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Changing gender roles and health impacts among female workers in export-processing industries in Sri Lanka

Chamila T. Attanapola*

Department of Geography, Faculty of Social Science and Technology Management, Norwegian University of Science and Technology (NTNU), Trondheim NO-7491, Norway

Abstract

Since the economic liberalization in 1977, a large number of Sri Lankan women have entered the labour market and engaged in income-generating activities. Some women choose to travel abroad as domestic workers, while others choose to work in export-processing industries. This process has a profound impact on gender and gender roles in Sri Lanka. Young rural women have changed their traditional women's roles to become independent daughters, efficient factory workers and partially modernized women. Even though changing gender roles are identified as a positive impact of industrial work, the new social, cultural, and legal environments of industrial work have negative impacts on these women's lives. This paper explores health impacts of changing gender roles and practices of young rural women, focusing on the experiences of female workers in export-processing industries. Further, it contributes to the literature on gender and health, and on qualitative approaches within health geographic studies. A model is formulated to suggest a conceptual framework for studying women's health. The model describes the determinant factors of individual health status based on the question of who (personal attributes) does what (type of work) where (place), when and how (behaviours). These are also determinant factors of gender and gender roles of a society. The three types of health problems (reproductive, productive and mental health) of a woman, in this case a female industrial worker, are determined by her gender roles and practices associated with these roles.

Keywords: Women's work; Health impacts; Gender roles; Export-processing workers; Sri Lanka

Introduction

Traditional approaches within bio-medicine, epidemiology and health geography identify biology, environment and behaviour as the determinant factors of individuals' health status (Heller, Muston, Sidell, & Lloyd, 2001; Inhorn & Whittle, 2001; Meade & Earickson, 2000). However, traditional approaches are challenged by feminists who argue that gender plays an equal and/or more influential role in determining health status (Doyal, 1995; Dyke, Lewis, & McLafferty, 2001). Dyke et al. (2001) state: 'feminist analyses emphasize the influence of structured inequalities based on gender but also those pertaining to class, race, sexual orientation and age on women's health. Health status and experiences are understood as gendered phenomena' (Dyke et al., 2001, p. 4). Women's and men's gender roles are changing over time and place since people engage in different activities than they did traditionally, hence their health status also changes. In this era of globalization, the gender roles of women in developing countries change significantly, as most of these women now participate in formal, non-traditional work, i.e. in export-processing zones (EPZs), resulting in increasing vulnerability to occupational/productive health problems.

Literature refers to the EPZs as 'zones of oppression and exploitation', 'danger zones' or 'sweatshops' due to negative safety and health impacts on workers who are

*Tel.: +47-73-59-19-16; fax: +47-73-59-18-78.
E-mail address: chamila.attanapola@svt.ntnu.no (C.T. Attanapola).

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primarily women, and due to lack of rights and opportunities regarding improvements in health, working and living conditions (Botz, 1994; Romero, 1995). Research explores that EPZ workers suffer from health problems, such as continuous headaches, eye burns, dizziness, vomiting and kinds of muscular-skeletal disorders due to repetitive and monotonous work (Frumkin, 1999; Glassman, 2001; Loewenson, 1999; Perera & de Alwis, 2000; Thorborg, 1991). These complaints are worsened by the poor quality of working environments at work place (poor lighting and ventilation, fire hazards and noise) and at accommodations (overcrowding and inadequate sanitation). Further, lack of efficient health care services, proper safety and health instruments and information regarding safety and health at the work place enhance the health problems. Research points out that female industrial workers are subjected to verbal, physical and sexual harassment, both at the work place and in the society, resulting in mental health problems, such as stress, anxiety and depression (Botz, 1994; International Development Network, 1998; Romero, 1995; Samarasinghe & Ismail, 2000).

The research was conducted at Sri Lanka's largest EPZ in *Katunayake*. It consists of 96 factories and provides employment for 55,000, of which 75% are female. Information gathering was done in qualitative manner. Regardless of the large number of workers, recruiting for in-depth interviews was not a simple task due to their lack of time and interest. Therefore, the snowball sampling method was adopted and 22 women were selected for in-depth interviews and information on life histories. The life history method explores human experience and perceptions of change in social, economic, and political spheres. From the life histories of people from different places and different times, it is possible to identify how changes in social, economic, and political spheres affect people's lives and how people perceive change and respond to it (Acharya & Lund, 2002; Lie, 2000). I asked how these women perceived their gender roles before and after they entered into the formal labour market, what kinds of impacts they were experiencing in social, economic and health aspects of their lives, and how they responded to changes in general. Individual responses varied despite workers living in the same environment and facing the same challenges. From my sample, I selected two cases that demonstrate the diversity of experience in changing gender roles and how different experiences and behaviours lead to different health status.

This paper analyses female workers' experiences of their health status in EPZs in Sri Lanka in relation to changing gender roles. There are three main objectives: (i) to identify the changing patterns of gender roles of female workers in EPZs; (ii) to identify female workers' health status; and (iii) to explore how gender roles, as one of the main health determinant factors, influence the health status of these women.

I begin by outlining the main concepts used in this study and build a conceptual model that identifies determinant factors of individual health status. Next, I describe the processes determining the change in gender roles in Sri Lanka. In order to contextualize this paper, I present a general introduction to female workers in Sri Lanka's EPZs. This is followed by a description and analysis of the general patterns of change in gender, gender roles and practices of EPZ women as identified through in-depth interviews. Then, I present a description of female workers' health status as experienced by the workers themselves. Two life-stories are presented to elaborate the patterns of changing gender roles and consequent health impacts using the conceptual model. I conclude with remarks on how this situation is shaping women's health and gender in Sri Lankan society.

Conceptualizing women's work, gender roles and health

Women's work and gender roles

Literature on gender and work identifies three types of work: productive, reproductive and community management work (Bullock, 1994; Daykin & Doyal, 1999; Doyal, 1995; Moser, 1993). According to Moser (1993), in developing countries reproductive work comprises childbearing and rearing responsibilities and also the domestic tasks undertaken by women required to guarantee the maintenance and reproduction of the labour force. It includes not only biological reproduction but also the care and maintenance of the workforce (husband and working children) and the future workforce (infants and schoolchildren) (Moser, 1993, p. 29). Productive work comprises work done by both women and men for payment in cash or kind. It includes not only market production with an exchange value but also subsistence/home production with an actual use-value and a potential exchange value. For women in agricultural production this includes work as independent farmers, peasants' wives, and wage workers (Moser, 1993, p. 31). The community managing work comprises activities undertaken primarily by women at community level, as an extension of their reproductive role. This is to ensure the provision and maintenance of scarce collective resources such as water, health care and education. It is voluntary unpaid work, undertaken in 'free time' (Moser, 1993, p. 34).

Gender roles are defined through the type of work men and women do in society. In traditional patriarchal[1]

[1] In feminism, patriarchy refers to the system by which men as a group are constructed as superior to women as a group and thus assumed to have authority over them. This superiority and