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Chamila Thushari Attanapola

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Female workers' experiences of work, gender roles and empowerment relating to health in Katunayake export-processing zone, Sri Lanka

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NTNU
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Doctoral thesis
for the degree of doctor rerum politicarum
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Dedication

To my brother Nishantha Ediriwickrama, who had believed in, fought for and sacrificed his life for the sake of social justice.

Abstract

The impact of globalization processes on women, such as the new economic division of labour and relocation of global production into Third World countries, is a frequently debated topic within the globalization and gender discourse. The opportunities for formal work for young women in export-processing industries and they have been able to earn an income and to contribute economically to the survival of their poor families are the main positive impacts of globalization. Further, they are able to experience economic and social independence and increased status within their families. Unfortunately, factory jobs do not only have the positive effect of enabling the women to enjoy the benefits. Research has also identified the negative socio-cultural and health impacts on women resulting from their employment in export-processing industrial work.

This thesis explores Sri Lankan female workers' experiences of health relating to the work they do at EPZ factories and their gender roles, sense of place, self-identities, capabilities and empowerment. The principle objective of this thesis is to provide an in-depth view of female export-processing workers' experiences of health in Sri Lanka by using feminist research methodology. Sri Lanka entered into the globalization process through its adoption of economic liberalization policies in 1977. The country's export-processing industries provide employment for c.400,000 people, of whom 80% are women. Fieldwork was conducted in the country's largest export-processing zone located in Katunayake during the periods of January to May in 2002 and June to August in 2004. The study is primarily carried out using a qualitative approach. In-depth interviews with 25 female workers were conducted and women's life histories and personal narratives were gathered. Further, key informant interviews with representatives from different stakeholders were conducted to identify their views of female export-processing workers' health status. Furthermore, participant and non-participant observations and a questionnaire survey were carried to supplement the information gained through interviews.

The women identified Katunayake export-processing zone (KEPZ) area as an unhealthy place due to their experiences of health problems and various forms of harassment. Their narratives inform about five types of health problems, namely

occupational health problems, mental health problems, reproductive related health problems, weight loss and malnutrition, and infectious diseases. The results of the research have made it possible to identify diversities among the female export-processing workers in terms of their experiences and perspectives of health, self-identities and coping strategies. There is also evidence that women who have fewer responsibilities with regard to their families in their home villages, increased status within the families, and who participate in organizational activities have a positive sense of places regarding home and the KEPZ area and also have positive self-identities. In particular, there is clear diversity between the women who participate and those who do not participate in non-governmental organizational activities, in terms of their capabilities and empowerment relating to improving their health. Active participants' choices and actions at different places demonstrate that they achieved individual, collective and organizational empowerment. Further, the women's stories reveal that they have achieved several practical and strategic gender needs for promoting their health and well-being.

Institutions at local and national levels also play significant roles in women's empowerment and capability building. The results of the study identify that many institutional strategies constrain women's empowerment and capabilities by not providing the necessary information, knowledge, instruments, and social support that the women need, and subsequently the women are unable to live to their full potential.

The research concludes that female export-processing workers in Sri Lanka experience both positive and negative aspects of globalization. They have gained incomes for living independent lives while at the same time being helping their poor families. Some have even taken the initiative to secure their lives through improving their possibilities for self-employment. Meanwhile, they are exposed to various forms of health problems and harassment as a result of being EPZ workers. The successful stories of empowered women indicate that female EPZ workers have the ability to achieve better health status and to live successful lives as women with respect and dignity, but they need support from the socio-cultural, economic, legal, and political institutions in the Sri Lankan society to attain their goals.

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I thank my supervisor Professor Ragnhild Lund for guiding me throughout the research process by responding very promptly to drafts, and suggesting valuable additions and omissions. In addition to her disciplinary advice and encouragement, her care and concern regarding my whole family made it easier for me to make certain decisions regarding my study and fieldwork. I also thank to my second supervisor, Professor Emeritus Asbjørn Aase, for his support and assistance at the beginning of this study. I extend thanks to Catherine Brun for being a good friend from the beginning of my PhD studies. My very special thanks go to Catriona Turner for language work relating to the writing of the thesis. Without her assistance, this thesis would not be up to the present standard in English. I would also like to thank other members of staff and fellow PhD students at the Department of Geography, NTNU, for providing me with a perfect working environment, help, assistance, and social activities during my study period. Institution-wise, I would like to thank the Research Council of Norway (NFR) for providing the financial support for my PhD study and also the Faculty of Social Science and Technology Management (SVT) at NTNU for practical arrangements regarding funding.

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Chamila T. Attanapola

Trondheim, 04th August 2005

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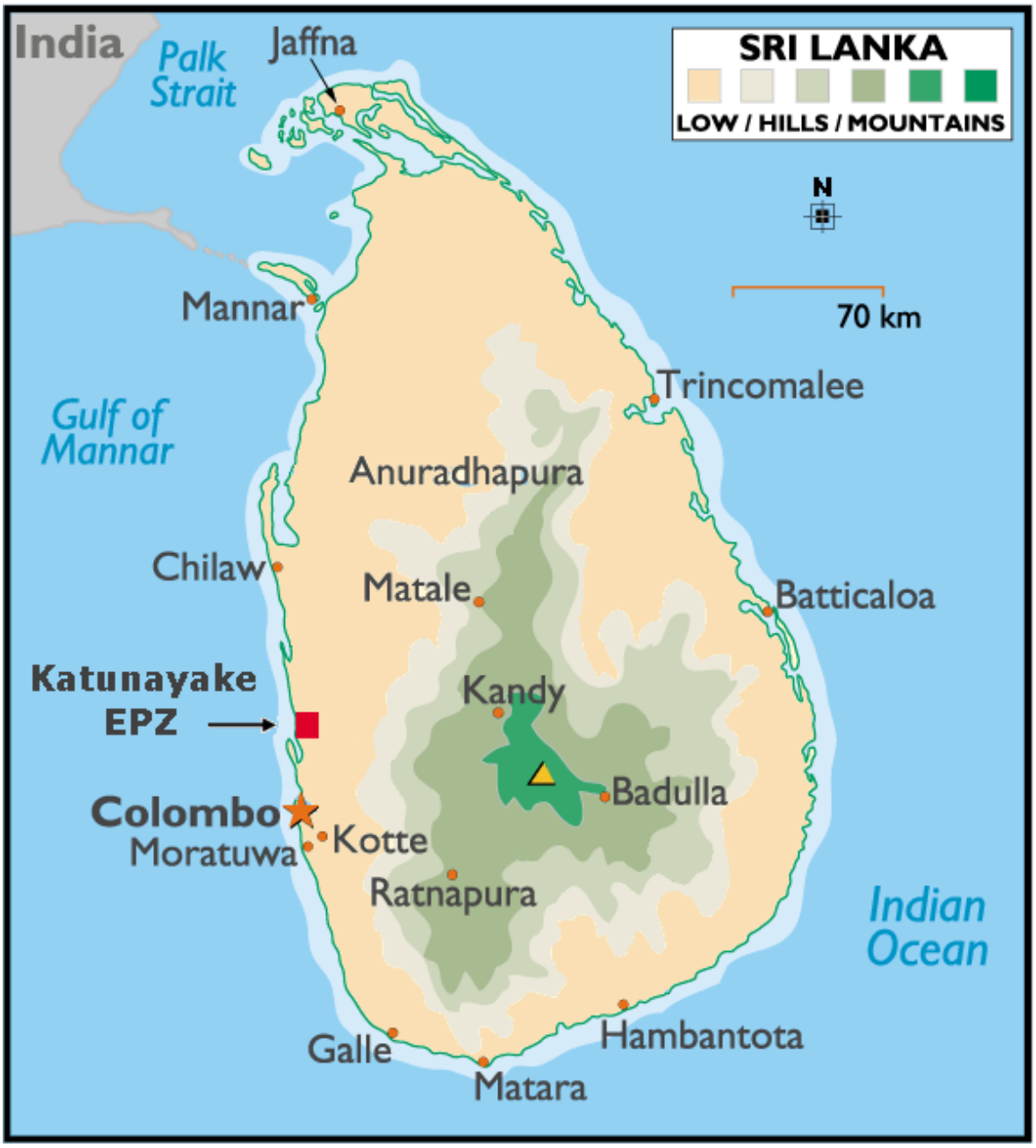
List of Abbreviations

A/L	Advanced Level examination (13th grade examination)
BOI	Board of Investment of Sri Lanka
CENWOR	Centre for Women's Studies
EPF	Employees Provident Fund
EPZs	Export-processing zones
ETF	Employees Trust Fund
FDI	Foreign direct investment
FTZWU	Free Trade Zone Workers' Union
FTZ&GSEU	Free Trade Zones and General Services Employees Union
FWCW	Forth World Conference on Women
GAD	Women and development
ICPD	International Conference on Population and Development
ILO	International Labour Organization
IMF	International Monetary Fund
KEPZ	Katunayake export-processing zone
MNEs	Multinational enterprises
NGO(s)	Non-governmental organization(s)
O/L	Ordinary Level examination (11th grade examination)
OPD	Out patient department
PMPs	Private medical practitioners
PRSP	Poverty reduction strategy paper
SAP	Structural Adjustment Program
STDs	Sexually transmitted diseases
UN	United Nations
UNDP	United Nations Development Program
WB	World Bank
WHO	World Health Organization
WID	Women in Development
WTO	World Trade Organization



Map 1: Sri Lanka.

Chapter 1

INTRODUCTION

One place, two stories

Life history of Suba

I met Suba at her boarding house. She was from a remote village in the central province of the country and had been working at Katunayake export-processing zone (KEPZ) for eight years. Like every girl who comes to work in export-processing zone (EPZ) factories, Suba also had plans to work for five years[1] at a factory, save some money and then marry at an appropriate age. Since she was 27 years old at the time when I met her, her parents had arranged a marriage partner, who was a farmer. Although she was planning her wedding, she had not saved enough money to start a new life, as she had expected. I listened to her story and learned of her strategies for coping with the problems she had encountered during her eight years of life as an EPZ worker. Her life story is told in her own words as follows.

I came to the EPZ area when I was 19 years old. I am the youngest child in a family with five children. All my siblings are married and our parents work as farmers. I

[1] Five years is the target working period because female workers then become eligible to receive social security funds (EPF: Employees Provident Fund; ETF: Employees Trust Fund) on condition that they are married.

have 11 years of education, but was unable to continue due to lack of good results. After I left school, I stayed at home for two years, helping household work and working in our paddy field. Even though my parents provided for me, I did not want to be a burden to them any more. I saw how my friends helped their families and bought different things for themselves with the money they earned from factory jobs. I wanted to save some money for my future without depending on my parents.

So much has happened during the past eight years. When I first came to Katunayake, I got a job as a trainee in a garment factory owned by a Korean company where I could earn about 2000 rupees (c. 40 US$) per month. Eight years ago, it was enough to survive on. I am satisfied with the job because of the income I earn, even though it is a tough working environment. We start to work at 07.30 in the morning and I usually work about 12 to 14 hours. Regardless of my hard work, supervisors always harass me about the quality and the quantity of my work and do not even let me use the toilet or drink water when necessary. Sometimes, I have worked during the breaks too in order to meet the production target.

I work as much as I can and earn some extra cash to send home and I spend a considerable amount of money on fashionable clothes and jewellery. I do not participate in any organizational activity because there is no time to engage in such activities. After work, I usually feel too tired, so I just prepare dinner with help of my friend, eat and go to sleep.

However, the situation changed after four years. I was severely sick with continuous headaches, fever and diarrhoea. Since the medicine from the zone medical centre could not cure my symptoms, I was admitted to a government hospital where I was treated for two weeks. My family was worried about me and wanted to take me home. The factory managers allowed me to take sick leave and told me to come back when I had recovered.

I trusted employers and stayed at home for three months, but when I returned to work they told me another story. They told me that I could start as a trainee. They would allow me to start working again as a favour, since I had been such a good worker. They wanted to give me a new number (identification number), a new card, and pay me

trainee's salary. I argued with them that I did not want to start as a trainee since I had worked as a machine operator for four years. I had taken sick leave because they had told me that I could have my job back. However, they refused to give me my old job back and kept repeating that they would only allow me to work as a trainee as a favour. I refused their offer and told them I wanted to resign. I did not receive a letter of service termination proving evidence of my work experience in that factory for four years. They were angry with me because I did not want to work for them any more and had just resigned and started to look for a new job elsewhere. I managed to find a job in another garment factory within two days. At the new factory, I was hired as a trainee and was paid a trainee's salary for six months, although I started operating a sewing machine after only a few days. Since this experience could happen to anyone, and consequently I did not think that my situation was exceptional in any way. I worked at the second factory for three and half years. Now my parents are forcing me to marry since I will soon be past a marriageable age. However, I have not been able to save enough money. Since I worked only four years at the first factory, I was not eligible for the EPF and ETF. I could continue my EPF at the second factory if I had a letter from the first factory certifying my work for four years. I have almost wasted my life here for nothing. The money they have deducted from my salary for EPF for all these years has become profit for the factories. I left my factory work with an unhealthy and unattractive body and memories of the verbal and physical harassment that I experienced at the workplace, on the streets, on the buses, and everywhere I go. I do not think about the money which I should have received. I only think that I will never again need to listen to the harassing words of supervisors and of the society. I am satisfied with my situation since I am going to marry a good man and we are planning to grow paddy and other crops on our land. I know the village life is hard from previous experience. Yet there I can take leave if I am sick without being yelled at, and there is also my family to help us in our work.

Life history of Banu

I met Banu at The Women's Centre,[2] during my first visit there. She was the first female worker who voluntarily talked to me. She introduced herself and told me, 'ask anything you want, we will help you as much as we can.' She helped me to gain the trust of other female workers, introduced me to her friends at her boarding house, and accompanied me during late evenings after our interviews.

By becoming Banu's friend I became familiar with many aspects of her life. On the one hand, her story represents all female export-processing workers in Sri Lanka with regard to poverty, problems faced at the workplace, boarding houses, and in local society, as well as their experiences relating to health problems. On the other hand, the way she dealt with the problems, her views and opinions on institutions and her future, and her strategies and actions at those places were unique and thus not representative of the majority of EPZ women. By considering her story as told in her own words as follows, it is possible to evaluate how successful she has been as an EPZ worker, how she has empowered as a young rural Sri Lankan woman, and her future is likely to be.

I am from an up-country rural village. I came to KEPZ nine years ago, as a 21-year-old young woman. I studied up to O/L (Ordinary Level Examination at 11th grade). During the four years between leaving school and starting the EPZ job, I was preoccupied with building up my career as a traditional dancer. I learnt traditional Sri Lankan dancing by joining an academy. I have passed several national examinations and performed in national events. However, I gave up my career there, due to an unpleasant experience with one of the teachers. Unfortunately, I could not join another academy. Economic problems at home were mounting at that time, since three of my younger siblings were attending school and my father could not afford all the expenses with the income he earned from farming. At that time, my elder sister was working at KEPZ and I decided to join her in order to help my family out of their severe poverty.

[2] The Women's Centre is a non-governmental organization, and was my main focal point for contacting the research participants.

I have been working in KEPZ for nine years now (i.e. in 2002 when the interview was conducted). Even though I planned to work here only for five years, I have not attained the goals that I had planned. During the first few years, my sister and I spent most of our income on our family, and we were able to build a better house for my parents. Even though they did not ask for our help we wanted to build the house since having a good house is an important asset, especially when people visit us to negotiate marriage proposals, and there are four girls in my family. After the house was completed, my parents advised us to save money for our future (i.e. a dowry). They want us to get married before we become too old, since we are already over 25 years. However, I am not waiting for a man to come and rescue me.

During the first three years, I worked at another garment factory. There, the managers cheated us from our overtime remunerations and thus we decided to strike. Some of us were dismissed since we did not agree the managers' proposals, and I was able to find a new job within a week. Since EPZ employers do not issue service certificates for those who are dismissed I had to start as a trainee and received a trainee's salary. For the last six years, I have been working as a machine operator in the button section, where I repeating the same operation (87 buttons per minute) without any knowledge of what happens before or after I have attached the buttons to a garment. I have to say that I have become an expert in attaching buttons, that I can even beat the target that has been set. However, I do not let the managers know about this, because if I did they would increase the production target and it would not be fair for other girls who have trouble in completing the production target. Instead, I spend my spare time helping other girls to finish their targets or repair damage, especially the new girls. They are so grateful to me because most workers do not want to help other workers since everyone is interested in completing their own target and earning money.

Since I am an active person by nature, I wanted to do something more in my life than staying in our small room after work. I joined a dancing academy in Colombo to improve my talents and I intend to join a professional dance group and leave this job. I spend Sunday afternoons to that end. Further, I engage in activities at The Women's Centre. I am fortunate to have my elder sister to prepare our dinner, since she is not interested in participating in NGO activities. I go to The Women's Centre every day after

work and spend one to two hours there, depending on when I finish work. There are about 20 girls who visit to the centre regularly and also a coordinator who organizes activities at the centre. There, we have opportunities for recreational activities such as watching television, listening to the radio, reading newspapers, or borrowing novels and magazines. Occasionally there are also educational and health promotional activities arranged by the centre. Through attending seminars and discussions, we gain knowledge on human rights, women's rights and workers rights, health and safety conditions, and harassment at the workplace and in society. I also participate in awareness-raising campaigns for EPZ women. We visit boarding houses and other EPZs around the country in order to encourage women to participate in organizational work within and outside factories. Further, we learn drama, music and dancing and we perform at national events, such as the Labour Day and the Women's Day celebrations. The most unique opportunity I gained through the NGO was when a group of us were chosen to visit Thailand in 2001, in order to participate in a workshop and perform at a concert arranged by the TIE-Asia organization.[3] There, we met fellow EPZ workers from Bangladesh, Thailand and Indonesia, and shared our experiences and raised awareness on the issues that are common to us as EPZ workers. It was a significant experience for all who participated, not only because we gained a lot of knowledge about our condition as EPZ workers but also because it was the opportunity of a lifetime for poor women like us to visit a foreign country, other than when we travel to a Middle-Eastern country to work as housemaids.

My active participation in NGO activities has resulted in that I have better knowledge of workers' rights and thus I am not afraid of confronting my employers when they violate our rights. I am able to attain my rights on a personal level, such as sick leave, overtime remunerations, and paid leave when I need it. Further, I do not remain silent when the local men harass us. We walk as groups so that the men are less likely to have the courage to call us names or approach and harass us physically. I do not hesitate to show my anger when men call us names. They have no right to call us names

[3] Transnationals Information Exchange (TIE) is an international network of workers. TIE-Asia is part of this network. The TIE network includes both organized and unorganized workers in the industrial, agricultural and informal sectors, which are dominated by transnational corporations (TNCs) (TIE-Asia website, 2004: More about Tie-Asia).

simply because we are from villages and work in EPZ factories. I am not a woman who suppresses all the miserable experiences that we have every day, but want to show the people that all EPZ women are not disempowered and do not lack courage. Even though my actions at the workplace, in local society, and at the NGO cannot change the opinions and perspectives that society as a whole has on us nor can I provide the entire EPZ women with rights at their workplace and in society, at least I feel free and courageous. I have taken advantage of many opportunities as an EPZ woman and as a rural poor woman.

However, my parents are now becoming worried that my elder sister and I are still unmarried. They have given us permission to find our partners but it is difficult to find partners who accept us because of the negative identity that society has of female EPZ workers in general. Further, the men in this area cannot be trusted. They just want to take advantage of us. They cheat us out of our money and take advantage of our bodies and then marry women from their own village. I do not want to marry a farmer because after years of hard work in the factory there is no energy left to work in fields again. At the age of 30, I do not have any plans to stop working at the factory. I love the work I do at the NGO and at the dancing academy. The EPZ work gives me income which allows me to be an independent woman. However, at the present time EPZ jobs are uncertain, though I hope that I will be able to face the challenges I meet, since now I have saved some money in the form of EPF and ETF and I have developed my dancing career. I hope that one day I will be able to start a small dancing academy of my own.

The two life histories presented above reveal the diversity among female export-processing workers in Sri Lanka in their attitudes regarding working in the EPZ, their lifestyles and their choices, coping strategies and actions. Both women chose to work at Katunayake export-processing zone, but for different reasons. Suba wanted to earn her own money and become an independent woman, while Banu primarily wanted to help her poor family. With regard to the lifestyles they have chosen, Suba had spent most of her time working, earning money (spending it on clothes and other materials), and has

not participated in organizational activities. By contrast, Banu had spent her leisure time working at the non-governmental organization or improving her prospects for future self-employment. Further, their coping strategies for dealing with the challenges that they encounter daily at the workplace and in local society were different, depending on their knowledge and the support they have from their social networks. According to Suba, she had chosen a secure traditional lifestyle and wished to become a farmers' wife. By contrast, Banu's life history demonstrated that she did not give up easily and was willing to fight for her rights and adopt a non-traditional lifestyle.

Through out this thesis there are accounts by different women, telling different stories about their work, gender roles, self-identities, sense of place, with relate to their health, and how they cope with the problems and challenges they encounter at Katunayake export-processing zone. Through the female EPZ workers' stories it is possible to start to understand the theoretical and methodological contexts upon which this research is based and also the socio-economic and political backgrounds at global, national and local levels within which the female export-processing workers in Sri Lanka make choices and take actions to promote their health status.

Globalization and female export-processing workers

Since the late 1970s accelerated global processes, such as the new international division of labour and establishment of export-processing zones (EPZs) in developing countries, have led to a demand for female labour for producing for global market. As a result of this feminization of global workforce, particularly young and unmarried women from rural parts of developing countries are attracted to EPZs in urban areas. The impact of women's work in export-processing industries on the women themselves and the socio-cultural and economic aspects of societies are major themes within the globalization and gender discourse. Literature on the impact of globalisation on women is mainly twofold. One set of literature focuses on how women working at EPZ factories are being exploited by multinational enterprises, while another set of literature focuses on factory work as a

gain for women, which gives an opportunity for women to participate in income-generating activities.

Wages, working conditions (including safety and health), and labour relations are the three areas that have received the most criticisms with regard to the workers' situation in EPZs. Research reveals that even though minimum wage standards exist, workers usually experience unlawful deductions from their wages in the form of compensation for damages they have caused and for unpaid leave. Working conditions at EPZs are described as repetitive and monotonous and the work demands high levels of concentration. Working environments are polluted and unhealthy. Further, especially female jobs at EPZs lack professional upward mobility and do not provide any entrepreneurial skills that the women can use in the future. Regarding the labour relations, EPZs around the world are subject to criticism with respect to lack of rights, supervisor pressure, work pressure, and harassment. Regardless of countries' labour laws and international labour standards, research has provided evidence for human rights violations at EPZs. Accordingly, it is not at all unusual to hear of EPZs being referred to as 'zones of oppression' and 'zones of exploitation' (Heerden, 1998; Romero, 1995).

Further, some literature argues that EPZ jobs regenerate the existing gender relations and women's subordination position in Third World societies (Pearson, 1992). Elson and Pearson (1997) show how factory work intensifies the existing forms of gender subordination since multinationals deliberately try to exploit traditional forms of patriarchal power in societies. Further, multinationals tend to break down traditional gender relations by offering young women choices between either arranged or early marriage and child bearing or working in factories that allow them to fulfil their feminine needs, e.g. in terms of fashion and beauty care. However, the authors argue that regarding the marriage it is men who have the final choice. Furthermore, researchers have argued that EPZ work reinforces traditional gender subordination because when women engage in work outside the home they are subjected to the authority of other men, which may be a powerful reason for a husband wishing to confine his wife to the home.

Studies carried out in Malaysia (Lie & Lund, 1994), Indonesia (Wolf, 1992) and China (Zhang, 1999) identified that work in EPZ factories is a positive experience for

women, since women see the income opportunities as a strategy to alleviate the extreme poverty at home as well as a way of achieving economic and social independence. Further, EPZ jobs prevent women from remaining unemployed or taking alternative jobs which entail worse conditions than that of factory work, such as underpaid/unpaid agricultural work or prostitution (Lim, 1990). According to Lim, it is not the operations of the multinationals that create gender discrimination but the socio-cultural environments of the countries in question. Further, Lim (1990) argues that multinational enterprises practice several forms of exploitation (e.g. low-paid female labour, relocation), but they do so only in response to labour market forces. Lim further argues that in the long run demand for female labour will lead to reduction of the imperialist and patriarchal components of capitalist exploitation of Third World female workers. Thus, she challenges the existing literature on female export-processing workers by suggesting that literature stereotypes the reality of the export-processing zones, conditions and factory women. She shows that not all workers are young, single, have migrated from rural areas, and are exploited by the industries. She points out that the literature has not examined the historical changes in the sector and its positive influence on women. Lack of comparative studies of women and men in other industries is also a limitation. Lim further argues that writers are inadequately informed, use outdated information and their conclusions are based on extreme cases rather than representative situations (Lim, 1990; 1997).

Health of female export-processing workers around the world

Since the establishment of export-processing zones around the world, research on female EPZ workers' health problems has been increasing (Elson & Pearson, 1997; Thorborg, 1991). Studies have identified several types of health problems and also health and safety issues relating to EPZ work. It is reported that headaches and nausea are the most common problems among the female workers in all types of EPZ industries. Dust and noise create indoor air pollution due to poor ventilation in factories and thus cause headaches and nausea. Lighting conditions and awkward posture contribute to worsening

these health problems. Muscular-skeletal disorders (pain in the back, neck, shoulders, and limbs) are another common problem among the workers, caused by poor ergonomic conditions at the workplace, through repetitive movements and awkward positions at assembly line work which demands high levels of concentration and manual work, especially in the textile and garment industries and electronic industries. Stress is a common mental health problem among EPZ workers, due to the lack of control over their duties, monotonous and repetitive tasks on assembly line work and also fear of losing their jobs. Further, the women's stress conditions are worsened by harassment at the workplace as well as in local society (European Agency for Safety and Health at Work, 2003; International Labour Organization website, 2001: Safe Work Papers; Loewenson, 1999). Export-processing zones are regarded as 'danger zones' due to the risk of accidents among the workers, varying from needle-stick injuries to fingers and eyes at textile and garment industries to fatal fire accidents caused by lack of monitoring systems for safety conditions and lack of proper escape routes in emergencies (Frumkin, 1999). Further, the International Labour Organization points out that, in the case of micro-electronic industry, women are exposed to hazardous chemicals which have carcinogenic and mutagenic effects. Women are also exposed to chemicals in other industries that use chemicals in the form of paints, such as for printing, ceramics and textiles. There is evidence for increased reproductive health problems such as miscarriages among female EPZ workers. In most cases, the health problems relating to chemicals and stress are unreported or under-reported due to various reasons, such as fear of job insecurity. Further, high labour turnover in the EPZ sector leads to many problems arising after women have left their jobs since there is inadequate scientific research on workplace hazards and employers' refusal to acknowledge illnesses caused by chemicals (Glassmann, 2001; Loewenson, 1999).

In Bangladesh, Khatun (1998) identifies unhygienic working environments and insufficient safety and health information and instruments as the cause of stomach and urinary tract infections, eye troubles, weakness, and injuries among the EPZ factory workers. Women employed in garment industries on the Mexican border tend to suffer from kidney complaints and varicose veins (Elson & Pearson, 1997). Sexual harassment has become an endemic health problem among the female workers due to lack of

women's rights in the case of maquiladoras in Mexico (Botz, 1994) and in EPZs in Sri Lanka (Dent, 1999). In her comparative study on occupational health problems in Taiwan, China and Sri Lanka, Thorborg (1991) identifies how governments' influence through law enforcement, monitoring and control leads to improvement in occupational health status while lack of law enforcement leads to worsened health in the case of EPZ workers. The Kader toy factory fire, in 1993 in Thailand, was an instance when insufficient safety and health systems resulted in the fire itself and the managers' inhuman treatment of workers further contributed to the deaths of 188 workers and 469 injured since they had locked exit doors to make sure that workers would not steel the toys (Solidarity Centre website, 2004: Kader toy factory fire). The same year, a fire broke out in Zhili toy factory in Hong Kong, and 87 workers died and 40 sustained injuries. In 1993, China recorded 99 fires in country's EPZs (Romero, 1995). Another example from Sri Lanka in 2000 shows how lack of safety and health facilities led to health problems among 260 workers at a Korean-owned ceramic factory. The workers had been suffering from various ailments for several days, including dizziness, chest pain, headaches, and coughs, and were admitted to the national hospital. The factory was closed for 10 days and cleaned, but when production was restarted 50 workers were admitted to the hospital. It was identified that the workers who had cleaned the factory roof which had solar heat insulation made of glass wool became ill first, and when the dust spread others became sick too. This was an example of poor ventilation at a factory, and also lack of interest on the part of the employers and the government to protect the workers' health (by not cleaning the factory properly) resulting in sicknesses among employees the second time (World Socialist website, 2004: News and analyses).

Several studies have focused on EPZ workers' health in Thailand, where 300,000 women work in EPZs, and it has been identified that women in the textile industry are susceptible to a severe respiratory condition called byssinosis, which results from the inhalation of cotton dust particles and leads to breathing problems, weariness, chest pains, and disability, or even death in extreme cases. Further, even though the cause of death of nearly 23 women worked in NRIE electronics firms could not be identified officially, local non-governmental organizations and health officials believe that they were probably the result of exposure to heavy metals such as lead (Glassman, 2001).

Female export-processing workers in Sri Lanka

According to International Labour Organization statistics, there were 461,033 employees working in Sri Lanka's 12 export-processing zones and 4 industrial parks in 2003[4] (Boyenge, 2003). The health and safety of workers has been one of the main focuses of research ever since the establishment of export-processing zones in Sri Lanka. Research identifies female EPZ workers as having strained limbs (de Silva & de Silva, 1993; Perera & de Alwis, 2000), aching bodies (Devanarayana, 1997; The Women's Centre, 1993), who are malnourished and low in weight (Devanarayana, 1997; Samaraweera, 1999), who are vulnerable to sexual, verbal and physical harassment (Dent, 1999), who live with fear, anxiety and stress (Devanarayana, 1997; Samarasinghe & Ismail, 2000), who contribute to an increase in the number of abortions at national level (Samarasinghe, 2002; *Sunday Observer*, 2002), who are raped and killed (Devanarayana, 1997), and who lack human rights at the workplace and in society (Dent, 1999; Dent & Marcus, 2002; Gunatilake, 1999; *The Island*, 2000). Meanwhile, some literature describes female workers in export-processing zones as young[5] and educated[6] and who are economically independent and autonomous women in society (Bandarage, 1998; de Alwis, 2002; Jayaweera, 2000a; Jayaweera & Sanmugam, 2001).

In a study on work posture (ergonomics) and prevalence of persistent pain among garment workers in Sri Lanka, Perera & de Alwis (2000) identified that 39% of garment workers experienced pain in their upper limbs. The incidences are higher among the workers engaged in ironing (57.9%), packing (47%), checking (47%), and cutting (45%)

[4] Statistics on the numbers of employees and EPZs in Sri Lanka vary according to different sources.

[5] Research reveals that more than 90 per cent of female workers are unmarried young women between the ages of 18 and 32 (Abeywardena et al., 1994).

[6] Studies show that 60 per cent of the EPZ women have had 11 years of education. They were unable to continue higher studies mainly due to poverty and having to seek employment. About 22 per cent had had 13 years of school education and had become EPZ workers because they failed to find employment elsewhere (Eyre et al., 2001).

than among the sewing-machine operators (31.8%) and helpers (34.2%). The pain is the result of several factors, such as the arm not being held in a relaxed position or being too close to the body, or because items are not within easy reach and there is undue bending of neck and torso.

Table 1.1: Physical health problems of female export-processing workers in Sri Lanka.

Health problem	**%**
Headache	69
Spine/backache	37
Tiredness	27
Changes in weight	19
Frequent colds	18
Chest pain	24
Dizziness	10
Skin diseases	19
Echoing in the ears	8
Abdominal complaints*	47
Urinary complaints	20
Respiratory complaints**	30
Heat complaints***	22

Source: Eyre et al., (2001) (N= 1383).

*Abdominal complaints including stomach ache, burning sensation, diarrhoea and constipation

**Coughing at nights and afternoons.

***Heart complaints, including chest pain and breathing difficulties. Fast heart beat.

A recent study by the American Solidarity Centre (Eyre et al., 2001) on female export-processing workers' safety and health identifies a number of health problems (Table 1.1). The survey concludes that '*women workers in the Free Trade Zones are usually healthy, young unmarried women. Most of their health needs are in the category of well woman care and health support*' (Eyre et al., 2001: 1).

Objectives of the study

Against the background of the discussion above, I have studied how women working in export-processing industries in Sri Lanka perceive their health and cope with health problems in everyday life. The principle objective of this thesis is *to provide an in-depth view of female export-processing workers' experiences of health in Sri Lanka by using feminist research methodology***.**

In order to attain the principle objective, four underlying objectives are formulated as following:

1. Contribute feminist health geographic research.

Research in health geography (formerly medical geography) has been criticized for its lack of sensitivity to women's health problems, particularly due to the methods used in research (quantitative) which are unable to explore sensitive matters relating to women's health problems, including gender aspects of health problems. However, in recent years there has been an increase in the number of studies adopting feminist methodology (gender and qualitative approaches) to study women's health problems within the sub-discipline. This thesis is a contribution to the sub-discipline, since it has adopted feminist methodology to study women's health problems, viewed women's health problems beyond the traditional reproductive paradigm, and has adopted a holistic approach concerning social, economic and cultural aspects of women's lives to understand their health problems.

Further, health geographic studies have turned towards examining the importance of place in human health. Export-processing zones are places where global, national and local forces intersect. This study looks at the place-based factors such as the roles of different institutions and women's living, social and working environments, as well as women's own positions at their local place and how the places influence female workers' health status.

Further, this study also contributes to the increasing body of interdisciplinary research on health, since I adopt methodological approaches that have been used in feminist geography, theories from health geography and development studies.

2. Identify diversity among female EPZ workers.

Research done on export-processing zones characterizes female EPZ workers as a homogeneous group coming from poor rural families, working and living in extreme conditions, and suffering from various kinds of health problems, but who are unable to change their situation. Using qualitative methods, I seek to identify the diversity within a group of female workers in Sri Lanka in terms of:

- Their place identity and self-identity.
- Their experiences in changing gender roles.
- Their perspectives and experiences with respect to health problems.
- Their choices, actions and coping strategies in relation to health care, prevention and promotion.
- Their capabilities, empowerment and achievements relating to health.
- Their perspectives, opinions and experiences of different institutions.

3. Identify the strategic and practical gender needs of female export-processing workers for promoting health and well-being through empowerment and building capabilities.

I explore whether female EPZ workers are empowered to achieve practical and strategic gender needs for promoting health and what needs they have achieved so far. Through women's stories, institutional perspectives and my own observations, I identify the key practical and strategic gender needs that should be addressed in order to promote EPZ workers' health status. I further give few recommendations for empowering and developing the capabilities of female EPZ workers that will subsequently lead to their well-being.

4. Identify responsible institutions for female EPZ workers' health.

The study also intends to identify the roles of different institutions at local, national and global levels that are responsible for the health status of female export-processing workers in Sri Lanka. I explore institutional perspectives on EPZ workers' health and their strategies for improving the health of EPZ workers. Further, I intend to analyse how the strategies adopted by different institutions directly or indirectly influence women's health status.

The following research questions are addressed in order to attain the objectives:

- How do the young rural women's gender roles, self-identities and sense of place change as a result of their engagement in global production work at Katunayake EPZ factories?
- How do they perceive their health status?
- What kinds of health problems do they suffer from?
- How do they cope with their health problems in daily life?
- What are their capabilities with respect to health issues?
- What are their choices and actions relating to health with respect to cure, prevention, and promotion?
- Do they demonstrate empowerment in their choices and actions relating to health?
- How do they perceive the roles of institutions that are responsible for their health?
- What are the institutional perspectives on EPZ workers' health?
- What are the institutional actions and strategies for promoting the health of EPZ workers?

- What are the key factors that should be addressed in order to empower and improve the capabilities of women to attain better health status and well-being?

The structure of the thesis

This thesis consists of two parts. The first part contains study objectives, theoretical and methodological approaches, and global, national and local contexts relating to export-processing workers in Sri Lanka. It provides theoretical, methodological and contextual frameworks for the articles presented in the second part. The second part consists of five articles and the conclusions of the study.

Some of the information presented in the framework chapters and in the articles is repetitive, for two reasons. First, due to limited space, the articles contain concise versions of theoretical and methodological approaches that were adopted in each study. Therefore, in the first part, I present broader descriptions of some of the concepts, namely women's health, place and empowerment, and methodological approaches that have been used in this study. Second, since the articles are formatted as independent units of work, and also aim to address readers with different levels of knowledge, the information related to female industrial workers in Sri Lanka is repeated in several articles.

Part I of this thesis consists of six chapters. Chapter 1 gives an introduction to the thesis by briefly covering female export-processing workers around the world and in Sri Lanka, and also introducing the study objectives. Chapter 2 provides a description of globalization as the main theoretical basis of this study. The chapter looks at how processes and institutional strategies at global level shape and change different aspects of female export-processing workers' lives. At the end of the chapter, I present the conceptual framework of the study, which shows how the study's objectives, research questions and concepts are linked. Chapter 3 presents comprehensive descriptions and definitions of the key concepts that the study has adopted namely women's health, place, empowerment and capabilities. The chapter also presents an analytical framework that illustrates how the concepts are operationalized. Chapter 4 provides a description of

methodological approaches, research methods and a critical reflective analysis of the researcher's role in the research process. Chapter 5 provides a description of the Sri Lankan national context within which the female workers make choices and take actions relating to health. Chapter 6 consists of two sections. The first section provides a review and analysis of literature on female workers in Sri Lanka. Based on empirical data, the second section provides descriptions of institutions at Katunayake export-processing zone area that are responsible for female export-processing workers' health status.

In Part II, Chapter 7 consists of the five articles which address various aspects of the research objectives and research questions as set out in Chapter 1. Finally, concluding remarks are provided in Chapter 8. The chapter provides a summary of the results and several recommendations for securing the future well-being of the women by using empowerment and capabilities approaches.

Chapter 2

GLOBALIZATION
AN ERA OF SEARCHING FOR ENABLING AND COPING STRATEGIES

Introduction

> *Globalization, a dominant force in the 20th century's last decade, is shaping a new era of interaction among nations, economies and people. It is increasing the contacts between people across national boundaries – in economy, in technology, in culture and in governance. But it is also fragmenting production processes, labour markets, political entities and societies. So, while globalization has positive, innovative, dynamic aspects – it also has negative, disruptive and marginalizing aspects.*
>
> *Human Development Report*, 1999: 25
> (United Nations Development Program, 1999)

The concept of globalization is used to explain contemporary events occurring at global, national, local, and individual levels. In the simplest sense, globalization means increased interconnectedness and interdependencies between countries on a global scale. It is not the globalization itself that leads to the changes around the world, but the processes that

form the concept. Changes in nations, local places and individuals are explained in relation to globalization processes. Therefore, globalization processes provide an analytical framework for studying economic, political, social, and cultural transformations of nations, places and people (Perrons, 2004).

Female EPZ workers are one of the main actors in global production systems. Their lives have changed positively and negatively as a result of their participation in global production activities at export-processing zones (EPZs). The present conditions of female EPZ workers in developing countries, such as lower wages, worsened health and lack of rights, as well as their economic independence and empowerment, are the result of a combination of global processes and local strategies. Therefore, I have chosen globalization as my umbrella theory to explain the processes and impacts that contribute to shaping the health of female export-processing workers in Sri Lanka.

This chapter begins with a discussion of globalization discourse. Then, a description of the impacts of globalization on the health of people in general is presented. It is followed by a section describing globalization processes that are influential in shaping and changing different aspects of women's lives, particularly export-processing workers. The roles of global institutions, such as the World Bank, International Monetary Fund, International Labour Organization, United Nations, World Trade Organization, and also multinational enterprises and international non-governmental organizations are described in each process. The final section of this chapter presents my conceptual framework for studying female EPZ workers' health.

Globalization discourse

In a publication edited by Held and McGrew, the editors state: '*few contemporary phenomena elicit such political and academic controversy as globalization. Some consider it the fundamental dynamic of our epoch, a process of change which is to be promoted, managed or resisted; by contrast, others consider it the great myth of our times, notion which misrepresents and misconstrues the real forces which shape our lives*' (Held & McGrew, 2000: ix). The statement implies that considerable

contradictions exist among scholars when they articulating globalization. For some scholars, globalization is not a new phenomenon but has existed throughout human history (Geyer & Bright, 1995; Modelski, 1972; Sen, 2002). Others recognize that globalization is not a new phenomenon, but that the concept has received a new meaning during the past 15 years, primarily for three reasons (Diaz-Bonilla et al., 2002; Giddens, 1990; Harvey, 1990; United Nations Development Program, 1999). The first reason relates to the changes in technology generation, adoption and diffusion, including major advances in communications and transportation. The second reason relates to the end of the cold war, which eliminated some of the geopolitical barriers to world integration and the process of economic deregulation and liberalization in many countries. The dramatic increase in world population constitutes the third reason, which either alone or in conjunction with technology and policies causes the densification of world economic, social, cultural and environmental interactions. According to Giddens (1990), globalization means '*the intensification of worldwide social relations which link distant localities in such a way that local happenings are shaped by events occurring many miles away and vice versa*'. However, there are several scholars who are sceptical about the existence of globalization or global market system (Hirst & Thompson, 1999; Rugman, 2000). These scholars deny the notion of integrated global economy and highlight that world economic activities are organized within three core blocks, each with its own centre and periphery: Europe (European Union), Asia Pacific (Japan) and North America (USA).

There are several dimensions to globalization. Giddens (1990) identifies four dimensions: the nation-state system, the world capitalist economy, the world military, and the international division of labour.[7] According to Giddens, these are connected to

[7] The first dimension, the nation-state system, holds political power within its territorial boundaries. The second dimension, the world capitalist economy, holds the economic power and generates wealth for some nation-states. Giddens sees the world military order as one dimension of globalization because on the one hand it is able to preserve world peace, and on the other hand all nations, whether they are economically rich or poor, are more or less homogeneous in their military capabilities. The fourth dimension, the international division of labour, is essential for both the nation-state system and the industrial capitalists to generate wealth (Giddens, 1990).

each other in various ways, and cannot be explained exhaustively in terms of each other. Formerly, the globalization discourse focused on only the economic aspect and ignored political and cultural aspects as well as the impacts of processes of globalization on local places and people (Pearson, 2000). Currently, the discourse identifies cultural, economic, financial, political, technical, and gender dimensions of globalization processes. Pyle (2002) identifies five processes of globalization that affect the gendered division of labour and further shape and change women's roles: the dynamics of the increasingly market-oriented global system, the increasing adoption of export-led development strategies, the spread of multinational enterprises and their changing cost-cutting strategies, the effects of stabilization and Structural Adjustment Policies (SAPs) required by the International Monetary Fund (IMF) and the World Bank (WB), and the shift in the relative power of major global institutions towards those more motivated by markets than human-centred development.

Further, scholars identify that the impacts of globalization processes are highly likely to vary under different international and national conditions, such as a country's position in the international division of labour or its overall relation to major international institutions. Further, people at different local places act and respond differently to the same global processes, and the outcome on a particular place or a group of people will vary considerably according to the social, economic and cultural backgrounds of places and people. The term 'glocalization' is used to describe the impacts of local places and/or people on global forces.[8] In this study, glocalization means local reactions to the global processes and the places where global and local processes interact are identified as 'glocal places'.

There are a number of differences between globalist scholars (i.e. those who believe in the existence of globalization) on how the world should react to its processes.

[8] Sociologist Roland Robertson is credited with popularizing the term 'glocalization'. At a 1997 conference on 'Globalization and Indigenous Culture,' Robertson said that glocalization 'means the simultaneity, the co-presence of both universalizing and particularizing tendencies'. An example of glocalization is the increasing presence of McDonalds restaurants worldwide, yet the restaurant chain's menus vary in an attempt to appeal to local palates (Craig Stroupe Ideas website, 2005: Glocalization).

For some scholars, globalization is the fundamental force of our epoch, and a process of change which is to be promoted. Neo-classical economists argue for promoting the processes of globalization, since they believe that through trade liberalization market forces expand employment opportunities for both men and women and reduce wage and gender discrimination. Global institutions such as multinational enterprises, and the World Trade Organization, the World Bank and the International Monetary Fund follow the neo-classical economic theory in order to attain their goals, primarily profit maximizing and economic development. Some scholars, especially feminists and development scholars, and global institutions that aim for global justice for people, such as the United Nations and the International Labour Organization, argue for managing and resisting the forces of globalization, since they are sceptical as to whether market forces can deliver such desirable outcomes without regulations at national and global levels. They identify the power relation between labour and capital as the pivot around which the terms and conditions of work have to be negotiated and codified. Further, they emphasize that the necessity for social arrangements for bargaining and negotiating the conditions of work will have to incorporate the voices of excluded social groups, particularly female workers (Martens & Mitter, 1994; Mitter, 1986; Streeten, 2001). Contrary to both arguments, some feminists argue that neither market forces nor institutional intervention will alleviate the gender differences in the labour market. Thus, women have to struggle in both domestic and public spheres to attain their rights to work (Afshar & Barrientos, 1999; Ibrahim, 1989; Razavi, 1999; Samarasinghe, 1998; Singh & Zammit, 2000).

I agree with the globalist scholars who believe that globalization is *an era of increased interactions between nations and individuals and the processes of globalization shape and change every aspect of people's lives in all over the world*. However, I will argue that the present era of globalization has not only increased interactions between people at global, national and local places, but as a result it has also become an *era of searching for both enabling and coping strategies.*

Globalization and health

Globalization has a complex influence on health in the same way as it affects every other aspect of human life. There are both potential health gains and problems associated with processes of globalization and the strategies of global actors relating to populations as a whole as well as to individuals in both developed and developing countries. Drager et al., (2002) provide a complex model illustrating the links between the processes, strategies and actors at global, national and local places that affect people's health. The health of a particular country, a group of people at a local place, or an individual vary according to their positions in the global system. Further, their actions for coping and improving their health status vary according to the socio-cultural, economic, political, and legal backgrounds. They opt to take glocalized actions when they encounter global problems.

Some researchers maintain that global processes have improved people's health through the development of public health systems and the spread of medical technologies (Cornia, 2001; Dollar, 2001; Geolzer, 2003; Loewenson, 1999; 2001). Global communications technology has contributed to increasing the availability of health care systems and medical technologies beyond national boundaries. It enhances people's knowledge of unhealthy behaviours, healthier lifestyles and nutritious food. Further, the competitive market strategies increase the research, development and production of important pharmaceuticals, which are in high demand in developing countries. It is argued that through privatization of health care delivery systems, it is possible even for people in the Third World countries to access the most updated medical technologies (Diaz-Bonilla et al., 2002). Global actors and/or institutions (i.e. United Nations, World Health Organization) take collective actions against global health problems, such as AIDS, malaria and tuberculosis, and provide assistance to affected countries in the form of health care and awareness-raising (Drager & Beaglehole, 2001). Further, they collaborate to reduce the negative effects of globalization processes by establishing rules and standards for actors at both global level (multinational enterprises, non-governmental organizations) and national level (national governments).

Processes of globalization have also contributed to increase national incomes through integration into the global market. Many developing countries have proven that

integration into global market systems through the supply of labour and infrastructure has paid off with reduced unemployment and trade balances. Further, they are able to provide better infrastructure which are necessary for improving the health of their populations. Likewise, increased incomes through employment opportunities enable individuals and families to achieve better health status. For example, people are able to pay for modern health care facilities supplied by private sector or they can use increased incomes for consuming health promotional foods and items and adopting healthier lifestyles (Diaz-Bonilla et al., 2002; Dollar, 2001).

Globalization processes influence human health negatively in several ways. Globalization has speeded up the pace of migration of individuals within and between nations and consequently has increased the pace of disease distribution across the nations. Further, migration has spread diseases such as cholera, tuberculosis, dengue fever and AIDS to places where they had been previously unknown (Dollar, 2001; Drager & Beaglehole, 2001; United Nations Development Program, 1999). There is another link between health and increased international migration, namely the phenomenon known as the 'brain drain'. Developing countries are losing their highly trained medical personnel to developed countries due to liberalized migration and labour laws. Thus, this has severe negative impact on the health care delivery systems of developing countries (Peiris, 1996).

Globalization is been criticized by international institutions, such as the United Nations Development Program[9] and OXFAM (Labonte, 1998), as well as development and feminist scholars,[10] for increasing the inequalities between rich and poor regions and

[9] Describing the increasing inequalities in income, resources and wealth between nations and regions as a result of liberalization and privatization of economies, the Human Development Report (United Nations Development Program, 1999) states: '*When the market goes too far in dominating social and political outcomes, the opportunities and rewards of globalization spread unequally and inequitably – concentrating power and wealth in a selected group of people, nations and corporations, marginalizing the others … In sum, today, global opportunities are unevenly distributed between countries and nations*' (United Nations Development Program, 1999: 2).

[10] Afshar & Barrientoes, 1999; Colon-Warren & Alegria-Ortega, 1998; Cornia, 2001; Diaz-Bonilla et al., 2002; Pearson, 2000; Pyle, 2002; Singh & Zammit, 2000; Streeten, 2001.

between individuals, which subsequently delimits the positive effects of globalization. The least developed countries are marginalized and do not enjoy the benefits of globalization because of their poverty and lack of human capital and infrastructure. Subsequently, these countries suffer from underdevelopment of the socio-economic, political and cultural structures that are necessary for attaining better health and well-being.

Some countries experience unequal access to medical care by different social groups as a result of implementing the privatization policies recommended by the World Bank and the International Monetary Fund under the Structural Adjustment Program (SAP) (Sitthi-amorn et al., 2001). Further, adoption of unhealthy lifestyles, behaviours and food, not to mention environmental pollution, all increase the health risks of people throughout the world (Diaz-Bonilla et al., 2002; Geolzer, 2003).

Processes of globalization

Emergence of neo-liberal economic theory

After three decades of trial and error in terms of modernization and dependency development policies, by the late 1970s the Third World countries were suffering severe debt crises,[11] unemployment[12] and increased poverty.[13] Meanwhile, the rich nations were following the classical economic theory of Adams Smith and increased the quality of

[11] These were due to import costs exceeding export revenues. Third World countries imported capital goods for large-scale modernized agriculture and industries that have higher prices and their export was limited to agricultural products and raw materials that have had lower prices in the global market (Potter et al., 2004). Thus, they led to budget deficits and higher levels of borrowing from international institutions.

[12] Mechanized agriculture and capital incentive production in the industrial sector led to increased unemployment (Potter et al., 2004; Visvanathan et al., 1997).

[13] The Third World countries did not experience the trickle-down effect as assumed by the modernist theories, but experienced economic polarization. Unequal distribution of income increased the gap between the rich and the poor and between urban and rural areas (Potter et al., 2004; Visvanathan et al., 1997).

lives of their populations through engaging in open market and free trade activities that led to high economic growth (Jenkins, 1992). This classical economic theory re-emerged as neo-liberal economic theory in 1980s, when the International Monetary Fund and the World Bank formulated and recommended or enforced SAPs on developing countries in order for them to receive foreign aid and to reduce unemployment. Neo-liberalism criticizes the role of the governments in developing countries, such as high levels of state intervention in the form of subsidies to protect national industries and on welfare goods, increased protectionism towards foreign trade, lack of information, and instruments and corruption that led to underdevelopment of the nations (Jenkins, 1992).

Structural Adjustment Policies recommended three strategies for the Third World countries. The first was market liberalization, which minimized government intervention in the economy in the form of subsidies. The second strategy was trade liberalization which opened up countries to foreign trade through the deregulation of goods, services and labour markets, the liberalization of capital market, and currency devaluation. Neo-liberal economic theory recommends that a country produces goods that it has comparative advantage of in terms of the global market. The third strategy was reducing the state intervention in economic activities and focussing instead on macro-economic management and privatizing state enterprises (Jenkins, 1992; Portes, 1997; Potter et al., 2004). Even though enforcement of SAP policies has terminated due to severe negative impacts on health and education sectors in Third World countries, neo-liberal theory is still in force within the policies of the World Bank and the International Monetary Fund. In recent poverty reduction strategy papers (PRSP), many Third World governments in developing countries have focused on continuing their engagement in global market activities that are recommended by neo-liberal economic theory.

The new international division of labour

A new form of international division of labour began to emerge in the 1960s, but the process intensified during the 1980s, corresponding to the implementation of SAP policies. The old or colonial type of international division of labour comprised of an industrial centre (colonial nation) and periphery countries, which produced raw materials

for the industries located at the centre. Traditionally, the activities of transnational corporations (TNCs), currently widely referred to as multinational enterprises (MNEs), in the Third World were concentrated in agriculture, mining and oil extraction (Jenkins, 1992).

One of the most visible processes of globalization is the intensified relocation of industrial production from developed countries to developing countries. According to Mitter (1986), the high level of organized labour in the USA (white, male, higher waged) dramatically decreased real profits as a percentage of total investment, from 15.5% in the period 1963–1966 to 9.7% in the period 1974–1978. Industries located in developed countries tend to lose their comparative advantage due to high labour and land costs compared to the lower labour prices offered by the Third World governments that have newly adopted Structural Adjustment Policies. The investors and multinational enterprises saw the opportunities to increase their profits by 50–400% by relocating production operations to the Third World countries, where there were low-cost female labour, lucrative tax reductions, infrastructure, and other financial benefits for foreign investors in their newly established export-processing zones. Over the past three decades, multinational enterprises have moved their production operations into the Third World countries, especially in South Asia, South-East Asia and Central America.

Establishment of export-processing zones in developing countries

In order to survive poverty-related problems, many Third World countries have adopted SAP policies and abandoned their protective economic development strategies, such as import substitution industrialization. Countries have established export-processing zones with high quality infrastructure, and provided lucrative tax incentives to encourage investors from multinational enterprises to invest in their EPZs.

An International Labour Organization report (Heerden, 1998) identifies export-processing zones as the '*vehicles of the globalization*' because when global production networks or chains are constructed the EPZs provide the links. The report defines export-processing zone as: '*Industrial zone[s] with special incentives set up to attract foreign*

investors, in which imported materials undergo some degree of processing before being exported again' (Heerden, 1998). The term 'zone' is somewhat misleading because it gives the impression that the reference is to a clearly defined territorial area only. However, this is not the case. In different countries the governments have different arrangements for granting EPZ-type privileges to investors engaging in export-oriented production. Some give the privileges only to companies located in territorial enclaves separated by walls or fences from the rest of the country, for example, the Dominican Republic. In contrast, countries such as Barbados and Mauritius have no zones. The advantages are therefore granted to companies producing mainly for export, regardless of where they are located. In the Philippines, privately owned industrial parks can also be licensed as EPZs. There are also countries which have enclaves as well as a system of granting EPZ status to export-oriented companies operating outside those limits, such as Costa Rica, Cameroon and Sri Lanka. In fact, on 6 November 1992, the entire territory of Sri Lanka was declared an EPZ. Thus, an export-processing zone can be defined as: '*a delimited geographical area or an export-oriented manufacturing or service enterprise located in any part of the country, which benefits from special investment-promotion incentives, including exemptions from customs duties and preferential treatment with respect to various fiscal and financial regulations*' (Romero, 1995: 1).

Even though the term export-processing zone is widely used in academia, a wide variety of zone formats exist, including: free trade zones in Sri Lanka,[14] Costa Rica, Honduras, Ireland, Trinidad and Tobago, Turkey, United Arab Emirates, Uruguay, Venezuela; maquiladoras in Costa Rica, El Salvador, Guatemala, Honduras, Mexico and Panama; special economic zones in China; bonded warehouses or export garment industries in Bangladesh; bonded zones in Indonesia; industrial free zones in Cameroon, Colombia, Ghana, Madagascar, Syrian Arab Republic, and Jordan; industrial estates in Thailand; free zones and special processing zones in Peru; and free economic zones in Russian Federation, and also technology and science parks, financial services zones and free ports (Romero, 1995). Table 2.1 shows the global distribution of export-processing zones by region in 2003.

[14] In this thesis, I use the term export-processing zone.

Table 2.1: Global distribution of export-processing zones and industrial parks in 2003.

Region	Numbers			Dominant countries
	EPZs	Other zones*	Employment	
North Africa	16	19	440,515	Egypt, Tunisia, Morocco
Sub-Saharan Africa	50	12	431,348	Kenya, Ghana, Malawi, Namibia, South Africa
Indian Ocean	2	2	127,509	Mauritius (whole island) Madagascar
Middle East	38	8	691,397	UAE, Saudi Arabia, Jordan
South Asia	48	3,004	3,104,914	Bangladesh (2.1 million), Sri Lanka, Pakistan
South East Asia	105	550 (approx.)	32,633,970	China (30 million), Malaysia, Thailand, Hong Kong,
Mexico and central America	79 + maquiladoras	350	2,241,821	Mexico (1.8 million), Belize, El Salvador
South America	40	-	311,143	Venezuela, Brazil
Caribbean	93	2	226,130	Dominican Republic
Transition econ. of Central & E. Europe	93	10	245,619	Lithuania, Ukraine, Poland
Pacific	14		13,590	Fiji
Europe	68	-	50,830	Turkey
North America	2	366	330,000	
Total	**648**	**4323**	**41,934,133**	

Source: Boyenge, 2003.

*Industrial parks, technology parks

Most EPZ-operating countries offer the same package to investors, consisting of financial incentives such as tax reductions, duty free imports and exports, infrastructure, relatively cheap labour, and strategic location. Host countries gain access to market through trade agreements, i.e. quotas under the Multifibre Arrangement[15] (Mahendran,

[15] Textile and garment industries in the global market were controlled by c. 100 bilateral MultiFibre Agreements, which restricted the share of market (quota system). Especially USA and European Union imposed restrictions through quota system. However, this system has provided stable market system and eliminated the danger of competition, thus allowed poor countries gaining advantage in market access. However, there was strong pressure from even the Third World Countries to remove the protectionist policies of developed countries. It was agreed in Uruguay in 1995 to eliminate all restrictions applicable to textile and garment industries within the next ten years. All restrictions are to be removed by 2005 (Board of Investment of Sri Lanka website, 2005: News updates).

2003). Through such incentives to the investors, countries intend to increase their competitiveness in the global market in efforts to attract investors. Thus, governments presume that export-oriented industrialization as a development strategy will decrease the unemployment level, raise living standards, introduce new technology, transfer new skills and expertise to local human resources and entrepreneurs, boost the export sector (particularly non-traditional exports), and earn foreign exchange. Further, governments aim to strengthen less-developed regions through employees' remittances and indirect job creation in the zone areas (Romero, 1995).

Impacts of globalization processes

Polarization of global economic activities and wealth

Deindustrialization of developed countries and increased industrialization of developing countries are identified as two of the main impacts of the new international division of labour. Developed countries experienced decreased labour force in their manufacturing sector, while the EPZs in developing countries have created millions of employment opportunities, especially for women (Perrons, 2004). In this sense, globalization processes do not marginalize the Third World countries or poor women. The statistics in Table 2.1 show that establishment of export-processing zones is successful as a strategy to reduce unemployment. The number of jobs created in each country is evidence that EPZs are effective in this regard.

However, the *Human Development Report* (United Nations Development Program, 1999) has criticized the recent developments in global economic integration since the distribution (in the form of FDI, export shares and gross domestic product) is still unequal and the gap between the poor and rich is increasing. Table 2.2 provides an overview of the disparities between rich and poor countries in terms of global opportunity.

Table 2.2: Disparities between rich and poor countries in global opportunities.

Opportunity	Income levels of countries		
	Richest 20%	**Middle 60%**	**Poorest 20%**
Share of world GDP	86	13	1
Share of exports of goods and services	82	17	1
Share of foreign direct investment	68	31	1
Share of Internet users	93.3	6.5	0.2

Source: *Human Development Report* (United Nations Development Program, 1999).

Kabeer (200?) also argues that the present development in international trade is based on 'unfair' advantages rather than 'comparative' advantages. The competitive nature of the global market system leads to multinational enterprises relocating their industries to where there is cheap and exploitable labour rather than where there is cheap and abundant labour. Consequently, richer countries and multinational enterprises gain profit at the expense of poor Third World countries and their labour.

The *Human Development Report* (United Nations Development Program, 1999) also identifies that the least developed countries are marginalized within the global market system, since they are unable to provide the type of infrastructure that attracts multinational enterprise investors to their countries. For example, many African countries have been unable to compete in the global market because of their poor human and natural capital, which are not attractive to foreign investors. Even the integrated countries (South-East Asian, southern Asian and South American countries) are also marginalized when it comes to the level of skills and capital provided to the global production. Rich countries provide the technology and management skills that have higher prices, while poor Third World countries provide low-skilled or unskilled labour to the global production, which are characterized by low wages, poor working conditions, lack of upward mobility, and underdeveloped labour-relations systems. In addition, employment skills and technology transformation into the domestic economies is not evident in the host countries as might be expected. Besides being low-waged and low-skilled, the jobs are viewed as replaceable and workers' concerns do not receive sufficient attention in labour and social relations (Heerden, 1998; Kabeer, 200?; Romero, 1995).

Feminization of the global manufacturing labour force

The majority of the workforces in export-processing zones worldwide are usually female, but in certain activities, notably textiles, garment manufacturing and electronics assembly, women can account for as much as 90% or more of the workers. Table 2.3 shows the percentage of female employment in various countries' EPZs.

Table 2.3: Level of employment at export-processing zones and percentage of women by country.

Country	Total EPZ employment	% of female employment
Cape Verde	1,141	88%
Kenya	27,147	60%
Malawi	29,000	51%
Mauritius	83,609	56%
Bangladesh	2, 138,341	62%
Sri Lanka*	431,050	77.72%
Rep. of Korea	39,000 (?)	70%
Malaysia	322,000	54%
Philippines	820,960	74%
Guatemala	242,000	70%
Honduras	106,457	67%
Mexico	1,906,064	60%
Nicaragua	40,000	90%
Panama	14,900	70%
Dominican Republic	181,130	53.1%
Haiti	10,000	69%
Jamaica	20,000	90%

Source: Boyenge (2003)

* Source: Central Bank of Sri Lanka, 2004

Why female workers?

Since processes of globalization have simultaneously integrated and marginalized women through work at export-processing zones, feminist scholars have been interested in understanding why investors of multinational enterprises seek female workforces as their employees (Pearson, 1992; Pyle, 2002). Returning to the development strategies of developing countries during the modernization era in 1950s and 1960s, investment in

macro level industries, such as metal, shipping, constructions, and mechanized agriculture, was encouraged in order to attain development. These large-scale industries attracted male labour forces, since the work involved was regarded as men's work, which required certain levels of skill and strength that were not characteristic of the female body.

Unlike during the period of modernization, in the era of globalization, industrial capitalists have been more interested in investing in consumer items, such as textiles, garment, jewellery, food, and electronic items. Such industries do not look for skilled labour which demands higher wages but for semi-skilled or unskilled labour to work on assembly lines. Employers have a strong preference for female production workers, since it is believed that manual dexterity, patience, and other 'gender-specific attributes' such as tidiness, render women more suitable than men for carrying out assembly line tasks which are repetitive and demand painstaking attention to detail.

Another view is that female workers are preferred because they are considered docile, obedient and willing to accept tough work disciplines, are less likely to press demands for better pay and working conditions, and are less inclined to join trade unions than men. Since women's work at EPZ industries is regarded as unskilled or semi-skilled, low wages are rationalized on the basis that women do not have the primary responsibility for earning the main income for the family. The industrial capitalists are able to make higher profits through employing women than men due the high levels of productivity and low level of costs involved.

In many host countries, the EPZs have made it possible for unpaid homemakers (i.e. women who are heads of households, those in the agricultural sector and school-leavers with very few job prospects) to find paid employment in industry. Primarily, female workers are aged between 18 and 25 years, most of them are single, with primary school education, and little or no previous work experience. There are, however, some exceptions in countries such as Sri Lanka, Panama and the Philippines, where at least one-third or sometimes as much as half of all female workers have completed secondary education. Although the host countries and individual workers hope that the jobs will provide the basis for upward mobility either within or outside the given enterprise, for

most of them this has not been realized. Especially, jobs in the textile, clothing, leather, and electronics industries account for the majority of the unskilled and semi-skilled production. For most workers, training is given generally on-the-job, is of relatively short duration and is task-specific. It does not provide any kind of entrepreneurial or professional skills relating to self-employment or being promoted (Lie & Lund, 1994; Pearson 1992; Romero, 1995).

Increased global concern on human rights and workers rights

Reports about the '*sweatshops*' within EPZs that exercise undesirable practices, such as inhuman punishments, verbal, physical and sexual harassments that violate labour rights and human rights, fatal industrial accidents, and ignorance of safety and health of workers, are largely responsible for EPZs' negative identities as *'zones of oppression'*, *'zones of exploitation'* or *'danger zones'* (Glassman, 2001; Heerden, 1998; Romero, 1995). Workers' negative experiences of social and labour issues in export-processing zones have become major concerns of global institutions, such as the United Nations, International Labour Organization and a number of international non-governmental organizations. The International Labour Organization has declared a number of conventions[16] to protect the rights of workers worldwide. The *Tripartite Declaration of Principles concerning Multinational Enterprises and Social Policy* of 1977 reinforces ILO conventions and recommendations relating to wages and working conditions (International Labour Organization, 2001). All enterprises, regardless of their type of

[16] **Fundamental International Labour Standards of the International Labour Organization.**

Convention 87: The freedom of association and protection of the right to organize convention (1948)
Convention 98: Right to organize and collective bargaining convention (1949)
Convention 29: Forced labour convention (1930)
Convention 105: Abolition of forced labour convention (1957)
Convention 111: Discrimination (employment and occupation) convention (1958)
Convention 100: Equal remuneration convention (1951)
Convention 182: Worst forms of child labour convention (1999)
(International Labour Organization website, 2002: Fundamental International Labour Standards).

industrial activity, ownership or location, are expected to follow the principles and practices recommended by the Tripartite Declaration. There are 58 paragraphs in this declaration, which are all of equal importance. Some of them are worth highlighting in this thesis since they directly concern the safety and health and workers rights relating to certain conditions at the work place:

Paragraph 33: Multinational enterprises (MNEs) are expected to offer wages, benefits and working conditions that are 'not less favourable' than those offered by comparable local employers.

Paragraph 37: Due to their global experience and knowledge of special hazards, MNEs are urged to 'maintain the highest standards of safety and health'.

Paragraph 45: Governments are urged not to offer special investment promotion incentives that include limitations on the right of workers to join trade unions of their choice and to organize and bargain collectively.

Paragraph 48: Workers in MNEs should have the right, in accordance with national law and practice, to have representative organizations of their choice recognized for the purpose of collective bargaining.

Paragraph 52: MNEs are called upon not to use the threat of transferring all or part of their operations in order to hinder the right to organize and the process of collective bargaining.

The Tripartite Declaration (International Labour Organization, 2001) is adapted by many multinational enterprises, governments and employers' and workers' organizations in order to promote good social practice in matters of employment, training, conditions of work and living, and industrial relations. As a result, pay and working conditions in most EPZs are either similar to or better than those in comparable manufacturing enterprises in other parts of host countries. In many countries wage levels are negotiated at tripartite meetings involving employers, employees and government.

The World Trade Organization[17] (WTO) is the umbrella organization that governs international trade, and also enforces international labour standards through different trade agreements between MNEs and member states (World Trade Organization website, 2005). However, recently the WTO was criticized for favouring developed countries when it formulates trade agreements. The Seattle riot in 1999 and Gothenburg riot in 2002 are examples of people reacting against the WTO trade agreements (Kabeer, 200?; Rugman, 2000).

Even though the Tripartite Declaration recognizes workers rights to organize and collective bargaining, most governments and multinational enterprises do not respond positively. For example in Bangladesh, trade unions within the EPZs are banned by the law and workers are struggling for their rights (International Labour Organization, 2000a, Khatun, 1998). In Malaysia, the employers discourage the workers for unionizing since such unions are detrimental to companies (Lie & Lund, 1994). In African countries, MNEs deliberately avoid negotiating collective agreements with unions in order not to have improved working conditions and wages. In Latin American and Caribbean countries, such as Colombia, Honduras and the Dominican Republic, workers struggle to persuade governments and employers to accept workers rights, including acceptable working environments and unionization, by questioning why the governments do not respect the conventions which the themselves ratified (International Labour Organization, 2000).

In this regard, global non-governmental organizations (NGOs) work for betterment of EPZ workers around the world. They mobilize local NGOs and other grass

[17] The World Trade Organization was established in 1995. It oversees international trade agreements and provides the secretariat for the General Agreement on Tariffs and Trade based in Geneva since its inception in 1948. The main purpose of the WTO is to resolve trade disputes arising among the member states. The members of the WTO now account for well over 90% of the world's trade and virtually all of its investment. Nearly all the developed (at least 32) and most of the developing countries have joined the WTO (totalling 148 countries in 2004; WTO website). China's entrance in 2001 was a landmark for the activities of the WTO as well as member countries, since China began to attract a larger share of foreign direct investments (Rugman, 2000; World Trade Organization website, 2005).

root forces to ensure the rights of workers, protecting and promoting health status and raising EPZ workers' awareness of their rights. Further, through improved global information technology (i.e. the Internet), NGOs give voice to the struggles of EPZ workers, particularly struggles which aim at gaining collective bargaining power (e.g. the right to trade unions), which are not supported by majority of EPZ employers. A few of these organizations are: TIE-Asia, IRENE, Clean Clothes Campaign for Labour Rights, The Maquila Solidarity Network (MSN), Sweatshop Watch, National Labour Committee, UNITE, Fair Wear Australia, No Sweat, International Confederation of Free Trade Unions (ICFTU), Asia Monitor Resource Centre (AMRC), and China Labour Bulletin (Clean Cloths Campaign website, 2004).

Changing gender roles and relations in developing countries

Much of the literature describes how women's roles and gender relations have been subjected to change because of women entering into the formal labour market; particularly factory work in export-processing zones (Jayaweera & Sanmugam, 2001; Lie & Lund, 1994; Zaman, 2001; Zhang, 1999). Women are now not only responsible for their reproductive roles as the traditional systems prescribed. Their work has expanded to include productive work in the formal sector and they contribute to a significant share of family incomes. In some cases, the woman's income is crucial for survival of the family since most of EPZ workers are either the head of their households or their male counterparts have lost the jobs due to SAPs. These women become the breadwinners of the families, a role that was traditionally ascribed to one of men in the household (Botz, 1994; Elson & Pearson, 1997; Fernandez-Kelly, 1997; Lim, 1997; Wolf, 1997). In many Asian countries young and single women have the opportunity to earn income by working in EPZs. Even though many researchers have highlighted poverty as the main reason for working in EPZs, qualitative research explores how women regard the EPZ jobs as way to achieve freedom from traditional patriarchal family systems, economic and social independence, and a way of paying back their families for bringing them up in the world (Botz, 1994; Lim, 1990; Wolf, 1992; Zaman, 2001; Zhang, 1999).

Globalization as an era of searching for enabling and coping strategies

It is evident that processes of globalization presented above provide opportunities for nations and individuals and also enable them to become economically successful actors. Unfortunately, the unequal distribution of global opportunities results in nations and individuals having to develop coping strategies for surviving within the global system. Hence, in this thesis, I identify the current trend in globalization as *an era of searching for enabling and coping strategies*. From global to individual level, actors (MNEs, international institutions, national governments, households, non-governmental organizations, and individuals) are constantly searching for strategies, either to minimize their losses, to maximize profits, and/or to avoid the negative consequences of global and local processes and strategies taken by other actors. According to their targets and strategies, I categorize the global actors under three groups: global economic institutions (MNEs, WTO), global developmental institutions (WB, IMF, NGOs), and global justice institutions (UN, ILO, NGOs).

Global economic institutions, such as multinational enterprises, target at maximizing profits by supplying goods and services for the global market. At global level, MNEs compete with each other to increase their market share by producing at the cheapest rate. As a strategy to cope with the competition, MNEs relocate their production operations where they can achieve the lowest production costs through cheap labour, unlimited tax reductions and better infrastructure. Meanwhile, the World Trade Organization enables trade agreements between global partners (MNEs and national governments) in order to maintain positive trade transactions for all partners involved in global market system (Rugman, 2000).

Global development institutions such as the World Bank and the International Monetary Fund work for attaining development by allocating resources to poor countries in the form of loans and donations, especially to those that are unable to achieve positive growth through the global market system. At present, poverty reduction and disaster management have become the main targets of these global developmental institutions. The institutions working for global justice, such as the United Nations, International

Labour Organization and international non-governmental organizations, all focus on the negative aspects of globalization such as marginalization of women, the poor and minority groups. The global institutions make alliances for poverty reduction, national development, increasing individual well-being, and protection of human rights through implementing Millennium Development Goals,[18] the Universal Declaration of Human Rights, and International Labour Standards.

At the same time, under the recommendation of the International Monetary Fund and the World Bank, national governments in developing countries liberalize their economies in order to gain positive growth through market-oriented industrialization. Export-oriented industrialization has become the main strategy for development for many Third World nations. During this process, national governments in developing countries compete with each other to attract foreign direct investment (FDI) for their export-processing zones. They cope with the competition by adopting strategies that vary from providing lucrative incentives in EPZs to relaxing labour laws to accommodate foreign investors. EPZ employers (MNEs) develop different strategies (i.e. demand flexible labour and industrial relocation) to maximize their profits, regardless of the consequences on individual workers. Ultimately, the impact of all these processes and coping strategies at global and national levels trickles down to the level of individual people in developing countries through employment opportunities at EPZs.

At household level and at individual level, young rural women may decide to work in EPZ factories as their strategy for coping with poverty and for achieving

[18] By 2015, all UN member states have pledged to:

1. Eradicate extreme poverty and hunger
2. Achieve universal primary education
3. Promote gender equality and empower women
4. Reduce child mortality
5. Improve maternal health
6. Combat HIV/AIDS, malaria and other diseases
7. Ensure environmental sustainability
8. Develop a global partnership for development

(World Bank website, 2004: Millennium Development Goals).

economic independence. The establishment of EPZs enables the women to make a choice between remaining unemployed or becoming a factory worker. However, their search for coping strategies does not end as soon as they acquire their job. Rather, they face various forms of challenges at the workplace, in local society and in their home villages as consequences of their participation in export-processing industrial work. This study examines female workers in Sri Lanka's largest export-processing zone and explores how the women experience their health status, how they cope with their health problems, and whether they make choices and take actions and strategies against the forces responsible for worsening their health. Figure 2.1 shows a framework of the context within which this study is based and the concepts that the study intends to analyse.

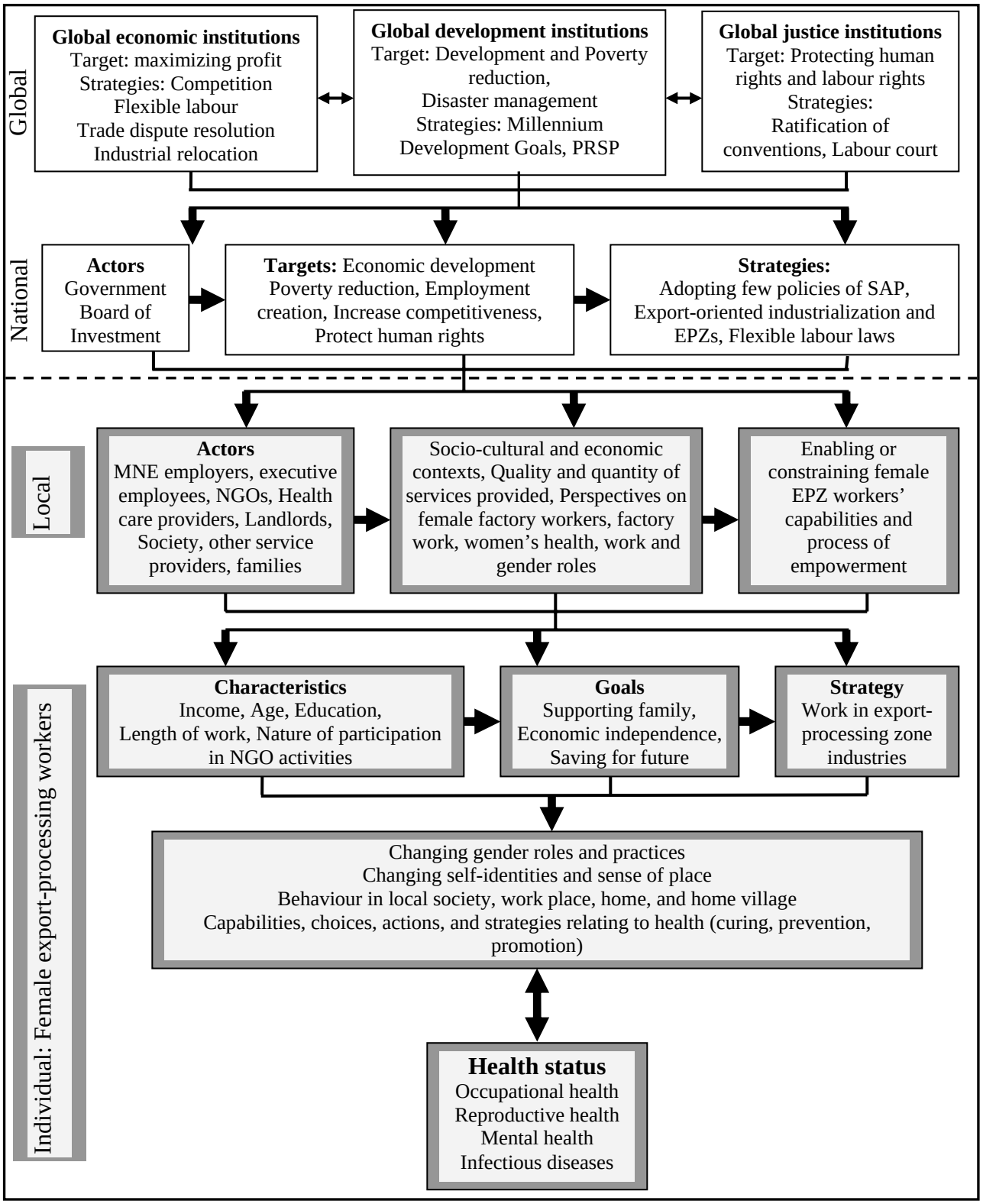


Figure 2.1: Conceptual framework for studying the health of female workers at export-processing zones in Sri Lanka.

The upper part of Figure 2.1 shows the global and national contexts that shape and change the health of Sri Lankan female export-processing workers. The global context is described in this chapter as the theoretical background. Chapter 5 provides a description of the national context within which the female EPZ workers make choices and take actions relating to health. The chapter describes different national strategies for attaining economic development that have significant impact on female export-processing workers' lives, including their health. The empirical part of this research focuses on the local and individual contexts of female workers that shape and change their health status. Local institutions' roles, perspectives and strategies function as enablers or constrainers of women's capabilities and their empowerment process. The five articles examine the challenges that female EPZ workers encounter at the glocal place or export-processing zone area in relation to health and empowerment and how they are constantly searching for strategies to overcome problems, cope with problems, or simply to survive within the glocal place. I analyze how young rural poor women's gender roles, practices, self-identities, and sense of place have changed as a result of their participating in EPZ work. I also examine how individual factors and local factors (conditions in their living and working environments, roles of institutions) influence women's health status. Institutional perspectives and strategies relating to female EPZ workers' health reflect how the impacts of global and national processes trickle down to the level of individual people's lives through local institutions. Women's choices and actions relating to health at different places (at the workplace, NGOs, health care services, boarding houses, and local society) demonstrate how women respond to a combination of processes at global and national levels as well as at local level, in order to cope with the problems and to survive at a glocal place, namely the export-processing zone area. Further, their actions demonstrate the level of empowerment women have achieved as individuals or as a community.

Chapter 3

STUDYING WOMEN'S HEALTH IN A 'GLOCAL' PLACE: BRIDGING FEMINISM, DEVELOPMENT STUDIES AND HEALTH GEOGRAPHY

Introduction

The conceptual framework (figure 2.1) identifies several concepts, i.e. women's health, place and sense of place, gender roles, women's work, identities, empowerment, and capabilities, which this study adopts to analyse the health of female export-processing workers. Diverse disciplines have contributed definitions and theoretical approaches to study the concepts, and the literature is unlimited and constantly increasing.

The articles have examined the concepts closely with respect to the health of female export-processing workers. For example, the article entitled 'Were they ever in place' (Article 1) examines closely the concepts of sense of place and self-identities and how individuals' sense of place is created while simultaneously it shapes individuals' self-identities. The article titled 'Experiences of globalization' (Article 2) look into women's narratives and identify how female export-processing workers experience globalization relate to their work and health. The article on changing gender roles (Article 3) has defined the concepts of gender, gender roles and women's work, and their links to female workers' health problems. The article entitled 'Multiple voices and multiple realities' (Article 4) examines the concept of 'women's health' and attempts to

identify different institutional perspectives of female export-processing workers' health. Using the concept of empowerment, the article on promoting health through empowering women (Article 5) identifies female workers' achieved levels of empowerment in relation to health.

Each article primarily contributes to the analytical model and illustrates the path for operationalizing the concepts, in order to address the questions at hand. In this chapter, I present the discourses within which the concepts are developed, namely 'women's health', 'health and place', and 'empowerment and capabilities' and provide a conceptual framework, which illustrates how I operationalize the concepts of empowerment and capabilities to evaluate women's choices, actions and achievements relate to health in export-processing industries in Sri Lanka.

Women's health

The Fourth World Conference on Women (FWCW), held in Beijing in 1995 identified that, '*women's health involves their emotional, social and physical well-being, and is determined by the social, political and economic context of their lives, as well as by biology*' (United Nations website, 2001: FWCW). In a conventional approach to health, when the biomedical model[19] dominated, studies on women's health concerned only women's reproductive health problems, focusing on maternal and child health (Inhorn & Whittle, 2001; Lewis & Kieffer, 1994). Women's multiple roles were neglected and only their reproductive roles as mothers and wives were identified as the important ones. Since the late 1970s, the traditional view of women's health has been changing and three types of women's health problems are now recognized, namely productive/occupational, reproductive, and mental health problems.

Five factors relating to feminist research lie behind this process of transformation. Firstly, the literature has begun to recognize women's role in the economy as productive

[19] The biomedical model defines health as absence of disease. The model views diseases as existing independently, and prior to their discovery and description by physicians (Jones & Moon, 1987; Morris, 2001).

workers (Boserup, 1970), their triple roles in society as productive, reproductive and community workers (Moser, 1993), and women as active participants in social change (Sen & Grown, 1987). Secondly, international conferences[20] have urged donor nations and national governments to take action on women's health problems in order to enable women to be equal partners in the development process. Thirdly, during the present era of globalization, women's increased labour force participation exposes them to new types of occupational health problems (Frumkin, 1999; Loewenson, 1999).

The studies on female EPZ workers have equally contributed to changing the focus of women's health research from women's reproductive health problems to occupational/productive health problems and mental health problems. Fourthly, feminist research points to the link between gender, work roles and women's health problems, and identifies gender as a crucial factor in determining women's health status (Daykin & Doyal, 1999; Doyal, 1995; European Agency for Safety and Health at Work, 2003; Smyke, 1993). The importance of adopting the socially constructed gender into addressing women's (and men's) health issues has been recognized by international institutions (United Nations, 1999; World Health Organization, 1997) as well as within the medical profession (O'Donnell et al., 2004; Phillips, 2002; Sarto, 2004). Lastly, within postmodern feminism, research focuses on diversity between women as well as between other groups in terms of their class, age, race, and ethnicity as the basis for marginalization and discrimination. Postmodern feminist research emphasizes that in order to understand the complete context of women's health status, as well as that of any

[20] In 1995, the Fourth World Conference on Women (FWCW) prepared an action plan for women's health that includes five strategic objectives.

- Increase women's access throughout their life cycle to appropriate, affordable and quality health care, information and related services.
- Strengthen preventive programs that promote women's heath.
- Undertake gender-sensitive initiatives that address sexually transmitted diseases, HIV/AIDS, and sexual and reproductive health issues.
- Promote research and disseminate information on women's health.
- Increase resources and monitor follow-ups for women's health.

(United Nations website, 2001: FWCW)

other group, a holistic approach is needed that identifies multiple determinants of health, such as biology, behaviours, environment, gender, ethnicity, class, age, and institutional qualities and perceptions on women's health (Dyck et al., 2001; Moss, 2002).

Women's health in developing countries

Contemporary research in developing countries identifies the severe impacts that extreme poverty (Oxaal & Cook, 1998) and work overloads of women working in agriculture and at export-processing industries have on their health (Eyre et al., 2001; Smyke, 1993; United Nations, 1999). Further, research recognizes different health problems in women, such as occupational/productive health problems, reproductive health problems, infectious diseases, and mental health problems, and emphasizes the need to look beyond the reproductive health problems of Third World women (Paolisso & Leslie, 1995; Smyke, 1993).

The shifts in policy approaches to women's health problems in developing countries are concomitant with the shifts in approaches to women's roles in development processes; from WID (Women in Development) to GAD (Gender and Development). During the three early development decades, policy makers and donor agencies were concerned only with women's reproductive health problems. Solutions were based on welfare and efficiency policy approaches. The former approach articulated women as passive recipients of social help who needed to be saved and provided with basic needs, such as food and health care that aimed at healthier mothers and children, while the latter approach articulated high fertility as the problem for development and provided fertility control methods for women in the Third World (Moser, 1993). Policy approaches to women's health have been changing since the 1980s in accordance with other development approaches. Empowerment of women has become a major approach to achieving health promotion of not only women, but also children and other family members (Asthana, 1996; Sen et al., 1994; Stain, 1997).

Since health is conceptualized as '*a state of complete physical, mental and social well-being and not merely the absence of diseases of infirmity*' (World Health

Organization, 1998: 1) and women's health involves their emotional, social and physical well-being, I intend to study female EPZ workers' health status by inquiring about women's subjective understanding of their health. No one other than women themselves can describe how they feel and experience ill health, because lived experiences of ill health and negative self-identities influence every aspect of their lives and reduce their quality of life and well-being, regardless of the objective medical evaluations. Further, women's lived experiences illustrate the roles of the institutions that are responsible for their health. Therefore, for the purpose of this study, where I identify different types of health problems that EPZ workers suffer from I also consider women's subjective understanding of health. Feminist qualitative research methods, such as in-depth interviews and observation, were conducted in order to obtain information relating to women's health status.

Health and place

Place is the central analytical concept in human geography and three meanings of place dominate in human geographic research. As '*place as location*' means a specific point on the earth, so the '*sense of place*' concerns the subjective feelings people have about places, including the role of place in people's individual and group identity, and place is studies as a '*locale*', or a setting and a scale for people's daily actions and interactions (Castree, 2003). Medical geography has been criticized for neglecting the central concept, since such studies were more concerned with the related topics of the geography of health care and geographical epidemiology (Kearns & Moon, 2002; Litva & Eyles, 1995; Mayer, 1982). However, within the restructured and renamed discipline of health geography (see Chapter 4, footnote 23), the importance of place in studying people's health is emerging. Kearns and Moon (2002) identify how 'place matters' in three different ways in the study of health. First, some studies grounded in 'place as localities' examine the place specific aspects of health service restructuring and also local places, such as home, and rural and urban localities. The second group of studies has considered the notion of 'landscape' and brought an enhanced awareness of the cultural importance

of place and the intersection of the cultural and the political-economic in the development of place-specific landscapes of health care and health promotion. The third set of studies employs multilevel modelling using large amounts of quantitative data and Geographical Information Systems, and provides correlations between variables within places.

In this study, place is treated as a location, a locale and sense of place. The study concerns the health of female export-processing workers in a specific location; namely Katunayake export-processing zone in Sri Lanka. First, Katunayake EPZ as a location provides the contextual background to the study. Due to its exact location, the place has become a 'glocal place' where both global and national processes interact. Subsequently, the place has transformed into its present condition, which consists of an export-processing zone with 89 factories, 55,000 migrant women, and the provision of various types of services. Further, its socio-spatial structures are constantly changing due to global and local influences. For example, a multinational enterprise's decision to reduce FDI in Sri Lanka has influence on the physical structure of the Katunayake EPZ, since it reduces the number of factories and employees as well as the workers' incomes. Place characteristics such as qualities of working environments in factories, living environments at boarding houses, and quality and quantity of available services at Katunayake EPZ area influence the health status of EPZ women. Katunayake export-processing zone (KEPZ) as a locale has specific characteristics of gender and social relationships between men and women, both within the factories and in local society. Women encounter various forms of challenges in their daily lives due to the disproportionate gender ratio and gender relationships. Consequently, they experience worsening health status. Chapters 5 and 6 respectively present the national processes that influence the KEPZ and descriptions of institutions that are located in the KEPZ area and that are relevant to female workers' health.

In the empirical analysis, this study primarily adopts the concept of sense of place to study women's health. Recent health geographic studies have examined how people's sense of place affects their self-identities, and self-identities in turn affect their health status (Dyck et al., 2001). Article 1, entitled 'Were they ever in place', identifies how women's sense of place relating to their homes, home villages and Katunayake EPZ has

changed according to their lived experiences at the different places. Further, the article examines how women's self-identities are changed as a consequence of their changing sense of places. The other four articles inform how female workers perceive the EPZ area as an unhealthy place due to their experiences of health problems relating to factory work, lack of facilities at their boarding houses, and harassment at both the workplace and in local society.

Empowerment and capabilities

One of my research objectives is to identify the strategic and practical gender needs of female export-processing workers for promoting health and well-being through developing their capabilities and empowerment. The research questions concern whether or not female export-processing workers demonstrate empowerment in their choices and actions relating to health and what their capabilities are. In order to answer these questions, the meaning of the concepts 'empowerment' and 'capabilities' and how they are used in health research must be clarified. Empowerment and capabilities approaches have been discussed within development literature as alternative approaches for development.[21]

Empowerment: A concept that has widely been used and debated

In the most general sense, empowerment encompasses a process through which individuals and communities gain control over the issues and problems that concern them most (Freire, 1998; Friedmann, 1992; Kar et al., 1999; Moser, 1993). The concept has become a popular among the politicians, the media and development scholars, and

[21] '*An alternative development is centred on people and their environment rather than production and profits. Just as the paradigm in dominance approaches the question of economic growth from the perspective of the firm, which is the foundation of neoclassical economics, so an alternative development, based as it must be on the life bases of civil society, approaches the question of an improvement in the conditions of life and livelihood from the perspective of the household*' (Friedmann, 1992: 31).

they all articulate it in different ways as participation, the right to choose, availability of options, control over resources, and power to make decisions.

The concept was adopted in development discourse when researchers had identified that the first three decades of development strategies (modernization, dependency and basic needs) lacked sensitivity to the marginalized groups in society. Especially, women, the elderly, children, disabled, and poor people have been marginalized and disempowered by conventional development strategies. Even the people-oriented, micro-level, bottom-up strategies, such as self-reliance and participation were also unable to resolve the problems of the marginalized and disempowered groups. The concept of empowerment received wide interest among professionals as the way to rejoin the marginalized groups into development process. The Third World feminism has had a significant impact on the development of the empowerment approach as the way to achieve women's emancipation. According to Sen and Grown (1987), the empowerment approach arises from the writings and grass roots experiences of Third World women. Third World feminists have recognized the triple roles of Third World women and how these roles disempower women. Sen and Grown (1987) also showed the limitations of top-down government legislation and top-down basic needs approaches, and the importance of people-oriented development strategies, which give more power to the poor in order for them to be able to take control of their lives.

The most recent approach to development: The capabilities approach

The capabilities approach is the most recent approach to be adopted in development studies, particularly human development. It is based on the idea of 'functionings and capabilities' pioneered by Amartya Sen. It is a universal theory that aims to compare the development levels that people and nations have achieved and focuses on not only on what people have actually achieved but also what they are capable of doing with their achieved levels of education and income (Kabeer, 2004). In her book '*Women and human development: The capabilities approach*', Nussbaum (2000) outlines a

philosophical theory of capabilities that focuses on achieving human development through gender equality.

In following section, I first provide a comprehensive review of the empowerment discourse. Then, a description of capabilities approach is presented. This is followed by a discussion of the similarities and disparities between the two concepts of empowerment and capabilities as approaches to achieve the development of women. Finally, a conceptual framework is presented.

Empowerment of poor

Friedmann (1992) defines the empowerment of marginalized people as an approach to achieve alternative development, as distinct from the modernization and dependency strategies which recommend industrialization as the approach to economic development. Development is attained through the empowerment approach that implies improvement in the conditions of life and livelihoods from the perspective of poor, marginalized individuals or groups.

Friedmann's theory identifies three levels of empowerment, such as individual, community and organizational, and three powers affiliated to these three levels, as psychological power, social power and political power. Psychological power is the individual sense of potency, which can be increased if people demonstrate self-confident behaviour. Social power is the power associated with civil society. Increase in control over economic activities leads to increased social power. When people gain more control over the decisions that affect their lives then their political power increases. People can be empowered in each level by achieving the three powers. Consciousness raising, education and participation are three strategies that increase people's empowerment for achieving their goals and in this way they are able to take control over their lives (Friedmann, 1992). Also, Moser (1993) identifies two systematic ways of disempowering certain groups in the society in relation to the different needs of people. The first one is strategic disempowerment, that the legal institutional arrangements of the society systematically marginalize and disempower women and other social groups.

The second one is the practical disempowerment of certain groups that have been marginalized by development projects. According to Friedmann, in the process of empowerment, reclaiming practical empowerment is important because it is directed at the target group and does not take time to make changes as in strategic empowerment. Practical empowerment is easy to implement, and does not need macro level changes. However, Moser (1993) criticizes this pre-conditioning practical empowerment as a way to achieve strategic empowerment.

Empowerment of women

In general sense, empowerment is regarded as the resistance to some action and power means the ability to control others' actions (Rowlands, 1998). Therefore, those who have power over others may see the empowerment of the powerless as a threat to their positions. For examples, employers are threatened by employees' strikes, the state is threatened by civil riots, and husbands are threatened by their wives' improved positions, and so forth. However, empowerment of one group of people does not mean that their opposite group become disempowered.

In feminist literature, power is disaggregated into 'power over' (domination), 'power to' (capacity), 'power within' (inner strength), and 'power with' (achieved through co-operation and alliance). Within the women and empowerment discourse, use of empowerment is clearly within 'power within', 'power to' and 'power with'; the capability of achieving goals and not 'power over' others (Kabeer, 2001; Pieterse, 2003; Rowlands, 1998).

According to Moser (1993), empowered women gain control over their lives and are able to achieve practical and strategic needs. Practical gender needs are the needs that women themselves identify in their socially accepted roles in society and that improve their physical conditions through access to basic resources, such as water, fuel, health care, and education. Practical gender needs are a response to immediate perceived necessities and do not necessarily lead to fundamental changes in women's positions. Strategic gender needs are the needs that women identify as resulting from their

subordinate position to men in society and how they challenge women's position in the society, i.e. the gender division of labour and patriarchal ideology. Empowerment enables women to take initiatives to change their positions in society by challenging the structures and institutions that reinforce and perpetuate gender discrimination, i.e. family, class, religion, education, health processes and institutions, the media, the government, and legal systems. Ultimately, women gain equal control over matters such as gender and work roles within the family, labour markets, domestic violence, and also control over their bodies.

Kabeer defines empowerment as '*the expansion in people's ability to make strategic life choices in a context where this ability was previously denied to them*' (Kabeer, 2001: 19). Her understanding of choice comprises three interrelated components: resources; which form the conditions under which choices are made; agency, which is at the heart of the process through which choices are made; and achievements, which are the outcomes of the choices. According to Kabeer, women can achieve empowerment at three levels and thereby improve their powers: immediate levels, intermediate levels, and deeper levels. Subsequently, they are capable of acting upon their powers to overcome the problems and achieve their goals. Kabeer emphasizes that achievements are important when measuring empowerment because empowerment per se is meaningless if people cannot achieve any goal that leads to improvement in their well-being. Further, she emphasizes that when we evaluate empowerment we should consider the socio-cultural, economic and political contexts within which the people make choices and take actions to achieve their goals.

Women's empowerment process

Empowerment is a process that takes time to achieve. Strategies such as consciousness raising, education and participation all contribute to improving people's psychological power (power within), social power (power to), and political power (power with). Poor people are unable to recognize the causes of their poverty, such as marginalization, while women are unable to see that most of their problems arise out of their

subordination position to their male counterparts in the society. Therefore, currently scholars recommend outside guidance as a necessary component in the process of empowerment to raise the consciousness of the poor and women concerning their marginalization and subordination, and to improve their inner strength or psychological power. Through consciousness raising, women are able to understand more of the vital signs of their weaknesses and strengths in their everyday lives and that poverty and being subjected to oppression are not their fault. Once they have developed inner strength, they should be able take initiatives to control situations and make autonomous decisions and better choices that affect their lives positively. Through this process, women gain self confidence, self-esteem, dignity and self-identity and will not allow any one to suppress or exploit them.

However, in order to improve a woman' quality of life, improvements in psychological power is not enough. She needs to achieve both practical and strategic needs. Without social power (i.e. income) she is not capable of satisfying her needs. Lack of social power also a hindrance to improvement in psychological power. For example, for most poor women, being unable to feed their children and themselves leads to feelings of powerlessness, and they lose their self-image as good mothers. On the other hand, women with enough money to support their family also feel disempowered when they have to depend on their male counterparts. They lack autonomy in decision making on the matters that concern their lives, and also their opinions and voices are not heard in matters concerning their families, community or society. These women lose their self-confidence, self-esteem, and dignity, and hence they are unable to make independent decisions regarding their family income, child care and social relations. In extreme cases women are unable to make choices about their sexual life, fertility, and other health matters.

Education, employment and participation in community and organizational activities improve women's psychological and social powers, and thus they gain access to economic and other resources to achieve the practical means necessary for betterment of their lives. Further, through education, women learn to effectively articulate their human rights and their physical and emotional needs. Therefore, not only school

education enhances a woman's opportunities in paid work, but also education on human rights and women's rights are necessary for a better life.

It is widely known that an action taken by a group of individuals is more powerful than a number of actions taken by many individuals separately (Afshar, 1998). Therefore, disempowered women should group together, discuss, analyse their situations, compare themselves with similar situations, and educate each other. They can participate collectively in actions against violations of women's rights at home or in local society where the abused individual woman is unable to stand up for herself and achieve justice. Collectively empowered women have shown greater achievement in their individual lives regarding abusive marriages, employment opportunities, providing health services, and water supply (Afshar, 1998; Visvanathan et al., 1997). When women are empowered collectively, they develop a self-identity and sense of belongingness to a group. They are able to see problems differently with the help of other group members than they would otherwise do individually. This helps to increase women's psychological power and collective empowerment leads to individual empowerment, and vice versa. Thus, women can easily achieve their practical needs through collective empowerment.

When women are collectively empowered, they can organize themselves legally in order to attain some higher goals for individuals or for the community as a whole. Organizational empowerment leads to advocacy, where women can influence the policies which disempower and marginalize them in society (Afshar, 1998). The most successful story of women's organizational empowerment is India's Self Employed Women's Association (SEWA), where self-employed women working in informal sector have formed themselves into an organization.[22]

[22] This organisation works for women workers who work in their homes, in the city streets, in the fields, and in villages in rural India. They do not have a fixed employer, they carve their small niches in the economy, day-by-day, with only their wits to guide them against incredible odds of vulnerability, invisibility and poverty. Both traditional and modern occupations come under SEWA's definition of self-employed, from the bartering of goods to capitalistic piece-rate work. SEWA has struggled in order to gain legal rights for poor working women such as weavers, potters, bidi (cigar) rollers, and garment stitchers. When injustice occurs, the organization fights on behalf of those women (Rose, 1997).

By participating in organizational work, women learn to express and defend their rights. Further, they are able to reflect collectively on their experiences, to organize and articulate their demands through the government, other agencies and the private sector, locally, nationally and internationally. These actions reflect women's achieved political power at individual, collective and organizational levels. Further, women are able to diminish the unequal power relations in society and achieve equal status in social, economic and political spheres with their male counterparts in the society. Organizational empowerment is more important when it comes to attaining the practical as well as strategic needs of women. Organized women can influence the policies which concern women most, such as health and education, and subsequently improve their well-being. Organized women can also fight to change their legal status on gender-based division of labour, feminization of poverty, and domestic violence, and also achieve their rights as working women as well as human beings.

Empowerment of women for promoting health

Within the health promotion discourse,[23] empowerment of people in general as well as patients, healthcare personnel and social workers is identified as the key strategy to attain positive health of population (Kendall, 1998; Sen et al., 1994; Stain, 1997). At various global conferences such as the International Conference on Population and

[23] Health promotion is the process of enabling people to increase control over and improve their health (World Health Organization, 1998). Downie et al., (1990) write, '*Health promotion movement emphasises the importance of empowerment. Empowerment is a cardinal principle of health promotion'* (Downie et al., 1990: 64). Dhillon and Philip (1994) offer a threefold strategy for health promotion in the developing countries, advocacy, social support, and empowerment, based on the Ottawa Charter and the Jakarta Declaration for health promotion (World Health Organization, 1986; 2000). There are number of empirical studies, which evaluate health promotion projects and emphasis the importance of community participation and empowerment (Boyce, 2001; Neuhauser et al., 1998; Paphael et al., 1999).) Kar et al., (1999)'s work summarises empirical studies from around the world, which focus on how women being empowered or disempowered in health promotion activities. Their meta-analysis concludes that degree of empowerment of women has a significant impact on their participation in health promotion activities and status of health.

Development (ICPD) held in Cairo in 1994 and the Fourth World Conference on Women held in Beijing in 1995, the empowerment of women has been considered as important for promoting their health for several reasons. Through women's improved psychological power (power within) women are able to identify themselves as worthy persons and are able to attribute a sense of self-worth to improvements in their health status. For example, through awareness-raising, education and participation, women gain access to accurate information and are able to enhance their knowledge on occupational health problems, sexuality and reproduction, and their rights as women as well as human beings. Thus, empowered women are able to negotiate with their male counterparts and reduce excessive work-burdens (e.g. triple workloads in some cases), that subsequently improves their health. They are also able to negotiate with their employers regarding their workloads and the health and safety conditions at their workplaces. Further, they learn to control whether, how, when, and under what circumstances they engage in work, a sexual activity or bear children, which in turn results in positive health outcomes and well-being among women. Women's improved social power, attained through employment, provides them with power to choose a preferred health care service when they need one. Further, women are able to consume nutritional foods and other necessary health-promotional items. By participating in collective actions (power with) they are able to demand and obtain better reproductive and sexual health services as well as other health care needs that are necessary for satisfying their health demands. Further, through organizational activities, they are able to pressure responsible institutions to hear their voices regarding public health, productive health, reproductive health, and sexual health, and also able to influence policies and programs concerning women's health.

Nussbaum's capabilities approach

The heart of Nussbaum's capabilities approach is that '*unequal social and political circumstances give women unequal human capabilities*' (Nussbaum, 2000: 1). She argues that international political and economic thought should be feminist, attentive to the special problems that women face because of their gender in more or less every

nation in the world, problems without an understanding of which the general issues of poverty and development cannot be confronted. Nussbaum also attempts to provide a philosophical understanding for an account of basic constitutional principles that should be respected and implemented by the governments of all nations as a bare minimum of what respect for human dignity requires.

Nussbaum's approach focuses on human capabilities, i.e. what people are actually able to do and to be in a way informed by the idea of a life that is worthy of the dignity of the human being. Capabilities in question should be pursued for each and every person, treating each as an end and none as a tool to the ends of others (the principle of each person's capability). Her idea of the threshold level of each capability implies that beneath this threshold, human functioning is not available to citizens, and the social goal should be understood in terms of raising citizens above this capability threshold. She argues that central capabilities of people are their rights and governments should provide enabling background for these 'human functioning capabilities' through constitutional rights.

Nussbaum further argues that those individuals who are unable to live up to their capabilities do so because they are being kept in placebo the socio-cultural and political environments of society. She describes how not only availability of and access to human functionings but also differences in individual preferences lead to inequalities in capabilities, and thus the achievements of individual. This is because people, and particularly women, opt to choose what they think is best for them, guided by their gendered upbringing which is determined by the socio-cultural environment in a particular society.

Nussbaum describes a number of central human functional capabilities which are important for women (and also relevant to men) to be able to live up to their capabilities. The main human functional capability is life, which means being able to live to the end of a human life of normal length, not dying prematurely or before life is so reduced in quality as to be not worth living. Bodily health (being able to have good health, including reproductive health, to be adequately nourished, to have adequate shelter) is important for an individual because an unhealthy person cannot think or act in an empowered manner. Bodily integrity is another important functional capability, which

includes being able to move freely from place to place and having one's bodily boundaries treated as sovereign, i.e. being able to be protect against assault, such as sexual assault, child sexual abuse and domestic violence, and having opportunities for sexual satisfaction and for choice in matters of reproduction. Being able to use the senses, to imagine, to think and to reason, is also an important function for individuals to do things in a 'truly human way'. Under this functional capability, Nussbaum describes that people must be informed and cultivated by an adequate education, including, but by no means limited to, literacy and basic mathematical and scientific training. Subsequently, people are able to use imagination and thought in connection with experiencing and providing self-expressive work and the events of one's own choice, religious, literary, music, and so forth. Further, people are able to form a conception of the good and to engage in critical reflection about the planning of an individual's life. Emotions, including being able to have attachments to things and people outside ourselves, to love, to grieve, to experience longing, gratitude, and justified anger, are also important to fulfilling our lives as human beings. Affiliation is another important functional capability of human beings that enable individuals to live a meaningful life. Under this category, Nussbaum describes how it is important for individuals to have the ability to live with and toward others, to recognize and show concern for other human beings, and to engage in various forms of social interaction, as well as to have the social basis of self-respect and non-humiliation, and also being able to be treated as dignified beings whose worth is equal to that of others. Individuals' ability to control over their environment, both political (being able to participate effectively in political choices that govern one's life, having the right of political participation, protection of free speech and association) and material (being able to own property, land and movable goods, not just formally but in terms of real opportunity, including having property rights on an equal basis with others, having the right to seek employment on an equal basis with others, having freedom from unwarranted searches and seizure) are very important for people to building up their capabilities as well as to live as dignified human beings. Further to this list, Nussbaum also includes individuals' capability to laugh, to play and to enjoy recreational activities as another human functional capability (Nussbaum, 2000; *The Philosophers' Magazine* website, 2005: An interview with Martha Nussbaum).

These human capabilities reflect the United Nations' Millennium Development Goals. Thus, this approach has been accepted as the approach to achieve human development and gender equality.

From empowerment to capabilities approach: A comparison of approaches to development

The alternative development paradigm has shifted from empowerment to human development and building capabilities. It is now understood that empowerment per se is meaningless unless people are able to achieve human development using their achieved empowerment levels. The main characteristics of different approaches to studying empowerment and capabilities approach are summarized in Table 3.1.

Table 3.1: From empowerment to capabilities approach: Shifts in the development paradigm.

Components	Friedmann, 1992	Moser, 1993	Kabeer, 1999/2001	Nussbaum, 2000
Goal	Incorporating the marginalized into economic development process	Incorporating women into development and women's emancipation	Achieving gender equality and women's emancipation	Human development through gender equality
Approach	Empowerment of the poor	Empowerment of women	Empowerment of women	Achieving functioning capabilities of each individual
Focus	Household poverty, unequal distribution of resources among households	Gender roles and gender needs, Unequal intra-household resource allocation	Women's subordination, Unequal power relations between genders	Individual capabilities and achievements
Means	Education, Employment, Participation, Awareness-raising	Economic independence, Autonomy in decision making, Political participation	Access to resources: education, income, Gender equality in decision making, Financial autonomy	Education, participation, income, etc.
Achievements	Social, psychological, political powers	Balanced relationship between gender roles, needs and resources	Power to, power with, power within	Human functional capabilities
Important assumptions	When the poor are guided they become empowered	Women are able to achieve practical and strategic gender needs through awareness-raising and challenging the existing socio-economic structures	Women as agents make choices. Choices are determined by the socio-cultural environments	Government assures human rights, and provides functionings. Women's choices are determined by the socio-cultural environments
End results	Empowerment at individual, community and organizational level	Achieve practical and strategic needs through practical and strategic empowerment	Positive achievements through empowerment	Achieving what they are actually able to achieve with their capabilities

Source: Friedmann, 1992; Kabeer, 1999; 2001; Moser, 1993; Nussbaum, 2000.

Different approaches to empowerment recognize any kind of positive change at individual, collective or organizational levels as an outcome of the empowerment process, from being disempowered to becoming empowered. Nussbaum goes one step further and sets up minimum targets for each individual to achieve. She identifies that if there is a gap (*capability space*) between what individuals have achieved and what they actually should be able to achieve with their capabilities, then it is evidence of failure in available human functionings for the particular group in question. People can demand that their governments provide the human functionings that enhance their capabilities, by articulating these functionings as human and constitutional rights.

Operationalizing the concepts

Empowerment theory is widely used within health promotion literature as a means towards achieving better health. Since neither empowerment per se is not enough if women cannot realize any achievements (Kabeer, 2001) and nor are achievements alone enough if women cannot live up to their capabilities and attain the minimum standard of living (Nussbaum, 2000), I have combined these two approaches in an attempt to understand female EPZ workers' choices, actions and achievements relating to health and their capabilities and empowerment or disempowerment in terms of achieving better health and well-being. Figure 3.1 shows a conceptual framework for operationalizing the concepts of empowerment and capabilities for achieving health and well-being.

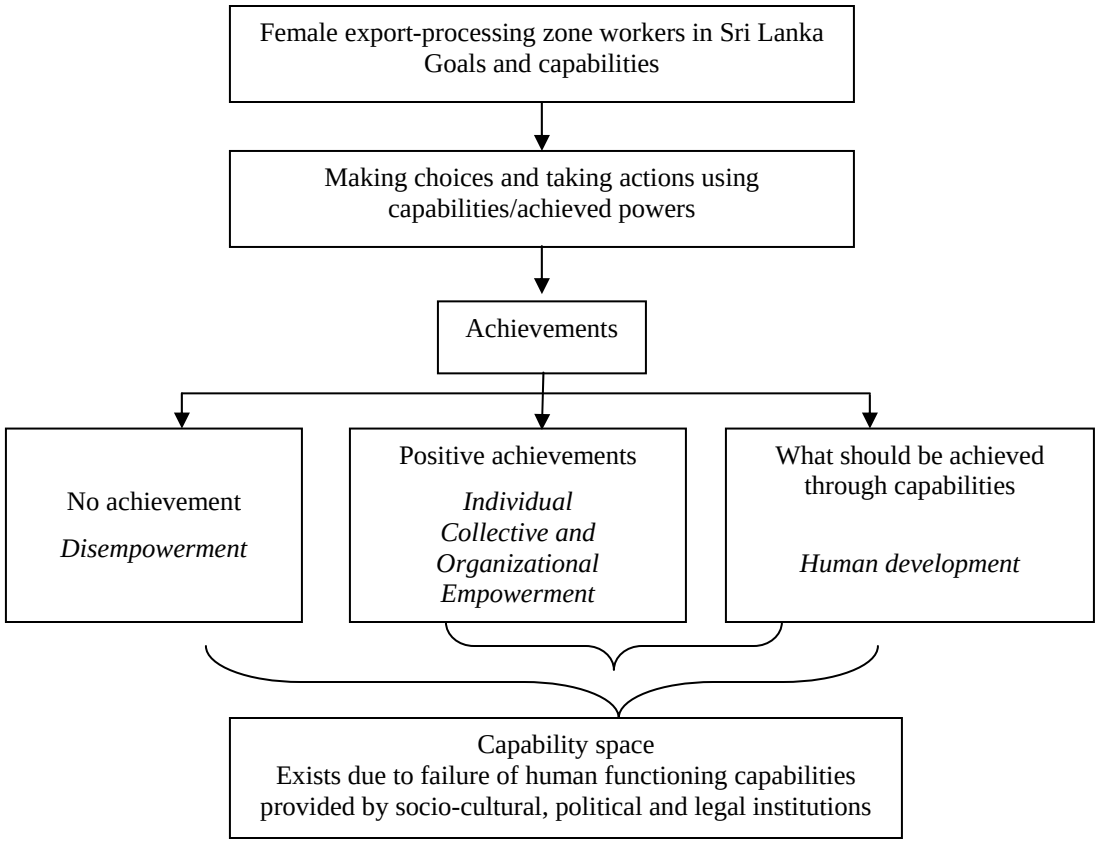


Figure 3.1: Conceptual framework for evaluating female workers' empowerment and capabilities in promoting health and well-being.

The process of achieving women's development through empowerment and building capabilities consists of three stages. At the first stage, there is no positive achievement and women are characterized as disempowered. Provision of human functional capabilities (by responsible institutions) is at minimum level and hence women are unable to make choices and undertake actions to reach their goals. At the second stage, women are provided with some necessary functionings (i.e. education, employment, legal protection, information). Consequently, they are empowered and able to achieve positive changes in their lives using their capabilities. However, they are not able to achieve all their goals, specifically those relating to human development. When responsible institutions provide the necessary support (economic, social, legal, political, and cultural), women's capabilities improve and there is no constraint on women's

choices and actions. Subsequently, they are able to act according to their capabilities and reach their goals, including those relating to human development.

I identify women's own goals as what they should achieve through their capabilities, assuming that the goals are realistically based on the socio-economic standards and socio-cultural expectations in their society. In the case of female EPZ workers, as young rural, educated, poor women, they hope to attain several significant goals through their EPZ jobs, namely helping their poor families and saving for their future. Using their capabilities, such as education/knowledge and income, female workers are able to make choices and take actions in order to achieve their goals. Their achievements may demonstrate empowerment or disempowerment. Further, if there is a gap (capability space) between what they have achieved with their capabilities and what they should have achieved, then according to Nussbaum (2000) this is evidence of lack of human functioning capabilities provided by the institutions responsible for the women.

Article 5, entitled 'Promoting health through empowering women', examines female EPZ workers' lived experiences and assesses achieved empowerment levels in relation to health. In the concluding chapter, I summarize the results of the study and evaluate whether female EPZ workers in Sri Lanka are able to live their lives to their full capabilities. Then, I recommend both possible and necessary transformations in empowerment and the building capabilities of female workers in order for them to secure well-being and a better future.

Chapter 4

METHODOLOGY FOR HEARING THE UNHEARD VOICES

Introduction

> You should prepare a questionnaire. It is an easier and quicker method to collect data from many girls.
>
> Seetha (Woman in-charge at The Women's Centre at Katunayake)

Since Seetha was not used to researchers spending time with the women and collecting stories of female export-processing workers, she (the NGO contact that I met) was sceptical about the effectiveness of my method, namely collecting life histories. When I told her that I intended to spend more time with female workers and insight into their lives, she said:

> Yes, these girls have so many stories to tell about their work, poverty, health and social problems. If you become their friend, they will tell you their stories.

She introduced me to several girls who frequently visit The Women's Centre. With their help I was able to contact many other girls and have collected stories that will be presented in the rest of this thesis. However, first I provide some insight into my research process, which includes how I designed the research, selected the participants, conducted

the fieldwork, analysed the information, and presented the results. This chapter begins with a description of the present status of feminist approaches in health geographic research. Then, I present a critical reflective analysis of how my positionality has affected different stages of the research process, by creating various forms of power relations and thus knowledge. This is followed by descriptions of the methods used for gaining information, the difficulties encountered during the research process, and the limitations of the study.

Feminist research methodology in health geographic research

One of the main objectives of this study is to contribute research using feminist methodology to the sub-discipline of health geography. Feminist research methodology encompasses all aspects of the feminist research process, i.e. the questioning of what knowledge is (epistemology) and the actual techniques that are used to create the knowledge (methods). The goal of feminist methodology is to listen to the unheard voices and discover the diversity among women (Madge et al., 1997). I intend to listen to the voices of female export-processing zone workers and unravel their stories of health with respect to their gender roles, work, self-identities, social relations and empowerment, and to analyse how they cope in their daily lives and with promoting health in a place where both global and local processes interact.

Feminist epistemology challenges the traditional epistemologies of what are considered valid forms of knowledge and it recognizes the existence of alternative forms of knowledge apart from the scientific, predominantly masculine and positivist knowledge. Feminist epistemology has two aspects. The first involves how the consideration of gender influences what counts as knowledge and the second involves how the socially constructed gender roles, norms and relations influence the production of knowledge (Madge et al., 1997; Cope, 2002). However, gender as the only form of social marginalization, and the cause of differences and subordination lost its explanatory power during the third wave of feminism/post modern feminism and the focus is now on

differences in race, class, and ethnicity, as well as sexual orientation, which lead to marginalization and oppression (Moss, 2002).

Feminist research methods are consistent with feminist goals and can be either quantitative or qualitative (Cope, 2002). A critical reflective analysis on the use of all methods is required, since researcher's positionality affects every aspect of the research process and determines what counts as knowledge and how that knowledge is produced (Butler, 2001; Limb & Dwyer, 2001; Moss, 2002; Nast, 1994; Women Geography Study Group, 1997).

Studying women's health and adopting qualitative methods does not have a long history in the field of medical or health geography[24] (Matthews, 1995). It was in 1995, in *Geoforum* that a collection of articles on women's health was first published (Dyck, 1995; Flad, 1995; Gallaher, 1995). The research in the sub-discipline has been influenced by the traditions of mainstream human geography and has evolved several traditions, such as the spatial patterning of disease and death, spatial patterning of service provision, humanistic tradition, Structuralist-Marxist tradition, and cultural tradition (Curtis & Taket, 1996). In my article on multiple voices and multiple realities (Article 4), I have described why studies in earlier traditions were unable to gain insight into women's

[24] The shift in the research methods from quantitative/positivist to qualitative approaches in health research is concomitant with the shift in the name of the sub-discipline. It occurred in three stages. First, traditional research focused on disease ecology and health service location. This changed during the 1990s when research was more concerned on health than disease (the shift from the biomedical model to a more multi-determinant model of health). Second, with the influence of feminism, researchers began to use more qualitative approaches to explore phenomena in health geography. Third, researchers began to explore their own role in research and its impact on the knowledge produced and interpreted (critical reflective analysis). The question of whether the sub-discipline should be called medical geography or health geography was debated through out the 1990s. Gradual transformation began when some well-known associations in medical geography changed its name from Medical Geography to Health and Health care (For example, Canadian Group of Geography of Health and Health Care in 1993 and the British equivalent in 1996). It should be noted that the shift did not happen only within the field of research on women's health. Adapting qualitative methods and social theories on place and space to study health and health care is also becoming increasingly common (Cutchin, 1999; Kearns & Moon, 2002; Litva & Eyles, 1995).

health problems, and also how from the beginning of the 1990s, with the influence of feminist methodologies (empiricism, stand point theory and situated knowledge), health geography as sub-discipline has been transformed from gender neutral to gender sensitive in its choice of research topics and methods.

Gender approach and qualitative methods enable health research to go beyond analyzing the physical and environmental determinants of disease (of the biomedical model of disease) and 'visualizing' women and their health problems. However, according to Dyck (1999; 2003), sensitivity to gender issues in the geographies of women's health research are only beginning to evolve, regardless of the fact that the World Health Organization (1997) emphasizes the importance of adapting a gender approach to health research. However, qualitative methods are frequently used in health geographic research to enhance knowledge of women's health by exploring subjective understandings of being ill or healthy, perceptions about individual health status and access to health care systems, and revealing women's experiences throughout their life course. For example, in-depth interviews (Baxter & Eyles, 1999; Marshal & Phillips, 1999), narratives/storytelling (Dyck et al., 2001; Garvin & Wilson, 1999; Kearns, 1997; Valentine, 2002) and videos (Wilton, 1999) have been used successfully in health geographic inquiry. Further, studies are interested in providing a critical reflective analysis of the researcher's role that describes how the researcher has been able to deal with the ethical dilemmas they encountered in the research process. Studies are now interested in exploring the roles of social, cultural, political, and economic environments which affect women's health, in other words, the use of holistic approach to women's health problems (Dyck, 2003).[25] However, Kearns (1997) and Kearns and Moon (2002) have successfully identified the shifts in health geography towards more qualitative methods (narratives and life histories), the use of social theories (on place, body and health), and critical reflections on the researcher's role as 'cultural turns', and not as adopting feminist approaches.

[25] This information on holistic approach to health is new and different from the information stated in my article on multiple voices and multiple realities (Article 4), due to using different literature sources (e.g. Dyck, 1999; 2003).

Doing feminist research: A biography in the shadow

> Research methodologies are never considered by feminists as abstract processes of knowledge seeking. Rather the social identities and power relations in which research is embedded, like any other social action, are given careful consideration in an effort to construct research, which will contribute to the feminist project in all its diversity
>
> (Madge et al., 1997: 89).

The foundation for my interest in doing feminist research was laid during writing a project proposal for a PhD scholarship. I wanted to study female export-processing workers' health. However, with my health geographic background that was heavily dependent on quantitative methods, I realized that my research would not contribute new knowledge on the subject, since a large number of studies have focused on female EPZ workers in Sri Lanka as well as around the world and have identified EPZ workers' health problems by quantifying the women. Women's feelings of their health status, how they cope with daily life and their opinions on different institutions relating to their health are not thoroughly considered by most of these studies. Qualitative methods such as life histories and narratives collected through in-depth interviews, and participant and non-participant observations contribute new and alternative knowledge to existing quantitative knowledge by giving voices to the female EPZ workers themselves. I hope to contribute to the discipline of health geography through a study adopting a feminist approach that listened to the voices of Sri Lankan female EPZ workers, which is beyond the contribution of previous quantitative studies. I acknowledge that the knowledge produced in this research is not without limitations, biases and problems. My positionality has affected each stage of the research, from choosing the topic and study area to interpreting and presenting the results.

The choice of Sri Lanka as a place for conducting fieldwork was not taken solely by my role as the researcher. On one hand, while my disciplinary background and my concern about the female workers influenced the choice of research topic, and as a former Sri Lankan citizen I feel obliged to conduct research on Sri Lanka, on the other

hand, as a mother of two (subsequently three) children, I could not leave them for a 6-month period with their father and live in another country to do my fieldwork. Nobody in my life would appreciate it if I chose to leave my children with their father, travel by myself and live in a 'dangerous' or 'unknown' place in a foreign country without male protection for sake of a PhD. It would have been interpreted as neglecting cultural norms and the values of traditional gender roles and practices. So, the most appropriate place to do the fieldwork was in Sri Lanka, where my children could be close to me, with a safer place at their grandparents, and where I would also receive the 'protection I need'. Thus, the decision to conduct the research in Sri Lanka was not merely taken by me as a feminist researcher alone but through a combination of all my roles as a researcher, a mother, a wife, a daughter, and a (former) Sri Lankan woman.

As a Sinhalese woman, who has been living in Norway since age of 20, the fieldwork was something of a personal journey which allowed me to experience the reality of Sri Lanka as an adult woman. Since I chose to marry and migrate just after completing my school education, I had not lived in Sri Lanka as an adult person and consequently had not had an opportunity to experience the freedom of adult life that many young women do when they undertake their higher studies. Further, I have been always under the protection of someone, first by my parents and my two brothers, and since then by my husband. This fieldwork provided me with the opportunity to experience many things on my own for the first time, such as taking trips with friends, chatting late into the night until we became tired, and having fun with a group of only girls.

However, I should mention that my family did everything possible to 'protect' me from the dangers at Katunayake area (my fieldwork area). In Sri Lankan society, a negative place identity is associated with Katunayake EPZ area as a place that is not good for a decent woman to visit (see Article 1: 'Were they ever in place?'). Some people that I know regarded doing research on EPZ women as ridiculous, since I wanted to visit EPZ workers in their boarding houses and be with them for a while in order to gain information. Protecting me (i.e. from various forms of harassments that women in Katunayake area are exposed to) was necessary, since I had to meet factory workers at nights because they were usually only available after 7 o'clock in evenings. After

accompanied by my sister-in-law to The Women's Centre several times, I proved that I could go by myself if my family arranged to pick me up after interviews that lasted late into the night. I not only negotiated with my research participants to gain their trust and friendship in order to collect sensitive information about their lives but I also had to negotiate with my family in order to gain their support for my fieldwork. My need to visit different places was thoroughly reasoned and I was 'allowed' to do anything that was absolutely necessary for my research. In such a way, at the very beginning of my fieldwork, I was able to participate in a trip which had been arranged for EPZ workers, which was an easy approach to befriending the women.

Positionality plays in the field

Studies in human geography have raised the question of where the actual research field is (Browne, 2003; Katz, 1994). For those who do research on other cultures in foreign countries, fieldwork starts when they arrive at the new country while for others it is difficult to make boundaries between doing fieldwork and everyday life because '*we are always already in the field – multiply positioned actors, aware of the partiality of all our stories and the artifice of the boundaries drawn in order to tell them*' (Katz, 1994: 67). In previous section, I described how I dealt with my multiple positions in everyday life in order to carry out fieldwork successfully. In the following, I give insight into how I dealt with my positionality when negotiating for reliable and valid information in the field.

The main fieldwork was carried out in a 4-month period between January and May in 2002 and a follow-up session of fieldwork was conducted for 2-month period in summer 2004 (Appendix 1).

When, how and where to approach different informants were given consideration before I started the fieldwork. However, encountering some of the informants was merely coincidental, while others were thoroughly planned encounters. I realized that I had to overcome the barriers which my positionality as a middle-class, educated woman who lived abroad would cause. In this respect, I refer to my articles on multiple voices (Article 4, published in 2003) and on globalization and women's health (Article 2,

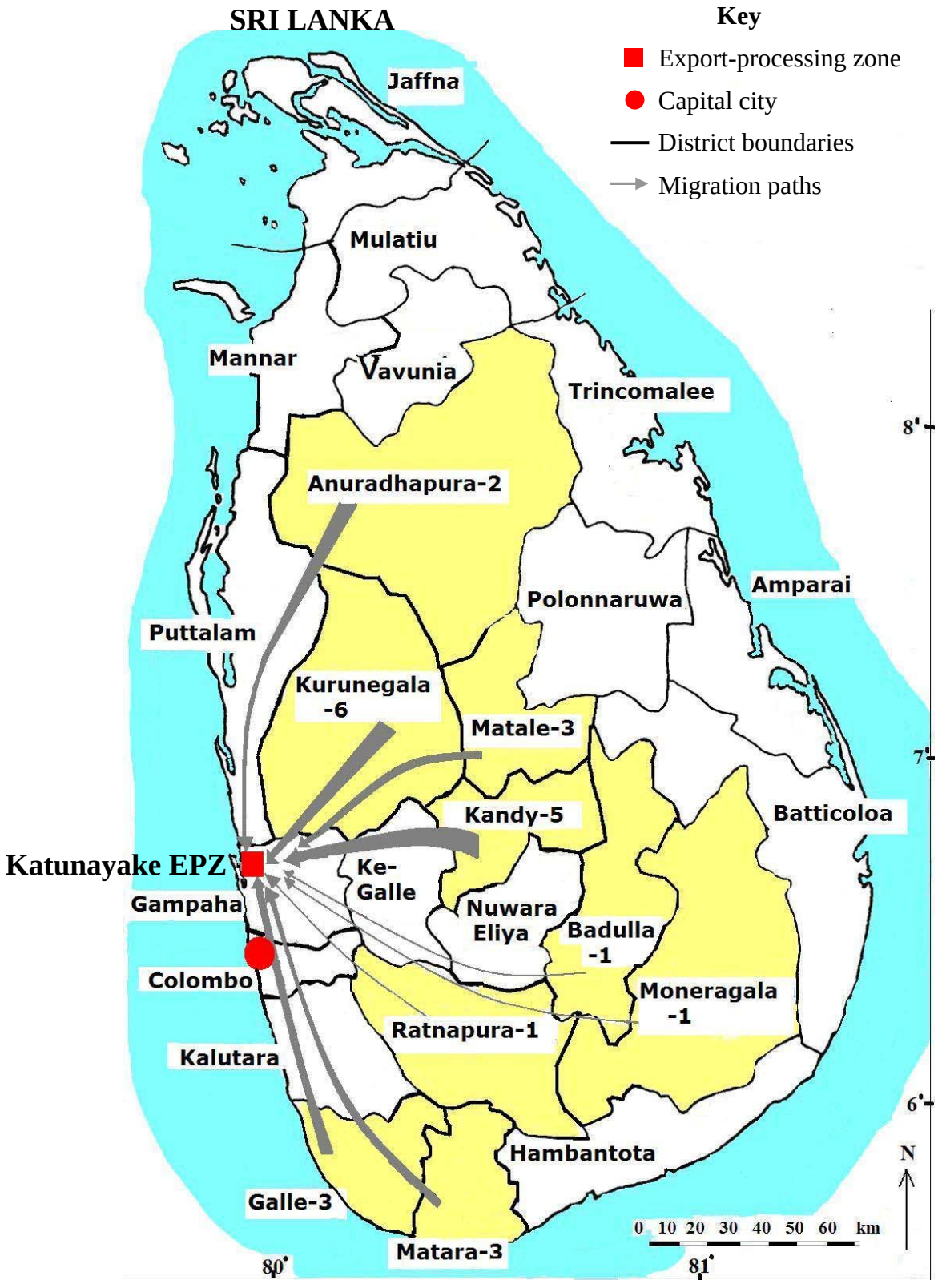
published in 2005), in order to understand how I approached informants with different positionalities and negotiated for reliable and valid information.

According to Valentine (2002), some feminists argue that researchers should not work with groups who are positioned as less powerful than themselves, and that to do so is unethical. However, it is recognized that the researcher must deal with the insider-outsider status as well as any other status they encounter in their informants, in order to negotiate for reliable and valid information (England, 1994; Katz, 1994; Kobayashi, 1994; Mullings, 1999; Valentine, 2002; Wolf, 1996). It could be argued that, as a (former) Sri Lankan woman living in a Western country, I should deal with in-between statuses. However, this 'in-between' status is one that I have personally been dealing with since my migration since I am not totally accepted as a Norwegian or as a foreigner within the Norwegian society, yet in my former home country of Sri Lanka, I am regarded as a Westernized woman who thinks and acts differently to a native woman. However, in each place, I constantly evaluate and decide whether to take culturally and socially appropriate decisions in order to gain the trust of the people I associate with. On the one hand, being a Sri Lankan woman was a resource, since my appearance and language capabilities (Singhalese) contributed positively for conducting the fieldwork. I was able to gain the trust and friendship of the female export-processing workers by playing different roles, such as a researcher, friend, elderly sister, cousin, an insider and an outsider, according to time, place and people encountered. My articles describe how I negotiated for information on very sensitive topics, such as families' poverty, harassment in society and at the workplaces, and the subject of boyfriends. I exchanged my personal life story in order to hear their life stories. For them, I was not a researcher at all, since I wanted listening to every aspect of their lives and was not just interested in filling out a questionnaire. On the other hand, as a Sri Lankan woman undertaking PhD studies in a Western country I was able to impress higher status informants from governmental and non-governmental institutions and gain their trust and hence valuable information for my research.

Choosing informants (sample) for qualitative research

Since I study female EPZ workers' health status in relation to gender roles, factory work, social relations, sense of place, self-identity, and empowerment, my research problems led me to use a purposive sampling method. Based on Miles and Huberman (1994), Curtis et al. (2000) provides six criteria for selecting purposive samples in qualitative research. Selecting a few female EPZ workers would satisfy the first criterion that a sampling strategy should be relevant to the conceptual framework and the research questions addressed by the research. I selected female workers who had migrated from different parts of the country and were working in Katunayake export-processing zone as my sample population (Map 4.1).

At the first stage of my fieldwork, I was an outsider to the export-processing zone and female workers' lives. Even though my knowledge of EPZ workers was different to that Sri Lankan society's in general due to reading a large quantity of academic literature, I was unable to recognize any significant differences among them. In most of the literature available, female EPZ workers are identified as poor, hardworking, lacking any kind of rights and support, and are regarded as those who need to be saved. I was hoping that if I was able to interview at least 10 women, they would provide me enough information to answer my research problems, assuming there were no differences among them in terms of their health problems, knowledge and coping strategies relating to health, actions for promoting health, empowerment, and self-identities. However, during the final stages of my research process (analysing and writing), I was able to identify significant diversities among them that were not related to their health problems, but related to their engagement in organizational activities and their contributions to the family economy, which subsequently led to different experiences of health, sense of places, empowerment, and self-identities. Recruiting female workers with different characteristics was not my intention but on reflection, considering the results, meeting each woman and hearing her story was a positive contribution to the knowledge gained. The study has become more interesting, reflective and representative, since it identifies the diversity among female EPZ workers in their experiences relating to health.



Map 4.1: Location of the study area and research participants' place of origin.

The article on multiple voices (Article 4) describes how I first encountered EPZ workers through the NGO personnel at The Women's Centre at Katunayake export-processing zone. I recruited 25 women to participate in in-depth individual interviews and in-depth group interviews.[26] Table 4.1 summarizes the background characteristics of the female workers who participated in this research.

Table 4.1: List of research participants showing their main characteristics.

Research participant	Age	Home village (District) (Map 4.1)	Education level	Type of factory	Length of work at EPZ	Nature of participation in NGO activities
1	30	Kandy	11th grade passed	Garment	9 years	Active Participant
2	33	Kandy	9th grade	Printing	12 years	Non-participant
3	26	Kurunegala	11th grade passed	Garment	6 years	Visit NGO
4	27	Kurunegala	11th grade	Garment	8 years	Non-participant
5	23	Matara	11th grade	Garment	5 years	Active participant
6	25	Matara	13th grade	Garment	6 years	Active participant
7	23	Anuradhapura	11th grade	Diamond cutting	5 years	Active participant
8	27	Badulla	11th grade	Garment	8 years	None participant
9	29	Kandy	11th grade passes	Garment	6 years	Active participant
10*	35	Galle	13th grade passed	Garment	13 years	Non-participant
11	36	Kurunegala	8th grade	Garment	8 years	Non-participant
12	32	Kurunegala	11th grade passed	Garment	13 years	Non-participant
13	22	Matale	13th grade	Garment	4 years	Non-participant
14	28	Ratnapura	11th grade	Garment	8 years	Visit NGO
15	36	Matale	11th grade	Garment	9 years	Visit NGO
16	29	Galle	13th grade	Toy factory	7 years	Visit NGO
17	25	Galle	13th grade passed	Toy factory	5 years	Visit NGO
18	27	Matara	13th grade	Garment	7 years	Active participant
19	19	Monaragala	8th grade	Shoe factory	9 month	Non-participant
20	22	Kandy	11th grade	Garment	2 years	Non-participant
21	22	Kandy	11th grade passed	Garment	2 years	Non-participant
22	17	Matale	8th grade	Garment	6 months	Non-participant
23	20	Kurunegala	11th grade	Shoe factory	2 years	Active participant
24	18	Anuradhapura	11th grade	Garment	7 months	Active participant
25	28	Kurunegala	1 year university	Garment	2 years	Active participant

* Participant was unemployed at the time of the interview.

[26] During the first fieldwork period I conducted in-depth individual interviews with 22 women. During the second fieldwork period I was able to interview a further 3 women.

Three categories of women were included in my sample relating to their participation in non-governmental activities (at The Women's Centre): those who actively participated in NGO activities (9), those who attended the NGO only to read newspapers and watch television (5), and those who did not attend the NGO (11). The women who participated in organizational activities were active and fluent in expressing their feelings and experiences and they generated rich information fulfilling the second criterion. The other research participants also fulfilled this criterion through sharing their life stories with me. The women who volunteered immediately were those who actively participated in organizational activities, while the others were just visiting the centre were forced by the NGO personnel to talk with me. Through the women contacted at the NGO (snow-ball sampling method), I was able to recruit women who did not attend the NGO at all to participate in my research.

Curtis et al., (2000) requires generalizability as a criterion. Since my research intends to identify the diversity among female EPZ workers, the participants represent different positionalities of EPZ workers and in this respect each woman was unique and an appropriate choice for the purpose of exploring diversity. My positionalities of gender and age helped me negotiate reliable and plausible information (fourth criterion) since the women identified me as a friend and a as sister who they could trust. Further, I was able to reconfirm most of information revealed on the harassment of factory workers by the men in local society by conducting participant observation.

During the in-depth interviews as well as during informal discussions, the women related their life histories and narratives that contained their attitudes, perspectives as well as their dreams for the future. While keeping the women's identities confidential, I relate their stories to a wider audience, the world. In this way, I am able to fulfil the demand for ethical research (fifth criterion). Further, it is feasible (sixth criterion) to locate EPZ workers in many parts of the developing world and obtain more information on the research topic.

Information collecting methods

The in-depth interviews

One of the main information gathering methods of this research is the in-depth interview method. Through the interaction of the researcher and the informant, in-depth interviews make it possible to gain a more detailed knowledge of the topics being studied (Wengraf, 2001). According to Green & Thorogood (2004), in-depth interviews produce data about beliefs, behaviours, and ways of classifying the world, or about how knowledge is categorized. A commonly cited shortcoming of interviews is that they only provide access to what people say, not what they do. In order to overcome this barrier, I supplement my research with other methods, such as participant and non-participant observation, key informant interviews, and a semi-structured questionnaire. I conducted 25 in-depth interviews with individual female workers, and 5 group interviews each consisting of 5 or 6 female workers.

Collecting life histories and personal narratives

The distinction between life histories and personal narratives has been a matter of debate as to whether they are synonymous or have opposite meanings, and are inclusive or overlapping categories (Coffey & Atkinson, 1996). For me, life histories comprise the stories of individuals' lives systematically presented with temporally arranged incidents in the past and present (my informants talked more about their future dreams too). According to Wengraf (2001), the researcher should intervene minimally when informants tell their life histories. Informants should choose which important events and experiences to relate. From the life histories of people from different places at different times, it is possible to identify how changes in social, economic and political spheres affect people's lives and how people perceive and respond to the changes (Acharya & Lund, 2002; Lie, 2000). After a person tells their life history, the researcher can extract more stories which are of interest to the research, and which reflect the opinions,

perspectives and attitudes of the informant. I identify these sub-stories that are extracted from people's life histories as personal narratives. Personal narratives reflect people's opinions, perspectives and attitudes on different institutions, ongoing socio-economic, political and cultural processes, as well as about people, places and every thing else that they experience in their lives.

In this study, I conducted 25 individual in-depth interviews with female export-processing workers in order to collect their life histories and their personal narratives. Each interview lasted approximately 2 hours. First, the women had the chance to tell their life histories. Most of their stories reflected the poverty situation, problems encountered in continuing education and finding a better job than the one at the EPZ, and how they made the decision to migrate to Katunayake EPZ. Most of their life stories concluded with accounts of when they came to Katunayake. From some of their stories, I realized that these women had closed one chapter of their life history when they came to Katunayake EPZ and made the foundations for starting a better life in the future. Meanwhile, the life at the EPZ area was not regarded as 'real life' but only a 'situation' that they were forced to adapt to in order to attain a better life in the future. The life histories have been helpful for understanding the changing patterns of the women's gender roles, their sense of place, self-identities, and lifestyles as a result of becoming EPZ workers. Based on their life histories, I asked questions in order to gain information (personal narratives) on their perspectives of their health status and self-identities, and also opinions and attitudes on the health care delivery systems available to them and their perspectives of home, home villages, the KEPZ area and society.

In-depth group interviews

In-depth group interviews generated dialogues within group relationships. Experiences and opinions were shared and challenged as they are in other conversational settings (Kneale, 2001). I conducted five group interviews with female export-processing workers in order to gain information on their experiences and opinions on health status, the general patterns of changing gender roles and practices, perceptions of place and self-identities, and women's health promotion activities. Each group interview took about

two-and-half to three hours and they were conducted at places where the participants felt most comfortable to talking freely. For example, some group interviews were conducted at boarding houses since the women were available there until late in the evenings, and they preferred to stay at their rooms after long hard days of work at the factories. As the researcher, I not only involved in conducting the research using interview guides (Appendix 2), but also participated in conversations through sharing my own experiences. Some of the information that was not revealed in individual in-depth interviews was also revealed in group interviews (see article 1). The dialogues between the women led to them freely challenging the interpretations and assumptions of other group members. In some cases, the most silent women in the individual interviews shared their experiences and feelings when were not alone but in the safety of a larger group. Some raised arguments against other women and generated information-rich conversations that reflected the diversity in opinions and perceptions on different matters.

Interviews with key informants

A total of 11 interviews with key informants representing different institutions were conducted in order to gain diverse institutional perspectives on female workers and their health status. Two NGO personnel, two private medical practitioners, the doctor in-charge at the zone medical centre, a personal manager and a general manager from a shoe factory, the commissioner of health and safety at the Department of Labour, a police officer, and two landlords constituted the key informants. Interviews were conducted using interview guides with open-ended question (Appendix 3). Some key informants were regarded as having higher positional status than me. How I approached these high status key informants and negotiated for information has been described in the article on multiple voices and multiple realities (Article 4).

Participant and non-participant observations

I conducted participant observation at several places, such as local grocery stores, public a health care service, private medical clinics, the market place and jewellery shops where female export-processing workers daily interact with local people. Dowler (2001) identifies as the strengths of participant observation method as the ability to study behaviour in a natural settings and how this allows a greater depth of understanding. My own gender and age proved to be a resource in applying this research method. It was easier for me to pretend to be an EPZ worker and visit each place in order to gain personal experiences of how people (especially men) in local society treat women factory workers. Further, I was able to experience how local service providers treat the women. Since service providers and local men were unable to recognize me as a researcher and an outsider, they treated me in the same manner (i.e. behaved normally) as they treated a factory worker. Information gained through participant observations was useful to complement and confirm the information gained through interviews. Further, my experiences helped me in negotiating for trust and friendship with my informants as well as in conducting interviews on the experiences of female EPZ workers.

At several places, such as at a NGO, boarding houses, and public and private health care services, I used the non-participant observation method in order to gain information on how female EPZ workers behave in different settings. I had an opportunity to visit a factory at Katunayake EPZ and to observe the working environment, facilities at the workplace, and women's working patterns. At The Women's Centre, I observed the women's participation in NGO activities, group identity and coherence, and their social relationship with NGO personnel. At boarding houses, I observed factory workers' living environments, daily routines, social relations with fellow women and landlords, eating habits, and other health-promotional activities. At the zone medical centre, I observed the behaviours and attitudes of different health care personnel, time spent on each patient and the cost of medicines. This information was used as background information when conducting the in-depth interviews. Questions were asked to confirm observations and to gain further information. Since research places are not limited to specific places (Browne, 2003, Katz, 1994), I conducted

observation in everywhere I went (at bus stops, on buses, on the roads, etc.) and tried to interpret the situation in relation to the information I already had.

Informal interviews

Valuable information was also gained from informal interviews (conversations) with research participants as well as with local people around Katunayake EPZ, personnel at non-governmental organizations, as well as rural people from Anuradhapura, Kurunegala, Kandy and Matara and urban people from Colombo. The conversations revealed people's perspectives and opinions on export-processing zones and female workers. Further, the information was useful for contacting people, formulating questions and conducting formal interviews with my informants.

Semi-structured questionnaire

In order to gain information on export-processing workers' patterns of use of health care services, I used a semi-structured questionnaire. Most of the women I interviewed were highly dissatisfied with the health care services provided to them for free and most of them did not use the available free health care services. Therefore, I completed a semi-structured questionnaire using a sample of 115 women who visited the zone medical centre for treatment. The questionnaire has both general and specific questions that focused on the types of illness and what kinds of health care services were used for different illnesses (Appendix 4). Information was used to identify women's healthcare seeking behaviours, opinions on the health care services provided to them, and their knowledge of health promotion and health promotional activities.

Collecting secondary data

Besides the primary data that were collected using above methods, I have used considerable amount of secondary data for this thesis. Published journal articles, books, newspaper articles, legal documents and internet websites were analysed. Documents relate to Sri Lankan export-processing zones and EPZ workers were collected by visiting different institutions in Sri Lanka (Appendix 5). Several websites were also useful as information sources for gaining knowledge on global institutions and their strategies with relate to export-processing workers.

Interpretation and presentation of results

Within human geography, interview-based information/qualitative interview transcripts are used as the key texts for providing knowledge through interpretation (Smith, 2001). According to Smith (2001: 29) the researcher '*provides an interpretation of subject's interpretations of their and others' representations of what the world is like. What we [researchers] are doing here is accessing the world as people think it is and has been. We are accessing a representation (a vision, an image, an experience) of a text (the world of lived experience) through text (the interview transcript) that is itself open to interpretation*'. In the interpretation process, we (the researchers) reconstruct the world view of people we study according to our knowledge of the people and our disciplinary background, as well as our socio-economic backgrounds or positionality. Therefore, a critical reflective analysis of researcher's role is also important to understand and to justify the results presented. Further, a researcher's observations of the study area, the roles played by the informant and the researcher during the interviews, the body language and expressions of the informants, and the nature of the conversation also influence how the researcher finally interprets the information gained through in-depth interviews.

In this study, interpretation process started with transcribing all the interviews relating to life histories, personal narratives, group interviews, and in-depth interviews with key informants, which I had recorded using a mini-disc recorder. Women's life

histories were organized by arranging in them in chronological order in order to illustrate their changing patterns of gender roles and practices, self-identities, place identities, and health status throughout their lives. Then, in the interview transcript, I coded women's narratives under different topics, such as health problems, women's perceptions of their health, causes of health problems, opinions of institutions, gender roles, place identities, self-identities, and so forth. This was an attempt to analyse how the research participants perceived their health status, changing gender roles, responsible institutions, and their roles in promoting health of EPZ workers by using my disciplinary knowledge on concepts, such as health, gender, work and empowerment. My knowledge of socio-cultural traditions and norms regarding gender expectations and gendered behavioural patterns in Sri Lankan society proved to be a valuable resource when interpreting women's behaviours relating to health, their perceptions of health and roles of different institutions. For example, female workers would rather save money for their dowry in the hope of marrying one day. They sacrifice their healthy lives to factories while simultaneously eating low-cost low-nutritional value food. This situation should be understood within the cultural context that women are socialized, namely to prioritize the family and future rather than themselves. Further, traditional gender expectations of the woman bringing a dowry for her husband are still rooted in the culture regardless of changing attitudes. Even though most of the women did not tell me such things directly, the real reasons for why they worked in EPZ factories and were exposed to different kinds of harassment and health problems were concealed by their silences, body language and even in their laughs. Saving for a dowry through their EPZ jobs was the main goal of most of the women. In many cases, women expected me to completely understand their situations: 'you know, we must save for our future'. Here, future implies for their dowry when they get married and not for investing in self-employment, even though some women had been saving so that they could be self-employed in the future, as they mentioned directly when telling about their plans.

Since the primary objective of this research is to provide an extensive view of female workers' experiences of health in export-processing zones, women's voices are more highly represented than other informants, who are also significant to the health of female workers. Further, the texts (life histories and narratives) which I chose to present

in the articles were determined by my intention to illustrate the health problems of export-processing workers and their diverse experiences with regard to their health problems, health promotional strategies and empowerment. My descriptions of the institutions responsible for EPZ workers' health have been significantly influenced by my observations, experiences at those places and the impressions I gained when interviewing the key informants from each place. Further, the choice of secondary information sources, such as documents, books and journal articles on EPZs and EPZ workers around the world, and also newspaper articles have also been selected with the aim of illustrating EPZ workers' health problems and the diversity in their choices and actions, as well as to illustrate the significant impacts roles of intuitions.

Thus, for some readers this study might be seen as heavily biased towards female EPZ workers while disregarding the opinions and perceptions of other actors relating to EPZ workers' health. In the following section, I attempt to justify this bias by describing several problems that I encountered and the limitations of the study.

Limitations and problems encountered

The main problem encountered was women's lack of willingness to participate in the research. Therefore, I did not have a choice other than to interview those women who were willing to be interviewed. Since I encountered the female workers through The Women's Centre, the research participants represent more women who actively participate in organizational activities (36% of the sample; 9 out of 25 women), while those who did not participate in organizational activities constituted 44% (11 out of 26 women), regardless of the fact that there were only a few women participating in organizational activities out of a total of 55,000 female workers at Katunayake EPZ.[27]

[27] According to The Women's Centre personnel, of the 55,000 EPZ workers , less than 25 actively participated in their NGO activities. There were only four NGOs available in the area for these women to attend and participate in different activities. Further, none of the women who answered the questionnaire participated in any organizational activities. Lack of time was given as the main reason for not participating and this accounted for the majority of EPZ workers.

Thus, in women's narratives, NGO work and its impact on their lives might be over-represented, even though very few women were able to gain those benefits. However, since my intention is to identify the diversity among the female EPZ workers, their stories are used to reveal their different experiences.

Collecting life histories proved to be more complicated and challenging than I had expected. I encountered two types of problems that I had to overcome at the beginning of the process of collecting life histories. First, neither the factory workers nor the NGO personnel were used to researchers who collected life histories and spent several hours with them. Instead, they were more used to quantitative methods and were willing to fill questionnaires rather than relate accounts of their lives. The NGO worker mentioned at the beginning of this chapter did not consider my method to be an effective and efficient way of collecting data from the female workers and suggested that I should prepare a questionnaire to allow me to collect more information from a large number of workers in a shorter time period. I had to convince her that I only wanted to contact a few girls who would be willing to tell their life stories, which was the appropriate approach for my research topic. Second, my immediate encounter as a researcher did not facilitate me with the proper environment in which to collect life histories. At the beginning, I was just an outsider and it was natural that the women were reluctant to share their life histories with a stranger. I realized that it might take a longer time to gain their trust and therefore I took the initiative to participate in a pilgrim trip arranged for EPZ workers and in that way I was able to develop a friendship with four women. Thereafter, my regular visits to The Women's Centre and women's boarding houses transformed my relationship with the women from being a researcher and an outsider to becoming a friend and elderly sister or insider, which opened many possibilities to gain their trust and subsequently they were more willing to trust and confide in me. I spent several hours with the women at their rooms before we officially started any interview. Sometimes, I contacted the women several times in order to gain more information and to reconfirm the information they had given previously.

Another problem encountered was that, with the exception of the active participants, most women were not able to articulate their experiences, feelings and opinions comprehensively. Their expressions were short and positive (‘*everything is*

fine') even though they felt exactly the opposite. It was a matter relating to their gender and culture, where women are not usually talkative and instead opt to say that they feel fine regardless of what they really feel. I had to interfere and give examples from other women in order to encourage them to open up and respond more truthfully to my research questions. For reasons of unreliable responses and lack of information I had to disregard number of (short) interviews that I had conducted at the beginning of my fieldwork. However, the active NGO participants were able articulate their perspectives and opinions on every subject regardless of whether they were positive or negative, and they provided useful narratives of EPZ workers' health problems and opinions on institutions relating to EPZs.

I wanted to identify the EPZ employers' side of the story of workers' health problems too, although I knew that visiting factories and interviewing employers was impossible for a researcher. For this reason, I sent a structured questionnaire that included 14 questions on frequent health problems of workers, facilities provided for workers, and workers' use of the health care facilities provided. Of the 100 factories contacted (some of which were within the Katunayake EPZ and some were outside), only five factories (personnel managers) returned the completed questionnaires. Lack of response to the questionnaires sent to factories has led to that my interpretations of the employers' perspectives have been based on my observations and interviews conducted with a manager and a personal manager at one factory, which I was able to visit during my first fieldwork session.

Chapter 5

SRI LANKA
SEARCHING FOR DEVELOPMENT STRATEGIES

Introduction

The primary objective of this chapter is to identify the contextual background at national level that has enabled young rural women to participate in formal work in export-processing zones, and within which the female industrial workers' health status is shaped and they make choices and take actions for promoting their health. In order to do so, I first give a brief introduction to the geographical, historical, ethnic, demographic, health and education backgrounds of Sri Lanka. Then, I present the main development strategies of the post-colonial Sri Lanka, that illustrate how the internal/national and external/global conditions have shaped the development level of the country. This is followed by an analysis of the economic and socio-cultural impacts of the latest development strategies, namely liberalization of economy and export-oriented industrialization. Lastly, I try to identify the strategies adopted by the government to overcome the negative impacts of integration into global system.

Geography and history

Sri Lanka, formerly known as Ceylon until 1972, is a tropical island nation, also known as the 'Pearl of the Indian Ocean'. The island is located to the south of the Indian subcontinent and is separated from India by an approximately 35 kilometre stretch of sea known as the Palk Straits (5º 55' –9º 50' N and longitude 79º 42' – 81º 52'E). The total land area of the country is 65,610 square km. (25,332 square miles) and it has maximum length of 435 km and a maximum width of 225 km (Peiris, 1996). In 1982 the country renamed one of its historical kingdoms (dating from 13th to 16th centuries), Sri Jayewardenepura-Kotte, as the capital city, while Colombo remains the commercial capital of the country (de Silva, 2003).

Since it was a strategic port for seaborne traffic in the Indian Ocean, the country was subjected to a series of invasions by China and Arabia during the 11th century. In the 15th century Sri Lanka was invaded by the Portuguese, who eventually ruled it as a colony for a century. The Portuguese were thrown out by the Dutch in the 16th century and subsequently the British took over from the Dutch in the 17th century. Later, in 1815, Britain obtained control over the Kandyan kingdom, thereby ending the traditional monarchy. During the colonial period, the lifestyle of the people changed as a result of developments in trade and the plantation industry which had become predominant in the native agriculture. In addition, there were numerous improvements in education, health, and infrastructure facilities. In 1931 the people of Sri Lanka gained equal voting rights for men and women. Sri Lanka gained independence from Britain on the 4th February 1948. The first leaders of independent Sri Lanka tried to develop the country by applying democratic and welfare politics (de Silva, 2003; Peiris, 1996).

Demography and ethnicity

The population of Sri Lanka had reached 19,252,000 in 2003, with a growth rate of 1.3%. The population density is 307 per km^2. But the distribution is highly uneven among the regions (Department of Census and statistics, 2004), ranging from 2605 persons per km^2in the densest area (the Colombo District in the Western Province) to 36 per km^2 in

the least inhabited area (Vavunia District, in the Northern Province). Urbanization has been rather slow in Sri Lanka and the rural urban composition has remained almost static throughout the years. During the 1981 census, the percentage of urban population in the country was recorded as 21.5; in 1871 it was 10.8. It took more than 100 years for the urban population to increase by 10% (Department of Census and statistics, 2003).

Sri Lanka is the homeland of a multiethnic and multireligious society. The 2001 census revealed that 74% of the population were Sinhalese, 12.7% were Sri Lanka Tamils, 5.5% were Indian Tamils, 7.0% were Moors, and 0.8% were Burghers, Malays, and others. There is a strong link between ethnicity and religion. The Sinhalese are predominantly Buddhists, the Tamils predominantly Hindus, and the Moors are Muslims. The religious affiliations of the population of Sri Lanka, as enumerated in the 2001 census, show that 69.3% of the population were Buddhists, 15.5% were Hindus, 7.5% were Muslims, 6.9% were Roman Catholic, 0.7% belonged to other Christian denominations, and Others constituted 0.1% (Department of Census and statistics, 2003).

Health, education and human development

Sri Lanka holds a unique position in South Asia in terms of its achievements in health and education. Statistics from the *Human Development Report* (United Nations Development Program, 2004) demonstrate that the country is able to provide better health and education coverage for its population and as a result Sri Lanka has achieved human development outcomes comparable to those of high-income countries.

In the 2004 Human Development Index, Sri Lanka is ranked at 96 out of 177 countries (United Nations Development Program, 2004). Table 5.1 shows that HDI value for the country is well above the average HDI value for all developing countries but lower than the rich OECD countries. However, Sri Lanka has succeeded in delivering adequate health care and social services, which contribute to the population having long and healthy lives. The country has an average life expectancy of 72.5 years (males: 69.8; females: 75.5), which is well above the world average. The adult literacy rate is 92.1 (males: 94.7; females: 89.6), which is higher than the all developing countries. Further,

the country's infant mortality rate is 17 per 1000 live births and the under-5 mortality rate is 19 per 1000 live births according to the *Human Development Report 2004*. The country has achieved its positive health and educational status with a lower gross domestic product per capita, adjusted for local prices of US$ 3,750. The gender-related human development index ranks the country at 73, which indicates that Sri Lankan women enjoy better health and social status than women in many other developing countries (United Nations Development Program, 2004). However, when specific groups within the nation are analysed, rural women, estate women and female workers in export-processing zones account for the disparities in health and education among the population groups.

Table 5.1: Human development achievements of Sri Lanka and its position in the global context in 2004.

Country group	**Life expectancy**	**Adult literacy rate**	**Combined gross enrolment ratio for primary, secondary and tertiary schools**	**Real GDP per capita adjusted for local prices (US$)**	**Human Development Index**
Sri Lanka	72.5	92.1	65	3,570	0.740
All developing countries	64.6	76.7	60	4,054	0.663
Least-developed countries	50.6	52.5	43	1,307	0.446
OECD countries	77.1	…	87	24,904	0.911
World	66.9	…	64	7,804	0.729

Human Development Report (United Nations Development Program, 2004).

Sri Lanka's path to liberalization: history of post-independent development strategies

When Sri Lanka obtained independence from Great Britain in 1948, the country had a predominantly agricultural-based economic structure consisting of the export-oriented plantation sector and the traditional sector. The export-oriented sector consisted of tea plantations on the mountain slopes, rubber plantations in the intermediate zone, and coconut plantations in the western coastal belt; together, these constituted the backbone of the country's economy. The traditional sector consisted of rice and other food crops cultivated by peasants and which were intended mainly for domestic consumption (Department of Census and Statistics, 1998). Since the colonial rulers did not encourage industrialization, the industrial sector provided jobs for less than 8% of the workforce (Winslow, 2004).

As in most other countries, development planning in Sri Lanka was linked to various governments' perceptions of Sri Lanka's role in economic development. Political power in Sri Lanka has shifted between the United Nation's Party (UNP) and the Sri Lanka Freedom Party (SLFP) which has led coalitions involving left-wing parties. Sri Lanka's development process is evidence that the country has been an experimental ground for a series of economic policies, which have derived from a wide range of theoretical and ideological positions adopted by the major political parties, and thus there has been a lack of continuity in planning. Global developmental paradigms as well as the advice and guidance of the international development institutions have played important roles in Sri Lanka's development planning (Lakshman, 1997). Table 5.2 summarizes the main development planning periods (coinciding with the periods when the two political parties were in power), development strategies, and the global development ideologies dominated during the various periods.

Table 5.2: Main political periods and development strategies in post-independent Sri Lanka.

Development paradigms	Period	Party in power	Development strategies
Modernization…… Dependency , self-reliance…… Basic needs, self-reliance-------- Multi paradigms: neo-liberalism, empowerment, disaster managements, post-war recovery	1948 – 1956	UNP	Liberal economic policies. Aimed at maintaining export-oriented economy managed by private (elite) sector. Welfare policies: food subsidy schemes, free health and education.
	1956 – 1965	MEP-SLFP coalition	Socialist policies: state as the main actor in development process. Development through nationalization was the main goal of the 'Ten year plan',* which was never implemented.** Adopted import substitution industrialization and diversified agricultural production through restricting imports.
	1965 – 1970	UNP	Liberalized economy was tried out under the guidance of the World Bank. Adopted Green Revolution strategies in agriculture. The large number of loans obtained to finance these projects led to huge budget deficits.
	1970 – 1977	United Front SLFP	Return to import substitution and heavy restrictions on imports. Socialist strategies to recover from high external debt and rising unemployment.***
	1977 – 1994	UNP	Structural change, adopting new liberal economic policies recommended by the SAPs of the World Bank and the IMF. Accelerated Mahaweli Development Project,**** Housing and Urban development programmes,***** export-oriented industrialization and establishment of export-processing zones. Meanwhile government had to bare the cost of civil war amounting to 18% of government expenditure from 1983.
	1994 ↓	People's Alliance (coalition led by SLFP)	Continued liberal economic policies. Export-oriented industrialization as the main development strategy (in the Poverty Reduction Strategy Paper presented to the World Bank in 2002), and poverty alleviation projects (credits systems) and empowerment projects continue.

Source: Lakshman, 1997; Muller & Hettige, 1995; Richardson, 2004

* It was the first and only plan that covers all relevant sectors (export, domestic agriculture, fisheries, industry, power and energy, transport and communications, health, education, housing, and relief services) and both private and public sector activities (Lakshman, 1997).

** Due to the assassination of the prime minister in 1959.

*** Unfortunately, the government could not avoid the youth uprising in 1971, which was caused by high unemployment among educated young people in the country.

**** One of the largest hydropower and irrigation projects in the world, which was aimed at building physical infrastructure, sustainability in agricultural production, and generating hydropower to meet the growing needs in industries (Muller & Hettige, 1995).

***** The government directly intervened in providing house for the poor (in rural areas '*Gam Udawa*' or village awakening projects). It is the second largest capital investment by the government after the Mahaweli project. It was aimed at building one million houses (Richardson, 2004).

The newly independent government had to adopt expensive but necessary welfare systems, such as food subsidies and free health and education. The party was able to be re-elected for a second term by promising welfare provisions. Throughout the post-independent period, successive governments have continued welfare policies in various forms in order to attract votes. Even though welfare policies have driven the country towards a higher position in Human Development Index, it has not been enough to reduce the poverty of the people. As was evident in other developing countries during 1960s and 1970s, modernization development strategies, such as large-scale modernized farming and industries did not trickle down the benefits to the poor, nor was wealth distributed evenly among people and places as assumed it would by implementing the dependency theorists' import substitution strategies. Continuation of basic need strategies led to the country depending on borrowing from foreign sources,[28] while it had to obtain more loans in order to finance the large-scale development projects. By the late 1970s, when the country was heading towards an open economy, it was suffering from severe unemployment problems (20%), due to mismatch between the education provided and the job opportunities created by development projects, low GDP growth rate (2.9% during the 1970–1977 period), budget deficits and high foreign debts, as well as unequal distribution of wealth and income among the population (Lakshman, 1997).

Liberalization and open market economy

Sri Lanka adopted SAP policies in 1977, which emphasized trade liberalization (by removing the import controls and export taxes, promoting private foreign investment, strengthening the export sectors with comparative advantages, and devaluation of the currency), market liberalization (reducing government intervention by privatizing the government industries, removing market regulations, such as guaranteed prices, minimum wage legislation, and removing subsidies), and reducing state intervention (reduction of government spending, especially on health and education and other welfare

[28] In the period 1976–1977, government welfare expenditure was 38.9% of the total government expenditure (Lakshman, 1997).

expenditure, and encouraging foreign capital investment and the private sector in order to promote economic activities) (Jenkins, 1992; Ponnambalam, 1981). The first budget of the 1977 government cancelled all the subsidized rations for rice, flour and sugar, except for those who earned less than Rs. 3600 per year (1 US$ = c. 36 Rs.). The government managed to continue this cut-down of consumer subsidies by emphasizing sacrificing basic needs for the sake of the development and the economic growth of the country. At the same time, it allowed the private sector to import goods such as textiles, oil, fertilizers, milk, medicines, tractors, etc., which destroyed the public sector's monopoly on imports. It removed the price controls for locally manufactured goods and hence the private sector invested in many industries. The main aim of privatization was the participation of the private sector in the domestic and the international trade. Sri Lanka became a country with free and open economy because it abolished all import controls which had existed in the form of license quotas, and opened the door to unrestricted private sector imports. The Sri Lankan government adopted the IMF's strategies in order to increase foreign capital investment and devaluated the rupee by 100% (Lakshman, 1997; Ponnambalam, 1981).

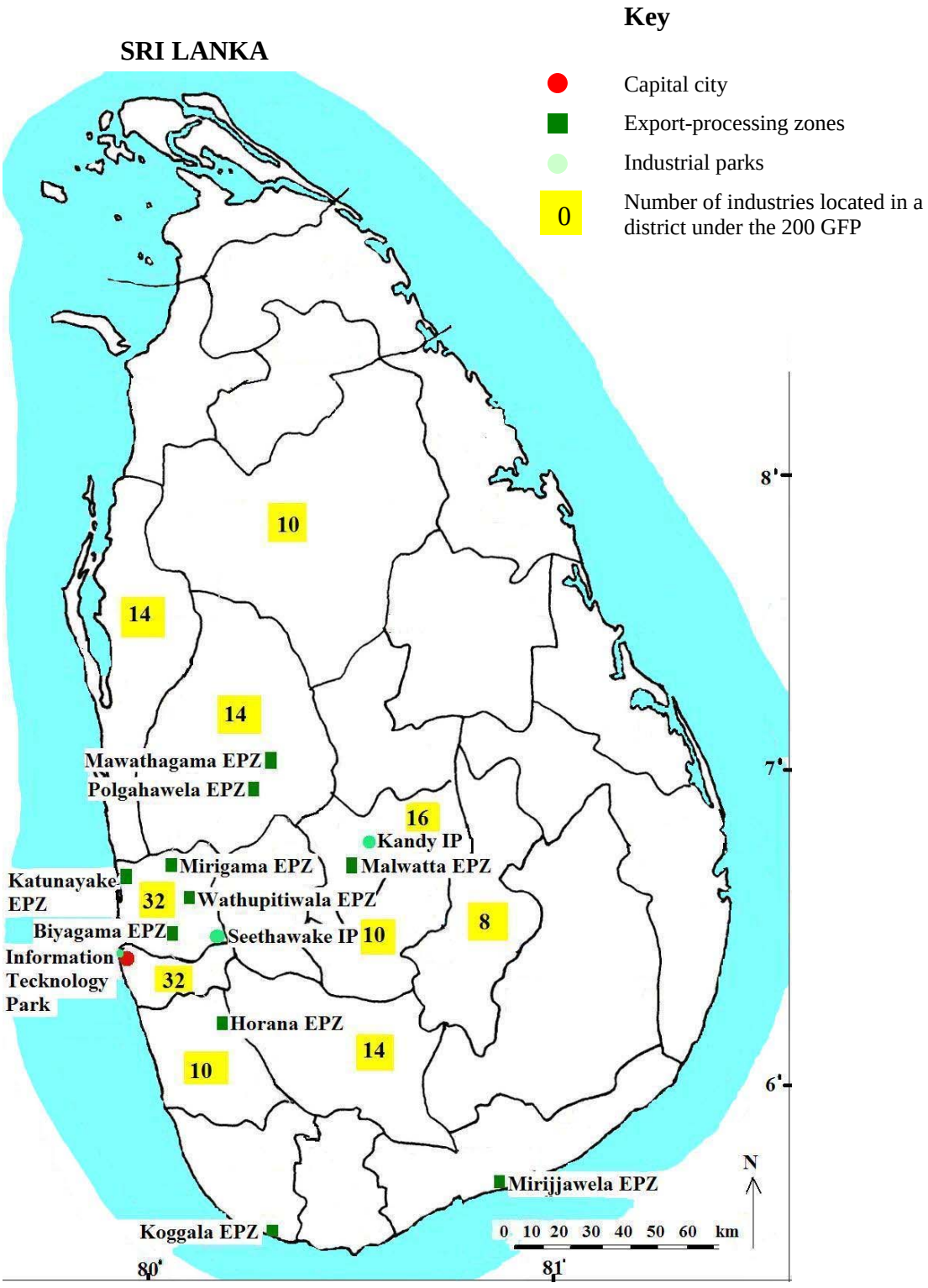
The primary goal of giving up decades of protectionism, adopting SAP policies and opening up the country's market to foreign intervention was to be eligible for foreign aids and loans which were granted by the international organizations and other donor nations. During the 1970s, the government made plans for long-term development projects. The Mahaweli Project was started by the previous governments but the funds were never granted because those governments did not adopt the World Bank and the IMF policies. In 1974, the government was investigating the possibilities of establishing export-processing zones but was not yet able to implement them. The country was dependent on foreign aid in order to achieve its large-scale development goals. Further, as the part of its election pledge, the newly elected government in 1977 needed a new strategy to eliminate unemployment and reduce poverty. It also recognized how the experiences of newly industrialized economies of Singapore, Hong Kong, South Korea, and Taiwan had successfully promoted economic growth through export-led open economic policies. Not only this, but politicians also identified those export-oriented industries which would contribute significantly to improvement in the quality of

products, the upgrading of skills, the efficient use of resources, and the diversification of exports, which would ultimately reduce the budget deficit and improve the population's quality of life. During the last three decades, export-oriented industrialization has become the country's main development strategy. This strategy has moved the country from a completely protected, closed economy to an open economy, which is fully exposed to global processes (Abeywardena et al., 1994).

Establishment of export-processing zones

To accommodate export-oriented industrialization through foreign direct investment (FDI), the first export-processing zone in Sri Lanka was established in 1978 at Katunayake, the town where the country's international airport is located. Even though proximity to the airport and the availability of infrastructure played a primary role in the location of the first EPZ at Katunayake, subsequently a number of EPZs were located in different parts of the country under the government's attempt to decentralize industries. Lucrative incentives such as tax reductions and exemptions from custom duties and other government legislations were granted to foreign as well as local investors that produced for export market. Further, the country's legal framework was altered several times to facilitate the investors of export-processing industries. At the beginning, EPZs were seen as geographically limited areas, but after 1992 when the president declared the whole country as an export-processing zone, any investor who invest in export-oriented production could benefit from the government incentives provided (Heward, 1997; Ramanayake, 1982). By 2003, there were 10 export-processing zones and 2 industrial parks with a sophisticated infrastructure established in different parts of the country[29] (Figure 5.2) (Central Bank of Sri Lanka, 2004).

[29] According to the Board of Investment of Sri Lanka's website (2004), there were 9 EPZs and 2 industrial parks established in the country. According to the ILO database on EPZs around the world there are 12 EPZs and 4 industrial parks in Sri Lanka (Boyenge, 2003).



Source: Central Bank of Sri Lanka (2004).

Map 5.1: Location of export-processing zones, industrial parks and factories under the 200 garment factory projects (GFPs).

The Board of Investment (BOI), formerly known as the Greater Colombo Economic Commission, is the statutory body responsible for the establishment and management of export-processing zones and industrial parks, promotion of investment by foreign and local investors, and dealing with disputes between employers and employees at EPZ sector. It has formulated rules, regulations and guidelines for investors and for employers in factory building and maintenance which concern the environment, occupational safety and health, and labour standards and relations (Heward, 1997; Board of Investment of Sri Lanka, 2000a; 2000b; 2000c; 2004), based on the country's legislative system on labour laws. The Board of Investment promotes investment under three types of investment agreements.[30] Table 5.3 summarizes the employment capacity and number of industrial projects operating during 1994, 1999 and 2003.

By 1999, there were 1635 export-oriented investment projects operating in the country, creating employment for 408,052 people (Samarappuli et al., 2000) and according to the *Annual Report, 2003* of the Central Bank (Central Bank of Sri Lanka, 2004), the total number of projects and employments had increased up to 1766 and 431,050 respectively in 2003.

[30] Under Section 17 of the BOI Act the government is empowered to grant special concessions to companies satisfying specific eligibility criteria which are designed to meet strategic economic objectives.

Under Section 16 of the Act foreign investment enterprise is permitted to operate only under the 'normal laws' of the country. Thus, for such enterprises, the provisions of the Inland Revenue, Customs and Exchange Control Laws apply. The 200 Garment Factory Project was started in 1992 promotes local investors (Samarappuli et al., 2000).

Table 5.3: Employment capacity and number of projects in export-processing zones, industrial parks and outside EPZs in 1994, 1999 and 2003 in the BOI sector.

EPZs/industrial parks	Established (year)	Number of projects			Number in employment		
		1994	1999	2003*	1994	1999	2003**
Katunayake EPZ	1979	121	96	89	59,500	53,089	51,948
Biyagama EPZ	1985	46	60	60	24,019	26,610	21,849
Koggala EPZ	1991	11	11	20	10,501	7,967	8,491
Kandy IP	1994	-	4	11	-	3,185	4,958
Mirigama EPZ	1998	-	4	12	-	1,195	2,286
Malwatte EPZ	1998	-	4	7	-	1,651	4,184
Wathupitiwala EPZ	1999	-	5	13	-	1,189	3,702
Seethawake IP	1997	-	6	17	-	2,839	10,694
Mirijjawela EPZ	n.a.	-	-	1	-	-	n.a.
Mawathagama EPZ	2000	-	-	4	-	-	3,372
Polgahawela EPZ	2000	-	-	4	-	-	1,676
Horana EPZ	1999	-	-	10	-	-	906
Information Technology Park	n.a.	-	-	6	-	-	n.a.
Total within EPZs				254			
Outside EPZs***	1992	377	880	1209	100,000	197,088	225,075
Total		555	1070	1463	194.020	294,813	
Outside EPZ under Section 16 of the BOI Act		321	398	691	32,810	36,952	40,015
Under 200 GFP	1992	154	167	180	72,033	76,287	
Totals		1030	1635	2334	298,863	408,052	431,050

Source: Central Bank of Sri Lanka (2004), Samarappuli et al. (2000).

* Statistics are based on the *Annual Report, 2003* (Central Bank of Sri Lanka, 2004).

** Statistics are based on website data of the Board of Investment of Sri Lanka (2004) and the *Annual Report, 2003* (Central Bank of Sri Lanka, 2004).

*** Projects approved under Section 17 of the BOI Act.

Table 5.3 shows that the numbers of industries operating in large export-processing zones in urban areas are decreasing, while industries located outside EPZs are increasing. However, the Central Bank's *Annual Report, 2003* summarizes: '*foreign investment inflows to Sri Lanka, which increased in the previous year, rose further in 2003. The peace process, reforms in the labour market, improvements in macroeconomic management, stable exchange rates, further liberalization of the capital account and relaxation of exchange controls helped to attract more foreign investment in 2003*' (Central Bank of Sri Lanka, 2004: 100). South Korea (125), Hong Kong (74), Japan (67), UK (57), Germany (47), USA (47), Singapore (41), Nederland (23), Australia (23), and

India (20) were among the top 10 countries investing in Sri Lanka's EPZs and industrial parks in 2000 (Samarappuli et al., 2000).

Impacts of integration into global system

Contribution to the national economy

Sri Lanka's industrial sector (including manufacturing, construction, mining and quarrying, and electricity, gas and water) contributes 26.3% of the Gross Domestic Product (GDP), while agriculture and service sectors contribute 20.1% and 53.6% respectively. Within the industrial sector, export-oriented industries account for 60% of value addition. Export-oriented industries are also important in terms of employment generation and foreign exchange earnings (Central Bank of Sri Lanka, 2004).

Since the establishment of EPZs, the country's unemployment levels have decreased from 17.9% in 1981 to 8.9% in 2003 (Department of Census and Statistics, 1998; Central Bank of Sri Lanka, 2004). Employment created at export-processing industries has significantly contributed to this trend. In 2003, the EPZ sector contributed 6% of the country's total employment. Table 5.4 summarizes the number of jobs created within the BOI-promoted industries, the amount of foreign direct investment attracted to those industries, and the gross export earnings.

Table 5.4: Employment, investment and gross export earnings of BOI enterprises by the type of industries in 2003.

Type of industry	No. of enterprises	Employment created	Investment (Rs. Millions)		Gross export earnings (Rs. Mn)
			Foreign direct investment	Total investment	
Food, beverages and tobacco products	148	13,495	9,773	15,777	15,381
Textile, clothing and leather products	500	301,309	26,806	40,110	207,051
Wood and wood products	24	2,024	3,680	3,916	1,385
Paper and paper products	25	2,135	498	1,638	1,822
Chemical, petroleum, rubber and plastic products	138	27,696	15,058	19,640	33,282
Non-metallic mineral products	66	10,166	5,217	12,487	9,126
Fabricated metal products, machinery and transport equipment	75	6,740	6,389	8,088	17,199
Manufactured products not elsewhere specified	166	30,448	6,763	9,907	21,766
Services	624	37,047	112,598	165,921	29,593
Total	1766	431,050	186,782	277,481	336,605

Source: Central Bank of Sri Lanka (2004).

Further, Sri Lanka has able to diversify its export products, which were previously limited to agricultural commodities such as tea, rubber and coconuts (together accounting for 80% of total export values in the late 1970s) before the country entered into the global market system. The export-oriented industrial sector grew at the rate of 3.9% during 2003 and three types of industrial categories contributed to this growth: (1) textiles, clothing and leather products; (2) chemicals, petroleum, rubber and plastic products; and (3) food, beverages and tobacco products. Table 5.4 shows that the industrial category of textiles, clothing and leather products is the most important contributor to employment creation (70%) and export earnings (61%). Further, this group account for the primary export product of the country and table 5.5 shows how its contribution to the export income has increased during the 25 year period up to 2002.

Table 5.5: Composition of exports of Sri Lanka from 1977 to 2002.

Category	1977	1987	1997	2002
Agricultural exports	**79.3**	**42.4**	**22.8**	**20.0**
Tea	52.8	25.9	15.5	14.0
Rubber	14.0	7.1	1.7	0.6
Coconut	7.5	5.2	2.5	1.8
Other	-	5.2	2.6	1.8
Industrial exports	**14.2**	**48.6**	**74.1**	**77.3**
Food, beverages & tobacco	0.0	0.0	2.0	2.6
Textile and garments	2.1	31.4	49.0	51.6
Petroleum products	9.0	6.3	2.1	1.6
Other*	-	11.0	21.0	20.7
Mineral exports	**4.8**	**4.3**	**1.9**	**1.9**

Source: Data from Central Bank of Sri Lanka in Dheerasinghe, 2003.

* Rubber, ceramics, leather, travel goods and footwear, machinery, diamonds and jewellery products.

Integration or marginalization: Sri Lanka's position in the global economy

It can be argued that Sri Lanka has successfully integrated into global market system and benefited from the process because Sri Lanka is one of the South Asian countries to have adopted economic liberalization policies at an early stage in the globalization process. For nearly three decades the country has attracted billions of dollars' worth of investment from multinational enterprises from different parts of the world, and succeeded in increasing its economic growth.

Even though Sri Lanka has managed to generate employment and improve the country's economic growth through producing for the global market, it can also be argued that the country is marginalized within the global market system. On the one hand, multinational enterprises that invest in Sri Lanka's EPZs have primarily invested in consumer goods manufacturing industries, e.g. textiles and garments, food products, etc., that have a lower value in the global market and are highly sensitive to the fluctuations of global economic conditions. For example, the country's main exports of textiles and garments have concentrated on only a few markets. The USA accounts for 63% of its total garment exports while the European Union's share is 31%, Canada's 2%, and more than 90 other countries together account for the rest (4%) (Dheerasinghe, 2003). Further,

Sri Lankan export-processing industries are vulnerable to the intensifying global market competition. For example, the country's textile, clothing and leather products industries grew by only 2.6%, due to the increased competition from low-cost countries such as when China entered into the global market (Central Bank of Sri Lanka, 2004). Since Sri Lanka only has low waged, low-skilled labour (female) to offer, investors do not hesitate to relocate their industries to other countries that provide more benefits and thus create higher profit margins (Mahendran, 2003). Table 5.6 shows that Sri Lanka is at the lowest point compared to other Asian countries with respect to attracting FDI.

Table 5.6: Foreign direct investment in 2001.

Country	FDI in Millions US$
China	38,000
Korea	9,000
Thailand	3,000
Indonesia	5,000
India	2,000
Singapore	6,000
Sri Lanka	171

Source: De Meyer (2003).

Statistics from the Central Bank of Sri Lanka show that the country's imports accounted for 0.09% of world imports while its export share was only 0.08% of world total exports in 2002, and this has not changed significantly since the 1977 (the export share in 1977 was 0.07% of total world exports). These statistics imply that Sri Lanka's position in the global system has not significantly improved through opening up its economy to the global market (Dheerasinghe, 2003).

One the other hand, most EPZ industries provide few benefits to the country in terms of skills improvement and infrastructure development. Sri Lanka's main industries in all demand low-skilled assembly line workers that receive low wages. The country has not been able to attract industries that demand high-skilled labour forces and hence it has been marginalized in the global market as a supplier of low-skilled labour. Further, the main industries use imported materials, technology and knowledge in their production

processes and factory management. The country was not able to achieve any of its goals, such as improving skills and technology and using local resources, which were set up when the nation adopted liberal policies and opened up its market to foreign interventions (Balasuriya et al., 1981; Dheerasinghe, 2003).

Feminization of labour in export oriented sector

Since the colonial period, the country's export sector has been dependent upon female labour. For example, the plantation sector (especially tea and rubber) which produces for international markets uses female labour. Adoption of liberal policies has not changed this trend. On the contrary, it has contributed in two ways to increasing the level of female participation in labour forces as well as their contribution to the foreign currency earnings: as factory workers in export-processing industries and as domestic workers who migrate to Middle-East countries (Samarasinghe, 1998).

It is estimated that around 80% of employment in EPZ industries is female. Even though the government's main goal of liberalization policies and industrialization was to reduce the high level of unemployment at that time (during 1970s), they were not solutions for male unemployment since the EPZ industries demanded female labour. To some extent, during the 1980s, the government managed to decrease male unemployment by providing employments for young poor men in the security forces, due to the ongoing civil war between the government and the Liberation Tigers of Tamil Ealam (LTTE).

However, the jobs created in security forces could not satisfy the job demands of educated young men in the country. They were marginalized in the labour market not only by the gender bias of the EPZ sector but also through the miss-match of education and occupational opportunities created in security forces and other sectors. This situation led to social unrest and political riots during the 1988–1990 period that cost thousands of young lives, and subsequently political restructuring in the country. Regardless of the fact that export-oriented industries demand female labour, in 1992 the government started a new project known as the 200 Garment Factory Project, which decentralized industrialization and located industries in rural areas. The main purpose behind this

project was to provide employment opportunities, in order to reduce the social and political unrest among both Singhalese and Tamil young men. None of the goals were realized, since the industries attracted mostly young rural women. In contrary, it has created social problems within the families and for the female workers in rural areas, since the rural women now have access to paid work, while the men remain unemployed (Lynch, 2002; 2004). Lynch (2002; 2004) identifies that the underlying goal of decentralization of industries was to keep the young women inside the village society in order to protect them from behaving immorally in the urban EPZ areas, based on the assumption that the social freedom gained through living away from families leads to young rural women become immoral and disrespected women (see Article 1: 'Were they ever in place?').

Government commitment to protecting workers' rights

The Sri Lankan Government is committed to protecting workers' rights through the nation's legislative system which covers all workers regardless of the place where they work. In addition, workers at export-processing zones are protected through special standards of labour relations formulated by the Board of Investment of Sri Lanka.

Sri Lanka is among the countries which have formally subscribed to several hundreds of human rights instruments, and is committed to the realization of corresponding standards at home. The legal framework of the country covers all aspects of the Universal Declaration of Human Rights and the Fundamental International Labour Standards of the International Labour Organization. In particular, the country has ratified all of the fundamental conventions of the ILO except for Convention 105: Abolition of Forced Labour Convention of 1957 (Gunatilake, 1999; International Labour Organization website, 2001: Sri Lanka).

Legislation on employment and work was first introduced into Sri Lanka through statutes introduced in the British colonial period, which regulated working conditions in the plantations (Goonasekere, 1990). The legislative enactments of the country are designed to achieve equality and safety for employees. There are several legislations

which are formulated to cover fundamental labour rights of workers: Minimum Wage/Wage Board Ordinance (1941), Factory Ordinance (1942, amended 2002), Trade Union Ordinance (1935), Night Work Act (1984), Termination of Employment of Workmen Act (1970), Employees Provident Fund Act (1958), and Employees Trust Fund Act (1980). These acts and ordinances are enforced to secure the citizens' human rights, such as the right to decent work, the right to good health, including occupational and reproductive health, and the right of freedom of association. The ordinances such as Employees Providence Fund (EPF) Act and the Employees Trust Fund (ETF) Act secure the social well-being of workers, while the Night Work Act, which amended the Employment of Women, Young Persons and Children Act of 1956, secures equal opportunities for both women and men in different occupations (Goonasekere, 1990; The Government of Sri Lanka, 1980; Gunatilake, 1999; Guneratne, 2002).

Further, Sri Lanka joined the World Trade Organization in 1995 and has ratified the Tripartite Declaration of Principles Concerning Multinational Enterprises and Social Policy (1977) in order to promote country's investment and to protect workers' rights. The country has also ratified the United Nations Convention on the Elimination of all Forms of Discriminations against Women in 1981 and the Declaration of Violence Against Women in 1993. The Sri Lankan Panel Code Reforms introduced in 1995 have imposed strong penalties for sexual violence, including incest and sexual harassment (Goonasekere, 2000; Jayaweera, 2000a; 2002; Wijayatilake, 2001), which directly influence the health and well-being of female EPZ workers.

In order to protect EPZ workers, the BOI has formulated several regulations. It determines the minimum wages in the EPZ sector, which are higher than in other sectors in the country. Further, there are regulations regarding working hours, payments, and leave for workers in the export-processing sector,[31] in order to protect them from exploitation as well as to encourage the them to work efficiently.

[31] Normal working hours in the EPZ industries are 9 hours daily from Monday to Friday, including 1 hour for a meal and rest, and 6½ hours on Saturdays, including 1 hour for a meal and rest. Although Sunday is free for workers, employers can ask them to work on Sundays with certain conditions of payment (1½ days' salary + 1 free day in the coming week, or double the daily salary for work on Sunday without a free day in the coming week). The new factory bill, which was amended the 1942 factory ordinance, gives

A survey was conducted by the International Labour Organization to evaluate the effects of the governments, employers and workers' organizations, and multinational enterprises (MNEs) efforts to conform to the principles of the Tripartite Declaration (International Labour Organization, 2004). The results show that the three parties agreed on some matters, such as better wages and better working environments within the EPZ sector compared to other industries in the country. According to the survey results, the Sri Lankan government has acknowledged that safety and health standards have not been met in the EPZ sector in accordance with the recommendations in the Declaration. Workers' organizations in Sri Lanka[32] disagree with the government on industrial relations, since regardless of the fact that collective bargaining power applies throughout the country the BOI has negative influence on workers' organizational activities. The Sri Lankan government has recognized EPZ workers' unionization rights within the EPZs in 1998, and the Free Trade Zone Workers' Union (FTZWU) was established in 2000. However, the BOI ignores the law in order to facilitate the investors' requirements of union-free environments and less government interference. Under the BOI law, a 'workers' council' is established in each factory. However, under the guidance of the Free Trade Zones and General Services Employees Union (FTZ&GSEU),[33] workers are mobilized within and outside the factories to form trade unions inside the factories. As a

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women the right to work overtime up to 60 hours per month with some restrictions: the written consent of the worker to be available; payment of 1½ times the daily wage rate for normal night shifts; anyone who works from 6 am to 6 pm cannot be employed on the night shift on the same day, etc. Regarding leave and holidays, workers are entitled to 14 days leave with pay, and *poya* days (full moon day each month, which is a Buddhist religious holiday), and 8 other public holidays with pay. Those who are employed on *poya* days should be paid 1½ days' salary, while for a public holiday workers should be paid double the minimum daily salary. The termination of employment within the EPZ has certain rules; for example, a worker's employment can be terminated on disciplinary grounds or with prior written approval of the Commissioner of Labour (Board of Investment of Sri Lanka, 2004).

[32] The Employers' Federation of Ceylon (EFC), The Ceylon Workers' Congress (CWC), and The Lanka Jathika Estate Workers' Union (International Labour Organization, 2004).

[33] A new union formed in March 2003 as a result of the merger of the Industrial, Transport and General Workers Union (ITGWU) formed in 1982 and the Free Trade Zone Workers Union (FTZWU) formed in 2000 (Dent & Marcus, 2001).

result, by the end of 2004 there were five trade unions formed in five factories and employers have recognized them as trade unions representing the factory workers, which is a huge victory not only for EPZ workers but also for the country's entire trade union system.

Government commitment to protecting EPZ workers' health

Sri Lankan government plays a neutral role when it comes to workers' health and safety, since it has given sole authority to the Board of Investment. Public health care services are not available within a reasonable distance for EPZ workers and thus EPZ workers are marginalized in the provision of welfare facilities by the government. The Department of Labour has very limited authority over the matters relating to the EPZ sector. Due to the BOI's supreme power over the EPZ sector, the Department of Labour is disempowered and unable to intervene when there are incidences of labour rights violations or lack of health and safety conditions at EPZ factories (Gunatilake, 1999).

However, in 2002, after years of pressure resulting from academic research and media publications on EPZ workers,[34] the government formulated a task force for looking after the interests of female EPZ workers. The task force initially consisted of representatives from different actors involved in EPZs and health, including the Secretary of the Ministry of Women's Affairs, the Director of Health Education Bureau, the Ministry of Labour, the Secretary to the Ministry of Health, employers of EPZs, representatives from the BOI, commissioners of the Department of Labour (Women and Children, Industrial Safety, Occupational Health), and NGO representatives from Centre

[34] With donations from different global agencies, such as CIDA (Canadian International Development Agency), The Asia Foundation, NORAD (Norwegian Agency for Development Cooperation), and IDRC (International Development Research Centre), educational and research institutions in Sri Lanka have conducted extensive research on EPZ workers. Through their research publications, institutions such as the Centre for Women's Research (CENWOR), Women in Need, Women's Education and Research Centre, and the American Solidarity Centre have managed to influence Sri Lankan policy makers in their decisions regarding EPZ workers.

for Women's Research (CENWOR). Based on previous research, the task force had identified several objectives for improving the quality of female EPZ workers' lives. Among the task force's primary objectives were: to identify issues that affect the female workers in EPZs (at work, and in the community, particularly those relating to health, housing, sanitation, nutrition, recreation, and sexual harassment); identify deficiencies in and recommend measures to improve their housing and living conditions; determine the magnitude of the problem of sexual harassment within and outside the work environment and make recommendations to eliminate the problem; and identify deficiencies in the health services available to them, including reproductive health services and occupational health services (Source: Taskforce notes which were obtained through informants). Unfortunately, the taskforce came to an abrupt halt after an election when the new Minister appointed new members for the task force for EPZs. The new task force was a less representative forum and thus the force needed to motivate employers and government was minor. However, to some extent, the task force has managed to activate some of its goals by various means; for example, the police mobile patrol consists of female constables at nights, and increased and regular transport facilities are now available around EPZ areas.

The Board of Investment also formulates rules and regulations regarding factory environments and the health and safety of workers. Special guidelines have been formulated for factory buildings in order to provide quality working environments for workers. Further, special guidelines have been formulated to achieve good health, safety and welfare conditions of workers. Proper ventilation systems that provide fresh air for each factory room, heat control systems (air conditioning), proper lighting systems, and proper pollution control systems that minimize noise, smoke, dust, and solid waste have been demanded by the BOI law (Board of Investment of Sri Lanka, 2000b). In order to achieve health and welfare the workers at each factory should be provided with: a minimum of one sanitary convenience per 25 workers, rest facilities for the use of all female workers whose work is done while standing, dining room, drinking water, washing facilities, changing rooms and lockers, and a well-equipped first aid room or sick room with a trained nurse or trained first aid attendant, and adequate other medical facilities. Further, several guidelines have been formulated to ensure the safety of

workers, for example, guarding all moving parts of machinery, providing suitable personal protective equipments, such as gloves, goggles, ear protectors, respirators, and maintaining the machineries, etc. (Board of Investment of Sri Lanka, 2004).

Government strategies for surviving in the competitive global market system

There is evidence that even though Sri Lanka has entered into the global market system through adopting economic liberalization policies, the nation has not been able to improve its position at the global level. During the early export promotion phase, steps were taken to encourage foreign investment by providing various forms of incentives such as tax concessions, credit at low rates of interest, infrastructure facilities, and institutional support. Institutions and policy reforms were implemented to better facilitate private sector participation in economic activities (Dheerasinghe, 2003). Further, the country's legal framework was altered several times in order to facilitate the investors of export-processing industries. For example, the workers' right to organize within the EPZs is systematically banned in Sri Lanka through the introduction of the Employees' Councils Act in 1979 (Gunatilake, 1999). The Introduction of the Night Work Act in 1984[35] allowed employers to let women undertake night work, which was necessary for the MNEs to maintain their efficiency and supply production to the global market at the time (Goonasekere, 2000). Further, in August 2002, the government amended the Factory Ordinance of 1942, primarily to increase the number of overtime hours for EPZ workers. The government's argument for the amendment was based on the fact that women workers (as well as men) would able to earn extra income through increased overtime, which was impossible under the existing ordinance.

[35] The Night Work Act in 1984 amended the Employment of Women, Young Persons and Children Act of 1956 (which protected women and children being employed in unsafe working environments and at nights) and the Shop and Office Employees Act of 1954 (Gunatilake, 1999).

Regardless of the various incentives offered by successive governments, the country has failed to attract adequate investment from global investors, and Sri Lanka still has almost the same proportion of world's total exports that it had at the early stage of liberalization. Under these circumstances, the Director General of the Board of Investment of Sri Lanka asked the following question: '*Sri Lanka's labour costs, rates of taxation and prices of utilities, perhaps with the exception of the price of electricity, are among the lowest in Asia. In other words doing business in this country is not very high. Why then is it that we find it difficult to move away from excessive reliance on low wage industries such as garments, textiles and gems and jewellery, into higher value added forms of production where our workers and producers will be assured higher levels of income mindset*' (Mahendran, 2003: 3).

Various professionals have suggested that the country needs to move from consumer goods industries to information technology industries (Sparks, 2003), and that the lack of single multinational involved in information technology reflects the backwardness of the country within the highly technology-oriented global market (Mahendran, 2003). Finding the right partners to do business with is also an important target, since most of trade agreements that have protected the country's market are terminating during this period. For example, the Multi-Fibre Agreement that allocated certain production quota to the country was terminated at the end of 2004. The impacts on the country's economy as well as society are significant since the textile and garment industries accounted for a huge proportion of the industrial sector and export sector.

In 2003, the BOI undertook a number of investment promotion strategies to overcome the problems that the EPZ sector currently encounters, such as low competitiveness, lack of diversity in industrial production and dependence on only a few markets. The free trade agreements between Sri Lanka and India have provided a good opportunity for investors to enter the huge Indian market. A group of business delegates from Sri Lanka with an outward investment promotion mission visited a number of countries, including Germany, France, Thailand, the Middle East, Malaysia, China, and Japan, and conducted investing seminars for the major multinational companies of those countries. Meanwhile, inward missions came from India, Malaysia, China, Singapore, UK, Thailand, Finland, Norway, and Denmark. Sri Lanka expects to generate more

capital inflow from these missions in the coming years (Central Bank of Sri Lanka, 2004).

Quality, cost and delivery capacity are identified as the three main factors determining the competitiveness of a country in the global market. Under the guidance of the United Nations Industrial Development Organization (UNIDO) and donations from Japan and Norway, Sri Lanka aims to increase its competitiveness in several ways. In order to improve country's institutional capacity in industrial development there are two fully equipped microbiology testing laboratories for improving the quality of textiles and garments manufactured in established industries. Further, new technology has been adopted in garment industries to improve efficiency and hence productivity. With constantly changing fashions in the global clothing market, producers must supply completely new garment collections within a shorter period of time, otherwise the MNEs would lose their share of the market (United Nations Development Organization website, 2005: Case studies: Sri Lanka).

Further, several labour market reforms have been undertaken in order to increase investment flows, employment creation and the growth of the industrial sector. The main reform was the amendment of the Factory Ordinance Act of 1942 that permitted female employees to work 60 hours overtime per month (720 hours per year) from the 100 hours of overtime per year permitted earlier. During the 2003, the Industrial Disputes Act and the Termination of Employment of Workmen Act were also amended to remove rigidity in the labour market. According to the Central Bank's *Annual Report, 2003* (Central Bank of Sri Lanka, 2004), flexibility in the labour market is necessary not only to protect the jobs of existing workers but also to create more job opportunities in the future.

The strategies taken by the government to increase country's competitiveness in the global market directly influence the EPZ workers. However, analyzing all the impacts of these strategies is not within the scope of this thesis. Women's narratives provide empirical evidence for several impacts of the government strategies relating to female export-processing workers.

Chapter 6

FEMALE EXPORT-PROCESSING WORKERS IN SRI LANKA: FACTS BEHIND THEIR STORIES

Introduction

The complex combination of factors at global level and national level, which I have presented in Chapters 2 and 5, has contributed to shaping the present socio-economic and health status of female export-processing workers in Sri Lanka by generating job opportunities in export-processing industries. This chapter attempts to identify the facts behind young rural women's choices to become factory workers in export-processing industries. Their choice is not a conventional one, since it challenges the existing gender roles and practices which are determined by traditional patriarchal norms and values. For example, concerning gender relations, women hold subordinate positions in the household as well as in society and are regarded as needing to be protected from the dangers of society (practically protected from other men outside the family members). Young women live under the rules of their fathers, elder brothers, and even younger brothers and they are expected to be obedient and dependent daughters. When they marry they live under the protection and rules of their husbands. With respect to gender behaviour, society expects a high level of moral and honourable behaviour, particularly from women. Every aspect of women's lives is justified under strict dominant cultural norms and values, such as their level of education, work, marriage, social relationships,

and networks, and even their clothing styles (de Silva et al., 1993, Lynch, 1999). However, there is a significant disparity between urban and rural societies in their expectations and values relating to women's work, gender roles, and practices and behaviour. In the case of female EPZ workers, they are justified in accordance with the moral and honour codes of traditional Sinhalese culture (Perera, 1997).

Under such circumstances there should be another explanation for women's unconventional choice involving work in factories, migration from their home villages, living unprotected lives, as well as risking being exposed to various forms of health problems and harassment. There are two objectives in this chapter. The first is to explore the underlying factors that explain women's socio-economic backgrounds which subsequently lead them to choose factory work as their strategy for coping with poverty. The second is to identify the institutions at local level (in Katunayake area) that are responsible for EPZ workers' health.

Young women's path to EPZ jobs

Extreme rural poverty

Studies on female industrial workers have revealed that 85% of female workers are migrant workers and the main reason for migration is identified as family poverty. Devanarayana (1997) identifies that the parents of the majority of the women workers are traditional cultivators who find it hard to make a decent living, owing to high cost of pesticides and fertilizers, crop failure, lack of proper marketing facilities, and reasonable prices for their products.

Sri Lanka's poverty reduction strategy paper (PRSP) identifies the poverty of the nation as rural phenomenon since 88% of the truly poor (i.e. those falling below the poverty line in 1995) reside in the rural areas, compared with 8% in the urban areas and 4% in the estate area (The Government of Sri Lanka, 2002). Further, there is evidence

that the incidence of poverty has improved very little or has not changed at all[36] (The Government of Sri Lanka, 2002). The failures of the macroeconomic development strategies of modernization and import substitution during the 1960s and 1970s explain the higher level of poverty among the rural agrarian society. Even the large-scale irrigation projects which were implemented under the Green Revolution and later under Mahaweli Development Project have contributed to increasing the nation's economic growth rate,[37] they were unable to trickle down their advantages (i.e. increased income and social benefits) into the rural sector (Lakshman, 1997). Similarly, the large-scale irrigation projects have marginalized poor rural farmers since mechanization needed huge capital investment which was unaffordable for poor farmers. Most of them ended up losing their land, either because they had mortgaged their land to rich farmers or sold it in order to repay the bank loans. There were several incidences of farmers having committed suicide when they failed to repay bank loans obtained for agricultural purposes (Devanarayana, 1997). Since they have no other options, young children of these farmers migrate to EPZs where they can easily obtain jobs.

Silva (1997) shows that 56% of female workers are from households without a permanent income, 28% are from farming families, 10% are from estate workers' families, 4% of households have employment in government jobs, while 2% of households of female workers conduct petty commodity businesses. Eyre et al., (2001) found that 55% of female workers' parents are economically dependent on their daughters, while 40% of siblings depend on their sisters for financial support.

Education and unemployment

Despite the cost-recovery strategies recommended for the health and education sectors in the Third World countries by international institutions, successive Sri Lankan

[36] It is impossible to compare poverty related data over the time since the indicators for measuring poverty have changed over the years.

[37] The growth rate of the country improved from 3.6% in 1961, 5.3% in 1966, 5.5% in 1976, 5.2% in 1981 to 6.4% in 1997 (Abeyratne, 2000).

governments have continued providing free education and health care for the population since the country gained independence. This has contributed to improved status in terms of the human development indicators of Sri Lankan people compared to those for people in other developing countries with the same level of economic development. Since the free education and health services reduce the gender bias of parents when it comes to investing in children's education and health, young women experience similar status to their male counterparts, even though disparities exist between social groups in urban, rural and estate sectors. Table 6.1 shows how the education level of men and women has improved over time due to the provision of free education.

Table 6.1: Increase in the literacy rate by gender and sector from 1963 to 2003.

Year	Gender	Urban	Rural	Estate*	Sri Lanka
1963	Male	91.8	84.2	-	85.6
	Female	82.4	64.1	-	67.3
1971	Male	90.3	84.1	-	85.6
	Female	81.5	67.9	-	70.9
1981	Male	95.3	89.0	-	91.1
	Female	79.9	79.9	-	83.2
1991	Male	94.0	89.9	79.0	90.1
	Female	84.3	84.3	52.8	83.1
2001**	Male	94.9	95.7	87.0	92.3
	Female	96.0	96.9	84.0	89.2

Source: Department of Census and Statistics, 1998; 2002; 2005.

* In 1963, 1971 and 1981 the estate sector was included in the rural sector.

** In 2001 statistics on urban, rural and estate sectors are only for the age group 15–24 years, which shows the decreasing gender disparity in educational opportunities for younger people.

Table 6.1 shows that rural women have achieved greater increases in their levels of literacy compared to men. In 1963, the literacy rate of rural women was 64.1%, while in 1991 it was 84.3%. The literacy level for rural women has increased by 20.2% during the 30 years. For rural men the increase was 5.7%, for urban women the increase was only 1.9%, and for urban men it was 4.5%.

Even though women have had better education, thereby confirming Women in Development (WID) critiques of modernization development theory, early development strategies did not incorporate Sri Lankan women into the development process as active productive workers. During the period of import substitution industrialization, strategies for urban areas focused on producing capital incentive goods such as steel, chemicals, fertilizers, cement, and textiles (Ponnambalam, 1981) which employed male labour. In rural areas, women's economic activities were minimized and they were marginalized into reproductive roles in three different ways as a result of large-scale irrigation projects. First, because most poor families lost their irrigation lands (as described in the previous section) both men and women lost their opportunities for engaging in their own agricultural work. Second, since mechanization of agricultural activities reduced the need for labour (paid and unpaid) the demand for female labour was significantly reduced. Further, landless males supplied more than the number of employees needed for large-scale agricultural activities. Third, the settlement projects reduced women's subsistence farming in home gardens, since they had less access to land (Lund, 1993). It can be argued that increased education levels together with lack of opportunities for productive work in rural areas led to the increased participation of women in the labour force, as presented in Table 6.2.

Table 6.2: Labour force participation rate by gender from 1963 to 2003.

Gender/year	**1963**	**1971**	**1981**	**1992**	**1997**	**2003**
Male	69.2	68.5	64.8	64.3	65.4	67.2
Female	20.0	26.0	23.1	31.1	31.7	31.4
Total	45.9	48.0	44.1	47.7	48.4	48.9

Source: Department of Census and Statistics (1998; 2002; 2005).

Table 6.2 shows that women's labour force participation increased from 20% in 1963 to 31.7% in 1997. Women's increased labour force participation and lack of employment opportunities resulted in their unemployment level reaching it highest level during the 1970s and 1980s. It was recorded as 31.1% in the 1971 census and 32% in the 1981 census (Table 6.3). The establishment of export-processing zones under economic

liberalization policies has had a significant effect on the reduction in women's unemployment levels since 1981 (Department of Census and Statistics, 1998).

Table 6.3: Unemployment rate by gender from 1963 to 2003.

Gender/year	1963	1971	1981	1992	1997	2003
Male	7.3	14.3	13.1	10.7	7.6	6.0
Female	8.9	31.1	32.0	22.2	16.2	13.2
Total	7.6	18.7	17.9	14.5	10.4	8.4

Source: Department of Census and Statistics (1998; 2002; 2005).

Studies have revealed that female export-processing workers are educated young and single women. Table 6.4 summarizes the results from four studies done in 1982 (Ramanayake, 1982), 1994 (Abeywardena, et al., 1994) 1997 (Devanarayana, 1997), and 2001 (Eyre, et al., 2001) and shows the socio-economic status of female EPZ workers. [38] The studies reveal that almost all female EPZ workers are literate and have had several years of school education, and some have completed 13 years of school education or even undertaken higher studies. Further, the statistics in Table 6.4 show that the percentage of women with lower educational levels has decreased from 73% in 1982 to 16% in 2001, while the percentage of women that have passed A/L examination or have undertaken other higher studies has increased from 5% in 1982 to 23.1% in 2001 (This study shows 28% of women have studied up to A/L examination or taken higher studies). The trend shows that more and more young women with better education choose EPZ factory jobs. This situation could be explained by the fact that more young women gain higher education, but are unable to obtain jobs in sectors other than the EPZ sector. Another factor might be that those who started work at younger age continue in EPZ factories, while the more recent employees are over 20 years old.

[38] Information from this study is also shown in the table even though the number is not enough for comparison.

Table 6.4: Socio-economic status of female export-processing workers from four studies.*

Socio-economic status	Research	Ramanayake, 1982 N= 734	Abeywardena et al., 1994 N= 180	Devanarayana, 1997 N= n.a	Eyre et al., 2001 N= 1383	Attanapola, 2005 N= 25
Education level	Leaving school before O/L examination	73	46.2	19	16	16
	O/L examination	22	40.7	68	60	56
	A/L examination**	05	13.1	13	22.3	28
	University degree	-	-	-	0.8	-
Age	15–18 years	30	5.7	-	03	8
	19–24 years	53	48.6	-	56	28
	25–32 years	14	34.3	-	34	48
	Over 32 years	03	11.4	-	06	16
Marital status	Unmarried	85	87	-	82.3	100
	Married	15	13	-	13	-
	Unmarried, living together with partner	-	-	-	3.4	-
	Widowed, divorced, separated	-	-	-	1.3	-

* Statistics are in %.

* *Results included A/L examinations and other higher studies.

Institutions responsible for female EPZ workers' health in the research area

Factory environments

Figure 6.1: Approximately 1000 workers work in the same room in this shoe factory.

Photograph is taken by the author[39]

By 2003, there were 89 factories operating at the Katunayake export-processing zone. Foreign multinationals, local investors and joint investors have all invested in industries manufacturing textiles and garments, leather products, electronics, and also gem and diamond industries. The women who participated in this research were mainly those working in garment factories (19). Another 6 women were working at a printing factory (1), a shoe factory (2), a diamond-cutting factory (1), and a toy factory (2). There is evidence that all the factories prefer young unmarried females and there are cases where

[39] This is relevant to all the photographs included in this thesis.

employers make the female workers understand that marriage and having children would be a hindrance to their employment.

Many factories employ women between the ages of 17 and 25 who are likely to be in good health. Potential employees have to undergo a medical examination in order for employers to choose those in better health to conduct the heavy work. However, after years of hard work, workers suffer from different kinds of health problems. Women's narratives consist of their experiences and perspectives of their working places as highly polluted and full of harassment (see Articles 1–5).

Standing the whole day

Being exposed to chemicals

Lifting heavy loads

Figure 6.2: Working positions that contribute to health problems among EPZ workers.

The only positive comment on factories as a workplace is that workers receive one meal (breakfast or lunch) and tea for free of charge (they can also buy food from the canteen). However, one woman working in a garment factory said:

> Employers like us so much. They not only provide us with rice and curry but also want us to learn how to use forks and spoons to eat like the '*suddo*' [white people] do.

The above quotation is characterized more by sarcasm rather than an appreciation of free meals. Most workers complained that the food lacked taste and that very cheap and poor quality raw materials were used to prepare it. The actual reason for providing the cutlery is to prevent the workers from destroying the garments (by leaving oily marks and leaving traces of spicy odours) if they do not wash their hands properly after eating meals by hand, which is customary to all Sri Lankans.

In factories, most of the staff, including the executive staff and the supervisory staff consists of local people. According to the female workers most of harassment (verbal and physical) is inflicted by the local managers and supervisors. One woman said:

> When the '*sudu mahaththya*' (white male-manager) is present at the factory, we are treated better. The supervisors are the worst. They just yell at us even for a smallest mistake. They do not intend to help us, but rather prevent us from talking to the manager when we need a free day to attend a family emergency. I also experienced that the local managers did not inform me about my uncle's funeral until the end of the working day, even though they had received the phone call early in the morning. They [the local supervisors and the managers] do not have hearts, and just try to make our lives miserable.

During an informal interview with the personnel manager of an EPZ factory, he said:

> Most of the male managers are having relationships with factory girls. Their relationships are primarily sexual since most of the men are married. Poor women agree to such kinds of immoral activities for small favours, such as avoiding work overloads.

The unequal gender division of labour at EPZ factories – men as the executive staff and women as lower level unskilled/skilled labour – favours the men and allows them to harass women sexually even though most men say (according to the informant/personal manager) that they only become involved with the women who are willing to do so. However, these men definitely use their power over the women who are powerless within and outside the factories. Women do not talk about their relationships with male staff members due to fear of marginalization within workers' community.

Lack of safety and health conditions at EPZ factories is recognized as one of the main causes of workers' health problems. A representative from the Department of Labour commented on this:

> Employers do not care about workers' safety and health. Workers are not informed about their rights at the workplace and health and safety precautions. Workers are not provided with necessary safety equipment even though the law enforces certain requirements. Employers manage to ignore the laws and we [Department of Labour] do not have sufficient staff or the authority to interfere and take necessary actions.

Since the BOI has authority on matters regarding EPZs, neither the government nor the NGOs can interfere with its activities, e.g. in health care provision, quality and efficiency of health care, working environment, and working conditions. It is impossible for even a government official or an NGO to enter the export-processing factories due to the surrounding high level of security.

Living environments

During fieldwork, I visited several boarding houses around the Katunayake EPZ area. On the third day I was able to visit a boarding house for the first time. What I wrote in my research diary provides a good picture of the women's local environments as well as the conditions of their boarding houses:

Saturday 23rd February 2002

B. (a female worker) came to The Women's Centre and took me to her boarding house. We walked to the boarding house for about ten minutes. At three places, we heard groups of men were commenting on our clothes and our way of walking. An older man passing by on his scooter looked at us and bit his tong. It was disgusting. B. told me to ignore and avoid making eye-contact with the men; if we did so, they would come after us. We entered into a small garden surrounded by a wall. I was surprised to see the place, although I have read about the places in articles, it was the first time I saw the inside of such a place. There was a typical lower-middle class house in the middle of the garden, and there were several rooms (twelve, B. said later) built around the house linking to the garden wall. It looked like a 'line' (the houses of the tea estate workers). We entered into B.'s room. The room was about 10 square metres in size. Four girls, B., Her sister K., T. and L. live there. The scene in the room almost brought tears to my eyes. I could touch the roof if I raised my hand. There was only a small window, and the roof is covered with asbestos, which was partly damaged due to a branch from a nearby tree having fallen on it (couple of months ago, I was told later). The walls were not colour-washed and darkened due to the smoke from cooking hearths (of previous residents).

There was a small table, a cupboard, a chair, a long bench made of wood, a rack, and a gas cooker (which they received from The Women's Centre), all carefully arranged in that small room. All their suitcases were kept on the rack. Under that, two ropes were to hang clothes. Many clothes were hanging there. Different types of personal staff were on the table; a small battery radio, cream, perfume, hair bands and clips, some novels, cups, and plates. A large picture of Buddha was hanging on the wall. On the bench, there were pillows and some sheets. In a corner of the room, two floor mats were folded. They were put on the floor at nights when sleeping. There was no space for four beds in that room. In the cupboard, bottles of curry powder and some dried food, such as onions, dhal, dried fish, and sugar, were stored.

When I entered K. was cooking while L was helping (scraping a coconut). The youngest, T., was preparing tea. They seemed to be honoured by my visit. L. hurried and brought a bucket full of water from the tube-well and started to wash the cups to serve me tea. They began to talk about the things that happened at their workplaces (It was time for me to listen rather than observe).

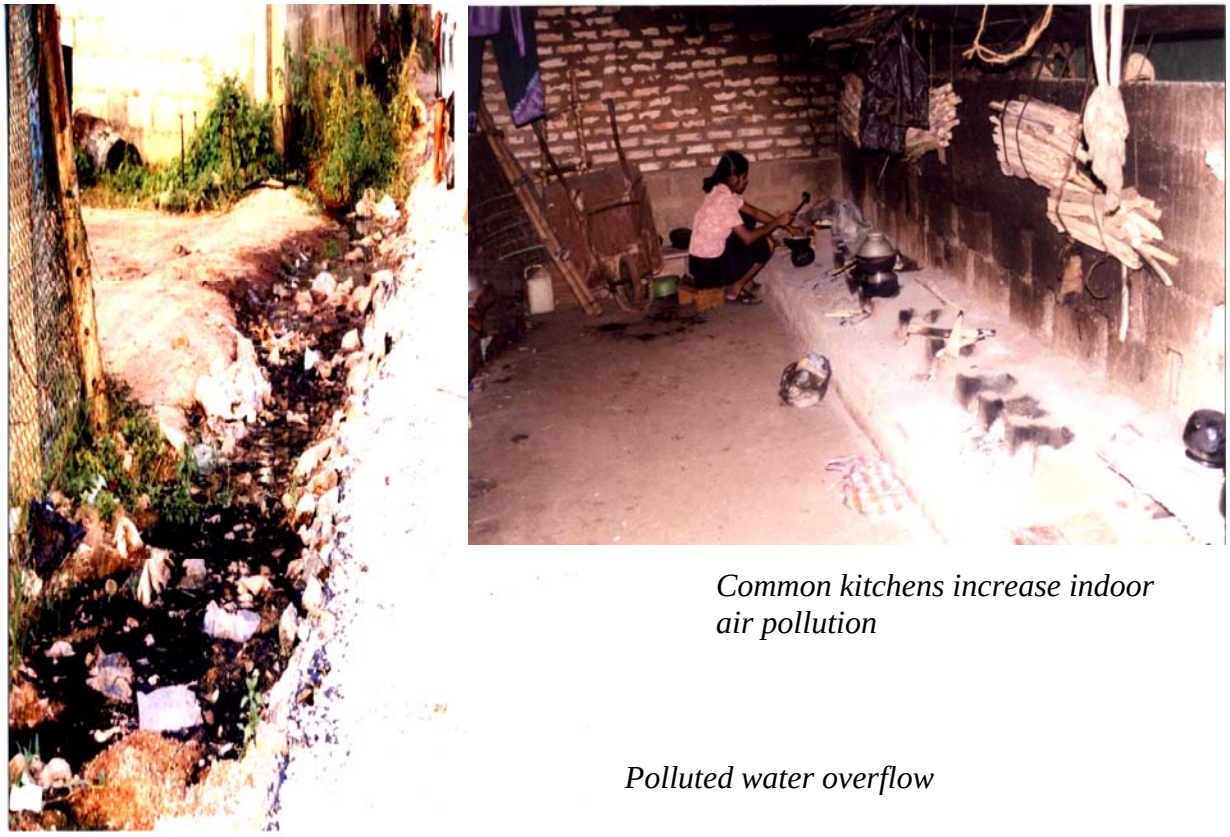
Figure 6.3: After work: cooking, eating and sleeping in the same room.

There are several types of boarding houses available for female workers at Katunayake area. The most common type is where landlords construct very poor standard lodgings around their own houses. Around one house, there are usually 10 to 15 rooms and usually these room are rented for 1000 rupees (10 US$ in 2002), and girls can choose how many of them share a room. The number of women in a room varies from 3 to 6. In the boarding house described above, there were two toilets available for c.40 women, but there were no water supplies in the rooms, and the women had to use the tube-well for all purposes, including preparing meals, washing clothes, pots and pans, and bathing. Electricity was provided only for lighting. Most women used a primitive and unhealthy

mode of cooking, using kerosene or firewood inside the rooms. Each room was separated by short walls and women could easily hear the conversations in other rooms; there was no privacy at all. There were rules on the latest time to return to the room and regarding visitors; usually male visitors were banned from entering the gate, unless they were close family members.

Figure 6.4: Local villagers build boarding houses around their homes with poor facilities.

Some people have rented rooms inside their homes. Usually there are few women in a room and they use the family toilet and kitchen for their purposes. In such boarding houses, the women said that they have greater protection. One particular landlady waited until all the girls had come from work, unless they were working overtime. Further, the landlady was always available for the women and let them use her private telephone to call their parents, which was not a common kindness among the landlords according to the descriptions given by some other women.



Common kitchens increase indoor air pollution

Polluted water overflow

Figure 6.5: Living environments that contribute to ill health among EPZ workers.

In other types of boarding houses, landlords were not available on site at all. Business people construct 3 or 4-storey buildings with several rooms, and provide some toilet facilities and a tube-well for supplying water. Some boarding houses have common kitchens, while at other places people have to cook in their rooms. The rooms were rented to couples, groups of women, and to single men or groups of men working at the EPZ. At such boarding houses, girls do not have so much protection, since landlords only come to collect the rent. Further, these types of boarding houses are usually polluted since nobody takes care of the place due to lack of time and interest. One woman said:

> We stay in our rooms only at nights. We just cook something, eat it and go to sleep. We do not have time to clean the place even though it is quite dirty around here. We are here

> only for few years to do this job and earn some money. We do not have time to do any other activity. This place is cheap and closer to the factory.

Landlords have no intention of providing better quality accommodations even though women's living environments are much below the standards recommended by law. Women are usually verbally harassed and challenged to look for better accommodation if they ask their landlords for better facilities. The landlords know that EPZ women cannot afford more than 1000 rupees (c. US$ 10) for their accommodation.

Interviews with the NGO personnel at The Women's Centre revealed that at the beginning of the establishment of the Centre, landlords had a hostile attitude towards NGOs and prohibited their tenants from attending NGO activities since they thought that the NGOs would encourage the women to demand more facilities or take legal actions against those who did not provide proper facilities. However, most NGOs work for better social environments for workers by providing entertainment and educational opportunities. Gradually, landlords are beginning to change their negative attitudes towards NGOs and allow their tenants to attend NGO activities, and in some cases the landlords themselves attend the health seminars arranged by NGOs.

Local society

Establishment of the export-processing zone in Katunayake area has provided the local society with unique opportunities. Apart from the poor standard accommodation, many landlords also run small grocery stalls that sell necessary food items, such as rice, sugar, bread, eggs, dried fish, and also medicines used in self-treatment. This is despite the fact that they are able to make a comfortable living out of the income earned by renting rooms alone.

There are a large number of services available around Katunayake area to satisfy the demands of EPZ workers. Private medical practitioners, jewellery shops, hair dressers, and dress-making shops, as well as entertainment facilities, such as music record bars that are permanently located in the area. In addition, the weekly market

supplies necessary food items (low in quality but high in price) to the women. Further, on the days that wages are paid, traders from different parts of the country establish their temporary shops in vans around the EPZ, and wait for the women to return from work to spend their salary on ready-made garments, shoes, handbags, and other fashionable items.

Figure 6.6: During the evenings Katunayake-Aweriwatta area is crowded with young women rushing from the factories to their boarding houses through the market.

According to several key informants, including NGO personnel and the government representative at the Department of Labour, politicians that representing the local area are not really concerned about EPZ workers' problems for several reasons. On the one hand, politicians are only concerned about securing their votes. Since EPZ workers have migrated from different places, their voting power is dispersed throughout the country. Therefore, no political party or politician gains personal advantage in elections by addressing EPZ workers' problems. On the other hand, political parties cannot oppose the landlords and investors in EPZs since their support as voters and economic contributors to the parties directly affect the successfulness of the parties and individual politicians in elections. Therefore, politicians tend to protect landlords and investors rather than addressing workers' problems. However, in the past few elections political parties pretended to care for female workers. There were several election advertisements

in newspapers and on television appreciating the contributions of EPZ workers and asking for their votes in order to provide them with a better future. Further, the media gives voice to female workers' situation at the workplaces as well as in the society, particularly on Labour Days and Women's Days. However, for the rest of the year the media is either very silent on EPZ workers' matters or publishes articles that highlight factory workers who deviate from traditional women's roles in society (see Article 1: 'Were they ever in place?').

Health care services

Even though government-sponsored public health care services are not readily available (nearby) to EPZ workers, free health care facilities are provided for EPZ workers at each factory (factory clinic/sick room) and at the zone medical centre. The BOI granted permission to a private doctor to establish a zone medical centre at Katunayake. The zone medical centre offers treatment for both EPZ workers and villagers living around the zone; the EPZ workers receive free treatment, while other patients pay for the service. Factories in the Katunayake EPZ can be registered at the medical centre. Each registered firm pays 15 rupees (c. 0.15 US$ in 2002) per worker per month to the medical centre. Workers receive free treatment when they show their factory identity card at reception. Of the 96 factories operating at Katunayake EPZ, 70 were registered at the medical centre in 2002. Approximately 45,000 workers are registered and about 20 per cent of them receive treatment each month. The staff at the medical centre comprises two doctors, eight nurses, two senior nurses, and a pharmacist. Dental services, ambulance services, x-ray facilities, specialist consultation facilities (occasionally), and an inpatient department with 12 beds are available at the medical centre.

The zone medical centre kept no records on what kinds of health problems workers were treated for. Instead, there were systematic records on the number of workers treated from each factory per day. If patients' health problems were recorded according to each factory, then factories with particular health problems, accidents, respiratory illnesses, and work-related physical health problems could be easily

identified, and the medical centre could demand that the factories address these issues. Due to lack of time to conduct such a systematic survey, I gained information on the illnesses and the reasons for contacting the zone medical centre from 115 patients (Table 6.5) in order illustrate the frequent health problems of female workers. These data were gathered within a day (c. 10-hour period) using a structured questionnaire.

Table 6.5: Type of illness and treatment choice of female EPZ workers attending Katunayake zone medical centre.

Type of illness	Total number of patients	Contacted factory clinic (FC) first		Contacted EPZ clinic directly
		Treated At FC	Sent directly to EPZ clinic	
Fever and cold	49	32	15	2
Cough	18	11	5	2
Stomach problems	11	7	4	-
Headache	7	7	-	-
Urine trouble	0	-	-	-
Gastritis	2	2	-	-
Aches or pains in limb/shoulders	4	4	-	-
Back pain	2	2	-	-
Chest pain	2	0	2	-
Accidents at the factory: burns	2	-	2	-
Needle stick injury	4	2	2	-
Skin rash	4	0	4	-
Asthma	1	0	1	-
Eye pain (burning sensation)	3	2	1	-
Menstrual pain	1	1	-	-
Toothache	2	2	-	-
Home-based accidents*	2	1	1	-
Prescribe worm medicine	1	-	1	-
Subtotal		73	38	4
Total	115			

Source: Fieldwork, 2002.

* Burn and a finger cut by a knife (whilst preparing meals).

It was evident that infectious diseases, such as fevers, colds and coughs were frequent among the patients, while there were also a number of incidents of illnesses related to work posture/ergonomics (aches and pains in limbs and shoulders, back pain, chest pain, eye pain) and workplace accidents (needle stick injuries and burns). When it comes to workers' choice of treatment, 96% of patients (111) contacted the factory clinic first. Of

these 65% (73) had been treated by the factory nurse first. Since the workers had not shown improvement, on the next day they were sent to the medical centre by the factory nurse. A total of 35% of patients whose conditions were severe were sent to the medical centre without them first receiving treating at the factory clinic. Only four sick workers contacted the medical centre directly. They came early in the morning to receive medical treatment before they went to work. Regarding the reasons for using this particular health care service, 90% of them mentioned the free medical treatment and convenience as their reasons, while 10% (9) of women said that they would contact a private medical practitioner to get well.[40]

Privatization of the main health care facility for EPZ workers leads the clinic to functioning as a profit-making institution rather than a service provider for EPZ workers. The officer at the Department of Labour described the Katunayake zone medical centre thus:

> That is a private hospital. So the owners also want to maximize profit rather than treating workers. The clinic is open for both workers and villagers. Since the factory owners have already paid for their workers, medical personnel do not bother to treat the workers as well. They simply run a business. Health personnel do not have the necessary knowledge regarding occupational health and safety. Workers only receive medical treatment. Workers are not provided with information for health promotion or prevention from the health centre, which should be the main purpose of an official representative for EPZ workers' health.

[40] It was not easy to gain reliable information on the choice of heath care services from the workers who attended the zone medical centre due to my role and the place where the survey was conducted. I approached them through the help of the doctors at the medical centre. The receptionist at the medical centre informed every patient that they should talk to me while waiting for their turn. I gained reliable information as shown on the Table 6.6 (type of health problem and treatments). The women were reluctant to answer questions concerning their perceptions of the quality of health care facilities at their workplaces and at the zone medical centre, since they assumed that I was collecting information on behalf of the zone medical centre or the factories. Further, women did not want to answer the questions about what kind of health care they preferred and why they chose the medical centre for treatment.

In addition to the free health care services, female EPZ workers have access to a large number of private medical practitioners who offer Western and ayurvedic medicine treatments around the Katunayake zone area. Women also have experience of harassment at the PMPs' clinics, as one woman informed:

> There was a private doctor who was touching us unnecessarily while examining us. It happened to some of us and since it was not any coincidence we told about these incidences to all of our friends. Now we do not consult that doctor and nor the other girls who know about his behaviour.

There is evidence that women do take some actions against people who harass in local society, especially when they have alternatives to choose from.

Non-governmental organizations

Since the EPZ was first established in Katunayake a number of organizations have set up centres for female workers. Even though they may have different approaches and ideologies their support is important to the women and they have devised ways to work together on specific issues. Organizations such as The Women's Centre, Kalape Api (We at Zone), Mituru Sevena (Friendship House), and Dabindu Collective (Drops of Sweat)[41] are the most popular NGOs working for female workers at the EPZ. Further, many religious organizations have worked with the women since the beginning of the EPZ. They have established centres and organized activities in attempts to integrate women into the village community. Some Catholic centres provide boarding house facilities and women are able to talk with nuns about their personal problems. Some have library services and arrange seminars or social activities.

These NGOs encourage EPZ women to participate in nationwide actions, for example Women's Day and Labour Day celebrations. Further, the NGOs working for the EPZ women collaborate with other women's organizations in Sri Lanka and sign petitions to obtain legal protection for women against sexual harassment at the workplace

[41] Translations of the local names are in the parentheses.

and violence against women. NGOs raise EPZ women's awareness on worker's and women's rights and health problems, and mobilize workers to take action against violating employers at EPZs. Recognition of the Free Trade Workers Union (in 2000) as the EPZ workers' trade union by the government, BOI and employers/MNEs (there are still only five factories at Katunayake EPZ which allowed workers to join the union and recognized factory unions) was one of the great achievements of the collaboration of NGOs and EPZ workers.

Figure 6.7: Female workers enjoy participating in activities at The Women's Centre at Katunayake: Practicing drama for celebrations on Women's Day (left) and for the Labour Day march (right).

Dabindu Collective publishes a newspaper that highlights the workers' problems at workplaces, lodgings and on the routes between them. It also provides information on EPZ workers' legal rights, sexual harassment and health problems. Further, it encourages the talented workers to write by publishing their poems, short stories and articles. Dabindu Collective also offers legal advice to workers. The Women's Centre, which was organized by a group of women who themselves had previously been EPZ workers, also offers a multifaceted program, including legal and medical assistance, library facilities, seminars and discussions on women's rights and sexual harassments, and training in alternative skills. The Women's Centre conducts its legal advice services under the

guidance of the Free Trade Zones and General Services Employees Union (FTZ&GSEU). Collaboration with FTZ&GSEU, these organizations also conduct research on EPZ workers' social and health conditions and publish a newspaper (*Kelibima* /playground).[42]

[42] This newspaper is published with the support of the global NGOs such as International Restructuring Network Europe (IRENE), Clean Clothes Campaign, and Transnational Information Exchange-Asia (TIE-Asia).

Chapter 7

ARTICLES

Introduction to the articles

This doctoral thesis incorporates five articles that address various aspects of female export-processing workers' health in Sri Lanka. Three of the five articles are published in international journals, one has been accepted for publication, and the fifth one is in the process of being reviewed.

Acharya (2004), Lægran (2004) and Owusu (2005) note that basing a thesis on articles is fragmented and lengthy process, and publishing the articles creates its own challenges. This because each article constitutes an independent unit of work and, as I mentioned in the Introduction (Chapter 1), when articles are producing as independent units of work some information (i.e. female workers' background and health problems, socio-economic context of Sri Lanka, research methods) is repeated in each in order to provide readers with the right background.

In addition, the articles have been written according to various journals' styles and using terms preferred by the journals. For example, in four of the articles I use the term 'female EPZ workers', except in Article 2 on experiences of globalization and health. In the latter instance the journal insisted on changing the term into 'women EPZ workers' because they prefer this term, arguing that 'we study women as social beings and it is not suitable to use the biological term 'female'. However, since the word

'female' is an adjective I consider the use of the term 'female EPZ workers' to be justified.

The articles are presented as they have been published or submitted for publication in the respective journals. However, for the sake of coherence in this thesis, I have formatted the articles to standardize the styles of references, footnotes (endnotes are converted into footnotes) and citations. Further, I have also extracted the references from the articles and references of the Part I and present them together as one list of references at the end of the thesis to avoid repetition.

I have been working on the articles over a period of three years between Autumn 2002 and Spring 2005. Therefore, some information on articles published in earlier years has been updated in articles written at a later stage in the research process and in the first part of the thesis. Some information, for example numbers of EPZs, employees, and factories, are different in the articles and in the part 1, due to different sources. Further, the order of articles presented in this thesis does not coincide with the chronological order of the published articles.

In the following, I present a list of the articles with their publication information, in order of presentation in this thesis:

Article 1: Were they ever in place? Sense of place and self-identities of female export-processing zone workers in Sri Lanka. The article has been accepted for publication in the *Norsk Geografisk Tidsskrift–Norwegian Journal of Geography* in 2006.

Article 2: Experiences of globalization and health in the narratives of women industrial workers in Sri Lanka. *Gender, Technology and Development* 2005, 9(1): 81–101.

Article 3: Changing gender roles and health impacts among female workers in export-processing industries in Sri Lanka. *Social Science & Medicine* 2004, 58(11): 2301–2312.

Article 4: Multiple voices, multiple realities: female industrial workers health in Sri Lanka. *Norsk Geografisk Tidsskrift–Norwegian Journal of Geography* 2003, 57(3): 154–163.

Article 5: Promoting health through empowering women: female workers in export-processing zones in Sri Lanka. This article is in the process of being reviewed.

The first article in this thesis ‘Were they ever in place? Sense of place and self-identities of female export-processing zone workers in Sri Lanka’ focuses on how female workers’ sense of place and self-identity have changed in relation to their experiences at home, in their home villages and in the EPZ area. It provides the reader with knowledge that is fundamental for understanding why most of the female workers tend to perceive EPZ areas as unhealthy places and themselves as unhealthy women, since this in turn affects their health status. Through women’s narratives, the second article ‘Experiences of globalization and health in the narratives of women industrial workers in Sri Lanka’ identifies five types of health problems that EPZ women suffer from as a result of their engagement in factory work in export-processing industries. The third article, ‘Changing gender roles and health impacts among female workers in export-processing industries in Sri Lanka’, analyses how young rural women’s gender roles have changed as a consequence of their participation in industrial work in export-processing zones. Further, the health problems of these women are analysed as consequences of changing gender roles and practices relating to industrial work. The two life histories presented demonstrate the diversity in women’s experiences of changing gender roles and practices, and hence their health problems. The fourth article entitled ‘Multiple voices, multiple realities: female industrial workers health in Sri Lanka’, analyses the institutional perspectives of health of export-processing workers in Sri Lanka and identifies that different understandings and opinions lead to worsening health among EPZ workers. The fifth article, ‘Promoting health through empowering women: female workers in export-processing zones in Sri Lanka’, analyses female workers’ empowerment in relation to health and identifies diversity among women in their choices and actions as well as their achievements relating to health.

Article 1

WERE THEY EVER 'IN PLACE? SENSE OF PLACE AND SELF-IDENTITIES AMONG FEMALE EXPORT-PROCESSING ZONE WORKERS IN SRI LANKA

Attanapola, C. T. Forthcoming in *Norsk Geografisk Tidsskrift–Norwegian Journal of Geography* 2006, 0(0): 00-00.

(This is a pre-print version of the article printed with permission from Taylor & Francis AS).

Abstract

This study explores how women's sense of place and self-identities have changed and been shaped through their lived experiences at different places, as a result of their migration from rural home villages to an urban export-processing zone (EPZ). Past and present experiences at home and in the home-village, opportunities and various forms of harassment in the Katunayake export-processing zone (KEPZ) in Sri Lanka, and, most significantly, the images that society has of female factory workers and of the KEPZ area influence the female EPZ workers' sense of place and self-identities. It is shown that their sense of place and self-identities vary according to length of employment in the EPZ, their age and their participation in organizational activities. Some women feel 'out of place' both in their home village and in the KEPZ area, since they are not recognized as a part of a particular society and thus lack the self-confidence to face their future. Some women attempt to secure positive benefits from their factory jobs regardless of their negative experiences. The study concludes that there is not a single sense of place or self-identity because identities change over time according to peoples' lived experiences in particular places.

Keywords: female export-processing workers, self-identity, sense of place, Sri Lanka

Introduction

> You should be careful there. I heard many stories about bad things happening to factory girls at Katunayake. In newspapers, you can read about robberies, rape or even murder of EPZ women. When young women have too much freedom they just forget about our traditional values and thus men can easily take advantage of them. (65 year old woman from Anuradhapura)

This was one of the pieces of advice I received when exploring opinions on female workers in the Katunayake export-processing zone (KEPZ). One of my educated young male friends from Colombo ridiculed my intention of doing research on female factory workers in the Katunayake EPZ, arguing that the women were not worthy of researching. Further, my own family took considerable effort to protect me from the 'dangers of Katunayake', i.e. harassments and violence, that female factory workers are frequently exposed to.

Academic literature identifies female EPZ workers in Sri Lanka as educated, young rural women who participate in important income-generating activity, not only for themselves but also for their families and to the benefit of the nation, and characterizes them as empowered women who enjoy the economic and social independence they have gained through their jobs in export-processing zones (EPZs) (Attanapola, 2004; de Alwis, 2002; Dheerasinghe, 2003; Eyre et al., 2001; Jayaweera & Sanmugam, 2001). However, my informal interviews, conducted with people from urban Colombo area and people from rural areas in Anuradhapura, Matara, Kandy and Kurunegala (where the most of EPZ workers have migrated from), revealed that many identify the KEPZ area as a dangerous place for women to work and live in. Some people expressed negative opinions about female EPZ workers as immoral women who behave badly. There was tendency to assume that incidents of robbery and rape are consequences of the women's own behaviour. Others had a sympathetic view of factory workers and said that these poor women were easily led astray because of their lack of awareness of the society in which they lived. Figure 1 shows the location of the Katunayake export-processing zone and the districts where most of the research participants have migrated from.

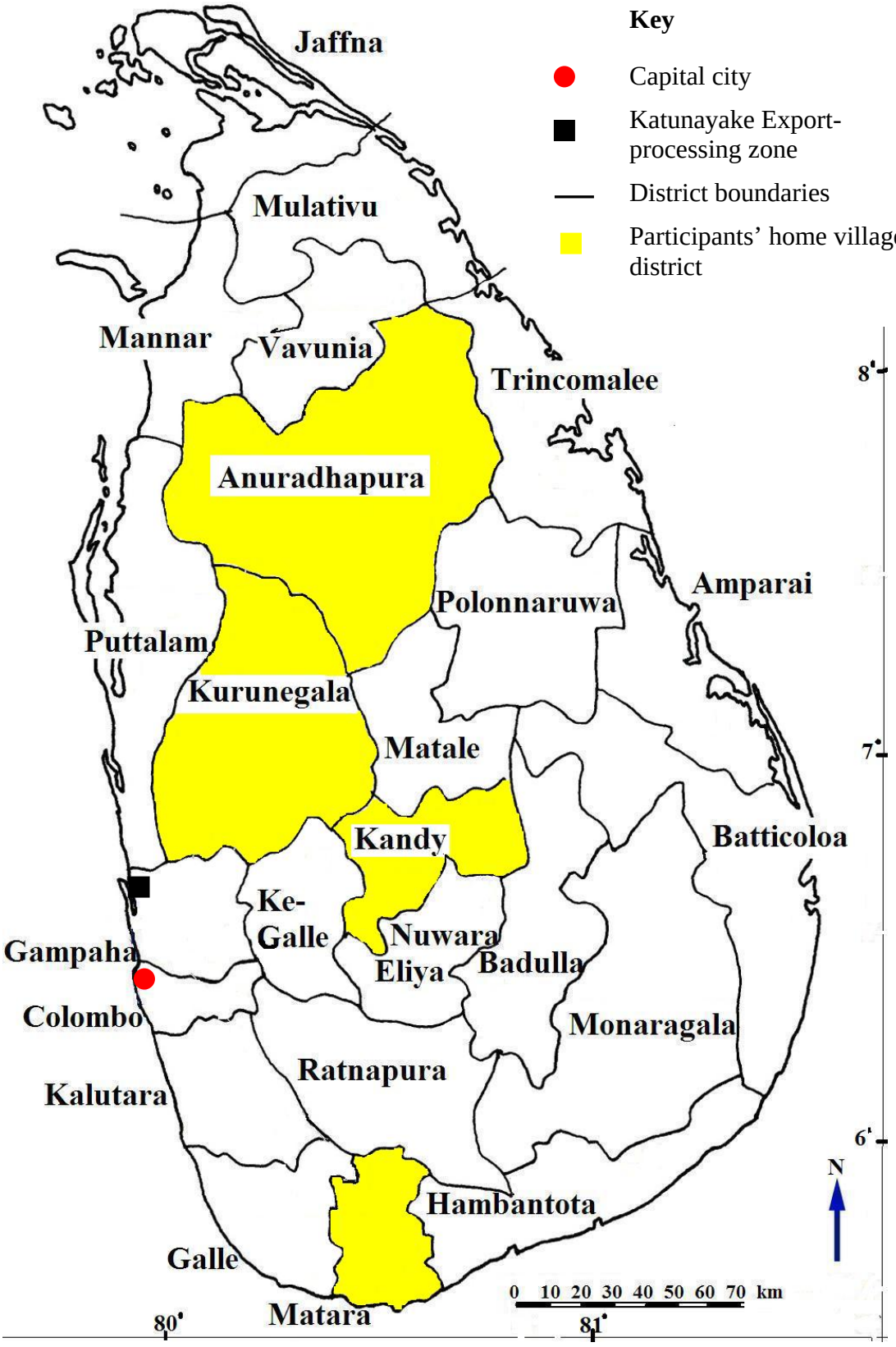


Figure 1: Location of the study area and research participants' places of origin.

Lynch (1999; 2002; 2004) provides a broad analysis of how Sri Lankan society (especially the Singhalese, the ethnic group that the majority of EPZ workers belong to) perceives female factory workers and KEPZ area and why people commonly identify female factory workers as immoral women. Lynch (2004: 168) explains: 'Shortly after the FTZ [Free Trade Zones] are established, there was considerable moral panic about "good girls" going bad in Katunayake. Moral concern about these women has focused on reports of the following issues in association with FTZ and other urban women factory workers: prostitution, premarital sex, rape, sexually transmitted diseases, abortion and sexual harassment.' Further, she identifies that due to the disproportionately higher number of women in the area, and given that these women have a reputation for inappropriate sexual behaviour, several nicknames have emerged for the town (Katunayake) and the FTZ: 'istiripura' (women's city), but with 'the subtle undertone of a city of easy women or easy virtue; "vesakalapaya", the zone of prostitutes, a play on the real name "nidahas velanda kalapaya", literally the zone of free trade, and "premakalapaya", the "zone of love"' (Lynch, 2002: 95). She uses Sinhala Buddhist gender ideologies to interpret these negative identities of female EPZ workers and the EPZ area, and argues that the mass media created moral panic by reporting on deviant behaviour in order to delineate behaviour that is 'right' or 'wrong' (Lynch, 2004).

Lynch (2004) identifies that Sinhala villages are often considered the locus of tradition and impervious to moral degradation, in stark contrast to the capital city Colombo and its surrounding urban areas. Village girls are identified as 'innocent', a term which connotes purity, including sexual purity, and implies being innocent of all foreign and modern corrupting influences. When 'innocent' village girls cross the rural border and enter into corrupt urban society, where traditional values and norms are disregarded, and even worse, they work in global capitalist industries as factory workers, inevitably they lose their moral purity. Female export-processing workers are identified as *garment kelol*' or *juki kello* (*juki* is a brand name for Japanese sewing machines, which are widely used in EPZ factories, and *kello* means girls), degrading nicknames that imply low status and immoral behaviour. Lynch connects the public visibility of EPZ women, their class position and their attempt at crossing the rural/urban divide to the considerable moral panic and their negative identity in Sri Lankan society.

Confirmation of Lynch's argument that the mass media have contributed to creating the moral panic can be found in the following articles. The first article was published in a well-known Sunday newspaper, and articulated female EPZ workers as one of the most significant causes of a social problem:

> While the number of annual maternal deaths due to illegal abortions is alarming, over 1,200 to 1,500 such cases are still taking place daily at illegal centres unheeding the law, a Health Ministry official told the *Sunday Observer*. 'The main cause for the increase in abortion is due to the pregnancy among unmarried young girls', he said, adding that the victims of illegal abortions were girls between 18 to 25 years … According to Ministry sources, there are nearly 25 to 30 such medical clinics which perform illegal abortions within the Colombo district and these clinics are mushrooming in the Free Trade Zones as there is a demand for illegal abortion' (*Sunday Observer*, 2002).

Another article in a Singhalese newspaper, entitled 'Unmarried mother came to factory work with a stillborn baby in a bag', highlighted a female EPZ worker who was a criminal offender (*Divaina*, 2001). Such articles contribute to creating negative identities of female EPZ workers as immoral women, while simultaneously EPZ areas are presented as dangerous places.

According to Lynch (2002; 2004), Sri Lankan society in general holds negative attitudes towards the KEPZ area and female factory workers. Regardless, thousands of young women choose to live and work there, which raises a number of questions. The questions that I address in this article are: Why do women chose to work in a place with a negative identity and become 'one of them', i.e. who are deviant from others in a negative manner? How do they perceive the places they came from and live in? How do they perceive themselves? Is there diversity among female EPZ workers in their perceptions of places and self? Sense of place and self-identity are the main concepts that describe people's subjective understandings of places and self. The next section identifies theoretical and conceptual approaches adopted in this study to analyze female export-processing workers' sense of place and self-identity. The subsequent sections describe the methodology adopted in the research, and the empirical evidence, followed by the discussion and concluding remarks.

Sense of place and self-identities of people

According to Holloway and Hubbard (2001: 74–75), 'to develop a sense of place requires that one knows the place intimately and reacts to it emotionally rather than rationally … A sense of physically being and feeling "in place" or "at home" can be regarded as a sign that an individual has established an emotional tie to a place.' Studies have shown that people's sense of place can either be positive or negative. In the humanistic tradition of the 1970s, early studies of people's sense of place focused on the experiences of home or rural villages as being positive and fulfilling. Home was regarded as a place to withdraw to, a place of rest, and a place where one had a large degree of control over what happens (Seamon, 1979). These studies have been criticized for exaggerating the beauty of rural landscapes and the harmony of the relationships between people in households and for giving universal identities to places, assuming that all people have similar experiences of particular places (Holloway & Hubbard, 2001; McDowell, 1999). In *Place and Placelessness*, Edward Relph (1976) broadened the place discourse by suggesting that while sense of place is important for individual identity, people's positive sense of place has been lost or degraded in the modern world. Many people consequently feel placelessness and experience fear, disgust, or sadness (Cosgrove, 2003). Further, feminists have argued that the idea of a positive universal sense of place has a masculine perspective; however, certain groups experience places such as home, the workplace, urban environments, and countries differently to others because of feelings of placelessness, lack of belongingness, and subordination arising out of their gender, class, age, and ethnicity. Therefore, there is no one sense of place (McDowell, 1999). Further, it is identified that sense of place of a group or an individual is influenced by not only local/internal circumstances but also by external/global influences from other places, which Massey (1991) described as 'a global sense of place'. The concept of relative sense of place arises out of the argument that people's sense of place changes over time and place (i.e. in the same way as places themselves change) because what people in one place experience at a particular time affects their opinions and perspectives on other places (Cosgrove, 2003).

Sense of place is important in shaping and sustaining individual and collective identities. People attach meaning to the places where they live and create their identities upon these meaningful relationships with places. Through our experiences of positive and emotional senses of place, we make the place belong to us or we feel belonging to the place. By contrast, our negative sense of place leads to feelings of lack of belongingness to the place or to 'placelessness' to some extent (Cosgrove, 2003; Holloway & Hubbard, 2001). According to McDowell (1999), gendered socialization processes create identities of men and women, and how we behave in different places varies as a consequence of our gendered upbringing.

People's identities are not only influenced by their sense of place but also how other people at a particular place perceive a particular group of people. Cresswell (1996) describes how people are identified as 'in place' when they conduct socially appropriate actions according to the majority population in a certain place. On the other hand, powerful social groups identify individuals or groups that do not conform to the common rules, norms, and values in the society as 'out of place' and define them as deviant. These socially constructed identities or images that society holds have an influence on the self-identities of particular groups of people.

Understanding female EPZ workers' sense of place and self-identity

The discussion above suggests three different aspects of sense of place: positive or negative sense of place, sense of place as a relative phenomenon, and the lack of a universal sense of place, this being articulated locally. Two factors that influence, create and shape individual's self-identities are identified, namely individuals' sense of place and socially constructed identities or images of particular groups. Based on these approaches, I present my conceptual framework for studying female EPZ workers' sense of place and their self-identity (Fig. 2).

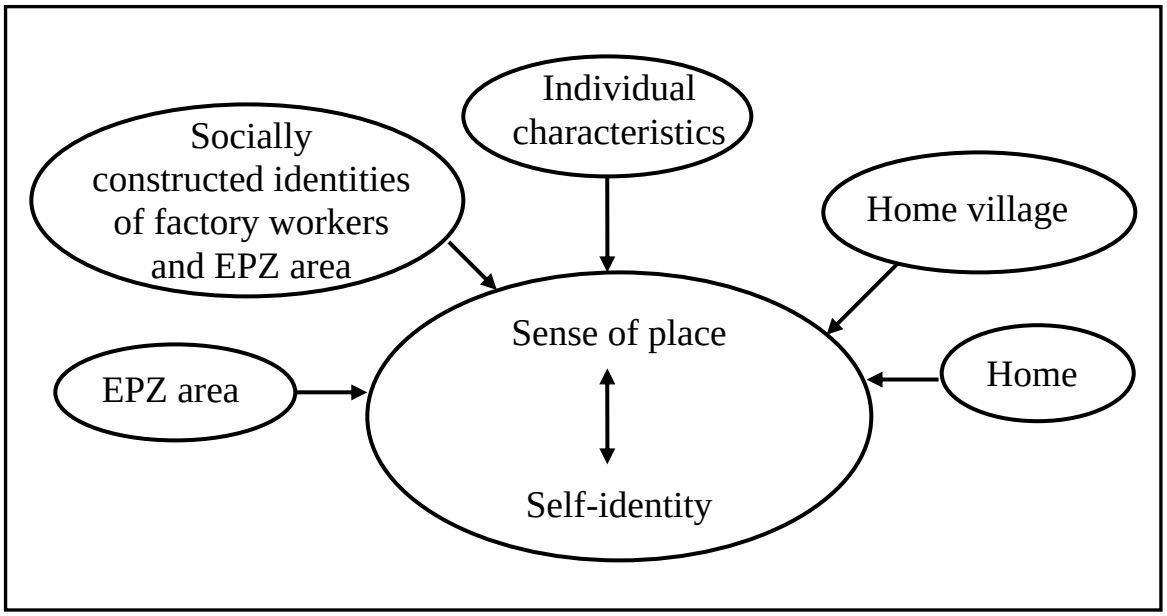


Figure 2: Conceptual framework for studying female export-processing workers' sense of place and self-identity

I consider female EPZ workers as a non-homogenous group that has different characteristics in terms of the workers' age, education, length of employment at the EPZ, and participation in organizational activities. Their lived experiences at home, in their home villages and in the EPZ area, together with others' images (socially constructed identities) of the KEPZ area and female EPZ workers, are all influential in creating, shaping and changing the women's sense of place and self-identities.

By means of qualitative identities with a selection of women, I first explore whether the women's sense of place related to home, home village and the EPZ area is positive or negative and whether there are differences among the women in their sense of place. These women spent their childhoods at home in rural villages. They migrated to the KEPZ area as young women, in order to engage in formal industrial work and have lived a considerable part of their young lives in the KEPZ area. They know the places intimately: home, home villages and the KEPZ area. I investigate whether these women have developed meaningful attachments and emotional ties to the places where they come from and where they live now and have a positive sense of place, or whether they

perceive certain of these places negatively due to the oppression associated with their class, gender and place of origin.

During their migration process, these women have undergone several changes. They changed their gender roles from protected, dependent daughters to independent women, from unemployed family workers to paid industrial workers, and from traditional rural young women to partially modernized women (Attanapola, 2004). Further, they encountered new challenges in the KEPZ area, such as harassment, violations of rights, health problems, and social problems (Attanapola, 2003; 2005). I also examine whether female workers' experiences at the new place have influenced or changed the sense of place(s) that they previously had of their homes and home villages. Further, I examine whether the women's lived experiences in the EPZ area are different from the image they had of the place before they migrated there.

In order to identify female factory workers' self-identities, I examine how the women's sense of place related to home, home village, and the EPZ area is influential in creating and shaping their self-identities. It is also significant to consider whether the women's self-identities have changed over time. In addition, I analyze how socially constructed identities of female EPZ workers and images of the KEPZ area shape the women's self-identities. I explore the differences among EPZ women in their self-identities even though society appears to hold a universal identity of EPZ women.

Selecting informants and negotiating for sensitive information in qualitative research

Studying people's perceptions of and feelings concerning places and exploring how they experience different places comprises sensitive and emotional topics. Sensitive topics cannot be explored by conducting quantitative methods such as structured questionnaires because to expose how people's lived experiences relate to places we need insight into people's personal lives. Instead, an appropriate research method is the in-depth interview method of qualitative methodology, by which relevant information is acquired through negotiating with informants (Limb & Dwyer, 2001; Moss, 2002).

Using purposive sampling methods, I selected 13 female EPZ workers at Katunayake.[1] This sampling strategy guides the selection of informants who are relevant to the conceptual framework and the research questions addressed by the research (Curtis et al., 2000). Each of the cases presented here illustrates the diversity among female EPZ workers in terms of their sense of place and self-identity. Female EPZ workers with different characteristics in terms of age, education, length of employment, and participation in organizational activities were selected to give their accounts of lived experiences at home, in their home village, and in the EPZ area.

Fieldwork was conducted during a four-month period in 2002 and in a two-month follow-up period in 2004 in the Katunayake export-processing zone area, Sri Lanka's largest EPZ. Interviews were conducted either at The Women's Centre, a non-governmental organization where six of the women actively participate in organizational activities, or at boarding houses depending upon what best suited the interviewees. Table 1 summarizes the characteristics of female workers who participated in the study.

[1] 25 women were first encountered using the snowball sampling method for my PhD research. For the purpose of this study, I selected 13 women from the original 25 and conducted two in-depth group interviews with five women in each group and then analysed the life histories collected from 13 women.

Table 1: Background characteristics of informants participating in the study

Research participant	Age	Education level (years) *	Type of factory	Length of work at KEPZ	Nature of participation in NGO activities
1	30	11th grade passed	Garment	9 years	Active participant
2	18	11th grade	Garment	7 months	Active participant
3	36	8th grade	Garment	8 years	Non-participant
4	33	9th grade	Printing	12 years	Non-participant
5	17	8th grade	Garment	6 months	Non-participant
6	27	13th grade	Garment	7 years	Active participant
7	29	11th grade passed	Garment	6 years	Active participant
8	28	1 year university	Garment	2 years	Active participant
9	26	11th grade passed	Garment	6 years	NGO visitor
10	20	11th grade	Shoe factory	2 years	Active participant
11	29	13th grade	Toy factory	7 years	NGO visitor
12**	35	13th grade passed	Garment	13 years	Non-participant
13	25	13th grade passed	Toy factory	5 years	NGO visitor

* 'Passed' indicates those who passed the examination.

** Unemployed during the time of interview.

Initially, in-depth interviews were conducted with each of the women to collect their life histories. These accounts illustrated the women's past and present perspectives on their homes, home villages and the EPZ area, as well as their self-identities. Two group interviews were conducted with five women in each group. One in-depth group interview was conducted at The Women's Centre, where four active NGO participants and one NGO visitor (Informants 6–10) participated in the discussion. The other in-depth group interview, with two active NGO participants and three non-participants (Informants 1–5), was conducted at a boarding house. Each discussion lasted about two and half hours. Group discussions were focused on topics such as social networks and relationships with different people (landlords, NGO personnel, local people, fellow workers, friends, service providers, village people, and relatives), perspectives on local society, and whether their perspectives on places had changed. The two group interviews were informative and animated, since women did not hesitate to criticize their village people, local community in the EPZ area, or even their family members. The discussions yielded valuable information on topics such as the nature of social relations at their home

villages, relationships with their parents, and various harassments in local society that individual interviewees would not be more specific about.

Feminist research identifies the need for reflexivity in the researcher's role in the research process by arguing that the social positioning of the researcher affects each stage of the research, especially when and how she/he negotiates for information. The quality of the information acquired depends upon how the researcher presents her/himself to the informants and negotiates for information by overcoming the power barriers between the two parties and gaining the informants' trust throughout the entire fieldwork process (Moss, 2002; Mullings, 1999; Nast, 1994; Valentine, 2002). During the information gathering process, I negotiated for reliable and valid information for my study by accepting our differences and playing different roles: as an insider or an outsider, as an elder sister, or as a friend. I tried to create optimum research spaces where I could gain reliable and valid information from informants with different positionalities (Attanapola, 2003; 2005).

Lived experiences of sense of place and self-identities

In common with the majority of EPZ workers in Sri Lanka, the research participants had migrated from their rural home villages and lived collectively with fellow women in low-quality accommodation close to the Katunayake EPZ. The women's life histories illustrate how family poverty forces women to undertake income-generating activities against the traditional gender values and roles of rural Sri Lankan society. One woman reported that it was a struggle to persuade her father, who had strong traditional patriarchal attitudes regarding his authority in decision-making in the family and in relation to women's work:

> Because of the drought we could not grow paddy for years, even for subsistence. As the eldest child [of five], I decided to get a factory job to support my family. My father felt that he was losing control of his daughter and family by my decision to migrate. He said that his daughters should not work in factories and that he could still support his family. However, I arranged my job secretly. While I was in Colombo my mother told my father

> that I was visiting relatives. When I got the job, I told him the truth and he did not approve, but nor did he prohibit me from leaving home. I think he finally realized that poor people like us cannot get a 'better' job than EPZ jobs. He does not have influence on any politician who could support me in getting a job, and in Sri Lanka everything depends on whether one can secure such support. (Informant 9)

There were six women whose families had mortgaged and subsequently lost ownership of their paddy lands due to debts incurred as a consequence of droughts and family members' illnesses. The parents respected their daughters' decisions since they did not see any alternative strategy for poverty alleviation. Three of the women had lost their parents and lived with relatives or elder siblings. One of them was able to start her university studies with the help of her sister who was a school teacher, but did not continue since she did not want to be dependent upon her sister any more. Two women had decided to become EPZ workers even before they had finished their school education because they wanted to escape from dependency. The others had followed their sisters and friends who were working at EPZs, in order to help their poor families as well as to gain economic independence. These women's narratives demonstrate how their sense of place regarding their homes, their home villages and the export-processing zone areas, and also their self-identities, have changed over time due to their experiences at each place.

'Home poor home'

Comparing the treatment she received from her supervisors at the workplace, a young woman who had migrated recently said:

> At home we are not being yelled at all the time. The work was not so hard either. We never hear a kind word here. I miss my family. Even though there is no money, we have peace in our minds. (Informant 2)

Women who have been working for longer periods did not miss their family members as much as the new workers. Rather, they enjoyed their increased status within their families as a consequence of being able to help them financially:

> My sister and I have helped to build a new house for our parents. Even though they did not ask, we were glad to do this. Now they ask our opinions regarding important family matters, such as what things to buy for the home and when. Not only that, we are allowed to choose our marriage partners ourselves. (Informant 1)

Home villages: No place for women like us

The women's narratives reveal that they had similar experiences about their attempts to find a job in their home villages, including one informant who had attended university for one year:

> Village is no place for women like us [i.e. poor and educated]. I have tried to find a suitable job. There were no proper jobs, only jobs in agricultural work. In the paddy fields, we could only 'help'. We were not paid for our work even though we worked hard. I had to ask for money from my sister when I needed something. Most of the time, she could not help me. (Informant 8)

Working in a rural farming as 'helpers' was not considered to be a real job since the women did not receive any income. They experienced undervaluation, the subordinate position of their work in agriculture, and dependency status at home. They realized that the solution to these problems was getting an EPZ job since some of their elder sisters, relatives, and friends, having achieved economic independence, were now supporting their families and were even saving for their futures.

When they were living in their home villages, their self-identities reflected the status they had there. Hence, they wanted to escape from the place where they were regarded as a burden to the families, which in turn was due to the traditional gender expectations relating to women and marriage:

> We do not want to be a burden to our poor parents. They cannot provide us with a dowry. Therefore, we save money and jewellery. Men still expect dowries from women. They say that they need only us when they try to be our lovers, but later when we are married and face economic problems they fight with us, complaining 'What did you bring with you?' Then we have to return to our homes ... No, no, we cannot go home [i.e. to their parents]. We will be in Katunayake either way [all interviewees laughed]. So! It is best to collect our dowry first and then find a man to marry. If we bring a dowry, they [men] cannot oppress us because we have also contributed to family economy and wealth. (Informant 9)

After migration to KEPZ area, where they subsequently experienced work pressure, loneliness and harassment, women began to realize the other side of village life:

> There [home village], people are friendly ... it was peaceful ... and the environment is not as polluted as the urban EPZ area. Our boarding house is very dirty. We have only two toilets for 40 people. Dirty water overflows in the streets and garbage is left on the side of the road and not cleared away for weeks. It smells bad too. Compared to this, our home village is like heaven. (Informant 5)

When the woman (Informant 5) tried to romanticize the village people and living environment, another woman interrupted:

> We cannot compare the people in the village and the EPZ area. We do not [socially] interact with the people here. Landlords just want our money and local men want to harass us. They all are strangers and have nothing to do with us because we are 'zone girls'. We have only our workers' community. In the village, even though people know each other, they envy those who are capable of living better than they do. When they see that we help our families with our money, they spread gossip about us as bad women. They are worse than the strangers in urban areas. So, how can you say that village life is better than here? There is poverty, jealousy, and oppression of women. In addition, now we are regarded as immoral and untraditional women by the village people. Here we have hard work, harassment, loneliness, and income. Which is better? It is hard to compare. (Informant 1)

Women who had been working longer periods did not want to return to their villages. They still regarded home villages as no place for women like them, but for different reasons:

> We cannot experience the same poverty problems related to agriculture as we did when we were young. Zone girls deserve a better life after all the sacrifices we have made here. Therefore, marrying a rural farmer is not my dream. (Informant 12)

Informants I and 7 also had similar views regarding returning to their home village. Anther woman experienced that village people do not respect female factory workers, assuming that everyone behaves badly, and felt that she could not live in her home village anymore.

> When I started to work at KEPZ I met a man through an arranged marriage proposal. He told me that I must stop working at Katunayake because he did not want me to become 'one of those women'. I told him that I must work until we get married since I wanted to save money to start a self-employment. Then he cancelled our engagement, saying that his parents do not want him to marry a 'garment girl'. (Informant 11)

Katunayake export-processing zone area: A place of opportunities, full of dangers and where immoral women live

Prior to their arrival the women had received some positive information about EPZ jobs, such as better wages and the social security funds that workers are entitled to after five years of work. However, EPZ jobs were not their dream jobs because of the negative images associated with zone areas and EPZ women. One woman who migrated recently said:

> My uncle read an article in a newspaper regarding an EPZ woman being murdered and warned my parents when he got to know that I was interested in an EPZ job. He criticized my parents since they allowed me to migrate to Katunayake and risk my life for the sake of a lump sum of money. I promised that I would never involve in any activity that could destroy my good name or risk my life. My plan is to work only for

> five years, help the family, and save some money for the future ... However, at the beginning, I wanted to go back home. The work was so hard. I could not keep pace with the target. Even though I was new, the supervisor did not care. She yelled at me with words I had not ever heard before in my life. I wanted to go to my mother, but I could not. 'Tolerate!' I told myself. I could not go home without any money. Villagers would laugh at me and my younger siblings would not be able to continue school. Because of all these things I kept working and hoping everything would be better. Now, things are not so bad. Maybe my work is better or maybe I am used to being yelled at, or both. (Informant 10)

These women were frustrated, not only because the factory work is hard, but also because they are disrespected and treated as women 'out of place'.

> Society thinks Katunayake EPZ area is not appropriate for women because factory girls have so much freedom here. Villagers see factory girls as '*sankara kello*' [literally 'modernized girls'] because we wear fashionable Western cloths, work in factories, and especially because we live without family protection. You know, our society wants to protect women until they get married. Even when we are married we are protected by our husbands. So, when we are unprotected, they [society] think that we abuse the freedom. These traditional values lead to people disrespecting zone girls because they work in KEPZ. Those who work in factories nearby the home village do not experience lack of respect from the villagers because they live with their families. Everything happens to us since we live without family protection. (Informant 8)

The women informed that only a few of them chose to live together with their boyfriends. The women themselves do not approve of such behaviour since it does not comply with the culture, which states that women should be pure until their wedding day. In their early twenties it is natural for women to have love affairs. The problem is that some women are easily cheated by boyfriends whose intentions are not honourable and consequently they risk becoming pregnant or being raped.

Due to the negative images of factory workers, the women experienced verbal and physical harassment by men in local society on a daily basis. For example, men grab or touch women's hands, faces, or even breasts, and they shout humiliating names and

rob and hit them when the women react in anger. All of the women had experience of harassment by local men. However, the women's accounts demonstrate that there were differences between them regarding how they resisted harassment and coped with their daily lives. For instance, one woman who did not participate in any kind of NGO activity explained her strategy thus:

> I try to avoid men in this society as much as I can. I stay at my boarding house after work. Men can only harass us if we go outside late at night. I work in a printing factory, so we do not have night shifts. I have restricted my mobility to and from work and only go to a store or to the market when I need to buy food. Otherwise, a woman cannot survive in this place. (Informant 4)

Further, her life history explains the rationale behind her strategies for minimizing the influences of men in local society. During her early years in factory work she had an affair with a fellow factory worker and they married. Unfortunately, she found out that he was already married and had a wife in village. She was devastated at discovering she had been the victim of a dishonest boyfriend and decided to do the best thing for her and the other woman: she left him. She tried to rationalize her experience, saying: 'I am glad it ended before it got worse', meaning she was lucky that she did not become pregnant during their brief period of marriage.

In contrast, some women held completely opposite views on how they should behave in the KEPZ in order to protect themselves from the dangers in local society. One woman, who participated in organizational activities on a daily basis, said:

> We cannot be afraid of society [men]. Organizational activities raise our awareness on matters like harassment. We have a right to involve in organizational and community activities. We cannot stay in our rooms because men call us names or try to harass us physically. We want to do something else in our lives than working at factories. When we are in a group they [men] are afraid to harass us since we react. They only harass us when we are alone. So, at night we walk in groups. (Informant 1)

Further, an active participant in NGO activities commented on the advantages of NGO participation:

> At seminars arranged by The Woman's Centre, I learnt about our [EPZ workers'] rights and particularly about women's rights. At the workplace, when managers tried to cheat us on overtime payments or holiday payments I confronted them. Now the managers know my knowledge of labour laws and workers' rights. Therefore, they do not force me to work if I say that I need sick leave. I do not abuse the situation either. I have negotiated between workers and managers in several cases. For example, there was an urgent production job and supervisors ask us to continue work on the night shift but most workers did not want to because they were too tired and usually they do not earn extra income by doing overtime work. I negotiated with the managers to pay us one and half times the normal rate and convinced the workers to continue working and finish the production quota on time.[2] I also talk to supervisors and managers on behalf of colleagues who feel sick or need time off work due to family emergencies, since most of them are too afraid to talk to supervisors themselves. Not only this, we [those who participate in NGO activities] encourage our friends to participate in seminars on health, harassment and rights arranged by the Centre. We participate in campaigns for establishing and gaining recognition for trade unions at factories. Even though the law states that EPZ workers have rights to unionize, employers still do not allow union activities inside factories. So, with the help of The Women's Centre, some factory workers are able to form unions and employers have recognized them. (Informant 7)

The future: A place full of dreams?

The women's narratives demonstrate that these women experience Katunayake as a dangerous place. Further, they have adapted to a new lifestyle, one which is not given respect or status in the local society and home villages (except for the appreciation by their immediate families). They do so because they think that they can resist and tolerate

[2] By law, workers cannot be forced to continue work second shift, and should be informed beforehand, and then they must be paid one and half times the normal wage for the extra hours (Board of Investment of Sri Lanka, 2002).

negative impacts on them so long as they have an income to help their poor families and to secure their future. Most women aim to save for their dowries and then get married without being a burden to their parents. However, five of the women in their early thirties were still working, since they had not met men who accepted them as they were. According to the rest of the women I interviewed, one of them had experienced 'the worse that could happen to a factory girl', namely marrying a false boyfriend. 'It is very difficult to find good men in this society', one said, i.e. men who do not try to take advantage of female factory workers, who accept the women as they are, and who do not demand a dowry. Younger women, however, still expect to end their EPZ jobs after five years, hoping that they will find good men to marry and to whom they can offer their social security funds as a dowry.

There were five women: three NGO participants (Informants 1, 6 and 7) and two NGO visitors (Informants 11 and 13), who were not waiting for men to come and rescue them from EPZ work. Instead, they had invested in future self-employment, since they did not want to be dependent on EPZ work for any longer than necessary. They had taken different training courses, such as bridal dressing, hairdressing, cookery, and cake-baking, in order to gain skills needed for starting self-employment. One woman was even determined to follow her dream of becoming a professional traditional dancer. On Sundays, she spent a few hours at The Women's Centre participating in organizational work (she also visited the Centre on weekdays after work) and then went on to study at a dancing academy, where she trained for several hours. One of the women, who was also an active participant and had taken a bridal course said:

> We cannot work in factories forever. I can start my own salon in a village or in town when I complete these courses. Now, in our society, it is the trend to have glamorous weddings. So, there is higher demand for these services in villages as well as in towns. If we have self-employment, we no longer need to depend on men. Also, they cannot refuse us when we are no longer EPZ workers. (Informant 6)

Discussion: In place or out of place?

The female EPZ workers' narratives demonstrate that the transformations from unemployed, dependent, and protected women to employed and independent women were significant experiences for them. Their gender roles and practices had changed, and consequently they encountered various forms of challenges in their new lives in the KEPZ area. The women's lived experiences at different places shaped their sense of place in their homes, home villages and EPZs and subsequently shaped their self-identities.

Prior to migrating, and regardless of their characteristics, the women had experienced subordination and dependency within households. For some women, home was a place where the father (patriarchy) dominated in every aspect, including gender relations (male protection and control of females), gender roles (who chooses paid work outside home), and work roles (type of work that women can do). However, the women's emotional ties to family members were not affected by these negative experiences. They perceived subordination and dependency positions as consequences of poverty rather than of patriarchal gender relations in the society. Their decision to work at factories rose out of their wish to not become a burden or a problem to their parents or siblings, who supported them, and also to save for their future (i.e. their dowry). In this respect, it is evidenced that these women did not have a positive sense of place relating to their homes. They wanted to escape from that place, which was filled with poverty-related problems and the cause of their negative self-identity as burdens.

Over the time, their experiences at the KEPZ and increased status within their families had contributed to changing their sense of place with respect to home. Initially, younger women missed their family members more than women who had been working for longer periods, because the former focused on comparing the negative treatment they received from local men and factory supervisors to the care and protection they received from their families. They even tended to romanticize the male protection of females and failed to recognize the element of patriarchal dominance in this form of protection since they were weary of the various forms of harassment that they face in their everyday lives at the EPZ. By contrast, women who had been working for longer periods were able to

appreciate how their economic contributions had increased their status within their families. They not only experienced less domination because they were able to make decisions on matters concerning them, but they also identified 'home as a place to be rescued' with their income. Consequently, they had increased self-esteem and confidence and identified themselves as independent women.

Before migrating, most of the women perceived their home villages as 'no place for women like us' and they did not feel that they were 'in place'. They identified lack of employment opportunities in villages for women, women's unpaid labour in family farming activities, and conventional attitudes towards marriage and dowries as barriers to their lives in their home villages. Today, these women still perceive their villages as 'no place for women like us' but the reasons have changed. First, they have experienced that villagers treat them as 'out of place' since they have adopted lifestyles that are different from the lifestyle of traditional rural women and villagers lack respect for zone girls, assuming that all '*juki kello*' behave immorally in the KEPZ area. Secondly, most of the women in the older age groups do not want to marry farmers and return to the lifestyle they had before, i.e. which was characterized by poverty-related problems. Younger women however, have begun to realize some of the positive aspects of village life. They missed being treated with respect and the peaceful, unpolluted environment of the village. One possible explanation is that the younger women have not yet had sufficient experience of the negative treatment from villagers (as the older women have).

It is evident that the women had certain images of EPZ work, Katunayake EPZ area, and female factory workers prior to their migration: 1) five years work in an EPZ would solve their existing economic problems and secure their future; 2) the Katunayake area was a dangerous place for village women to live; and 3) factory workers were immoral and behaved badly. These perspectives were based on opinions and perspectives of other female EPZ workers and socially constructed identities of the Katunayake area and female EPZ workers. However, the women's lived experiences reveal that the reality is different from the images they held.

According to those interviewed, factory work was harder than they expected and they worked longer hours in order to earn sufficient to meet their daily needs and to save

for their future. Some women had been working for more than 10 years in the KEPZ and had actually saved sufficient for their dowries, yet they were still unable to attain their ultimate goal of marriage. Unfortunately, they experienced that their strategy for achieving a brighter future itself had become the barrier to attaining the goal, due to the negative identity of factory workers within society. Even though the society stereotypes female EPZ workers as immoral women, the narratives demonstrate that these women still valued and respected traditional norms and values and tried to live up to them. Further, none of the women that I interviewed identified themselves as '*juki girls*', but rather they identified themselves as '*factory girls*' or '*zone girls*', i.e. terms which reflect their formal work rather than socially constructed identities.

It is evident that these women could not avoid general stigmatizations and the consequences that followed, e.g. male harassment. However, there is significant diversity among the women in terms of coping strategies for the challenges they encounter in everyday life at the KEPZ. The women who did not participate in NGO activities were supportive of the argument of their friend (Informant 4) who restricted her mobility in order to avoid harassment by local men. Women who participated in NGO activities revealed that they had gained knowledge on how to resist harassments. These women had proved that they could live in a dangerous environment without male protection. However, they still needed to raise their awareness of the problems at the place-harassments and human right violations at Katunayake area - and empower themselves to resist the dangers they encounter on a daily basis.

Through lived experiences in the new place, women had reidentified themselves. There were mixed feelings of self-identity since several factors influenced women's lives. Katunayake offers the jobs they desperately needed and thus they were able to experience economic and social independence. Further, economic contributions to their families had increased the women's status within their families. This positive sense of places contributes to create positive self-identities among women as independent and empowered women who are important members of their families. However, because of the negative socially constructed identity of female EPZ workers as '*juki girls*', which is associated with poor income, low job status, living in low-quality accommodations and women with immoral behaviour, these women experienced lack of respect and

recognition. Further, the women felt as though they were in between two cultures. On the one hand, they were employed, independent from an economic and social point of view, in some cases were the breadwinners of the families, were migrants, lived by themselves and had adopted Western clothing styles. These characteristics do not apply to traditional rural women, and hence, in the eyes of village people, they were modernized and showed disrespect towards traditional village culture. On the other hand, they were from rural areas, poor, earned low incomes, and had modest lifestyles, which are not characteristics of urban women either. The women experienced that in the urban EPZ area they were treated as just poor and humble village women who worked in low-paid factories. They experienced being disrespected and disregarded by people in both their home villages and in the KEPZ area and thus treated as out of place, i.e. they experienced placelessness. However, while some women were determined to change their circumstances, others tolerated the situation, hoping that they would feel better when they ceased working at EPZ factories.

It is evident that women's sense of Katunayake as a dangerous place had contributed in creating negative self-identity among some women. For example, the older non-participant women (Informants 3, 4 and 12) identified themselves as victims and restricted their mobility in order to protect themselves from the dangers of the place. Further, their lack of interest in participating in organizational activities and developing self-employment skills demonstrates that they had not even attempted to change their situation. They did not have a sense of belonging to the EPZ area because the only thing that connected them to the place was their job. Everything in Katunayake – people, organizations, and services – was either out of their reach or was not connected to them. They had low self-esteem caused by feelings of placelessness in past and present, feelings which were also anticipated in the future.

The accounts revealed that some women were able to perceive Katunayake EPZ area as a positive place through engaging in organizational activities and thus identified themselves as efficient workers, courageous activists and helpful colleagues and/or friends. They had raised their awareness on health, social, legal, and political issues. They experienced more control over matters that concerned them and took action in the local society and at the workplace against the harassment and unlawful actions. Their

actions demonstrated increased self-confidence, self-esteem, and empowerment. In this sense, positive sense of place with respect to the KEPZ contributed to the positive self-identities of the women. At home and in their home villages, they never had such opportunities to participate in social and political activities, nor were their contributions to the family economy (through agricultural work) validated as important. They had since gained the potential for positive recognition from friends as well as from their employers. Particularly, the two younger women (Informants 2 and 10) were encouraged by their friends at their boarding house to participate actively in NGO work. Their stories illustrate that not only women's education level or length of employment in EPZs, but also their participation in organizational activities is an important factor that contributed to creating positive self-identities.

It is further evidenced that women's narratives reflected feelings of less confidence and placelessness when they talked about their future. However, some women were determined to take control of the situation by developing skills for future self-employment. They were no longer a burden to their families, nor would they be so in the future. They envisaged a clearer and better future than other EPZ women did.

Concluding remarks

The results of this study first reveal that the female EPZ workers' experiences of places such as home, home villages, and the EPZ area are not always positive and the women's sense of places has changed over time. At present, there is no one sense of place related to home, home village, or EPZ area among the EPZ women. Since their lived experiences vary according to their length of employment in EPZ industries, age, and participation or lack of participation in organizational activities, the women perceive various places differently. It is evidenced that women's education level does not have significant impact on how places are perceived. Younger women have developed a positive sense of place with respect to home villages, while older women still perceive their home villages as 'no place for women like us'. Regarding the EPZ area, women

who do not participate in NGO activities hold a negative sense of place, whereas NGO participants perceive the place as a positive experience.

It was evident that similar to sense of place, the self-identities of women have changed over time and place according to their lived experiences. There is a clear difference between those who participate and those who do not participate in organizational activities. The latter experience placelessness, feel powerless, and try to avoid becoming victims rather than take actions against the society that harasses them. They feel they are never 'in place' in the home village and the EPZ area due to socially constructed identities of factory workers and the repercussions of these identities. Identifying their future place is also problematic for most of the women due to lack of opportunities in marriage and better and more secure employment. Those who participate in NGO activities are more self-confident and have more control over the harassment and violations of rights in local society and at the workplace. Some women secure their future place by developing self-employment skills. Through their actions, such as participation in organizational activities, awareness-raising among fellow workers, and negotiating with employers at the workplace, they are able to mark their identity in the Katunayake EPZ area as courageous, efficient and empowered women.

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Article 2: Experiences of globalization and health in the narratives of women industrial workers in Sri Lanka

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Article 3

CHANGING GENDER ROLES AND HEALTH IMPACTS AMONG FEMALE WORKERS IN EXPORT-PROCESSING INDUSTRIES IN SRI LANKA

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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 women, in this case female industrial workers, are determined by their 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 et al., 2001; Inhorn & Whittle, 2001; Mead & 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; Dyck et al., 2001). Dyck 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' (Dyck et al., 2001: 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 export-processing zones as 'zones of oppression and exploitation', 'danger zones' or 'sweatshops' due to negative safety and health impacts on workers who are 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 also documents 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: firstly, to identify the changing patterns of gender roles of female workers in EPZs; secondly to identify female workers' health status; and thirdly, 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 export-processing zones. This is followed by a description and analysis of the general patterns of change in 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: 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: 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, healthcare and education. It is voluntary unpaid work, undertaken in 'free time' (Moser, 1993: 34).

Gender roles are defined through the type of work men and women do in society. In traditional patriarchal[1] approaches to work, women are associated with reproductive work and men are with productive work. Dynamic societies have proven that the conventional definitions of women's and men's work and gender are not static. What men and women do in society changes over time and place and depends on number of factors, such as economy, education, non-discriminatory law enforcement, and employment opportunities (McDowell, 1999; Wijayatilake, 2001). One female EPZ worker said:

> Once I had the opportunity to become a policewoman. But my father did not approve it by saying that it was not a suitable job for a girl. I told him about this factory job only two days before I moved to city. However, he did not stop me, since he knew how hard I had tried to get a proper job for women such as teaching or nursing.

This demonstrates that women in Sri Lanka are allowed to work in factories as a consequence of economic problems and availability of job opportunities for women. All societies currently undergoing change demonstrate a tendency for recognizing and appreciating women's productive work, and also their economic contribution at family and national income level. Women are recognized as an important part of the labour force, while at the same time appreciated for their reproductive role and effective community management role. Today, men and women in Sri Lanka do all types of work, regardless of traditional norms and taboos on women doing men's work and vice versa.

[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 control is constructed and enforced, not only through everyday attitudes and behaviours but also through legal, tax and social systems (McDowell, 1999: 16).

Consequently, as national economic strategies encourage and incorporate women into the formal labour force, women become the 'breadwinners' and 'decision-makers' in many families.

Women's health

Conventional health research focuses on women's reproduction and related health matters such as pre-natal, natal and post-natal conditions, and also sexual health problems. Concern is focused on women's productive health problems (clinically referred to as occupational health problems) for three reasons. Firstly, feminism began to influence research problems through gender approaches to health.[2] The traditional concept of women as only reproductive workers has been discarded and their share of productive work is now recognized. Secondly, women's participation in the labour force has increased due to education opportunities and poverty. Thirdly, women tend to undertake diverse tasks that have not been women's work traditionally. Women's productive work leads to health problems that traditional reproductive health research has not been able to reveal. In addition to their reproductive and productive health problems, there is a third type of health problem, one also shared by men, which is caused by a combination of socially-constructed gender roles and the different types of work people do. Today, therefore, both men and women suffer from various psychological and/or mental health problems derived from the gender expectations of society and/or the burden of work (Daykin & Doyal, 1999; Doyal, 1995; Paolisso & Leslie, 1995; Smyke, 1993; Stain, 1997; World Health Organization, 1997).

An individual's health status is primarily determined by who (personal attributes) does what (work), where (place), when, and how. Who does what, where, when, and how

[2] A gender approach in health, while not excluding biological factors, considers the critical roles that social and cultural factors and power relations between women and men play in promoting and protecting or impeding health (World Health Organization, 1997).

is determined by their gender and this, in turn, is formulated according to the cultural norms and traditions in a given society. Gender roles are formulated through the work people do and vary according to the socio-cultural attributes of people and places. Thus, health status among people differs according to class, ethnicity, age, gender, and place. Figure 1 illustrates how individual gender roles are formulated according to personal attributes, type of work and place. Further, the combination of practices and behaviours affiliated to each gender role determines the individual's health status.

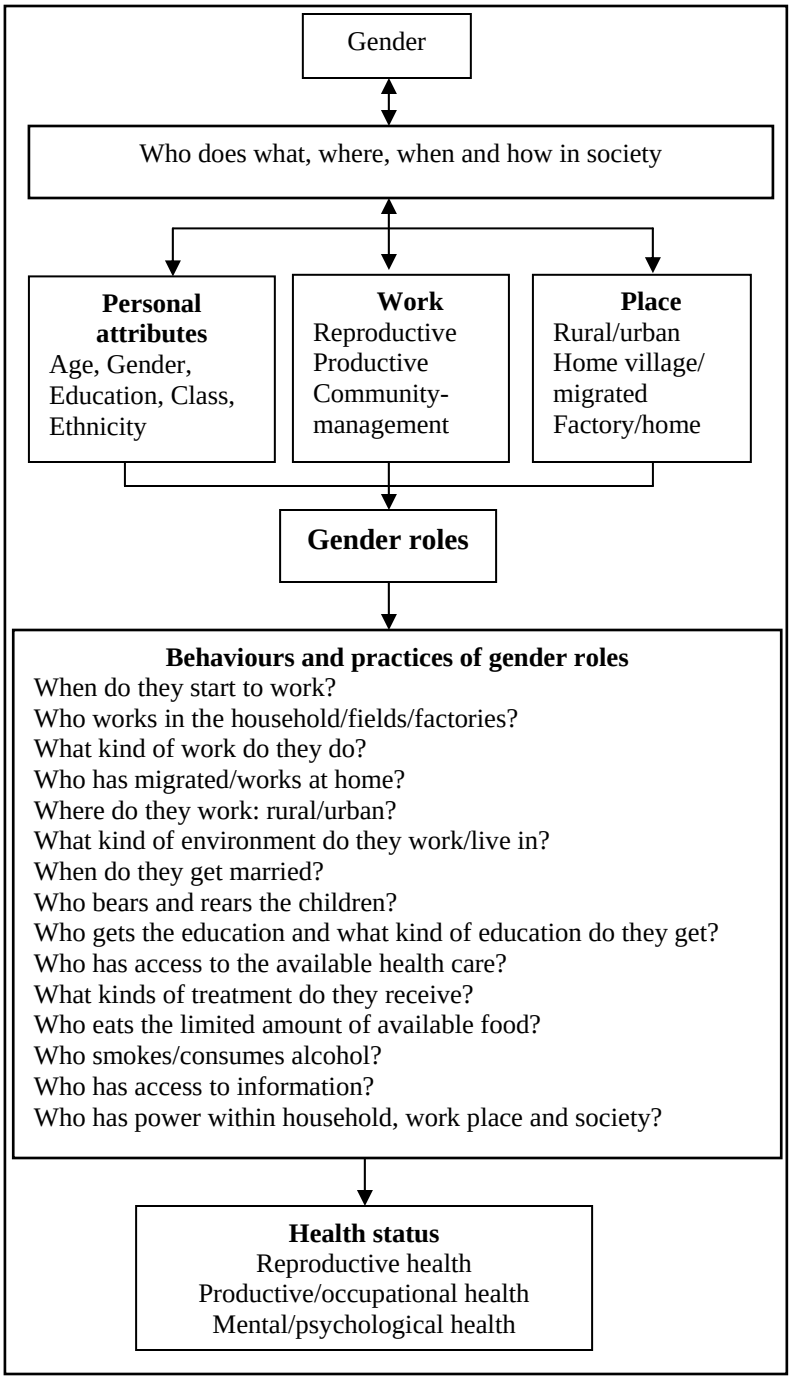

Figure 1: Determinant factors of individual health status

(Based on Meade & Earickson, 2000; Moser, 1993; Paolisso & Leslie, 1995)

Processes determining change in gender roles in Sri Lanka

Literature on women and work in Sri Lanka has identified a significant change in gender roles and relations during the past three decades. In traditional Sri Lankan society, women's work was restricted to reproductive work. Even though they were engaged in subsistence farming and agricultural production, their productive roles were defined as 'helpers' in agriculture rather than farmers. Not only the traditional patriarchal system but also the post-colonial development policies, such as modernized agriculture and import-substitution industrialization, were unable to incorporate women into the development process, and did not acknowledge women's contribution to the household and national economy as productive workers. However, from the late 1970s, internal as well as external socio-economic forces began to integrate women, especially the rural poor, into the formal labour force, resulting in changing gender roles and practices (Jayaweera, 2000b, 2002; Lund, 1993).

Processes of economic globalization[3] and international institutions created a global environment[4] that forced the country to adapt economic liberalization policies[5], which in turn formed the foundation of social change. Free education for every child, regardless of gender, since 1945,[6] as well as other socio-economic factors such as

[3] Multinational enterprises (MNEs), the new international division of labour, and feminization of labour are the main processes of economic globalization (International Development Network, 1998; Romero, 1995).

[4] Introduction of the Structural Adjustment Program (SAP) in less developed countries that needed to refinance their loans. The main policies of the SAP are cutbacks in public spending to balance government budgets, decrease in real wages and employment opportunities, and increases in prices (monetary policies), privatization, and manufacturing for export market, rather than for the domestic market (Wiegersma, 1997).

[5] Sri Lanka adopted economic liberalisation policies such as export-oriented manufacturing and service industry, privatisation and gradual withdrawal of the public sector in production and distribution activities and relaxation of regulations on international migration and foreign investment (Gunatilake, 1999).

[6] Since independence, each successive government continued a free education system, resulting in a higher level of literacy rates among the population. The rural women benefited especially compared to any other group. Their literacy rate increased 20.2%, from 64.1% in 1963 to 84.3% in 1991, while for the rural men

extreme poverty,[7] and increased numbers of female-headed households[8] due to the civil war and other political unrests, moved Sri Lankan society towards more liberal gender relations by relaxing traditional norms and values regarding gender roles and practices. Both educational achievement and economic pressure brought more women into the labour market, resulting in a higher level of unemployment[9] during the 1970s and 1980s (Bandarage, 1998; Central Bank of Sri Lanka, 2000; de Silva, 2002; Department of Census and Statistics, 1998; 2002; Gunatilake, 1999; Jayaweera, 2002; Jayaweera & Shanmugam, 2001).

Female workers in export-processing industries

In 1977, the Sri Lankan government adopted economic liberalization policies, mainly at the request of the International Monetary Fund and the World Bank under the Structural Adjustment Program (Lakshman, 1997), in order to receive foreign aid and as a solution to the rising unemployment levels in the country. Policies such as export-oriented industrialization and relaxed foreign migration provided poor women with the opportunity to participate in non-traditional income-generating activities, for example as factory workers in export-processing zones and as domestic servants in countries in the Gulf region (Brochman, 1986; Jayaweera & Shanmugam, 2001).

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the increase was 5.7%, urban women 1.9% and urban men 4.5% (Department of Census and Statistics, 1998; Jayaweera, 2002).

[7] In Sri Lanka *c*. 700,000-850,000 families (de Silva, 2002), equal to 25-35% of the total population (Central Bank of Sri Lanka, 2000), live below the poverty line.

[8] Female-headed households in the country increased from 10.4% in 1980 (Bandarage, 1998) to 20% in 2000 (Department of Census and Statistics, 2002).

[9] Women's participation in the labour force increased from 20% in 1963 to 31.7% in 1997.Women's unemployment levels peeked during the 1970s; in 1971 the unemployment level was 31.1% and 1981 it was 32% (Department of Census and Statistics, 2002).

By the year 2000, six EPZs and two industrial parks were operating, providing employment for more than 400,000 people, of which 75% were female. Japan, USA, Canada, Thailand, South Korea, Australia, Great Britain, and other countries have invested in labour-intensive industries such as textiles, garments, electronics, electrical, leather, and jewellery, either as sole investors or as collaborators with local investors. Most investors were looking for low-level line workers with few or no skills, and their demand was met by the young educated unmarried women from rural Sri Lanka (Samarappuli et al., 2000). Even though the female jobs outnumber the male jobs, women's subordinated status is reinforced within the factories through gender disparity in different occupational categories. Table 1 illustrates that the more skilled and higher status jobs are male occupations, while the less skilled and lower status jobs are female occupations.

Table 1: Total employment in BOI-promoted industries in EPZ and industrial parks, by the type of occupation and gender in 1996

Occupation	Male	Female	Total	% of total	
				Male	Female
Workers					
Trainee	5,878	29,968	35,846	16.4	83.6
Unskilled	9,575	27,470	37,045	25.8	74.2
Semi-skilled	9,229	64,228	73,457	12.6	87.4
Skilled	10,769	35,841	46,610	23.1	76.9
Supervisory					
Technical	2,507	1,496	4,003	62.6	37.4
Non-technical	2,005	2,892	4,897	40.9	59.1
Technical					
Executive	1,890	333	2,223	85	15
Non-executive	2,185	330	2,515	86.9	13.1
Administrative	2,720	946	3,666	74.2	25.8
Clerical related	3,400	4,513	7,913	43	57
Other	6,399	17,393	23,792	26.9	73.1
Gender as % of total	56,557	1,85,410	241,967	23.4	76.6

Source: Samarappuli et al., 2000.

Literature on EPZs focuses on two main aspects of industrial work relating to Sri Lankan women. One set of literature focuses on factory work as a gain for women, since it provides opportunities for rural young women to participate in income-generating activities. Another set of literature focuses on how women are being exploited by these factories, through unhealthy working environments, with excessive workloads, supervisor pressure, lower wage levels, and human rights violations (Abeywardena et al., 1994; Devanarayana, 1997; Gunatilake, 1999; Eyre et al., 2001; The Women's Centre, 1993). The two life-histories presented here are representative of these two focuses.

Factory work and young rural women's changing gender roles

Young rural women who migrated to the Katunayake export-processing zone have experienced changing gender roles and practices. Three types of gender roles can be identified with regard to the different kinds of work these women do before and after they entered into the formal labour force as EPZ workers. Figure 2 illustrates how the new roles are associated with different types of work that, in turn, are related to different places.

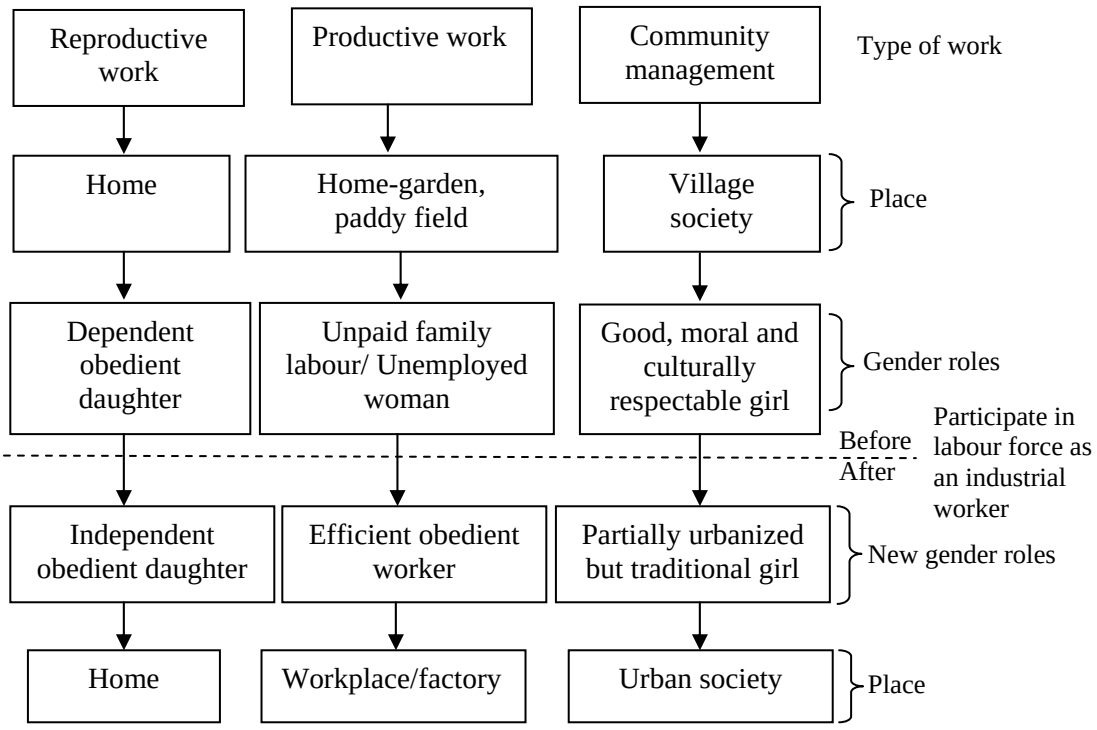

Figure 2: Gender roles associated with types of work and place

Independent obedient daughters of parents

Since the women began to work in EPZ factories soon after they had left school most of them did not engage in productive income-generating work prior to their factory work. Factory jobs have changed their gender roles from dependent daughters to independent daughters. Not only have they gained independence regarding economic matters, but as obedient daughters most of them are able to provide economic support for their poor families, and in some cases they are the main providers:

> EPZ work is definitely a good thing happened to women. For me, I am able to provide for my family through this job. We gain extra courage since we are able to earn money and buy jewellery and clothes without depending on parents. I think this is strength and a trend for women to gain increasing independence (female EPZ worker).

In some instances, it is the parents who have sent their daughters to EPZs as the only strategy remaining for acquiring an income necessary for the survival of their family. In other instances the girls themselves have chosen to work in factories in order to save money and buy some jewellery before they get married. However, although their role has changed, due to traditional socialization and as obedient daughters their perceptions have not changed.

The women fulfil their new reproductive roles by helping their younger siblings to complete their education, which means reproduction of the future labour force, and they also take care of their parents and older relatives. These changing practices in women's reproductive work are undoubtedly responsible for the improvement in their social status within the family and village, since they are treated with new-found respect.

Efficient and obedient workers of the factory

The foremost significant change in rural women's lives is that they are now regarded as efficient productive workers in factories and generate income. Rural society reacts positively to girls becoming factory workers and their gender role has changed from unpaid family labourers to efficient factory workers. In the factory environment, they are expected to be both efficient and obedient to employers. The employers, mainly foreign multinational enterprises and local investors, hire female workers based on their traditional gender characteristics of efficiency, tidiness, obedience, docility, willingness to accept tough work and discipline, and their lack of organizational power.

Women's jobs in factories are defined as 'unskilled' or 'semi-skilled', and accordingly, their lower wages serves to reinforce their subordinate status. They also receive lower wages than men because traditionally women are not the natural breadwinners. The employers' preference for young unmarried women is also based on other assumptions, for example, that they are unlikely to work much beyond their early twenties.

Figure 3: Reinforcing gender roles through industrial work. Men work as machine operators while women work as helpers in this shoe factory
Photograph: taken by the author

Urbanized but traditional girls of society

Generally, in Sri Lanka, girls are socialized and disciplined morally and physically according to Singhalese and Buddhist values and norms. This socialization process begins at home with girls helping their mothers in the home and boys helping their fathers in the field, and is reinforced in schools by teaching home science to girls and technical subjects to boys. In late adolescence, if boys are not able to continue higher studies they find a job, while girls help with household work until they marry (de Silva et al., 1993).

Spatial variation in gender identities exists between rural and urban Sri Lanka. Modernization and westernization are acceptable for urban girls, while the society expects more cultural and traditional behaviours from village girls. Westernized behaviour patterns, clothing and lifestyles are regarded as not acceptable for ‘good girls’ from the village (Lynch, 1999). Female workers experience that even though home

villagers respect them for being factory workers, they do not approve of their modern fashionable clothes. One worker said:

> If we change our clothing patterns they assume that we have become completely modernized, that we disrespect our norms and values of good moral and cultural girls and behave in disgraceful manner. It is ridiculous.

Further, lack of a protective environment for EPZ workers, such as they were provided in their home villages, increases their vulnerability and they have become easy targets for verbal, physical and sexual harassment, and victims of rape and even murder. Some girls are seen as misusing the social freedom by engaging in pre-marital sexual relationships. Consequently, society not only judges some women as immoral and dishonoured, but also generalizes those opinions to characterize the entire group of EPZ workers. These women are between two cultures: westernized urban culture and traditional rural culture. They adopt urban lifestyles, yet at the same time most of them hope to marry and live as traditional housewives.

Health status of female workers

> Everybody suffers from headaches, chest pain, limb aches and back pains. These illnesses are so common that we don't even think that they are illnesses and should be medically treated' (female EPZ worker).

Information gained from in-depth interviews demonstrates that female workers have common experiences regarding certain types of occupational health problems such as muscular-skeletal disorders and headaches. These illnesses have become a normality in their lives and they cope without receiving proper treatment. Besides common health problems, many workers also suffer from skin problems, eye irritation, dizziness, breathing problems and weight loss. A worker from a printing factory explained: 'I feel

nausea all the time and my eyes are irritating. You can see my hands. They are rough and itching all the time'.

However, physical health problems are only a fraction of their problems. Each girl had many stories to tell about experiences of verbal and physical harassment at the work place and in local society. One worker said:

> We cannot make a slightest mistake. Supervisors always yell at us and threaten to deduct our salaries or dismiss [us]. They make us work during the breaks in order to finish the target production. They force us to work even though we feel sick and usually it is impossible to attain sick leave.

Hence, overwork and harassment not only cause mental problems, i.e. stress and depression, but also cause weight loss. Additional harassment from society in general, especially from the local men, further worsens their mental health status by creating feelings of insecurity through fear of been raped, robbed, or even killed.

Apart from revealing the factors causing their health problems and the workers' knowledge about these determinant factors, the in-depth interviews also identified adverse conditions at their work places: overcrowding, dust, heat, smell, lack of safety instruments, lack of information regarding safety and health and harassment, type of work repetitive, monotonous and continuous), living conditions (polluted, unsanitary, over-crowded environments), and harassment. The workers identified their socio-economic status as low-paid, low-status factory workers and also the quality and efficiency of healthcare services provided for them as two crucial factors, related to their new gender roles that determine their health status. Even though by law healthcare facilities have to be provided for the workers at each factory, according to the workers, the services provided by factory clinics are minimal and do not meet their health needs. A worker describing the factory clinic said:

> Health facilities? There are no such facilities to talk about. We have a sickroom and a nurse who is not even a qualified one. We receive Panadol [a painkiller] for every illness. We can rest for ten minutes if we feel really sick (female worker).

Apart from the factory clinic, the workers have access to a free healthcare service provided by the Board of Investment at the zone medical centre. Yet, even though the law states that the healthcare for the EPZ workers must be provided free of charge, the workers explained that a small amount of their salaries is deducted each month to pay for the healthcare coverage at the zone medical centre. Regardless of free treatment at the zone medical centre, some workers – who can afford to – contact private medical practitioners in order to meet their health needs.

Inefficiency and lack of concern regarding workers' health problems at the zone medical centre contribute to worsening the workers' health status since occupational health problems need advice on changing ergonomics rather than continual treatment for acute health problems. In the following section, I present two life histories that demonstrate how changing gender roles affect the health status of women workers in Sri Lanka.

Changing gender roles and health impacts

The following stories of two young women who work in export-processing industries explore how their gender roles have been changing over time and place, and what health impacts and/or implications of their new gender roles have developed.

The story of Rani

I met Rani at 'The women's Centre'[10] at Katunayake. She was a 23-year-old girl from *Galgamuwa* (*Anuradhapura* district), a remote village in the north-central province of the

[10] The Women's Centre is a non-governmental organization especially for EPZ female workers. Reading materials such as newspapers and novels, and entertainment such as TV, radio, video, drama and music are among the facilities provided to workers. In addition, legal advice, information on rights and rules and health promotional seminars are available.

country and she had come to the EPZ area five years previously (1997). She was the fourth child in a family of five children. At the time of the interview, her father was a retired railway station worker, her mother continued to work in the home garden and her siblings were married. Rani did not get good enough results to continue studies at a higher level beyond 11th grade, so she helped with her mother's farming for about a year until she decided that she needed to be trained for a job. Her elder sister worked in an EPZ factory and with her help Rani came to Katunayake. She had wanted to be a nurse and began her training at a private clinic. However, she decided to be a factory worker because:

> I saw the benefits of being factory worker, such as higher salaries and other benefits. I gave up the nursing training and found a job in a diamond-cutting factory. I started as a trainee and after three months I got a job as a diamond-cutter.

Rani shares a 12 m^2 room with two fellow female workers at a boarding house close to Katunayake EPZ. Similar to other boarding houses in the area, Rani's room has minimum facilities, i.e. electricity is supplied only for lighting, no furniture is provided and thirty women share the common tap, well, toilet, and kitchen.

Gender roles and practices

Rani said:

> Unlike many other families, mine did not suffer from severe economic crisis. I wanted to work in order to collect some money, jewellery and other necessary items before my marriage.

However, her productive work has increased her status and eased her reproductive responsibilities such as caring for her elderly parents: 'Since all siblings are married I make all the important household decisions, such as purchasing electrical items, extending the house and providing healthcare facilities to my parents. Regarding

marriage and future, my parents gave me the permission to find a partner, which was not an option unless I migrated to the city'.

Rani says she maintains her 'good girl' role in the home village:

> Villagers respect me even though they hear of certain behaviours among EPZ workers which are immoral and inappropriate for a culturally respectable girl. I talk to them when I visit, so they know that I have not changed and do not have anything to hide about my urban life … If one behaves well she does not need to fear general accusations.

Factory work has changed Rani's role from an unpaid family labourer to an efficient worker. She has been working for four years and to some extent she has been satisfied with the work place. She was earning 4800 rupees (48 US$) per month. Unlike garment factories, the diamond-cutting factory has precise working hours: from 8 am to 5 pm on weekdays, with free weekends and no nightshifts.

Health impacts of new gender roles

Rani started her factory job as a healthy young woman and remembered her home village as a healthier environment than the urban EPZ area. She explained how her work as a diamond-cutter affects her health. She sits on a wooden bench without a resting position for the whole day, holding a diamond in one end of a copper pole, which presses into her chest all the time. Such bad ergonomics cause constant pain in her chest and back. Not only that, the work is monotonous and demands high levels of concentration and precision, which cause continuous headache. The powerful lighting, and the dust and heat in the factory environment worsen the headache and cause eye irritation. She risks eye damage since eye guards are not provided for the workers. The factory has only provided facial masks which help reduce the risk of asthma and cancer from breathing copper dust (all diamond-cutting instruments are made of copper). Since workers are not given regular medical examinations to check their health status, Rani and her colleagues are risking their health for the sake of their jobs and income. Further, to be an efficient and obedient worker, Rani is reluctant to use sick leave even when she feels sick.

Fortunately, she has experienced less harassment from employers and lesser job-related stress than many EPZ workers. Having sociable working hours allows Rani some leisure time, proper sleep, and time to prepare and eat proper meals, which are health enhancing and prevent her suffering from weight loss, which is a severe health problem among the EPZ workers and a proper diet helps to increase her immunity.

Rani's living environment has already caused severe health problems for her. As a low-waged factory worker she has to use common sanitary facilities. She uses the well in the evenings to bathe and wash clothes and pots, a lifestyle that increases the risk of being bitten by mosquitoes carrying the dengue virus which is endemic in Katunayake area. Her own lack of knowledge of the disease and lack of support from healthcare personnel by taking necessary blood tests resulted in her suffering from the fever for six months. Subsequent participation in a health seminar organized by The Women's Centre taught Rani how to recognize the symptoms of the disease and how to prevent it. Rani and her fellow workers are also vulnerable to communicable diseases such as diarrhoea, cholera, different kinds of worm diseases, influenza, and skin rashes due to over-crowded environments in boarding houses and factories. She also finds that working under the rules of supervisors and the work pressure in the factory is more stressful and demanding than working with her mother in their home garden.

In contrast to the negative health impacts of her role as a factory worker, Rani's new gender role as independent obedient daughter has positive health impacts. She is able to use her income as she wishes. For instance, she has purchased a bed and a mosquito net, thus demonstrating her priorities on health promotion. Such items are normally regarded as luxury by those EPZ workers who have to send money home. Of foremost importance, her self esteem has increased as a result of increased status and power within her family, respect from villagers and her organizational and community work, and this in turn enhances her mental health.

The story of Nali

Nali is a 27-year-old girl from a rural upcountry village. I met Nali through one of her friends. She is the eldest child in a family with six children. Her parents were farmers, but they were old and too sick to provide for the family and due to the family's severe economic crisis she left school, having studied up to O/L (11 years) examination. She started work as a trainee in a garment factory in Katunayake EPZ in 1994 and within a few months had become a sewing-machine operator. Today, she earns *c*. 4500 rupees (45 US$) per month and sends most of this to her family.

Nali now lives in an overcrowded boarding house close to the factory in order to reduce costs. She shares a 12 m^2 room with 7 other girls. They sleep on the floor, cook in the same room and use a common tap to wash their clothes and food. They share a toilet with 25 other girls.

Gender roles and practices

Like Rani, Nali has also changed her gender role from one of a dependent daughter to an independent daughter. As the main provider for the family, she supports her parents financially and helps her siblings in their education. However, she does not experience increased status or decision-making power within the family but believed her family expect her to contribute to the economy since the girls have better job opportunities in EPZs than boys.

In garment factories, night shifts and overtime work on public holidays are not uncommon practices. As a consequence of her dual roles as the main provider and an obedient and efficient worker Nali is forced to work longer hours, sometimes up to 16 hours per day in order to meet a production target and to earn extra money through overtime work.

Nali's productive work has not only transformed her gender role in terms of economy, but also allows her greater independence and freedom. Nali is used to walking to the boarding house at night after work whereas in the village she was always

accompanied by one of her brothers, even in the daylight. In the EPZ area, Nali can go out at nights with her friends or with her boyfriend without feeling guilty for neglecting traditional gender practices.

Health impacts of new gender roles

Nali's working environment lacks proper ventilation and is filled with dust from clothing materials, which causes breathing problems, sneezing and headaches among the workers. She herself developed breathing problems three years after starting work and this developed into severe asthma:

> I felt very uncomfortable at the beginning. Dust from the clothes made me sneeze all the time and tears ran out of my eyes. After a while I had trouble breathing and now I have asthma.

She does not receive proper treatment, either from the factory clinic or the zone medical centre for her illnesses, and although her asthma is an acute respiratory problem the doctors at the zone medical centre have treated it each time by prescribing a kind of cough syrup that can be bought from a pharmacy. She does not want to take sick leave to consult a public healthcare service, nor can she afford the cost of a private medical practitioner and she hides her illness from the managers to prove her efficiency since she is afraid of losing her job. Hard work and longer working hours leave her little time or energy to prepare a proper meal:

> Sometimes, I work during my lunch break and overtime without being paid. I come home exhausted every day. I just eat bread with sugar and go to sleep.

Consequently, she has experienced changes in her body, from being attractive to appearing worn out. Apart from weight loss (she weighs only 38 kg), she also risks other health problems such as malnutrition and anaemia.

Her living environment also worsens her health condition. Sleeping on the floor in an overcrowded room does not allow her proper sleep, and this together with the

breathing problems and malnutrition, leads to lack of concentration at work. Sometimes, Nali is verbally harassed by supervisors regarding the quality and efficiency of her work leading to stress and depression. Additionally, night shift work exposes her to verbal and physical harassment. Verbal harassment is a daily occurrence and once she was physically attacked by a gang of men when she shouted at one of their friends who had tried to grab her breasts while she was walking to the boarding house in the early evening. Since the incident she has been afraid to react to any kind of harassment, a situation that not only causes her anxiety but also disempowers her.

As a temporary reprieve from her sufferings, Nali prefers spending time with her boyfriend who is also a factory worker. Although she has not discussed their relationship with me, interviews with police officers and articles in some Sri Lankan newspapers reveal that premarital sexual relationships are common among the EPZ workers, which is a taboo for a good moral girl in the society. Unfortunately, most of these relationships lead to unwanted pregnancies, followed by life-threatening illegal abortions, which are not uncommon among the EPZ workers, and there is the additional risk of infertility or sexually transmitted diseases.

Concluding remarks

In Sri Lankan society, the expectations of certain gender roles and practices of women are changing. Sri Lankan society is in transition since the ideology of the male breadwinner is incompatible with realities of economic survival. Nor are young girls expected to continue to be dependent on their male counterparts. There are equal opportunities for boys and girls in education and daughters are expected to become good providers of the family.

Whereas traditionally a girl child was seen as a burden to poor families because male members had to collect 'dowry' for her marriage, today, many female EPZ workers help their brothers through financial support for higher studies. Similar patterns of changing gender roles and relations have been identified elsewhere, in industrialized

Malaysia (Lie & Lund, 1994), Java in Indonesia (Wolf, 1992), Bangladesh (Zaman, 2001), China (Zhang, 1999), and Mexico (Botz, 1994). However, changing gender roles have caused a number of work-related and psychological health problems.

Female workers' health problems are generated by the working environment (the role of efficient worker), and aggravated by the conditions of living environments, family obligations (the role of obedient daughter), and individual behaviours (the role of partially urbanized girl). Unhygienic, overcrowded and unsafe boarding houses fail to provide satisfactory environments for health promotion or prevention of illness. The economic status of the family determines whether a worker can use private healthcare for her illnesses. Individual behavioural patterns such as dietary habits, acquiring medical treatment when needed and intimate sexual relationships also determine their health status. Less social control has led to increased risk to their reproductive health through life-threatening abortions and the possible risk of infertility (*Sunday Observer*, 2002; Samarasinghe, 2002). The healthcare services are poor and prevention and promotional aspects are not on the agenda of healthcare services provided to EPZ workers. Further, workers' health status is worsened by the lack of support from the institutions such as industries/employers, NGOs and the government.

The women clearly identified the impacts on their health after they started working in the EPZ factories. They experience the changes in their bodies from attractive and healthy to decayed lifeless skeletons within few years of the factory work. In contrast to factories and boarding houses, their former home environments are seen as health-promoting places, providing protection and love, as well as clean and peaceful environments, regardless of the poor economic status.

Industrialization and export-processing zones are creating a new socio-cultural group in Sri Lankan society. Factory workers neither belong to traditional rural culture nor to westernized urban culture. Their income level and childhood socialization separate them from urban women, while the economic independence gained through income and life experiences separate them from rural women. They are active in the labour market and do not play traditional reproductive roles such as dependent daughters, wives and mothers. Not only the individual families but also the entire national income depends on

these women, who produce for the export market and generate foreign currency. Yet society does not acknowledge their contribution completely, as reflected in the low status and wage levels affiliated to EPZ jobs. In Sri Lanka, women's engagement in productive work has led to an increase in their age at marriage during past two decades, from 21 to 24 years. Society is beginning to accept the changing gender roles, allowing more young women to work outside home (and even outside the country). Most workers intend to work only for a few years, to allow them to help their families, experience freedom, earn money, and gain economic stability before they get married. However, there are thousands of women who have reached their thirties, and who are still working in factories and suffering from different kinds of illnesses without being able to realize their dreams. Are they representing the country's future gender identity of a new social class with a different way of lifestyle than traditional Sri Lankan women? If they are, should they suffer from work-related health problems (productive and mental health problems) and health problems created by social relations? It is time for the government, employers, multinational enterprises, non-governmental organizations, and the media to take initiative for health promotion of export-processing industrial workers and increase their health and well-being.

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Article 4

MULTIPLE VOICES, MULTIPLE REALITIES: FEMALE INDUSTRIAL WORKERS' HEALTH IN SRI LANKA

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Abstract

The literature on female workers' health in export-processing industries in Sri Lanka shows that female workers suffer from illnesses that include occupational and mental health problems. However, the quantitative approaches in the literature are unable to reveal the workers' perspectives on and experiences of their health status. The main purpose of this article is to provide a broader view of female workers' health by exploring lived experiences of illness and health. I explore workers' health beyond the traditional quantitative approach in health research of describing the health problems, and by listening to 'women's voices' on their experiences and perceptions of their health status. Further, different voices representing different supportive environments for health were listened to in order to identify diverse perspectives on workers' health. This demonstrates the existence of multiple realities from multiple standpoints regarding female workers' health and leads to the question of whether the existence of multiple realities in health results in worsening health status in the female workers in export-processing industries in Sri Lanka.

Keywords: female industrial workers, feminist qualitative research, health, institutional perspectives, Sri Lanka

Introduction

> Nobody cares about our health. Employers just want us to work continually and finish the target production even though we feel sick. The factory clinic and the zone health centre treat us with *Panadol* for every illness. We do not have access to government hospitals since we must work even on weekends. We can not afford private doctors each time we get ill. (female industrial worker in Katunayake export-processing zone (EPZ)).

This was the response when I asked about supportive environments for health when collecting information on the health status of and health promotion strategies for female workers in export-processing industries in Sri Lanka for my doctoral research. However, this study is not only concerned with the individual female workers' experiences and perceptions of their health. The above response urged me to explore whether distinguishable perspectives exist among institutions regarding EPZ workers' physical and mental health.

Objective and method

The principle objective of this article is to provide a broad view of female workers' health status in EPZs in Sri Lanka by using a qualitative feminist methodology in health geography.

Most of the literature on female workers' health in Sri Lanka's EPZs focuses on types of health problems, such as headaches, eye and stomach problems (Eyre et al., 2001; The Women's Centre, 1993), occupational overuse disorders (Perera & de Alwis, 2000), psychological disorders (Samarasinghe & Ismail, 2000), inefficient, inadequate and inaccessible health care services (Alahakone et al., 2002), environmental issues, such as polluted working and living environments, i.e. overcrowding, heat and noise (Abeywardene et al., 1994; Eyre et al., 2001; Priyadarshani, 2000; Thorborg, 1991), and harassing social environments (Dent,1999). Being quantitative in approach, most of these studies do not provide information on how workers identify and perceive their health in

their daily lives. I intended to listen to 'women's voices' on their experiences and perceptions of health by using qualitative methods such as in-depth interviews and observation, since these methods help give an understanding of how people experience and make sense of their lives according to their attributes and within their social context. Further, I wanted to identify the voices of various institutions regarding their perspectives on female workers' health.

According to Dyck (1992) and Kerner et al., (2001) people's perspectives and definitions of health, illness and treatment options are based on situated knowledge, which means that they are interpreted in the context of particular places. The diverse perspectives on female workers' health are place-specific, resulting from differently situated positions involving various experiences, identities, knowledge, and social locations. Health care services, export-processing industries, the government, and non-governmental organizations can be identified as the local and global institutions that influence on female workers' health. Each institution's social position and identity in the EPZ, and their knowledge and experience of health determine how they interpret the health status of female workers. This demonstrates the existence of multiple realities from multiple standpoints regarding female workers' health, which leads to the question of whether the existence of multiple realities in health results in worsening health status among the female workers in EPZ industries in Sri Lanka.

EPZs are industrial agglomerations located primarily in developing countries, mainly due to the cheap, efficient and docile labour for producing various consumer goods for the global market. Worldwide, EPZs have a reputation as places that exploit female workers through hard work, low wages, polluted working and living environments, lack of human rights, lower job and social status, and causing bad health (Bhattacharya, 1998; Botz, 1994; Heerden, 1998; International Labour Organization, 2000; Romero, 1995; Thorborg, 1991). Different institutions representing social, economic and political structures at local to global levels operate in EPZs and determine different aspects of workers' lives, such as work and gender roles, lifestyles, living standards, and health. In this paper, I study the roles and perspectives of multinational enterprises/EPZ employers, NGOs, the Sri Lankan government, and the health care

services and how they influence the health status of female workers in Sri Lanka's EPZ industries. Hence, this study contributes to mainstream health geography by studying how the global and local structures affect the lives of people in a particular place. It focuses on how institutional roles, knowledge, perspectives, and attitudes towards women's health affect the health status of female workers in Sri Lanka's EPZs.

I conducted a group interview with female workers, observations at several institutions and in-depth interviews with key informants from each institution. While these key informants may not represent the general opinions and perspectives of their institutions, their information is valid for the purpose of my research, namely to explore different institutional perspectives on workers' health. In general, these key informants' opinions and perspectives play a decisive role for institutions when allocating health and welfare facilities for female workers.[1] Feminist geographers emphasize the importance of critical reflection on issues such as the sense of in-betweenness, the insider/outsider dichotomy, positionality (Mullings, 1999) and biography (England, 1994) of the researcher, and power relations in research (England, 1994, Mullings, 1999; Women and Geography Study Group, 1997; Moss, 2002). England (1994: 84-85) stated: 'we are differently positioned subjects with different biographies, we are not dematerialised, disembodied entities. This subjectivity does influence our research'. People have different experiences and they are different in gender, age, ethnicity, class, nationality, and sexuality, and therefore the knowledge each individual researcher gains is situated. Further, knowledge is spatial, since a researcher's location in time and space influences how the world is viewed and interpreted. Mullings (1999) discusses how the power relationship between researcher and researched/informants influences the information produced and how knowledge is interpreted and presented. I analyze how my biography

[1] A common criticism of qualitative methods (interviews) is lack of representativeness and ability to generalize the results. In this study I have chosen one representative each from a number of institutions (government, private medical practitioners and EPZ employers) to understand their views of female workers' health. Since this research does not intend to generalize the results but to identify the diversity among the institutions on female workers' health interview, one respondent from each institution was considered sufficient to gain their perspectives.

and positionality as a female, middle-class, native Sri Lankan, in my early thirties, and as a PhD student from a university in Europe affects the research, including approaching the informants, negotiating for information and the validity of data. Further, the production of the knowledge, interpretations and the way of presenting the information are based on my disciplinary knowledge, language capability, beliefs and values, and experiences during the fieldwork.

I first present various definitions of 'health' within medical and social sciences in order to provide a conceptual framework to explore different perspectives of health emerging from different standpoints. Second, I describe the feminist influence on health geographic research to position the research within the discipline. Third, I give a brief description of the female workers in export-processing industries in Sri Lanka. Subsequent sections give a critical reflective analysis of my role in approaching informants and negotiating for information and also present empirical information. This is followed by a discussion of how multiple perceptions of health emerge from the different standpoints of the different institutions. The concluding section argues for an approach to study female workers' health problems.

Conceptualizing health

The World Health Organization conceptualizes health as 'a state of complete physical, mental, and social well-being, and not merely the absence of disease of infirmity' (Elliott, 1999). Such an understanding views health not merely as the absence of disease but as a resource for living, enabling people to cope with and change their physical, social and economic environments in realizing their aspirations. Several approaches to health can be identified as a change in perspective from bio-medical towards holistic approaches (Dyck et al., 2001).

One of the conventional approaches to health is based on the bio-medical model which defines health as absence of disease. The model views diseases as existing independently, and prior to their discovery and description by physicians (Jones & Moon,

1987; Morris, 2001). Curing diseases is the main target of this approach and it is assumed that people have similar bodies (biologically) and that they are treated in the same way. Within this paradigm, illness is used to indicate the patient's subjective experiences, which may not be synonymous with the presence of diseases (Morris, 2001), and illnesses are ignored when treating diseases. Following this view, a risk factor model was developed which identifies human behaviour as the main cause of diseases, assuming that people become ill when they are exposed to risk factors, e.g. smoking increases the risk for lung cancer. In this model, the patient/victim is blamed for his/her bad health. Prevention of diseases rather than cure is the main focus of this approach to health (Downie et al., 1996). However, human behaviour alone cannot determine health status. Subsequently, a multiple determinants of health model was developed which includes biology, behaviour and environment (Meade & Earickson, 2000). In a post-structuralist/postmodern approach to health, priority is given to the health promotion of individuals in an entire population rather than to prevention and cure. Thus, population health models with holistic frameworks are developed which emphasize not only the multiple determinants of health but also the social, cultural, political, and economic environments that shape the individual's health and well-being (Dyck et al., 2001; Elliott, 1999).

Women's health

Similar to the evolution of the concept of 'health', the concept of 'women's health' has evolved from reproductive health to social and cultural determinants, or gender-based health. Conventionally, the research and policies focused on the reproductive health of women with regards to women's health problems or their health promotion. However, feminist influence has changed the concern into women's productive/occupational health and mental health problems as well as reproductive health problems, as these are generated by the socially and culturally constructed relations, roles and practices of women (Daykin & Doyal, 1999; Doyal, 1995; Dyke et al., 2001; Smyke, 1993).

Thus, if a woman is to be healthy she should not only be free from diseases but also free from reproductive, productive and mental health problems. Further, absence of lived experiences of illnesses is important to achieve a state of complete physical, mental and social well-being in women.

A holistic approach to health therefore aims at health promotion of populations by eradicating social, economic, cultural, and political constraints to health of each individual. Society's organization of work (paid and unpaid), social networks (home and community), and institutional practices either contribute to or are detrimental to health. Further, this approach concerns curing and prevention of all types of health problems: infectious, acute, occupational/productive, reproductive, and mental health problems, as well as promoting good health in order to achieve individual well-being (Downie et al., 1996; Doyal, 1995; Dyck, 1992; Dyck et al., 2001; Paolisso & Leslie, 1995). Fig. 1 illustrates the components of a holistic approach to studying women's health problems. When analyzing female workers' health in EPZ industries, we must not only consider the conditions of their living and working environments and the behaviour of young unmarried female workers, but also the gender relations, roles and practices as well as roles, perspective, attitudes, and knowledge of social, economic, political, and cultural institutions as health determinant factors. This is because the health problems generated through biology, environments and behaviours are worsened by the gender relations, roles and practices, as well as lack of support from the institutions in social, economic, political, and cultural environments.

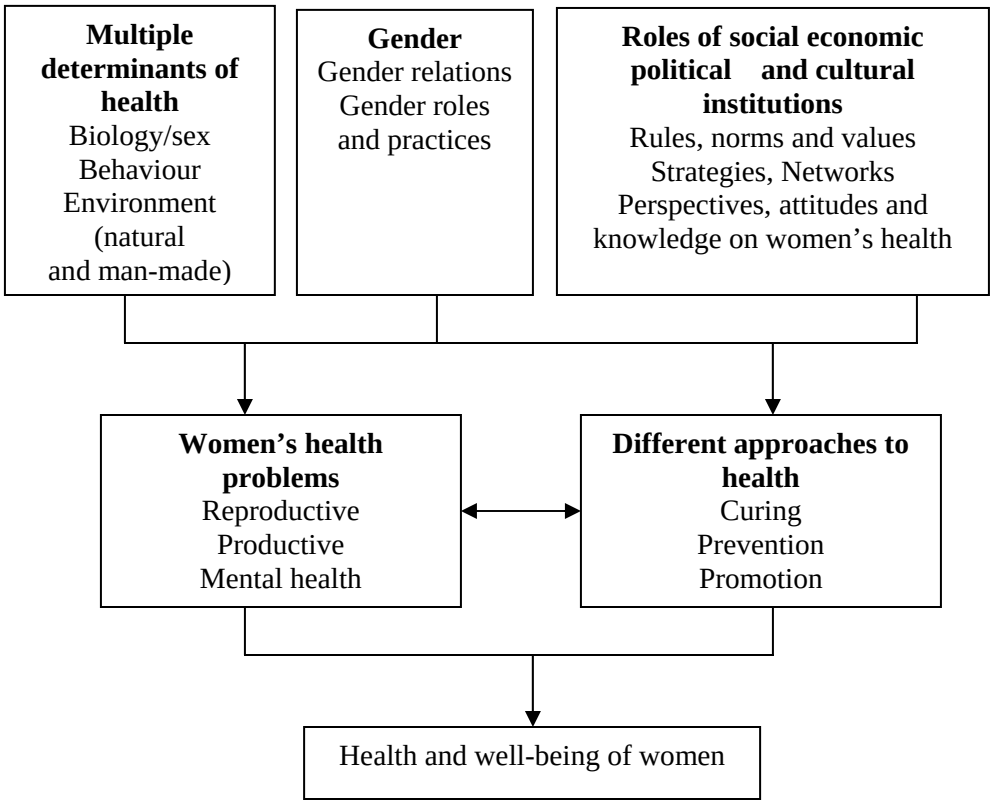

Figure 1: A holistic approach to women's health

Feminist influence on Health Geography

Understanding women's health problems was not a main theme of medical/health geography until the early 1990s (Dyke et al., 2001), when the field was criticized for its lack of theoretical and methodological sensitivity to study women's health problems (Lewis & Kieffer, 1994; Litva & Eyles, 1995; Matthews, 1995; Pearson, 1989). For example, studies within the conventional traditions such as disease ecology focus on the impacts of biology, environment and behavioural factors on human health, while impacts of gender are ignored. Studies within the spatial tradition describe spatial patterning of disease and distribution of health care based on quantitative methods and include women only as a variable rather than an analytical category. The methodology of such

approaches is unable to identify the underlying factors that differentiate men and women in their health-seeking behaviours. Further, the structuralist-Marxist tradition looks at the hidden structures of a society, such as social, political and economic structures, which determine human activities, including distribution and use of health care services. Studies within this tradition are unable to see women as individual actors in a society, since they illuminate only the structures that affect women's and men's choices differently. However, since the 1970s some traditions within the discipline have begun to visualize women and their health. The humanistic tradition, with its intensive use of qualitative methods, identifies the stories of health, health care and sickness as lived experiences of men and women. Further, some studies identify the gender-based factors that constrain women's health care seeking behaviours. Within the cultural tradition, which focuses on the effects of changing cultural and social environments on human health, some studies also focus on how women in developing countries use social relations and cultural values to maintain their health (Curtis & Taket, 1996).

The three strands of feminism: empiricism, standpoint theory and post modernism (Women and Geography Study Group, 1997) have been influential in health geography in choice of research topics, methodology and epistemology, in creating geographies of women's health.

Influenced by feminist empiricism, health geographic traditions such as disease ecology and the spatial tradition re-emerged during the 1990s and began to visualize women's health problems using well-known quantitative methods, as well as cartography and geographic information systems. In these studies, gender is understood as a variable. Research identified what kinds of diseases and illnesses women suffer from in relation to their geographic location (Aase, 1996; Meade & Earickson, 2000; Nymoen & McGlashan, 1990).

Some health geographers moved from the 'visualizing' tradition of feminist empiricism to the 'understanding' tradition of standpoint theorists. Different qualitative techniques such as in-depth interviews, focus groups and participant observations, as well as life history and narrative methods were adapted to bring everyday life concerns and experiences into the understanding of women's health (Asthana, 1996; Geoforum,

1995; The Professional Geographer, 1999). Adopting critical reflections into analyses, recent research in health geography demonstrates how the role of the researcher influences the interpretation and the production of knowledge of women's health issues (Baxter & Eyles, 1999; Dyck et al., 2001; Geoforum 1995; Marshal & Phillips, 1999; Wilton, 1999).

The most recent strand of feminism holds a more contextual approach to studying phenomena that include women's health issues (Elliott, 1999). Post modernist feminists reject the concept of universal woman and universal gender relations and recognize the diversity among women in their perceptions and experiences according to social, economic, cultural, and political contexts, and sexuality. Methods such as context analyses are widely used to interpret and evaluate the knowledge gained from different places. However, according to Dyck et al., (2001), most health geographic research is still unable to incorporate a holistic approach to study women's health problems, since research mainly focuses on economic aspects of curing and preventing reproductive health problems and ignores the social, cultural and political aspects of women's health problems, including occupational and mental health.

The study on which this article is based adopts the approaches of feminist standpoint theorists. Through in-depth interviews and observation techniques, I have gathered qualitative information which explores sensitive and controversial situations regarding female workers' health in EPZs in Sri Lanka. Further, a critical reflective analysis of the researcher's role in relation to informants provides the basis for valid information. Theoretically, this study reviews diverse approaches to the concept of health and analyses the inefficiency of conventional approaches with regard to health promotion of female workers, and argues that it is important to adopt a holistic approach to health.

Female industrial workers in Sri Lanka

In 1977, the Sri Lankan government adopted economic liberalization policies, under the Structural Adjustment Program of the World Bank. During the 25 years of open economy system, there were six export-processing zones and two industrial parks established in order to develop the country through export-oriented industrialization. The Board of Investment (BOI) is the authorized body regarding investment and employment in the EPZs. Multinational enterprises from South Korea, Japan, USA, Thailand, Australia, and Great Britain have invested in industries such as garments, electronics and electrical goods, leather, jewellery, food and beverage. Foreign investors seek unskilled or semi-skilled workers to work in low-status blue-collar jobs such as machine operators, ironers, buttoners, packers, and helpers. Their demand is met by the unemployed Sri Lankan females, characterized as docile, educated, submissive, young and single. By the year 2000, the total number employed in export-processing industries had reached 408,000, of which women comprised more than 75% (Abeywardene et al., 1994; Samarappuli et al., 2000).

Previous research (Devanarayana, 1997; Eyre et al., 2001; Priyadarshani, 2000; The Women's Centre, 1993) on female workers has focused on their homogenous social and economic backgrounds. They are from low-income families such as peasants, small vendors or temporary labourers. Of these women, 90% are unmarried, between the ages of 18 to 30, and with primary or secondary education (Eyre, et al., 2001). They have migrated from their rural home villages and live collectively in lodgings in the proximity of EPZs. The lodgings are characterized as overcrowded, low standard boarding houses, without proper facilities such as sanitation, electricity and security (Devanarayana, 1997; Priyadarshani, 2000; The Women's Centre, 1993).

Since some research has viewed female workers not as victims, but as empowered women in certain aspects of life, such as being engaged in productive work, or having economic independence and autonomy in social relations (de Alwis, 2002; Jayaweera, 2002; Jayaweera & Sanmugam, 2001), this study could be criticized for attempting to study these women as victims of social political and economic systems, and

unable to take control of their health. As this research primarily concerns the health status of female workers and the role of institutions with regard to health promotion, I want to make the point that lack of holistic approaches to health problems results in worsening health status and well-being in female workers. Hence, empowerment of women in health promotional activities is a prerequisite for good health and well-being.

Approaching the informants

The research was done during a four-month period of fieldwork in the country's largest EPZ, Katunayake, which has 96 factories and c. 55,000 employees. I gathered information from different levels in the employment structure, which varies from low-status, female industrial workers to high-status government officers. I was aware of the feminist dilemmas of fieldwork, such as how the gender and positionality of the researcher determine whether they are granted an interview or not and how the gender and positionality of both researcher and informants create power spaces that affect the information revealed. I approached each informant in a different manner since this would create optimum 'positional spaces', areas where the situated knowledge of both parties in the interview encounter and engender a level of trust and co-operation.

Approaching less powerful informants

The focal informants in this research were the female industrial workers. It was through their responses that I would be able to identify other informants relevant to this study. It was important to encounter female workers *where* they felt unthreatened by the presence of either the researcher (myself) or employers in order to enable them to express their feelings, opinions and perspectives independently. The workplace was considered as an unsuitable place to create optimum positional space between the workers (respondents) and myself, since I was interested in information on perspectives regarding the role of the employers' institutions as a supportive for health. On the one hand, these matters could not be discussed under the surveillance of the employers, because workers might not be

keen to inform of negative aspects of working environment due to fear of harassment. On the other hand, if I contacted the workers at their workplace, they might question my loyalty and assume that the research was conducted on behalf of the employers. In this case, the relationship between the informants and myself would be regarded as deceptive and exploitative and lead to creating minimal positional spaces. Thus, information revealed under such circumstances would be misleading and unreliable. Considering these factors, I decided to contact the workers through another gatekeeper, a non-governmental organisation which was working for promoting EPZ workers' welfare by providing legal support for employment problems and establishing a women's centre with educational and recreational facilities.

The question of *where* I should contact the informants was followed by *how* I should approach them and *what* my role should be during encountering and interviewing. It was important that the female workers should not feel threatened by my role, background or social and economic status in case it would prevent them from accepting me as an insider to their community. I introduced myself to the NGO workers as a student from a university in a foreign country. Thus I did not reveal my full identity, though I did not lie to them either. The NGO workers welcomed me and introduced me to the female workers/girls as 'a student who needs some information about your lives'. The girls welcomed my presence and some were eager to participate in my research. Those girls who willingly talked to me had many interesting stories to tell about their health, and more so than those who were almost forced to talk to me by the NGO workers. Some were not interested in helping a student who just wanted to publish their stories and pass higher exams. It was a matter of difference in positionalities between some workers and myself. Some might have felt the exploitative power relationship between us, even though I tried hard to be sensitive towards them.

Approaching the powerful informants

Mullings has stated: 'Given the strict security and time constraints that most elites operate under, researchers often find themselves with only a brief window of opportunity to convince those from whom they seek information that such an endeavour is worthwhile' (1999: 344). She argues that whether or not a researcher is granted an interview by a powerful informant depends on the researcher's positionality. Strategies used by researchers to encourage their informants to participate in the research, self-representation to the informant and the recognition of the power relationships at play during the interview process, all have a crucial impact on the information revealed. The medical doctor in-charge at the Katunayake EPZ health centre, a government officer in the Department of Labour, an EPZ factory manager, and personnel manager were considered to be powerful informants. Some of them were approached through family members who had acquaintances in the EPZ sector, while I took the initiative to contact other informants. I anticipated having an asymmetrical power relationship, in which I (as researcher) had a lower power status than the informants. However, I felt that they accorded me equal status and were willing to answer my questions.

Multiple voices from multiple standpoints

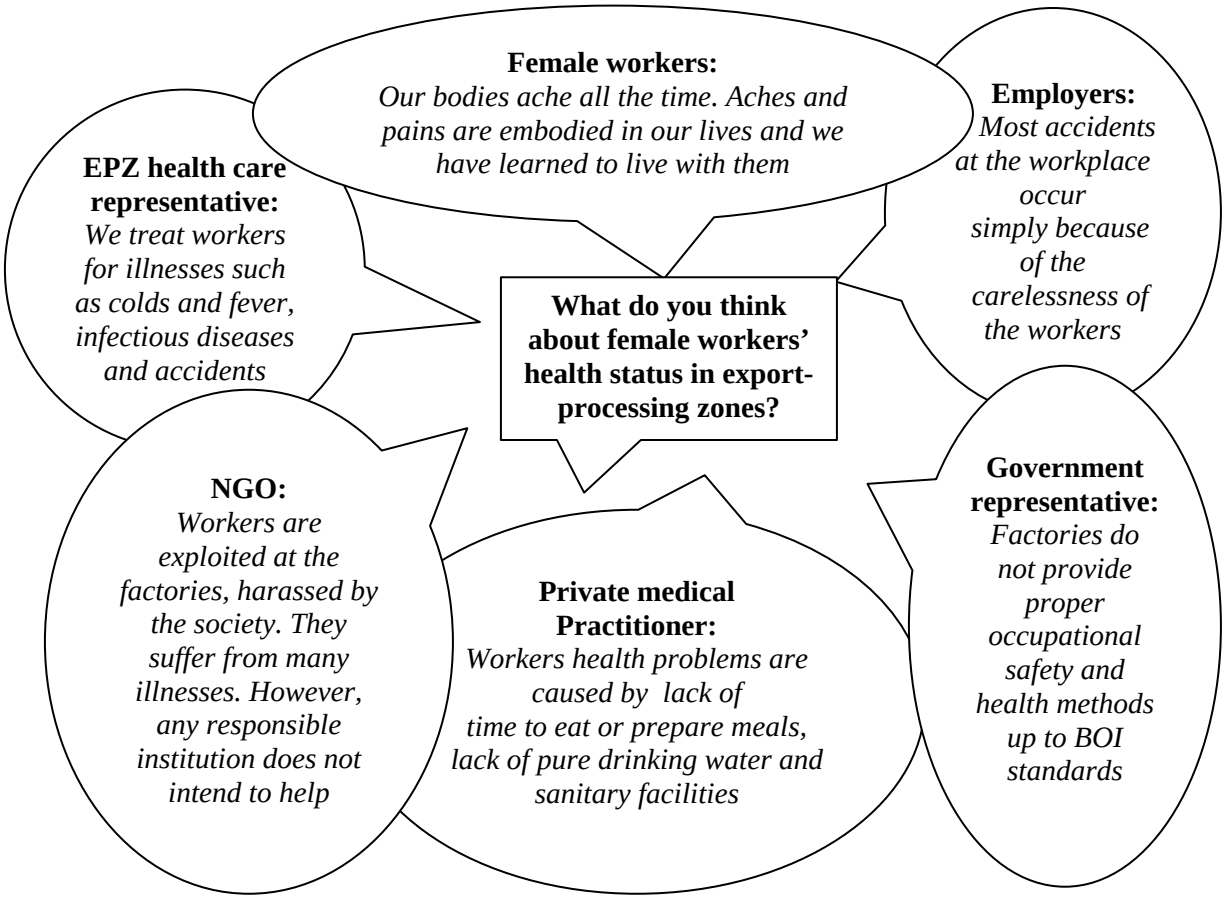

Figure 2: Multiple voices on female workers health problems

Illness and abuse as lived experiences: voices of female workers

I conducted a group interview with six female workers who became my intimate friends and allowed me to enter into their private lives and gain an insight into the lived experiences of being EPZ factory workers. There is no doubt about the reliability of the information they revealed. Being in the same age group and of the same gender as the workers, I gained their trust and they were confident in discussing their personal experiences with me. When we discussed their problems, such as poverty, health

problems and harassment at the workplace, I had an outsider role. This allowed me to ask many questions, while at the same time I was able to become their confidant by listening to their problems. Being Singhalese women, we shared the same cultural values and experiences regarding harassment by society. Disguised as a factory worker, I personally experienced how society (street vendors, boutique owners, public and private health care personnel, bus drivers, and drivers of three-wheel vehicles) treat these women. I became an insider when we talked on that topic and shared our experiences with each other. Their voices of their lived experiences revealed how they suffer each day due to physical and mental illnesses:

> We do not want to suffer any more. Our bodies are being smelted by machines. There is no blood left in our bodies. They are pale and lifeless. Even though we eat, nothing goes to our bodies. We need all the energy to sew. From early in the morning to late night, the only thing we do is sewing. Look at our bodies. They are like skeletons and not attractive anymore. Not only that, our bodies ache all the time. Knees and shoulders, back and elbows, head and chest. We cannot point out where exactly - the whole body aches. We cannot sleep comfortably at nights since the pain wakes us. Not only that, most of us are suffering from breathing problems and asthma. We hear our friends whimper in their dreams. How can we wake up early in the morning and have a fresh start on a new day? Our bodies have not recovered from previous day's work. We did not have a proper meal for weeks, due to lack of time to prepare a good meal for dinner. We come home often late after overtime work and we are too tired to cook. We eat bread with sugar or a curry left from the previous day. Sometimes, we are reluctant to go to work, because we are being treated badly for mistakes. But we must continue working, for the sake of our families and ourselves. At the factories, we cannot make the slightest mistake. Supervisors always yell at us. They make us work during the lunch break and tea break to recover the mistake. Girls are frightened of losing their jobs. Therefore, we are used to tolerate these kinds of harassment as the way of our lives. About the society? Society is good. But not for us. Not a single day passes by without being called names or physically harassed. Even walking on the streets is dangerous for us. Men on cycles, and other vehicles try to touch our breast and hands, or grab our hands, hair or handbags. We do not do or tell anything. We are afraid that our protest would lead to more harmful situations. We know that many girls

> were attacked, raped and killed because they protested or refused to be friendly with men from the area. So you see, we live in fear all the time.

Representing EPZ employers: the voice of a factory manager

Visiting factories in EPZs and interviewing managers are not easy tasks for researchers considering the tight security and the formalities in the BOI sector. However, through my family acquaintance I was able to visit a shoe factory at the Katunayake EPZ and interview employers' representatives, such as the factory manager and the personnel manager. The interview with the factory manager began as a formal conversation in which I, as a researcher, had a lower power status than him. He represented the employers and was able to refuse to answer any of my questions and deny interviews with other employees. However, during the interview our relationship developed into one of equality in terms of status, since by discussing the legal framework of the factories I was able to prove my knowledge regarding the BOI laws. Further, I felt the factory manager was trying to convince me that workers were provided with a good health care service and that the factory was maintaining health and safety conditions up to BOI standards. This was because most publications on export-processing workers have revealed the negative aspects of factory work and health. At the end of the interview I was in a position where I was able to ask him to allow me to obtain more information by taking photographs, interviewing employees and observations. He said:

> We provide health care facilities to our employees. It includes two nurses (they are not government qualified). There is a sickroom. We give first aid treatment for those who are sick with headaches, fever and small injuries. We have safety instruments for fire and air ventilation, everything up to BOI standards. There has not been a severe injury for six months ... [The interview was interrupted for some time when a supervisor informed the manager that one female worker's hand had been crushed by a machine and the worker had been taken to the EPZ health centre immediately for treatment]. Most of the accidents are caused by the carelessness of the workers. The machines are safe if you operate them safely. That worker did not follow the safety instructions and tried to take the shoe out before the machine stopped. Most accidents happen due to the worker's long hair. Even

> though we tell them to tie their hair, they do not do that. They usually take a bath in the morning and let the hair hang until it dries. So when they work, hair is pulled into the machines and damage heads. Although we have safety caps workers do not want to use them. So, the workers and the managers came to an agreement that workers must tie their hair. However, because of early morning baths, they do not always tie their hair. So their carelessness leads to unsafe working environments.

Representing the BOI health care: the voice of medical doctor at the EPZ health centre

Since I was directed to the medical doctor in-charge at the EPZ health centre by his superior executive, the doctor could not refuse an interview and observation in the clinic. As in the interview with the factory manager, my positionality and my knowledge on the field and experience with the workers empowered me when confronting the doctor regarding the health problems of and the services provided for the workers:

> We are the official health care representatives for the export-processing zone workers in Katunayake. The BOI has given us the authority to run the health care service for the EPZ workers. We treat workers for most of their illnesses such as colds and fever, infectious diseases and accidents. The workers are also suffering from back pain, chest pain and neck pains. Their haemoglobin level and nutrition level are low. Even though the accidents happen in workplaces or boarding houses they have the privilege of getting treatment free of charge from us. Workers receive free medical treatment when the factory is registered at the clinic. The registered factories pay 15 rupees per worker per month to the clinic. We treat about 10,000 workers per month that means 20% of workers from the factories which are registered in the clinic. We have OPD (outpatient department) service and inpatient care service with 12 beds. We have an ambulance service to bring severely injured workers to a public hospital.

Representing private health care: the voice of a private medical practitioner

Private medical practitioners were approached in a different manner to that of other informants. Through participant observation, I explored how the society treats the female factory workers. My gender and age provided me with the necessary personal background similar to factory workers. With certain clothes and a hairstyle I could easily pretend to be a factory worker. I first received treatment from private medical practitioners (PMPs) for the illnesses that I did not even have. After they finished treating me I revealed my true identity and explained the purpose of disguise was to understand female workers' preference for PMPs over the EPZ health care. Even though work in disguise is not ethical for a researcher, I found it was the only way to approach the PMPs in the area. The PMPs work particular hours per day, and it is impossible to contact them outside their clinic hours. Since none of the PMPs from the three I visited treated me in an inappropriate manner (lack of interest in finding the cause of illness, harassment, etc.), they were not offended by my approach and were willing to offer their views on the workers' health problems. The information was gathered during informal discussions and both researcher and respondents had equal positions during the interview. One (male) respondent said:

> Workers suffer from different types of illnesses and diseases. Urinary track infections are common among the female workers, and most patients come to me to get treatment for urinating problems. This problem occurs due to unsanitary facilities at boarding houses. Another common health problem is headache. Tension at the workplace due to repetitive work, overtime work and supervisor pressure at the workplace cause such health problems. They suffer from continuous coughing because they inhale dust from threads. First, the dust creates upper respiratory infections and then lower respiratory infections. The girls often come to me with stomach problems. They suffer from gastritis due to lack of time to eat or prepare meals. When I asked what they do in the lunch break, they say they sometimes must sew during the lunch break too. So, they do not usually eat breakfast, and pass over their lunch and eat only the dinner. This causes gastritis. The other thing is that they do not drink enough water. They must work in order to earn more money. But, they forget about and do not care about their health and try to work as much as they can.

Representing the government: the voice of an officer in the Department of Labour

My encounter with the government officer was by coincidence, even though I was planning to approach an officer responsible for EPZ workers in the Department of Labour. We met at a conference where we both presented papers on female workers' health in export-processing zones. Since he was already familiar with my work and found my research interesting he agreed to a formal interview. Under the circumstances, he became my mentor and I was able to ask many questions to clarify the position of the government regarding female workers' health. Because of my educational level and the research topic, he accorded me insider status when discussing the health problems of EPZ workers. The interview revealed the government's perspectives, plans and weaknesses regarding the health and safety of export-processing workers:

> Almost all the workers suffer from headaches and other muscular skeletal disorders, because of the environment and working conditions at the factories. Lack of ventilation, overcrowding, noise, light, air-conditioning, and heat. Everything contributes to workers' continuous headaches. Not only the physical environment, but also the mental situation of the workers aggravates the health problems such as headache and chest pain. Here comes your research approach, gender roles and health. However, the country needs to amend its law regarding occupational safety and health. We still have the factory ordinance ratified in 1942. At that time our country did not even have this much factories of different kinds. The law was to protect the workers in the plantation sector, such as tea and rubber. But now we have different kinds of factories and their situation is complicated and workers must be protected differently than in those days. However, because of the inefficiency of the government sector and other responsible authorities [the BOI] our factory workers are not covered by the law for their safety and health. Even though within the BOI sector, certain rules regarding the factory building and safety and health of the workers exist, the employers manage to ignore the laws. We [Department of Labour] need efficient staff that has knowledge to check the safety and health in factories. We have those PHI (public health inspectors) personnel working in the whole country. If the law allows them to do the job at the factories it will be efficient and easy. At last, the new government has recognized the health and welfare problems of EPZ workers. The taskforce is formed to protect the interests of export-processing zone

> workers. Representatives from the Ministries of Health, Interior, Women's Affairs, Labour, and the representatives from the BOI and the Centre for Women's Research are in it. The Minister of Labour will visit the Zones with the taskforce.

Voice of a non-governmental organization

At the time of interviewing the NGO personnel, I became more of a friend than a researcher to them. Since we shared the same opinion regarding female workers' health and social problems, they accorded me insider status, not only during the interview but also during the entire period of my fieldwork. My daily visits to the NGO centre provided me with informal information regarding opinions and perceptions of health of female workers. However, there was also formal discussion with three NGO workers on female workers' health and the NGO's activities for workers' health promotion. They said:

> The girls complain about their health problems to us and ask for better treatment option. They are suffering from asthma, gastritis, eye problems and dengue fever. They do not receive proper treatment for those problems from the EPZ health centre. We tell them to contact public health care service. But the problem is around here, the girls do not have easy access to a government hospital. There is a large number of private medical clinics that are established around in this area. However, most of those medical practitioners are not even qualified to treat people. From those clinics, workers usually receive unsuitable, strong medicine. They are like boutiques rather than medical clinics. Girls cannot expect any medical advice from those PMPs. Some even try to harass the girls. Girls talk about the problems such as verbal and physical harassment at the workplace and in the society in general. Some girls even talk about family problems and try to ease their mental condition. However, they do not talk about personal experiences such as sexual harassment and rape with us. There are such incidents that we know happened to girls, but they do not want to talk due to shame. Since they do not come forward, it is difficult to take action against such incidents. However, we provide health promotional information by arranging seminars on AIDS, other sexually transmitted diseases and occupational health problems, and distribute a handbook on health promotion and prevention of diseases. Further, we occasionally hold

one-day clinics providing medical specialist services such as gynaecology, dental, eye, and physicians. We notice that very few numbers of workers attend seminars due to lack of time. Most factories have compulsory work on weekends and public holidays. However, considerable number of workers come to clinics and get treatment for their health problems.

Discussion

These institutional perspectives on female workers' health demonstrate that female workers in export-processing industries suffer from different types of illnesses and diseases. Nobody denies the existence of health problems such as musculoskeletal disorders, headaches and accidents among workers. Further, the responses demonstrate the existence of multiple perspectives/realities on the causes of health problems emerging from the different standpoints of the institutions.

Lived experiences of female workers reveal a wider perspective on health problems than other respondents. Those workers' perspective on health is based on their experiences as powerless low status factory workers and their knowledge of health. They identify productive and mental health problems as their main health problems. They do not recognize any reproductive health problems, most probably because the group of female workers I interviewed consisted of unmarried girls. They identify environmental factors, such as polluted workplaces (dust and heat), unsanitary and overcrowded boarding houses, and their own behaviour resulting from low-paid factory jobs, such as overtime work, avoiding lunch breaks and eating food of low nutritional value, as one set of causes of their physical health problems. Further, they identify the types of work (repetitive, monotonous) and gender relations at the workplace and in the local society as another set of reasons for worsening physical health problems and causes of mental health problems. Female workers perceive their bodies as unhealthy and unattractive due to physical fatigue and mental problems such as stress, anxiety, social dysfunction, and depression. Further, they experience that their daily life is severely affected by these health problems.

The most important outcome of the female workers' responses regarding their health is that they clearly identify the social, economic and political constraints to cure, prevent and promote their health problems. They recognize the unavailability of public health care, inefficiency of available health care, lack of supportive environment, and lack of money to utilize preferred private health care as the main constraints to achieve better health and cure their existing health problems. Female workers have a holistic perspective on their health status, based on life experiences. They identify multiple determinants of health and the social, cultural, political and economic environments that shape their health and well-being.

The response from the factory manager demonstrates that he has neither a holistic understanding nor a sympathetic attitude towards workers' health problems. Considering his position at the EPZ and in society, the employers' representative will not admit to their failures and ignorance as the reason for workers' health problems. The manager insists that individual behaviours are the cause of health problems such as headaches and injuries. His perspective on female workers' health is grounded on the risk factor oriented disease model, and blames the victims' behaviour for their health problems. He tries to convince others that it is the employee's carelessness and their unhealthy behaviour that causes occupational health problems, and the employers overlook factors such as repetitive work, overwork and fatigue, and lack of time, information and facilities.

The doctor in-charge at the EPZ health centre identified provision of a curative service as the health centre's main purpose. According to the doctor, the workers are lucky to have the service free of charge. Since the health centre holds the power to provide medical certificates for workers, the workers contact the centre regardless of their opinions on the efficiency and effectivity of the service provided. Based on the bio-medical approach, treating acute health problems is their main purpose. Even though in the bio-medical model the patient's body (blood and urine) is properly examined to identify the cause of the health problem, it is evident that workers do not undergo proper medical examination. Usually, patients' health problems are not properly heard and/or patients are not examined before medicines are prescribed. My participant observations

revealed that doctors spend very little time per patient, varying from half a minute to one-and-a-half minutes. During the interview with the doctor, I had the impression that the health personnel are not knowledgeable on ergonomics, occupational safety and health. They regard the aches and pains as acute health problems and treat the workers with painkillers (*Panadol*), without advising on how to organize healthier working positions to avoid health problems. Just as the employers' representative, the medical doctor at EPZ health centre was more concerned with describing the services they provide for the workers rather than describing health problems of the workers.

Among the private medical practitioners (PMPs) located in the area, some have a holistic perspective of the health problems of female workers. However, most of them do not locate their medical practices around the EPZ area in order to treat workers' health problems, but instead simply try to maximize their profits by treating the pool of unhealthy factory workers who are dissatisfied with the treatment they receive from the factory clinic and the EPZ health centre.

Private medical practitioners spend considerable time with the patients, listening to their health problems and trying to identify the causes. Further, they often advise the workers on the importance of nutritional diets, hygiene practices and the impacts of overworking. The PMPs are the alternative therapeutic method for those EPZ workers who can afford the extra cost. Workers prefer PMPs since they listen to workers' health experiences and advise them. It is obvious that the girls need someone to listen to their experiences of unhealthy bodies and to receive some advice and sympathetic comments rather than to receive medical treatment. My observations demonstrate that the PMPs understand the workers' need for a sympathetic ear and take time with the patients to examine, advise and treat them with different kinds of medicine, all for only 100 rupees (100 Rs = 1 US$). After the consultation, the workers feel it is worthwhile spending 100 rupees for a PMP, rather than going to the EPZ health centre where they have to buy some medicine even though the consultation is free.

Owing to his position in the Department, it was possible for the government officer to criticize the country's laws and propose recommendations regarding health and safety in industries. The formation of the taskforce symbolizes the government's

recognition of and commitment to safety and health of the workers. The taskforce, which looks into the health, safety and welfare of the female workers in the EPZs, has been set up by the Ministry of Labour with assistance from some concerned agencies. Further, the officer pointed out that if occupational safety and health was to be achieved the government needs to amend some of the country's labour laws, to address new types of factory work and to address health risks. A few months after my interview with the government officer in 2002, the government did amend the 1942 Factory Ordinance. According to one newspaper article: 'this was in keeping with the policy of the government of *Ranil Wickramasinghe* to do away with archaic laws' (*Daily News*, 2002). The law has increased the number of overtime hours for female workers from 100 hours per year to 720 hours per year. However, I find the government's strategies paradoxical. The new law allows the EPZ employees to work longer working hours, and as a positive aspect the government points out the benefits of increased income for the workers. However, it has neglected certain issues, such as the social and health implications for women working more than eight hours, as well as the factors of fatigue, accident risk and reduced productivity. Regardless of the evidence of employees being exploited and the safety and health rules being neglected, the government has amended the law to accommodate employers in EPZs (multinational enterprises) in order to increase the country's competitiveness in the global market. The paradox is that one strategy, the taskforce, aims at improving the health and safety of female workers, while the other strategy, the amendment of the factory ordinance, reduces the health and safety conditions at the workplace.

The NGOs have a pessimist view of other institutions' actions for EPZ workers' health. Most of the critics are not without strong evidence, since the NGOs are supportive of interests and experiences of female workers. Further, NGOs are regarded as the enemies of EPZ employers, health personnel and the government, since they work independently of those institutions. There are four non-governmental organizations working for the interests of EPZ workers in the Katunayake area. However, none of them explicitly work for health promotion for employees. Among the health promotion activities, one-day clinics, seminars and distribution of health handbooks are the most

important. Regardless of the efforts of NGOs, it is evident that very few workers are interested in NGO activities. Lack of time, lack of information and lack of faith in NGO activities are reasons for not participating in them. However, those female workers who do participate in NGO activities identify self-esteem, and increased knowledge on health promotion and legal rights through their NGO activities as positive aspects. Further, the NGO participation reduces their work pressure and eases the mental depression caused by loneliness, overcrowding in the boarding houses, and the need for recognition, family ties and protection. NGO workers are good listeners when it comes to workers' problems, including workplace problems, family problems and harassment.

The formal activities of the NGOs for female workers' health are based on bio-medical and risk factor approaches to health. They provide occasional curative care services and information on risk factors for health problems, such as sexually transmitted diseases, dengue fever and other infectious diseases. The health handbook provides much information on curative, preventive and promotional methods, but the effectiveness of the information is based on the workers' interest in reading the handbook. The informal work of NGO workers, such as listening to workers' health and personal problems, giving advice on better treatment options and caring for workers as family members, mostly provides the supportive environment that the girls received from their families and which is lacking from the employers and health personnel.

Concluding remarks

Diverse institutional perspectives on female workers' health are evident from the research. Different voices have emerged from the different standpoints of each actor from different institutions regarding their knowledge on health and their status within the export-processing zone and Sri Lankan society. Feminist standpoint theory provides necessary methodological approach to gain a broad view of female workers' health in export-processing zones in Sri Lanka. The qualitative methods such as in-depth interviews and observations provided the insight information on respondents' perspectives, knowledge and attitudes regarding female workers' health. Further, through

the critical reflective analysis of researcher's role in approaching, encountering and negotiating for information, I was able to gain valid information from each respondent. The information demonstrates the existence of multiple perspectives and realities on female workers' health and it explores the different perspectives existing among the institutions as one determinant factor of workers' health. Through qualitative methodology, it was possible to gain such insight information from each respondent which would not have been possible from a quantitative approach. Finally, the findings of this qualitative research conclude that lack of a holistic approach to women's health problems results in worsened health status of female workers in export-processing zones in Sri Lanka. A holistic approach to health recognizes the importance of including the roles of different institutions and their opinions, strategies and perspectives, not only to meet the curative needs of female workers but also to meet the preventive and promotional needs. It needs to match the health perspectives of different institutions as well as actors in order to realize the health and well-being of female workers. As long as the mismatch among the institutions and actors exists, it is impossible to meet the health needs of female workers which would enable them to live as healthy, attractive and respectable women in Sri Lankan society.

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Article 5: Promoting health through empowering women: female workers in export-processing zones in Sri Lanka

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Chapter 8

TOWARDS A BETTER FUTURE

Introduction

In this concluding chapter of the thesis, I present a summary of the findings relating to the research objectives and provide suggestions for attaining a secure future and well-being for female export-processing workers in Sri Lanka.

The thesis has examined female export-processing workers' lives and has explored their experiences and perspectives relating to health. Figure 2.1 shows the conceptual framework of the research. The framework illustrates the links between global, national and local processes and institutions, and how these processes and the institutional strategies are influential in changing and shaping young women's lives through their jobs at export-processing industries in Sri Lanka. Using globalization as my umbrella theory, I argue that the recent trend in globalization is characterized by both enabling and coping strategies since global processes provide people with opportunities while at the same time people also experience marginalization and exploitation. Figure 3.1 shows the theories and concepts, which this study has adopted, the links between the concepts and how I operationalize them. The five articles presented in the second part of the thesis have analysed female EPZ workers' experiences of health using the concepts of women's health, women's work, self-identities, sense of place, gender and gender roles and empowerment. Further, the roles of institutions at local level are also analysed,

such as employers of export-processing zones, non-governmental organizations, health care providers (public and private), and landlords as well as the institutional perspectives on EPZ workers' health.

Responses to research objectives

This section attempts to relate the main findings of the study to the main research objectives and research questions. Although the articles presented each contain their own conclusions, it is relevant to highlight the research objectives once again in order to ensure that this study has at least made an effort to address what it set out to achieve. The primary objective of this research is to provide an extensive view of female export-processing workers' experiences of health using feminist methodology. This has been achieved through four sub-objectives.

The first objective is to contribute a study using feminist research approaches to the discipline of health geography. Research in health geography currently focuses on how 'place' matters in shaping people's health status. In this research, the women's narratives reveal that female factory workers perceive Katunayake export-processing zone area as an 'unhealthy place' due to their lived experiences of different types of health problems which are caused by different factors relating to the place. Katunayake export-processing zone area is a place where global, national and local forces interact. Global institutions such as multinational enterprises provide employment opportunities at EPZ factories, and the United Nations and the International Labour Organization have formulated rules and regulations (Universal Human Rights and International Labour Standards) to maintain global standards with respect to EPZ workers. The Sri Lankan government has also established rules for investors in EPZs (multinational enterprises) and adopts different strategies for developing the country through export-oriented industrialization. Further, at the local level, society, boarding houses, factories, health care services, and non-governmental organizations play different roles that affect female workers' health status. Female workers make choices and take actions for coping with health problems and promoting their health within this glocal context. By using

qualitative methods, such as in-depth interviews with female workers and key informants and also participant and non-participant observations at different institutions, I have been able to identify the factors at the glocal place that directly or indirectly influence female workers' health status.

Women's narratives provide evidence for five types of health problems that the women suffer from. The most frequent health problems are *physical health problems*, such as headaches, eye irritation, colds and cough, aches and pains in the back, neck, chest, shoulders, and work related accidents. These health problems are caused by the work women do at factories and by the factory environments which are characterized by excessive work loads and lack of proper safety and health instruments, work pressure, and lack of opportunities for workers to rest. The narratives reveal that the women also suffer from *mental health problems* due to harassment at their workplace and in local society, as well as due to fear of losing their jobs. Further, the women are very concerned about their *weight loss*, but this situation is not helped by their general lack of interest in proper dietary habits. Qualitative methods and gender approach enable the identification of the place-based and cultural factors, in this case the high cost of food, lack of time to prepare and eat and also the women's gendered upbringing, which contribute to malnutrition and weight loss. Further, women are at high risk of *infectious diseases* due to overcrowding at the factories and also in their boarding houses, which have poor facilities. There is also evidence that some women are at risk of *sexually transmitted diseases and infertility* as a result of engaging in pre-marital relationships and having illegal abortions.

In addition to the above-mentioned health problems, qualitative methods have provided information on female EPZ workers' lived experiences in places such as the home, their home villages and Katunayake EPZ area, how they cope with their health problems, and their perceptions and knowledge of the causes of health problems. Further, by including gender in the analysis it has been possible to identify how women's gender roles have changed due to their participation in EPZ factory work, and subsequently how the new gender roles affect women's empowerment, self-identities and health. The fifth article exclusively explores how gender roles, gender expectations and traditions in Sri

Lankan society constrain the women's empowerment process and subsequently prevent them from attaining better health status.

In this sense, this thesis has contributed research using feminist methodologies (qualitative methods and gender approach) in the discipline of health geography. The findings suggest that adopting a holistic approach is necessary in health geographic research in order to obtain the complete picture of health of individuals at a particular place. In the case of female workers' health problems, the EPZ workers suffered from reproductive, productive (occupational), and mental as well as infectious diseases, and therefore it is relevant to consider their socio-cultural, economic, political and even legal environments to identify the determinant factors of their health.

The second objective of this research is to identify the diversity among female export-processing workers. Sri Lankan society has stereotyped images of female EPZ workers. The media contributes to creating the image of women as immoral and the victims of sexual harassment, while most of the academic literature identifies female EPZ workers as poor, hard working and a disempowered group who suffer from different kinds of illnesses. Most studies have been conducted in quantitative manner and identify the health problems of EPZ workers by quantifying the number of female EPZ workers suffering from different kinds of illnesses. Qualitative methods have enabled the identification of differences between female EPZ workers in their experiences relating to health. A pre-structured questionnaire would not reveal the information gained through in-depth interviews (individual and group), such as different experiences, perspectives and opinions on existing socio-economic and cultural institutions and their practices. Further, observations provided valuable information for interpreting the information gained through interviews. The findings of this research show that female export-processing workers in Sri Lanka are not a homogeneous group.

Although all of the women who participated in this research were suffering from one or more of the above-mentioned health problems, there were differences in their experiences, perspectives and coping strategies. There is evidence that women who have fewer responsibilities for their families, who have increased status within families and those who participate in organizational activities have a positive sense of place (including

home, workplace and EPZ area) and have positive self-identities and hence have managed to improve their health through making choices and taking actions at different places. They have achieved both practical and strategic gender needs for promoting health status through acting as empowered women.

Women's choices and actions at different places (Appendix 6) demonstrate the levels of empowerment or disempowerment they have achieved through participating in productive work at Katunayake export-processing zone. The group of women who participated in organizational activities demonstrated a greater level of achievement relating to health compared to the non-participants, who demonstrate disempowerment in their choices and actions. Non-participants coped with their health problems by simply ignoring the problems. They accepted illness as the way of life of EPZ workers and hoped to attain a 'better life' without health problems and harassment when they had finally saved enough money for their dowries and were able to marry a good man.

The third objective is to identify the practical and strategic gender needs for promoting the health of female export-processing workers. The results of the study highlight a number of practical as well as strategic gender needs. The women themselves identified several practical needs for promoting their health, such as safety and health instruments at their workplaces, instructions on how and why to use the instruments, proper medical and health care facilities at both factory clinics and at zone medical centre, including not only free consultation but also free medicine from the zone medical centre, nutritional food from factories, allowing sick leave, and avoiding compulsory overtime work.

In addition to women's own concerns, their stories have revealed several other practical gender needs for promoting female EPZ workers' health. Female export-processing workers need health care services that address all types of health problems; not only acute health problems such as accidents at the workplace and fever and common colds, but also chronic problems (such as asthma), which are usually inappropriately treated as acute conditions of cough and fever. The availability of female medical practitioners at the zone medical centres and in the private medical practices is necessary, since young women do not want to talk to male doctors about their gynaecological

problems. Further, in addition to improving workers' well-being, regular medical examinations are necessary for maintaining an efficient workforce. In order to address workers' physical health problems, workers need information on work postures that will immediately reduce their pain rather than medication. In order to do so, medical practitioners (at the zone medical centres, which are the authorized health care providers for EPZ workers) must have knowledge of ergonomics relating to health. They should be able to identify the factories that have higher prevalence of particular health problems by recording the workers' health problems under each factory. The zone medical centres should be more concerned about addressing workers' health problems rather than becoming profit maximizing institutions.

Further, establishment of a counselling service with female counsellors would reduce workers' mental health burdens, since some NGO participants have acknowledged the role of NGO personnel in listening and advising on social problems at the workplace and in local society. It is commendable that the task force has been able to provide protection for workers by establishing a mobile police service and a wider transport service, even though none of my interviewees were able to recognize this as a significant change.

The women were unable to recognize any strategic gender need for promoting their health. However, their narratives revealed a number of strategic gender needs that should be addressed in order to promote their health and well-being. First, it is necessary to change the traditional perspectives of women's health problems held by the health care personnel as well as by the women. Health personnel must recognize all types of health problems, including work-related physical health problems and mental health problems, which are usually disregarded in medical treatments. Caring for and treating such health problems are necessary in order to attain a healthier life as well as well-being. Women must therefore also able to prioritize their health in order to achieve a positive health outcome and well-being.

There is evidence that even though there is legal protection for violence against women, EPZ women are exposed to various forms of harassment and human rights violations at their workplace and in local society. These women cannot attain positive

health status and well-being unless they achieve their rights as workers, women as well as human beings. In order to do so, it is necessary to change the attitudes of local communities and Sri Lankan society as a whole regarding EPZ women, which will subsequently lead to the recognition of factory workers as not only contributors to the nation's economy but also as women with greater ambitions an dreams. Accepting the changing gender roles and lifestyles of these women is significant if they are to be treated as important and as worthy of respect.

The forth objective is to identify the roles of the institutions responsible for female EPZ workers' health. Article 4 has concluded that how different institutional perspectives and understandings on female EPZ workers' health have resulted in lack of support for promoting health. (Roles of different institutions in empowerment and building capabilities of female EPZ workers will be discussed in detail in the following section).

Empowerment and building capabilities for finding women's future place

According to Nussbaum's capabilities approach, human development is achieved when all individuals are able to live to their full capabilities. Empowerment of individuals and communities is meaningless unless people can achieve certain minimum goals using their capabilities. It is the responsibility of governments and other institutions to provide people with the necessary functioning capabilities. The goals of female workers, their capabilities and their achievements, as identified from the research, are summarized in Figure 8.1.

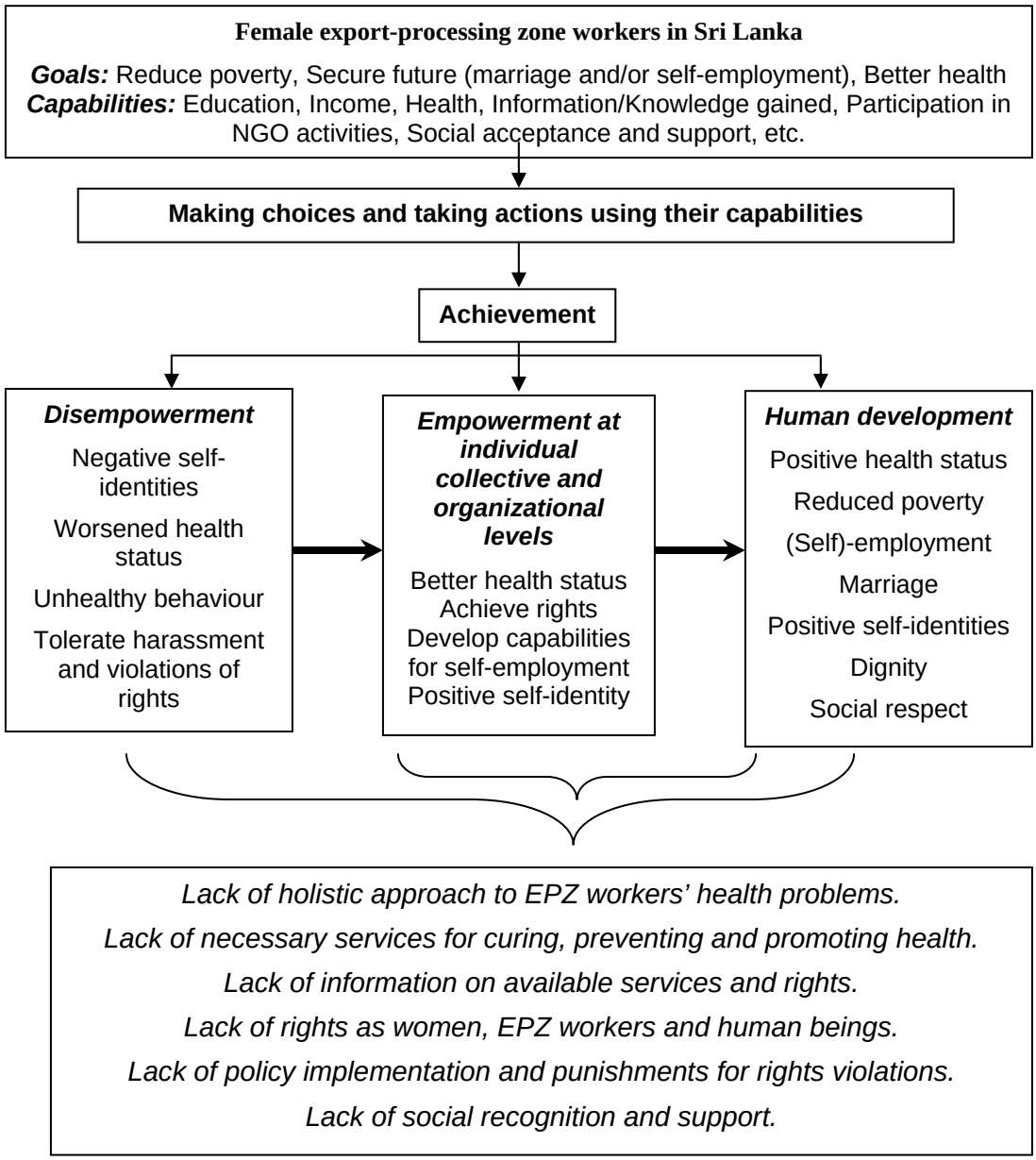

Figure 8.1: Evaluation of female workers' capabilities, empowerment and achievements.

I used female EPZ workers' own goals as the basis for establishing standards for achieving human development and well-being, namely a healthy life (not only absence of illness but also experience of positive health status, which in turn enable them to realize their aspirations in life), marriage at an appropriate age, and helping their poor families out of poverty. Prior to starting factory work, the women had set these goals for

themselves, which they hoped to achieve through their EPZ jobs, which in turn they believed would fulfil their lives as women in Sri Lankan society.

There is evidence that prior to their migration, the women had many capabilities (in terms of education, knowledge, positive health status, and social acceptance), and they aimed to achieve their goals with the help of newly gained capabilities in the form of income and social freedom. The findings reveal that most of the women (particularly the non-participants) had not achieved any of their goals (except for the woman who had chosen to marry a farmer).

The women's actions at different places (Appendix 6) demonstrate the achieved empowerment or disempowerment. Actions such as economic responsibility for families, maintaining traditional gender norms and values, hiding personal experiences of harassment, accepting low quality facilities at boarding houses, working longer hours and not using better health care services, all demonstrate elements of individual disempowerment (such as unwillingness to change and lack of knowledge of workers' rights and other human rights as well as available health care services). Actions such as marginalizing their needy friends, tolerating social stigmatization, prioritizing individual interests, and ignoring collective problems and lack of leadership demonstrate the women's collective disempowerment. Further, their lack of interest in or time to participate in organizational activities demonstrates disempowerment at an organizational level. As a consequence, the women have not been able to attain any achievement. These women are still at the first stage of the human development process.

By contrast, a few of the women's actions, particularly those of NGO participants, do demonstrate empowerment. For example, taking advantage of available health care when necessary, consuming healthier food, adopting preventive measures, purchasing health-promoting items, and exercising their rights at the workplace demonstrate improved levels of knowledge and individual empowerment. Actions such as participating in collective and organizational activities, informing friends and colleagues about workers' rights and health promotional activities, and mobilizing friends against abusive private medical practitioners demonstrate collective empowerment. Other actions demonstrate their organizational empowerment, such as

participating in arranging seminars on health promotion and participating in activities to pressure legal, political and economic organizations in order to achieve the practical and strategic means necessary for health promotion. As a result, the women have been able to attain their rights and subsequently experienced better health status and a positive self-image. This group of empowered women have reached the second stage of attaining health and well-being.

Unfortunately, there is evidence that female EPZ workers have lost some of the important functioning capabilities that they had prior to their engagement in factory work, and which are vital for living a decent, healthy and meaningful life. All of the women had experienced worsened health status. In addition, they were subjected to verbal, physical and sexual harassment by local men and by their employers. Furthermore, they were humiliated as being immoral women. As a result they lacked positive self-identities. The evidence reveals that individual empowerment is hardly sufficient to enable women to live to their full potential. Even though the empowered women had more control over their situation at their workplace in terms of gaining rights as workers, they were not satisfied with the treatment they received from other members of society. They greatly missed the social acceptance they had experienced as village women. Consequently, they would rather engage in self-employment in the hope of being respected and so that they could live with dignity and have better image.

The women's stories provide evidence that female EPZ workers in Sri Lanka are not able to experience some of the basic human functioning capabilities described by Nussbaum (2000). There is a gap (capability space) between what the women have achieved with their capabilities and what they should have achieved. It is evidence for failure of institutions in providing necessary functional capabilities that are necessary for living as empowered and women with dignity and respect in the Sri Lankan society.

It was evident that female education, economic independence and autonomy in decision making are not sufficient for achieving better health through empowerment (Article 5). These factors determine the women's psychological power and lead to improved individual empowerment, but individual empowerment is not sufficient to achieve the practical and strategic needs for promoting health unless women are given

the freedom to choose. If relevant information, instruments, services, and social support are not made available then it is impossible for them to take the necessary actions for cure, prevention and promotion, regardless of whether they have raised awareness and are educated in matters of health problems, rights (as workers, women and humans), and practical and strategic gender needs for promoting health. The socio-cultural, economic, political, and legal institutions at local, national and global level that relate to export-processing zones in Sri Lanka play a decisive role in the process of empowerment and building capabilities of female workers in achieving practical and strategic gender needs for promoting health (Appendix 7). Research findings reveal that many institutions constrain workers' freedom to act and choose, resulting in disempowerment in health-promotional activities. Even within the empowering strategies of institutions, several limitations can be identified. Firstly, regardless of the increasing call for women's empowerment in health and development, no commitment has been made by either the government, the EPZ employers, or the NGOs to initiate a project for promoting the health of export-processing workers in the country. Secondly, many strategies taken by the government, EPZ employers and the legal system address only the practical health needs of the women workers. Thirdly, health care services provided for EPZ workers focus only on curative aspects and neglect the preventive and promotional aspects of health. Fourthly, health-related strategies concern the acute and productive/occupational health problems and neglect the women's reproductive and mental health problems.

Further, the women feel out of place in both the urban EPZ area and rural areas due to society's lack of respect for female EPZ workers and EPZ jobs. The evidence reveals that EPZ jobs are not the women's primary job preference. The reasons for young rural women choosing such jobs are identified as lack of job opportunities in their home villages, family poverty due to the illness or death of parents, being the eldest in a family with many younger siblings, and/or saving for their own future. EPZ jobs are regarded as a temporary situation, which allows them to help their poor families and save money to secure their future and therefore the women do not make choices and actions that would lead to improvement in their health and well-being. They would rather sacrifice a few years of their young and healthy lives and tolerate various forms of harassment in order

to achieve a better future that would enable them to live either as traditional dependent housewives or as married but economically independent (self-employed) women.

As far as I understood from the women's stories, if EPZ factory jobs and female workers were to gain positive images and if they were not harassed as a consequence of their place of origin and the type of work they do, they would not be so reluctant to accept EPZ jobs and they would be pleased to find their future place in the EPZ area.

Some recommendations for empowering and building the capabilities of female EPZ workers

Several institutions at local and national levels can be identified as responsible for the current differences among the female export-processing workers in terms of empowerment and capability. Here, I offer some suggestions as to how each institution could contribute to improving the capabilities and empowerment of female EPZ workers and assist them to live their lives to their full potential.

The media has had a major role in building positive images of female factory workers by presenting them as having real lives and thereby ensuring their social acceptance. Female workers should be represented as courageous and independent daughters, as efficient workers and modernized but also as culturally respectable girls. They should be represented as women who have goals to attain and dreams to fulfil through their jobs, just like women from other social groups, but not as women of immoral behaviour.

Changing society's images of women workers is necessary but will take longer time to achieve. Also, the government and the employers of EPZs/multinational enterprises must provide several necessary functionings for improving female workers' capabilities. For example, increased wage levels, provision of better quality services in the form of health care and accommodation, and eliminating harassment at the workplace would not only improve female workers' current socio-economic and health status but also attract women from other social groups into the EPZ sector. Subsequently, negative images of EPZ jobs would diminish. Further, women must have choices when they are

employed in EPZ jobs, particularly with respect to marriage and having children. Currently, women lose their jobs when they become pregnant, and they do not have a choice regarding marriage or employment but are forced to prioritize. In order to enable women to make choices that are significant to their lives, it is necessary to allow them to take advantage of legal entitlements, such as maternity leave and sick leave. Further, considering the insecure status of jobs at EPZs, duplicates of documents regarding women's employment should be archived in a separate place, i.e. not only with the employers. This, would ensure that women could claim their social security entitlements, when factory owners have migrated out of the country without prior notification, as increasingly happens in Sri Lanka.

Local non-governmental organizations also have a significant role to play in the capability-building of female factory workers. At present, NGOs engage in raising awareness and educating female workers on their rights as workers and women, as well as human beings. The availability of female NGO personnel is a positive factor in this respect, since workers could approach them with their personal problems as well as those relating to their workplaces in order to obtain legal advice and guidance. However, lack of participation on the part of workers remains a significant problem. At present, most women prefer to stay in their accommodation after work. Most women do not want to attend any place unless it is for personal gain. Consequently, only a few have been able to benefit from NGO activities, have enhanced their capabilities for acting as empowered women, and subsequently have achieved positive health and well-being. More women would be attracted to NGOs if the NGOs had better facilities, i.e. bigger locales and broader entertainment and educational opportunities. Most importantly, NGOs could offer different forms of training that provide the skills needed for starting self-employment for those wishing to do so. Other women could also gain knowledge of their rights as EPZ workers, women and human beings and participate in various organizational activities that would enhance their capabilities and enable them to act as empowered at their workplaces, in local society and in their households.

Concluding remarks

This study has analysed the health of women in a glocal place and has identified both negative and positive aspects of women's engagement in global production processes as factory workers in export-processing zones. There is evidence that globalization is an era of both enabling and coping strategies. As Pearson (1992) and Pearson and Elson (1997) identified, female EPZ workers have experienced marginalization and exploitation at EPZ factories and are subjected to various forms of human rights violations. Thus, they are constantly searching for strategies for coping and surviving within the glocal place. On the other hand, as Lim (1990; 1997) recognized, exploitation mainly occurs as a result of global competitiveness, and harassment is inflicted by local people, not by multinationals. Regardless of their experiences of negative health status and social stigmatization, some female workers have been able to increase their capabilities and act as empowered women, and have not only achieved better health status but have also gained positive self-identities and opportunities. The experiences of such empowered women indicate that female factory workers do not necessarily disempowered or lack capabilities. The point is that each institution responsible, and also the women themselves, should take the initiative to enhance women's capabilities and to empower them. Institutions should either offer alternative ways of living outside the factory jobs at export-processing zones or encourage the women to continue to work at the factories by providing the necessary support. The women deserve social and institutional support that will enable them to live healthier and respectable lives, to their full capacity and with due regard for the sacrifices they make for their families and for the nation.

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Appendix 1

Overview of fieldwork periods and various activities

Time period	**General Activity**	**Type of informants/information**
January 2002- Mai 2002	Individual in-depth interviews	Collecting life histories from 22 female workers
	Group interviews	3 group interviews. With a group of six women on different topics
	Participant observation	Visiting local service providers (medical clinics, groceries, clothe and jewelry shops) and move around the local area pretend to be an EPZ worker. Participate in social activities: trips
	Observation	Visiting boarding houses, non-governmental organizations, zone medical center and a factory at KEPZ
	Interviews with key informants	2 Representatives of EPZ employers, health care personnel (private, public), Government representative, Non-governmental organization. Factory manager and a personal manager, police officer, landlords
	Collecting secondary data	Literature, documents and statistics
15 June 2004-15 August 2004	Revisit	Revising The Women's Center and participants
	Individual in-depth interviews	Collecting 3 life histories
	Group interviews	2 group interviews. Each with five women
	Collecting secondary data	Literature, documents and statistics

Appendix 2

Interview guides for female workers

Group interview 1

Purpose: To understand changing in gender roles and practices

Life before enter into EPZ work

Socio-economic backgrounds: age, family economy, education, family size, home village

Status in the family: Household work, Relationship with the family members, Decision making powers

Status in the village: community/productive work, social relations

Decision to work at EPZ:

- How did get to know about the job?
- What are the reasons to work at EPZ?
- Who decided finally?
- What image they had about the work at EPZ?

Life after enter into EPZ work

Relationships with family members, villagers, boy friend

Whether relationships have changed and why

Boarding house: Environment, Relationship with landlords, Friends

Living environment: social relations, networks,

Work place: Environment, Type of work, social relationships

Impacts of work: Economic, social, cultural

Group interview 2

Purpose of the interview: To understand health status and experiences of harassments

How do you describe EPZ women's health status?

What is good health and bad health?

What kinds of health problems you have?

Health status: Has it been changed? How: better or worse

What are the reasons: Work related, Living environment/boarding house, Family related /migration, Society related

Group interview 3

Purpose of the interview: To identify women's actions and empowerment relate to health

Actions and strategies relate to health

Curative strategies: For non-critical illnesses, for critical illnesses

Preventive or promotional strategies

Individual level, Collective level, Organisational level

At different places: work place, home, boarding house, home, NGOs

Any individual, collective actions that worsen health

Constraints and supporters for improving health: roles of family, friends, media, NGOs, employers, medical practitioners, government

Knowledge of health related information

Participants of group interviews 1, 2 and 3

Research participant	Age	Home village (District)	Education level	Type of factory	Length of employ-ment	Nature of participation NGO activities
2	33	Kandy	9th grade	Printing	12 y	None participant
3	26	Kurunagala	11th grade passed	Garment	8 y	Visit NGO
4	27	Kurunagala	11th grade	Garment	5 y	None participant
5	23	Matara	11th grade	Garment	5 y	Active participant
6	25	Matara	13th grade	Garment	6 y	Active participant
8	27	Badulla	11th grade	Garment	8 y	None participant

Group interview 4 and 5

Purpose of the interview: Identify women's sense of places and self-identities

Home and home-village how you describe them?

What were your roles?

Why did you move?

What kind of relationship you had with your family and villagers?

What kind of perspective did you had about EPZ, job and EPZ women before your migration?

What are your experiences in the city?

- Opinions of the society
- About your position/status in the society
- Reality of the city life/EPZ life is different from your image about it
- What kind of attitude the society has on EPZ workers generally
- Any individual experiences good or bad
- Medial representation of EPZ women TV, radio, news papers

Do you participate in NGO activities? Why? Why not, Activities, Opinions

Participants of group interview 4

Research participant	Age	Home village (District)	Education level (years)	Type of factory	Length of employ-ment	Nature of participation NGO activities
3	26	Kurunegale	11th grade passed	Garment	6 y	Visit NGO
9	29	Kandy	11th grade passed	Garment	6 y	Active participant
18	27	Matara	13th grade	Garment	7 y	Active participant
23	20	Kurunagala	11th grade	Shoe	2y	Active participant
25	28	Kurunagala	1 year university	Garment	2 y	Active participant

Participants of group interview 5

Research participant	Age	Home village (District)	Education level (years)	Type of factory	Length of employ-ment	Nature of participation NGO activities
1	30	Kandy	11th grade passed	Garment	9 y	Active Participant
2	33	Kandy	9th grade	Printing	12 y	None participant
11	36	Kurunagala	8th grade	Garment	8 y	None participant
22	17	Matale	8th grade	Garment	6 months	None participant
24	18	Anuradhapura	11th grade	Garment	7 months	Active participant

Appendix 3

Interview guide for key informants

Purpose: To identify different perspectives of EPZ workers' health.

Target groups: Employers
Health personnel: private and public
Non-governmental organisation
Government representatives
Landlords

Opinions and perspectives of health status of EPZ workers

Who should be concerned of health problems of EPZ workers: the government, employers, NGOs, private health personnel, landlords?

Recommendations for betterment of their health status

What kind of health care service do you supply for EPZ workers?

- Curative
- Preventative
- Promotional

Do you supply any health facility especially for the female workers?

Do you think they get any advantage and/or support from your facility?

How could other institutions help for the female workers in promoting health?

Appendix 4

Questionnaire for patients at Katunayake zone medical centre

General information

1. Name:
2. Age:
3. Education level.
4. Factory:
5. Length of occupation at KEPZ:
6. Village:

Information on current visit to the medical center

1. What type of illness you have?
    - Fever
    - Cold
    - Cough
    - Stomach pain
    - Headache
    - Urinary problem
    - Gastritis
    - Accident
    - Other

2. Which health care service did you use as the first treatment for current illness?
    - Factory clinic
    - Zone medical centre
    - Private medical clinic at KEPZ area
    - Public hospital at Negombo/ Ragama
    - Aurvedic clinic
    - Self treatment
    - Other

3. Why did you contact zone medical centre?
    - Recommended by the factory clinic
    - Free of charge
    - Easy to come at working hours when become ill at the factory
    - Easier to get sick leave when contacted zone medical centre
    - Good medicine

4. How many times have you been ill for the last year?

5. Did you contact zone medical center for previous illnesses?
    - Yes
    - No

6. If yes for what kind of illnesses?

7. If no why?

8. Do you satisfy with the treatment you have received from the zone medical centre?
    - Very satisfied
    - Satisfied
    - Not satisfied
    - Do not know

9. Would you like to contact other health care service for this illness?
    - Yes
    - No

10. If yes why?

11. What kind of health care service would you prefer?
    - Private medical clinic at EPZ area
    - Public hospital at Negombo/ Ragama
    - Aurvedic clinic
    - Private medical hospital at Colombo
    - Other

Health behaviors

12. Do you contact health care service as soon as you get ill?
    - Yes
    - No

13. If not why

14. Did you take sick leave in order to rest when you were sick?
    - Yes
    - No

15. How many sick-leaves did you take?
    - Last year
    - This year

Appendix 5

List of institutions and places visited

Board of Investment of Sri Lanka. Head quarters. Colombo.

Board of Investment at Katunayake Export-Processing Zone.

Center for Women's Research (CENWOR), Colombo.

Department of Census and Statistics, Colombo.

Department of Labour, Colombo

Department of Labour, Division for Occupational Health and Safety, Colombo.

Free Trade Zone Workers & General Services Employees Union, Head quarters, Borelle, Colombo.

Institute for Policy Studies, Colombo.

The Women's Centre, Katunayake Branch.

The Women's Centre, Ekala Branch.

New Medicare medical centre, Katunayake/zone medical centre.

Police Station, Seeduwa.

Social Scientists Association, Colombo.

Appendix 6

Female workers' actions in different places that demonstrate empowerment/disempowerment

Place	Individual level	
	Empowerment	***Disempowerment***
Family	Increased status and respect. Advise on health matters.	Sole economic responsibility. Maintain traditional gender values.
Community	Participate in collective activities. Educate friends.	Hide personal experiences of sexual harassment.
Boarding house	Clean the environment. Provide health promotional items for personal consumption.	Unable to influence landlords to improve facilities.
Local society	Socially and culturally acceptable behaviour.	Non-traditional behaviours that increase vulnerability to harassment.
Work place	Take sick leave & rest when needed. Maintain efficiency & good social relationships with fellow workers and managerial staff.	Work longer hours. Lack of knowledge on rights. Do not confront or take actions against violations of rights.
Health care service (HCS)	Use free curative and preventive help available to them. Use private medical practitioners when needed.	Lack of money to use preferred HCS. Lack of knowledge of available HCSs.
NGOs	Participation. Raise awareness on rights as workers women and on health promotion.	Lack of time & interest to participate. Poor knowledge on the power of collective actions.
Media	Publish articles, poems and stories in women's magazines.	Lack of interest in reading.

Appendix 6 continues

Place	Community level	
	Empowerment	***Disempowerment***
Family		
Community	Discuss common problems. Economic and social help.	Marginalize the needy friends.
Boarding house	Rules. Cleaning. Economic and social help.	Live collectively. Lack of privacy. Social problems.
Local society	Protect each other.	Tolerate stigmatization.
Work place	Achieve facilities: proper breaks, proper meals. Good social relationships with managerial staff.	Employer-employee conflicts. Lack of leadership.
Health care service (HCS)	Boycott expensive and harassing medical clinics.	No actions against the EPZ health centre, regardless of dissatisfaction.
NGOs	Encourage friends to participate.	Lack of trust in NGOs.
Media		

Place	Organizational level	
	Empowerment	***Disempowerment***
Family		
Community	Mobilizing friends to participate in NGO activities.	
Boarding house	Change the hostile attitudes of landlords towards NGOs.	Unable to get institutional support to improve facilities.
Local society		Unable to incorporate the local communities in NGO activities.
Work place	Strong workers' council. Provide legal help. Collaborate with NGOs.	Lack of trust in weak councils. Lack of trade unions.
HCS		
NGOs	Mobilize workers. Sign petitions. Collaboration with other NGOs.	Lack of participation. Unable to press the BOI, the government and employers.
Media	Draw media attention to workers' problems.	Unable to change society's stigmatized opinions.

Appendix 7

Summary of socio-cultural, economic, political and legal contexts that empower/disempower female EPZ workers in promoting health and achieving well-being

Institution	Empowering strategies	Disempowering strategies
Workers' community	Raise awareness on common issues.	Marginalize the victims of sexual harassment.
Family	Provide formal education. Informal education on healthy & appropriate behaviour. Increased status.	Family depends on daughters' income. Lack of recognition regarding economic contribution to family.
Home village	Respect & accept the working girls who help families as a part of social change.	Discourage women's participation in organizational activities. Disrespect women who change lifestyles and take independent decisions, which are regarded as characteristics of 'empowered woman'.
Local society	Accept EPZ women as part of society and provide services.	Attribute lower social status and subject to verbal, physical and sexual harassment.
Boarding house	Protect by imposing regulations on curfew time and male visitors.	Minimal facilities and protection.
Work place	Provide breakfast, lunch, tea and medical facilities.	Work & supervisor pressure. Harassment. Lack of rights, information and instruments regarding safety & health.
Health care services (HCSs)	Availability of 'free' HCSs for EPZ workers, and private health care services.	Lack of preventive and promotional services which concern all aspects of workers' health problems. Lack of female doctors.
Non-governmental organizations	Provide legal support, health promotional information & clinics, welfare, vocational training & recreational opportunities. Participate in nationwide actions.	Lack of projects directed towards health promotion. Unable to mobilize workers for common goals. Unable to interfere in EPZ matters due to lack of access, legal status and manpower.
Sri Lankan Government	Formation of the 'taskforce' to investigate health and welfare of EPZ workers.	Amend labour laws to increase the country's competitiveness in the global market, regardless of the health & welfare implications for workers. The BOI holds authority on EPZ matters which consequently disempowers the Department of Labour with regard to labour rights & health & safety conditions.

Appendix 7 continues		
Political party system		Political parties/politicians not concerned with EPZ workers' problems since workers' votes are scattered all over the country.
Board of Investment (BOI)	Rules and regulations on investors, employers and factory constructors that cover all aspects of workers' rights.	Lack of monitoring and law enforcement resulting in employers neglecting the law and violating workers' rights. Most regulations protect the interests of investors rather than those of the workers.
Legal system	Apply all the ILO and UN conventions regarding workers' rights and human rights.	Grants the BOI exemptions from several laws. Department of Labour is effectively removed from monitoring and enforcement of labour laws within EPZs.
Media	Women's newspapers to address EPZ workers' social, economic & health problems.	Highlights female workers' behaviours that are deviant from tradition and generalize to all EPZ workers. Blame the victims of rape or sexual harassment. Concern appears only during Women's Day and Labour Day.
Research and Educational institutions	Visualize EPZ workers' problems in research and make available for educational and planning purposes.	Research is descriptive and lacks an action-oriented framework. Unable to force the responsible authorities to implement projects that empower & promote health of EPZ workers.
Multinational enterprises (MNEs)		Neglect national laws. Relocate industries to maximize profit regardless of consequences for nations and employees.
International Organizations	WTO & ILO conventions on human and labour rights & regulations for MNEs on investment & employment.	