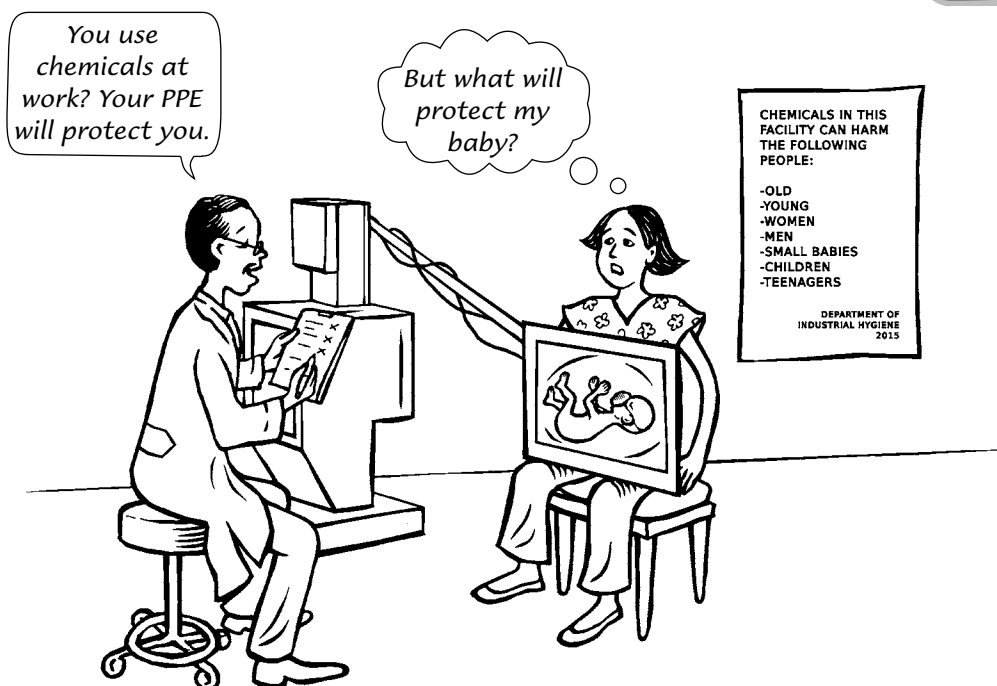


Reproductive and sexual health

26



The majority of workers in export factories, both women and men, are of the age when they are sexually active and raising a family. But instead of taking into account these central activities of people's lives, the conditions in many factories can make pregnancy difficult, cause birth defects, and lead to reproductive cancers and illnesses for young workers. Even though it is against national and international labor and health standards, factories are dangerous to workers' reproductive and sexual health.

Workers need factories that:

- do not discriminate against, penalize, or fire women who get pregnant or have children
- provide maternity and paternity leave, and time off for parents to care for children when necessary
- improve working conditions and replace chemicals that harm men's and women's reproductive health
- make access easy to on-site or nearby quality health clinics and childcare centers

Working affects reproductive health

Reproductive and sexual health can be affected by working conditions and exposure to chemicals that affect reproductive organs. Policies and practices in the factory that control or limit our reproductive choices also harm our reproductive and sexual health.

Women face many challenges from factory work. Some bosses refuse to hire married women, pregnant women, or women with children. Some factories even have policies to prevent women from getting pregnant.



They sent me to a laboratory to do a blood test. They said, "It's the law to check workers to see if they are healthy." But I knew that it was to see if I was pregnant. They send the results directly to the boss. If you're pregnant, they will just tell you there is no work.

Chemicals and bad working conditions hurt women by causing problems with monthly bleeding, complications of pregnancy, miscarriage, or the health of the baby. Chemicals are also linked with cancers in the breasts, womb, and ovaries. Chemicals that hurt people's reproductive health affect women more than men because women's bodies do more of the work of reproduction.

Men are also hurt by factory conditions. Chemicals, heat, stress, and overwork can harm a man's desire for sex and his ability to have sex (impotence) or to have children (infertility). Some chemicals can damage a man's sperm in ways that cause miscarriage or cause a baby to be born with health problems. Other chemicals can cause cancer of the testicles.

Women also face reproductive and sexual harm in communities where their reproductive and sexual health is controlled by men. They are harmed by lack of information and access to services for sexual health, family planning, domestic violence, STIs, and cancer.



Control over women's fertility and family life

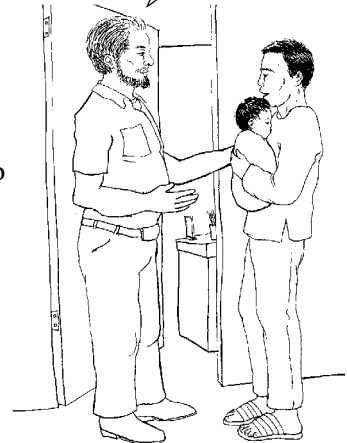
For most people, having children is an important part of their sexual health. Reproductive health is especially important for women because they get pregnant, give birth, feed the baby, and are often the primary caregivers of the family.

In many factories, however, women are forced to choose between having children or having a job. Employers attempt to control workers' behavior and their decisions about sex and family planning through factory policies. They try to prevent women from becoming mothers while employed. Some bosses only hire women who are unmarried with no children.



If women do become pregnant, the employers often deny pregnant women safer jobs, paid health care for prenatal visits and delivery, or paid leave before and after giving birth, forcing them to either accept the health risks to themselves and their babies or to quit to take care of their families. When women do not have access to safer jobs and health care, they can suffer miscarriages, have difficult pregnancies and births, deliver babies prematurely, and can even die.

Men rarely are questioned about how having children will affect their work.



We have to get sterilized to get a job

In Brazil, our union receives many complaints from women who are asked to provide proof that they have been sterilized in order to get a job. The employers deny they do this and since the requests are made verbally, there is no evidence. Other companies perform “period inspections” to make sure that female employees are having their periods. Women have to write the date their period is supposed to begin on a giant blackboard in the common room. On that date they have to go see the doctor to prove they are menstruating. This is so humiliating and wrong!

Forced pregnancy tests: Often, a woman applying for work must show proof she is not pregnant. Each woman must bring a note from a doctor or allow the employer’s doctor to test her. She is not hired if she is pregnant or refuses the test.

Pressure not to become pregnant: Some women are forced to sign an agreement that states they will not give birth while they have a job at the factory.

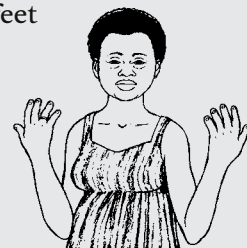
Harassment or firing: If a woman worker becomes pregnant, she is fired or harassed into quitting. Harassment includes verbal abuse, higher production quotas, longer work hours, or transfer to a more difficult job, such as from a sitting to a standing job or to a hotter work area.



The clinic at our factory gives out the pill so women won't get pregnant, but not condoms, which would help us prevent HIV and other sexually transmitted infections.

But I am pregnant!

I was transferred to night shift even after I told the employee relations lady I was pregnant. My shift was from 7 pm to 7 am. The worst part was that I had to work standing up. I spent 12 hours on my feet and as my pregnancy progressed, this became really difficult and painful. I asked my leader for a chair and he said no, because my pregnancy didn't show and he didn't believe I was pregnant. But I had a big belly! A few weeks later I was sent to inspect daily quota cards in an area where they use several chemicals that are harmful for pregnant women. I quit because I just couldn't handle it any more, and I lost my maternity leave.



Contract workers and maternity leave

I got a job at the factory through a Manpower (temporary worker) agency in El Salvador. Although I work in the factory the same as other workers, my boss, the one that pays me, is the Manpower agency. When I got pregnant, I went to the Manpower agency to ask about my leave and they said it was the responsibility of the factory. And when I went to the factory they said it was the responsibility of the Manpower agency. This went on for a while until I decided to contact the Centro de Estudios y Apoyo Laboral (CEAL). They made a complaint to both the factory and the Manpower agency and got them to agree that it was the Manpower agency's duty to pay for my maternity leave.



Maternity leave denied: Many countries require employers to give maternity leave or pay, but bosses often forbid workers from taking it if they want to return to work after birth. Because the importance of a father's support to a new mother and baby is not recognized, leave for fathers of new babies is generally not thought to be important, not given, and usually not required by law.

No child care center at the factory: Women must find someone to watch their children during work hours, or leave them unsupervised. If we are forced to do overtime, who feeds and cares for our children?

No place or time to breastfeed infants at the factory: This prevents infants from being fed properly and harms the mother's ability to make milk for breastfeeding. Babies should breastfeed for at least 1 year.

Factories in Bangladesh offer childcare

Phulki is an organization that establishes childcare centers inside factories in Bangladesh. Phulki convinces the factory owners to provide the space, startup costs, and caregivers' salaries. The workers who use the childcare facilities pay a small fee for food and other expenses.

The Phulki program has been very successful because it benefits both the workers and the factories. It is a sustainable model that can be adapted to each factory. Workers do not have to worry about their kids being alone at home, or having to find childcare for them, which is often costly. Mothers have access to their children for breastfeeding during breaks. Employers who have an on-site childcare facility find workers miss fewer days of work and are more productive.



The right to work that does not affect reproductive health



The ILO Chemicals Convention (No. 170) and Occupational Safety and Health Convention (No. 155) say the employer must protect you from chemicals and conditions that affect your health, including reproductive health.

The ILO Maternity Protection Convention (No. 183) says:

- Medical benefits, including prenatal, childbirth, and postnatal care, must be provided for women and their children.
- Forced pregnancy tests are prohibited unless the work is proven to be harmful to pregnant women and their babies.

The UN Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) says countries must protect pregnant women by:

- Making it illegal for employers to fire women because they are pregnant or because they go on maternity leave.
- Giving special protection to women during pregnancy, particularly in types of work proven to be harmful.

The roles of the UN, ILO, and other international organizations that promote workers' rights are explained in Appendix A.



Chemicals

Most chemicals in use today have not been tested for how they affect our reproductive and sexual health. The chemical industry often challenges the health research that is carried out, and opposes the regulation or banning of dangerous chemicals, saying it unfairly limits their rights — and their profits. OSH professionals can play an important role by educating themselves, factory management, and workers about chemical research and always looking for ways to use safer chemicals at work.

Can work make you infertile?

I work in the cleanroom of an electronics factory. We dip wafers into chemicals to make computer chips. After a couple of months on the job, I began having problems with my period. Before, I was very regular. But it started coming at odd times or didn't come at all. Once I thought I was pregnant and was scared I would lose my job. At my plant, pregnant women are fired. Then my period finally came. But about a year ago, my period just stopped. After 5 months, I told one of my co-workers. She had the same problem! And so did the other woman we worked with. How could it be we were all having the same thing?

We went together to talk to a doctor. After many tests that found nothing, the doctor asked what chemicals we used at work. We didn't know. We didn't even know how to find out. She told us to look for labels on the containers the chemicals came in. They had such long names we had to learn to memorize them letter by letter so we could write them down at night in our dormitories. We took the list to the doctor. The doctor found studies showing that one of the chemicals, called 2-bromopropane, affected women's reproductive systems. I wondered if the bosses chose this chemical so we wouldn't have children! That way we could work all the time without family responsibilities. We were all very angry.



The doctor told us to talk to the factory's occupational health manager. He said we were not the only ones suffering this way. And it wasn't just women — men were having problems, too. The Department of Labor and the National Institute of Occupational Health were called to investigate. They found a number of workers with reproductive problems caused by 2-bromopropane. The company was forced by the government to stop using 2-bromopropane. They also had to pay us compensation for harming our health.

Reproductive health problems caused by some chemicals

Acetone (page 529) used in manufacture and cleaning of chips and LEDs may cause miscarriages and reduced fertility in men.

Benzene (page 522) used in manufacture and cleaning of chips and PCBs may cause reduced fertility in men, menstrual problems and anemia in pregnant women, and may harm the baby inside the womb.

Cadmium (page 504) used in soldering and plating may damage men and women's reproductive systems. It can cause birth defects. It can cause prostate cancer.

Carbon tetrachloride (page 524) used in manufacture, assembly, and cleaning of chips can affect the testicles and male fertility and may damage the baby inside the womb.

Hexane (page 520) used as a cleaner in garment and electronic factories and in glues in shoe factories may cause reduced fertility in men.

Lead (page 504) used in solder, batteries, colored plastics, glazes and paints may damage men's reproductive system, may cause menstrual problems, and may cause birth defects and learning problems in babies.

Trichloroethylene (TCE) (page 524) used for spot cleaning in garment factories and cleaning, assembly, soldering, encapsulating, and bonding in electronics factories can cause birth defects.

Toluene (page 522) used in glues in shoe factories and in cleaning, assembly, and soldering in electronics factories may cause defects.

Xylene (page 522) used to manufacture, clean, and assemble chips, PCBs, LCDs, and LEDs may cause birth defects.

For information on cancer of the reproductive system, see page 384.

For more information about chemicals that harm reproductive health, see Appendix B: Common chemicals and materials.

Organize for safer chemicals

Find out as much as you can about the chemicals you work with. If your employer divides or mixes the chemicals before bringing them to your workstations, get labels from the original containers.

Find out if women and men have signs of sexual or reproductive health problems. Talking about this may be uncomfortable, but knowing how many people in the factory have these problems is just as important as knowing how many people have breathing problems or have been injured by a machine.

Join or form groups to protect workers from reproductive dangers and get OSH professionals to help you understand the technical information and alternatives. Unions and consumer groups can help pressure employers and governments for safer chemicals to be used.

Chemical that causes infertility is banned in the USA

My wife and I were trying to have a baby, but she couldn't get pregnant. We both went to our doctors. Her examination was normal but mine showed I had no sperm in my semen. I knew that some chemicals cause reproductive problems, and I worked with almost 100 different chemicals. It was hard to figure out which caused the problem.

I talked to my co-workers and they told me about other couples who also had been unable to have children. I convinced 5 to get tested. Tests showed all 6 of us had few or no sperm at all! Our union, the Oil, Chemical, and Atomic Workers (now part of the Steelworkers) sent us to a doctor for help. He confirmed the results, did more tests, and agreed our problem was caused by exposure to toxic chemicals.

4 of 100 chemicals in the factory had been shown to have reproductive effects on animals. But one chemical, DBCP, was being produced in very large amounts. The union had workers tested in 2 other factories where DBCP was produced, and got similar results. The connection between DBCP and fertility problems became clear when we found out that DBCP was the only chemical that workers in all 3 plants had in common.

We fought to get DBCP banned, while the industry argued we just needed better safety measures. But too many people had already become sterile, and we could not let that continue. Then our union's media campaign got the attention of the Environmental Protection Agency (EPA) and we finally convinced them to ban DBCP use in California, and then in the entire country. Unfortunately, the EPA did not ban production of DBCP, so companies in other countries continue to buy and use it, denying workers around the world the joy of having children.



Health Info

Finding reproductive system cancers early

Cancer can happen to anyone. But cancers found early may be curable. One way of finding cancer is by having regular checkups and tests. Some you can do at home and some you need to do in a clinic.

Breast exams

Every woman can learn how to examine her own breasts. Do it every month, a few days after your period.

Look at your breast in the mirror for any changes, lumps, or dimples. Stretch your arms above your head and feel your breasts with the flat of your fingers, pressing your breasts in a circle to find any lumps. Squeeze your nipples. If you see blood or discharge, get medical help.

If you find a hard lump that has an uneven shape, is painless, or does not move when you push it, see a health worker.

The only way to know if a lump is cancer is by removing all or part of it, a process called a “biopsy,” and testing it in a laboratory.

Cervical exams

A woman can have cancer of the cervix (the opening of the womb) for a long time and have no signs. Detect early signs of cancer with either of these 2 tests:

For the **Pap test**, the health worker gently scrapes a bit of tissue from the cervix and sends it to a laboratory. Positive results mean you need treatment. Get a Pap test every 3 years. It is not painful and only takes a few minutes.

For the **vinegar test**, also called visual inspection, the health worker paints a little white vinegar on the opening of the cervix (it does not hurt) to see if any tissue turns white. If it does, you will need a Pap test to confirm it is cancer or to treat it by freezing, called cryotherapy.

To learn more about the vinegar and Pap tests, see *Where Women Have No Doctor*, pages 377-379, or ask a health worker for information.

Testicular exams

Men should do a testicular self-exam monthly. Gently roll each testicle between your fingers. Feel for lumps, swelling, pain, or changes in size, shape, or texture. If you find any, see a doctor. An ultrasound can confirm if it is cancer. This cancer grows quickly, so get treatment as soon as possible.

Educate on family planning and STIs

Many people work in a factory during the period in their lives where they are likely to be most sexually active. It is important that they have information about and access to resources on family planning, sexual health, and how to prevent and treat sexually transmitted infections (STIs).

Workers and worker organizations can collaborate with women's organizations, health workers, nonprofit organizations, and even government health officials to design workshops on:

- early detection of cancer
- family planning
- STI tests and treatments, and prevention



I had never heard of the Pap test until the Chinese Working Women's Network health van came to our factory zone and offered free exams.

Workshops are most effective when they include discussions and activities that encourage people to explore how work, culture, society, family, and personal preferences affect their reproductive and sexual health. They should also include information on community resources, such as free or low-cost clinics and government programs, and on the best ways to educate and provide services within the factory.

A workers' health committee can invite organizations that offer free or low-cost STI exams and treatment, maternity care, breast exams, Pap and vinegar tests, and family planning services to your community.

The rest of this chapter provides information on these topics that you can use in workshops. Make sure to talk with women and men at the factory to find out the issues they think are most important for workshops.

Information about family planning

Family planning is having the number of children you want, when you want them. If you want to wait to have children, you can choose one of several methods to prevent pregnancy. These methods are called family planning, child spacing, or contraception. Condoms for men and condoms for women are the only methods that also prevent sexually transmitted infections. Each method works better for some people than for others, and women with certain health problems should avoid certain methods. The chart on the next page shows advantages and disadvantages of each method. Talk to a health worker to decide which might be best for you.

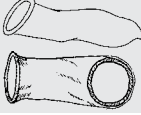









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Information about family planning *(continued)*

Type of family planning	Preventing pregnancy	Protection from STIs and HIV	How often	Other important information
Condoms 	GOOD	BEST	Every time	Most effective when used with a spermicide and a water-based lubricant. A condom needs to be used every time you have sex.
Birth control pills 	VERY GOOD	NONE	Every day	Important to take at the same time every day. Talk to a health worker if you have had breast cancer, have high blood pressure or liver disease, or if you are pregnant or nursing.
Implants 	BEST	NONE	Every 3 or 5 years	Must be inserted and removed by a specially trained health worker and replaced every 3 or 5 years depending on the type.
Injections 	VERY GOOD	NONE	1, 2, or 3 months	Need to be repeated every 1, 2, or 3 months depending on the type.
IUD 	BEST	NONE	5 or 12 years	Effective for 5 or 12 years depending on the type. Must be inserted and removed by a specially trained health worker.
Pulling out (withdrawal) 	LEAST	NONE	Every time	The man needs to withdraw every time you have sex. Even if he pulls out, some liquid from the penis may enter the vagina during sex, which can cause pregnancy or pass STIs.
Breastfeeding (during the first 6 months only) 	VERY GOOD	NONE	Breastfeeding several times a day and at night	This method is only effective if the woman is feeding her baby only breast milk and if her menstruation has not returned.
Fertility awareness 	GOOD	NONE	Every time	This method does not work well for women with irregular menstrual cycles.
Sex without intercourse (penis not inside vagina) 	BEST	DEPENDS	Every time	If the penis is not inside or touching the vagina, the woman cannot get pregnant. Anal sex can easily pass STIs, oral sex is less likely to pass STIs, and sexual touch rarely passes any STIs.
Sterilization 	BEST	NONE	Once	Once a woman or man is sterilized, they will never become pregnant or get someone pregnant.

For more information about family planning, see *Where There Is No Doctor*, chapter 20, or *Where Women Have No Doctor*, chapter 13.

Unwanted pregnancies

Many women have unwanted pregnancies, especially if their partners, families, communities, or workplaces prevent them from getting family planning information and services or making choices that are best for them.

Prevent pregnancy by using family planning methods described on page 386. Several kinds of emergency family planning or “morning after” pills are available (such as *Plan B*, *Postinor*, and others) but they must be used within 5 days of unprotected sex. See *Where Women Have No Doctor*, page 524.

If a woman decides not to continue a pregnancy, she may choose among 3 different methods of abortion if they are available.

Abortion by medicine: Also called medical abortion, the pregnancy is expelled by the woman after taking the medicine misoprostol alone, or both misoprostal and mifepristone. Since nothing is put inside the womb, there is less danger of infection, but it is still best to be near a clinic in case heavy bleeding occurs.

Abortion by suction: Also called vacuum aspiration or MVA, the pregnancy is removed by putting a special tube (cannula) through the vagina into the cervix and sucking the pregnancy into a type of syringe. It can be done in a clinic or doctor’s office in about 10 minutes.

Abortion by scraping: Also called a D and C, the pregnancy is removed by scraping with a small, sharp, spoon-shaped instrument. It is usually done in an operating room in about 20 minutes, and the woman may be given a medicine to make her sleep.

Unsafe abortions can result in infections, pain, infertility, and sometimes even death. But a safe abortion is less likely to cause harm than having a baby. Safe abortions are done:

- by a trained and experienced health worker.
- with proper instruments or medicines.
- under clean conditions. Anything that goes into the vagina and womb must be sterile (without germs).
- no more than 3 months after the last monthly bleeding, unless it is done in a hospital with special equipment.

It is often hard for a woman to decide to have an abortion. Women who want or need an abortion should be treated with respect and dignity. Having a list of safe abortion services in your community can help save women’s lives. You can also help reduce the need for abortion services by increasing information about and access to family planning.



Health Info

Information about sexually transmitted infections (STIs) and other infections of the genitals

Sexually transmitted infections (STIs) are infections passed from one person to another during sex. They affect men, women, and sometimes even their children. Although you can only get pregnant from having sex in the vagina, STIs can be transmitted by many kinds of sex, including oral sex and anal sex. Sometimes you can even get an STI from rubbing your genitals against an infected person's genitals.

Some infections of the genitals are not STIs and you can learn to recognize the signs. If you are in doubt, get tested right away. A change in the smell, color, or texture of vaginal discharge and itching in or on the vagina can also be signs of a yeast infection or a bacterial infection in the vagina, which may not be sexually transmitted. A yeast infection may go away by itself or by using an antifungal medicine (such as miconazole, nystatin, clotrimazole, or others). See *Where Women Have No Doctor*, page 266. But for a bacterial infection you will need to take antibiotics.

If you have pain or a burning feeling when passing urine, and your urine smells bad, looks cloudy, or has blood or pus in it, you might have a urinary tract infection (UTI), which is not an STI. Drinking lots of water may cure the infection, but if you do not feel better in 2 days you will need an antibiotic (such as cotrimoxazole). See a health worker.

Common signs for STIs are:

- bad-smelling discharge from the genitals
- itching genitals
- painful genitals
- sores, blisters, warts, rashes, irritation or itching in, on, or near the genitals or anus
- pain or swelling of the testicles
- pain during sex
- pain when peeing
- pain in the lower abdomen
- bloody discharge from your genitals

It is also very common to have an STI and have no signs at all. Many women and men have STIs but do not know it. HIV, for example, can be in your body for a long time without causing any symptoms. That is why it is important to be tested regularly, especially if you are having sex without a condom.

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These are the most common STIs:

- **Gonorrhea and chlamydia** are easy to cure if treated early. Since they have the same signs, if you test positive for one, treat for both.
- **Trichomonas** is an itchy STI that often causes no signs in men, even though they can still pass it to others.
- **Syphilis** causes painless sores on the genitals. Since these may go away by themselves, it is easy to think you are cured, but the disease continues to spread throughout the body. If untreated, it can lead to serious problems including death.
- **Chancroid** causes painful sores on the genitals or anus.
- **Genital herpes** causes painful sores on the genitals or in the mouth that come and go. It is a virus that is not curable but there is treatment to feel better. Herpes spreads easily, so do not have sex when you have sores and use a condom every time you have sex.
- **HIV** is a very serious STI that, if not managed, can lead to AIDS. See chapter 30 for HIV signs, management, and prevention.

If you have signs of an STI:

- **Treat the infection right away.** See a health worker to get the correct antibiotics. Ask for more information to help you prevent STIs. You can also find more information, including medicines for STIs, in *Where There Is No Doctor*, and *Where Women Have No Doctor*.

If you take a medicine and the signs do not go away, see a health worker. It could be another illness.



- **Do not wait until you are very ill.** Early treatment will prevent serious problems, and prevent the spread of infection to others.
- **Make sure your partner is treated** at the same time. If he or she is not treated, your partner can infect you again during sex.
- **Take all the medicine**, even if your signs go away. You will not be cured until you have taken the full course of medicine.
- **Practice safer sex.** Safer sex means lessening direct contact with your partner's genitals and body fluids. Use a condom each time you have sex to protect you and your partner from STIs.
- **Get tested for HIV.** HIV infection often occurs with other STIs.



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