Understanding the Limitations of Employer Prevention Programs in Transnational Settings: A Case Study of Women Workers in Canadian-Owned Maquiladoras in Honduras

by
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B.Sc. (Hons.), University of Toronto, 2008

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Abstract

Due to the failure of current studies of ergonomics programs in transnational factories in Honduras to adequately address the issue of prevention, this study examines how the production process in Canadian-owned factories operating in Honduras mitigate against primary and secondary prevention measures. Using a feminist lens and drawing on grounded theory, this study is based on interviews with seven Honduran women workers suffering from work-related musculoskeletal disorders (WMSDs) and seven key informants knowledgeable about women’s health experiences in maquiladoras. The key themes discussed are: failure or inadequacy of primary prevention; production quotas as a physical and psychological workplace hazard; treatment from company management; injured workers remaining on the assembly line; and ways of facilitating immediate and systematic changes to reduce exposure to occupational hazards in the maquiladoras. The study found that ergonomic programs have failed to adequately address the risk factors and processes that lead to the development of WMSDs.

Keywords: Work-related musculoskeletal disorders; women’s health; Honduras; maquiladora; transnational setting; organization of work
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To the individuals that have constantly inspired me and forced me to continue asking the hard questions – Dr. Paul Hamel, Jimmy Nugent, Luis Granados Ceja, and Jin Glover – thank you for pushing me, hearing me out, and accompanying me throughout my work in Honduras and in my life. Two individuals that have been absolutely critical in both my research and work in Honduras, are Grahame Russell and Annie Bird of Rights Action US and Rights Action Canada. I have the deepest respect for their wisdom, knowledge, and endless commitment to social justice and human rights.

My family deserves to be acknowledged a million times over for everything they have done to push me and how they have supported me in becoming the person I am – my siblings, David, Holly, Mary and Craig and most importantly, my parents, John and
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<th>Acronym</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>CBI</td>
<td>Caribbean Basin Initiative</td>
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<tr>
<td>CODEMUH</td>
<td>Honduran Women’s Collective <em>(Colectiva de Mujeres Hondureñas)</em></td>
</tr>
<tr>
<td>ECNC</td>
<td>Ergonomic Center of North Carolina</td>
</tr>
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<td>EPZ</td>
<td>Export Processing Zone</td>
</tr>
<tr>
<td>FLA</td>
<td>Fair Labor Association</td>
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<tr>
<td>FTA</td>
<td>Free Trade Agreement</td>
</tr>
<tr>
<td>HMA</td>
<td>Honduran Maquiladora Association <em>(Asociación Hondureña de Maquiladoras)</em></td>
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<tr>
<td>IDB</td>
<td>Inter-American Development Bank</td>
</tr>
<tr>
<td>IFI</td>
<td>International Financial Institution</td>
</tr>
<tr>
<td>IHSS</td>
<td>Honduran Social Insurance Institute <em>(Instituto Hondureño de Seguridad Social)</em></td>
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<tr>
<td>ILO</td>
<td>International Labour Organization</td>
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<tr>
<td>MSD</td>
<td>Musculoskeletal Disorder</td>
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<tr>
<td>MSN</td>
<td>Maquila Solidarity Network</td>
</tr>
<tr>
<td>OHS</td>
<td>Occupational Health and Safety</td>
</tr>
<tr>
<td>PPE</td>
<td>Personal Protection Equipment</td>
</tr>
<tr>
<td>SAP</td>
<td>Structural Adjustment Program</td>
</tr>
<tr>
<td>TLL</td>
<td>Temporary Labour Law</td>
</tr>
<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
</tr>
<tr>
<td>WB</td>
<td>World Bank</td>
</tr>
<tr>
<td>WMSD</td>
<td>Work-related Musculoskeletal Disorder</td>
</tr>
<tr>
<td>ZIP</td>
<td>Import Processing Zones <em>(Zonas Industrial de Procesamiento)</em></td>
</tr>
<tr>
<td>ZOLI</td>
<td>Free Zones <em>(Zona Libre)</em></td>
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Prologue

The air was sticky and scorching hot as I stepped onto the office porch. Behind me, Paula let the screen door flap shut as she dug inside her pockets searching for the key that opened the iron gate – our last physical defence from the streets of the Choloma mercado (market). I did not have a key to the small padlock that was unlocked whenever someone wanted to leave or come into the house and office of the Honduran Women’s Collective (CODEMUH by its Spanish acronym). “You know”, said Paula, “We have to lock this because one time this man just walked into the office and we had no idea who he was.” I nodded. She continued, “Sometimes husbands of the trabajadoras (women workers) that we support come here and don’t like what we do. During one of our meetings one time, one of the husbands stood outside over there by the fence [pointing to the metal fence erected around the CODEMUH house] and hit his machete off the post during the whole meeting.” She shook her head in disgust as she opened the padlock and held the gate open for me.

We were going to the mercado just up the street to buy avocados and tortillas for lunch. Just a few blocks away, Paula and I chatted as we passed the orange stand mounted onto the front of a bicycle and a row of women that had organized their vegetables onto plastic tarps on the sidewalk for potential customers passing by. The uneven, dirt streets were littered with small pieces of garbage and crevasses and holes that trapped rain water and other liquids that had been disposed of there. As we walked, Paula kept a watchful eye, walking close to me and telling me that I should always be careful when walking alone. “Never trust anyone” she insisted. Once entering the market from the street, Paula gently took my wrist in her hand. It surprised me. I didn’t mind. It felt good being with someone else, a Honduran woman capable of reading our surroundings for potential dangers. It made me smile and reflect on how much I had missed my compañeras (comrades) from CODEMUH and the Resistencia, who always looked out for me.
My deep connection with Honduras began quite some time before I started working on my research on women’s health in Canadian-owned factories in Honduras. In fact, my work as a human rights activist in Central America has had a profound impact on my identity as a researcher and my process of research inquiry.

In April 2008, I traveled to Honduras, after moving a few months earlier to Guatemala, another Central American country. I was going to participate in an educational delegation led by Grahame Russell of the Canada and United States-based human rights organization, Rights Action. Together as a group of ten North Americans, we visited and spoke with communities affected by Canadian mining interests, Afro-indigenous groups being evicted from their lands by large-scale North American funded neoliberal tourist projects, and human rights organizations documenting cases of political assassinations, and wide-spread impunity in Honduras. The life stories and experiences I heard directly from the mouths of community members impacted by North American investments, shocked me.

Over time, and after speaking with human rights activists in Guatemala and visiting communities affected by Goldcorp, a Vancouver-based Canadian mining company operating in both Guatemala and Honduras, it amazed me how the stories were so similar in two different Central American countries. Both received millions of dollars of international aid but had not “developed” or lowered the levels of extreme poverty in decades. I soon began to understand the complex reasons as to why and how the circles of poverty, exclusion, imperialism, colonialism, and poor health are rampant in both countries. After I arrived to the Central American region, I travelled with human rights activists, and over time, have built up trusting, long-term relationships with many communities. I heard detailed descriptions of how Canada and the United States are impacting their lives. Whether through investments, aid projects, or loans to the ‘democratic’ Guatemalan and Honduran governments, communities report that the Canadian and American governments are directly stifling community-led development projects and community efforts to address impunity. They are supporting and funding corrupt governments, militaries, and police forces that act in complete impunity, killing individuals or infiltrating communities or social movements that challenge the status quo;
while projecting an image and discourse of ‘providing aid for development’, ‘democracy’, and ‘corporate social responsibility’ to Canadian parliamentary representatives and the Canadian public. These are ideas and words loaded with different meanings and definitions that are rarely challenged by the Canadian corporate media or Canadians. The knowledge gap of the average Canadian citizen and the complete geographical and everyday reality disconnect between the Canadian and Honduran public fuelled this ignorance.

After spending over a year in Central America, I became fluent in Spanish and was now receiving a living stipend from Rights Action that allowed me to write journalistic style articles about anti-mining and other anti-large scale “development” projects rejected by local and unconsulted communities. I also led education delegations for North Americans interested in understanding their countries’ role in “Guatemalan problems”, accompanied\(^1\) human rights defenders, and conducted a health survey about contamination around a Canadian Goldcorp-owned gold mine.

On the morning of June 28, 2009, I woke up in my hotel room in Guatemala City and went downstairs to debrief with a group of eight North Americas that had spent a week with me visiting Guatemalan indigenous communities investigating the theme “Fair Trade versus Free Trade”. After reading the newspaper and speaking with a few of the delegates, I discovered that there had been a coup d’état in the neighbouring country of Honduras and that thousands of Hondurans were taking to the streets to reject the overthrow of the democratically elected leader, President Manual Zelaya by the U.S. funded and trained, Honduran military. Two weeks later, I was on a fifteen-hour bus ride to Honduras where Rights Action asked me to accompany the popular movement, commonly known as La Resistencia (the Resistance), as they fought for the restoration of President Zelaya to power.

From July 2009 to August 2011, prior to returning home to Canada to begin my Masters in Public Health, I walked alongside and accompanied countless individuals,

\(^1\) Accompaniment, in a human rights context, involves being physical present with affected organizations and communities. Foreign accompaniment of grassroots Guatemalan and Honduran struggles are often used as a way to deter attacks against political persecuted groups and individuals.
human rights organizations, and communities that were part of the Resistencia. From July 2009 to November 2009, every single morning, thousands of Honduras blocked off major highways and marched throughout the country demanding the return of President Zelaya and refusing to participate in the November 2009 electoral process. Their resistance from June 2009 to the present is met by militarization, targeted political killings, torture, and disappearances of militant members of the Resistencia. It was commonly known that these acts are planned and executed by Honduran state forces and state death squads. Since 2009, Honduras has become known as the most violent country in the world with 92 homicides per 100,000 inhabitants (United Nations Office on Drugs and Crime, 2011) and one of the most dangerous places for journalists and lawyers, particularly those sympathetic to the Resistencia movement that challenge the status quo.

Being a foreign human rights activist in Honduras during a period of political turmoil, I myself saw, experienced, and documented countless acts of violence and repression against my Honduran compañeros who had become my friends and family. The documentation of human rights violations and acts of violence in Honduras that I completed, as I did similarly in Guatemala, were carefully compiled based on a criterion that Rights Action and myself had developed. I have utilized this criterion, and it has continued to be influential throughout my research process from the moment I committed myself to a thesis project, applying for ethics approval, choosing my topic, and most importantly, for future, follow-up work I will conduct after my thesis is complete.

The criterion of my research as well as the focus of my activism in Honduras is working with politically organized groups or communities with a clear vision of community-led and constructed notions of development. I work with communities that have collided, one way or another, with “top-down”, development projects. These projects are masterminded and/or financed and supported by North American capital whether from the Canadian or U.S. government, North American corporations, and International Financial Institutions (IFIs) like the World Bank (WB) and the Inter-American Development Bank (IDB). Some of these community-led struggles included direct actions of resistance like blocking off or restricting access of heavy machinery planning to begin the construction of a World Bank funded large-hydroelectric dam
project. This project would ultimately flood the opposing communities that had not been consulted.

My role was to document human rights issues and coordinate with networks of United States and Canadian-based citizens, media, movements, academics, and non-governmental organizations (NGOs) to bring support in the form of solidarity to these groups, whether it being financial and moral support, and physical accompaniment to help deter state violence and repression. An important reason for my presence was educating North Americans about our involvement in “those” problems, “over there”, “far away” and how “Honduran problems” or “Guatemalan problems” are actually Canadian problems as a result of our policies, our standards of living, our consumption, our ignorance, and most importantly, our choices.

Positionality and my Social Location

My identity and positionality as a Canadian, middle-class, Caucasian woman is just as relevant to my activism as it is to my research. As an activist, I am not present in Honduras to politically organize communities or groups nor do I expect my presence to generate interest in struggling against the status quo or to “help” Honduras solve “Honduran problems”.

In my academic research, power differentials are always a major concern in my interactions with Honduran women as a middle class Caucasian woman, formally educated at the university level. My interactions with people in Honduras are deeply embedded in colonial and neoliberal structures that exist between the ‘developed’ and ‘developing’ world that further exaggerate differences in class, race/ethnicity, and nationality (Heron, 2005).

Although not erasing the power differentials, I believe that an important role for North American activists is to draw the local to global links in consultation with organized communities. This enables investigating what we, organized communities and their allies, understand as the “Canadian or North American angle” of our problem in their community or country. When attending community events or in close proximity to a meeting or gathering where a discussion was taking place, if I was not invited to
participate or join, I maintained a high level of respect for the space and if necessary, would leave the area to prevent my presence from influencing or contaminating the group dynamics or interactions.

My ethical stance in drawing this clear distinction in my work in Honduras – academic or non-academic – is based on my privilege as a Canadian woman and most importantly when conducting political work in an environment like Honduras, my ability to flee or leave the country at anytime. For this very reason, I chose to exclusively engage with organized groups or individuals with a political consciousness that had already expressed discontent and were pursuing active measures to further their struggle and resistance. This ensured that the community or group had already identified their struggle, were conscious that they could be confronted with an unfavourable reaction whether violent or repressive, from the Honduran state, corporation or individual. Despite these risks and negative consequences, they were willing to struggle for what they believed in and what they felt was best for the future of their community.

In Honduras, I am easily identified as a gringa (white person or foreigner) by my appearance and my Spanish accent. In my research and my activism, this undoubtedly created power dynamics where nationality, class, and race/ethnicity intersected in particular circumstances and environments. As a North American woman often traveling alone, I was frequently verbally harassed and sexually assaulted by Honduran men and constantly fearful that my gringa identity would put me at a greater risk of being robbed. In Honduras, North Americans are often associated with wealth and cultural superiority (Pine, 2008). Even before meeting me or sitting down for an interview with me, I had to be constantly aware as to how this would impact my interactions, particularly with Honduran women in my research.

Despite being conscious of my 'gringa-ness', I find that imbalances and influences of power are often fluid in nature depending on the circumstance and environment in which I find myself. In fact, in some instances, the women at CODEMUH, the location of my research, would often exercise power over me either in the form of controlling my presence in their organizing space or holding my wrist while walking in the market place while their eyes darted around looking for suspicious behaviour. In an effort
to protect me, CODEMUH often advised me about necessary safety precautions that they hoped I would abide by while staying in Choloma, the home of their main office.

In countless varying circumstances, similar to Pine (2008), my identity was both a help and hindrance to my research and my activism in Honduras. In working with politically organized movements, the privilege associated with my foreign identity was often utilized in strategic ways. For example, communities would ask me to organize a meeting to speak with a local mayor to uncover his/her position regarding the construction of a hydroelectric dam project. They expected the mayor to reveal much more information to a foreigner seen as a “third party” in a conflict between two stakeholders than to community leaders. As a human rights activist and as part of a long historical strategy of human rights accompaniment in Central America, I strategically utilized my nationality to prevent, minimize, or stop repression and violence against Hondurans that I was associated with in one way or another. My privilege as a white foreign woman protected me in some degree from state violence, whereas Honduran woman may face different treatment by state forces while conducting similar activities.

**Insider/outsider**

In many ways, my identity as a human rights activist who has spent years working in Honduras and experiencing many realities of Honduran life, has given me some degree of “insider” status from CODEMUH and the Honduran women I have worked with throughout my research process. Although I am a foreigner - an ‘outsider’ - many of the women have commented that they have seen me at other events and activities organized by groups in the *Resistencia*. The coordinating staff of CODEMUH, as many other Honduran organizations and communities, are aware of the state-led violence that I have experienced directly and indirectly and know that I have suffered and experienced similar emotions or acts of violence that women have faced on a frequent basis. Living what may have been seen as a life similar to a ‘Honduran life’, this may have complicated my insider/outside status while conducting my research with Honduran women.
As a North American working as a human rights activist in Honduras, I experienced direct and indirect violence many times. Although not necessarily known at the time, these experiences would become essential in my comprehension and contextualization of general and politically-motivated violence in stories that Honduran women described in their interviews.

For two and a half years, I lived in Flor del Campo, one of the most dangerous neighbourhoods in Tegucigalpa, the Honduran capital city with my Honduran partner, an activist and community leader, and his family. Living in this neighbourhood as a North American woman accustomed to freely walking in the streets in Canada without fear or sitting and eating lunch in a community park, I became to understand how insecurity and violence deeply impacts the social fabric of a community and a society. Frequently, neighbours or acquaintances of my partner’s family were murdered, some times in a very public manner, often because they had not paid the impuesto de guerra (war tax) charged by the local satellite of a transnational gang that claimed the neighbourhood as its territory.

In such a tightly knit community, the fear generated by these threats and killings had a profound effect on the community and individual physical and psychological health. This impact is difficult for me to measure or understand as my Canadian perception most definitely differed from how a Honduran community member would view such instances. I learned about the health impact and complexities of not being able to freely walk outside and feel safe. This experience would later inform my understanding of interviews with Honduran women discussing the limits to their freedom of movement to and from the maquiladoras. These experiences also provided me with a point of reference in understanding Honduran women’s struggles against being encerrada, or enclosed inside the four walls of their homes due in large part by the insecurity in the country and the directed violence against women in the form of feminicides, sexual harassment, rape, and domestic violence.

While living in Flor del Campo and working alongside groups and communities in resistance, I discovered the importance of community ways of knowing and understanding an issue and a sequence of events. Information received from the neighbourhoods during informal conservational exchanges were essential in
comprehending not only how individuals made sense of their reality but also as one of the few sources of reliable community-based information. In a country with a 95-98% impunity rate and widespread violence caused by state security forces and organized crime (not necessarily mutually exclusive) facilitated by impunity, Hondurans are often scared to report incidents to police, speak publically about violence or trust any judicial processes or state authorities. Trusting relationships and “insider” perspectives that compañero@s or my host family shared with me, were indispensable sources of information. These experiences and ways that I had come to rely on documenting human rights issues influenced my epistemological and methodological decisions in my research. I therefore chose to root my analysis in themes and knowledge that emerged from my data obtained through interviews with Honduran women or what I consider, the “experts” of their experience.

Just as many Honduran women that I had the pleasure and privilege to spend time with during my research had been victims of violence, I too had been impacted by violence directed at someone I cared about. When my partner was tortured by a team of five police officers stationed in his neighbourhood in 2010 as a result of his political participation in the Resistencia, I have stood alongside him in his physical and psychological recuperation and his process for demanding justice. In many ways, I was deeply impacted by what he had suffered and years later, his case was brought to trial, after many solidarity campaigns and international pressure on the Honduran state. Despite clear abuses of power and unjustified political violence used against him, the five police officers were relieved of all charges. I was furious but overwhelmed with exhaustion as the weight of impunity paralyzes and frightens one when realizing the strong political nature of the state-led and systematic crimes committed against political opponents and those challenging the status quo. In the case of my partner, who after the trial and to this day face politically targeted acts of aggression by Honduran state forces, and other individuals’ human rights cases that I have accompanied, impunity is a raw expression of power held by the material and intellectual authors of the crimes.

It is largely my experiences alongside my partner and working more generally as a human rights activist in Honduras, that I am able to personally relate to the injustice and fear expressed in my research interviews by women workers as they talked about being identified with a particular political affiliation by factory supervisors or co-workers,
or accused of organizing inside the factories. The experiences with my partner and the Honduran social movement deepen my understanding of the Canadian and U.S. contributions to the political, social, and economic situation in the country.

I have been witness to seeing how the millions of dollars are spent on training the police and military and providing state forces with weapons, vehicles, uniforms, to contributions as small as the tear gas used to disperse a political protest. This North American financing that has flowed for decades is meant to ensure the smooth operation of state forces to act against those challenging the status quo and foreign investment in Honduras. The Honduran government therefore responds with sheer power and violence to prevent and paralyze any resistance, whether communities are protesting poor working conditions in North American-owned factories or physically blocking the construction of a Canadian-financed tourist project.

It is with this experience, perspective, identity, and bias that I began my research in Choloma with the Honduran Women’s Collective (CODEMUH).
Chapter 1. Introduction

Based on their research with women garment workers, Ng and Mirchandani (2008) and Bickham Mendez (2005) argue that women’s labouring bodies and local experiences are capable of revealing the global processes of globalization. This is particularly true as women labour on assembly lines in ‘transnational’ spaces in developing countries. As Freeman (2001) describes in her feminist research, the local processes to which women participate and contribute as small-scale actors, should be seen as “the very fabric of globalization” and not merely the result (p. 1008-1009).

Many discourses of globalization are characterized by debates about geopolitics, the global economy, transnational corporate policies, and international law. Rarely are people’s voices the priority and focus of these debates. Instead, women’s voices and participation in globalization are often described in numbers and statistics that under-represent the important ways in which women contribute and shape how globalization is enacted on a daily basis (Ng & Mirchandani, 2008).

The increasingly globalized world and the blossoming of neoliberalism has promoted the reorganization of garment production to developing countries (Ledesma Cano, Navarro, & Rodriguez, 2009). In the context of globalization, Honduras - a small Central American country- provides an ideal location for transnational corporations seeking to reduce costs, expand areas of capital influence, and maximize capital accumulation (Ledesma Cano et al., 2009). The rise of the maquiladora1 industry in Honduras began in the 1970s and was facilitated by favourable national legislation

1 The term ‘maquila’ is the short form of the word maquiladora. According to the Canadian-based non-governmental organization, the Maquila Solidarity Network (no date), the word maquila was “originally associated with the process of milling” as the word maquilar in Spanish means ‘to assemble’ or ‘to make up’. According to the Reflection, Research and Communication Team (ERIC) in Honduras (1997), maquila “refers to the type of foreign-owned assembly plants set up in low-wage third world countries that put together products, mostly clothing, from imported materials that re-export them for sale to other countries like the United States.”
influenced by an epoch of neoliberal expansion in Latin America. The creation of Import Processing Zones (ZIP by its Spanish acronym) and closer to the 1980s, the implementation of Structural Adjustment Programs (SAPs), entrenched the expansion of the *maquiladora* industry in Honduras. This industry continues to be a major source of employment in Honduras today.

Along with other transnational corporations in the apparel industry, a Canadian-based company, Gildan Activewear, maintains operations in Honduras. Honduras is currently Gildan’s major manufacturing centre and the location of two sock manufacturing facilities, four sewing facilities, one distribution centre, and four textile manufacturing facilities (Gildan, 2012). As the largest private-sector employer in Honduras, Gildan currently employs approximately 20,000 Honduran workers, the majority of which are women (El Tiempo, 2013 September 29; CODEMUH and Universidad Autónoma Metropolitana Xochimilco [UAMX], 2012).

Occupational conditions in *maquiladoras* often involve monotonous and repetitive tasks, and a pace of work that does not allow sufficient recovery or pauses between movements (CCOHS, 2014). The nature of this type of work has been linked to the development of work-related musculoskeletal disorders (WMSDs), “a group of conditions that involve the nerves, tendons, muscles, and supporting structures such as intervertebral discs” (NIOSH, no date). WMSDs include Carpel Tunnel Syndrome, shoulder tendonitis, epicondylitis, and lumbago (Yassi, 2000).

Globally, WMSDs are an important public health issue due to their impact on the labour force in the US, Europe, and in developing countries. According to the US Department of Labour, WMSDs are one of the leading causes of lost workday injury and illness (US Department of Labour, no date). If not appropriately managed, WMSDs can lead to morbidity and loss of motor function. The wide-reaching public health impact of WMSDs is reflected in the human and social cost for the workers and their families, as well as the financial cost for the employers and for society as a whole (Piedrahita, 2006).
1.1. Need for the Study

This qualitative study aims to describe women’s health experiences and interactions in a ‘transnational space’ – the assembly lines of a transnational Canadian-owned corporation in Honduras. While academic research attempts to force specificity and detailed examination of only one level of the ‘local to global’ issues of the garment industry, this study discusses the multiple layers that are fundamental in understanding the intricate components of globalization. To use a well-known saying, this study sets out to show the ‘forest for the trees’ and the ‘trees for the forest’: from one woman’s process of resolving the occupational hazards that cause her work-related musculoskeletal disorder (WMSD) to the global factors like neoliberalism, structural adjustment programs, and one Canadian company’s business choices, that affect and lead to the development of her occupational musculoskeletal disorder and other women like her across the spectrum of the maquiladora² industry.

Academic literature on the issue of occupational health and safety shows strong supportive evidence of the ergonomic hazards associated with the maquiladora industry (Moure-Eraso, Wilcox, Punnett, MacDonald, & Levenstein, 1997; ILO, 2011). Epidemiological data examining the incidence and prevalence of WMSDs are not available from public institutions in Honduras. However, studies investigating the prevalence of WMSDs in Honduran maquiladoras, such as those conducted by Denman, Cedillo & Harlow (2003) and the Honduran Women’s Collective (CODEMUH) (2006) show that WMSDs are indeed an occupational health issue in Honduran maquiladoras. Ledesmo Cano et al. (2009) found in a study involving 199 Honduran women working in the industry, a morbidity rate of 926 health harms per 100 workers. CODEMUH and researchers from the Metropolitan Autonomous University Xochimilcol (UAMX) (2012) found that the prevalence of symptoms related to WMSDs in a sample of workers employed in maquiladoras for 13 years or more is 70.4 per 100,000 workers.

As a major private sector employer in Honduras, Gildan acknowledges that in the textile and apparel industry, the main risks for developing WMSDs are “cumulative exposure to subtle hazards, including repetitive movements, incorrect postures, and
vibrations” (Gildan, 2014). It is uncontested by the Canadian company that the maquiladora industry and the conditions inside their factories expose workers to risk factors for WMSDs. In an effort to address these risk factors and acknowledging that a response to these risk factors is necessary, Gildan began implementing an Ergonomics Program inside their Honduran factories in 2009 (Gildan, 2014).

Through this program, Gildan hopes to address occupational hazards that lead to WMSDs and improve the occupational health and safety of their employees. However, the company’s response to occupational hazards associated with WMSDs in the form of an Ergonomic Program has been challenged by CODEMUH, a Honduran feminist organization representing women suffering from MSDs acquired through their factory work (CODEMUH, 2013). CODEMUH (2013) argues that Gildan’s ergonomic program fails to address the high production quotas and long work shifts that expose Honduran women to long durations of repetitive movements, awkward postures, and non-ergonomic work spaces.

Third party inspections of Gildan’s factories conducted by the Fair Labor Association (FLA) confirm that “two out of every three workers surveyed [98 active workers in total] stated having muscular pain or discomfort” (Narváez & Blanco, 2011, p. 20). Overall, the FLA inspection was quite critical of Gildan’s Ergonomic program, providing several recommendations including emphasizing the need for work place ergonomic studies and increased workers participation in the Program (FLA, 2011). Despite confirming what Gildan has already acknowledged about WMSDs in its factories, the inspection failed to adequately deal with the issue of prevention. Instead of focussing on the processes that demonstrate how Gildan’s Ergonomic Program has failed to respond to complaints of WMSDs, Narvárez and Blanco (2011) accepted Gildan’s Ergonomic Program as being a suitable form of addressing exposures associated with WMSDs.

In addition, the FLA inspectors did not address the issue of past and current WMSD cases. The inspection did not include the insight and experiences of workers that have incurred WMSDs in Gildan’s factories. This would have provided greater
insight into the systematic processes and actions of all stakeholders that have failed to protect workers as they developed WMSDs on the assembly line. Having identified a gap in the research and knowledge regarding this issue, in-depth qualitative interviews of Honduran women that have developed WMSDs in Gildan’s factory will be useful to examine the prevention measures that failed to address their complaints of WMSD symptoms that have caused significant and permanent damage to their health.

1.2. Purpose of the Study

The purpose of this study is to examine in more detail, through an analysis of the lived experiences of Honduran women that have incurred MSDs in Gildan’s factories, how the nature of the production process mitigates against primary and secondary prevention measures in this occupational setting. I used interviews in a methodological structure of feminist qualitative research and grounded theory to understand the processes that improve or worsen health impacts associated with exposure to occupational hazards linked to incidence of WMSDs among Honduran women working in Canadian-owned maquiladoras.

1.3. Research Questions

This study was guided by one core analytical question and two sub-questions that link conceptually to the core question. These are:

What are the understandings of Honduran women workers in Gildan factories in Honduras about the processes that shape their experiences of their exposure to occupational hazards?

1. What are the perceptions of Honduran women workers about prevention measures (primary and secondary) in Gildan factories in reducing exposure to and mitigating the impact of occupational hazards?

2. What strategies and conditions do Honduran women workers feel would create a healthier working environment in the Canadian-owned factories?
1.4. Overview of the Thesis Design

I will begin by outlining the conceptual framework that I used to shape the content in my literature review, methodology, results, and findings. I will then provide an overview of the key academic literature associated with the topic under study, followed by the methodological section that outlines my epistemological approach to the research and the methodology I chose to investigate my research questions. In my results section, I will discuss each theme and category that emerged from interviews with Honduran women working in Canadian factories as well as key informants. Finally, a thorough discussion section will outline key findings followed by my conclusions.
Chapter 2. Conceptual Framework

The complexities of understanding women’s experiences in a Canadian-owned factory in Honduras and the subsequent complex pathways that permit the company to operate there, created difficulties in designing this research. However, global feminist research provides an excellent conceptual framework for fully encapsulating the ‘local’ and the ‘global’ with the idea that in order to speak about one, the researcher must speak about the other. I used the following research to guide my conceptual understanding of my topic – my literature review, methodology, results, and the theoretical formulation proposed in the discussion section.

2.1. Transnational Spaces: The Local as ‘the Fabric of Globalization’

Bickham Mendez (2005) describes her “field sites” of inquiries with women workers in Nicaragua and in Latino/a immigrant communities in Virginia, U.S. as “transnational spaces” where the “global meets the local” (p. 59). As globalization refers to the cultural, economic, social, and political processes that foster the interconnectedness of individuals, groups, and institutions, the positions held by women on the assembly line in a Canadian-owned factory in Honduras have indeed collided with global forces (Mendez & Wolf, 2012). According to feminist scholars Mendez and Wolf (2012), globalization and the increasingly interconnectedness of the world “disrupts the underlying assumptions of what constitutes a society, traditionally defined as the confines of nation-states, and destabilizes embedded notions of ‘place’ and ‘community’” (p. 643). Globalization has also interrupted the binary and often gendered constructions of the ‘local’ and the ‘global’ (Mendez & Wolf, 2012; Freeman, 2001).

Discussions about globalization commonly involve the global geopolitical and cultural implications of the global financial and trade flow and the promotion of open
markets. These are guided by ‘dominant’ forces and macro spheres such as corporate actors, treaties, and multilateral institutions such as the World Trade Organization (Harvey, 2005; Nagar, Lawson, McDowell, & Hanson, 2002). Feminist analyses have criticized the exclusion of the “intimate” in these discussions arguing that the local and the global are neither “separate spheres nor bounded subjects” (Mountz & Hyndman, 2006, p. 448; Ng & Mirchandani, 2008).

Based on their research with women garment workers in different countries, Ng and Mirchandani (2008) and Bickham Mendez (2005) describe the impact on women’s bodies and the ‘intimate,’ which are capable of revealing the consequences of global labour reorganization and the global processes that are embedded and enacted in local experiences, human activities, and practices. As Freeman (2001) in her research of transnational Caribbean ‘higglers’ and their relationship with the global neoliberal economic system argues, “not only do global processes enact themselves on local ground but local processes and small-scale actors might be seen as the very fabric of globalization” (emphasis added, p. 1008-1009). The failure to consider the local and global as concurrent and intrinsically connected has lead to the simplification of the encompassing nature of globalization. This is represented in a simple question posed by Mountz and Hyndman (2006): “Where are the people?” in discussions about globalization.

Some feminist theorists argue that neglecting to include the local perspectives and experiences of women in particular, is representative of the masculinisation of the macro economic processes often seen as dominant, thus victimizing the local expressions of globalization (Bickham Mendez, 2005; Ng & Mirchandani, 2008). Instead, a gendered analysis of globalization would reveal the inequality produced by global restructuring, the production of gender differences, and the multiple exclusions enacted by dominant groups and institutions (Mountz & Hyndman, 2006). Local standpoints of globalization have allowed feminist researchers to map the linkages between the local and the global, dissolve the global-local binary, and also view the work of women as a global process and not simply a result of them (Freeman, 2001).

The representation of women’s roles in the informal economy in the Caribbean (Freeman, 2001), or sex work by migrant workers on the Mexican-U.S. border as merely
“messy bodies that spoil the smooth surfaces of roving global capital”, dehumanize, victimize and underestimate the role of women in globalization (Mountz & Hyndman, 2006, p. 448). Nager et al. (2001) discuss feminist reconceptualizations of globalization as they attempt to examine the constitutive ingredients of women’s role in global processes as well as the very way that local actors simultaneously shape, limit, resist, and redefine its expressions.

Feminist analytics of scale put forth three sites – border, home, and body – as ways of knowing and fleshing out the global (Mountz & Hyndman, 2006). In many ways, the labouring body is the most intimate site of experiencing the global (Mountz & Hyndman, 2006; Ng & Mirchandani, 2008). Feminist scholars, Bickham Mendez (2005), Salzinger, (2004), Wright, (2004) describe the work of women in the *maquiladoras* as they conduct highly regulated and repetitive movements of their body as they withstand long periods of time without using the bathroom or drinking water. Experiencing the ‘intimate’ of globalization in these factories demonstrates that “no body exists beyond global forces” and “the working women’s body holds intimate knowledge of the global powers of transnational corporations” (Mountz & Hyndman, 2006, p. 457). This theoretical perspective is fundamental in understanding how Honduran women’s experiences with illness and injury in the factories is indeed an expression of globalization, and the neoliberal-driven global restructuring of the apparel industry.

Using this conceptual framework, I will outline the broad global forces and the ways in which these forces are experienced by women’s bodies as they work in clothing factories in Honduras. The following section encompasses a broad discussion of Honduran historical context, a Canadian company’s investment journey to Honduras as well as academic health research in *maquiladoras* in Latin America.
Chapter 3. Literature Review

3.1. Honduras: Historical Context

Honduras, the original ‘banana republic’ is a small Central American country that borders Nicaragua, Guatemala, and El Salvador. The small country of approximately eight million people is characterized by high levels of poverty and insecurity: 64.5 percent of Honduran households live in poverty, and 42.6 percent in extreme poverty. (Instituto Nacional de Estadística, 2013). A Gini index measure of 0.55 in 2010 indicates a high level of inequality, the worst amongst all Central American countries (Ronderos, 2011). According to the United Nations Development Program (2006), key factors including the combination of poverty, high levels of income inequality, and poor access to services, has limited the capacity of the Honduran people to improve their lives and contribute to national human development.

According to American Anthropologist, Adrienne Pine (2008), “Honduras has a long history of entering into external debt to subsidize foreign-owned industry that are attracted to the country by its cheap labor and economic incentive packages, both of which exist in large measure because of its external debt” (emphasis in original text, p. 135). Gordon and Webber (2013) and Robinson (2003) describe the macroeconomic dynamics that impact Honduras’ economy by outlining the history of foreign investment and the impact of Structural Adjustment Programs (SAPs) imposed by the International Monetary Fund (IMF), the WB, and the IDB. Although often failing to consider the “intimate”, local, and feminist experiences of these reforms, it is valuable to review the literature on the neoliberal structuring of the Honduran economy that led to the expansion of the maquiladoras and fostered the arrival of Canadian and American textile and apparel companies to Honduras.
3.1.1. Foreign investment in Honduras

The modern history of Honduras is interwoven with the history of foreign investment in the country. As early as 1899, foreign investment began in the banana industry and was dominated by two companies – the United Fruit Company (now known as Chiquita) and the Standard Fruit Company (now known as Dole) (Pine, 2008; Robinson, 2003). According to Pine (2008), since the onset of this industry in Honduras, and more broadly in Central America in the late 1800s, U.S. businessmen have controlled the industry and maintained a powerful influence over the economy and the Honduran government. Although beyond the scope of this research, the history of foreign investment in Honduras or more broadly, the presence of transnational capital in what is called ‘Third’ world countries, has generated significant discussion across various academic disciplines and topics. The strong influence of the United States and its allies – including Canada - in Honduras, is important in understanding the consistent reliance of the Honduran economy on exports – agro-industrial crops such as banana and coffee and later, closer to the 1980s as neoliberalism began to take root, the export of textile and apparel produced in foreign-owned assembly plants. The on-going exploitation of workers in the Third world and the economic, political, and social policies that permit their presence are intertwined with on-going colonialization and imperialism of the Western capitalist countries (Lim, 1983).

Important legal and political legislation that established the maquiladora industry in Honduras was passed in 1976 and 1979 by way of the first zona libre [free zone] (ZOLI) laws that facilitated exports from Honduran ports (Shipley, 2013; CODEMUH, 2006). According to Pine (2008) in 1984, the Temporary Import Law (Regimen de Importación Temporal) was approved, “to take better advantage of the Caribbean Basin Initiative (CBI), allows[ing] exporters to bring raw materials and capital equipment into Honduran territory exempt from customs duties and consular fees – as long as the product is to be exported outside of Central America” (p. 137). The temporary law also

3 See Gordon and Webber (2013) for a historical materialism perspective of the “basic material structures of the Honduran economy and its integration into the world market”; Bananeras: Women transforming the the banana unions of Latin America by Frank (2005); and Pine (2008) for a detailed historical overview of the U.S. economic policies influential to the Honduran maquiladora and export sector.
exempted companies from paying taxes on their profits for up to ten years (Shipley, 2013; Pine, 2008). Years later, in 1987, the Honduran National Congress approved full scale *maquiladora* laws and industrial processing zones (ZIPs) were designed. According to Pine (2008), “under the ZOLI, RIT [Temporary Import Law], and ZIP laws and through the CBI, maquilas in Honduras enjoy complete exemption from import/exports tariffs, consular fees, and most taxes, with the cost of infrastructure development covered by the state” (Pine, 2008, p. 139). Although the economic policies were in place to promote the *maquiladora* industry, the deepening of neoliberalism through SAPs and land reform would create the conditions for the proliferation of the industry in Honduras in the 1990s.

Robinson (2003) describes the resistance to opening up the Honduran economy to the “transnational project” or neoliberal restructuring in the 1980s to a “fragmentation of capitalist groups … resulting in a stalemate that was not broken until the end of the decade” (p. 125). Through influence of the USAID, and international incentives from the IFIs, the transnational neoliberal project and the “earnest inauguration of neoliberal restructuring” (Gordon & Webber, 2013, p. 24) in Honduras, took hold when Rafael Callejas, an “agricultural economist, banker and member of the wealthiest family in Honduras” (Robinson, 2003, p.127) won the presidency for the National Party in the 1990 Honduran elections. Callejas rooted the full turn to neoliberalism in Honduras by launching an economic reform package which was not simply a national phenomenon. It occurred during an epoch of neoliberal consolidation in Central America in the 1990s, following the so-called transition from a period of state terror and guerrilla struggle in neighbouring Guatemala, El Salvador, and Nicaragua (Gordon & Webber, 2013).

Many academics (Gordon & Webber, 2013; Robinson, 2003) argue that Callejas introduced and implemented the first SAP, however research by Bird (2012) and a quick examination of the World Bank’s website (2013) show that the first SAP paving the road to Callejas’ economic reforms was approved and implemented in 1988. Furthermore, according to Shipley (2013), the 1980s was marked by a growing social crisis by “IMF-directed cuts to social services and public spending” (p. 165). Despite the lack of clarity in the introduction of the significant macroeconomic reforms, Robinson (2003) notes that Callejas introduced a SAP, “the first in a sequence, followed by a second SAP adopted by his successor, Carlos Roberto Reina (1994-1998), and a third implemented by
President Carlos Flores, who took office in 1999” (p. 129). The SAP launched by Callejas involved a 50 percent devaluation of the national currency, the elimination of price controls, and importantly for the maquiladora sector, a sharp tariff reduction (Robinson, 2003).

Another significant set of legal reforms directly related to the SAPs and its impacts on national labour migration within Honduras, was the approval of a series of Agrarian reforms including the Agricultural Modernization Law (Ley de Modernización Agrícola), under the Callejas government in 1992 and 1994 (Robinson, 2003; Bird, 2012). Not an exclusive policy to Honduras, the agrarian land reforms were part of a region-wide neoliberal strategy masterminded by the USAID and WB, that had profound impacts in Mexico as well. The agrarian reforms enabled the transition of the countryside into full capitalist agriculture where large sectors of state-owned and protected land entered the free market (Robinson, 2003). These agrarian reforms permitted the transfer of publically owned land into private hands, causing land dispossession from campesinos (peasant farmers) amongst other groups, which in turn increased poverty in rural areas and sparked rural to urban migration. In Mexico, like Honduras, land dispossession led many into cities in search of wage labour. The rural-urban migration was one phenomenon that coincided with the expansion of the maquiladoras, particularly in northern Honduras in the cities of Choloma, Villanueva, and San Pedro Sula, Honduras’ industrial centre.

3.1.2. Maquiladoras: Arrival and establishment

These broad, macro-economic reforms facilitated the arrival of transnational capital in many forms, including in the maquila industry: “Between 1990 and 1996, the number of maquiladora factories rose from twenty-six to nearly 200 ... The number of workers jumped from 9,000 to over 75,000 (75 percent of them women)” (Robinson, 2003, p. 129). By 1996, the maquiladora industry had become the third largest generator of foreign exchange, followed by bananas and coffee (Robinson, 2003, p. 129). Statistics published by the Central Bank of Honduras (2010) calculate that the total number of individuals employed by the maquiladora industry was 110,912, where 78.5 percent worked specifically in the textile and clothing industry. In 2011, apparel exports to the US
market were valued at $2.7 billion. Honduras is the fifth largest apparel exporter to the U.S. after China, Indonesia, Vietnam, and Bangladesh (MSN, 2012).

Employment in the *maquiladoras* will likely increase in the coming years in Honduras. This will largely be the result of the policies legislated by the previous administration of the National Party lead by Porfirio Lobo that took power after the military coup d’état in Honduras in 2009. According to Shipley (2013), the June 2009 military coup represents an important landmark in Honduran economic and political history. The Lobo government that took power within five months of the coup ushered in a series of neoliberal policies that favoured national and foreign investment in various sectors including the *maquiladora* industry. His government also launched strong attacks against organized labour, specifically teachers, and civil servant unions (Shipley, 2013).

Claiming as it historically has, that the *maquiladora* industry is the solution to violence, unemployment, and deepening poverty (Pine, 2008), the Honduran Congress approved the Temporary Employment Law (TLL) or the National Anti-Crisis Employment Plan in 2010. The law was approved with the objectives to establish a special or temporary emergency program to stimulate the economy, increase employment, achieve benefits for workers such as “social security and occupational health”, train workers, and stimulate dynamic investments in the public and private sector, among others (La Gaceta, 2010 November 5).

According to the TLL, compensation for temporary work can either be a fixed hourly based salary that cannot be below the minimum wage (approximately $300/month) or a non-habitual wage based on an hourly shift or “piece, task, piece-rate, or fixed rate” in accordance with the minimum wage, plus an additional 20 percent of that salary (La Gaceta, 2010 November 5; Equipo de Monitoreo Independiente de Honduras [EMIH], 2012; MSN, 2012). The law clarifies that “workers may only receive such compensation if they meet the production quota in the same working conditions as permanent workers that fulfill the quota or service” (La Gaceta, 2010 November 5). The reference to “piece, task, piece-rate” is referring to the *maquila* industry where compensation is often based on a production quota regardless of the number of hours worked.
The Honduran Maquiladora Association (HMA) continues to report the number of jobs and foreign investment the TLL has attracted to the Honduran textile and apparel industry (La Tribuna, 2012). The HMA reports that since the approval of the law, “the sweatshop sector employs over 130,000 people but this year, factories are migrating from neighbouring countries to where labour and operation costs are cheaper” (as quoted in La Tribuna, 2012). The TLL will increase Honduras’ competitive advantage in the apparel industry over its main competitors operating in neighbouring Nicaragua and Asian countries (MSN, 2012).

This neoliberal labour policy was seen by Honduran union leaders and women’s groups as nothing more than what Naomi Klein (2007) would describe as “shock therapy” following the June 2009 coup d’état. According to Maria Luisa Regalado from CODEMUH, the new labour laws allow sweatshop companies to contract workers (mostly women) for months at a time without providing them with health insurance, job security, seniority, legal benefits, vacation time, loans, and maternity and vacation leave (Maria Luisa Regalado, personal communication, May 10, 2012; MSN, 2012).

Analysts and organized workers’ organizations have expressed concern that conditioning compensation on production targets will put more pressure on maquiladora workers in the export industry. “The topic of the [law’s] aim has been heavily debated by organizations specialized in occupational health that argue that repetitive movements and the demands in terms of timed deliveries damage the health of all workers” (EMIH, 2012, p. 26). A law that allows companies to pay workers based on performance and production is likely to encourage longer, more strenuous working days, fewer breaks throughout the day, and little to no social or long-term commitments of companies to protect workers’ occupational health and safety (EMIH, 2012).

Despite controversy surrounding the TLL and its potential damaging impacts, the Honduran Congress permanently legislated the TLL on January 17, 2014 (El Heraldo, 2014 January 18). Initially proposed as a response to a crisis situation, the incorporation of reforms, like the TLL – a temporary labour reform – is a “common feature” of global economic deregulatory trends (European Trade Union Institute [ETUI], 2014, p. 62). According to the ETUI, labour law reforms justified by financial or economic crises are “initially deemed to have been issued for a limited period of time to adapt to some aspect
of the crisis situation” and then are extended or adapted permanently (ETUI, 2014, p. 62). Such reforms “give precedence to productivity and competitiveness over workers’ health, safety and wellbeing; they can be seen, what is more, as impeding job creation.” The ETUI notes that the long-term sustainability of these laws in terms of their impact on the working population are detrimental to the economy by reducing purchasing power and a “backward step” in workers' protection (ETUI, 2014).

Before further describing some of the key issues facing Honduran women, particularly those working in the textile and apparel industry, the next section will briefly outline the operations of one textile and apparel company, Gildan Activewear Inc. that currently operates from its executive offices in Montreal, Quebec (Maquila Solidarity Network [MSN] & Honduran Independent Monitoring Team [HIMT], 2003). Although quite similar to its competitors, Fruit of the Loom, Hanes and Outer Banks, Delta Apparel, and Bassett-Walker amongst others -- the focus of this study was women’s experiences inside Gildan’s factories. Thus an overview of their general operations is useful in characterizing their presence in Honduras.

3.2. Gildan Activewear: a Canadian Company in Honduras

Gildan Activewear Inc. produces basic apparel for predominantly Canadian and American markets. Its products include athletic, casual and dress socks, T-shirts, underwear, sport shirts, and fleece sweaters, sold to a broad range of suppliers in North America (MSN & HIMT, 2003). Gildan’s reported annual sales have continued to increase in the last decade. In 2011, its net sales were $1,726.0 million USD, a major increase from annual sales of $964 million USD in 2007 and $600.6 million USD in 2002 (MSN & HIMT, 2003; Gildan, 2011).

Gildan’s executive offices are located in Montreal, Quebec whereas its international headquarters responsible for all non-Canadian manufacturing, marketing, and customer service is located in Barbados (MSN & HIMT, 2003). As a transnational corporation, Gildan has regional offices, distribution and manufacturing facilities in over eleven countries including China, Bangladesh, Belgium, United Kingdom, Haiti, Dominican Republic, Honduras, Nicaragua, Mexico, and the United States (Gildan,
In 2002, 97 percent of its products were sewn in Mexico, Central American and the Caribbean Basin (MSN, 2003, pp. 9-10). All of its production and manufacturing facilities, with the exception of two yarn spinning factories in Georgia and North Carolina, U.S. are in developing countries.

According to Gildan’s website, the company employs over 30,000 people worldwide and “owns and operates highly efficient, large-scale, environmentally and socially responsible manufacturing facilities in Central America and the Caribbean Basin” (Gildan, 2012). Honduras is currently Gildan’s major manufacturing centre and the location of two sock manufacturing facilities, four sewing facilities, one distribution centre, and four textile manufacturing facilities (Gildan, 2012). According to Shipley (2013), Gildan is the largest private-sector employer in Honduras.

As is the case of many transnational corporations, Gildan’s policies are shaped by international markets and trade agreements (MSN & HIMT, 2003). According to the MSN and HIMT (2003): “With the majority of Gildan’s sewing operations located in Central America and the Caribbean Basin, trade agreements between this region and Gildan’s major markets – US, Canada, Europe – have a strong influence on the company’s manufacturing strategy” (p. 16). The company seeks the most economically profitable business environment, most notably, the lowest manufacturing and production costs (MSN & HIMT, 2003). Speaking publically, Gildan CEO Greg Chamandy commented, “[O]ur success depends on our continuing unwavering commitment to be the global low cost producer of activewear and to constantly drive down our manufacturing cost structure” (as cited in MSN & HIMT, 2003). Examining how Gildan has shifted its manufacturing structure in relation to new trade agreements and their subsequent economic benefits demonstrates how the company has remained a competitive, transnational corporation in the maquila industry (MSN & HIMT, 2003).

3.2.1. **Gildan’s commitment to occupational health, safety and prevention**

According to its website, Gildan reports that occupational health and safety are one of the company’s top priorities (Gildan, 2014). The company notes that in 2012, it did not have any work-related fatalities and in 2011, trained over 4,000 employees in
one of its factories in ergonomics (Gildan, 2014). Noting that in most countries where Gildan operates, the company attempts to “make up for the deficiencies in the social security systems (which include access to medical care)” by stationing “Gildan physicians” in its facilities (Gildan, 2014). Many health promotion initiatives are coordinated from these “fully equipped” medical clinics located inside the factories. In Central America and the Caribbean, Gildan's medical team is composed of 23 doctors and 38 nurses that are present at all times on-site in the factories (Gildan, 2014).

Gildan’s health care teams educate female employees about the signs of cervical cancer, and organize breast cancer awareness campaigns in its facilities; pregnancy workshops and breastfeeding clinics; and HIV/AIDS awareness campaigns (Gildan, 2014). Furthermore, to ensure compliance to health and safety inside the factories, Gildan notes that its facilities are “subject to specific health and safety audits that are performed on a regular basis by an in-house safety coordinator and internal corporate social responsibility monitors, as well as external social compliance auditors” (Gildan, 2014).

On its website, Gildan admits that in the textile and sewing industry, the main risks of developing WMSDs are “cumulative exposure to subtle hazards, including repetitive movements, incorrect postures and vibrations” (Gildan, 2014). Although recognizing the potential contribution of the conditions in its factories to the development of WMSDs, its website does note that “non-occupational components” like “general health, non-work leisure, play and physical daily living activities” can also contribute to the incidence of WMSDs (Gildan, 2014). The risk factors for WMSDs will be discussed in further detail in Section 3.4.3., however it is important to note that the presence of potential MSDs in Gildan factories is not contested by the company itself.

In an effort to implement prevention measures, Gildan began working with the Ergonomic Center of North Carolina (ECNC) in hopes of developing and implementing a “three-to-five-year best-in-class Ergonomics Program” (Gildan 2014). Focussing on their factories in Honduras, in May 2009, an ergonomist from the ECNC conducted a study and interviewed management and workers, toured four facilities in Honduras, and reviewed medical data maintained by Gildan. This data has not been published by the ECNC or by Gildan and the only known details of the study are included on Gildan’s
According to Gildan (2014), the study evaluated target jobs and processes that were considered to put Gildan employees at high risk for health problems. Although the study and its findings are not included on the website, Gildan does note that the study’s recommendations are being implemented into Gildan’s Ergonomic Programs in its factories.

### 3.2.2. The Canadian Government’s support for Gildan

Gildan lacks an outstanding record for its corporate practices in Honduras. According to Shipley (2013), “The company has been publicly shamed for its practices on a consistent basis since it began shifting its manufacturing from North American to the Global South in the late 1990s, with its Honduran operations among its most notorious” (p. 304). CODEMUH expands these criticisms and focuses directly on the Canadian government’s support for the company’s operations in Honduras. Releasing an open letter to Canadian Primer Minister Stephen Harper who visited Gildan’s factories in Choloma, Honduras on his visit to sign a Free Trade Agreement (FTA) with Honduras, CODEMUH writes:

The production goals and quotas imposed by Gildan Activewear are the highest in the industry in Honduras. To earn $89.99 per week, workers have to produce 550 dozen pieces per day, and are exposed to awkward postures, executing up to 40,000 repetitive movements in their joints, tendons, and muscles per day. These conditions produce Occupational Musculoskeletal Injuries (MSI) ... In Honduras, Gildan does not pay taxes because they are exempt, so it is absurd when we see that a company with such a high level of exploitation of the work force has been applauded as one of the 50 best Canadian corporations and one of the 20 most responsible companies. (CODEMUH, 2011)

Since the June 28, 2009 military coup d’état in Honduras, the Canadian government has increasingly facilitated investments in the country by Canadian-based corporations like Gildan (Gordon, 2011; Shipley, 2013). Support for Gildan from the Canadian government extends simply from political support. While touring Gildan’s factories, Prime Minister Harper reiterates Canada’s support for Gildan’s presence in Honduras: “As a general rule, our Canadian companies have a very good record of social responsibility. [Gildan] pays above minimum wage. It runs health, nutrition, and transport programs for its employees and is a very good corporate citizen” (as cited in
PM Harper’s principal reason for visiting Honduras, was to sign the Canada-Honduras Economic Growth and Prosperity Act or the Canada-Honduras FTA.

The Parliament of Canada approved Bill C-20, the Canada-Honduras Economic Growth and Prosperity Act in the second debate in March 2014 (Parliament of Canada, 2014, March 6). The Canada-Honduras FTA will now be referred to committee where it will be reviewed clause-by-clause before being presented to the House of Commons for the third and final debate.

The agreement contains many advantageous economic and financial benefits to Canadian corporations. Chapter 10 of the bilateral FTA contains the investor protection measures from which Canadian companies like Gildan will benefit. Investor protection allows corporations directly to sue governments whose laws or policies – such as those that protect environmental or occupational health – are believed to limit or prevent corporate profits (Brown, 2004). Such government measures can be deemed to be ‘tantamount to expropriation’ under the terms of the agreement. As a transnational corporation, Gildan can sue the Honduran government if it acts in a manner that is seen to protect already weak and limited enforcement of labour or occupational health and safety laws.

Upon signing the FTA and supposedly attempting to address criticisms that FTAs fail to protect the environment, labour, and the social conditions in the signing country, the Canadian government announced “parallel agreements on labour corporation and environment” (Government of Canada, 2013 November 5). These agreements are found in Chapter 18 and Chapter 19 of the agreement. Despite these efforts, Canadian non-governmental organizations, Common Frontiers and Americas Policy Group (2013, November 5) are critical of the inclusion of these provisions: “The labour and environmental side agreement are mere window dressing given that they are not accompanied by any real enforcement mechanisms to ensure that they are adhered to.” Without an enforcement mechanism, particularly in a country with high levels of impunity, political unwillingness to prosecute and investigate labour violations, it is doubtful that these provisions will indeed fulfill their intention (Cuffe, 2013, November 14).
Although still awaiting final approval in the Canadian Parliament, the FTA contains significant benefits for Canadian companies’ operations in Honduras like Gildan. These benefits include reduced tariffs, most favoured national treatment, national treatment and a guarantee that future governments will maintain a supportive business climate. National treatment under the FTA gives foreign companies all the rights and benefits of domestic firms. The FTA also guarantees private investments in Honduras and negates any future government desires to expropriate or nationalize an investment of an investor or alter, without penalty, the investment guarantees as negotiated under the FTA.

By signing an agreement that promotes Canadian corporate interests in Honduras, the Canadian government is indeed supporting Gildan’s expansion and subsequent economic benefits that result. Gildan has already increased production in Honduras largely due to the business-friendly policies that were approved shortly after the 2009 coup.

Examining the Canadian government’s support and facilitation of Canadian investments in Honduras implicates the Canadian public in these issues. As the FTA negotiated by the Government of Canada facilitates Gildan’s operations, they are also permitting further exploitation of workers’ health and safety that is known to already be occurring. This is largely how I locate myself in my research and justify my feminist-activist research with Honduran women working in Canadian-owned maquiladoras.

3.3. The Context for Honduran Women

Both SAPs and the economic reforms leading to an influx of assembly-line processing plants had significant impacts on the social conditions in Honduras, particularly for women. According to the United Nations Development Programme, Honduran women face higher poverty levels (as cited in Roneros, 2011). In addition, systemic inequality between men and women was calculated with a Gender Inequality
Index of 0.68\(^4\) (as cited in Ronderos, 2011). Although employment has been found as an important form of increasing household income levels, only 37.4 percent of women compared to 71.0 percent of men participate in the formal labour market (Ronnderos, 2011).

Although men are employed in the *maquiladoras*, the industry largely employs women. According to CODEMUH and UAMX (2012), women’s participation in the Honduran *maquiladoras* has fallen, likely as a result of the diversification of economic activities within the *maquiladora* industry. Whereas between 1995 and 1999, Honduran women made up 71.0 percent of the workforce, in 2010, female participation had decreased to 52.8 percent. CODEMUH & UAMX (2012) do however emphasize that although the percentage of women in the *maquiladora* industry has decreased, the largest concentration of female labour within the industry is in the textile and clothing sector.

According to Ledesma Cano et al. (2009), women are often employed in the factories because “they can be easily subjected to conduct repetitive activities, divided into parts, devoid of meaning, and conditions that are hazardous to health” (p. 24). Lloyd (1989) argues that the “availability of the cheap pool of female labour, that keeps sewing costs to a minimum” may be an explanation as to the lack of technical advancement in the apparel sector (As cited in Hague, Oxborrow & McAtamney, 2011, p. 46). In other words, hiring women in the factories allows the sector to continue driving down costs negating technical advancement as many industries struggling to remain competitive are required to do (Hague et al., 2011).

In Honduras, women travel from rural areas outside of the major *maquiladora* cities like San Pedro Sula and its surrounding cities on the north coast, seeking employment to support themselves and their family (CODEMUH & UAMX, 2012). Poverty is a major determinant in why Honduran women tolerate difficult working conditions in the *maquiladoras*. According to studies conducted by CODEMUH and

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\(^4\) As described in Ronderos (2011), the Gender Inequality Index is calculated using three indicators – reproductive health, empowerment and the labour market. Similar to the Gini index that ranges 0 to 1, 0 indicates that women are men fare equally, and 1 indicates that women far poorly as possible in the three indicators.
UAMX, 46.6% of the population of women working in maquilas in Honduras support children under the age of five years old (CODEMUH & UAMX, 2012). And often, when women leave their home to work in a maquila, they are highly dependent on their children, mostly young women under the age of 18 years old, to assist with chores at home (CODEMUH & UAMX, 2012).

According to Shipley (2013) the Honduran maquiladora industry “are notorious for the regulation of their workers’ reproductive rights, enforcing regular pregnancy tests and hiring and firing women based on the results” (p. 311). While women provide cheap labour, Pine (2008) describes the way in which the maquiladora industry attempts to regulate women’s bodies to make them ‘viable’ for the job: “In some factories, women are obligated to take birth control pills and, if they do become pregnant, are faced with the choice between keeping the baby or keeping the job. Dr. Zavelo [an informant in Pine’s research] informed me that in the maquila where he worked, management encouraged doctors to provide abortions as a cost-saving measure” (p. 164). In general and in some ways largely due to patriarchy, machismo, poverty and the likeliness that they have limited exposure to labour organizing, women have become the majority of the work force in the maquiladoras in Honduras and other parts of Latin America.

3.4. Occupational Health and Prevention in Maquiladoras

3.4.1. The role of policy in prevention

Policy is a macrosocial determinant of population health. Policy mandates and determines “upstream social factors” that shape downstream social characteristics (Galea & Putnam, 2007, p. 5). A macrosocial approach to understanding population health acknowledges that social and behavioural circumstances of individuals need to be contextualized in the broader factors that shape their daily lives. Factors such as political systems and government policies, often formed at the national level (Muntaner & Chong, 2008) can drive population health and health inequities, including those in an occupational setting (Beckfield & Krieger, 2009). The social production of disease and political economy of health are both epidemiological theories that state, “any given
society’s patterning of health and disease is *produced* by the structure, values and priorities of its political and economic systems” (italics added, Krieger, 2009, p. 167).

By drawing on the idea that health and disease are produced by political and economic systems, contextualizing incidences of WMSDs in Honduran women workers in Canadian factories are important in describing the structural factors that contribute but can be changed to mitigate to these injuries. This ‘local to global’ phenomenon of this issue as outlined in the conceptual framework of this study demonstrates how the Canadian government’s decision to support Gildan’s operations in Honduras or how SAPs helped facilitate the establishment of *maquiladoras* in Honduras, are upstream social factors that contribute to incidence of WMSD. The macrosocial determinant of health theory also highlights the importance of broad economic, political, and social policy in prevention.

Strong and enforceable labour laws are critical in shaping the labour practices of employers and the occupational settings of workers. Labour laws and regulations can aid in ensuring that risk factors for WMSDs are minimized by enforcing shift and work space rotations, limiting long hours and overtime, enforcing use of personal protection equipment, and providing adequate training and medical treatment (MSN, 2012). Some social epidemiologists have integrated law into their studies arguing that, “law operates as a pathway by which broader social determinants of health have an effect” (Burris, Kawachi & Sarat, 2002). In Honduras, national and international labour codes like the conventions of the International Labour Organization (ILO) are important macrosocial determinants of workers’ health as they monitor, regulate and prevent exposure to work place hazards and risk factors that may be detrimental to health and wellbeing. Although Honduras is a signatory to many ILO Conventions, the lack of enforceable mechanisms makes it impossible to ensure that they are being implemented (See Appendix A for a list of ILO Conventions ratified by Honduras).

### 3.4.2. Occupational health in *maquiladoras*

The purpose of occupational health policy and programs is to protect and promote the health of all employed persons and encompass the full relationship between work and the total health of people (WHO, 1985) Occupational health in *maquiladoras* is
a public health issue because of the growing number of textile and apparel companies that seek to operate in countries with reduced labour costs in order to maximize capital accumulation (Ledesma Cano et al., 2009). Often this translates into precarious working conditions that cause damage to workers’ health, particularly in countries with lenient or weak enforcement of international OHS standards.

The health problems of women workers in Honduran *maquiladoras* is concerning, particularly considering the increasing size of the industry in the Central American country. In 2010, the Honduran apparel industry employed 87,390 people, making it the largest employers in the country (MSN, 2012). With high numbers of workers hired in the industry, weak occupational standards will increase the number of workers exposed to risk factors of WMSDs.

In Latin America, Mexico was the first country to focus early and extensive health research in *maquiladoras*. Although fewer studies have been conducted in Central America, studies in most Latin American countries have outlined the precarious working conditions. These include extended working hours with limited time to rest, restrictive lunch hours, ill-treatment of workers by factory supervisor, high production quotas, and work scheduling requiring prolonged periods of repetitive work (Ledesma Cano et al., 2009; Denman, Cedillo & Harlow, 2003).

In Latin America, anthropological and sociological studies pioneered the investigation of health and safety in some of the first published research on *maquiladora* working conditions, largely in Export Processing Zones (EPZs) in border cities in Mexico in the 1980s. Denman et al., (2003) and Fernandez-Kelly (1983) described symptoms of workers including headaches, difficulties in breathing, pain and irritation, conflictive family dynamics, domestic violence, and unequal distribution of the domestic workload. In the mid-1980s, the first descriptive studies based in Mexico designed to catalogue health and safety in *maquiladoras*, collected ample medical and self-reported health records (Denman et al., 2003). Although many of these qualitative studies began to define a clear and important role for public health research in the *maquiladora* industries, “no quantitative assessments were made of the associations between specific exposures and health outcomes” and thus were limited from a traditional public health perspective (Denman et al., 2003, p.254).
Increasingly in the 1990s, researchers significantly diversified their research on health and safety in maquiladoras and were more successful at reaching policy makers’ awareness on the issue. As Denman et al. (2003) describe in their review of the literature in this time period, studies included research on occupational hazards, worker health and safety programs, evaluations of general health status and symptoms, psychological distress, reproductive outcomes, ergonomic risks, and musculoskeletal complaints.

Consistently across most quantitative and qualitative research of occupational conditions in Mexico, are reports of maquiladora workers being exposed to ergonomic hazards involving repetitive motion that lead to symptoms and injuries like hand-wrist pain, pain in the lower and upper limbs, and in the neck and shoulders (Moure-Eraso et al. (1997); Denman et al., 2003; Bernard, 1997).

Translating to mean “the laws of work”, ergonomics is the “scientific study of people at work” with a goal of “reduce[ing] stress and eliminat[ing] injuries and disorders associated with overuse of muscles, bad posture and repeated tasks” (National Institute for Occupational Safety and Health [NIOSH], 2013). Ergonomics are important public health considerations in examining health outcomes related to occupational exposures in maquiladoras, especially of the potential ergonomics risks pose in long-term disabling injuries in young workers (Denman et al., 2003).

### 3.4.3. Work-related Musculoskeletal Disorders

According to the US Department of Labour, WMSDs are one of the leading causes of lost workday injury and illness (US Department of Labour, no date). It is estimated that in the US each year, WMSDs result in a $45- $54 billion economic burden in the form of compensation, lost wages, and lost productivity (Nussbaum, 2012). In 2002, Ringelberg and Koukoulaki (2002), on behalf of the ETUI describe how WMSDs are a major occupational health problem in Europe, affecting over 40 million workers. WMSDs that result from repetition and cumulative factors when appropriate intervention fails to occur, have a higher economic burden. Therefore, public health and clinical intervention are critical in minimizing their occurrence and severity (Yassi, 2000). The wide-reaching public health impact of WMSDs is reflected in the human and social cost
for the workers and their families, as well as the financial cost for the employers and for society as a whole (Piedrahita, 2006).

According to the National Institute for Occupational Safety and Health (NIOSH) (date), WMSDs are “a group of conditions that involve the nerves, tendons, muscles, and supporting structures such as intervertebral discs.” WMSDs are a health outcome associated with exposure to “fixed or constrained body positions; continual repetition of movements; force concentrated on small parts of the body such as hands or wrist; and a pace of work that does not allow sufficient recovery between movements” (CCOHS, 2014). MSDs are considered to be work-related conditions because of the multi-factorial causes – both work-related and non-work related – associated with their development (Yassi, 2000). Common WMSDs include Carpel Tunnel Syndrome, shoulder tendonitis, epicondylitis, and tenosynovitis of the wrist (Yassi, 2000). Symptoms of WMSDs include “joint stiffness, muscle tightness, redness, and swelling of the affected area” as well as experiencing a “pins and needles” sensation and numbness (CCOHS, 2014). Health problems caused by WMSDs differ in severity from mild periodic symptoms to severe chronic and debilitating conditions (Bernard, 1997; Piedrahita, 2006).

In terms of traditional public health and medical research in this area, working conditions in maquiladoras have been connected with WMSDs (Hague et al., 2011). These disorders are often a result of the nature of the work, the ways in which factories are organized, particularly in developing countries, and the lack of sufficient health and safety standards and prevention (Cedillo Becerril, Harlow, Sanchez, & Monroy, 1997; Denman et al., 2003; Lopez, Blanco, Aragón & Partanen, 2008). Studies in Mexico, Nicaragua and Honduras have argued that weak policies have led to increased exposure to risk factors of WMSD, including high production demands, long work shifts and weak occupational and safety regulations (Prieto-Carrón, 2008; MSN, 2012; ILO, 2011).

According to the ILO, garment production “involves the performance of monotonous, highly repetitive and high-speed tasks, often requiring non-neutral and awkward joint postures. These exposures place garment workers at risk of developing work-related musculoskeletal disorders” (ILO, 2011). The repetitive hand and wrist movements conducted by sewing machine operators are performed with non-neutral
postures of the fingers, wrists, elbows, shoulders, and neck (ILO, 2011). Known risk factors in the garment industry that contribute to MSDs include: need to adopt awkward or fixed working postures; poor task content and variety; high task pacing; inadequate level of training; high amount of forceful and/or twisting actions; inadequate work chairs; and psychosocial health (Hague et al., 2001; ILO, 2011).

3.4.4. Pathophysiology of WMSDs

Performing repetitive and/or forceful tasks can result in injuries in the muscle-tendon unit in the affected area of the body. This type of injury is due to the repeated over-stretch, compression, ischemia, overexertion, and friction of the muscle-tendon unit (Barbe & Barr, 2006). In response to the injury, the body’s first reaction is to initiate an inflammatory response in an attempt to replace or repair the injured tissues with healthy, regenerated tissue (Barbe & Barr, 2006; O’Neil, Forsythe, and Stanish, 2001).

When musculotendinous injuries are not adequately rested and not permitted to recuperate, significant damage can occur (Yassi, 2000; Barbe & Barr, 2006). According to Barbe and Barr (2006), if repetitive or continued task performance is “superimposed upon injured and inflamed tissue a vicious cycle of injury, chronic or systemic inflammation, fibrosis, and perhaps even tissue breakdown may occur” (p. 424). In other words, continued repetitive use of the injured muscle-tendon unit hinders repair and stimulates a chronic inflammatory response.

Studies have been conducted in an effort to understand the length of time and physiological responses that mark the period in which the body switches from acute tissue damage repair to tissue and CNS reorganization when the injury is still under stress (Muggleton, Allen, and Chappell, 1999; O’Neil et al., 2001). Whereas edematous changes were found in tissues of patients experiencing symptoms for less than 3 months, Prostaglandin E3 (PGE2) and Vascular Endothelial Growth Factor (VEGF) were increased in patients with 4-7 months symptom duration. According to Barbe and Barr (2006), PGE2 is believed to “cause vasodilation, edema, and enhancement of cytokines that induce synoviocyte proliferation” (p. 424). VEGF production is thought to be regulated by PGE2 in the tenosynovium (fluid-filled sheath in the tendon) and is
associated with endothelial and vascular smooth muscle cell proliferation during chronic inflammation (Barbe and Barr, 2006). Both molecules contribute to tissue remodelling.

The physiological response in the patients in the 4-7 month symptom duration is also marked by the presence of IL-6, a molecule with both inflammatory and anti-inflammatory properties (Barbe and Barr, 2006). Barbe and Barr (2006) note that the presence of IL-6 is interesting as it is a tightly regulated cytokine that is normally undetected unless there is infection or cellular stress. Given the pathophysiological studies that have been conducted on the molecular responses during 4-7 months symptom duration, it seems to be unknown exactly when the body’s response moves from acute trauma repair to CNS and tissue reorganization (reducing biomedical tolerance and pathological remodelling) – two pathways considered to be chronic inflammatory responses leading to scar formation (O’Neil et al., 2001).

What seems to be clear about studies conducted on the body’s response to musculotendinous injury, is that once inflammation begins, further strain, chronic tissue damage, and injury can be prevented if the inflammatory process is given adequate time to respond and repair the trauma. Even more importantly, if task exposure can avoid tissue injury, then inflammation will be avoided and tissue reorganization can involve beneficial adaptive tissue remodelling. According to Barbe and Barr (2006), it is possible that there is “a threshold of activity below which the tissue response, whether accompanied by inflammation or not, leads to adaptive rather than degenerative long-term tissue changes” (p. 425). If the patient is further exposed to symptoms for over 7 months, studies found fibrotic changes in the affected area leading to chronic injury.

**Clinical Interventions**

Appropriate clinical intervention and workplace surveillance can prevent further trauma. As workers often do not experience symptoms until weeks, months, or even years after exposure, immediate interventions upon complaints of pain, discomfort, and any signs of inflammation are critical (Yassi, 2000). Yassi (2000) outlines that the best approach to diagnosing WMSDs is taking a careful medical and occupational history that includes the location, duration, frequency, and intensity of the discomfort, as well as any aggravating factors. Once WMSDs have been diagnosed, a detailed job evaluation
should be conducted to ensure proper treatment of the patient as well as ensuring that the employee’s job is not jeopardized (Yassi, 2000; Muggleton et al., 1999).

The most effective means of allowing the symptomatic area to rest and minimize tissue inflammation is by reducing or eliminating the worker’s exposure to the ergonomic hazards. Engineering controls are the preferable action, and secondary to that, restricted duty, rest breaks, job rotation, or temporary job transfer should occur. Yassi (2000) notes the extreme difficulty for clinicians to “specify the precise amount of work reduction” needed but that “sound rehabilitation advice and care must be taken to avoid prolonging disability with unnecessary activity” (p. 27). In other words, strict surveillance and clinical monitoring is an essential element of the rehabilitation process. The use of anti-inflammatory medications as a specific medical intervention have been contested but according to Yassi (2000), most clinicians agree that non-steroidal anti-inflammatory agents can be useful in reducing pain.

Ergonomic interventions such as ergonomic workplace design, changes in workplace practices, and the development of methods to quantify the risk potential of different activities have been shown to be effective in decreasing WMSDs (Yassi, 2000; Muggleton et al., 1999). Once diagnosed with WMSDs, reintegration into the workforce has shown to be promising, although must be accompanied by a reduced frequency of actions, reduction or elimination of force, awkward postures, and inadequate pauses (Yassi, 2000). A reintegration program should also involve training and follow-up by physicians with adequate knowledge, skills, and attitudes regarding the issue. Any patient distrust or perception that the treating clinician disregards the symptoms or diagnosis of WMSDs can lead to patient frustration and mistrust that could worsen the issue (Yassi, 2000).

3.4.5. Epidemiological studies related to WMSDs in Honduras

Lack of published national data on OHS in Honduras

The lack of national and epidemiological data published on the issue of OHS in Honduras presents a significant problem in characterizing the health issues experienced by the labour force. In 2001, the International Labour Organization and the Honduran Council of Private Enterprise (COHEP) published a diagnostic report pertaining to
occupational health and safety in Honduras indicating that, “an information system that guarantees the registry, consolidation, data sharing, and timely analysis does not exist and because of that, the real magnitude and significance of this problem is unknown in this country” (ILO & COHEP, 2001, p. 4). Years later, the only OHS data that has been published by the IHSS, which provides healthcare to government and private industry employees covered under a healthcare plan, is the number of workplace accidents experienced by registered employees in ten industries.

In its 2012 annual report, the Honduran Institute of Social Security (IHSS) solely published data on accidents reported in the workplace and failed to provide any further information regarding OHS in the country. Although failing to specify and create a separate report for accidents incurred in the maquiladora industry, the IHSS reported that between 2010 and 2011, nation-wide workplace accidents increased by 105% (2,969 accidents in 2010 to 3,449 accidents in 2011) and declined in 2012 to 3,185 total accidents in the workplace (IHSS, 2012).

According to CODEMUH, the IHSS omits data regarding illnesses classified as being a result of “professional risks” or exposure to risks in the workplace (CODEMUH & UAMX, 2012). The IHSS’s omission of this data does not mean that IHSS-classified occupational illnesses or health conditions do not exist. CODEMUH reports that through its own advocacy and engagement with the IHSS, they have achieved the classification and diagnosis of occupational illness, specifically WMSDs. Since 2008, the IHSS has continued to document “professionally-classified illnesses” that the Professional Illness Technical Commission in the IHSS recognize as professional injuries including carpal tunnel, shoulder tendinitis, and mechanical lumbagos (CODEMUH representative, personal communication, November 13, 2013). CODEMUH and UAMX (2012) writes,

In recent years, CODEMUH has achieved the recognition of occupational diseases for 60 workers, in 80 cases they have achieved a change of work post, and 18 workers are receiving pensions for permanent partial disability which are recognized by the IHSS. It is worth mentioning that in the vast majority of these cases, the diagnosis has been for occupational musculoskeletal disorders (p.7).

Although CODEMUH has succeeded in obtaining a diagnosis for various cases in the IHSS, CODEMUH’s estimations of WMSDs based on the cases they are assisting
is very limited. This is because CODEMUH advises workers that must first individually recognize their symptoms or illness as work-related, then seek CODEMUH's assistance. Workers then must decide, based on information provided by CODEMUH and through an analysis of the risks associated with coming forward about their health issue, to seek a diagnosis from the IHSS. Therefore, it is quite possible that CODEMUH’s success at assisting workers in having their professional illnesses classified by the IHSS are a gross underestimation of the number of workers experiencing WMSDs.

Although there are employer-funded health clinics inside many factories, including those operated by Gildan, it is unknown to what extent the company maintains their own patient records and data related to OHS. Third-party inspectors of Gildan’s factories have noted that Gildan’s Ergonomic Program mentions the “importance of keeping records”, however, to CODEMUH’s knowledge, Gildan has not published data related to WMSDs in their factories (Romero & Narvaez, 2012). This issue and the findings of third-party inspectors will be further discussed in Section 3.4.7. CODEMUH is also highly sceptical of data reported, collected, and maintained by the employer due to the conflict of interest of Gildan-funded healthcare professionals (CODEMUH representative, personal communication, November 15, 2013).

**Epidemiological Studies**

There have been few epidemiological studies conducted in Honduras that examine the prevalence of WMSDs in the *maquiladora* sector. In the few studies that have been conducted, reports of WMSDs have been found.

A comprehensive cross-sectional study carried out by Ledesmo Cano et al. (2009) involved the participation of 199 women workers in the *maquiladora* sector, employed in different industrial parks (EPZs) in the city of Choloma. The purpose of the study was to identify the repercussions of the work conditions of women *maquiladora* workers in the presence of stress and its relation to health harms.

Ledesmo Cano et al. (2009) found that women reported various work demands and exposures related to WMSDs: 93% reported having to fill a production quota; 92.5% reported conducting repetitive work; and 61.3% reported that they were unable to leave their work space unattended for more than five minutes. In terms of movements that
workers conduct as part of their operation or work task, 86.9% reported conducting work with repetitive movements of the hands or having to excessively open or bend their fingers; 85.9% reported repeating a set of tasks at least once every thirty seconds; and 71.4% had to conduct movements involving rotations of their waist. Ledesmo Cano et al. (2009) report that 47.7% reported suffering from WMSDs, which excluded lumbago, which was measured separately.

Ledesma Cano et al. (2009) found that the prevalence of ailments in the workers was high, with a morbidity rate of 926 health harms per 100 workers. In other words, “more than 9 different ailments per worker” (Ledesma Cano et al., 2009, p. 26). The authors note that morbidity rates found in their study are much higher than other studies conducted using the same standardized instruments and surveys. Mendoza (2000) found a morbidity rate in Mexico of 368 ailments for every 100 workers, a rate much lower than what was found amongst Honduran workers. Ledesma Cano et al. (2009) also describe a positive association between reports of stress and WMSDs with the exception of lumbago, finding that the prevalence rate of WMSDs among women workers reported to be under stress is 2.06 (p= 0.0007; CI 95% 1.26 to 3.36) (Ledesma Cano et al., 2009).

As early as 2006, CODEMUH commissioned a small team of medical doctors, specialized in occupational health from the public Metropolitan Autonomous University of Mexico, to direct and advise them on the collection of epidemiological evidence of the occupational health problems of labourers in the apparel industry in Honduras. In carrying out judicial and medical accompaniment of Honduran women suffering from occupational health injury, CODEMUH realized that the lack of national statistical and epidemiological data documenting the frequency and seriousness of occupational health and safety was a serious challenge to their work (CODEMUH & UAMX, 2012). This issue is similar to what researchers like Denman et al. (2003) and O’Neill (1999) have found in Mexico – the failure of the relevant state institutions to adequately classify occupational accidents and illnesses specifically of the maquiladora sector and in general, underreporting surveillance and illness statistics. The lack of compelling evidence made it difficult to negotiate improvements in the working conditions and
necessary compensation for injury from the clothing apparel companies, the Honduran institutions responsible for regulating the industry and providing medical treatment\textsuperscript{5}.

According to CODEMUH, working conditions for Honduran women sweatshops workers have caused a number of illnesses including WMSDs (MSN, 2012; CODEMUH, 2006). In a 2006 study that involved 90-120 minute medical examinations coordinated by CODEMUH and conducted by Dr. Luis Manuel Perez H. Pantoja of the Metropolitan Autonomous University of Mexico in November 2005 and January 2006 of 53 retired and active women workers in Choloma and Villanueva, 92.4% of workers complained of symptoms of WMSDs. Diagnoses was made after a medical examination and questionnaire that involved correlating the health complaint with the type of movement conducted at each workers’ job, the repetition of their operation, tools used at their workspace as well as position adopted while working. The study found that 22.6% complained of dorsalgia (upper back pain), 20.7% of cervicalgia (neck pain), 18.9% of lumbar spine syndrome, 13.9% of sciatica, 9.4% of carpel tunnel syndrome, 5.6% of rotor cuff syndrome, 1.9% of ganglion cyst, and 1.9% of forearm tendinitis (CODEMUH, 2006).

In June 2012, a convenience sample of 526 workers employed in textile maquilas in four municipalities (Choloma, Villanueva, San Pedro Sula, and La Lima) from the northern department of Cortes, were surveyed about issues related to OHS. Data collected by trained CODEMUH staff and analyzed by Dr. Perez H. Pantoja showed 55.2 per 100,000 workers employed for three years or less in maquiladoras suffered from WMSDs symptoms. The WMSD prevalence rate for maquiladora workers employed for more than 13 years was 70.4 per 100,000 workers indicating that a longer duration of exposure increases the prevalence of WMSDs (CODEMUH & UAMX, 2012).

A section of the 2012 study is dedicated to examining how the prevalence of WMSDs symptoms reported by the sample (N=526) is associated with diverse unergonomic work demands and work organization; forceful movements of anatomical

\textsuperscript{5} According to CODEMUH (2006), these state institutions include the Secretaría de Salud (Ministry of Health), Instituto Hondureño de Seguridad Social (IHSS) (Honduran Social Security Institute), Secretaría del Trabajo y Previsión Social (Ministry of Labour and Social Security)
regions of the body; manual handling of loads; and movements of anatomical regions of the body.

The study found the prevalence of WMSD symptoms to be 1.3 when workers are required to fulfill a production quota (N= 324, p = 0.0065, CI 95%, 1.05- 1.63); and a WMSD prevalence of 1.4 when workers complete work cycles up to 30 seconds compared to work cycles of over 30 seconds (N= 324, p = 0.0032, CI 95% 1.08- 1.80). Prevalence of WMSD symptoms were associated with forceful movements conducted by shoulders, arms, and hands (PR = 1.16, N= 324, p = 0.0372, CI 95%, 1.0 – 1.36); and back and waist involving lifting objects from floor level (PR= 1.34, N= 324, p = <0.0001, CI 95%, 1.17- 1.54) (CODEMUH & UAMX, 2012).

According to CODEMUH & UAMX (2012), major concerns expressed by Honduran workers employed in clothing factories include “repetitive movements, the adoption of forced postures, heavy-lifting, a large psychological burden dependent on the duration of work shift, high production quotas, strict supervision, and minimal or no work autonomy” (p. 6). They expressed further concerns over “a Taylorist labour organization model, un-ergonomic risks in the design of workplaces, in addition to [exposure to] high temperatures, noise, dust, deficient lighting, and exposure to toxic substances” (p. 6-7). Similar to the other studies that outline the detrimental health impacts caused by occupational exposures in global sweatshop factories (Moure-Eraso et al, 1997; Fernandez-Kelly, 1983; Ledesma Cano et al., 2009), CODEMUH's research team found similar results.

An important conclusion from the CODEMUH commissioned studies that would later support their complaint launched against Gildan to the international third-party mediator, the Fair Labor Association was the source of women's health problems. CODEMUH argues that ergonomic programs implemented by transnational corporations have failed to address the main hazards associated with WMSDs - high production quotas and four-by-four work shifts (2012). According to CODEMUH and UAMX’s (2012) study and CODEMUH’s (2012) complaint before the FLA ergonomic programs and FLA inspections of Gildan’s factories have not eliminated the high production quotas and long work shifts that expose Honduran women to long durations of repetitive movements, awkward postures, and non-ergonomic work spaces. Until ergonomic programs address
these two hazards that are associated with the organization of work and management inside the factories, workers will remain vulnerable to work-related MSDs (CODEMUH, 2011)

3.4.6. Psycho-social health in maquiladoras

Related to physical injuries and occupational hazards in the factories that cause WMSDs, a significant body of literature documents the emotional, psychosocial, and psychological impacts of maquiladora work. In Choloma, Honduras, Ledesma Cano et al. (2009) found elevated reports of stress amongst 75 percent of the 199 trabajadoras [female workers] which they attributed, along with a high percentage of reports of fatigue (83.4 percent), to the high level of demands inside the factories. Stress was found to be associated with reports of migraines, anxiety, lower respiratory tract diseases, musculoskeletal disorders, and psychosomatic disorders of the cardio circulatory system (Ledesma Cano et al., 2009). More broadly, research has shown the negative impact of prolonged stress on alterations of the immune system and arterial hypertension (Ledesma Cano et al., 2009).

According to research conducted by CODEMUH & HIMT (2012) in Honduras, exposure to hazardous environmental conditions such as extended periods of stressful and sustained labour demands while under strict supervision, turns acute stress into distress. The European Agency of Safety and Health at Work (no date) writes that psychosocial risks and stress “arise from poor work design, organisation and management, as well as a poor social context of work, and they may result in negative psychological, physical, and social outcomes such as work-related stress, burnout, or depression.” The same agency cautions that work-related stress, like many mental health issues, is often misunderstood and stigmatised. In addition, the occupational hazards that generate these health problems in the working population should be viewed as an organizational issue and not the fault of an individual worker (European Agency of Safety and Health at Work, no date).

In CODEMUH and UAMX’s commissioned health studies, distress, anxiety, and depression are observed at a higher frequency in women workers than in men (CODEMUH & UAMX, 2012). Reports of depression are positively associated with
labour demands on the assembly lines that make workers feel that they cannot drink water or use the bathroom in order to fulfill the production quota; they cannot communicate with their teammates; they must conduct boring work; and they know that their work is likely to cause health problems (CODEMUH & UAMX, 2012). CODEMUH and UAMX (2012) also found that of 526 interviewed workers, 46 percent reported feeling they suffered from anxiety, and 55 percent with depression.

3.4.7. Third party inspections of Gildan’s factories in Honduras

After CODEMUH filed a Third Party Complaint to the FLA on February 8, 2011, the FLA accepted the complaint and requested that Gildan investigate the allegations within 45 days. According to the FLA (no date), CODEMUH’s complaints included:

[H]ealth and safety issues due to work management, ergonomic design of workstations at the facilities, and atypical work shifts. According to the complainant, the health and safety issues also have ramifications for workers with respect to compensation, harassment or abuse and discrimination (p. 1).

To investigate the complaint, the FLA engaged two ergonomic experts, Dr. Lylliam Lopez Narváez and Dr. Luis Blanco associated with the Research Centre on Health, Labour and the Environment based in Leon, Nicaragua. Both experts toured two factories – Gildan’s San Miguel factory employing 4,500 workers and Rio Nance #3 factory employing 1,653 workers in Choloma – spending a total of four hours at each plant operated in November 2011. Surveys of 98 active workers selected at random in both factories and semi-structured interviews were conducted with various stakeholders including Gildan management, IHSS representatives, four Gildan physicians in both factories, CODEMUH and the Ministry of Labour (Narváez & Blanco, 2011).

Based on worker’s survey responses related to WMSDs, Narváez and Blanco (2011) report that in the Gildan’s San Miguel factory:

Two out of every three workers (32) surveyed stated having muscular pain or discomfort. Of these, 24 considered the pain to be caused by the work activity and the remaining 8 that the pain worsened due to the current work. A little less than half of them experience the pain during the workday and the rest at the end of the workday. Nonetheless, one third
also report feeling pain when activities were done at home. With respect to the onset of pain, two thirds stated a period longer than 6 months (p. 20).

Similarly, the inspectors found in Gildan’s Rio Nance factories that “of the 40 workers, 6 have expressed having pain (discomfort) in the back, and 3 in the shoulders in the last 7 days” (Narváez & Blanco, 2011 p. 26). Furthermore, the information collected during the inspections coincided with “diagnoses of the Honduran Social Security Institute and the Facility’s Health Care Service” (Narvárez & Blanco, 2011, p. 3).

Although a document review was part of the FLA inspection of Gildan’s factories, Narváez and Blanco (2011) did not comment if or what type of data or employee medical records that Gildan maintains in its health clinic. However, in the recommendation section of their report, it is noted that Gildan developed corrective action plans based on their recommendations, which confirmed the existence of a Medical Visits Electronic Registration System. Health data entered into this system allow Gildan’s doctors to “generate statistics for monitoring all types of illnesses, including musculoskeletal, to conduct research and to promote preventive activities” (FLA, 2011, p. 6). It is unknown why Narváez and Blanco did not include investigating the electronic health data system as part of their inspection.

The inspectors concluded that Gildan has a “robust and well-structured” Ergonomic Program but noted that, “training has been provided primarily to the members of the Ergonomic Committee and to very few workers” (p. 3). Information regarding prevention and knowledge of access to medical services “has not reached workers in production and there is no active worker participation” in the Ergonomic Program. Narváez and Blanco (2011) also describe OHS conditions in the factory, noting that:

Workers who perform their jobs in a seated or standing position adopt uncomfortable postures and do not use the chair adequately; the work they perform is repetitive, monotonous and requires repetitive movements of the upper extremities. The ergonomic evaluations are not systemic and only use two instruments for evaluation (p. 4).

Overall, the FLA commissioned inspection was critical of Gildan’s Ergonomic program alluding and not stating clearly, that the Program as it is now implemented, is
insufficient. In their final report, the inspectors noted the health risks associated with Gildan’s production quotas and long durations of repetitive movements.

The inspectors made six recommendations related to training, worker participation, integral care of worker health, ergonomic evaluations, surveillance system for MSDs, and production targets, and pauses (FLA, 2011). Of particular importance to this study, the inspectors recommended that more workers be trained on ergonomics and occupational health. They note that “ergonomic evaluations of all workstations should be conducted, rather than conducting them when requested by workers or in workstations where musculoskeletal problems are recognized or diagnosed” (FLA, 2011, p. 5).

Narváez and Blanco (2011) also recommended that an evaluation of work times or work shifts be required as well as the establishment of rest periods noting that the production “goal” placed workers at risk of injury (p. 6). They suggest an alternative which would involve reducing the production quota or reducing “the number of pieces in the bundles given to workers” (p. 6). Although they recommend adequate rest periods, the inspection and the report do not address the time frame required for adequate recuperation or surveillance following a complaint of WMSD symptoms. Appropriate rest periods are essential in reducing cumulative trauma that leads to chronic or systemic inflammation of the injury that can lead to disability.

Although the inspectors confirm many of the concerns raised by CODEMUH, the report further places the sole responsibility of workers’ OHS on the employer instead of addressing the role of Honduran or Canadian institutions (given that Gildan is a Canadian company) in appropriately monitoring and ensuring compliance with national and international OHS regulations and laws. This is particularly important when examining systematic and industry-wide prevention measures. The FLA and the same inspectors have been commissioned to inspect other foreign-owned factories in Honduras as a result of complaints of incidences of WMSDs (Blanco Romero & Narvaez, 2012).

The inspection failed to adequately deal with the issue of prevention although it does confirm that WMSDs are an occupational health issue in Gildan’s factories, an
acknowledgement that the employer has already made. Instead of focusing on the processes that demonstrate how Gildan’s Ergonomic Program has failed to address complaints of WMSDs, Narvárez and Blanco (2011) accepted Gildan’s Ergonomic Program as being the most effective and suitable form of preventing WMSDs. The inspection was conducted on the preface that Gildan’s Ergonomic Program is the solution to complaints of WMSDs and poor OHS in the factories and very little mention of the Program’s failure to prevent WMSDs are made in their report.

In addition, the FLA report did not address the issue of past and current WMSD cases. It did not question the failure or lack of procedural measures that Gildan must employ in order to prevent and resolve complaints of WMSDs amongst workers as they develop WMSDs. The FLA inspection failed to include the insights of workers that have incurred WMSDs in Gildan’s factories. This would have provided greater insight into the systematic processes and actions of all stakeholders – Gildan, physicians inside the factories, the IHSS, etc – that had failed to protect workers as they developed WMSDs on the assembly line. Furthermore, there was no acknowledgement of past or current cases being processed by the IHSS and the responsibility of the company or the Honduran state to provide adequate medical assistance and coverage to those already diagnosed with WMSDs.
Chapter 4. Methodology

This section will provide a methodological overview of how this research study was conducted in Choloma, Honduras. First, it will briefly describe the methodological contributions of feminist qualitative research and grounded theory. It will then provide an overview of the location of the research and the way in which a case study of Honduran women that had incurred MSDs in Gildan’s factories, was designed. This is followed by a methods section that outlines how participants were recruited and the procedures that were followed in conducting interviews and observation at the CODEMUH office, the research location. And finally, this section will describe how interview data was collected, analyzed and how themes within the data were identified as well as the strengths and limitations of the study.

4.1. Feminist Qualitative Research

Qualitative research attempts to contextualize the human experience by studying research subjects in their natural settings and interpreting the meanings that individuals bring to their lived experience (Denzin & Lincoln, 2005). Qualitative research methods gained wider acceptance in the 1970s, a period characterized by debates and criticisms of the quantitative paradigm including positivism, objectivity, and disengagement from the research process (Morrow & Hankivsky, 2007).

The methodology that I chose for this study is feminist research. According to Morrow and Hankivsky (2007) feminist researchers are critical of qualitative inquiry that fails to understand gender and “social, economic and political dimensions of power and how these are structured through relations of gender, race, class, ability, and sexual and
gender identity” (p. 106). Feminist researchers emphasize that these important critical categories of analysis are fundamental in understanding and uncovering meaning in participant’s experiences (Morrow & Hankivsky, 2007; Naples, 2003; Hesse-Biber, 2012).

Historically, feminist research has made significant contributions to challenging androcentric and ethnocentric scientific studies that have excluded women’s participation and guidance in research (Morrow & Hankivsky, 2007). Most importantly, feminist inquiry has emphasized the role of epistemology, the “theory of knowledge” and who can, or cannot, be a “knower” in the research process (Harding, 1987). As a researcher, acknowledging one’s role in the research context and the creation of knowledge challenges the positivist scientific paradigm of objectivity and allows for a process of understanding how social bias and historical structures of power influence the research process.

In an effort to place the role and identity of the researcher at the forefront of the research process, feminist researchers often discuss reflexivity as an important element of inquiry. Through the concept of reflexivity, feminist researchers have insisted on examining the role of the researcher and the importance of locating oneself in the research process and describing one’s social location (Heron, 2005). According to Olesen (2007), reflexivity has many forms including “(1) full explanation of how analytic and practical issues were handled; (2) examination of the researcher’s own background and its influences on the research; and (3) reflections on the researcher’s own emotions, worries, feelings” (p. 423). The prominent role of reflexivity in my research was explored and described in the prologue of this study and is a theme throughout my research.

Embedded in feminist research are principles of social justice and employing research to generate meaningful change (Morrow & Hankivsky, 2007). Born out of resistance to positivist ways of ‘knowing’ and androcentric research (particularly in health research), feminist inquiry attempts to understand and address power and intersecting forms of women’s oppression. The inherent principles of feminism including reflexivity, social justice, and change theory has lead me to identify my research study with Honduran women as a feminist qualitative researcher.
4.2. Grounded Theory

Having evolved significantly since it was first developed in 1967 by sociologists Glaser and Strauss, grounded theory can be defined as “the discovery of theory from data systematically obtained from social research” (p. 2). As a research method, grounded theory involves simultaneous data collection and analysis that encourage researchers to remain intimate with the empirical world they are studying, while cross-checking the emergent themes from the data with theoretical concepts (Charmaz, 2005).

Feminist researchers have been critical of some forms of grounded theory, particularly its early formulations by Glaser and Strauss in The Discovery of Grounded Theory (1967) that have since developed and expanded over time. Olesen (2007) argues that versions of grounded theory are a form of “inductive positivism” that suggest an objective and removed role of the researcher in the social interactions and experiences of the study participants. Positivist elements of certain streams of grounded theory, like objectivist grounded theory, thus conceal the agency and interpretation of data collection and analysis. They imply that researchers begin their inquiry as passive observers with no knowledge or acquaintance to prior research and theory (Olesen, 2007). For feminists researchers, raising the question about the role and influence of the researcher is a fundamental discussion in some phases of grounded theory and streams of feminist research. This examination can be conducted using reflexivity (Neill, 2006).

Neill (2006) notes that reflection and reflexivity in the research process are often used interchangeably in the literature but do have important differences. Whereas reflection is concerned with ‘thinking about’ the research process, reflexivity is “more immediate, continuing, dynamic, and subjective self-awareness” (Neill, 2006, p. 254). An effort to incorporate critical reflexivity as I approached my research process is outlined in the Prologue section of this study. As I completed my field notes and in the formulation of my ideas, I was cognizant of the importance of continuous reflexivity in positioning myself in the research and understanding how my own beliefs, thoughts, and emotions influenced this process.

Examining grounded theory through a feminist lens has also raised questions about ethical issues in research – approaches to data analysis, privacy, consent,
confidentiality, and the impact of the researcher on lived experiences of participants – all of which can be documented and better understood when researchers are highly reflexive (Olesen, 2007).

I have incorporated grounded theory in my research methodology due to its constructivist elements, emphasis on the research participants’ views of their situation, and the importance of the subjective meanings of their experiences (Crewell, 2007). My choice to use constructivist grounded theory instead of objectivist grounded theory is because a constructivist approach emphasizes the role of the researcher in the process. According to Charmaz (2002), constructivist grounded theory is rooted in the idea that, “what observers see and hear depends upon their prior interpretative frames, biographies, and interest as well as the research context, their relationships with research participants, and modes of generating and recording data” (p. 6397). Constructivism does not adhere to objectivist, positivist assumptions that are more characteristic of objectivist grounded theory. It challenges the notion that researchers can view and interact with their research as tabula rosa (Charmaz, 2002).

My choice of constructivist grounded theory over the objectivist approach allowed for consideration of my epistemology approaches and immersion in the research process. This is similar to Naples’ (2003) arguments that the methods that researchers use are loaded with epistemological assumptions that influence the formation of the research questions, how data is understood, and how the appropriate products of the study are determined.

In my research, the concept of allowing Honduran women’s voices to shape the direction of my research was fundamental. Constructivist grounded theory afforded me the ability to do so. As an “emergent method”, grounded theory is an “inductive, indeterminate, and open-ended” method of researching and theorizing about the empirical world (Charmaz, 2008, p. 155). As themes and theories emerge from the data, grounded theory prioritizes a research participant’s voice and experiences about the world around them. Throughout my inquiry - and like other feminist researchers - I viewed my research participants as experts of their own experiences, of their health, and in their interactions with others (Naples, 2003).
The purpose of the emergent nature and process-focussed stages of grounded theory is to “develop middle-range” theories\(^6\) (Charmaz, 2002). The process of grounded theory analysis – coding, memo-making, and theoretical sampling – move the work towards constructing theoretical formulations (Charmaz, 2002). The coding process involves the researcher generating their own codes, instead of applying concepts founded in theory. Coding is focussed on action and process, involves simultaneous coding, and further dating collection, and an emphasis on analytic development rather than description (Charmaz, 2002).

Another methodological consideration for using grounded theory is its many applications for social justice inquiry (Charmaz, 2005). Charmaz (2005) attests that grounded theory as a social constructivist and emergent method “adopts .. guidelines as tools but does not subscribe to the objectivist, positivist assumptions in its earlier formations” (p 509). It also “offers another alternative: a systematic approach to social justice inquiry that fosters integrating subjective experience with social conditions in our analysis” (p. 510). Choosing grounded theory as a methodology therefore provided me with strategies to approach social justice inquiry that are also essential to feminist qualitative research.

**4.3. Methods**

**4.3.1. Location of the research**

I conducted my research in coordination with the Honduran Women’s Collective, a Honduran women’s organization based in Choloma, Honduras. Through the twenty-three years of its existence as a feminist grassroots organizations, CODEMUH has accompanied and supported Honduran women confronting issues of domestic and

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\(^6\) According to Merton, middle-range theories are a sociological concept that “lie between the minor but necessary working hypotheses that evolve in abundance during day-to-day research and the all-inclusive systematic efforts to develop a unified theory that will explain all the observed uniformities of social behaviour, social organization, and social change” (p. 448). They change to account for what is observed in research and are different from general theories of social systems that are too remote from particular classes of social behaviour and change (Merton, 1949).
labour violence, women’s reproductive rights, and occupational health concerns of workers in sweatshop factories. As Mendez (2005) describes a Nicaraguan-based women’s group named María Elena Cuadra, also a Latin American partner of CODEMUH, both organizations “engage with global and nationalist discourses and sometimes enact transnational political strategies” and “seek[s] to address the negative effects of globalization” (p. 59). When I first learned of CODEMUH’s work, it had offices located in three cities in northern Honduras—Choloma (coined the ‘sweatshop city of Honduras’ by a billboard as you enter the city), Villanueva, and San Pedro Sula (See 4.1. for a map of Honduras). These cities are home to the majority of apparel factories in the country and all within two hours of Puerto Cortés, the largest shipping port in Central America.

Figure 4.1. Map of Honduras

CODEMUH closed its office in San Pedro Sula office in 2010 due to reductions in financial contributions to the organization likely a result of the 2008 financial crisis and the economic and political instability in Honduras following the June 28, 2009 military coup d’état in Honduras.
I first became aware of CODEMUH’s work through my previous engagement with the organization on human rights discussions and activities related to the practices of North American-owned apparel factories in Honduras. When Canadian Prime Minister Stephen Harper visited Honduras in August 2011 to sign the Canada-Honduras FTA with the former President of Honduras, Porfirio Lobo, CODEMUH mobilized a group of workers employed in a Gildan, a Canadian-based apparel company operating in Honduras, to protest the signing of the agreement. Together with CODEMUH, affected communities of Canadian mining companies, and indigenous organizations, we protested outside of the San Pedro Sula EXPO Centre when PM Harper was first signing the FTA with Honduras despite widespread reports of serious human rights and labour violations committed by Canadian corporations. I had also previously organized groups of North Americans visiting Honduras on education delegations to visit CODEMUH’s office to learn about their work and the plight of Honduran women workers suffering from occupational health problems. In Honduras, CODEMUH is the only grassroots feminist organization that has the capacity to organize and mobilize women on labour and occupational health issues.

4.3.2. Case study research

Given my previous knowledge and interaction with CODEMUH and after traveling to Honduras to discuss my thesis research and obtain their approval in January 2013, I chose to base my research out of their main office in Choloma. It was within this context that I conducted a case study on women’s health in maquiladoras, using a case study as a research strategy that guided the methods I used for data collection.

To view CODEMUH’s statement about the first signing of the Canada-Honduras Free Trade Agreement and Prime Minister Harper’s trip to Honduras where he visited one factory of Canada-owned apparel company, Gildan, see (CODEMUH, 2011). In the years following the initial signing, various negotiations took place regarding the content of the agreement and it was later re-signed on November 5, 2013. Although approved by the Honduran Congress, the agreement was approved by the Canadian Parliament on March 6, 2014 and will now be passed to committee for review.
According to Creswell (2007), case study research “involves the study of an issue explored through one or more cases within a bounded system (i.e., a setting, a context)” (p. 73). CODEMUH's office in Choloma provided me with a setting or bounded system in which I conducted my interviews, recruited my participants, and sought to understand the context of women's occupational health concerns in maquiladoras. The unit of analysis or ‘case’ was defined as Honduran women employed in Gildan’s maquiladoras that are suffering from symptoms or health concerns related or caused by WMSDs. Following Yin (2009), data was collected using interviews that described the ‘phenomenon’ under study – the limitations of employer prevention programs, and the processes that demonstrated these limitations. The interview data was distinguished from data collected externally from other cases and scenarios in the CODEMUH offices which acted as the context of the case study research (Yin, 2009).

Selecting CODEMUH as my point of contact with the lives of Honduran sweatshop workers, provided me with access to the large number of women sweatshop workers in and on the outskirts of the city. These women visit the office on a daily basis to participate in discussion groups, workshops, conferences, organized activities, seek legal and medical advice, and conduct individual case follow-ups with the organization’s lawyer. Since Honduran women affiliated with the organization have built trusting relationships with the staff and support their vision, my association with CODEMUH facilitated my access to an environment and a specific demographic of workers. Through CODEMUH's organizing work, the women workers have developed (although not consistently and uniformly) their political consciousness and awareness of their identity as women, as workers, and as individuals born and raised in the Third world or a developing country where foreign capital seeks profitable business opportunities.

4.3.3. Recruitment

CODEMUH organizes weekly discussion groups where women workers from different apparel companies including workers from Canadian-owned Gildan, come to the CODEMUH office to discuss their latest work shift. All of Gildan’s factories work on a four-by-four work shift, meaning employees work four days and then have four days off. In order to provide space for all of Gildan workers to visit its office, CODEMUH organizes
a block of two hours per week for each rotation - women from *turno A* (shift A) one day of the week and another for *turno B* (shift B).

In total, there were three selection steps in the recruitment of my participants. Purposeful sampling permitted the selection of information rich cases that allowed for an in-depth examination of women’s experiences in the factories. The first selection step involved inviting Honduran women workers that voluntarily attend events, activities and social gatherings with CODEMUH. In other words, women that do not attend CODEMUH’s frequently organized activities were not invited to participate.

To begin recruitment of my participants, I introduced myself and the purpose of my research – to understand how Honduran women perceive, experience, and respond to occupational hazards in Canadian-owned *maquiladoras* in Honduras. I presented a description of the purpose of my research to the women from both *turno A* and *turno B* during the weekly discussion groups. I invited a small group of women working in two different factories owned by the same company from each work rotation (*turna A* and *turno B*) to approach me if they wished to participate in the study. Both factories are owned by Gildan but are located in two separate cities of Choloma and Villanueva, in the department of Cortés (see Figure 4.1. for a map of Honduras) and thus in two different ZIPS. Women employed in Gildan’s factory in Choloma reported that they assemble t-shirts, whereas in Villanueva, participants assemble sweat clothes (sweaters and pants). It is unclear whether these are permanent product assignations for both factories, although regular product changes is unlikely due to specialized training required for timely production.

Although unplanned and uncoordinated on my part, each group of women decided to discuss amongst themselves who would speak with me so as to provide diverse but clear perspectives of their experiences in the sweatshop factories. This was the second selection step of my recruitment- one that I did not plan but was decided by the women upon inviting them to participate in the research. Selection of participants was thus a collective decision made by the women who determined whose individual life narratives would best represent their voices and experiences as a group. At the time of announcing to the group that I was recruiting participants, I did not specify that I hoped to interview only women experiencing symptoms and injuries related to WMSDs. As a
researcher, this information regarding the health status of the participants was revealed in the process of the interviews. It is quite likely, however, that upon collectively selecting the participants, the group of women knew that the participants suffered from WMSDs had rich and detailed experiences to share.

Since there are various companies that operate under different occupational health and safety policies, I initially decided to conduct interviews with women employed with the company that maintained its head office in Canada, my home country. To initiate the interview process, I invited only Gildan workers to participate in the study – the third and final selection step in the recruitment process. CODEMUH regularly coordinates with over 100 Gildan workers that participate frequently in their activities from shift A, shift B and from two different factories. As I began interviewing women employed with Gildan specifically, I decided to recruit women working with one other company (Delta Apparel from the US) to locate Gildan worker’s interviews in the context of the general sweatshop worker’s experience in Honduras. These women were important key informants that informed my understanding of maquilas in Honduras.

In order to place the interviews with sweatshop workers in a culturally appropriate, social, economic, and political context, I also recruited key informants or individuals knowledgeable of Honduran and international labour policies, law, and occupational health and safety. Recruitment of my key informants involved approaching each individual, informing them of my interest in an interview and then scheduling the most appropriate time to meet with them.

4.3.4. Procedures

This study explored the occupational health concerns of Honduran women working in sweatshop factories in Honduras. The methodology of my research is feminist qualitative inquiry, rooted in principles of grounded theory. This research is a case study using interviews, observations, and field notes in the data collection process. However interviews with injured or disabled women workers suffering from WMSDs act as the primary source of data collection.
In addition to interviews with women workers and key informants, I observed various activities and meetings. These observations generated rich field notes. I observed – and often was invited to participate in – the weekly and well-attended discussion groups held in the CODEMUH office. These groups involved between 20-40 women from each of the rotating work shifts. I also observed the meetings of the CODEMUH Coordination, including brainstorming sessions and discussions with CODEMUH’s lawyer and medical doctor as they discussed specific cases that they were advocating for, in the IHSS and the Honduran Ministry of Labour or Honduran courts. I also attended collaborative discussion forums. These included the ‘Alternative Tribunal Against Feminicides’ discussing feminicides, violence against women and impunity in Honduras; the ‘Regional Forum: Occupational Health and Social Security’, involving a discussion about occupational health and social security issues for sweatshop workers from Honduras, Nicaragua, Guatemala, and El Salvador, and the ‘Forum for Women Workers of the Export Industry’ with participation from women employed in the sweatshop and banana industry in Honduras. I also took field notes of various informal conversations and meetings I had with several women during the four months I spent with CODEMUH between June and December 2013.

Prior to initiating data collection, I spent three months from June 2013 to August 2013 at the CODEMUH office becoming familiar with the issues the organization was involved with; attending various forums and activities and most importantly, observing and engaging in intimate discussions with sweatshop workers and CODEMUH staff in small groups and on an individual basis. After spending 1.5 months in the Honduran capital city of Tegucigalpa, and reflecting on my three month experience with CODEMUH as grounded theorists recommend (Charmaz, 2008), I returned to Choloma to begin recruitment and data collection in October 2013. Half of my interviews were conducted in October 2013 and the second half in November 2013, to allow myself time to reflect and analyze the first round before beginning the second set of interviews.

4.3.5. Participant sample

I conducted semi-structured, one-on-one interviews in Spanish with seven women from Gildan (See Appendix B for interview guide). All participants were between the ages of 22 and 49 and all had been working for their current employer, between 3 to
14 years (see Table 4.1 for participant characteristics). Interviews were 50 minutes to one hour and 45 minutes in length. Two women employed with Gildan with serious health problems had recently been fired or forced to resign from their positions. One of the two workers who was fired, is seeking reintegration into the company through legal procedures on the basis of violations of the Honduran labour code and need for medical coverage and insurance. All women have some form of health problem, whether mild or chronic that they believed – and some diagnosed as such – are related or caused by their work environment and conditions in the factories.
<table>
<thead>
<tr>
<th>Case no.</th>
<th>Age *</th>
<th># of Children</th>
<th># of Years With Gildan (Total in Maquiladoras)</th>
<th>Current Position in Factory (if applicable)</th>
<th>Current Health Problem(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>20s</td>
<td>0</td>
<td>3 years (1 year)</td>
<td>Assembly line – sewing nape of neckline onto tshirt</td>
<td>Complains of gastritis and shoulder pain</td>
</tr>
<tr>
<td>2</td>
<td>30s</td>
<td>2 (single mother)</td>
<td>7 years (Unknown)</td>
<td>Fired (Feb. 2013), seeking reintegration through legal means</td>
<td>Tendinitis in left shoulder (diagnosed)</td>
</tr>
</tbody>
</table>
| 3        | 40s   | 5 (single mother) | 14 years (10 months)                         | Tag classification section – removed from assembly line after receiving *dictamen* | - MSD in left shoulder (diagnosed): Operated on in 2007 – in rehab for 2 years, lost 24% of shoulder capacity  
- Seeing psychiatrist to help her live with disabilities  
- Rights shoulder: Waiting for disability classification for MSD. |
| 4        | 40s   | 2 (single mother) | 10 years (Worked since she was 15 years old in maquilas) | Organizing and classifying t-shirt tags in factory warehouse – removed from assembly line after receiving *dictamen* | Right hand, MSD (diagnosed), 24% disability; MSD in right shoulder; arthritis in entire body and needs a medication injection every 20 days |
| 5        | 30s   | 2             | 12 years (none)                              | Inspection & Supervisor assistance – removed from assembly line after receiving *dictamen* | Left shoulder – MSD (diagnosed) - Health problems started 5 years after employment with Gildan |
| 6        | 40s   | 3             | 5 years (Worked since she was 15 years old in maquilas) | Forced resignation (after extreme pressure in factory) | Left and right hand- Carpel Tunnel (diagnosed) – operation on one hand and unable to operate on another. |
| 7        | 40s   | 2 (single mother) | 5 years (none)                              | Clothing article cleaning area | Starting to feel pain in her arm  
Operation 4 months ago to remove gallbladder |

* Actual age not indicated to protect identity
I chose to only interview women participants as I wanted to understand women’s integrated experiences and interactions with one other in the factory, in CODEMUH, with their surroundings, and their health concerns. All participants are ‘organized’ women, meaning that they have been involved with CODEMUH. They attend activities regarding women’s rights and understand the systemic oppression of workers, specifically as women in Honduras. Since women are the majority of the apparel *maquiladora* work force in Honduras and globally, the occupational hazards in these positions will thus impact primarily women. Honduran women also are the primary care givers for their children and therefore their health problems extend much beyond their own body and psychological well-being. Furthermore, although CODEMUH supports men employed in *maquiladoras*, its area of focus is women’s rights and occupational health.

In addition to seven interviews with women workers employed with Gildan, I conducted semi-structured, one-on-one interviews in Spanish with three other women workers employed with another foreign-owned factory. Interviews were also conducted with four key informants including CODEMUH staff from two of their offices, and a medical doctor working with and supporting CODEMUH (See Table 4.2. for key informant characteristics). In total, seven interviews were conducted with study participants and seven interviews with key informants. A standard interview guide was formulated for the Gildan workers as well as the three women workers representative of other foreign-owned factories. For key informants, specific interview questions were developed for each of the four key informants due to their areas of expertise and knowledge in different areas. This allowed me to probe specific details and gaps I identified in my interviews with main participants and in my theoretical sampling and process of interviews with the seven main participants.
### Table 4.2. Key Informants: Characteristics

<table>
<thead>
<tr>
<th>Case no</th>
<th>Age *</th>
<th># of Children</th>
<th># of Years With Current Employer</th>
<th>Current Employment Situation</th>
<th>Current Health Problem(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>40s</td>
<td>2</td>
<td>9 years with U.S.-owned textile company, Delta Apparel, and 4 years prior with 2 other companies</td>
<td>Unemployed and unable to work. Forced to resign in 2009. Worked on assembly line sewing sleeves on t-shirts under team production quota</td>
<td>Hernia, shoulder tendonitis with 76% diagnosed disability by IHSS. Has diabetes, pretension,</td>
</tr>
<tr>
<td>2</td>
<td>30s</td>
<td>0</td>
<td>16 years with U.S.-owned textile company, Delta Apparel, and 5 years prior with another company</td>
<td>Unemployed and looking for work. Forced to resign in October 2013 as she was waiting for a dictamen medico. Responsible for sewing neck on t-shirts under team production quota</td>
<td>Chronic shoulder tendonitis</td>
</tr>
<tr>
<td>3</td>
<td>30s</td>
<td>5</td>
<td>3 years with U.S.-owned textile company, Delta Apparel, and 17 years prior with 3 other companies</td>
<td>Still employed, sews sleeves on t-shirts under team production quota</td>
<td>Starting 1.5 years ago, began complaining of shoulder pain and inflammation</td>
</tr>
<tr>
<td>4</td>
<td>40s</td>
<td>N/A</td>
<td>CODEMUH General Coordinator</td>
<td>23+ years working in women's rights, occupational health and safety in maquila industry</td>
<td>N/A</td>
</tr>
<tr>
<td>5</td>
<td>30s</td>
<td>N/A</td>
<td>CODEMUH Community Organizer</td>
<td>10+ year with CODEMUH, worked for 2.5 years in maquila industry</td>
<td>N/A</td>
</tr>
<tr>
<td>6</td>
<td>30s</td>
<td>N/A</td>
<td>CODEMUH Legal Advisor</td>
<td>5+ years with CODEMUH</td>
<td>N/A</td>
</tr>
<tr>
<td>7</td>
<td>40s</td>
<td>N/A</td>
<td>Medical doctor, Specialist in Occupational Health from UAMX</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

* Actual age not indicated to protect identity
All interviews, with the exception of one, were conducted in the CODEMUH offices in Choloma and Villanueva. One participant suggested that an interview be conducted in a coffee shop in the Honduran capital, Tegucigalpa approximately five hours south of Choloma, where the individual was visiting her children on her four days off, and seeking medical attention for a work-related injury.

4.3.6. **Obtaining consent**

Ethics Approval for this research was obtained from the Simon Fraser University (SFU) Office of Research Ethics, application number 2013s0193. Prior to submitting my Ethics Review for approval, I sought CODEMUH’s consent and endorsement of my research proposal and included a Letter of Support from CODEMUH in my Ethics Review application.

Interested participants were required to read a two-page letter of information document, which outlined the purpose of the study and the risks and benefits of involvement (see Appendix C). All participants were informed of their right to voluntarily withdraw from the study at any time. They were also informed of and understood that their participation was voluntary and were aware of their right to refuse to answer any question(s) without penalty. They were then asked to sign a consent form (see Appendix D) and were given a copy of the information document and letter for their records.

4.4. **Data Collection and Analysis**

All interviews were digitally recorded after permission was granted by the participants. They were then provided the opportunity to ask me further questions about the study before signing the consent form as required by the SFU Office of Research Ethics. Recordings were then transcribed.

Data analysis in qualitative research is characterized by the process of finding meaning in the raw data using coding techniques. I began transcribing my interviews with study participants during my interview process as constructivist grounded theorists recommend (Charmaz, 2005). All interviews were transcribed in Spanish, the original language they were conducted in, so as to retain cultural meaning, significance, and
interpretation in the translation until excerpts of the interviews were included in the results section of this study. Upon publishing this study, this research will be presented to CODEMUH and study participants who have requested to review the study. Presenting this information is a form of knowledge exchange but also a form in which I can determine its validity, both in the findings of this study as well as ensuring accurate translation of the interviews.

The purpose of the emergent nature and process-focussed stages of grounded theory is to “develop middle-range” theories\(^9\) (Charmaz, 2002). The process of grounded theory analysis – coding, memo-making, and theoretical sampling – moves the work toward constructing theoretical formulations (Charmaz, 2002). The coding process involves the researcher generating his/her own codes, instead of applying concepts founded in theory. Coding is focussed on action and process, involves simultaneous coding, and further dating collection, and an emphasis on analytic development rather than description (Charmaz, 2002).

I conducted a coding period throughout the transcription process and while I was still conducting interviews with participants and key informants. Following Charmaz (2008) I scrutinized the data while coding considering two “action and analytical questions”: (1) “What is happening here?” and “What (theoretical category or theory) are these data a study of?” (p. 161) The first question required me to examine the descriptions and words of the women I interviewed in close detail, and the second enabled a broad interrogation of theoretical possibilities in what the participants were describing, either individually or across the interviews (Charmaz, 2008).

I began the process by coding for actions and theoretical potential by coding with gerunds (noun forms of verbs) such as wanting, hoping, revealing, believing that allowed me to see explicit processes, make connections between what different participants

\(^9\) According to Merton, middle-range theories are a sociological concept that “lie between the minor but necessary working hypotheses that evolve in abundance during day-to-day research and the all-inclusive systematic efforts to develop a unified theory that will explain all the observed uniformities of social behaviour, social organization, and social change” (p. 448). They change to account for what is observed in research and are different from general theories of social systems that are too remote from particular classes of social behaviour and change (Merton, 2012).
were saying and to keep my analysis “active and emergent” (Charmaz, 2008). After I assessed what initial or open codes were more prevalent, I continued to code large amounts of data, attempting to determine if the initial codes identified in other interviews were shared across interviews I conducted later on in the process.

Field notes or memos written during the coding process, and my observation of CODEMUH's activities, provided invaluable information that informed my data analysis and theoretical formulations. According to Charmaz (2008), grounded theorists use memo-writing to “fill out their codes and identify gaps” in them (p. 161). As I transcribed, coded, and continued the interviews, I observed focus groups organized by CODEMUH, which further illuminated the importance of women’s interactions with Gildan staff and their coworkers inside the factory. Through observation, memo-writing and coding, I saw the emergence of a process (discussed in Results section) that describes women’s interactions with supervisors, teammates, attending appointments at the IHSS, from the time women became injured, disabled and ill on the assembly line until they were able to resolve their exposure to occupational hazards. The emergence of this process in various data methods – observation and interviews – contributed to the internal validation of the processes identified in the data as well as the consistency of these processes as reported by multiple participants.

Utilizing grounded theory scrutinizing procedures, I attempted to “raise the emergent level of analysis,” grounding my theoretical coding in the slow emergence of categories and themes of importance to my research participants (Charmaz, 2008, p. 161). Approximately half way through my interviews and coding process, I paused the data collection and analysis process and spent some time away from my research site. This short period of time allowed me to develop and refine the theoretical categories that emerged from the first five interviews I had conducted. This step also allowed me to prepare to conduct theoretical sampling upon my return to finish my data collection.

After a month (mid-October to mid-November 2013), I returned to my research site in Choloma to collect more data that would “develop, refine, and check the properties, boundaries, causes, and consequences” of the theoretical categories that had emerged in the first set of interviews (Charmaz, 2008, p. 161). According to Charmaz (2002), this is an important characteristic of grounded theory as theoretical
sampling “builds precision, density, and complexity into the emerging theoretical statements and keeps them grounded in data” (p. 6398). The second half of the interviews, specifically with key informants, provided me with a clearer sense of the processes and actions that would build the complexity of my theoretical categories.

4.5. Strengthens and Limitations of the Study

Building on my relationships with various social movements, including women’s groups in Honduras, I was able to gain intimate access to an organized group of \textit{maquiladora} workers. As discussed in the Prologue of this study, the relationships I have built with the Honduran Women’s Collective allowed me to spend countless hours in their office, observe many focus groups, participate in intimate meetings with the CODEMUH Coordination, as well as conduct detailed interviews with Honduran women. This access enabled rich and descriptive data collection through interviews and field observations.

My knowledge and experience working in Honduras facilitated my understanding of many of the topics discussed by participants. For example, I had previous interactions with the Honduran health care system, including the Honduran Social Security Institute (IHSS by its Spanish acronym) and the Ministry of Public Health. Living in Honduras for many years, my understanding of the language, culture, and institutions reinforced my ability to interpret my surroundings and exchanges with CODEMUH, organized workers, and the context of this study.

Positivist researchers may question my personal bias in this study due to my long-term relationship with Honduran social movements and my previous activist work exposing human rights violations and poor practices of transnational corporations. In fact, they may see this bias in the research process as a severe limitation. However, I feel that my previous work – documenting the labour practices of transnational corporations – in Honduras acted as a strength that enriched the research process. My analysis of Honduran social life and public health provided a useful lens in conducting research in a developing country where spaces of organized groups reject and struggle against the on-going colonization of Honduras by the West.
In terms of study design, the broad nature of my theoretical framework may be limiting in that it prevented me from delving into more specific details, such as Gildan’s historical performance and the benefits and drawbacks of its presence in Honduras. Although a potential study limitation, some of the important findings may facilitate useful and enriching future research that can contribute to the field of global occupational health studies in transnational settings.

The seven participants in this study were recruited in a three step selection process that permitted a rich and in-depth examination of the study’s research questions. Participants’ involvement with CODEMUH implies in differing degrees that the women are politicized, aware of their labour rights, and are aware of other women’s experiences from spending time in the CODEMUH office learning about their labour grievances, experiences, and health problems. In a country with high levels of violence, impunity, and weak government institutions, it is very difficult for workers facing problems in their occupational environment to seek support and educate themselves on the physical, psychological, and social impact of their jobs. Without the institutional support and safe environment provided in the CODEMUH office, it would have been difficult as a researcher to access the maquiladora work force, specifically workers that are fearful of repercussions (being fired, punished by their employer, etc) to speak about issues related to their employment.

Another possible limitation in the selection process was the health status of the women. Most participants are very ill and disabled as a result of their WMSDs, which were determined by the Honduran health institutions as being associated with their profession. It is possible that the women interviewed and their injuries are a ‘worse case scenario’ phenomenon. Another study design limitation is the potential for bias in my participants’ expression of their interactions with Gildan in the factories. As most participants had experienced very negative responses and were treated poorly by Gildan staff, these feelings may have shaped their participation (interviews and perceptions) in this study. On the other hand, since women had incurred WMSDs in Gildan’s factories, the participants were able to describe rich narratives and life experiences instead of speaking about experiences or processes that they perceive or witnessed in their occupational environment.
All interviews in this study were conducted, transcribed, and analyzed in Spanish. As the researcher, I later translated selected portions of the interviews to English to include in this report. As Spanish is my second language, this may be seen as a study limitation and a bias given that I am not Honduran and may interpret Spanish expressions, words, and context differently than a Honduran. Although I do consider myself to be fluent in Spanish and have interpreted for various English-speaking media outlets, academic researchers, and North Americans visiting Honduras, it is possible that I may have misinterpreted words or phrases that are context specific or colloquial. While conducting my interviews, I was reluctant to have a translator present as it would have impacted the dynamics and trust that I had built with the participants and therefore impacted the richness of the interviews.

Recognizing any potential limitations associated with Spanish being my second language, I marked the locations in the transcriptions and interview recordings when unsure or in doubt of what my participants were communicating to me in Spanish. I then asked a native Honduran Spanish speaker that is fluent in English to listen to the marked sections in the recording to clarify whether my interpretation was correct. This was an effort to reduce any bias and to avoid losing the meaning of what was being convened in the Spanish interviews.

Another potential limitation of this research was the exclusion of Gildan’s participation in contributing first-hand information and interviews to deepen my understanding of their policies and practices in their Honduran-based factories. As a researcher, I felt that engagement with Gildan while conducting interviews with their employees would damage my trust with the participants. This could, in turn, have hindered the experiences and insights that workers shared with me. Upon the completion of this research in an effort to translate the knowledge obtained in the study, as a Canadian ‘outsider’ (as discussed in the Prologue of this study), I will present this research to Gildan to request comments and solicit information regarding their practices in Honduras.
Chapter 5. Results

The women in this study spoke of their physical and psychological health impacts caused by occupational hazards in their work place, the processes in which they partake in an attempt to attend to health concerns, and their struggles to generate change inside the factories, in their lives, and in the lives of fellow compañeras. Subsequent to the theoretical groundwork of this project, the following emergent five themes and their subsequent categories will be discussed in this section. These include: 1) the failure or inadequacy of primary prevention, 2) production quotas as a physical and psychological workplace hazard, 3) treatment from company management, 4) injured but remaining on the assembly line, and 5) ways of facilitating immediate and systematic changes to reduce exposure to occupational hazards in the maquiladoras.

5.1. Theme One: Primary Prevention

All seven women employed in two of Gildan’s factories in Honduras and three key informants also all women working in another U.S.-owned maquila (see Table 4.1 and 4.2. for characteristics of study participants and key informants), spoke about primary prevention measures in the factories. The categories that emerged from the data under prevention include: existing factory ergonomics exercises and programs; criticisms of Gildan’s ergonomic program; and prevention measures that do not address the source of hazards known to cause musculoskeletal disorders.
5.1.1. **Ergonomic exercises and programs in the factory**

Participants reported the existence of an ergonomic program along with other primary prevention measures inside the Gildan factories. Some believe they are helpful. According to Betty:

They [Gildan] have ergonomic exercises, in the morning and in the afternoon. They do them twice a day. The exercises are relaxing and they get us to do them because they relax the muscles in the morning and the afternoon. (personal communication, November 14, 2013)

The exercises involve a series of stretches and movements that are led over the factory loudspeaker. Hilda described the exercises:

So what we do is exercises that is – moving the neck, moving the shoulders, its – rotating the hands and going forward three times, and three times going back and three times lifting our left foot and right foot (personal communication, November 17, 2013).

Sandra, another participant still employed in Gildan but removed from the assembly line due to a MSDs, outlined the current program and other ergonomic considerations inside the factory:

It has – now it has an ergonomic program, ergonomic exercises but they are not implementing them in the company [likely referring to a new initiative proposed by Gildan]. The exercises that they have now, are more or less helpful. They can help the workers in their time so that they can stretch in their own time because for me, 10 minutes or 15 minutes is not - is very little and in general is more for the people to relax because of the extensive pressure. The ergonomics there- they have always had problems with the chairs, problems with the machines, always in the height [of the machines and chairs], in the tables but more or less, they are fixing them. (personal communication, October 10, 2013)

Bety and other women described other forms of primary prevention procedures that employees are asked to abide by:

They have visual protectors and hand protectors, they are working on that, there, they are attending to us – they give training, talks about hygiene, all about security. They do skits about if there is an earthquake
or an alarm sounds and we have to leave. (personal communication, November 14, 2013)

All women mentioned the existence of ergonomic exercises that are supposed to be – according to the workers – conducted twice a day in the factories. Although recognizing that they were implemented by Gildan, there were some concerns about the effectiveness of the program and its practicality given the working environment.

5.1.2. Criticisms of Gildan’s ergonomic program

Some workers and a key informant were highly critical of the ergonomic program, believing that the company does not factor in the high-paced working environment and the fact that workers do not take advantage of the time scheduled to conduct the exercises. According to Marcela, who still works inside the factory after more than ten years of employment with Gildan:

It’s a job, like, in a chain and suddenly if the pegadora de manga [sleeve sewer] that is the last to complete the production [in the line] or in the team, is full, then in the moment when the rest are doing exercises, she is finishing up the accumulated work. (personal communication, October 8, 2013)

Similarly, Miriam added:

They do exercises twice a day, five minutes in the morning and five minutes in the afternoon, they say. But the three minutes they [the employees] use to clean the machines and work post and two minutes to do the exercises. But in two minutes, you have to do seven [exercises] – move the neck, move the arms, but in two minutes. And because of that, they say that they are implementing ergonomics in the plant but the production quota is the same. And many people, use it [the time given for exercises] to go to the bathroom because its when the machine are turned off. So, the people do them for – because, because they have an obligations and they have to do it in order to say they do, and they make [employees] sign a letter that says that Gildan is fulfilling the ergonomics, or that they are implementing employee safety. (personal communication, October 9, 2013)

Strong criticisms of Gildan’s ergonomic efforts are also related to the issue of women’s work spaces and their interactions with the chairs, tables, and sewing machines that for
ergonomics, are vital contributors to the prevention of WMSDs. Marcela mentioned the importance of consulting and working alongside employees, particularly those like Marcela who already suffer from WMSDs, if the factories wish to improve the ergonomics of their work spaces and prevent movements that are damaging:

When they did the first evaluation of my work post when I was working on the machine, I emphasized and emphasized to the inspector [from the Honduran Ministry of Labour] and the engineer [from the company] that was accompanying him, what the deficiencies were that were damaging me there. That one was - for example, my right hand is damaged, I pulled, I made an exaggerated turn from the back to the front [of her body] with a heavy bundle and bring it forward. So, this movement that I was doing, moving from the back to the front with a heavy bundle, I ended up damaging my arm when it really only took moving the machine and it did not affect anything to move it so that the bundles were closer to grab. I made this suggestion and they didn't take it into account – so, a true ergonomic study in the plant, where the most people are being damaged and ending up with MSDs and take them into account that they are already injured to see if there is a way to contribute – so that other people do not continue being injured. (personal communication, October 8, 2013)

Sandra had similar complaints:

If they spoke to us ‘what do you think we can do so that the people do not continue damaging themselves’, I say – that if they had more people on short term sick leave, less people being injected in the clinic, well, less people damaging their shoulders, neck and back- jeez, they would be improving more, but no. No – to them – no, even if they wanted – they do not take this into consideration – no. They do not consider us in anything. (personal communication, October 10, 2013)

Workers felt strongly that effective prevention measures and projects particularly in how to make their work spaces more ergonomic, should involve consulting the worker themselves.

5.1.3. Prevention measures not addressing hazards related to MSDs

Ergonomic programs and personal protection equipment are prevention measures mentioned by the participants. However, most women and key informants were highly critical of Gildan’s efforts to prevent the development of WMSDs in the
factory population. Instead, they felt like prevention measures are not addressing the source of the problem or the main hazards that foster the development and progression of WMSDs. As Miriam asserted:

They put on earplugs, masks and it's a form of prevention for them - occupational health. But the truth is that no, because yes, the production, the same production quota, that is what is injuring us. (personal communication, October 9, 2013)

Marcela also noted the severe limitations in the workers’ awareness of the importance of the ergonomic exercises and the role of the production quota in reducing the short periods of time to conduct them:

[T]hey are not going to say to reduce [the quota] so that people can do the exercises. So, the personnel, they have not been trained or made conscientious of the benefits that they can have if they only spend 5 or 10 minutes so that their body can relax a bit. (personal communication, October 8, 2013)

Production quotas, work shifts, and the current system of labour organization are contributing to high pressure environments and extended periods of repetitive movements during long work shifts. A key informant provided an example:

I have a friend, a young girl that started to work with Gildan, she works four-by-four [four days on and four days off] and she started to work an extra night, working during the day and working an extra night. What does working an extra night mean, according to the law – if you work 11.5 hours [per day], you are almost working two days because its double. And afterwards, the hours that they do in the four days – Gildan knows the damage they are provoking in the workers and they continue to implement their labour methodology and work shifts because they do not care about the health and lives of the women workers. (personal communication, November 13, 2013).

Another key informant, an attorney that collaborates and provides legal advice to women working in the maquiladoras, provided a more systematic perspective of the long work shifts and the economic and social conditions in which women workers agreed to increase their hours, and thus exposing themselves to greater physical and emotional strain:
So they [transnational corporations] come and distort the [legal] norm, distort the labour legislation in a bad way and implement .. work shifts or quota systems or production quotas that are practically inhumane. In this case, all of Gildan’s factories in Honduras, the fabric mill, the tailoring factories, the sock factory, have four by four jornadas [work shifts] where the workers work almost twelve hours a day. And supposedly, they rest for four days of the week. But it results in people doing extra hours because the salary is so little and the work shifts are so exhausting and demanding. (personal communication, November 13, 2013)

One worker that maintains her position in the factory was extremely critical of the reasons why Gildan discusses prevention measures and how they implement them, sometimes strategically she claimed. Miriam described what happens when third parties visit including investors and buyers and the image the company projects regarding occupational health and safety in the factories:

When they come then they put everything like that, the whole plant, everything swept well and they clean the smoke, clean the machines and when its time, they tell us over the loud speaker ‘The visit is going to enter now’ and 10 minutes they put- minutes because over the loud speaker they have, they put a recording that says ‘Move the neck’ and so when they [the visitors] come in and see that we, the operators, we are doing exercises, they leave with a good image of the company that shows that yes, they are doing ergonomics and they are caring about our health. There is a team, team 21, this is the model team. When the visits come, they pass by this team and in this team, they have good seats, well organized tables, they go to clean themselves and they do not fill them up [with work] very much and the visits, they can come to see them and they take away a good image of the company because according to them, all the teams are like that one. But they are prepared, that’s why they are called ‘model teams’. Everyone has a good seat, everyone has a mask, before their arrival, they go and line up the seats, fix everything and the walkways have two yellow stripes, I mean, very well fixed up so when they come, this is what they sell, that Gildan cares about safety” (personal communication, October 9, 2013).

Like Miriam, participants were very critical of Gildan’s efforts to seemingly implement their ergonomic and prevention programs in the factories. Workers and key informants identified production quotas as being a labour methodology or a form of organization of labour inside the factory that are exposing women to risk factors for WMSDs – long periods of repetitive movements and awkward postures. Production quotas, in their opinion, contribute to the worsening of their health problems after they had sought care
for their condition. As participants mentioned the issue of production quotas throughout many interviews, it is an important theme in understanding the processes in which women become injured and ill in the factories.

5.2. Theme Two: Production Quotas

Most of the women that I interviewed complained about the difficulties of achieving the daily production quotas. The company stipulates that each team must meet a quota in order to receive the standard maximum weekly pay available as indexed to their production – approximately $89.99 US dollars per week (CODEMUH, 2011). The main categories that emerged within this theme include: pressure and incentives to meet the quota; being blamed by team for collective failure to achieve it; and the emotional and psychological distress and internalized stigma when unable to satisfy demands. Before expanding on the listed categories, a brief overview of the production quotas in the factory is necessary to understand what participants shared in their interviews.

The majority of the women interviewed for this study were required to assemble basic t-shirts in a team on an assembly line. The team typically, although not uniformly, consists of 14 workers. In order to earn the maximum wage which is indexed to the production quota, all team members must each conduct their own operation – sew the collar binding on the nape of the neck, sew on the t-shirt sleeves, etc. – and pass the item down the assembly line leading to the completion of the item and eventually, if possible, the team production quota. If work teams meet their team production quota, they receive their wage plus lunch tickets. Since pay is calculated on weekly production, the team must complete the daily quota during all four work shifts. If quotas are not met, employees’ wages are adjusted accordingly and will be below the $89.99 per week. Each team member would also not receive a lunch ticket if the team fails to complete the daily production quota throughout the four days of their weekly work shift.

Quotas in the Gildan factories differ depending on the team’s operation and the type of product being assembled. As shown in Table 4.1., production quotas of four women during their shifts on the assembly lines are 500 dozen items per day for four days a week. Participant one to four all attach or sew on a specific part of a basic t-shirt,
which are common operations in the Gildan factories. Participant five was a product inspector and required to review 550 dozen items per day whereas participant six worked in a team assembling sweatshirts and was required to sew on 600 dozen sweatshirt hoods per day. Participant seven’s wage is not indexed to production as she cleaned items that had become dirty from sewing machine oil or covered with lint from another colour of fabric. It is unclear if the jobs conducted by participant five and seven are common inside the Gildan factory but the positions of participant one to four and six are quite representative of standard work positions inside both the Gildan factories and the U.S.-owned factory as per the experiences of the women workers or key informants employed with a different company.

Table 5.1. Daily Production Quotas and Assembly Line Operations of Study Participants

<table>
<thead>
<tr>
<th>Participant</th>
<th>Team Production Quota (Dozens daily)**</th>
<th>Main Operation(s)*</th>
<th>Product Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>500</td>
<td>Sewing the collar binding on the nape of the neck</td>
<td>Nylon, short-sleeved sports t-shirt called “46 thousand”</td>
</tr>
<tr>
<td>2</td>
<td>500</td>
<td>Sewing and attaching the sleeves to body of t-shirt</td>
<td>Basic t-shirt</td>
</tr>
<tr>
<td>3</td>
<td>500</td>
<td>Sewing collar binding on nape of neck</td>
<td>Basic t-shirt</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sewing on short sleeves to body of t-shirt</td>
<td>Basic t-shirt with round neckline</td>
</tr>
<tr>
<td>4</td>
<td>500</td>
<td>Sewing on short sleeves to body of t-shirt</td>
<td>Basic t-shirt</td>
</tr>
<tr>
<td>5</td>
<td>550</td>
<td>Inspecting product &amp; assembling product storage boxes</td>
<td>Basic t-shirt</td>
</tr>
<tr>
<td>6</td>
<td>600</td>
<td>Sewing on the sweatshirt hood onto main body of sweater</td>
<td>Polyester cotton blend of sweatshirt material</td>
</tr>
<tr>
<td>7</td>
<td>None</td>
<td>Product cleaning</td>
<td>Hooded and non-hooded sweatshirts and sweatpants</td>
</tr>
</tbody>
</table>
* Indicate main operation that participant was doing prior to being removed from position as a result of injury or receiving a *dictamen medico* (if applicable).

** The average size of each team with the exception of participant five, six and seven is 14 members. This is an average number as, according to participants, an additional member(s) are added if it is noted that the team is consistently failing to meet the quota. Participant seven works with one other person and is responsible for one entire section of a factory.

5.2.1. **Pressure and incentives to meet the production quotas**

While only one participant that was interviewed is still working on the assembly line and required to meet a quota, the rest of the women referred to their previous positions describing the difficulties and consequences of failing to produce at full production as a team. Sandra described:

> There are fourteen people in each team. The fourteen people have the responsibility to make the production quota of 500 [dozen]. There are people that make 550 [dozen] sometimes they work like that and they come to work at night to produce 500 dozen.” (personal communication, October 8, 2013)

Gina has worked on the assembly line for almost two years. She described how her team has been producing a weekly average of 450 dozen per day because her team was recently switched to produce a new t-shirt style. She explained what occurs when teams are unable to achieve the 500 dozen daily quota:

Gina: It is the quota that they put on us, 500 dozen and if we do not make it then what happens is we do not make money. And in order to earn food and drink tickets, we have to make more than 400 dozen. If we make 400 dozen, we do not earn tickets or salary.

Karen: So, if you do not fulfill the production quota every week or every day?

Gina: Daily

Karen: What happens when you earn less?

Gina: We make less. Now, for example, we have been producing 421 [dozen] the first day, 450 the second day, 460 the third day, and the last day, we made 480 dozen. When we make 500 [dozen], the salary that we earn, is like 1700 lempiras (~$89.50 US dollars) but with the insurance reduction, we earn 1300-1400 Lempiras

Karen: In one month?
Gina: No, in four days, so weekly, but our monthly salary is like 4000 lempiras.
Karen: And if you fulfill the production quota?
Gina: Um- If we fulfill the production quota, it would be more because now with the production quota they are asking us for - we are only making 4000 lempiras (personal communication, October 2, 2013)

In almost an obsessive sense, Gina discusses her struggle yet determination and competitiveness to achieve the production quota. Yet she also noted her limitations:

I have to work to a rhythm and the rhythm that I work at, is like 130 percent of my effort. That is the rhythm. There are times that I work even 170 percent. They say that I am trained to make 530 dozen but it’s not like that because I cannot poner mi cuerpo. (personal communication, October 2, 2013)

The Spanish term poner mi cuerpo literally means ‘to put the body’ which does not translate into English. According to Sutton (2007) in her research in Argentina, poner el cuerpo transcends the notions and closest English translations ‘to put the body on the line’ and to ‘give the body.’ In Honduras as many Latin American countries, this term means “not just to talk, think or desire but to be really present and involved; to put the whole (embodied) being into action, to be committed to a social cause, and to assume the bodily risks, work and demands of such a commitment” (Sutton, 2007, p. 130 cited in Pauchulo, 2011). Its meaning is rooted in resistance particularly in making women’s bodies visible in political struggle in Latin America (Pauchulo, 2011).

Gina is using the term to describe being unable to commit her body to the demands of achieving the production quota but also not being able to assume the bodily risks, work, and demands of her assembly-line position. She employs a term rooted in historical resistance by Latin American activists to reject the deep commitment and company’s expectation for women to commit their body to the “social cause” of producing apparel. She is recognizing her own physical limitations possibly because of the amount of effort she has given to her job – 130 percent and sometimes 170 percent – and yet still being encouraged by her employer to push to achieve 530 dozen. Gina is also establishing her position that she cannot assume the risks, demands, and work of
producing 530 dozen, both based on her principles as an organized woman and also because of the damage it would cause to her body.

Similarly, Marcela spoke extensively about her determination to exceed the production quota and the number of hours and effort she placed into her position, pegando mangas on the assembly line:

I started working with the company in 2004; it was during approximately five years, [I was] I was giving -- they would call it – 120, no 150 percent. I was one of the people that maybe, would not defend the company but I gave everything I could to the company. I was a person that, I would go at night to work for example, our schedule was four days [a week], 7 am – 6:30 in the afternoon and the last day [of the shift], we would stay the entire night. The whole day and the whole night. What I mean is, I would go into work at 7 in the morning and leave at 7 in the morning the following day. I was only sleeping two hours, I would get up, do my things, and at 6:30 pm I would get ready to go into work extra hours at night. That was practically my style. (personal communication, October 8, 2013).

Marcela described how despite being unable legally to work over sixteen extra hours per week, her employer relied on her working extra hours and would accommodate this and progressively compensate for her extra hours:

I arrived to a point that the company only had under the law, only was authorized – I believe, sixteen extra hours per weekly work shift, a day and a half, and for me what they would do is, like, the company would need me a lot more. The company would pick me up to the point of sending a car to my house to get me and I would go to help them to produce when they needed me. (personal communication, October 8, 2013).

When describing their early experiences working in the factories, in the short term, some women said they liked their job because the work shifts allowed them to spend more time with their children while also covering family expenses:

When I started working there, well, for me, it was good because it [the work shifts] were 4 by 4 [four days on and four days off] and- I thought, that is great that we have four days off. (personal communication, October 9, 2013)
Another participant describes how the time off benefited her family life:

I was working a lot of extra hours but for me, it was sufficient because the more I earned, the more I needed for my children because they were in a young stage of their life. (October 8, 2013)

5.2.2. Being blamed for collective failure to achieve quotas

The organization of the factory and assigning quotas to each assembly team opposed to assigning a quota to an individual workers, is mentioned throughout all interviews once women start feeling like they are becoming ill, injured, or notice their reduced energy levels. Even for acute conditions such as menstrual pain and headaches, participants mention the great deal of pressure exerted between teammates in order to maintain the team’s speed and rhythm on the assembly line with the intention of achieving the weekly production quota.

All participants described how they were pressured by their teammates, particularly as they began to complain about arm injuries, shoulder inflammation, and pain. Patricia, who has since been fired from her position of pegando mangas [sleeve sewer] as an operator was diagnosed and treated for tendinitis. When she began slowing down on the assembly line as a result, she described her teammates reaction:

I did not feel like producing because I already could not bear being there. We receive pressure from other operators because there is a quota that they have to make – 500 dozen and so the rest of the operators say ‘hurry up’. They don’t want people that aren’t any good so to me -- the pressure -- they were bothering me because I was ill. (personal communication, October 7, 2013)

Just like Patricia, almost all participants spoke about their health problems that impacted their ability to achieve the quota and thus initiated harsh reactions from teammates:

When I started with this [pain in my left shoulder], my compañeros would say to me that I should retire because now you cannot work in a team and I would tell them ‘but I need my work’. (personal communication, October 8, 2013)

Another participant, Sandra commented:
They need the money, there are people that rent, that have children, that pay for their kids so they cannot have a person that lowers the production and that is sick, no - they cannot be there. They need people with capacity.” (personal communication, October 9, 2013)

Still employed at Gildan but removed from the assembly line after receiving a doctor’s note indicating that she suffered from WMSDs, Miriam described the experience with her teammates who did believe she was injured and the on-going harassment she received in the factory:

Oh, that [problems with her team] was the most painful- it was tremendous because when the problems started, ‘heee’ they yelled at me, ‘you’re full [workspace filled with tshirts], hurry up like you did last night with your husband’- it was more, ‘How young you are’ and things like that, very painful because it was coming from my own compañeros, in the long run, many of them left [the company] because some compañeras, don’t want to be like I am because just to brush my hair, it takes a lot of effort.

One time, I straightened [one of my compañeras] hair and my arm could not handle it so that is how she realized [that I was injured]. Because many of them say that they are brave that one is lying and making it up. So, I think the most difficult, the most difficult for me, personally, was the reaction of my compañeros, the harassment, the bad words, the critiques, the assignations- if you go to the bathroom- image, if you [the work space] are full with work [clothing piled up] because of the pain, and you have to go to the bathroom, you cannot go because they said ‘You are in pain and now you have to go to the bathroom?’ So, I resisted the desire to go to the bathroom for my own work and for my own compañeros and its – its like the function of the team because the pressure you feel, just between your own compañeros will be more terrible, others would yell at me ‘I’ll give you your bus money so that you leave’, ‘If you’re ill why don’t you relocate yourself’ and things like that. And that, for me, was the most difficult and they still give it to me but now its worse! Because I’m not in a team, ‘Ah, how cute, earning the salary of another and she’s doing nothing here’ because for them not being in a team is not doing anything. (personal communication, October 9, 2013)

One participant who was forced to resign from her position, described the harassment she endured as she tried to keep the pace with her team, despite suffering from carpel tunnel:
Bety: The *compañeros* started to insult me, to humiliate me, the same *compañeros* because I would not give up first but I forced myself because I liked the work because it was a good operation, I mean, really relaxing. The *compañeros* did not want me there and to work for the team. So there the ordeal began from my *compañeros*, from my supervisors and my superiors. The *compañeros* began throwing water at me in the face.

Karen: Water?

Bety: Water, if they went to drink water, they would leave a little bit of it in the cup and throw it at me. (personal communication, November 14, 2013)

Workers that are harassed on the assembly line speak about the pressure and the negative treatment received from their fellow teammates if their injuries reduce the rhythm at which they perform their operation and pass the clothing item down the line. As already eluded to in the previous statements, workers are impacted by the psychological and emotional trauma of their experiences.

### 5.2.3. Emotional and psychological distress and internalized stigma when unable to satisfy demands

Just as workers are forced to exert physical energy with their own bodies to fulfill the production quotas and please their teammates, the same is the case for psychological and emotional energy. When employees become ill with MSDs and become ‘less productive’, the reaction they face in their environment has impacts on their mental health. Some internalize the insults that affect their self-esteem and sense of worth, while others continue on the assembly line worrying about the economic strain on their families, both if they lose their jobs and the affect their illness will have on their family’s future and their role as women in supporting their future. Bety explained how her illness is a constant worry:

The ortopedia told me, ‘Look, your hand is like a wire [she makes reference to it being a wire without plastic protection around it], its useless in a short period of time, it cannot be rehabilitated.’ Karen- if I tell you, without a few months that your hand is going to dry up [not function] and that you are going to be useless. I mean, it is a very hard slap on the face for someone. I think about it every day, think and think in my hands when - when the strength is going to leave [my hands]. I want to say that my hair - I’m losing my hair. I’m going to end up bald because I think and
think in the morning. Karen, my two children are young and my daughter is going to see, she is going to end up alone because she’s eighteen and she’s going to graduate. And I tell her, ‘Daughter, graduate, get a good job so you can help me.’ I did not create her for the purpose of taking care of me. (personal communication, November 14, 2013)

Like Bety, Maria worries about the impact her illness will have on her family. As she was forced to resign, Maria does not have any financial support – compensation for her illness or insurance to assist her in covering the costs of her medication. The effect of becoming injured and disabled in the factories makes women reflect on how they have changed as mothers and how they were treated when their employment was terminated:

I went through a thing so horrible because, how do I tell you, I have never stopped buying his esteno [a Honduran gift often given once a year or at Christmas for children. It includes new clothes, shoes and practical items needed by school children] for him [her son], even though I can not work, I always bought it for him. But this year, well- I could not buy anything and it was so- I’m going through so many things because - of thinking, of seeing myself, as they say, useless, broken- I feel, as I was saying to Florencia [CODEMUH’s lawyer], like they just take something and they throw it into the garbage at once because it no sirve [doesn’t work or is useless]. (personal communication, November 14, 2013)

Sandra described:

They [new workers] don’t know that the person is already burnt out. They gave me everything there including depression because I could not bear it, can not bear it, its feeling completely exhausted. For me, that was difficult – Its better – crying, right there, they cry. In the bathroom I would cry because I could not bear it even though I wanted to.” (personal communication, October 8, 2013)

Participants also reported hearing co-workers speak about them negatively:

I heard sometimes, and it makes me sad– I heard, ‘She doesn’t have any capacity – she doesn’t have any capacity’ they say. ‘I don’t know why they have her there if she doesn't have sufficient capacity to produce 500 dozen. Its better that they send her to a lower team to earn her salary because she does not deserve to be here. (personal communication, October 9, 2013)
Along with the pressure and guilt of not meeting the quotas, women begin questioning their usefulness and their value as a result of how they are treated. In relation to psychological and emotional distress that working in maquilas cause in the lives of women, are the ways in which these issues are handled by company management and technical staff.

5.3. Theme Three: Treatment from Company Management

Although presented in this section as separate from the previous themes, the form in which the factory is managed was noted by participants as being important in the way that team handles conflicts and dynamics, particularly regarding the production quotas, if they were improved or worsened. Two categories that emerged in this theme that directly relate to the previous theme are: management failing to address team problems, and management strategies that worsen the problem.

5.3.1. Management fails to address team problems

From the time that women suffering from injury or illness begin to slow their production down and team pressure begins or worsens, employees seek assistance and support from Gildan management. In Gildan’s factories, each team has a supervisor who reports to an engineer who in turn reports to the production engineer.

In the interviews, participants described how they seek support from their supervisor. In some cases, these workers described how Gildan management refused to intervene when harassment was occurring on the assembly line, even when production was affected. One participant, Gina, whose operation involves sewing the neckline on t-shirts, has not been diagnosed with WMSDs although she complains about shoulder pain and gastritis. Gina maintained this position and described her own frustration when others in the team cannot sustain the team’s pace and the response from her supervisor when she complained:

What we do is demand the production from each other and ourselves even though sometimes many compañeros – we get mad at each other because sometimes it bothers me that we are not hurrying up but the supervisor, what he/she tells us is ‘that is not my problem’, ‘that is your
While not intervening to remedy team conflicts and tensions, Bety discussed how her supervisor knew she was a hard worker but would question her work ethic in order to demonstrate to her teammates that she was receiving warnings about her performance:

The supervisor saw this [the harassment]- he saw that I did not leave during the break. I stayed there working because I like the work. I only left for a break during lunch. I ate breakfast at home. They would get up to get water and would throw it on me and the pieces [fabric] because what they wanted is to get me off the team. One day, the supervisor called me, ‘Ma’am come here’, ‘Yes’ I said, ‘Listen, the compañeros say that you are going a lot to the bathroom and that you always take your time’ and the supervisor seeing that I do not get up to go to the bathroom, I told him ‘I work, I produce’, ‘Yes, ma’am but I am calling you so that they can see that I am complaining to you’ he told me. So, I told him ‘You’re going about it wrong, you are letting them send you?’ because he was complaining about me without a justification. Well, ‘No’ he told me, ‘They come and the compañeros tell me that you spend a lot of time in the bathroom peeing’. Then the supervisor started calling me to his office every minute with any reason. (personal communication, November 14, 2013)

The failures of supervisors and Gildan management to intervene to provide relief as well as properly to direct women that suffer from injury or disability to relevant medical services, was reported by all Gildan participants.

5.3.2. Management make the problem worse

Employed by Gildan for over five years, the women I interviewed have developed a disturbing analysis as to why supervisors and management do not directly intervene to stop team harassment and assist employees in seeking necessary medical assistance and support. According to Marcela, the form in which management fail to respond and organize employees into teams rewarded for their collective work, is a management strategy. The strategy allows the company to avoid involving themselves in issues that
arise between team members to the detriment of the individual women in the team that struggles to continue:

It’s a way so that the company can pressure us without getting involved-without blaming them. For this reason, its team work. So there is no way of blaming them because to me, they have me under pressure. When you asked me how do other compañeros react, it was very difficult because as a result of my pain- if I got up [from my machine] to go and take a pill, there was a huge pile that held up the production and they would penalize me. I stopped going to drink water, or go to the bathroom- I would go into work before my shift because I needed to get ahead because I did not have the capacity to produce at the rhythm the rest produced at. And – at the time to go and eat, I did not take it, I drank water. The most I achieved was, go into work, even though, by force I ate a tortilla or something to not hold me up at 9 when I had my break or not leave [my position] for lunch and from there, bearing it until I left work. Because the time that they [my team] would eat lunch, I was finishing up the rest that I had accumulated. (personal communication, October 8, 2013)

Sandra accused management of conspiring to manipulate team dynamics in favour of further isolating the injured workers. Based on her own experience, she described:

They pressure us but not directly. They say to- to the compañeros that we have to be in the teams, but they say behind your back, ’she is bad, she does not want to work, that’s ok, its lies what she says she has’. They have a system where the operators pressure other teammates. They [the supervisors] do not pressure us. They do not get involved in that; they look for an indicated person so that that person directs the rest and if a person no sirve, we talk or they remove them, that’s how they do it. (personal communication, October 8, 2013)

Although noting that supervisors do not involve themselves in team dynamics, two women – one participate and one key informant reflected on their experiences of being pressured from company engineers through the loud speaker that the entire factory could hear:

The engineers are pressuring them even on the loud speaker, some they say on the loud speaker – you cannot forget that. Yes, I lived things and I overcame them. I had a psychologist and from there, I can not see those people [the company personnel and teammates] and for a person, a worker, they cannot have – they don’t have a way of defending themselves, they don’t have a lawyer that can advise them- nothing (personal communication, October 8, 2013).
Delmis: [T]he new workers go with everything, and I was already old being there, tired, the fatigue that one has to be there for so long, already 10 years in the maquila and so, they started ‘Hurry up’, ‘Ah no, look how tired she is’, ‘No, give it’ ‘You have to work,’ and so the attention and pressure started, another thing, the speaker.

Karen: The speaker?

Delmis: The loud speaker, they announce you, they say ‘She has all the inventory.’ The whole world can hear it, ‘All the inventory she has, we know who the treasurer is, its Delmis because she is not able to hurry up’

Karen: Who speaks into the loud speaker?

Delmis: The engineers (personal communication, November 15, 2013)

Miriam assists her supervisor in various tasks throughout the factory since she was removed from her work post in inspection as a result of a work injury. She mentioned some distributing information that connects the behaviours of management identified by women as a systematic, company-wide strategy. After being asked whether her supervisors were aware of her health problem, Miriam revealed:

Yes, they receive workshops on how to treat people that are suffering from an illness and how to psychologically speak with them. (personal communication, October 9, 2013)

Reports by more than one woman participant, who discussed the failure of management to intervened highlights the theories that workers have developed in order to explain the behaviours of company management.
5.4. Theme Four: Injured and Remaining on the Assembly Line

Once individuals are aware that they are injured, they begin to seek a solution to the high production quotas that they cannot maintain, resolve difficulties amongst their teammates and most importantly, address the deterioration of their own health. Women participants in this study characterize the options in which they seek to remedy the situation without losing their jobs and the economic support on which they have come to rely. These options are also the categories that emerged to characterize this theme and include: requesting and waiting for a dictamen medico\textsuperscript{10} and seeking medical assistance from the factory clinic.

There are two types of dictamenes medicos. When workers begin to feel like their work is affecting their health, they may petition the Seguridad Social\textsuperscript{11} or IHSS and request a reubicacion del trabajo\textsuperscript{12} or relocation to another area and position in the factory. Once requested, a Commission from the IHSS is required to enter the factory and conduct an inspection of the petitioning employee’s work space (key informant, personal communication, November 10, 2013). The results of the inspector are then sent to the closest headquarters of the IHSS in northern Honduras to the main Commission who then approves and certifies the dictamen de reubicación del trabajo. The employee may then present the approved dictamen to their employer. At this point, the employer is legally obligated to abide by the IHSS’s recommendations regarding the type of labour, occupational hazards the employee must avoid in order to prevent further damage (key informant, personal communication, November 10, 2013).

\textsuperscript{10} A dictamen medico is a medical certificate from a doctor referring to their injuries and necessary changes that need to be made to prevent further damage.

\textsuperscript{11} The Seguridad Social is a commonly used short form of the Instituto Hondureño de Seguridad Social (the Honduran Institute for Social Insurance) or the IHSS by its Spanish acronym. It is the hospital system that provides treatment to workers as covered under their employment insurance.

\textsuperscript{12} The term reubicación del trabajo refers to the process in which a worker is relocated to another area and position in the factory.
5.4.1. Requesting and waiting for a *dictamen medico*

All participants, with the exception of two that either do not consider their health problem work-related, or have decided not to initiate medical proceedings and/or do not consider their health issue serious enough to warrant seeking a *reubicación del trabajo*, began a process of engaging with the IHSS to eventually receive a *dictamen medico*. A key informant described the timeline for this process:

To receive a *dictamen medico*, Seguridad Social is supposed to provide it [by law] within six months of it being requested but it usually takes up to a year or a year and a half. I was just taking a testimony of a woman that requested one in September 2012 and she still has not received it. At CODEMUH, we help the organized woman fill out the request and they submit it to the Seguridad Social so that they know that the women are supported and are much more likely to push the process along. (personal communication, November 10, 2013)

For five women involved in this study, all described how presenting a *dictamen* was the only legal justification for being removed from their work post permanently without suffering repercussions such as being fired or being forced to resign. In many cases, women were told that they were unable to ‘get off’ their machines without it. Miriam explained her limited choices:

I was affecting my compañeros because it was my fault that we were not completing the dozens and it was because- I knew I was sick but they [Gildan personnel] told me that if I did not bring a *dictamen medico* and until I brought a *dictamen medico*, I would still be on the team. The team is where the line is, where we work. What the team makes is what we earn, together. So, one’s pay depends on everyone’s work. And they continued to harass me, I cried from the pain and I put up with the pain, I put up with it - until [she begins to cry] - because of my *dictamen*, I got off the machine. (personal communication, October 9, 2013)

Shortly after she was fired, Patricia finally received her *dictamen*. She described the process as she waited for this to happen:

Well, in 2011, and all of 2012, they gave me my results from the ultrasound that I had tendinitis, well, all this year [2012], I was working in pain, with pills, with injections in order to bear the pain because I was working on the machine and they didn’t give me a solution. (personal communication, October 7, 2013)
One participant, Marcela, described her prolonged exposure to team harassment while being told by Gildan management that she was unable to leave her machine:

It was permanent harassment. It got to the point where they were my enemies, like they say, she is at fault, if we do not take sufficient money home, it was my fault. If something happened, it was my fault. All the looks! And the middle range supervisors, the engineers, said that I could not get off [my machine], that I had to bring a dictamen but until I brought it, they justified it. (personal communication, October 8, 2013)

As Marcela and Patricia both highlighted in the above excerpts, the process of waiting for a dictamen medico which often involves multiple visits to the doctor and highly relies on the efficiency of the IHSS to respond to worker’s concerns, exacerbates some of the main issues listed in the themes above: team harassment and psychological and emotional distress. The following quote demonstrates the limited options that workers have in order to rescue themselves from worsening injuries on the assembly line. Patricia described her (lack of) choices:

In 2012 when I was already feeling run down with this illness, I looked for an independent doctor and he excused me from work for three days but Gildan did not permit me to be sent home on work leave, they told me that no, that because it was an independent doctor and, and from there, the engineer Juanita told me that, I could not get off my machine because, she told me, that I had to have a dictamen medica and I told her I could not handle the pain. She told me that I was the leader of the team and I had to be seated. (personal communication, October 7, 2013)

Since doctors exclusively issues the dictamens accepted by the apparel company that would begin a procedure of relocation to another work post or necessarily disability compensation, therapy or vacation time, women workers are forced to negotiate the Honduran health care system. Although beyond the scope of this research, it is important to mention the difficulties of engaging the Honduran public health care system and the Honduran Social Insurance Institute.

One of the workers and CODEMUH’s more significant struggles is improving the efficiency and services provided by Honduran state institutions that are required to support the working population in Honduras. According to Berta, a key informant, lawyer
and legal advisor to many woman seeking medical assistance for their work-related injuries:

   We have been- permanently to say it in another way- in communication and seeing how we can improve the inspection services of the Ministry of Labour as well as improving the services of the Seguridad Social- the Seguridad Social confronts a challenge because before 2008, it was practically a newborn, right, a registry of professional illnesses in the maquila did not exist. (personal communication, November 13, 2013)

   Without entering into too much detail about the complexities facing the Honduran public healthcare system and government institutions in general, it is important to note, as the quote above alludes to, is the limited capacity for Honduran institutions to respond to occupational injuries and health concerns. It is a difficult and lengthy process for women to receive a dictamen that would provide them with some relief inside the factory. During their four day work shifts in the factories, women are not able to access services at the IHSS and if needing medical attention, must go to the health clinic, which is paid for and supplied and provided by Gildan inside the factory.

5.4.2. Seeking medical assistance from Gildan’s clinic inside the factory

   For on-duty workers, Gildan provides a health clinic located inside the factories. This is the only medical care on-duty workers can receive. However, they are not attended to in the Seguridad Social until they finish their four day shift. Based on interviews, participants expressed different reasons why they seek medical assistance from on-site doctors. This includes seeking treatments for simple health complains like headaches, stomach problems, menstrual pain, to more serious problems potentially caused by labour inside the factory, including shoulder inflammation, aching arms and numbed hand. Participants who attempted to seek assistance from company doctors from the time their symptoms of MSDs began, expressed deep mistrust of the medical advice and treatment they received in the clinic. Patricia outlined how she was received by a Gildan-employed doctor who would put her on sick leave and send her home for a short period but not follow up on her complaints of her work space:
Many times because when one goes there for the first time, they tell you it is because of stress and the doctor, she told me that she was going to evaluate my work post. Every time that I went to her with my inflamed shoulder, she would send me home and told me that she was going to evaluate me. This happened on six occasions that she would tell me that and never went to my work post and my supervisor was aware that I was sick because one, like that, gets off the machine. (personal communication, October 7, 2013)

Similarly, Miriam described how she sought medical treatment for her sore shoulder in the Gildan clinic for years, not realizing why the pain continued:

I had been working for 12 years and after 5 years, I started to feel pain in my shoulder. I went to the doctor and he/she told me it was stress. I thought ‘Oh good, just stress’. I started to sleep a lot better, he/she gave me a pill that’s called Muflex that is used to relax me so that I could sleep better. I continued using it but the pain got worse, my shoulder became more inflamed and like that, I left it for a long time. I let three years pass, eight years in total with everything, I went to the doctor and he/she never sent me to the Seguridad Social so what I did was go to the Seguridad Social to the emergency because my arm was inflamed and I could not move it. That is when they told me to go see a specialist, an ortopeda. The company never sent me to a specialist because to the company, they are not interested and they try to avoid that one goes to the specialist. (personal communication, October 9, 2013)

Participants like Marcela, who have since received medical certifications, indicating that their MSDs is caused by occupational hazards, describe being given injections of medication when complaining about their MSD symptoms and sent back to work:

Marcela: A small bump began forming on my right hand on the wrist -- its here [pointing to the spot], I have a scar from the operation. A small bump formed – nevertheless, the company did not send me to Seguridad Social, instead, they injected me for the pain, they injected me and sent me back to produce.

Karen: Did you know what they injected you with?

Marcela: The medication is diclofenac and ... dexamethasone – I think that’s what the other medication is called. Including sometimes, they injected me with a combination of medications. At this time, to me, they did it like that, they would inject me with a combination of two medications and
When the small bulge on her wrist continued to grow, causing her pain and also affecting her ability to work, she described being sent to a semi-private clinic, instead of the Seguridad Social which is legally obligated to keep a medical record of all patients. Marcela explained the treatment she received:

This little ball that I have on my right hand, it accumulated and it provoked a lot of pain so they sent me to a private clinic called “Betesta Clinic’. There, between three men, they held me down to stop me – they did not give me anesthesia, nothing, they held me down so that I could stand it, so that I could not move very much and they – they put a needle into me to take out the liquid without anesthesia or anything, they ceased the ball. They did this at 6 in the morning so that at 7 I returned to my work post so that I could start my work. (personal communication, October 8, 2013)

The deep mistrust for the company’s medical advice and treatment of patients as Marcela explained, will also affect whether employees will have enough confidence to come forward with their health concerns during their shifts.

So the people do not have – how do I say it – information outside of the company, they cannot say that they have gotten sick there because the information is outside of the Seguridad Social. If they do not go to the Seguridad Social, Seguridad Social does not realize that people are dying with pain in their shoulders, neck, back, and spine. There are people as well there- its sad to see this but they even cry and they do not have help from anyone in the company. (personal communication, October 8, 2013)

Fully integrating all the themes as described above, Marcela discussed her dilemma as a woman worker seeking to resolve the limited options that are presented to her in the factory, without losing her job and attempting to resolve her health concerns:

Even with this sacrifice that I was doing, bearing the pain, getting injections and taking pills [given to me by the Gildan clinic inside the factory], this sacrifice that I was doing nevertheless, not even like that, the team or the rest of the personnel did not value it. And why do they do that? Because like that, like, without wanting to blame the immediate boss, engineer, supervisor, the rest just blamed me. For example, if we
had to make 500 dozen and each hour we have to deliver 46 dozen and if 4 dozen had accumulated at my work space, the whole team ‘[speaking loudly, imitating the agitated tone of her teammates] ‘ok! Move it! What’s happening? Why aren’t there 40 dozen?’, ‘they aren’t there?’, ‘where Marcela is- they are there- that’s where they are being held up’. The operators [teammates] would get up and go to tell the engineers and supervisors and they say ‘ah no, don’t tell me that, that has to do with you, its your problem [as a team], you all are seeing where the problem is. Its not my fault, complain to her’.

If I started to be treated in the Seguridad Social for this problem and one day I had an appointment and I went to Seguro and when one goes, the team in the morning have to find an extra or call an extra person in order to come and cover my work post. So the team loses at least the first hour of production and when they complain, the supervisor or the engineer, lift up their hands, ‘you [plural] already know, its not my fault, its because she went to IHSS”. So its one way of washing your hands of the issue and make the teams stop going against them [the supervisors] and its starts the harassment and insults, of strong words, like for example, even crying with pain, maybe without eating, not sleeping well because of the stress of thinking that if I miss another day or if I start my shift and the pain, the pain and say ‘my God’ tomorrow, ‘my God, give me strength that I will be able to produce, because if not, they will yell at me.’ For example, if they saw me with a pile that accumulated at my area, ‘move it’, words like ‘move it like you did last night ‘move it’ like with strong words, ‘move your ass’ and it got to a point where they would call me ‘the invalid’ ‘no sirve for nothing’ I mean, it was- terrible insults and surviving or one day – to be like that day after day, it was very stressful and bearing everything from the team.

We would meet asking what was happening, why we were not achieving the production, why we had reduced our production and everyone would turn around and look at me- the whole world. ‘But you know about the problem’ [teammates would say to the supervisor] and he said, ‘Yes but I cannot take her out because she still does not have a dictamen medico’ and I would stay, and I said [to the supervisor], ‘but you know that I have a problem why don’t you put someone to help me?’ ‘I can’t.’ And .. the looks from all of them and he was behind us yelling, I was producing, for me it was, sad because the whole world was behind [in the production]. Insulting me, talking, saying that she was at fault, because of her, we aren’t making money. (personal communication, October 8, 2013)
5.5. Theme Five: Making Change

Given the various complaints about the working conditions and health and safety concerns inside the Gildan factories, the women who participated in this study offered many suggestions as to how the situation could be improved. The categories identified under this theme include: women’s empowerment; demanding accountability in Honduras; holding Gildan, consumers and Canadians responsible; national, community, and labour organizing; and international solidarity.

5.5.1. Women’s empowerment

Critical to CODEMUH’s work is women’s empowerment, particularly when women arrive at their offices requesting assistance in legal and medical procedures related to their employment in Gildan. Although CODEMUH provides assistance, a key informant described the manner in which the organization insists on direct involvement of each woman on their own case:

We tell the women that their problems are not our problems, that they are theirs. We accompany them in the process but they are the direct protagonists of their problem. Therefore, we are about women having the autonomy to speak about their difficulties and their health problems. (personal communication, November 13, 2013)

Another participant demonstrated her understanding of her positionality as a worker who should be involved with speaking and negotiating with Gildan regarding personal health problems:

They do not want to deal with us, they want alliances with CODEMUH and with them, but I think that the people involved or the victims, we, it should be us, they have to listen to us with our own voices and then [they] do not do it. (personal communication, October 9, 2013)

Describing the impact that CODEMUH has had on her life, Yesenia discussed how she gradually became more and more involved with the organization and now assists in encouraging women to participate in CODEMUH:
From there, I was developing my abilities, I worked in the organizing process and I got involved in the organizing group, like organizing women, identifying contacts in the communities in order to organize groups and after, facilitation of the formation process and like that – like now, I coordinate the field work in San Pedro Sula and Choloma. (personal communication, November 10, 2013)

5.5.2. Demanding accountability in Honduras

Most of the members of CODEMUH, and as well as women workers seeking a solution to their health problems, are required to engage with the Honduran judicial and medical system. This is difficult in a country – as is the case in the Global South-- where public health services are severely deteriorated, underfunded, and neglected. When health services fail, are negligent, or where workers feel that their rights are violated, CODEMUH will demand accountability through the Honduran justice system. According to a key informant that supports legal efforts initiated by CODEMUH:

It was an injunction. We are possibly planning an action related to inconstitutionality against the jornadas [work shifts]. But when we present an injunction, what we want is Honduran justice [system] to make a pronouncement about the situation of the rights violation. In this case, for not respecting the jornada because the salary is indexed to the quota and what it entails is the indexation of the salary, so, that implies strength about the position of the work jornadas in order to be able to make money. We are waiting for the Constitutional Office of the Supreme Court to at least make a pronouncement and see in what want they do. We know that it’s a complicated situation because these companies argue for economic stability and the employment situation in the country. So its possible, that the court will be weak and will not say, but it’s a way to .. test the temperature of what is happening and see to what point the court has independent power and declares it unconstitutional even though in the practice, we know that that will not happen. But it’s a way and as well, it’s a way to go to discard the internal process [in Honduras] and continue rethinking and representing and have some clarity in how we can go to the international bodies as this type of case. (personal communication, November 13, 2013)

Another form in which workers have identified that Gildan can be held responsible in Honduras, is involving the relevant Honduran institutions in conducting regular inspections inside the factories:
I think that the people that are outside, for example, CODEMUH or you – if the company gave people the opportunity, people that are outside of the company to see the conditions of the workers, I believe, that it would improve the work. But because these people [Gildan] will not let people go in and they go to the Ministry of Labour that people say has been bought off. If they go to the Ministry of Health, it’s the same and organizations like CODEMUH, they do not want or do not let them inside to do work there. Never. They will never let them in to see the conditions that we are working under. (personal communication, November 17, 2013)

Recognizing that accountability requires a constant struggle, particularly when Honduran institutions consistently fail the public and the workers, Sandra encourages the women to keep holding them accountable:

I tell them ‘struggle’ and even better, that the movements do not stop struggling because it is his/her/their professional help, find whatever way – social security, doctor’s notes, whatever things that they have to do but you cannot stop and let them stay there [on the assembly line] because one day, they are going to leave everyone sick and the government will not be responsible because where - the hospitals, the health centres – they do not know what happens to them. (personal communication, October 8, 2013)

Sandra further outlined how her struggle to receive her dictamen was not the result of the government or company responding or aiding the process. Instead their struggle was multifold, led and directed by herself and CODEMUH:

I had to go through another procedure so that my illness was classified and they put it as professional and the Technical Disability Commission gave me a percentage for my left shoulder, 24% after the operation. And that- we have achieved, myself and CODEMUH because the company did not want to help and we have been struggling in the street [protesting] so many things we have done in order to have our illnesses certified by doctors and managed accordingly. (personal communication, October 8, 2013)

A significant amount of time is spent (and wasted) going to the IHSS, Ministry of Health, Ministry of Labour, and the Supreme Court in Honduras in order for these institutions to simply respond to women’s needs.
5.5.3. Holding Gildan, consumers and Canadians responsible

Just as important, if not more so, is the ability of women workers to understand the global connections involved in Gildan’s operations in Honduras. Almost all participants that I interviewed know that Gildan is a Canadian company. Some women, such as Miriam, described the corporate strategies and logic behind Gildan’s business practices in which workers can take advantage of these to promote change:

I believe that the company does most is take care of its prestige, its brand, and when we affect them there .. there .. and they do not continue firing us and our objective is to have labour stability but that they promise labour stability and what is affecting us .. what is .. respecting us, the fact of having us there but not in the conditions we are in. (personal communication, October 9, 2013)

One participant had even attempted to contact Gildan’s headquarters in Canada to speak with them about the way in which she was been treated inside their facilities. Bety told me that she noted a telephone number posted inside the Gildan factory on a sign that the company had posted. The sign indicated that workers could call the ‘1-866’ number to denounce any labour concerns or violations. Bety described how she had attempted this with no avail:

Before that, I sent an email to Canada. I was calling and calling and the call never went through [she was calling a phone number listed on a sign inside the company that said if the employees had any complains that they could call that number]. They would answer in English and tell me to wait. I hoped they would answer in Spanish and I waited, waited and waited hours and they never answered me in Spanish. (personal communication, November 14, 2013)

Bety also described her desire to speak to Gildan management in Canada, insisting that the conditions in the factory where she is employed would not stay the way they are if her supervisors’ ‘superiors’ visited Honduras and spoke with the workers. She believes this is an effective strategy for change:

If the superiors come here and call the people that are sick and they tell them what the problems that they have inside the company, they can help so that people do not get sick and- I mean, if we can, not a high work level. Not a high quota but if we can with- slowly, but if we can produce
but not like how they demand from us. Not how they demand. (personal communication, November 14, 2013)

Another participant, aware that I am Canadian, explained the importance of speaking to Canadians to advise them how a Canadian company is behaving in her country. She stated, “I like speaking … like that like with you. Its important that there are people that know that” (personal communication, October 8, 2013). As demonstrated above, many of the participants recognize that a potential root of the problem – poor working conditions and corporate behaviours – are in fact connected to policies developed by Gildan’s head office. Significant change can be made by communicating and demanding Canadians and Gildan, as a Canadian company, to make necessary change in their practices and advocate for workers who are poorly treated by their employers in countries such as Honduras. This will be discussed in Section 5.5.5.

5.5.4. National, community and labour organizing

Participants identified organizing to be an effective way of generating change both on a local, national and structural level. In a country with high levels of political violence, labour organizing inside the factories is difficult. Sandra described what Gildan thinks of CODEMUH and women that are ‘organized’:

Sandra: For them, CODEMUH is bad! Its something that- how do I say, they see us as rebellious, they say it like that 0 no, I say, we are not like that. The truth is some lower their head but I don’t, I look at them in the face .. I’m not scared – to some of them, in a polite and educated manner, not getting angry, as I’m chatting with you, that’s how I chat with them. Yes, they get mad when I talk like this. They do not like it. They say that we are proud, rebellious, and impolite.

Karen: Because you are … ?

Sandra: Because we are organized. Sure, they do not like it, when we form something, they do not like it. That no sirve because I know all of my rights, I know what is good and what is bad and know that if I don’t like something, I don’t sign it. Now yes, if they point a pistol at me, its another thing but if you are talking to me, no- how do I explain – my vacations or if they want me to change one day or if you want to give me a holiday and we
are not going to work, correct, that’s ok. If you do not want to pay me double, that is not a problem but there it is in the Constitution and in the Labour Code, that you should give me holidays, the company can it if they want. (personal communication, October 8, 2013)

On a community and national level, workers described the issues that organizing women have in their neighbourhoods as they demand together that the company and the Honduran government must comply with their employment and health needs. As one key informant explained:

In this struggle, we are here as an organization and as woman- we are part of all of this process of looking how to struggle and demand from these companies that they bring dignified work, right? Where there is not a sick population. (personal communication, October 8, 2013)

The same key informant described the benefits that women receive when the Honduran Social Insurance Hospital realizes that women that require medical assistance are organized and supported by CODEMUH. She eluded to the impact that power has through organizing:

Some women workers, the doctors at the Seguro have identified them as women organized with CODEMUH and they say ‘ok then, make a line and the first three can come in and after, the four women that are from CODEMUH [laughing as she explains] and now they say ‘Come on in CODEMUH women [laughing] because they have identified the organized women. (personal communication, November 10, 2014)

Miriam described her determination in supporting organizing efforts, pointing out the importance of women learning how to defend themselves and not being silent about what is happening to them:

We have to conscientizar [build consciousness] the rest and I believe that the few that are still here, we are supporting this and will continue to help until we are organized. I believe that its knowing the laws because we manage the laws for the same – the same problems that we have lived, that affect our daughters too. But in being organized in looking for a moment to learn, to know and to learn how to defend ourselves and I believe for me, it’s the best way and solution in order to be able to struggle and become to know like I mentioned the denuncias, the radio publications that we participate in- and that we continue denunciando. (personal communication, October 9, 2013)
On a national level, CODEMUH as a grassroots organization, supports women workers who are interested in participating on a national level in the Honduran social movement, particularly the Resistencia that formed following the 2009 military coup. Women’s participation in these spaces are vital and demonstrate their desire to shape the objectives of the Honduran social movement with feminist principles. The Resistencia incorporate a strong national as well as international analysis in their struggle identifying neoliberalism and imperialism as some of the underlying problems in Honduras. One women worker described her participation in an event called La Caminata Por La Dignidad y la Soberania [The Walk for Dignity and Sovereignty] in March 2013. The Caminata involved peasant farmer groups, women’s organizations, indigenous and environmental groups who walked across the country covering 200 kilometres, demanding that the Honduran government suspend various natural resource extraction projects in their territories and free a political prisoner.

Although suffering from a severe MSD, Maria briefly described her participation in the Caminata and her physical limitations in fully participating and completing the long walk:

But I thought .. I struggle sometimes even with the problems that I have, participate in [activities] that the women present .. I don’t know, I like to go, I did the caminata that they did there in Siguatepeque. I went. There I could not handle [the pain] and had to go into the bus [chuckling].

5.5.5. International solidarity

Maintaining a transnational discourse, believing that a global economic system is a major determinant in the conditions in which women workers are employed in Honduras, one key informant described the importance of international solidarity in generating change:

For us, it has been very important, what, for example, the coordination of a Canadian activist in making a communiqué, to translate it into English and distribute it in Canada. It seems very little but to Gildan, it would shake the ground they stand on to read it that that is happening and that information is getting to the Canadian public. So yes, the Canadian people and the international community, the international community in solidarity, must know that they have to pay attention with what they are going to do with solidarity and to support grassroots organizations.
Because grassroots organizations are in higher risk. What is the higher risk? Because we are not big human rights institutions who position themselves as superior [to grassroots groups] but also we live in areas of high risk, we live in places where every day they are killing people and are assaulting, and where they are raping women and everything. (personal communication, November 13, 2014).

Other participants described the attendance of foreigners at Honduran political events and the importance of dialoguing and involving them in actions, hoping to pressure Gildan in Honduras: “The best is speaking with organizations and activists—when we went to Tegucigalpa, we were with people from Canada that were accompanying the protest against Model Cities” (personal communication, October 9, 2013).

The first statement above notes the importance of international solidarity to be in direct contact with grassroots organizations. In many ways, this is a route that CODEMUH identified as the most effective way to affect positive change. Change can occur and is a form in which international solidarity organizations can be connected and informed of what is occurring inside Gildan’s factories in Honduras.
Chapter 6. Discussion

The purpose of this research was to understand the processes through which Honduran women working in Canadian-owned *maquiladoras* improve or worsen their exposure to occupational hazards associated with WMSDs. The methodology that guided the study is feminist qualitative research, using semi-structured interviews as the primary method of data collection. Field notes compiled from observations conducted in my research location – the offices of CODEMUH in Choloma, Honduras – also contributed to contextualizing the interviews and in the data coding and analysis process.

In total, seven interviews were conducted with women working in two Canadian factories and three interviews with women workers who were employed in another factory. In addition, four semi-structured interviews were conducted with a legal advisor, medical doctor, and two of CODEMUH’s staff. In total, seven participants and seven key informants were interviewed. Constructivist grounded theory was a useful method in coding my data because of its emphasis on emergence. Codes, themes, and categories that emerged from the data, are rooted in the voices and experiences of the women I interviewed.

The following is a discussion of the results pertaining to each research question – one core analytical question and the two related sub-questions. The following sections will discuss relevant findings, implications for future research, and recommendations.

6.1. Core Research Question

*What are the understandings of Honduran women workers in Gildan’s factories in Honduras about the processes that shape their experiences of exposure to occupational hazards in these settings?*
In the interviews, participants categorized their experiences in different phases. These phases influenced and contributed to their exposure to hazards associated with WMSDs. Figure 6.1 is an illustration of these phases that I will deconstruct and describe in greater detail in the sections below. An analysis of this process attempts to answer the core research question.

**Figure 6.1. Illness Production Process in Gildan Factories in Honduras**

![Figure 6.1. Illness Production Process in Gildan Factories in Honduras](image)

**Note.** Developed by author (Spring, 2014)

### 6.1.1. Production quotas

All women who participated in this study referred to production quotas as being one of the most salient and detrimental characteristics of their work in the factories before and after the occupational hazards impacted their health. The importance of production quotas in the illness process is represented by the green arrow in Figure 6.1. The illness process spans the time that workers begin their employment with Gildan (or
other companies that fail to prevent the development of WMSDs), to the time when they are either forced to resign, fired, or laid off or receive a *dictamen medico*.

From the moment that employees assume their position as operators on the assembly lines, they are driven by a few factors that push them to achieve the production quota. These quotas are set by the company and number anywhere between 500 to 650 dozen items (t-shirts, hooded sweatshirts, etc) per day. As each worker is organized into an assembly line team, the entire group is encouraged and rewarded to achieve the quota.

A few factors drive employees to achieve the production quotas established by Gildan. Participants spoke about their own determination to maximize their (and thus their team’s) economic earnings due to the economic needs of their families and social class. As fulfillment of the quotas not only signifies maximizing their wage, it also means that each team member will receive incentives in the form of lunch and beverage tickets provided by their employer.

Pressure exerted by team members on one another is also a form in which groups of workers are encouraged, or coerced, to meet the quota. Provided that each member has the same or similar physical and mental capability as other teammates, team pressure can be a healthy team dynamic that encourages competitiveness and individual achievement. However, as the participants related throughout the interviews, team pressure is extremely detrimental to a woman’s overall health once they develop a work-related injury such as WMSDs and can no longer keep pace with their teammates. As illustrated in Figure 6.1., once an employee has crossed over the red line and develops a WMSD, they enter into a new phase, where other factors come into play.

As the workers become injured, ill, or disabled from the hazards associated with WMSDs, they enter a new phase. This is represented by the shaded, rectangular blue region in Figure 6.1. In this phase of the process, increased team pressure because of a slower work pace of the injured worker, provides greater momentum to pushing injured employees to the end of the green arrow, resulting in the worker being laid off or forced to resign. Before critiquing the increased team pressure experienced by the injured
employee, I will first discuss in further depth the use of production quotas as a highly exploitative and damaging work methodology.

According to Lim (1983), low wages, poor working, and living conditions are often cited as reasons why Third world women are exploited by multinational corporations. Drawing on Marxism, Lim (1983) argues that:

\[
\text{[E]xploitation . . . is a relative concept, bearing no direct relation to the absolute level of wages paid; so long as the worker does not receive the full value of her product, however defined, she is exploited. A higher wage may also entail a higher rate of exploitation if greater intensity of work, longer working hours, better equipment and organization of production, etc, mean that labor productivity, and hence the value of the worker’s output, is proportionally greater in the high-wage than lower-wage situation (p. 80).}
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The author concludes that focusing on absolute conditions is not sufficient to say that workers are not exploited. This is important in discussions, that despite their personal choices to work overtime and their ability and decision to produce the production quota and/or earn over the national minimum wage, Honduran women in Canadian sweatshops are indeed exploited. Lim (1983) also maintains that because Third World women working in multinational export factories are paid less than men as well as women workers in the multinationals’ home country, they are the “most heavily exploited group of workers, both relative to their output contribution and relative to other groups” (p. 80). Imperialist and patriarchal exploitation are two forms of systemic oppression to which transnational corporations like Gildan, contribute.

Drawing on Karl Marx’s theories of alienation, an interesting analysis can be proposed regarding not only worker’s alienation in Gildan’s factories but also the way in which production quotas alienate women from their own bodies or the “intimate” (Mountz & Hyndman, 2006). Marx (1975) characterizes the process of labouring under a capitalist mode of production as a form of alienating workers from the product of their labour and the alienation of the worker from himself, as a producer:

The fact that labor is external to the worker, does not belong to his essential being; that he therefore does not confirm himself in his work, but denies himself in his work, but denies himself, feels miserable and not
happy, does not develop free mental and physical energy, but mortifies his flesh and ruins his mind. (p. 326)

Building on Marx’s theories of alienation, feminists describe how patriarchy and capitalism have commodified women’s bodies not only through oppressive labour practices but also female reproduction, child birth, and sex work, to name a few examples.

One participant made reference to the demands that Gildan’s high production quotas make on her body. She alluded to the expectation that women must *poner su cuerpo* in order to increase productivity on the assembly line, offering an example of the exploitative demands of the quota. Her words also illustrate how distressed she feels that Gildan expects women to use their full body function and effort in the production process, regardless of the health consequences. Rejecting this expectation as an organized worker, Gina seems to understand the unlimited way in which women are expected to continue to exceed the company’s expectations, yet she refuses to comply with their demands. By stating this, she recognizes not only her labour rights, but the limits of her body.

As illustrated in Figure 6.1., the end of the green arrow shows that injured women are normally forced to resign or quit their position in Gildan’s factories. Before reaching that point, team pressure, and unproductive trips to the IHSS or the factory clinic, leave them no option. According to Shipley (2013), “as their [women’s] bodies collapse and their productivity fails, they are dropped into lower wage categories” (p. 309). Unable to withstand team pressure and harassment and the pain provoked by their WMSDs, they are, arguably, strategically removed or permanently eliminated from the factory.

Feminists have theorized about how women’s bodies in *maquiladoras* connect the local to the global and how employers exhibit complete disregard for women’s bodies in this industry (Moutz & Hyndman, 2006; Ng & Mirchandian, 2008). In her research in Mexico, Wright (2004) investigates the disappearances of women that occur on their way to labour in a factory. She describes how these disappearances, and the way that
they are viewed, perpetuate the idea that the global worker is exploitable and disposable and that women’s bodies and lives are devalued and viewed as a commodity.

The phenomenon and process identified in this study suggest similar conclusions. This is strongly supported by the fact that women seeking employment undergo strict and days-long physical examinations prior to being offered employment in Gildan’s factories (Shipley, 2013; personal communication, December 10, 2013). As women begin labouring on the assembly line in Gildan’s factories, and become ill or injured, the organization of labour inside the factory attempts to move them along the green arrow in Figure 6.1. as quickly as possible. With little regard for their health, Gildan management replaces women suffering from WMSDs, with young, healthy workers in a country with a high demand for waged labour. This high demand is due to elevated unemployment rates and thus replacing injured workers is accomplished quickly and easily. The Illness Production Process in Figure 6.1. illustrates the cycle in which women are hired and later disregarded and disposed of once becoming unhealthy and unfit to meet the company’s demands.

6.1.2. Management strategies and team pressure

Participants were able to identify and describe the ways in which Gildan supervisors intervened or failed to intervene in resolving conflicts between teammates. After becoming injured, sick, or ill as demonstrated by Figure 6.1. and as workers move along the green line in the direction of the arrow, the negative effect of management and team pressure increases. In fact, according to the participants, the form in which management responds to injured workers as well as team pressure acts as momentum, driving workers to either resign or give up their employment.

In many ways, management strategies and team pressure, regardless of how one feeds off the other, are intrinsically connected. According to the European Agency for Safety and Health at Work (no date), psychosocial risks and work-related stress are challenging issues in OHS but are manageable when viewed as an organizational issue.

A complete translation and interpretation of the participant’s exact words can be found in the Results section of this paper.
Interviewees in this study were able to identify that Gildan management was reluctant to intervene directly in conflicts associated with reduced team production as a result of an injured worker. Instead, Gildan supervisors and management formed part of the problem by indirectly encouraging other employees to continue their harassment of individuals on the assembly line or failing to intervene to prevent further conflict. Whether participants’ observations are in fact identifying these actions as a management strategy, it is beneficial to explore the literature regarding the scientific management of labour.

According to Braverman (1974), Frederick Winslow Taylor initiated the movement of scientific management. Taylorism is a theory of management, and is an attempt “to apply the methods of science to the increasingly complex problems of the control of labor in rapidly growing capitalist enterprises” (Braverman, 1974, p. 59). His theories attempt to delineate how controlling labour in the work force in a setting of antagonistic social relations, and is “not from a human point of view but from the capitalist point of view” (Braverman, 1974, p. 59). His theories are, better put, a science of the management of others’ work and focussed primarily on maximizing a capitalist’s gains by exerting control over labour or workers.

Scientific management strategies developed by Taylor include “the dictation of the length of the working day; the supervision of workers to ensure diligent, intense, or uninterrupted application. . . the setting of production minimums” (Braverman, 1974, p. 62). He argued for the management techniques that dictate to the worker the precise manner in which work was to be performed. By controlling the internal ethics or culture of a work team, the labour process and employees become co-opted into a production process determined by company management.

Braverman’s critique of Taylorism casts an interesting theoretical light on explanations of participants’ descriptions of Gildan management. Drawing on Braverman’s theory, it seems that the less that Gildan management directly intervene in preventing harassment amongst team members, the greater probability that the team can ‘weed out’ the ‘weak’ and injured employee. As a team exerts a significant and unbearable amount of pressure on one individual who is unable to keep up with the group pace, the more momentum the team provides in pushing the injured worker in the direction of the green arrow in Figure 6.1.
A superficial familiarity with the organization of production in Gildan’s factories could lead to the conclusion that these types of team dynamics are simply an individual-team issue. The product of a negative dynamic between two or three teammates is thus not associated with the organization of labour inside the factory or the employers’ management techniques. However, as noted by all study participants, who are involved in different production teams inside two of Gildan’s factories, this issue seems to be more systematically rooted in management policy in this particular company.

In her work in a Mexican garment industry, Videla (2006) describes her observation of the factory under study: “like most garment industries throughout the world, [the factory] had previously been organized under Taylorist principles through the progressive bundle system (PBS)” (p. 2108). PBS consists of “sewing lines organized so that an operator performed one task at their own pace and then passed bundles of work to the next operator” (Videla, 2006, p. 2108). Organizing an assembly line using this system allowed for individual proficiency and speed as workers completed the one simple task they are assigned to, over and over. Piece-rate payment or indexed payment is based on reaching and surpassing quotas established by factory management.

Although Gildan does not publicize information regarding its management theories and strategies, Videla (2006) and Collins (2003) describe the behavioural tendencies of actors – management and workers – under the PBS system. Their descriptions seem similar to some of the accounts provided by the research participants in this study. According to Videla (2006), “an important element of the progressive bundles system . . . resided in controlling workers and work through several layers of supervisors . . . I identified four layers of supervisors under Taylorism” (p. 2108). Furthermore, Videla (2006) describes how under PBS, workers regulate their own work pace, allowing for self-exploitation or a leisurely rate. Collins (2003) expands on this by arguing that an individually regulated work pace means that women could exploit themselves and their bodies to earn a higher wage.

Investigation of Gildan’s management theory is needed in order to further describe and confirm whether the PBS is in fact the type of factory organization that the company uses to intensify production inside its factories. Impacts of the PBS both on the organization of work inside the factories and on worker’s physical and psychological
health, will be important to inform workers and initiate interventions aimed at preventing excessive work as demanded under PBS.

Directly related to management strategies, are the psychosocial impacts of the high and intense pressure imposed by teammates on injured workers. Study participants spoke about management failing to provide them with an alternative of ‘getting off’ their machines even after expressing they could not withstand the extreme pain. Participants also spoke about fearing the negative repercussions from their teammates if they went to the bathroom, abandoning an accumulated pile of half-finished t-shirts at their workspace. Despite being in pain and continuing to be exposed to repetitive movements and awkward postures, women describe how they try to physically and psychologically overcome the pain in order to maintain their position on the assembly line, all in an effort to minimize the number of insults and negative reactions directed at them by their teammates.

The issue of ‘mobbing,’ or workplace bullying was an important finding in a study conducted in *maquiladoras* in Mexico. Mobbing is defined as a “pattern of aggressive behaviour, actions and/or omissions, performed by some members of the social setting” (Garcia Rivera, Mendoza Martinez, & Cox, 2012). According to Garcia Rivera et al. (2012), 138 of 150 employees in a *maquila* production centre experienced a high degree of harassment from their coworkers. Mobbing is a painful form of aggression at work and the assembly industry is a likely environment for this type of behaviour to flourish.

According to Garcia Rivera et al. (2012), the Mexican labour situation and industrial environment that favours corporate success over worker’s rights, are major reasons to entice corporations to Mexico particularly in the assembly industry. This is also quite similar in Honduras where the business-friendly labour and investment legislation established in the late 1980s, early 1990s and more recently, following the 2009 political and economic crisis allows corporations such as Gildan to operate with little concern for employee welfare so that profits may be maximized. Low tariffs, low wages, and costs, coupled with high productivity and an available and enabled workforce, are advantages provided to corporations seeking to establish production centres in the ‘developing world’.
According to Garcia Rivera et al. (2012) “corporations’ managers basically limit the locations and the organizations to production centers where decisions are highly centralized . . . and where employees are under great pressure to fulfill the production quotas imposed on them” (p. 177). These are strategies that are used to force greater productivity from employees particularly under threats of termination. “Labor laws and rules are such that employees who do not meet these criteria are forced to leave the organization without the organizations’ having to pay termination costs” (Garcia Rivera et al., 2012, p. 177). In countries like Honduras and Mexico where social conditions and violence are quite prevalent, and where corporate management is not socially and ethically responsible to stop bullying in the working environment, mobbing is therefore more likely to occur in the workplace (Garcia Rivera et al., 2012).

Mobbing in a labour context does not always imply physical violence. Instead it refers to an extreme psychological harassment by one or more persons for an extended and recurrent period of time (Saint Martin & Sánchez Díaz, 2007). According to Saint Martin and Sánchez Díaz (2007), its goals are to isolate and stigmatize the victim from the rest of the group, and to undermine their security, self-affirmation, and self-esteem by indirectly precipitating feelings of loneliness, worry, anguish, insecurity, doubt, and blame on victims’ psychological mentality. In order to do this, the perpetrator(s) “pursue another [the victim] with recurrent and constant criticisms, threats, insults, slander, and discrediting them” (Saint Martin & Sánchez Díaz, 2007, p. 828) Its objectives are very clear: devastate and demoralize the victim in order to eliminate them or remove them from the work space (Saint Martin & Sanchez Diaz, 2007).

Without needed and warranted action from management to prevent and stop this behaviour amongst work teams, a victim of mobbing – and particularly an injured worker – is likely to be eliminated. The attempts to isolate and demoralize the women workers suffering from WMSDs who participated in this study occurred frequently. Harassment was blatant and accomplished by insulting the injured women, threatening them, and even throwing water on them. The more one of the injured women reduced her pace on the assembly line, the more teammates would insult and isolate her from her coworkers, her supervisors, and most importantly, her body. As demonstrated in Figure 6.1., team pressure through mobbing and management strategies that encourage perpetrators to
continue harassment without forcing them to stop this behaviour, increases the likeliness that injured women will resign or be laid off by the company.

6.1.3. IHSS

The process involving the IHSS, as illustrated in Figure 6.1., is one of the two ways in which participants described their efforts to remove themselves from their work position and thus reduce their exposure to occupational hazards on the assembly line. Although workers would seek medical assistance at the IHSS for work-related or non-work related illness or injury, participants described the process they followed to seek a *dictamen medico* from the IHSS. This normally occurs once employees have ‘crossed the red line’ as shown on Figure 6.1. and present symptoms of WMSDs from exposure to repetitive movements on the assembly line. Participants reiterated in their interviews, that Gildan management insisted that they must continue their work on the assembly line if they did not have a *dictamen medico*.

The IHSS and its relevant Commissions are designated to certify and evaluate occupational-related injuries and inspect work spaces when workers put forth a medical petition. It is the only institution capable of legally relieving workers from occupational hazards by issuing a *dictamen medico*. In many ways, the IHSS is the gate keeper for women to be removed from the occupational hazards on the assembly line, without being fired or forced to resign from the company. This is troubling considering how long and slow a petition process can take. As participants described, without a *dictamen medico*, they are forced to continue on the assembly line. This is severely detrimental given the inflammatory response that the body undergoes in an effort to repair the acute trauma. Further exposure can lead to chronic injury involving tissue and CNS reorganization causing reduced mobility of the affected area(s) and morbidity (See Section 3.4.4. in the Literature Review).

The circular process in Figure 6.1., that intersects the green arrow represents the nature of participant's experiences with the IHSS. It is circular in nature because of the speed in which it responds (or does not respond) to women’s health requests. For example, Honduran workers will often have to attend multiple appointments and wait far beyond the 6-month legal limit before receiving a *dictamen medico* from the IHSS. This
period of time mandated by the Honduran law is inadequate in terms of responding as clinicians recommend to symptoms of WMSDs. With inefficient and depleted public health services, the process of acquiring a *dictamen medico* means going to various appointments, pressuring the Commissions to respond, completing the necessary paperwork, and ensuring that a work space inspection is completed. This process occurs while an injured worker has already experienced symptoms of WMSDs and is pushed, by the inefficient circular nature of the IHSS, back to the green arrow in Figure 6.1., the assembly line.

Other than focusing on the importance of the *dictamen medicos* certified by doctors working in the IHSS, it was beyond the scope of this study to further investigate the difficult and exhausting process of engaging with the IHSS. The World Bank (2007) describes some of the main problems in Honduras’ fragmented health care system – “inequity in coverage across regions, weak regulation, centralized resource allocation preventing results accountability, and a health care system oriented to curative versus preventive care.” The International Financial Institution also notes that health indicators in Honduras are amongst the worst in the region (World Bank, 2007).

Honduran women working in Gildan factories that require a *dictamen medico* are forced to come against and withstand one of the poorest healthcare systems in Latin America. The World Health Organization (WHO) (2014) discusses how the poor health status of people living in developing countries are connected to the SAPs that were implemented “reflect[ing] the neo-liberal ideology that drives globalization”. The WHO (2014) outlines how SAPS affect “both the supply of health services (by insisting on cuts in health spending) and the demand for health services (by reducing household income, thus leaving people with less money for health”. As a global economic policy, SAPs contribute to the deterioration of the Honduran healthcare system, the same system that Honduran women are forced to rely on when seeking a *dictamen medico* to escape the occupational hazards on the assembly lines of a Canadian company.

As they become ill as a result of their occupation, workers seek necessary medical care from the public system, relieving transnational corporations like Gildan of their responsibilities to their employees. In many ways, poor working conditions and the subsequent health harms from employment in these factories, are unloaded onto the
depleted public system. Honduran women, as described in the interviews, are forced to overcome the pain caused by their injury further exposing the muscle-tendon unit to repetitive and forceful tasks on the assembly line that are known to increase the pathophysiological response of the body that can lead to permanent damage. While insisting on a *dictamen medico* from the depleted IHSS, workers are unable to rest the injury and allow any inflammatory response to result in beneficial tissue remodelling. Instead, they are forced back to the assembly line while seeking medical assistance from the public system that is unable to respond timely and efficiently to their health concerns.

### 6.1.4. Factory clinic

Another process in the form of medical care that is available to injured workers inside the Gildan factories, is the company funded, staffed, and equipped medical clinic. This process is illustrated in Figure 6.1. by the circular process located under the green arrow. Similar to the concurrent process of the IHSS on Figure 6.1., the health interventions provided by the factory clinic have one major difference recognizable to the study participants: its inability to provide a sustainable medical solution, like a work relocation or *dictamen medico*, for women workers complaining of symptoms or incidences of WMSDs.

Whereas the circular nature of the IHSS phase of Figure 6.1. includes an eventual escape – a *dictamen*, provided that employees are not fired or forced to resign before receiving it – the factory clinic illustration does not. Study participants described the difficulties they encountered in seeking assistance from the Gildan clinic when suffering from inflamed shoulders or WMSD-like symptoms. They also outlined the options that were presented to them by company doctors: injections of diclofenac and dexamethasone; muflex; and/or being given a short-term sick leave with no follow up investigation of hazards at their work post.

Although beyond the scope of this research, a brief description of the medications prescribed by Gildan’s medical doctors, and an investigation of these medical practices that occur in the factory clinic may be an important direction for future research in this area. According to Nair and Taylor-Gjevre (2010) diclofenac is a
nonsteroidal anti-inflammatory drug that is commonly prescribed for treatment of musculoskeletal disorders. Dexamethasone is a glucocorticoid class of steroid drugs that is used as an anti-inflammatory and immunosuppressant. Although two participants were able to indicate what medication the factory clinic was providing them, the rest of the women who had also visited the clinic either were unable to recall the type of given medication or were uninformed. Some participants reported receiving injections on a frequent basis for extended periods of time (over one year). Although considered a useful medical intervention to reduce pain associated with WMDS, anti-inflammatory medications are inadequate medical responses when workers complain of symptoms of WMSDs while still being exposed to the hazards (Yassi, 2000).

Further epidemiological and public health investigations will be helpful in distinguishing women’s knowledge of the treatment they receive in the factory clinic. Important occupational health research may also investigate types of follow-up and surveillance provided by the factory clinics. Appropriate treatment of WMSDs involves clinical management, surveillance, and careful physical examinations (Yassi, 2000). Following third-party inspections of Gildan’s factories, Narváez and Blanco (2011) also emphasized the importance of surveillance systems for WMSDs.

An important finding of this research, according to participant interviews, is that adequate surveillance and medical interventions are not being implemented by Gildan’s clinical staff. The best examples of Gildan’s inadequate clinical response is that the company itself does not issue dictamen medicos that allow workers to relocate in the factory or conduct surveillance activities after workers repeatedly complain of symptoms of WMSDs.

Gildan itself acknowledges that WMSDs are an occupational health concern in its factories in Honduras (Gildan, 2014). Third party inspections of Gildan’s factories focussed on examining the suitability and sustainability of the company’s Ergonomic Program also confirm the existence of musculoskeletal complaints amongst groups of active workers. From the perspectives and rich experiences conveyed in the in-depth interviews with women that incurred WMDS in Gildan’s factories, this study confirms the existence of the Ergonomic Program. However, an important finding of this research are the processes that undermine prevention measures including the Ergonomic Program.
itself that has failed to adequately address the risk factors and processes that lead to the development of WMSDs.

Interviews with women who are now disabled as a result of a WMSD raise concerns about whether or not a clinic inside the factory can be trusted to provide independent, non-biased, and adequate medical advice and assistance. A finding of this study are the weaknesses in the medical assistance provided to workers complaining of symptoms of WMSDs and the failure for the clinic to respond appropriately based on recommendations by clinicians. This study as well as the participants, question whether a company-sponsored clinic, managed, and overseen by Gildan-paid physicians can provide independent, adequate, and trusting health advice, and services. Two participants emphasized that simply seeking medical advice from Gildan’s clinic signified that the Honduran public system – the IHSS – would never have or maintain patient medical records. This generates significant accountability issues for both Gildan as well as the Honduran government, that are required to protect the health and well-being of the population.

Given that all participants felt that the medical clinic inadequately responded to their symptoms and health complaints, the factory clinic process in Figure 6.1. is circular. Instead of providing long-term and preventive solutions to workers that would later develop severe and disabling WMSDs, participants indicated that they were either injected with medication or were sent home for a short period of time. Examining the pathophysiological changes that occur in the body during the inflammation response in musculotendinous injuries demonstrate the importance of ensuring the full repair of acute injuries before workers are reexposed to risk factors such as repetitive and forceful tasks.

Although unclear how prevalent this behaviour of the Gildan medical clinic may be, it is concerning that none of the participants felt the clinic could offer them a viable solution to their medical issue. Instead, women who were interviewed believe that they were provided with short-term solutions which would later further damage their health. They were then sent back to the assembly line, where they would be further exposed to hazardous conditions, repetitive movements, team pressure, and high production quotas.
6.2. Sub-Question One

What are the perceptions of Honduran women workers about prevention measures (primary and secondary) in Gildan factories in Honduras in reducing exposure to and mitigating the impact of occupational hazards?

Prevention is one of the most basic and important elements of population and public health promotion. Study participants spoke about the prevention measures implemented in Gildan’s factories in Honduras. Some women, particularly those suffering from disabilities caused by WMSDs, were also highly critical of the company to adequately address the source of what they understand as being a major hazardous exposure – the high production quotas. Key informants also noted that the four by four work shifts in combination with the quotas, expose workers to risk factors for WMSDs.

Recognizing that assembly line production and the repetitive movements the work entails places workers at high risk, Gildan designed and implemented an ergonomic program for its factories in Honduras. The ergonomic program is viewed by Gildan and assumed by inspectors commissioned by the FLA, to be an adequate prevention measure. However, interviewed workers expressed significant complaints regarding Gildan’s prevention initiatives in their workplace.

According to the United States Occupational Safety and Health Administration (OSHA) (no date), ergonomics programs have been shown to be “highly effective in reducing the risk of developing WMSDs.” Important elements of an ergonomic process include “providing management support; involv[ing] workers; provid[ing] training; identify[ing] the problem; encourag[ing] early reporting of MSD symptoms; implement[ing] solutions to control hazards; and evaluat[ing] progress [of the ergonomics program]” (OSHA, no date). Many of these elements are affirmed by clinicians that examine and study appropriate interventions to reduce the impact of WMSDs (Yassi, 2000; Muggleton, et al., 2001). Although a thorough investigation of Gildan’s ergonomic program is beyond the scope of this research, participants did make some important observations regarding elements of the program.

None of the participants were able to speak about ergonomic training inside the factories, however all noted the guided exercises that Gildan employees are asked to
conduct twice a day while all machines inside the factory were turned off. They claim that very little prevention education is provided and thus employees do not value the short periods of time given to complete ergonomic exercises. This finding was affirmed in the FLA’s inspection of Gildan’s factories which noted very little workers’ participation in the Ergonomic Program as well as limited knowledge of its benefits (FLA, 2011).

Another two aspects of an effective ergonomic process is management support and encouraging early reporting of WMSD symptoms. Early reporting of WMSDs permits appropriate management of the inflammatory process of the injury in order to prevent permanent damage (Muggleton et al., 2001). Although none of the women mentioned communication regarding the Ergonomics Program with their supervisors and other Gildan management, they did outline extensively how they reported symptoms of WMSDs to personnel in the factory clinic. They noted how their supervisors were aware that they were either seeking medical assistance from the IHSS and when their productivity was reduced, that they were experiencing pain associated with their symptoms. Women did not feel like they were sufficiently supported by Gildan throughout their diagnostic process. This type of response – disregard and unsupportive attitudes of clinicians – has been found to inhibit appropriate treatment and provoke patient’s frustration and dissatisfaction of medical interventions (Yassi, 2000). After reporting injuries or symptoms to the medical clinic, it is unclear based on a small group of participant interviews, the type of follow-up (if any) or surveillance that medical personnel would conduct after workers report problems related to WMSDs.

One of the most concerning factors -- as identified by participants, key informants and other studies conducted by CODEMUH -- is a seemingly strong disagreement between organized workers and the company about what the actual problem or source(s) of exposure(s) are in the factory. According to the OSHA (no date), identifying problems or sources of exposure are “an important step in the ergonomic process” in order to assess ergonomic problems before they result in MSDs.” In research conducted by CODEMUH & UAMX (2012), they argued that production quotas and four-by-four work shifts are the main sources of exposure to the hazards that lead to WMSDs. While assisting 30-40 women working in Gildan suffering from these disorders, CODEMUH
filed a third party complaint before an international third party mediator, the FLA.\textsuperscript{14} The complaints were in regard to the ergonomic conditions inside Gildan’s factories. After receiving any sort of complaint, the FLA is required to assess, inspect, and evaluate the complaint and then issue a subsequent report.

Following publication of the FLA’s report outlining its investigation of Gildan’s factories, CODEMUH was disappointed that the international body had simply reviewed and evaluated Gildan’s ergonomic program. The evaluator had spent minimal time engaging with the factory environment. Instead of collaborating fully with workers, particularly those already suffering from WMSDs, the FLA assessed the suitability and sustainability of the program. In an open letter to the FLA, CODEMUH complained that there was “little or non-existence of participation of workers in the program, when worldwide it is accepted that the participation of the worker population is a requirement for the success of ergonomic programs” (CODEMUH, 2013). Furthermore, CODEMUH (2013) questioned the details of Gildan’s program arguing that it, as well as the FLA, failed to adequately identify the root problem of the ergonomic hazards:

[T]he company establishes five breaks during the workday that total sixty minutes for workers to rest. We want to emphatically refute this statement because we continue to receive information that although these breaks are ‘formally’ established for workers, they are not put into practice because the workers cannot meet the company-imposed production quotas.

Mentioning similar criticisms as CODEMUH about independent inspections, Malchaire (2011) describes how MSD risk management in the form of contracted, third party “risk assessment” is problematic. He notes that “many companies assess risks at a frozen moment in time, drafting in here-today, gone-tomorrow paid consultants (outsiders with no decision-making or implementation authority) to do a ‘one-shot’ assessment” (Malchaire, 2011, p. 5). Spending more time in the factory environment on a consistent basis can lead to a process of continued improvement. Participatory prevention

\textsuperscript{14} The FLA is “a collaborate effort of universities, civil society organizations and socially responsible companies dedicated to protecting worker’s rights around the world . . . The FLA places the onus on companies to voluntarily meet internationally recognized labor standards wherever their products are made” (FLA, 2012).
techniques involving employees are also effective strategies that increase the effectiveness of risk assessments (Malchaire, 2011). An overview and evaluation of the FLA’s reports can be found in Section 3.4.7. of this study. Following the complaint to the FLA and the inadequate assessment of Gildan’s factories, CODEMUH refused to engage further with the FLA.

In general, the statement above raises an important issue in public health: the gap between policy and practice. If the company reports one piece of information and the workers report another, how does one know as a researcher what is actually occurring inside the factory? Who is responsible for investigating this gap given the potentially grave consequences continued exposure to occupational risks can cause? This is an important finding and a future investigative possibility related to occupational health and safety in Gildan’s factories.

Women did speak about personal protection equipment (PPE) as a form of prevention and some even concurred that the company’s performance in that regard is sufficient. According to interviews, the company makes an effort to minimize risks to lint exposure, machine-related injuries, and also limit exposure to noise pollution inside the factory. These measures are important, however, they do not seem to affect the main sources of occupational hazards of MSDs as identified by the women workers.
Figure 6.2. demonstrates the possibilities for prevention during the illness production process. Point A on Figure 6.2. or before workers become affected by WMSDs, illustrates the period of time in the process where ergonomics exercises and PPEs are expected to reduce exposures and occupational risks. This is primary prevention or an attempt to prevent the onset of WMSDs by altering behaviours and exposures. An important characteristic of Point A as a prevention measure, is that it does not eliminate or reduce production quotas, a major and well known hazard in maquiladora work.

Point B on Figure 6.2. represents early secondary prevention, attempting to prevent the establishment or progression of an occupational illness, injury, or disease. This step was not entirely clear in interviews with study participants but identified as an
area where Gildan management does not seem to react appropriately. Once workers began to report symptoms such as inflamed shoulders, severe pain, and numbness in their hands, they are not provided with sufficient options that would remove them from the assembly line in a timely fashion that is adequate to permit healing. It is also unclear how the clinic inside the factory attempts to reduce exposure, given worker’s initial complains of WMSD symptoms.

An important area of further investigation is to determine the incidence of WMSDs amongst the entire factory population. This type of investigation could also determine the main factors – specific assembly line operations, for example – that cause faster progression of WMSDs in the labour population that pushes workers at a faster pace across the green arrow in Figure 6.2.

6.3. **Sub-Question Two**

*What are the strategies and conditions Honduran women workers feel would create a healthier working environment in the Canadian-owned factories?*

All participants and key informants identified strategies and conditions that they felt would contribute to improving their working conditions. They include: women’s empowerment; demanding accountability in Honduras; holding Gildan, consumers and Canadians responsible; national, community and labour organizing; and lastly, international solidarity.

The demographics of my participants influenced the ways in which women interpreted the questions I posed regarding change and solutions to their occupational-related concerns. Whereas only some women focussed on strategies that produce more immediate improvements, all women identified important structural changes that would contribute to improving the working environment in Gildan’s factories.

On a related topic to this research and the global apparel industry, is the factory fire that occurred in Bangladesh in December 2013. When North American media outlets reported the garment factory fire that killed over 100 employees, North Americans were astonished. Discussions began regarding potential brand name boycotts targeting the
transnational companies that permitted their products to be assembled in factories with deplorable OHS conditions. Would a boycott work? Is it an effective strategy for North American consumers to hold large brand names like Wal-mart and Joe Fresh accountable to their workers? In discussions about the Bangledesh factory fire that I had with friends and family, many reiterated that they would refuse to purchase clothing from companies that manufacture their products in Third world countries.

Considering my interviews with Honduran women working in Canadian-owned maquiladoras in Honduras, none of the women suggested that North American consumers stop purchasing Gildan clothing. Instead, the strategies they identified were aimed to produce more ‘upstream’ changes: changes to the social, political, and judicial circumstances that heavily impacting the reality of their lives. In other words, participants identified strategies and conditions that were essentially measures of primordial prevention or “actions to minimize future hazards to health and hence inhibit the establishment factors (environmental, economic, social, behavioural, cultural) known to increase the risk of disease” (Association of Facilities of Medicine of Canada, no date). This finding confirms what social epidemiologists stress about the importance of macrodeterminants of health as being critical factors in reducing incidence of disease. Changing the economic, social, and political conditions that lead to large factory fires or high incidences of WMSDs are thus a form of primordial prevention and directly connect the participants of this research to broad transnational discourses of action.

Key informants and CODEMUH staff identified women’s empowerment as an important strategy and condition in creating healthier working environments in Honduras. When I was interviewing women and observing in CODEMUH’s office over the duration of my research, evidence of the effectiveness of this strategy emerged. As a grassroots organization, CODEMUH focuses on women’s human and labour rights and aims to generate a feminist movement where women understand, speak about, and describe their health concerns as well as their rights under Honduran law. On a broader level, CODEMUH provides spaces for women maquiladora workers to organize with women on a national level in Honduras. In many ways in its local work in Choloma and national-level organizing in Honduras, CODEMUH maintains the stance that a feminist perspective is essential for a radical and inclusive reconstruction of democracy in Honduras.
A key informant mentioned the importance of empowering women to understand their health and their bodies. In all of my interviews, women workers were able to identify what health and WMSD-associated issues they suffered from and the names of the medications they were prescribed. It is quite common in Honduras for patients to seek treatment from clinics and hospitals and never be informed or understand what medical conditions they suffer from. Providing women with this training is an important form of empowerment. It allows women to control and determine the physical limitations of their bodies – as one participant described with the use of the saying poner mi cuerpo – which is an important self-awareness strategy to limit or minimize being pressured beyond their physical capacity on the assembly lines in the factories.

As I observed in CODEMUH’s office, I witnessed the incredible amount of time that CODEMUH spends filing judicial and formal legal complains, attending meetings with high level officials of Honduran institutions such as the IHSS, and Ministry of Labour and simply responding to women that had been laid off or appeared at their offices in tears and in need of an immediate solution. For CODEMUH and the participants, this is the strategy they use to hold Honduran institutions accountable to Honduran women and the public. The day-to-day reality of doing this is exhausting, particularly when public services are so severely depleted, underfunded, and corrupt. It surprised me the amount of time CODEMUH spent on responding to women’s immediate needs while still maintaining a commitment to broader structural changes and the subsequent actions required to initiate them.

One of the participants spoke about how -- as an organized woman disabled from a WMSD -- she encourages other women to do whatever they can to improve their odds at seeking solutions to their health problems: “I tell them, do not stop struggling - find whatever way – social security, doctor’s notes, whatever things that you have to do but you cannot stop” (personal communicate, October 8, 2013). Although difficult and sometimes wasteful, a group of workers demanding responses from Honduran institutions can create better conditions for others while also attempting to resolve the immediate health needs of the petitioning individual. Resolving immediate health and occupational concerns provides relief from whatever health and subsequent complications caused by the health problem, but also contribute to the improvement of a Honduran woman’s everyday life.
Other strategies that were identified as being ways in achieving healthier working conditions is challenging Honduran laws and transnational corporations’ rights under the judicial system in Honduras. One participant noted the importance of independent factory inspections. In an ETUI publication, Malchaire (2011) outlines various methods such as the Manuel Handling Assessment Charts (MAC); an Assessment Tool for Repetitive Tasks of the Upper Limbs (ART); and the Key Indicator Method (KIM) as ways in which independent inspections can assess the risks of WMSDs in factories. Independent inspections go hand-in-hand with challenging the Honduran legal system and relevant institutions. These strategies also challenge the political, economic, and judicial power prescribed to companies like Gildan in Honduras.

Another identified strategy was labour organizing inside the factories. A few participants noted that labour organizing was strongly discouraged and frowned upon by Gildan management. Women workers are labelled as rebellious, rude, and impolite if associated with CODEMUH, a labour rights organization. This can be seen as a tactic to isolate organized women and to shape the perceptions and principles in which their coworkers perceive them.

Recognizing that Gildan has many reservations about organized workers, participants described the advantages of being organized. In terms of secondary prevention, being an organized woman involved with CODEMUH increases the likeliness of the IHSS to respond to medical petitions as well as expedite wait times for medical appointments. As there are advantages, there are also disadvantages of being politically associated with organized workers in Gildan’s factories in Honduras. Shipley (2013) describes an incident in 2004 where nearly 100 workers were fired from being involved in a unionization effort in one of Gildan’s Honduran factories:

[W]orkers would be fired or threatened with being blacklisted across the sector so that they could not find work, would suffer verbal, physical and sexual harassment from managers, from other workers, and received death threats which . . . had to be taken very seriously in the Honduran context. (Shipley, 2013, p. 307)

Although an effective strategy at seeking healthier working conditions, labour organizing also presents many risks. Participants in this study had already decided that benefits
outweigh the risks but for women not associated with CODEMUH, they may reconsider their support or participation in a labour rights movement.

In conducting research with immigrants workers in the Canadian garment industry in Toronto, global feminist researchers Ng and Mirchandani (2008) outline the difficulties of uncovering the links between global processes and local experiences: “respondents contributed to the mystification of garment production themselves by refusing to name the retailers, contractors, and subcontractors who formed the hierarchical pyramid supply chain of the garment industry. Many genuinely did not know” (p. 35). Ng and Mirchandani (2008) struggled to overcome this challenge, particularly as they recognize the importance of understanding women’s experiences in the broader context of globalization.

Unlike Ng and Mirchandani (2008), all participants involved in this study knew that Gildan was a Canadian company and could name their supervisors and managers they had interacted with regarding their health concerns. They identified methods in which Gildan, and the consumers of Gildan’s products can be held responsible, an important initiative that the women felt would alter Gildan’s behaviours in Honduras.

The training and awareness that CODEMUH has focussed their organizing encourages women to understand the actors, companies, and the global policies that shape their experiences assembling t-shirts on the assembly lines. This policy puts faces to the names and humans behind the policies. According to Mountz and Hyndman (2006), as mentioned in the literature review, the macro-level and transnational descriptions of globalization often fail to acknowledge that people are driving globalization – whether they are women in the Third World or shareholders and corporate executives in the offices in the Global North.

Study participants recalled negotiations between CODEMUH and Gildan that took place in the mid-2000s. The dialogue with Gildan was seen as an effort to make the company acknowledge the OHS conditions in their factories. Key informants and some participants believe that informing high level executives of Gildan about the reality in the factories and its impacts on workers’ health, would help improve the conditions. Although negotiations between Gildan and CODEMUH fell apart in 2008, CODEMUH made a
strong point to the company that they would not negotiate on behalf of disabled women, insisting that women workers needed to be present to share their own health narratives.

One of CODEMUH’s fundamental ‘upstream’-focused strategies is maintaining a transnational discourse by contextualizing each woman’s case in a broader structural context. In her discussions of globalization, Thiel (1993) outlines the factors that demonstrate when a movement is global: “first, if it has a multinational membership and organizational structure; and, secondly if its’ concerns and allegiances are explicitly global rather than solely national or local” (p. 280). The form in which CODEMUH and the study participants maintain a global discourse is particularly important in promoting solidarity efforts, linking their struggles to a systemic problem of the export-processing industry and contributing to a global improvement of factory conditions.

Although not as prominently identified in interviews with study participants, Mendez Bickham and Wolf (2012) complicate the discussion about methods and strategies that generate structural changes. They caution against oversimplifications of complex global dynamics that could impact or hurt the very workers they are intended to support. For example, Kabeer (2004) describes how product boycotts may suffocate “nuanced, balanced and differentiated accounts of ground-level realities in low-income countries” (p. 179). Mendez Bickham and Wolf (2012) also explain some interesting findings of feminist research. These studies describe that although women work for low and exploitative wages, factory employment may be their “best survival strategy” or “empower them economically” to provide immediate change to their lives (p. 651). Given these nuances and complexities, I draw on these findings from feminist researchers and reiterate the importance of constant consultation with organized workers or in the case of planning political actions in North America, direct guidance of these initiatives from groups in the Global South.

Partnering with Canadian organizations and emphasizing the need for international solidarity is also a way in which each woman’s struggle through CODEMUH’s work contributes to a global movement and thus primordial prevention. Representatives from CODEMUH frequently travel to Canada to speak to consumers, government officials, and Canadian citizens about the impact of Gildan’s behaviours in Honduras.
CODEMUH, as well as Canadian academics see a direct role of the Canadian government in perpetuating women’s exposures to occupational hazards in Gildan’s factories in Honduras. Gordon and Webber (2007) and Shipley (2013) argue that while the Canadian government creates an excellent business climate for companies like Gildan in Honduras, they actively ignore the reports of the negative consequences of these investments on Honduran communities. Connecting Canada’s support to the ongoing colonialization of Honduras and the Honduran people, Gordon and Webber (2007) argue that Canada is an advanced capitalist and imperialist state that promotes the economic interests of Canada’s private sector through its foreign policy in Latin America. An example of this is Prime Minister Stephen Harper’s visit to Gildan factories after signing the Honduras-Canada FTA that will expand Gildan’s operations in Honduras.

Fundamental to Gildan’s corporate success in Honduras, is the support the Canadian government provides to Gildan for its operations. Although briefly described in Section 3.2.2., Canadian corporations rely on the Canadian government to seek, negotiate, and approve industry-specific policies that favour their corporate practices both within and outside of Canada. Lobbying is an important factor in securing government policy in favour of industry. The concerning factor is that the Canadian government further facilitates the operations of Canadian transnational corporations while most Canadians are unaware of the impacts and practices of these companies. Organizations like CODEMUH, alongside Canadian human rights organizations and international solidarity campaigns attempt to address the geographic divide and lack of awareness in order to prevent continued harms. Unfortunately, due to the mere limitations of these efforts, much of the lobbying in Canada regarding this issue remains one-sided and the Canadian government often only hears the voices of the corporations and their lobbyists.

In an effort to influence Canadian policy as one of my roles as an ‘outsider’, the findings of this study will be shared with organizations in Honduras and Canada as well as non-governmental organizations, labour unions, and the public health community. Sharing the findings of this research constitutes a knowledge translation in an effort to influence policy in Canada and Honduras, and change in the conditions in the Honduran factories. In an effort to raise national and international awareness of the health issues in Honduran garment factories, a report will be written based on this study’s results upon
seeking permission from CODEMUH and the research participants. It is hoped that CODEMUH, the participants, and other interested actors can utilize this research in their efforts to advocate for a OHS improvements in Honduras.

Through linking women’s health problems to global forces, CODEMUH is attempting to build a global movement aimed at changing occupational hazards in the maquiladora industry. In general, women that participated in this research identified six broad and multilayered strategies, methods, and conditions that they felt could create healthier working environments in Gildan factories in Honduras. The focus of many of these strategies are forms of primordial prevention aimed at generating systemic change initiated from the individual experiences of Honduran women.
Chapter 7. Conclusion

This thesis is framed using a transnational feminist conceptual framework, that argues that women are local actors that shape, limit, resist, and redefine globalization and its expressions. Women’s bodies are capable of revealing global processes as they labour in ‘transnational’ spaces, like assembly lines inside factories in developing countries.

The purpose of this study was to examine in greater detail, through an analysis of the lived experiences of women that have incurred WMSDs in Gildan’s factories, how the nature of the production process mitigates against primary and secondary prevention measures in this occupational setting. The study sought to answer one core research question and two sub-questions: What is the understanding of Honduran women workers in Gildan factories in Honduras about the processes that shape their experiences of their exposure to occupational hazards in these settings? What are the perceptions of Honduran women workers about prevention measures (primary and secondary) in Gildan factories in reducing exposure to and mitigating the impact of occupational hazards? What strategies and conditions do Honduran women workers feel would create a healthier working environment in the Canadian-owned factories?

This research was rooted in the methodological foundations of feminist qualitative research and grounded theory. It utilized a case study strategy to understand the lived experiences of seven Honduran women who are injured and disabled from work-related MSDs and the processes in the factories in which they were exposed to occupational hazards. Interviews were also conducted with seven key informants that helped contextualize the experiences of women workers. All research was located in Choloma, Honduras in the offices of CODEMUH, a feminist, grassroots, organization that assists, trains, and advises women workers on issues of domestic and labour violence and health.
Previous research describes how the expansion of the *maquiladora* industry in Honduras is influenced by globalization and the blossoming of neoliberalism. The history of the establishment of the *maquiladora* industry in Honduras provides an important context that continues to influence the operations of transnational corporations, like Gildan Activewear in Honduras.

Honduras is a low-income country in Central America with high levels of poverty and insecurity (Roneros, 2011). From as early as the 1970s, legislation such as ZIPs and SAPs permitted the establishment and expansion of the *maquiladora* industry (Pine, 2008; Shipley, 2013). Honduras has since become an ideal location for transnational garment companies that are attracted to the country by its cheap labour and economic incentive packages for foreign investors (Pine, 2008). Since the June 2009 coup d’etat, the Honduran government has implemented business-friendly policies that have provided increased incentives for foreign-owned companies. The newly legislated Temporary Labour Law is expected to increase employment in the *maquiladora* industry as the new law further reduces manufacturing costs in the sector.

Reducing production costs has pushed the expansion of manufacturing-based industries, particularly the textile and apparel industry to developing countries, creating precarious working conditions that can cause damage to worker’s health. One of the most concerning public health issues in the *maquiladora* industry in Mexico and Central American countries is the high incidence of WMSDs. Denman et al. (2003) describe in their overview of the literature on MSDs in Mexico that workers show symptoms of psychological distress, ergonomic risks, and musculoskeletal complaints. Across many quantitative and qualitative research of occupational conditions in *maquilas*, authors report that workers are exposed to ergonomic hazards involving repetitive movements that lead to symptoms and injuries like hand-wrist pain, pain in the lower and upper limbs, and in the neck and shoulders (Moure-Eraso et al., Denman et al., 2003).

CODEMUH’s own research in Honduras has shown a high prevalence of WMSDs in women workers. They outline that the main concerns of women workers are “repetitive movements, the adoption of forced postures, heavy-lifting, a large psychological burden dependent on the duration of work shifts, high production quotas, strict supervision, and minimal or no work autonomy” (CODEMUH & UAMX, 2012, p. 5).
CODEMUH’s research shown similar results to occupational health and ergonomic studies conducted in Central America and Mexico that demonstrate the detrimental health impacts incurred in maquiladora factories.

As the largest private-sector employer, Gildan currently bases its manufacturing centre in Honduras, consisting of two sock and four textile manufacturing facilities, four sewing facilities, and one distribution centre (Gildan, 2014). Essential to its ability to operate in Honduras, Gildan receives political and economic support from the Canadian Government. The most recent involved the signing of the Canada-Honduras FTA that favours the economic interests of Canadian corporations in Honduras, like Gildan.

Acknowledging what academic research has previously shown, Gildan recognizes that in the textile and sewing industry, the main risks of developing MSDs are “cumulative exposures to subtle hazards, including repetitive movements, incorrect postures and vibrations” (Gildan, 2014). Stating that occupational health and safety is a top priority for the company, Gildan implemented an Ergonomic Program in its Honduras-based factories in 2009 to address these risk factors.

In response to the implementation of Gildan’s Ergonomic Program seeking to mitigate the incidence of WMSDs in its factories, CODEMUH (2013) argues that the program fails to address the source of the hazards – the high production quotas and the long work shifts. As a prevention measure, Gildan’s program fails to address the long durations of repetitive movements, and the occupational hazards that have led to the development of WMSDs in Gildan workers.

Drawing on this contested area, I conducted and analyzed seven interviews with Honduran women workers suffering from WMSDs. Using constructivist grounded theory to code, major themes emerged from the data that allowed me to understand the nature of the production process and how it mitigates against primary and secondary prevention measures implemented in the factories. Participants also identified strategies in which they felt the occupational conditions in the factory could be improved.

The five themes that emerged in the interviews that aided in answering the three research questions include: 1) the failure or inadequacy of primary prevention, 2) production quotas as a physical and psychological workplace hazard, 3) treatment from
company management, 4) injured workers remaining on the assembly line, and 5) ways of facilitating immediate and systemic changes to reduce the exposure to occupational hazards in the maquiladoras.

Based on each of the identified themes, Figure 6.2. illustrates the processes in which primary and secondary prevention measures fail to mitigate occupational hazards leading to WMSDs. In terms of the first theme that emerged in the collected data, participants described how Gildan’s ergonomic programs fail to provide sufficient time for workers to conduct the ergonomic exercises. Workers feel that most employees are unaware of the health benefits of the exercises. In theme two, participants outline how the program does not address the high production quotas that are driven by team pressure and the ways in which the company provides incentives for workers to meet it. As each worker’s wage is indexed to team quota production that averages between 500-650 dozen per day, the failure to fulfill it results in blame, emotional and psychological distress, mobbing or workplace bullying, and internalized stigma.

The Illness Production Process as illustrated in Figure 6.2. was created to show how Honduran women workers described and understand their exposures to occupational hazards. Given the failure of Gildan’s primary prevention measures in the form of their Ergonomic Program, participants identified the attempts to achieve high production quotas (as represented by the green arrow in Figure 6.2.). The process of achieving the quotas were characterized by their interactions with their working environment, teammates on the assembly lines, and company management.

According to participants, assembly line production in the factories is conducted by workers organized in teams, averaging 14 workers per team. Participants outlined the processes of becoming injured while labouring on the assembly line which causes them to slow their work pace and reduce their productivity. As their productivity is lowered by the onset of a WMSD, the women described behaviour typical to ‘mobbing’ or workplace bullying from their teammates. Mobbing from teammates without intervention from company management (theme three) acts to alienate injured workers. Unable to withstand team pressure, harassment, and the pain provoked by their MSD, they are, removed or permanently eliminated from their position in the factory. This occurs either by forced resignation or by being fired. The way in which women become ill in their
occupation and later fired or forced to resign demonstrates what other feminist researchers have argued – that women’s bodies, particularly in developing countries, are simply commodities that are exploitable and disposable (Ng & Mirandian, 2008; Moutz & Hyndman, 2006; Wright, 2004).

Related to the pressure to complete the high production quotas – particularly as the participants described the onset of WMSD symptoms – is the way that Gildan management failed to intervene to resolve conflicts and address workers’ health complaints. Participants were instead forced to continue labouring without allowing adequate time to heal their WMSD injuries. This is particularly detrimental as clinicians emphasize the importance of permitting acute trauma in the muscle-tendon unit time to recuperate before they are further exposed to known risk factors for WMSDs (Yassi, 2000). Further exposure while inflammation occurs can cause chronic injury and disability.

Management theory dating back to the 1970s provides insight into the forms in which a company can control the labour process to their benefit and the internal ethics of a work team. As participants describe the failure of management to stop intra-team pressure, some concluded that management’s behaviour was strategic so as to encourage team conflicts over the unmet quota. Although Gildan has not publically disclosed the theory used to manage and organize its factories, Videla (2006) outlines similar descriptions of management in a factory in Mexico that formerly was organized using the progressive bundle system. When analyzing in the broader context the way in which Gildan management acts in the face of team pressure and workers’ complaints of MSD symptoms on the assembly line, Figure 6.2. illustrates how the behaviour of Gildan management further pushes injured workers along the green arrow towards resignation and losing their job.

The fourth theme that emerged from the data described how workers were forced to remain on the assembly lines despite suffering from WMSDs. Participants identified two processes of seeking a solution to their exposure to occupational hazards: Seeking a dictamen medico from the IHSS, the Honduran Institute for Social Security, and Gildan’s clinic located in the factories. The process in the IHSS involves petitioning to receive a dictamen medico that would legally obligate the company to remove the
injured worker from the assembly line. Burdened by corruption, inefficiency, and a severely deteriorated healthcare system, women are forced to negotiate one of the poorest health care systems in Latin America (World Bank, 2007). The process in the IHSS is the only way in which workers can request removal from their position and thus reduce or eliminate exposure to occupational hazards in a healthy and sustainable manner. Seeking medical assistance from the factory clinic, workers described being injected with medications to reduce swelling or pain associated with MSDs and then sent back to the assembly line or given a short leave of absence. Participants also expressed their mistrust for the advice and follow-up conducted by Gildan’s medical professionals working in the factory clinic, after they sought assistance for WMSD-related symptoms.

The final theme that emerged from the interviews with Honduran women workers was strategies that can create a healthier working environment in Gildan’s factories. Participants identified immediate strategies that would improve the occupational conditions in the factory but many focussed on strategies of primordial prevention or changing the social, economic, and political structures that lead to the conditions that cause illness. The strategies and conditions, as mentioned by participants include: women’s empowerment; demanding accountability in Honduras; holding Gildan, consumers and Canadians responsible; national, community and labour organizing; and finally, international solidarity. CODEMUH, as an organization, maintains a ‘transnational’ discourse, emphasizing the responsible of the Canadian government in supporting Gildan in Honduras. With this discourse, CODEMUH and the women workers involved with their work, aim for structural change as a form of primordial prevention.

The interviews with the participants that have incurred WMSDs in Gildan’s factories provide a detailed examination of the complex processes in which workers are exposed to risk factors of WMSDs. This research attempted to gain insight into an identified gap in the academic and gray literature highlighted in a disputed claim by CODEMUH regarding Gildan’s Ergonomic Program.

The findings of this research show that production quotas are a major occupational hazard and together with the team pressure that begins once productivity is reduced by a worker experiencing an WMSD-related injury, are severely detrimental to a worker’s psychological and physical health. An examination or reconsideration of the
form in which the company responds to workers that begin to complain of pain and symptoms of WMSDs, is needed. This study shows that Gildan should respond more appropriately through surveillance of health complaints, immediate relocation of the injured operator to another position in the factory, or change company policies that require the issuing of *dictamen medicos* before action is taken inside the factory.

Given the lack of trust in Gildan’s healthcare professionals that were reported by participants, the IHSS or an independent body must consistently monitor the records and practices of the factory-based clinic. The conflict of interest of Gildan-hired physicians and nurses weaken adequate responses to WMSDs and in fact, can act to perpetuate them. Eliminating the factory-based clinic will encourage women to seek medical assistance and treatment through the IHSS where medical records and specialists seen as ‘third party’ subjects, can support them.

Although severely depleted, the only form in which participants were relocated due to injuries caused by WMSDs, was through engaging with the IHSS. The high levels of employment in the *maquiladora* industry require that the IHSS is fully equipped, politically willing, and funded to respond to workers’ health complaints. As this is not the case in Honduras, transnational corporations should not be permitted to locate in countries where insufficient services combined with poor occupational settings, contribute to perpetuating poor health in the work force. In the case of women workers, morbidities caused by employment have severe impacts on the family unit and can cause a worsening health and economic situation for the injured workers and her family.

This research demonstrates the gap between policy and practice and the need for third party interventions when disputes arise between transnational corporations and worker-supported organizations. Without an agreement that clearly identifies the source of ergonomic hazards that lead to WMSDs, it is seemingly impossible for the employer and employees’ representatives to address the problem. In difficult settings such as a developing country and more broadly under a neoliberal paradigm, power differences between transnational corporations and labour organizations heavily define whose voices are heard. This in turn, impacts how conflicts and problems are or are not mediated. In conflict resolution that can lead to public health interventions that protect worker’s health and safety, efficient third party mediators with no involvement from either
stakeholder (unlike the FLA that receives funding from industry) can play an important role in prevention and hearing complaints from all sides of an issue.

This research also shows the dynamics in which foreign investment in Honduras is able to take advantage of the unlimited supply of workers for their manufacturing needs, without ensuring measures that protect workers’ OHS. Given that Gildan’s operations are supported by favourable Canadian foreign policy such as FTAs, enforceable measures should be in place to monitor the behaviour of Canadian transnationals abroad. Legislation in Canada should permit foreign workers or individuals and communities that are impacted by Canadian corporations, to make complaints in Canadian courts. Enforceable and binding legislation in the judicial jurisdiction where transnational corporations locate their head offices could act not only to respond to complaints, but also act to deter practices that damage the health and wellbeing of individuals impacted by corporations operating abroad.
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Appendix A.

ILO Conventions Ratified by Honduras

According to the ILO (2012), Honduras has ratified a total of 25 ILO Conventions: eight of eight Fundamental Conventions, three of four Governance Conventions and 14 of 177 Technical Conventions. Honduras has never denounced a Convention and none have been ratified in the past 12 months (ILO, 2012).

Fundamental Conventions were identified by the ILO’s Governing Body and cover subjects that are considered “fundamental principles and rights at work” (ILO, 2014). There are eight in total and Honduras has ratified all of them. According to ILO (2012) the Conventions and dates ratified by Honduras include:

- Freedom of Association and Protection of the Right to Organize Convention 1948 - June 1956
- Rights to Organise and Collective Bargaining Convention 1949 - June 1956
- Equal Remuneration Convention, 1951 – August 1956
- Forced Labour Convention, 1930 – February 1957
- Abolition of Forced Labour Convention, 1957 – August 1958
- Minimum Age Convention, 1973 – June 1980

Governance Conventions include four conventions designated as “priority” instruments by the ILO’s Governing Body and have been deemed as being important for the functioning of the international labour standards system. The four conventions were identified by the ILO Declaration on Social Justice for a Fair Globalization. Honduras has ratified three of the four (ILO, 2012). These include:
• Labour Inspection Convention, 1947 – May 1983
• Employment Policy Convention, 1964 – June 1980
• Tripartite Consultation (International Labour Standards) Convention, 1976 – June 2012

Honduras has ratified 14 of 177 Technical Conventions:

• Underground Work (Women) Convention, 1935 – June 1960
• Medical Examination of Young Persons (Non-Industrial Operations Convention, 1946 – June 1960
• Protection of Wages Convention, 1949 – June 1960
• Weekly Rest (Commerce and Offices) Convention, 1957 – June 1960
• Seafarers’ identity Documents Convention, 1958 – June 1960
• Weekly Rest (Industry) Convention, 1921 – November 1964
• Protection Against Accidents (Dockers) Convention (Revised), 1932 – November 1964
• Workmen’s Compensation (Occupational Diseases) Convention – November 1964
• Safety Provisions (Building) Convention, 1937 – November 1964
• Final Articles Revision Convention, 1961 – November 1964
• Marking of Weight (Packages Transported by Vessels) Convention, 1929 – June 1980
• Indigenous and Tribal Peoples Convention, 1989 – March 1995
• Maximum Weight Convention, 1967 – April 2012
• Social Security (Minimum Standards) Convention, 1952 – November 2012
Appendix B.

Interview Guide for *Maquiladora* Women Workers

Final Guide (Translated into Spanish)

1. Do you have any questions about the study before we start?

2. We have spoken in a few occasions but I’d like to learn more about who you are. Can you describe yourself a bit to me? (Probes: Family, children, studies, where you were born)

3. Can you describe your current work and what you think of your work?

4. Can you describe the conditions of your work, your work space and more generally in the factory?

5. Can you describe any health problems that have been provoked by your occupation? (Probe: Type of problem, how does it affect you?)

6. How are health and safety discussed and practiced in the factory?

7. Can you explain your interactions and communication that you have had with your supervisor and managers about your health? (Probe: health problems)

8. Do you feel like your employer has adequately responded to your health concerns?

9. When you started having health concerns, how did your team members respond?

10. How can the problems that you have identified be resolved?
Appendix C.

Letter of Information

March 7, 2013

Simon Fraser University
8888 University Drive, Burnaby,
BC, Canada V5A 1S6

Letter of Information

Study Name: Sewing and Stitching in Honduras: Labour Policy and Occupational health of Women Sweatshop Workers in Choloma

Student Researcher: Karen Spring

Student Co-supervisors: Dr. John Calvert and Dr. Malcolm Steinberg

I ask that you please review this letter of information about my thesis research and the consent form. You may keep the letter of information portion for your own records.

Introduction:

Thank you for your interest in my research project. I am conducting this research for my thesis as part of the Masters in Public Health degree at Simon Fraser University in Burnaby, Canada. This research project is being conducted under the permission of the Simon Fraser Office of Research Ethics. If you have any questions about your rights as a participant, the responsibilities of the researcher, or other concerns, please contact the Director, Office of Research Ethics at [redacted].

Study Background:

The purpose of this research project is to investigate how the new policy, the Temporary Labour Law, has affected and changed occupational risk factors for illness such as musculoskeletal disorders in women working in sweatshops in Choloma, Honduras. More specifically, this research project aims to uncover how occupational exposures are different for women workers contracted temporarily under the Temporary Labour Law compared to sweatshop workers hired as permanent workers.

Your Participation:

You will be asked to participate in an interview that will last approximately 30 minutes to one hour and will be audio recorded with your permission.

Risks:

There are no direct risks from taking part in this research, however due to the personal nature of questions relating to your health and your daily experiences, you may feel uncomfortable discussing some issues. It may also be risky to disclose information about your occupation and the conditions in which you work in the chance that someone reading the findings may identify you. Please note that all identifying information such as personal details will never be included in any outputs of this project unless you choose to have your name acknowledged in the ‘acknowledgement’ section. If so, then this will be the only place where your name will appear in the outputs of the project.
Benefits:

You will hopefully find it beneficial sharing your occupational experiences as this information may be used in the future to support public health training and programs that will address the occupational health and safety concerns of Honduran sweatshop workers. The final copy of the report will be provided to you as well as the Colectiva de Mujeres Hondureñas, an organization that advocates for health, safety and rights of individuals working in sweatshops.

Remuneration:

You will receive a small token of appreciation at the end of the project as a thank-you for your participation. Beverages such as water and juice will be provided during the duration of the interview.

Anonymity:

You will not be able to remain anonymous in this project as your participation will be known by the staff of the Colectiva de Mujeres Hondureñas, the organization that aided in recruitment of participants for this study. The information you share in the individual interview will remain confidential from other participants and from the Colectiva de Mujeres Hondureñas if you so choose.

Participant Rights and Confidentiality:

Participation in this study is voluntary. As a participant, you have several rights. They are: (1) Right to refuse to answer any question at any time; (2) Right to withdraw from the research at any time without penalty; (3) Right to withdraw from research by contacting myself; (4) Right to gain access to the findings by requesting a copy of the final report.

As mentioned above, all information you provide during the interview will be treated and remain as confidential. Myself, and my two co-supervisors from Simon Fraser University will be the only people with access to interview recordings, transcripts and notes. No information regarding this study will be shared with your employer and your participation in this interview is on an individual basis. I am responsible for keeping recordings and notes in a safe location. Data collected from interviews will be kept for five years before it is disposed of.

Excerpts of your interview may be included in the final research report and any resulting publications. However, your real name will never be cited next to a quote or in the document. Use of a code name will minimize the risk of you being identified by those reading or hearing about this project and maintain confidentiality of your identity as a participant.

Contact:

If you have any questions or concerns about this research project or your role as a participant in the study, please contact:

My Senior Supervisor:
Dr. John Calvert:

Or

Director, Office of SFU Office of Research Ethics
Dr. Hal Weinberg:

Thank you for your time!
Appendix D.

Consent Form

March 7, 2013

SFU
Simon Fraser University
8888 University Drive, Burnaby,
BC, Canada V5A 1S6

Consent Form

Study Name: Sewing and Stitching in Honduras: Labour Policy and Occupational health of Women Sweathot Workers in Choloma

Your signature on this form will signify that you have received the study's Letter of Information which describes the purpose of the research, procedures, whether there are possible risks and benefits of this research, that you have received an adequate opportunity to consider the information in the document describing the study, ask any clarifying questions you may have, and that you have voluntarily agreed to participate in the study.

Having been asked to participate in the research named above, I certify that I have read the procedures specified in the above Letter of Information. I understand the procedures to be used in this study and the personal risks to me in taking part in the study as described above. I understand that I may withdraw my participation at any time.

I understand the risks and contributions of my participation in this research and agree to participate:

Participant Name (please print)

Participant Signature

Date

Please check:

☐ I would like to have my name acknowledged in the publication. Your name will be acknowledged in the "Acknowledgement" section of the final report.

☐ I would like to receive a copy of the final report. If yes, please write the preferred contact information (email or telephone) below.

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