Work and Public Health: The Point of View of the Activity and Gender Relations

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**Objectives**: To discuss the concept of work applied to the public health field and its use in the analysis of gender relations.

**Methodology**: Descriptive analytical. This discussion is reinforced by references to topics such as ergonomics, the Workers Movement in the Struggle for Health, and the theoretical contribution of Georges Canguilhem.

**Results**: The author argues that the notion of work has evolved over time. It is now understood as the realization of a productive activity in a certain time and in a particular context. It is not neutral; it compromises and transforms the individual that performs the labor. Thus, in the health sector, there are three propositions that underlie health standards at work. First, work is not an indeterminate activity: the workers produce their own working conditions. Second, there is a struggle between the standards imposed by labor authorities and the values of the workers. This gap produces sick workers. Third, the promotion of labor health and the prevention of occupational hazards are achieved through a reduction in unhealthy conditions, the promotion of insurance and of egalitarian relationships between health professionals and workers focusing on addressing risks. These proposals are feasible based on knowledge of the environment and working conditions. For the author, however, current preventive interventions do not generate positive effects, because their concepts do not acknowledge the complex relationship between work and health. Given this shortfall, the author presents contributions from studies of gender relations that expand the notion of work as activity and process. The division of labor is the material base of gender relations. Usually the man’s job is assumed as a universal pattern. Since gender relationships are part of hierarchical systems and conflicts of power, women’s work is undervalued and their remuneration is not commensurate with their dedication, which impinges on the process of health-disease connected to work. The author explains that the hierarchical division of labor does not recognize the productive performance of women. Their activities are seen as typical women’s work and women are therefore paid less than men. Women with employment, in fact, alternate labor with housework. In Brazil many women who work outside the home in paid activities delegate to other women their home care or increase the use of appliances at home to maximize their productive time with aggravations to their personal health. This shows the intimate relationship between work, health, power relations and gender.

**Conclusions**: Work is an activity that is performed in a specific space, time and body, which standardizes and impoverishes the health of the subjects. While gender relations become a prescriptive rule, the author suggests the creation of new health standards based on these considerations.