



IUF : UNITING FOOD, FARM & HOTEL WORKERS WORLDWIDE

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IUF COVID-19 DEMANDS : EQUALITY

The COVID-19 pandemic is creating a grave global health and economic crisis which affects every single one of us. The IUF wants to ensure that a gender approach to the COVID-19 crisis is adopted by employers, health authorities and governments. A gender responsive approach to the COVID-19 crisis is essential across the whole of society to ensure that gender inequalities are not reproduced, perpetuated or exacerbated in the context of this pandemic. This includes in workplaces, through healthcare provision and research, and in preventing violence towards women and girls.



Use the recently published IUF guide on a gender approach to occupational health and safety to bargain for and implement key changes to your workplace particularly in the context of this crisis.



EMPLOYERS

1. Respect and implement the right to a safe, healthy, infection-free and hazard-free workplace.
2. Negotiate with unions and implement a zero tolerance policy to stigmatization and harassment including sexual harassment in the world of work.
3. Consult women and men workers and their trade union representatives on and implement general preventive measures for the whole workforce and provide relevant health and safety information, instruction and training, including on COVID-19.
4. Ensure that women are always included in health and safety decision making bodies, including occupational health and safety committees.
5. If necessary provide women (and men) workers with appropriate personal protective equipment which is adapted to their body (for example gloves, respiratory equipment, safety glasses, overalls and protective suits).
6. Provide safe, separate, and clean toilets and washing facilities and access to clean and drinkable water; and provide workers with ample opportunity to use the facilities when they need them during the working day without fear of penalty or stigma.
7. Provide appropriate numbers of hand washing stations and make sanitizer available throughout the workplace.
8. Introduce additional protection measures for pregnant women workers and for menopausal women, particularly women experiencing painful symptoms.
9. Respect the right of all workers to make all necessary arrangements to care for their families during the crisis.

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GOVERNMENTS

1. Legislate for the right to paid sick leave and free access to health care which should be rights for all workers, regardless of the employment relationship, in both the formal and informal economies.
2. Protect wages and incomes, and set up a mortgage, rent and loan relief plan.
3. Regularise all undocumented migrant workers.
4. Provide emergency funds to help all workers who lose their employment on a temporary or permanent basis including all migrant workers. Women workers are vulnerable for all the reasons listed above and women migrant workers even more so and must be protected.
5. Establish urgent tripartite negotiations to set up emergency childcare provision and secure and safe transport solutions for women workers who have to continue working at plants, farms or plantations.
6. Establish urgent tripartite negotiations to provide additional shelters for women victims of domestic violence (including through the requisition of empty hotels) so they can escape as soon as possible from a dangerous and life threatening environment; and list domestic violence professionals and organisations as essential services providers.
7. Reinforce resources for reproductive health and not divert them for other purposes.
8. Ensure that more women are always included on decision making bodies in particular those relating to public health (including COVID-19) and occupational health and safety.
9. Carry out research into the impacts (including economic and social impacts) of COVID-19 and ensure that all such research is gender responsive and the findings are sex-disaggregated.
10. Ensure that medical research into the development of medicines and/or vaccines takes account of sex and gender differences to provide appropriate protection.

The impact of the crisis on women

So far, women and men are equally infected by the virus but there is a difference in mortality and vulnerability to the disease. Evidence shows that more men than women are dying. Nevertheless, women and men are impacted in different ways by the COVID-19 crisis. Women are at the frontline of this pandemic. Women form 70% of workers in the health and social care sector, and are the vast majority of the cashiers in supermarkets and canteens.

In the IUF sectors the impact of this crisis on women is significant. The agriculture and food-processing industries are under extreme pressure with the outbreak of COVID-19. The Hotel, Restaurant, Catering and Tourism (HRCT) sector has now entered into deep crisis.

- Women constitute up to 66.5% of the agricultural workforce in low income countries.
- Women predominate in the poultry industry and form a sizeable percentage of the workforce in the food processing industry.
- In the HRCT sector, women represent the majority of the housekeepers and café and restaurant workers.
- Women who are already over represented in precarious, casual and low paid work, will be the first ones to be impacted by the huge economic and social crisis.
- To date, hundreds of millions of children have been sent home from school. This has an impact on women as the main caregivers in families. This also means that some women will have to resign from work when there is no adequate social protection, limiting their economic independence.
- Women who keep working will have to supervise home schooling and remote education classes for their children while also dealing with their own professional responsibilities, ensuring food supplies and caring for elders. Men and women have to mentally and emotionally cope with the crisis.
- Global travel restrictions impact female migrant workers such as domestic workers.
- Domestic workers in affected countries have seen their workload increased without overtime pay. Others have been brutally dismissed with no compensation. Most of them are not protected by any social scheme.



Photo: Anna Mylander/Union to Union

Learning from recent experience of epidemics

One lesson learnt from the Ebola epidemic in Africa in 2014-16 was that, because of these gendered roles, in the Democratic Republic of Congo, two-thirds of the people infected were women. At the same time women were in general excluded from decision making bodies in charge of the epidemic. In the Ebola infected region, women had no say when resources allocated to reproductive health were diverted to the outbreak response. As a result the maternal mortality rate increased by 75%.

There is little prospect that things will change any time soon. For example, throughout the world 72% of government health executive heads are men. The newly constituted taskforce on COVID-19 in the US comprises 12 men, eleven of whom are Caucasian.

Quarantine and family isolation at home exposes more women to domestic violence and abuse either because they already have a violent partner or because partners may become violent as a result of the added stresses of financial penury. The risk of sexual violence, incest and teen pregnancies increases dramatically.

Join in the **campaign for the implementation and ratification by your government of ILO Convention 190** on the elimination of violence and harassment in the world of work.

