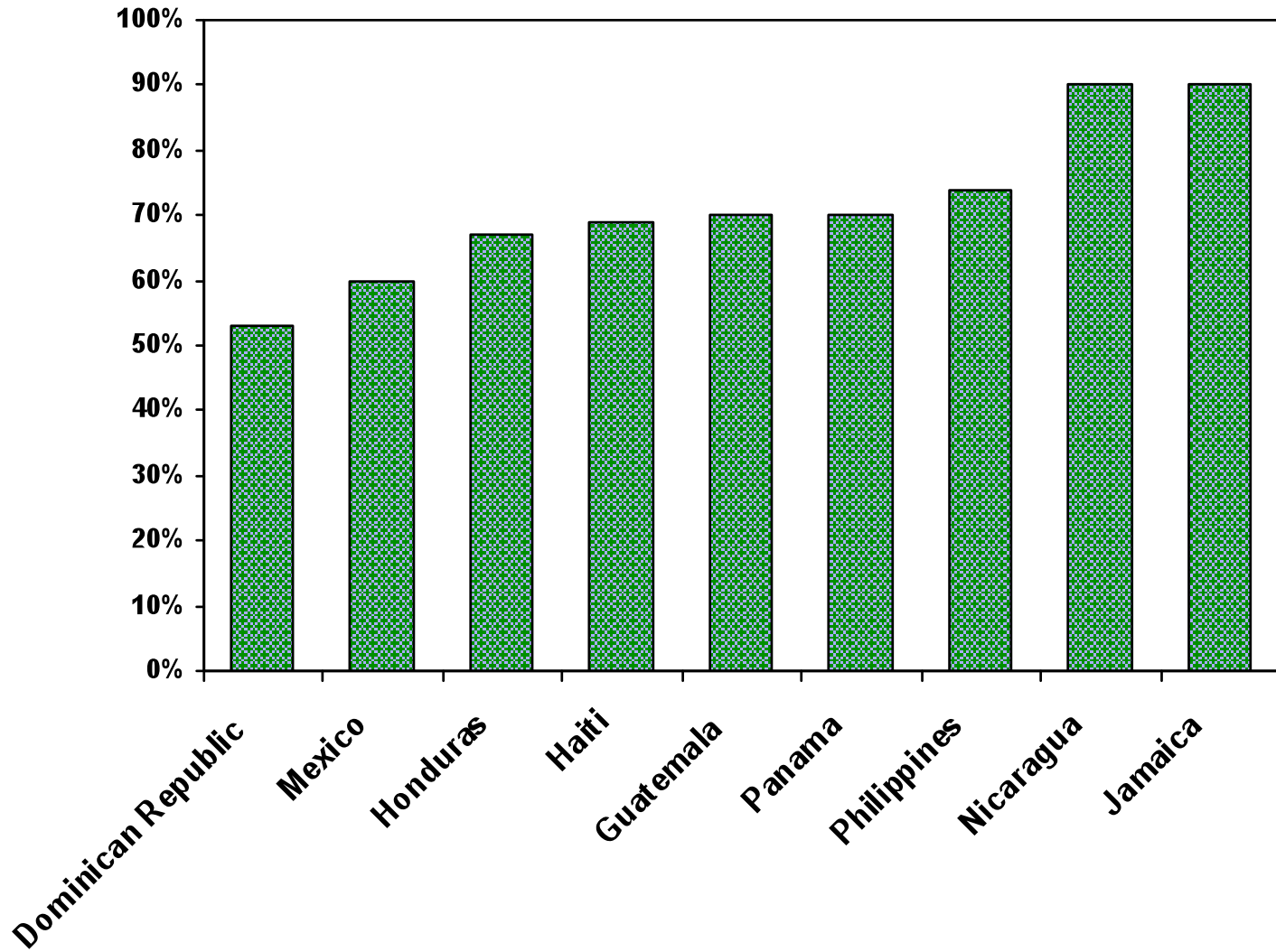
Zone Export as % of Total Exports Select Countries



EPZ Employment: Select Countries in Africa and Asia % Female



EPZ Employment: Select Countries in the Americas and Carribean % Female



Export Led Development Demographics:

Women

Adolescent and Young Adult Women

Cambodia: 20% of women aged 18-25 are employed in garment manufacturing

China: 80% of workers in garment industry < 25 years old

Poor Women

Migrants: from rural areas, poorer cities, *poorer countries*

Limited education (countries with low female literacy)

Poor Health Status

Demographics: Implications for Reproductive Rights/Health

Lifestage: *Beginning sexual activity, forming families, pregnancy.*

Seperation from Families and Communities:
Isolation, loneliness, opportunities

Social stratification and gender power differentials:
on the factory floor and in EPZ communitites

Economic vulnerability: *downturns in economy/
employment*

Millenium Development Goals

Goal 3: Promote gender equality and empower women (education, women as % of nonagricultural EAP)

Goal 5: Improve maternal health

Goal 4: Reduce child mortality (infant, neonatal)

Goal 6: Combat HIV/AIDs ...

Goal 8: Develop a Global Partnership for Development

Millenium Development Goals

- “Reproductive Health: Draft strategy to accelerate progress toward attainment of international goals and targets”
 - *Does not mention women as workers.*

Business Practices and Working Conditions: Implications for Reproductive Rights/Health

- Ergonomic Risks (Prolonged standing)
- Restricted access to bathroom facilities
- Psychosocial risks (High strain)
- Heat, Noise, Dusts, Chemicals
- Physical and sexual abuse
- Antenatal and Postnatal Maternity Benefits
- Discrimination and coercive practices – pregnancy and contraceptive status

What do we know?

- Very little
- Hard to find
- Early stage investigations
 - eg. Define lack of information NOT conduct needs assessment
 - Catalogue symptoms NOT assess conditions, adverse outcomes, or risk factors

Mexico: Quantitative Health Research: 1980-2002

- 18 studies
- Number of participants: < 500 (except 1)
- 3 on Pregnancy outcome (lbw, prematurity)
- 1 includes Reproductive Health (STD's in pregnant women)

Pregnancy Outcome in IMSS of Nogales: Denman

	<u>LBW</u>	<u>OR</u>	<u>% Preterm</u>
Medical Record Review			
Maquila Mothers	14%	2.8	52%
Other Working Mother	4%		33%
6 month Birth Cohort			
Maquila Mothers	9%		
Other Working Mothers	3%		
Housewives	10%		

C. Denman, 1990 and 1991

Pregnancy Outcome: Tijuana

Difference in
Birthweight (Grams)

Garment vs service workers	-653 (-1041, -265)
Electronic vs service workers	-337 (-682, 9)
Ever smoked	-204 (-553, 145)
Primiparous	-179 (-514, 156)

Eskenazi et al. AM J IND MED 24: 667-76 1993

Pregnancy Outcome: Sri Lanka

% Stillbirth

National	1.9%
FTZ District	1.3%
FTZ workers	6.5%

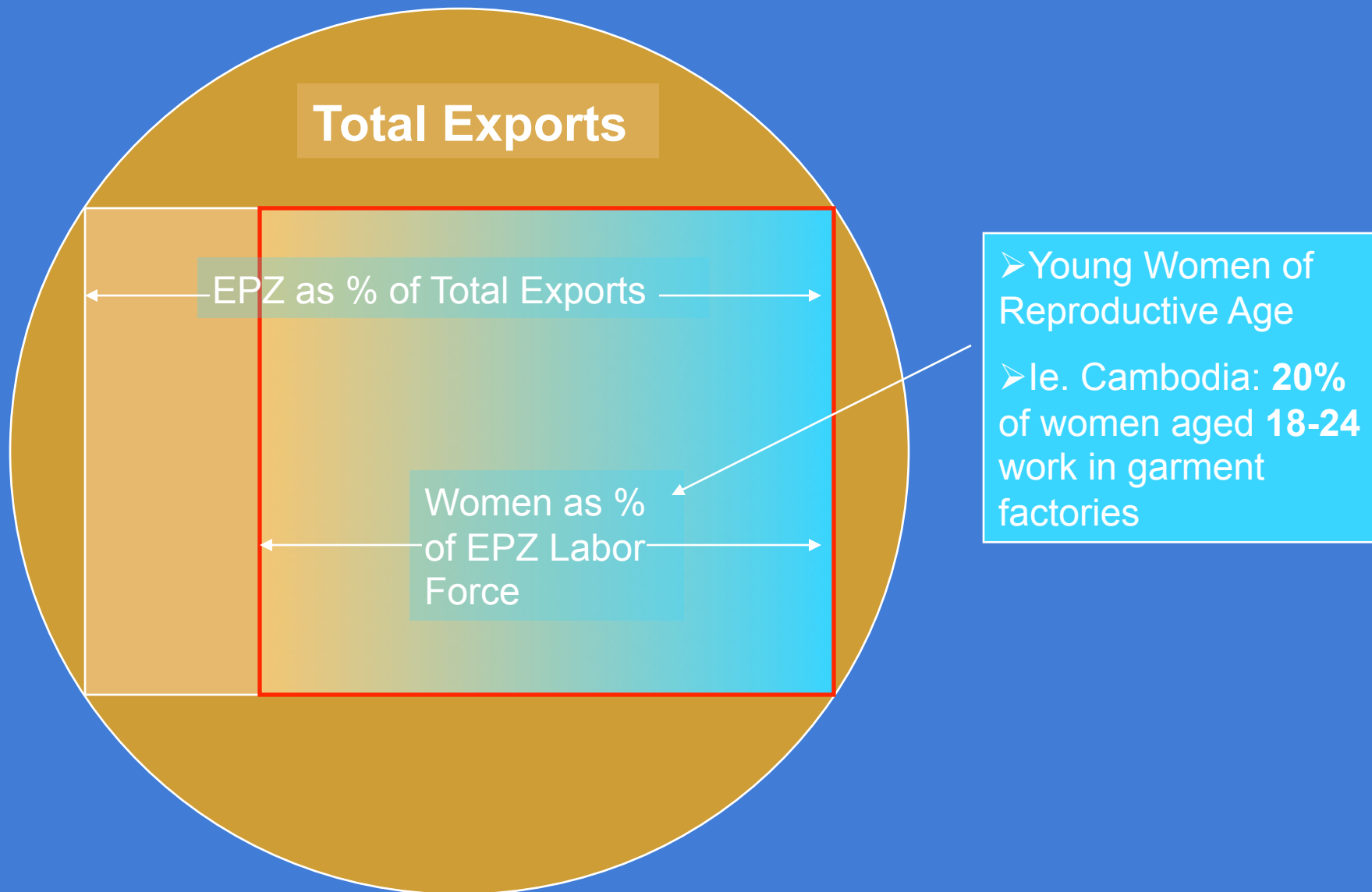
Hettiarachchy and Schensul Asia-Pacific Pop J 16:125-140;2001

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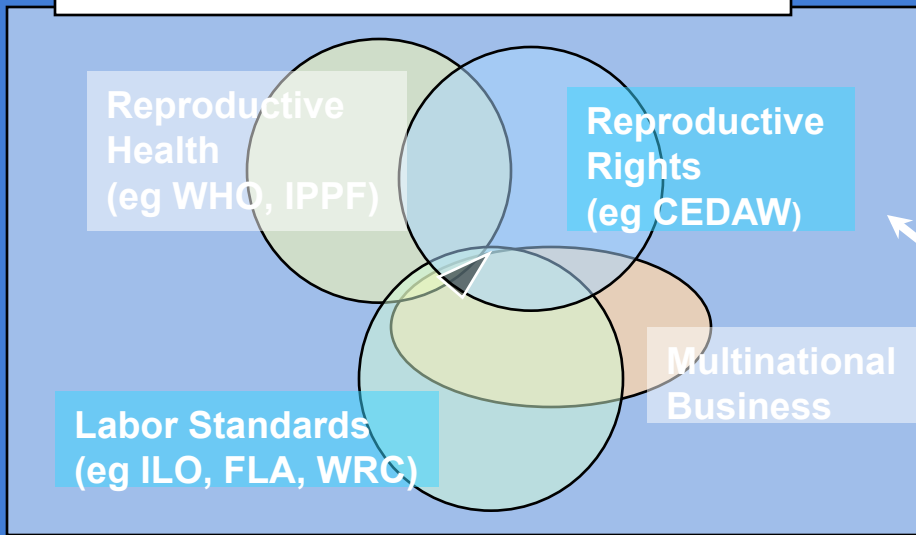
The Code of Conduct Movement: Challenges for Business, Workers, Monitors

- ? Partners in/data from reproductive health (reproductive rights) communities
- ? Partners in human rights communities
- Assessment of pregnancy discrimination/contraceptive coercion requires interface with reproductive health system
- Emergent recognition of (pan)epidemic of physical and sexual abuse

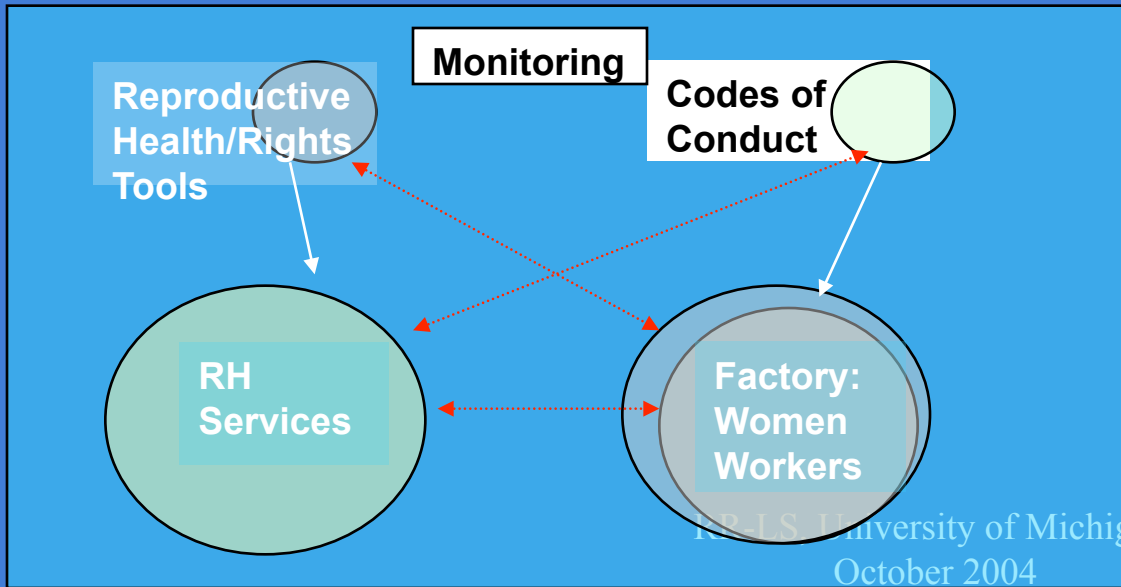
Export-Led Production as a Leading Development Strategy



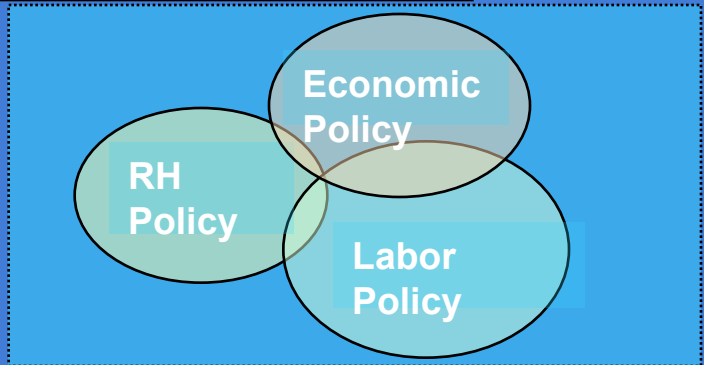
International Actors and Regimes



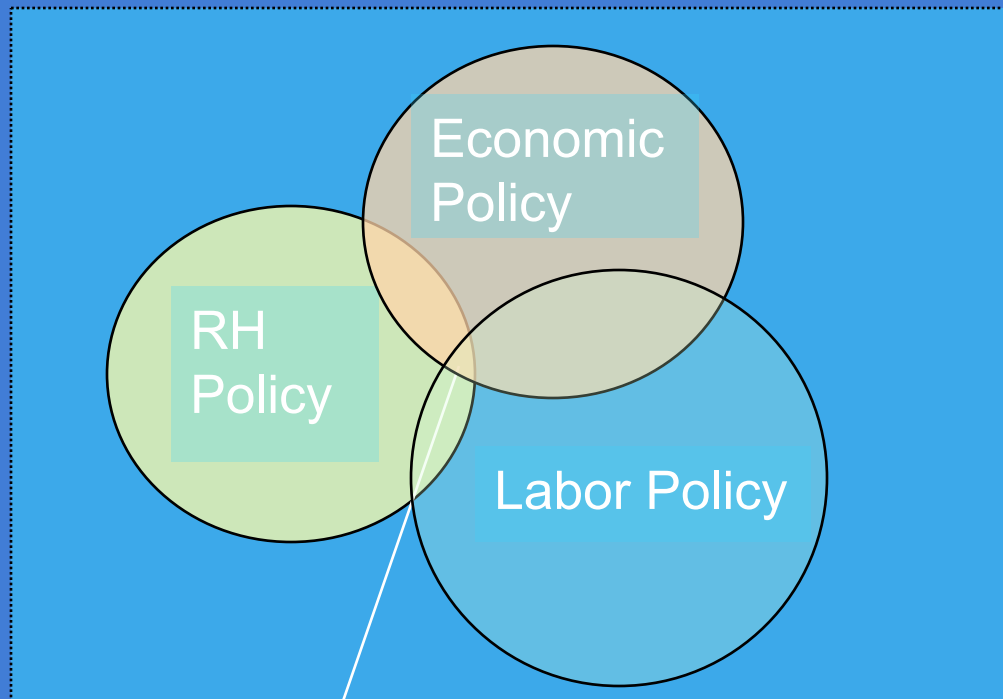
Local Level Programs and Actors



National Level Policy



National Policy Level



Intersect:

Anti Discrimination Clauses
Maternal Leave Policy

Restrictions to Married Women

Limited inclusion of Women Workers in RH Policies

Missing?

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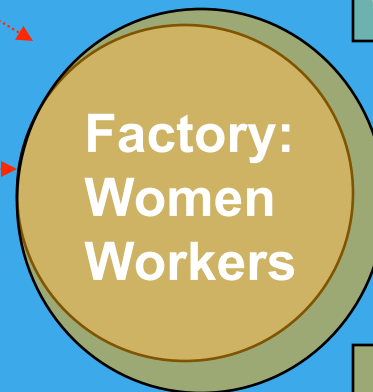
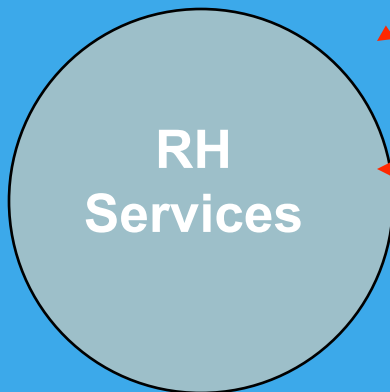
Local Level Programs and Actors

Reproductive Health/Rights Tools

Monitoring

Codes of Conduct

Clauses:
Compensation
Hours of Work & Overtime
Non-Discrimination
Harassment or Abuse
Health and Safety
Women's Rights



RH Needs:
Contraception
STD/HIV Prevention
and Treatment
Maternal Care

Factory Level:
Forced Contraception
HIV Discrimination
Pregnancy Discrimination
Sexual Abuse / Coercion
Long Working Hours
Violence

Key Recommendations: *Engagement across multiple communities*

- The failure to focus on reproductive health needs of factory workers is a missed opportunity in service delivery and national health policy.
 - Factories provide the opportunity for centralized provision of rights based reproductive health services directly to defined populations of adolescent and young adult women.
 - The factory is an important learning center with the potential for substantial knowledge development and information diffusion.
 - Corporate interests can be leveraged into health education and contributions towards improving health service systems.
 - Focus on improving health outcomes in working women will also be an important step in achieving the MDGs.
- To improve health of factory workers there must be a collaborative public and private effort based on genuine political will and significant resources. There must be adequate laws with enforcement and a genuine desire to empower/involve workers to create a self-directed and self-sustaining movement.

Key Recommendations: *Health Outcomes Research*

- Assess reproductive and sexual health consequences specific to work in assembly plants considering the diverse range of work and working conditions by factory and region.
- Evaluation of the most common reproductive risks in the workplace (eg prolonged standing) and development of feasible alternatives for adapting jobs for pregnant women are needed.
- Systematic review of existing data on reproductive rights violations for example, harassment/violence, maternity benefits, pregnancy testing, and extrapolation of lessons learnt etc
- Prioritize HIV-AIDS research with careful consideration of the rights of workers to confidentiality, education and treatment.
- The extent to which maternity policies and practices in the export-processing zone factories contribute to increased/decreased risk of infant and/or maternal deaths needs additional evaluation, as interventions in this arena are likely to be feasible and changes achievable.
- Qualitative and quantitative evaluation of the reproductive and sexual health services currently provided to these workers.

Key Recommendations: *Health Outcomes Research*

- Consider the **role of NGOs** in delivering services and undertaking advocacy on reproductive and sexual rights and health? What exists? What has been their impact, and what can be learned and applied to other regions?
- Consider the **roles of private corporate voluntary mechanisms** and the balance between such actions and the shifting of responsibility and potential for action away from the state
- Evaluate the **public health system's role** (the State's role) in health care provision for export processing workers and the impact to this development strategy on national social security and public health systems.

Key Recommendations: *Advocacy and Implementation*

- Use codes of conduct as a tool to get health/legal issues onto the global agenda and incorporate these codes into mechanisms with greater enforcement power/potential.
- Use research to advocate for reform of national legislation using a right's based approach.
- Design antenatal and postnatal maternity leave policies to optimize the health of mother and child and to reduce the problem of lost seniority when women take leave for childbirth and care of the new born.
- Encourage collaboration of Brands to leverage factory participation
- Expansion of reproductive health services in factory context with simultaneous attention to protection of rights.