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Redefining Occupational Health for Tanzania

Peter Kamuzora

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Occupational health was defined twenty years ago by the joint ILO/WHO committee on occupational health as 'the promotion and maintenance of the highest degree of physical, mental and social well-being of workers in all occupations.' This definition has shaped not only the concept but also the organisation and delivery of occupational health services in Africa. Most approaches to workers' health problems are enmeshed in the medical model that strictly limits its operations to medical service delivery to prevent accidents and diseases in formal and defined occupations, most of which fall into the category of wage employment. All workers outside this category — for example, peasants — are not covered by the ILO/WHO definition.

Yet most African economies are peasant economies in which every man, woman and child is a worker. Tanzania, in which the majority of the population (about 85 per cent) operates outside formal sectors of the economy, provides a good example of the limitations of the current approach to occupational health. The Tanzanian authorities' conception of occupational health problems is reflected in legislation on occupational health and safety. The Workmen's (sic) Compensation Ordinance entitles only those engaged in contractual occupations to compensation in case of injury and to medical care in case of illness. Implicit is the exclusion of the majority, who are petty commodity producers or engaged in informal economic activities.

This exclusion does not mean that these producers do not suffer ill health in their occupations. Pastoralists, for example, interact with animals and their products and are exposed to diseases like anthrax; peasants work in a physical environment that harbours the vectors of such parasites as schistosomiasis, trypanosomiasis, malaria, etc. Peasants are also exposed to agrochemicals, which they use on small, private holdings in order to raise the productivity of their land.

Logically, Tanzania's medically oriented health system with its large health infrastructure established in the 1970s should be able to deal with the ill health of rural agricultural producers. Despite changes made in the health system since independence, Tanzanians suffer a great burden of ill health; malnutrition and infectious diseases are still the principal causes of morbidity and mortality. The approach Tanzania has adopted is definitely failing in its objectives. The health services do not address the factors that produce ill health — underdevelopment and poverty — which, in turn, are caused by such conditions as insufficient production and unequal distribution of food, inadequate water supplies and sanitation, poor housing, and lack of education. Hence, the ill health observed is a result of many factors that cut across sectors; to be appropriate, the solutions must also be intersectoral.

We contend that the concept of occupation should be redefined to conform with African realities, that is the concrete conditions of production and workers' health status. If a new concept were adopted, a new approach to occupational health service delivery would follow. For example, if the concerns of social epidemiology, which are the health problems of social groups rather than those of individuals, were introduced into the concept of occupational health, then the traditional approach to health care would have to be altered; a new approach would be based on the need for non-medical health-related economic, social, political, and technical action.

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National Policy and Legislation

In Tanzania occupational health and safety regulations are stipulated in three laws enacted during the colonial period. The Workmen's (sic) Compensation Ordinance (1948), The Factories Ordinance (1950), and the Notification of Accidents and Occupational Diseases Ordinance (1953). These laws state that a worker is entitled to compensation for injuries sustained at work and to medical treatment for illness experienced while at work. Compensation is limited to loss of bodily parts or death. The Factories Ordinance and the Employment Ordinance (1955) empower factory inspectors and labour officers, respectively, to ensure that employers abide by health and safety standards and regulations set by the state.

These laws served the interests of the colonial powers, although they embodied an important contradiction between capital and labour. The provision of safeguards and compensation meant that employers had to increase constant capital, which eroded profits; but it also meant labour stability, following protests against conditions at worksites, on plantations, and in mines. A stable workforce was a necessary condition that the colonial state had to guarantee in order to reproduce colonial domination and exploitation of labour.

Significantly, this legislation has not been substantially revised since independence. Whatever concessions the state may have made to working people in the form of material benefits, these have been at the expense of workers' organisational autonomy and, ultimately, even these benefits have been eroded because there has been no organisation to defend and protect them. The suppression of producers' organisational initiatives and the destruction of their independent organisation are preconditions for the rise of an authoritarian state and the hegemony of the ruling class. The Tanzanian trade union, JUWATA, has been such a victim; as a result it has yet to make an effort to influence worker safety and health.

The laws on occupational health and safety leave much to be desired. As Issa Shivji has written, 'where enforcement machinery is grossly inadequate, corruption of officials rampant, genuine trade unionism virtually absent, and democratic traditions weak, the industrial safety legislation may not be worth the paper it is printed on.' The Tanzanian laws do not cover broader issues such as the nature and organisation of occupational health services. Law enforcement is also a problem as these regulations are not observed. The Ministry of Labour and Manpower Development, which is responsible for workers' welfare, does not even have a list of all the establishments to be inspected, only of large and medium sized commercial and industrial firms.

Tanzania has not ratified all ILO conventions. In 1962, immediately after independence, 24 conventions were ratified. But since then, no action has been taken. While some conventions are rightly regarded as irrelevant, this cannot be

true of all 153 ILO conventions, and it is certainly untrue of the 1981 Occupational Health and Safety convention, which the ILO regards as embodying a comprehensive approach to health and safety and a starting point for policy formulation in member states.

Tanzania has lagged behind in the formulation of a firm and clear policy on occupational health and safety. The lack of a guiding framework, within which occupational health services should operate, affects the enactment of the existing laws. Recently there has been some improvement: in January 1985, the Workmen's (sic) Compensation Ordinance was amended and the 'Third Schedule' on occupational diseases was revised to cover 35 diseases that employers must compensate. But there has been no significant overhaul, no revision or consolidation of the colonial legislation, with the result that the law is not keeping abreast of present developments in the field of occupational health.

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The Informal Sector and Occupational Health

The informal sector refers to activities outside the system of government benefits and regulations. Typically, these activities feature use of hand tools and rely on the manual labour of family members and apprentices, which accounts for their cost advantage over the formal sector. Small scale unregistered industrial activities are another development within the towns and urban areas of Tanzania. And in the countryside, informal activities include carpentry, brickmaking and charcoal production. The very nature of these activities makes it difficult to estimate the number or even proportion of people in the informal sector, but informed guesses range from 25 to 50 per cent in major African cities.

The state has encouraged the growth of informal activities on the grounds that they generate employment for the surplus population, which in fact they do. A survey of Dar es Salaam showed that 855 informal enterprises provided employment for almost 5,000 persons. But government has not taken the implications for occupational health into consideration. The ILO asserts that the threat to health is often more acute in small industries and the informal sector than in large enterprises because of toxic substances used in the production process without the workers' knowledge. The layout of small workshops, the sub-standard premises they occupy, and the hazardous materials they use constitute hazards not only for workers but for the surrounding community.

The periurban environment, in which most of these activities are concentrated, itself constitutes a hazard. A little over 50 per cent of the 855 informal activities referred to in the survey of Dar es Salaam just mentioned operate from residential buildings and only 27 per cent from commercial units. The shantytown of Yombo accounts for 10 per cent of informal enterprises, Kariakoo 10 per cent, Chang'ombe 7.3 per cent, Keko 6.4 per cent, and Manzese 6.2 per cent.

The few studies conducted on the informal sector in Tanzania are silent about the demographic structure of its economically active population, but one can speculate that many women and children are so employed because family labour is used extensively.

The Occupational Health of Women and Children

For all the concern about maternal and child health in Tanzania, no study has been done on women's or children's health in relation to their participation in the production process. Roughly 87 per cent of Tanzanian women live in the

countryside and the bulk of their economic activity is related to peasant agricultural production and domestic rural household reproduction. Women are central to the production of marketed crops, as unpaid labourers in household production, as petty commodity producers, and as casual labourers working for kulaks (the commercial and capitalist farmers), and for transnational companies.

A 1983 study of seasonal variations in birthweight (low birthweight correlates with high infant and child morbidity and mortality) showed that there are serious occupational health problems affecting women and their children. In the rice-producing village of Ikwiriri in Rufiji District, pregnant women who engaged in heavy agricultural labour, which coincides with the rainy season, had a mean weight gain of several kilogrammes less and bore babies that weighed less than women who ate the same food but did light work.

The changing economic and social conditions in Tanzania have forced women to accept a growing share of cash responsibilities in their families. Statistics on wage employment support the argument that a growing number of women are being proletarianised, especially in agriculture where, between 1976 and 1980, employment of men dropped by 4,685 and employment of women increased by 2,615. The need for cash earnings has compelled women to withdraw their labour from the family farm and other household activities in order to work as casual labourers on neighbouring farms and estates, engage in long distance trade, or migrate in search of temporary or permanent wage employment, leaving their children behind with their husbands. This situation has had adverse affects on child health and the health of women.

The position of women peasants is changing as a result of the establishment of an international market for capitalist-oriented rural development. In Rungwe District, the government is promoting the production of tea, an export crop, but peasants are resisting because it requires too much labour time. Despite state opposition, peasants are producing and trading bananas, a staple food crop. A 1984 study showed that almost a quarter of the banana traders in Rungwe District are peasant women whose husbands are absent labour migrants. Labour migration places great strains on family relationships and the health of family members.

Women are also moving into new spheres of production. In Bagamoyo, for example, women are producing charcoal. The health hazards associated with charcoal production are initial fatigue involved in clearing brush and felling trees, and the respiratory discomforts involved in tending the fires.

The conditions of work in a typical small scale commercial enterprise restaurant run by a women's cooperative have been studied in Ntenga village, Upare. The preparation of food for sale in poorly ventilated kitchens often forced women to work outdoors. When charcoal is unavailable, firewood is substituted, creating greater heat, fumes, and smoke and their attendant sweat, runny noses, and tears, resulting frequently in headaches. It should be remembered that most African women prepare family meals in deplorable conditions, yet nobody seems to regard their discomfort as a health problem, let alone an occupational health problem.

Rural peasant producers, the majority of whom are women, are not covered by occupational health and safety services. They are neglected by the state despite acknowledgement of their importance to economic development. Women are increasingly undertaking work in industries that manufacture and use new chemical substances; this should give rise to serious concern about possible toxic

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and carcinogenic effects. According to a 1984 study by the ILO on multinational enterprises in developing countries, women are now bargaining for improved working conditions.

Conclusion

Improvement of occupational health in Africa demands concerted effort. Producers have to struggle for it by improving their organisations, and trade unions should champion the attainment of this goal. Direct producers must spearhead the struggle and force African governments to pay attention to occupational health issues.

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Bibliographic Note

Bagachwa, M.S.D. 'The Dar es Salaam Urban Informal Sector Survey'. In *Basic Needs in Danger*, pp. 341-348. Addis Ababa: ILO/JASPA, 1982. Bantje, H. 'Seasonal Variation in Birthweight Distribution in Ikwiriri Village.' BRALUP Research Report no. 42, 1983. Mbilinyi, M. 'The Impact of the Economic Crisis on Women's Employment, Wages and Incomes. 'University of Dar es Salaam, 1985. mimeo. Polisya, M. 'Banana Trade and Position of Women in Rungwe District.' MA Thesis, University of Dar es Salaam, 1984. Shivji, I. 'Development of Wage Labour and Labour Laws in Tanzania, 1920-1964.' PhD Dissertation, University of Dar es Salaam, 1982.

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