WORKPLACE HEALTH SERVICES AND EMPLOYMENT IN MANUFACTURING INDUSTRY IN GREATER CAPE TOWN

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This article presents the results of a survey which shows in broad terms the range of health services and related benefits currently provided by manufacturing and non-manufacturing companies in Greater Cape Town. Workers have limited access to general health services and for this reason workplace health services are potentially significant. The survey did not examine the content of the services in detail, nor does it address the question of the purposes which such services serve.

The survey took the form of a confidential postal questionnaire, which was sent out in July 1983. After further follow up a response rate of 46,4% of the sample was registered. The survey as a whole covered a total of 86652 employed in manufacturing, 55,2% of the 1980 total employment in the area.

Results and Discussion.....

Besides the information provided by the completed questionnaire, the survey also yielded basic information about company size. The distribution patterns for responders and non-responders as regards company size were not significantly different. Detailed information as to the composition of the workforce was also obtained. Table 1 shows the employment breakdown by race and sex.

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Table 1. Breakdown by race and sex

	all sectors		manufacturing only	
	women	men	women	men
"coloureds"	49,8%	5Ø,2%	51,1%	48,9%
whites	42,3%	57,7%	3Ø,2%	69,8%
africans	14,8%	85,2%	11,3%	88,7%
asians	39.8%	6Ø,2%	43,7%	56,3%
All:	42,Ø%	58,Ø%	41,Ø%	59,Ø%
	(44 551)	(61 448)	(35 5Ø8)	(51 144)

Health Services.....

Companies were classified as providing a service only if they employed health personnel for a general health service at the workplace. First-aiders have not been classified as health personnel for this purpose. The provision of contraception only has not been classified as provision of a health service.

12,9% of companies (67) offered a health service on their premises. The distribution of these health

Table 2. Distribution of health services by company size

company size	no of services	% of companies with services
-5Ø	2	Ø.9
-1ØØ	7	7.4
-25Ø	9	1Ø.Ø
-5ØØ	22	36.7
-75Ø	8	47.1
-1ØØØ	4	36.4
1ØØØ+	15	78.9

services by company size and by sector is illustrated in Tables 2 and 3. The percentage of companies with health services rose as the size of company increased. Only 0.9% of companies with fewer than 50 employees had health services, compared with 78,9% of those with more than 1000 employees. The percentage rises progressively, with the exception of the 750-1000 group. 42,6% of the companies (20) employing more than 500 people, provided no workplace health service. Nine of these were in the 500-750 group, 7 in the 750-1000 group and 4 in the 1000+ group. Of these, two in the 1000+ group and one in the 500-750 group without services were non-manufacturing companies.

Table 3. Distribution of health services by sector:

Sector	no of cos	av size of cos	% with health servs	% wit contr cepti
textiles	25	553	40,0%	76,0%
clothing	66	362	12,1%	80,3%
non-manufacturing	63	350	6,3%	7,9%
food	31	335	25,8%	38,7%
beverages	8	333	25,0%	12,5%
footwear	8	316	25,0%	50,0%
printing	19	248	21,1%	26,3%
chemicals	49	221	16,3%	32,7%
non-metallic minerals	22	197	18,2%	22,7%
metals	75	136	10,7%	12,0%
wood	9	121	0%	11,1%
unknown	4	109	0%	25,0%
furniture	35	99	5,7%	20,0%
other manufacturing	43	86	14,0%	25,6%
machinery	28	63	3,6%	7,1%
combination	17	33	0%	5,9%
non-ferrous metals	10	33	0%	0%
equipment	6	23	0%	16,7%
All companies:	518	225	12,9%	29,5%

Table 2 shows the overall pattern for all sectors. Table 3 shows a similar pattern by sector, with the percentage of each sector providing health services rising progressively with average company size, with some notable exceptions. Non-manufacturing companies provide very few services. This may be explained by two factors: fewer workplace injuries, and greater coverage of salaried employees by medical aid schemes, providing them with easy and affordable access to private medicine. Few companies in the clothing sector provide health serv-

Health personnel.....

Table 4. Distribution of companies employing health personnel by sector

sector	fullsrs % of cos	partsrs % of cos	nurses % of cos	doctors % of cos
textiles	36,0	-	16,0	40,0
food	22,6	9,7	-	19,4
beverages	25,0	-	-	12,5
footwear	12,5	-	-	12,5
printing	10,5	-	10,5	26,3
non-met mins	9,1	9,1	4,5	13,6
chemicals	8,2	10,2	4,1	16,3
machinery	7,1	3,6	3,6	-
other manuf	7,0	4,7	2,3	11,6
metals	6,7	-	2,7	12,0
clothing	6,1	4,5	-	7,6
non-manuf	3,2	3,2	-	3,2
furniture	2,9	2,9	2,9	8,6
combination	-	-	-	5,9
non-fer mets	-	-	-	-
equipment	-	-	-	-
wood	-	-	-	-
unknown	-	-	-	-
all sectors:	8,5	3,7	2,7	11,4

(fullsr = fulltime sister partsr = part-time sister)

ices, though the vast majority provide contraception.

Five sectors (wood, non-ferrous metals, equipment, combination and unknown) with a total of 46 companies and 2550 employees, provide no health services at all, *though four of them provide contraception.* It is notable throughout (with the exception of "beverages"), that significantly larger numbers of companies provide contraception than general services. This will be enlarged on in a later section. The exception of beverages is not significant; 8 companies in the sector are covered in this survey, 2 providing services, and only 1 providing contraception.

There is a predominance of health personnel in 3 sectors: textiles, food and beverages. This is probably due in the case of textiles to its size. It is the second largest in terms of total employment and largest in terms of average company size. In food and beverages it may be due to the fact that workplace illness may pose a danger to consumers.

Table 5. Distribution of health personnel by company size

	-50	-100	-250	-500	-750	-1000	1000+	total
fullsr								
% cos	0,4	2,1	5,6	20,0	41,2	27,3	73,7	8
partsr								
% cos	0,9	4,2	5,6	8,3	5,9	-	10,5	3
nurse								
% cos	0,4	-	-	5,0	17,6	9,1	31,6	2
doctor								
% cos	3,1	7,4	12,2	26,7	29,4	36,4	47,4	11

The percentage of companies employing health personnel rises progressively with company size, with the exception of dips in the case of full-time sisters and nurses in the 750–1 000 group, and part-time sisters in the 500–750 group.

Sisters.....

Table 6. **Distribution of full-time sisters by sector**

sector	no of fullsrs	% of all fullsrs	% of total workforce	no of emps to each sr
machinery	2	3,6	1,5	880
beverages	2	3,6	1,9	1131
other manuf	3	5,4	3,2	1233
food	8	14,3	8,9	1297
chemicals	8	14,3	9,3	1351
metals	7	12,5	8,7	1455
textiles	9	16,1	11,4	1536
non-met mins	2	3,6	3,7	2170
printing	2	3,6	4,1	2359
footwear	1	1,8	2,2	2529
clothing	9	16,1	20,5	2655
furniture	1	1,8	3,0	3471
non-manuf	2	3,6	18,9	11027
wood	-	-	0,9	no srs
non-fer mets	-	-	0,3	no srs
equipment	-	-	0,1	no srs
combination	-	-	0,5	no srs
unknown	-	-	0,4	no srs
all sectors: 56				2080

The employment of a full-time sister is probably the best index of workplace-based health care, as without full-time staff there is unlikely to be real access to health care. Only 8,5% (44) of all companies employed full-time sisters. Of these, 39 employed 1 sister, 3 employed 2, 2 employed 3 and 1 employed 5 sisters; only companies with more than

1000 employees employed more than one full-time sister.

The ratio of employees to full-time sisters, on a sectoral basis (see Table 6), was very high: ranging in the manufacturing sectors from a low of 880 (machinery) to a high of 3471 (furniture). However, as only one of the 28 companies in machinery has a service, employing two sisters, most workers in this sector have no health service. Clothing, the largest sector, has 2655 to each of the 9 sisters employed. These sisters were employed by only 4 of the 66 companies in this sector, one of the companies employing 5 sisters.

"Non-manufacturing" has the worst ratio of all: 11027 employees to each full-time sister. This has been commented on earlier, in the section on services. 3,7% of companies (19) employed part-time sisters. Of these 16 employed one sister, and 3 employed 2 sisters. A total of 22 part-time sisters were employed. The distribution of the part-time sisters was rather different from the distribution of full-time sisters. One company in the <50 category and another in the 100-250 category each employed two sisters.

Nurses.....

2,7% of companies (14) employed nurses. Of these 13 employed one nurse, and 1 employed two nurses. A total of 15 nurses were employed. No companies with fewer than 250 employees employed nurses.

1,5% of companies (8) employed "other" health personnel. Generally, this would refer to a doctor who visited regularly, where there was no sister. In a few cases companies specified that although they did not employ medical personnel per se, they employed trained sisters in non-medical positions who were available for medical advice and assistance if necessary. First-aiders were not classified as

health personnel.

Doctors.....

11,4% of companies (59) employed doctors, who made regular visits to the premises. 47,4% of companies with more than 1000 employees employed a doctor, as compared with 3,1% of companies with fewer than 50 employees. The percentage of companies employing doctors (11,4%) is interestingly high, in comparison with the percentage employing sisters (8,3%). However, the frequency of doctors' visits varied from once weekly to daily (in a plant which functioned 7 days a week). The commonest visiting patterns were once (29%), twice (24%) and five times (29%) a week.

The textile sector employs most doctors: 10 for 25 companies, with 13827 employees. Three sectors, wood, non-ferrous metals and equipment, employ neither full-time sisters nor doctors. These are all small sectors, made up largely of small companies (25 companies with 1556 employees).

47,1% of companies (244) provided access to a doctor off premises, in case of illness or accident during working hours. There is not sufficient detail to know how this is arranged, and under what circumstances employees have access to these doctors.

Accidents.....

Companies were asked where employees were sent in the case of an accident at work. The last and commonest category in Table 7 contains those companies which use different procedures depending on the severity of the injury, and companies which have no fixed policy on procedure in the case of accidents at work.

Table 7. Procedure in case of accident

employee sent to:	% of cos
a doctor (other than company dr) who regularly handles WCA cases	21,7
hospital	17,9
employee's private doctor	10,3
medical scheme panel doctor	5,0
management doctor	4,8
other	0,6
combination of the above	39,6

TB Screenings.....

Only 22,2% of companies (115) had regular X-ray screenings of their employees. 62,6% (72) of these

Table 8. X-ray screening by sector

sector	% cos with X rays
non-metallic minerals	72,7%
food	41,9%
beverages	37,5%
printing	36,8%
chemicals	28,6%
machinery	28,6%
footwear	25,0%
other manufacturing	23,3%
wood	22,2%
non-ferrous metals	20,0%
metals	16,0%
textiles	16,0%
non-manufacturing	14,3%
clothing	13,6%
furniture	11,4%
equipment	no screenings
all companies:	22,2%

had screenings annually, 10,4 (12) bi-annually, 3,5% (4) at longer intervals, and 23,5% (27) failed to give details of frequency. Only 60,9% (70) of the companies with X-ray screenings specified the health authority which provided the screening: City Council 58,6% (41) and Divisional Council 41,4% (29).

It is notable that X-ray screenings are most commonly found in non-metallic minerals, a sector where there is danger to workers' health, and in food and beverages, sectors where there is danger to consumers' health.

A number of companies commented that, although in the past they had had regular screenings, these had now been phased out on instruction from the health authorities which had previously provided the service.

This phasing out of TB screenings is reflected in the low use of mobile units. Only 16,5% (19) of the 115 companies had screenings on their premises, using a mobile unit. Out of 9 companies with more than 750 employees which had regular x-ray screenings, only 1 had these done by a mobile unit. The low use of mobile units is significant as the cost, logistical problems and disruption to production involved in transporting an entire workforce to a clinic for screening must have a disincentive effect, particularly for large companies.

Contraception.....

29,5% of companies (153) provided contraception on the premises. Contraception is most commonly provided in the sectors with the largest concentrations of women workers: 80,3% of companies in the clothing sector (84,6% women), 76,0% of companies in the textile sector (50,8% women) and 50,0% of companies in the footwear sector (54,8%

women). Clearly, contraception focuses on control of female fertility. (See table 14 for comparison of distribution of health services and contraception).

19,7% of companies (102) provided contraception only. It is notable that this does not only occur where the workforce is small. Altogether 15 companies with more than 250 women workers provided no general health service, two of these having 500-750 women, and another one having more than 750 women employed. In the clothing sector, the largest employer of women in the area, 68,2% of companies (45 out of 66) provided only contraception and no workplace health service.

Table 9. Personnel providing contraception

Personnel	% of companies	
visiting sisters	75,8%	(116)
company medical personnel	17,0%	(26)
both	6,5%	(10)*

(*One company did not specify)

The one anomaly in Table 10 is that so few companies in "non-manufacturing", with an average 150 women per company, provide contaception services. This is probably explained by the fact that 75,6% of all women in this group are white, salaried and with access to private health care through medical aid schemes.

Interestingly, there is a heavy reliance on outside health services to provide contraception. While 67 companies provide a health service of some sort, in only 38,8% (26) of these was contraception provided by the company medical personnel without outside help.

Contraceptive services and supplies are provided

Table 10. Distribution of contraception by sector

sector	% with contra.	av no of women in co
non-ferrous metals	0%	3
combination	5,9%	13
machinery	7,1%	15
non-manufacturing	7,9%	150
wood	11,1%	14
metals	12,0%	15
beverages	12,5%	55
equipment	16,7%	8
furniture	20.0%	23
non-metallic mins	22,7%	22
unknown	25,0%	29
other manuf	25,6%	29
printing	26,3%	60
chemicals	32,7%	48
food	38,7%	108
footwear	50,0%	173
textiles	76,0%	281
clothing	80,3%	235
all companies:	29,5%	86

free to the company, which must serve as an extra incentive to provide such services.

When sectors with a low percentage of women workers are removed from the analysis, the provision of contraception is even more marked. The following sectors were removed:

sector	% women in sector
non-ferrous metals	(7,6%)
non-metallic minerals	(10,9%)
wood	(11,2%)
metals	(12,9%)

Once these sectors had been removed, the percentage of companies providing contraception rose to 34,3% overall (138 out of 402 companies). 23,&% (95 out of 402) provided contraception only.

Sick leave.....

There were two options in the administration of sick leave/pay: (1) according to the regulations of the Basic Conditions of Employment Act: two weeks a year, on full pay, paid from the first day of absence, and requiring a doctor's certificate only for sicknesses lasting for three days or longer.

(2) through a sick fund (Such funds have varying conditions, but are required by law to be "not less favourable" than the provisions of the Basic Conditions of Employment Act.)

Table 11. Provision of sick pay

Form of provision	% of companies
Sick Fund	54,8 (284)
BCOE Act	35,9 (189)
Not specified	9,3 (45)

Table 12. Administration of sick funds

Administration	% of companies
industrial council	73,6% (209)
trade union	9,5% (27)
company	8,8% (25)
company/trade union	3,5% (10)
other	3,2% (9)
unspecified	1,4% (4)

In the majority of companies sick leave was paid through a sick leave fund, and the overwhelming majority of these funds were administered through

Industrial Councils.

Considerable confusion was evident in the response to questions on sick pay. Many respondents gave contradictory information in response to different questions. If personnel management (or whoever in management was delegated to answer the questionnaire) is unclear as to how sick pay is administered, it is likely that such confusion will be reflected in difficulty for workers in obtaining the sick leave and sick pay due to them.

Medical aid/benefit schemes.....

75,1% of companies (389) provided a scheme to cover medical costs for salaried employees, but only 51% (264) for waged employees. (Some companies pay all employees monthly, and apply the same benefits to all. In such cases, for the purposes of comparison, the benefits have been calculated as applicable to both salaried and waged employees.)

There was a considerable degree of confusion in the answering of the questions on whether such schemes were compulsory or optional, and on whether such schemes covered dependents. Many respondents either failed to answer these questions, or gave contradictory answers. Most also failed to give the names of the schemes, from which membership conditions and benefits might have been ascertained.

There is a significant difference between membership of a medical aid scheme, which covers dependents and offers a far greater range of benefits, and membership of a medical benefit scheme, with limited benefits and no coverage of dependents. Unfortunately it was impossible to gain clear answers on these questions, but it is known that waged employees are generally covered by medical benefit schemes, if at all, while salaried employees are more commonly covered by medical aid schemes.

Table 13. Other benefits

Benefit	salaried	waged	both	total
Pension	24,7%(128)	7,5% (39)	48,8%(253)	81,1%(420)
Provident	6,2% (32)	24,5%(127)	17,8% (92)	48,5%(251)
Housing	5,0% (26)	2,3% (12)	7,1% (37)	14,5% (75)
Other	5,0% (26)	4,4% (23)	15,4% (80)	24,9%(129)

It emerged that the content of the housing benefit was very different for different groups: for African employees accommodation in company hostels, for other employees, to varying extents, a subsidy to assist in buying a house. Other benefits ranged from life assurance to sporting facilities to bursaries.

Conclusion.....

Generally speaking, company size has a clear effect on the provision of health services, with some exceptions: non-manufacturing companies, where employees are largely covered by private medicine and there are fewer serious workplace dangers, and clothing. It is more difficult to explain the low provision of services in the clothing sector, the largest single sector in terms of numbers employed. Nineteen of the 66 clothing companies covered in this survey employ more than 250 employees, 8 of these having more than 500 employees. It may be that clothing companies rely on the medical benefits provided through the industrial council for the health care of their employees. Interestingly, however, there is not the same reliance on these services for the provision of contraception. While only 12% of clothing companies provide a health service on their premises, 80% provide contraception.

The pattern of greater provision of contraception than any other service emerges strikingly throughout the sectors. Table 14 shows provision of health

services and contraception.

Table 14. Provision of health services and contraception

	contra yes	contra no	total
service yes	51 (10%)	16 (3%)	67 (13%)
service no	102 (20%)	349 (67%)	451 (87%)
total	153 (30%)	365 (70%)	518 (100%)

The most striking point about this table is that two thirds of companies provide no services at all. The importance of workplace contraception is clearly illustrated, by its provision in 30% of all companies, compared with the provision of more general health services in only 13% of companies.

This survey has concentrated on the distribution of health services and contraception provision. Little is known about their content and functions, which need closer analysis, and will be the focus of detailed studies in the future.

X-ray screening for tuberculosis is most common in companies with most dangers, to workers (as in non-metallic minerals, where various dusts pose dangers of lung disease) and to consumers (as in food and beverages).

The phasing out of regular screenings for TB apparent from this survey is particularly disturbing in the light of recent reports from the Medical Officers of Health for the City and Divisional Councils which document a sharp increase in the incidence of the disease over the past three years in Cape Town. They predict a further increase in the incidence for 1984. (Argus 16 January 1984) In such a situation the rational policy would appear to be an increase in screening, rather than the

reverse, particularly for discrete, acessible populations like industrial workforces.

In the companies surveyed, sick pay and medical benefits were provided primarily through the industrial council system, though on a very uneven basis. The confusion evidenced in answers to questions about these schemes reflects a situation of general lack of information and knowledge about the conditions of these schemes, on which workers are dependent in times of sickness. The schemes clearly need thorough analysis in terms of their relative costs and benefits.

RESEARCH REPORT: CHILD CARE AND THE WORKING MOTHER

This study analyses the fundamental tension between women's roles as mothers and as workers. It is based on interviews with 837 african working women living in urban areas. The results are presented under the following chapter headings: Women and Work, The Response of the State, The Response of Capital, Types of Child Care Arrangements, The Response of the Unions, and The Politics of Child Care.

The report establishes conclusively that whilst both the state and capital define women predominately as wives and mothers, they are not prepared to bear the costs that this role implies: maternity rights, protection of pregnant women at work, and the provision of creches in townships and at work. Employers will use women to their advantage, on this very basis that women are defined as mothers, and only secondarily as workers. This manifests itself in the lower wages paid to women workers.

The practical implications of this for women and children are devastating. The report found that

women are forced to go out to work in order to ensure the survival of their children, "motherhood" being defined in terms of satisfying the basic physical needs of children rather than in terms of any more nurturing or protective role. Almost a quarter of the sample went back to work when their youngest child was less than 2 months old. The report found that 7% of the sample of working mothers were forced to leave their children unattended. Fifty percent of mothers left their children with relatives (predominantly grandmothers). Although family care was often regarded as the ideal by mothers, the grandmothers were often old and ailing, and therefore not able to give adequate care to their charges.
Ironically these informal methods of child care proved the most expensive. Creche places (providing for 0,3% of preschool african children in South Africa and for 4% in Soweto) now cost an average of R18.00 per month. Childminders (older women looking after a number of children in their own homes) demand an average of R25.00 per month, excluding food, and relatives between R16.00 and R30.00 per month. These figures illustrate the substantial costs of child care which are borne by the working class.

The report concludes that child care is a fundamental issue for working women and one which can only be successfully addressed if taken up within working class organisations. At present it is not a struggle on the larger social terrain involving collective effort, but one often conducted by women alone within the hidden, isolated arena of the household; it is often a struggle of desperate dimensions, a struggle of a deeply moving kind.

(A summary of the report is available from the authors: Jacklyn Cock, Sociology Department, University of the Witwatersrand; Erica Emden, Sociology Department, University of the Witwatersrand; Barbara Klugman, Health Information Centre, Braamfontein.)