The Health Relationship, Gender and Work: Approximating the Discussion

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Objectives: To analyze from a gender perspective the health damages caused by labor.

Methodology: Descriptive analytical.

Results: The author identifies two premises for addressing her study under a gender perspective: 1) inequality between men and women is determined by social structures, which exceeds biological explanations; and 2) there is a conceptual difference between sex and gender.

For the author, gender is a set of economic, social, psychological, political and cultural qualities attributed to the sexes. This characterization allows us to distinguish the subjects and social groups from the different social and cultural processes where they are involved in.

Under this perspective, the author identifies three key aspects of the category of “labor”, explained from a gender perspective: 1) the invisible work of women is an effect of ignoring or minimizing the productive activities they perform at home, such as raising subsistence food crops, craft production, voluntary activities and even the household chores. 2) Women’s work is undervalued and their remuneration is not commensurate with their dedication, which is characteristic of hierarchical systems and the product of conflicts of power. 3) The segregation of women from paid work is the material basis of unequal gender relations. Within this context, the organization of labor in any society is structured around four conditions: a) the roles that come from the traditional family organization of work, b) the assumption that there are innate abilities among humans, c) the estimate of appointments according physical characteristics of each sex, and d) the assumption that only men’s work is productive or superior.

With these assumptions, the author identifies five typical adverse effects of work performance on health: 1) accidents are more common in men than in women because they are more exposed to risky activities; 2) individual stress at work is in line with demands on each gender in the workplace, which are shaped by both specific and symbolic content; 3) mental illness is higher in women, while addiction is more common in men; 4) job dissatisfaction and anxiety are increased by the familiar and social expectations of the workers; and 5) reproductive health in women requires the utmost care of their body, but both the pregnant women and every men are equally exposed to hazardous conditions, such as inhaling harmful fumes and handling chemicals in the workplace.

Conclusions: The author concludes that workplaces differentiate between men and women according to social structures and gender relations. Gender inequalities are present in the evaluation of work and in the appreciation of health problems caused by labor activities at any workplace.