

The Protection of Women and Children at Work¹

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Historically, the work of women and children is not a recent phenomenon; it is indeed very ancient. It first gained economic significance during the era of pastoralism and agriculture, intensified when men became enslaved, and persisted throughout human evolution. It can be said that although women may have lost physical strength over time, they were never economic burdens. However, women and children entered the workshops when the steam engine and the spinning machine transformed the world—enhancing male power while requiring less physical strength. Their labour gained tremendous social and economic value, turning into exploitation of minimal human efforts in favour of an industrial plutocracy, which viewed them as a means for equal production with lower costs and wages. Thus, women and children were beings destined by nature to have more significant savings of physical energy for the conservation of the species and the improvement of the race, reduced to veritable beasts of burden to human machines!

We can only give some incomplete and not recent figures regarding the number of women and children employed in Italian and foreign industries.

We find that in England, the number of working women rose after the outbreak of the war to 1,240,000, constituting 38% of all workers. At the end of the war, there were 3,000,000 workers.

In some of the United States, such as New England, one in five women over ten was employed in the South Atlantic. In 24 states, 10 to 20% were employed, while half as many women worked in two; 1/10 of these workers were under 16 years old. Overall, 8,075,772 women earned their living in the United States in 1910. This figure is estimated

to have increased to more than 11,000,000 during the war.

In 1914, a report showed that out of 400 occupations, there were only 29 in which women were not included. Before the war, more than 100,000 women were employed in metalworking, mining, and foundries in Germany. During the war, their number tripled. For Italy, we refer to the 1911 census, as the results of the last one in 1921 are unknown. In 243,926 industrial companies surveyed, out of 1,220,459 males, there were 593,962 females. Furthermore, overall, 228,947 workers were under the age of fifteen.

Out of 100 male workers, there were 48.7 females; out of 100 workers of both sexes and all ages, there were 12.6 under the age of fifteen.

In the generic census of the population, which must, however, be considered with great caution among the obliged farmers, we can note 295,355 males and 89,938 females.

From the 1911 census, it is impossible to detect the number of home workers. Still, according to 1901, the total number of people working at home mainly for silk spinning, hand lace making, and articles of straw, wood, and clothing, and the vast majority are women. To have more recent data, we must refer to those reported by factories subject to the law on the work of women and children.

In 1919, 411,969 minor children and women were reported. However, this figure does not correspond to reality because it cannot be presumed that all the factories were reported, especially during the war and in the provinces most directly affected by it.

Returning then only to the work booklets issued to children of both sexes and to minor women, we

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note that in 1921, 109,365 were issued, with a maximum percentage of 79% for northern Italy and a minimum of 10 and 20% for southern and insular Italy, respectively.

These last figures are far from reality, as the distribution of workbooks is not taken care of in many provinces, especially in southern Italy. You will forgive me for all these figures. Still, as Filangeri said, no science deserves more attention than statistics to study social questions, a study full of discouragement and anxiety.

If we then consider how few the categories of workers protected by the current law are, and if we add to the blue-collar workers the many white-collar ones, the phenomenon of female labour and the equally critical issue of child labour emerge in all their significance. This situation justifies the passion they have inspired in individuals from religion, philanthropy, science, and politics throughout history, particularly in recent decades.

The principle of worker protection, which had already come to fruition through the convulsions of 1989, from which human rights and the obligation of social solidarity were to blossom, will triumph in the crusade for the race proclaimed by the coming biological, anthropological, and economic doctrines.

However, Italy has more remote hygienic-social traditions.

The Florentine republic had to dictate the first wise rules; Tommaso Campanella's *City of the Sun* lighted the way. Bernardino Ramazzini's small but golden treatise *De morbis artificum* laid the first foundations of work pathology and hygiene. Others followed, and even today, there are numerous eminent practitioners of social medicine in our country. Nevertheless, the legislators were late, so our Italy, which transmitted the sacred fire to the world, is not today in the place that its thinkers and scientists predicted.

Acknowledging the human element, particularly the psychosocial and physiological organization of labour, has emerged as a global concern. Protecting life within occupational settings and ensuring that work does not threaten life, as Puccinotti envisioned, has garnered international importance. Governments have affirmed their prerogative to merge individual interests with collective interests

and to limit personal freedoms for the overarching benefit of society.

Let us restrict our attention to the vast subject matter currently presented, which we can only address in a synthetic and incomplete manner. Protecting the welfare of children, adolescents, and women constitutes the cornerstone of every ideological and operational initiative that has contributed to establishing the International Labour Organization.

In 1842, England prohibited underground labour for women and limited their employment in the textile industry to a maximum of ten hours. In a parallel development, France enacted an inadequate child labour law during the same period.

On February 11, 1886, Italy established its inaugural legislation concerning child labour, which was amended in 1902 to enhance support for women and revised in 1907, culminating in the enforcement of the current Consolidated Law.

The issue of safeguarding female workers on an international scale was introduced in Berlin in 1890. Initiatives were established to prohibit night work for women during the first four weeks following childbirth in industries deemed hazardous. Nonetheless, these measures were only partially implemented.

Underground work by women was prohibited in several countries, including England, Austria, France, Germany, Italy, Sweden, Norway, and Belgium, as well as Holland and Switzerland, which also banned night shifts.

With respect to occupations deemed excessively arduous, hazardous, or detrimental to health, Italy has enacted a prohibition against such employment for women under the age of 21. This prohibition has been implemented, albeit to varying degrees, in the principal regions, as well as during the subsequent four weeks following childbirth. However, Italy permits certain exceptions to this regulation, allowing for a reduction of the mandated rest period to three weeks upon the submission of a medical certificate.

The Bern Conferences held between 1906 and 1903 established guidelines regarding the duration of nighttime rest and working hours. Following the conclusion of the war, the governments that had pledged substantial promises to workers—who viewed their well-being as a fundamental aspect of

peace—established the International Labor Organization (ILO). This organisation convened its inaugural conference in Washington, thereafter followed by conferences in Genoa and Geneva. Significant advancements were made in the legal protection of women and children during this period.

Four conventions were enacted concerning children, setting the minimum age for admission to work in industries, maritime positions, as stokers, and agriculture at 14 years. One convention prohibits night work before the age of 18 but provides exceptions for specific industries after the age of 16.

This issue demands our full attention as social doctors. Italy has authorised the ratification of these conventions, yet only one, regarding night work, has been implemented. There is little indication that the other conventions will be enforced anytime soon.

The existing legislation prohibits children under the age of twelve from engaging in employment within industrial factories, laboratories, construction sites, non-underground job sites, quarries, and mines. For positions involving underground work, the minimum permissible age is thirteen when mechanical assistance is provided and fourteen in its absence. Individuals below the age of fifteen are prohibited from undertaking hazardous and labour-intensive occupations; however, they are allowed to work in rice fields starting from the age of fourteen.

At fifteen-years old, except for regulated night work by Royal Decree 1923, a child is considered an adult and loses hygienic protection when their development is incomplete and puberty is just beginning.

This law, which remains unenforced in many parts of Italy, contradicts scientific findings.

Extensive studies have highlighted the detrimental effects of early and arduous labour on children's bodies and health. Anthropologists have identified physical differences between children and adolescents from different social classes that reveal a clear disadvantage for those from poorer backgrounds. Pathologists have linked early unhygienic labour to bodily deterioration, skeletal deformities, and chronic illnesses—particularly respiratory issues (such as seen in *carusi* employed in Italian mines). Sociologists view this practice as an impediment to the progress of working-class individuals toward moral and spiritual growth.

The impact of child labour is stark; it removes children from the sunlight and the joys of school and life, leading to physical impoverishment and intellectual dimming.

We must continue to assert that child labour is not only against physiological norms but is also fundamentally immoral.

Therefore, the age at which adolescents can enter the workforce should be raised to a minimum of 15 years for regular occupations. Subsequently, the working hours should gradually increase from 15 to 16 and then from 16 to 18, aligning with completing the crucial phase of physical development. From hazardous underground jobs to strenuous tasks that deplete haemoglobin levels and increase susceptibility to diseases like Koch's bacillus, causing bone deformities and premature distress, every child and adolescent should be shielded until they reach 18-20 years of age.

There are no valid economic arguments against this stance. Citing Simon's astute observation that "The wages earned by children come at the expense of their fathers' earnings without contributing an extra cent to the family's total income", we emphasise that industries relying on exploiting children's health have no moral right to exist. Protection against child labour should not be selective but universal, encompassing all children regardless of their industry or livelihood—be it in agriculture, commercial enterprises, rice fields, or family businesses.

It is worth noting that in nearly all European and American countries (with Switzerland leading the way), the minimum age for entry into the workforce is set at 14 years. For instance, in New York State, children under 16 are limited to working six hours a day for six days a week. Russian legislation mandates a maximum working day of four hours for those aged 14 to 16 and six hours for adolescents aged 16 to 18. Germany has made vocational education mandatory; England has introduced a 'half-time' system enabling simultaneous schooling and employment.

The concern surrounding child labour is intricately associated with the matter of education. Without a greater adherence to compulsory schooling requirements—as evidenced by the statistics from the General Directorate for Elementary Education

of 1923, which indicate that for every 100 individuals obliged, only 50 are registered in Sicily and 41 in Calabria—the issue of illiteracy cannot be adequately resolved. As long as illiteracy rates persist at 70% in Calabria and 11% in Piedmont, a satisfactory resolution to establishing vocational schools, professional training programs, and apprenticeships that cultivate intelligent workers rather than mere labourers remains imperative.

The employment of children transcends mere industrial issues; it constitutes a fundamental aspect of the educational system's problem.

I shall abstain from addressing the exclusively significant aspects of professional orientation and psychotechnics, which underscore the optimal psychological and physical capabilities of employees. Instead, my emphasis will be on medical evaluations.

Existing laws mandate compulsory medical examinations for children up to the age of 15 and for women up to the age of 21. These evaluations also extend to adolescents up to the age of 18, all women, and workers employed in hazardous industries. This principle advocates for inclusive medical assessments across all age groups and job categories, representing a comprehensive approach to ensuring overall well-being.

A regulatory provision stipulates that the Health Officer conducts periodic visits to ascertain whether children and minors' health status permits continued employment without jeopardising their organic development. However, no specific timeline is established for these periodic visits. Labour inspectors are also aware of how the physical data recorded in the booklets are structured: typically following a standardised format, which is often incomplete and occasionally compiled without prior examination; the information is sometimes absent.

Actual individual cards should be developed wherein the somatic characteristics and growth indices are systematically recorded; these cards would also yield invaluable scientific data for investigating occupational diseases.

The medical service must be intensified, and the visits must be at least monthly to check whether the state of health allows children and minors to continue the work they are employed. Such compulsory or periodic visits have the utmost importance since,

usually, it is not the first visit that counts but the subsequent ones, the healthy child entering work but ruining himself in it.

I remember that here in Milan, the example of a similar occupational health organisation is splendidly offered by the Labor Clinic, where hundreds of arm and brain workers are periodically visited, advised, and protected annually.

Regarding night work, we observe that what has been achieved represents a step forward, but progress must not be stopped. Too many exceptions have been accepted after the age of 16. Moreover, the night shift is from 8 p.m. to 6 a.m.

We express the view that the abolition of night work, which is contrary to hygiene and morality, should increasingly extend to male workers as well and that exceptions should indeed be exceptions. If women have been brought closer to children under the legal protection of labour, we must not see this as a confirmation of their inferiority compared to men.

Much discussion has been about women's intellectual and physical capabilities and endurance. Some have proclaimed that women should only dedicate themselves to family life and the upbringing and education of children, while others have sought to make them thrive in the struggle for life. These issues are not foreign to us, but we frankly say that we do not understand that part of the feminist movement, although inspired by noble ideas which are solely concerned with the equality of men and women in life's competition, refuses to ensure material advantages in labour organisation for women in order not to undermine this equality and not put women in an economically inferior position.

We begin by highlighting the distinction between work as a collective phenomenon and work as an affirmation of specific individuals' identities.

We consider the problem not only from a social point of view but also from a biological and physiological one. Women are not inferior to men, but different. In her, the generation apparatus, so closely connected to the endocrine glands, has such predominance in the various periods of life, in puberty, in pregnancy, in breastfeeding, in menopause that all her vegetative and psychic functions are influenced by it, and made it extremely unstable.

Dispassionate observers' statistics demonstrate more significant morbidity among female workers than among male workers. In some regions, after the extension of industry, an actual deterioration of the race has been noticed, an impressive loss in beauty and strength.

By protecting women at work and removing them from the fever of physical and mental work, the legislator wanted to protect race because, in every girl and every woman, we must always see the potential of a birth mother. Between motherhood and work, as it is currently organised, the conflict is very bitter. Women are allowed to work, but only in conditions that are not contrary to their physiology, and through it, they will contribute to the well-being of their families and the progress of society.

In the sacred writings of the Talmud, it is recommended that women be exempted from labour in the puerperium as long as they breastfeed the child. In the 13th century, Louis IX in France prescribed an edict that women should be treated with great gentleness and left to rest during pregnancy. Tommaso Campanella also had advice for women recently giving birth that could be dictated today. At the international conference in Berlin in 1890, Simon stated that the protection of new mothers' work is directly related to the regeneration of the race. For such a question, money does not count.

Safeguarding women's well-being in the workplace was a pressing concern at the Washington conference.

Data from various nations highlighted the prevalence of gynaecological ailments, abortions, premature or abnormal births among female workers, and the decline in their reproductive capacity. Renowned figure Pinard, credited with introducing intrauterine childcare, presented compelling statistics illustrating how an infant's birth weight increases directly with the mother's resting period before delivery and is influenced by the nature of her work - more or less strenuous. Instances of stillbirths, morbidity, and mortality among newborns and infants were distressingly high. Congresses worldwide advocated for remedies, and many legislative actions were taken.

In Washington, a consensus was reached to grant six weeks of rest before and after childbirth at the

request of the pregnant individual. This provision garnered unanimous support and ratification within Italy. Notwithstanding, this convention has largely remained unimplemented.

The inadequate legislation of 1907 was enacted, alongside the minimal support allocated by the National Maternity Fund, which amounts to only 100 lire. Nonetheless, one must consider the number of working women who remain inadequately protected despite these provisions.

From the report of the Director General of the National Maternity Fund of 1923, it appears that in that year, 663,366 were paid with 10 taxes and 34,991 births and abortions were subsidised. The maximum figure is given by Lombardy, and the minimum by Basilicata: 4! In Southern Italy, there are provinces where no childbirth has been subsidised!

It is painful to note this, but here, too, the fact is repeated, highlighted for children, that the law of work for women and children remains unknown or is violated in many regions of Italy, especially in the South.

It is accurate to state that Italy is home to thriving free maternity health funds, one exemplary case being that of Milan, which complements the subsidy with essential assistance, a crucial component for the success of maternal care. These funds are akin to the French *Mutualités maternelles*. However, they are all very laudable but isolated efforts.

Italian law must comply with the Washington Convention as soon as possible.

It is established that for pregnant women and women who have recently given birth to obtain rest truly, they must be paid a minimum subsistence allowance or an allowance proportionate to their daily earnings, reaching at least 75% of it, and that, as is the case in France, she is guaranteed the preservation of her job; that also, as England has set an example, a domestic service be organised that relieves her of the fatigue of taking care of the house.

It is imperative that the working mothers who require protection encompass all individuals employed in industry, agriculture, commerce, and domestic settings.

The esteemed legislation enacted in 1919 concerning disability and old age insurance encompasses all classifications of wage earners, thereby

providing protection for 11,000,000 workers. There exists a section within the statute that focuses on the prevention of disability; should the maternity fund not be considered a social security institution intended to benefit all women? The national pension fund itself may be restructured to conform to these new objectives through the introduction of new measures.

It is accurate to state that within the comprehensive bill regarding compulsory health insurance, which aims to address the inadequate foresight demonstrated by our populace, women who have recently given birth are sufficiently protected; however, the bill remains in a state of anticipation for its enactment. We remain hopeful that this will transpire as promptly as possible. In numerous countries, such as Austria, Germany, England, Norway, and Belgium, maternity insurance is already integrated into compulsory health insurance, yielding excellent outcomes.

Conversely, in Italy, the issue of breastfeeding employees remains unresolved. The legally mandated nursing rooms in factories and laboratories with a workforce of 50 or more exist in only a tiny fraction of cases; in 1914, a mere 12% of factories, which are subject to regulations about the employment of women and children, reported compliance, equating to approximately 5 per 1000 women.

The Inspection Service should be further intensified in this regard; the benefits of the law ought to be extended to encompass factories and minor workers. Additionally, establishing crèches and nurseries—of which we have some commendable yet rare examples—would be advantageous; such facilities are, however, quite prevalent in France, having notably decreased the mortality rate of working offspring within a single decade. It would be even more beneficial to alleviate women's occupational responsibilities so they can devote their full attention to the upbringing of their children. This goal can only be realised through breastfeeding premiums or allowances.

It is imperative to recognise that infant mortality, which reached 270,000 in 1916 from approximately 720,000 deaths—accounting for two-fifths—was reduced to 110,000 in the first year of life by 1922. This issue primarily arises from congenital atrophy, immaturity, and enterocolitis.

The first causes refer to tiring and unhealthy pregnancies, and the last to improper infant nutrition.

However, let me make a few considerations before concluding.

There is a job, the working proletariat, the most miserable, the most dangerous, the one in whom every human and hygienic law is trampled upon, who exploits women and children to the highest degree, who gives the highest figures of morbidity, mortality, and anti-morality of the offspring of working mothers, the lowest figures of their fertility, a frightening percentage of tuberculosis (up to 50%): this is the sweating system, paid work at home.

Minister Labriola presented a bill in 1921, which, following in the footsteps marked first by the Australian State of Victoria and New Zealand and then by England, America, France, and Germany, raised our country to a higher level of civilisation. However, this project, too, is buried. In Italy, there is still discussion about the minimum wage, the advertising of tariffs, the abolition of intermediaries, and the regulation of the placement of workers by the State; central laboratories are organised here, and there, votes are made for the extension of home inspections, already applied in Austria and England, and for the progressive re-absorption of homework into workshop work. However, we are still waiting for legislative intervention to protect the health of workers and the public. It appeared sketched out during the war for military supplies, bringing significant benefits, but then the work stopped.

It should not be asserted that we lack patience; if that is the case, it is only in pursuit of what is beneficial. We have implemented the eight-hour workday. We are convinced that eight hours may be excessive for women during the third trimester of pregnancy and throughout the breastfeeding period. Pregnant and nursing women are not afforded the same consideration typically extended by farmers and breeders to their animals. The practice of job rotation could be explored, similar to measures adopted in England.

We would also like **all women**, at least pregnant women and nurses, to be excluded from tiring and unhealthy work. Thus, we await the essential occupational hygiene code regulation in preparation and the reform of the labour medical inspectorate.

Furthermore, for the latter, allow me a vote. Satisfying a desire expressed for some time by various women's associations, the art. 427 of the Treaty of Versailles establishes that inspection services must employ women. "Wherever these were admitted, they brought a practical spirit, a fervour for the apostolate, an industrious feeling of duty, a constant aspiration towards high ideals which made their work singularly beneficial and fruitful", said Minister Di San Giuliano.

Let it be this, too, be a work field open to Italian women.

And let us not delay in creating **factory nurses** on a large scale here too, the indispensable collaborators of the **factory doctor**, who in America and England have proven to constitute the best instrument of propaganda and hygienic-social education, succeeding with their tact, their influence, more than any pamphlet or cinematography or conference, to persuade the workers of the need for their cooperation in the difficult task of enforcing labour laws and have favoured the development of all institutions for the welfare of workers.

Promoting the establishment of maternal and childcare schools is essential, as we have observed rare yet commendable examples in Rome and Milan.

These institutions should educate working women on effectively fulfilling their maternal responsibilities.

Moreover, it is crucial for Italian women, irrespective of their professional fields—be they intellectual or manual—to fully understand the significant respect that is due to their roles as mothers. They are encouraged to take proactive measures to protect this essential aspect of their lives while also advocating for legislative support against individuals who mistakenly perceive that the neglect of motherhood benefits their interests.

Modern medicine is progressively adopting a social perspective. The era characterized by individualistic physicians is diminishing; conversely, the recognition that human existence is intricately linked to social structures is becoming increasingly significant. The concept that charity should transform into solidarity, that societal enhancement contributes to human advancement, and that prevention is prioritized over cure is widely acknowledged.

It is not unrealistic to foresee a future in which all medical practitioners will recognize the validity of Virchow's assertion: "Doctors are the natural advocates of the poor," as a straightforward reflection of fundamental intuitive truth.