Risk, Control and Gender: Reconciling Production and Reproduction in the Risk Society

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Abstract

In the risk society, managing health risks underlines a social tension between a logic of rationalization and a logic of subjectivation. In the former, techno-scientific thought dominates and induces a certain form of dependence on scientific experts while, in the latter, the individuals tend to be seen to make independent choices to protect their health. This article examines the logics of the actors in the risk management process from a constructivist perspective. According to Dubet's sociology of experience, social experience is structured around three logics: the logic of integration, i.e. the social world seen through the membership group, role and social relations; the strategic logic, i.e. the social world seen as a market; and the logic of subjectivation, i.e. the ability to be a subject, to distance oneself from the surrounding world and to give meaning to one's actions and decisions. Our qualitative research involved the analysis of the discourse of workers and employers in relation to the risk for pregnancy of work activities. The study was conducted in Quebec (Canada), where employers are legally obliged to protect the health of pregnant workers and the latter have the right to safe working conditions without prejudice. The results show that scientific experts do not have a determining impact on organizational changes and the representations of risk held by employers and women workers. Scientific controversies about work risks for pregnancy are used by employers to maintain the status quo while, for workers, the climate of employment and economic insecurity plays a significant role in how they deal with work-related health risks**.** Based on the theory of the risk society, the results bring out the complex interplay between scientific rationality and social rationality whereby risk is defined according to the interests of the actors involved. But, not consistent with certain tenets of the risk society thesis, they also reveal one's ability to be critical of institutionalized risk.

Keywords: risk society, health risk logics, gender, pregnancy, work organization

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Introduction

This research, conducted over the past few years, examines the social construction of risk in the field of occupational health and occupational risk management (Malenfant and De Koninck 2002; Malenfant et al. 2007; Malenfant 2006, 1998, 1996). It is recognized that work environments expose individuals to a wide variety of risks of work-related accidents and disease. Governments, with their legislative power, have long been called upon to intervene regarding risks in the

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workplace. In this context, people's expressed need for protection against risks usually sets in motion a whole arsenal of techniques to establish thresholds and criteria, and to evaluate individual vulnerability and the seriousness of a situation. In other words, this simultaneously objectivizes the people who are exposed and that to which they are exposed.

In Quebec, the public health authorities are responsible for enforcing the 'Act respecting occupational health and safety'. While these formal institutional procedures are known, little is understood about how the actors view risk, make their decisions and develop their protection strategies, and what this knowledge reveals more generally about the role of risk in modern advanced societies.

In the present article we analyse the discourse of two major workplace actors — the worker and the employer — in relation to the risk for pregnancy posed by certain activities. It should be noted that the subject of this analysis is not directly the dynamics between firms on the one hand and regulators and government agencies on the other, but rather how the representations of risk held by employers and workers are set out in the legal and scientific context that frames the prevention of occupational health problems. The study was conducted in Quebec (Canada), where since the late 1970s the right to protective re-assignment has existed under the 'Act respecting occupational health and safety'. Protective re-assignment means that employers must provide a work environment that is not dangerous for pregnant workers who request re-assignment because their work includes a risk for themselves or the unborn child, according to an occupational health physician. This is a highly relevant research topic given that epidemiological studies have clearly shown that premature birth and low birth-weight can be linked to certain work activities:

'The risk of having an SGA (small-for-gestational-age) infant increased with an irregular or shift-work schedule alone and with a cumulative index of the following occupational conditions: night hours, irregular or shift-work schedule, standing, lifting loads, noise, and high psychological demand combined with low social support. When the conditions were not eliminated, the risk increased with the number of conditions (P trend = .004; odds ratios = 1.00, 1.08, 1.28, 1.43, and 2.29 for 0, 1, 2, 3, and 4–6 conditions, respectively). Elimination of the conditions before 24 weeks of pregnancy brought the risks close to those of unexposed women.' (Croteau et al. 2006: 1)

The article begins with a description of the theoretical perspectives of the study, followed by its goals, research question and methodology. The results are then described, using excerpts of the accounts of the research participants. The article concludes with what the analysis reveals about the logics that drive risk-related actions in an organizational context in which insecurity has become a factor to be dealt with by the social actors.

Theoretical Perspectives

Many modern thinkers share Beck's theory that we now live in a risk society. According to this theory, the notion of a risk society has been reinforced by recent social events, particularly the increase in precarious jobs, economic instability and ecological disasters related to industrial development. Risk analyses, which previously focused on 'natural' hazards, have increasingly focused on

'social' risk, that is, risk produced by human activities. Our behaviours, lifestyle choices, work activities, relationships with nature, social relationships, work relationships and close relationships — in other words, our way of living with others — are now approached through the prism of risk management (Beck 1992; Duclos 1991; Éwald 1986; Giddens 1990). While no consensus exists on whether there are more risks today, it is widely held that risks are different. Certainly, the technical means to evaluate risks appear to be more sophisticated; our sensitivity to risk seems to have changed and, as a corollary, society demands greater protection against risks. In 'La société vulnérable' (the vulnerable society), Fabiani and Theys (1987) put forward a thesis that supports that of Beck: the fear created by contemporary risk derives not only from the fact that it is more 'invisible' but particularly from the uncertainty linked to technological advances, the extent of populations affected and the dangers projected for the future (Beck 1992).

However, risk management practices that focus on measuring, calculating and evaluating risk cannot respond entirely to the complexity of risk management. Nor can they neutralize the dynamics of the social relations that underlie the acceptability of risks and the adoption of preventive behaviours to guard against them. The literature on risk studies produced in the 1980s and 1990s offers a wide range of paradigms that bring out the cultural, social and psychological dimensions that come into play in risk assessment and risk management processes (Douglas and Wildavsky 1982; Lupton 1993; Krimsky and Golding 1992).

The power conferred on science by modern technological advances has long helped to maintain a certain linguistic imperialism that has deeply marked the debates on the subject of risk (Hayes 1992). The idea of a risk that can be measured, calculated and technically evaluated, and whose harmful consequences can be anticipated, prevented or decreased by better controlling the environment, has given the scientific knowledge of risk an efficient and reassuring character, one welcomed by both management and the public. Druet et al. (1980) stressed the idea that the social power of scientists can be perceived in the most common facts of everyday life. For example, since the late 19th century, occupational medicine has consistently played an important role in human resource management and personnel selection procedures. Occupational health physicians wield significant political power, since they can recommend, based on criteria or tests given by scientists, pre-hiring or post-hiring tests that systematically disqualify workers from certain jobs because of their physical conditions. However, in this field, the predictive power of scientific tests is considerably limited (Dodier 1993; Gorman 2003) and the choice of tests is not neutral, for example, in terms of the gender or lifestyle of the individual being 'evaluated' (Messing 1998). However, physicians' expert status gives them a credibility that legitimizes their interventions in social terms, even interventions that extend beyond their knowledge field and involve social choices.

With time, however, scientific uncertainties, the lack of techniques to evaluate risks and the absence of a conceptually consistent approach have undermined 'the industrial, technical, scientific and administrative actors of risk who had locked themselves into a logic that excluded the full recognition of everything that is uncontrollable' (Duclos 1991: 11–12 [translation]). The technical approach was unable to grasp complex risk situations and dynamic social relations (Lupton 1993;

Theys 1987). The most widespread idea is that a population that has become more 'conscious' of risks feels more vulnerable and remains sceptical about the possibility of controlling them (Beck 1992; Giddens 1990). This context makes it difficult for institutions to socially regulate the acceptability of risk, with this last notion often being challenged by the demands of groups within the population that seek greater protection (Beauchamp 1996).

Risk management is made even more complex by the dual configuration of risk, that is, objective risk and subjective risk. In the first configuration, risk is objectivized by science, expressed in statistics and usually takes the form of epidemiological studies. This approach is characteristic of everyday risk management practices whereby technical tools are produced and evaluated for their effectiveness in prevention and control. In the second configuration, risk relates to the representation of a situation or an activity said to be dangerous as well as to the beliefs, perceptions and interests that come into play in the representation of risk.

Managing health risks underlines a social tension between a logic of rationalization and a logic of subjectivation. Based on the risk society thesis, in the former logic, techno-scientific thought dominates, making employers and workers dependent on the opinions of scientific experts. In the latter logic of subjectivation, the individual is seen as more autonomous, giving actors the freedom and capacity to choose how to protect their health. Beck adopts a highly critical position regarding whether individuals are truly autonomous in their actions in the risk society, even though, paradoxically, individuals have greater accountability. Institutionalized individualization (Beck and Beck-Gernsheim in Walsh 2003: 110) appears in risk theory as a new form of standardization, a constraint to act according to institutional biographical patterns.

Moreover, following Lash (1993) and Lupton and Tulloch (2002), membership in a group and in a social and cultural network must be taken into account in the construction of logics of risk and their meaning. We therefore wonder, as the sociocultural theorists do, if risk logics are influenced by an overall climate of insecurity in the face of risk or whether the latter has become an argument to negotiate the protection of individual or corporate interests. We therefore use a constructivist perspective, that is, the study of the interactions between actors in specific social contexts (Berger and Luckmann 1966), to examine the logics of the actors in the risk management process**.** To analyse logics, we refer to Dubet's sociology of experience (1994a,b). For Dubet, social experience is structured around three logics: the logic of integration, i.e. the social world seen through the membership group, role and social relations that define each person's place in society; the strategic logic, i.e. the social world seen as a market where rationality is built according to interests, resources and position; and the logic of subjectivation, i.e. the ability to be a subject, to distance oneself from the surrounding world and to give meaning to one's actions and decisions. These logics resemble the construction of social experience, to differing degrees depending on the situation.

Only a few organizational research studies have examined the management of occupational health risks and these have focused on work-related accidents (Baccus 1986; Dwyer 1991; Simard and Marchand 1995). Recent transformations of work and of labour-force composition have broadened the need for

research on the new reality of firms. While employers are increasingly concerned by the high costs related to occupational risks, employees are more and more preoccupied with their health. In fact, the prevailing social debates of the past decades on the subject of environmental risks have undoubtedly influenced demands, at the firm level, related to occupational health and safety. The general climate of insecurity sustains the debates on the recognition of work-related risks, as employers and workers are involved in risk management on a daily basis (Gouvernement du Québec 1978). However, risk management may well be influenced by other considerations, particularly socio-economic ones, which interfere with the decision-making process.

All actors perceive 'risks' according to their own knowledge, experience and interests, and seek to make others see things from their point of view. Institutional interventions to protect against health risks usually focus on the prevailing situation in a given context and for a specific problem that was the object of a technical–scientific evaluation. Nevertheless, an evaluation by the 'subject at risk' towards whom the protective interventions are directed, and by the risk manager, who must weigh the implications of the resources to be devoted to acting on the risk, should not disregard the synergistic effects of these individuals' decisions on other dimensions of their personal and occupational life or their organization.

Research Objective and Question

We chose the field of reproduction to study the social construction of risk for three reasons. First, this field is particularly affected by the ideology of technical control over risk. Second, women have strongly adhered to this ideology, as a result of sustained health and social education interventions for over 40 years as well as the trend towards the medicalization of pregnancy and childbirth (Schmied and Lupton 2001). Furthermore, with the strong increase in women's labour force participation rate, work/family balance — including work/pregnancy reconciliation — is now part of the reality of businesses. But have these important changes transformed social relations in late modernity? Do the ideology of risk and the general climate of insecurity affect the behaviour of social actors with regard to the health risks posed by certain work activities?

The reconciliation of work and pregnancy is particularly interesting to examine from the perspective of risk logics because major risk society theorists have been criticized for not taking sufficient account of gender in the construction of knowledge and experiences related to risk (Lupton and Tulloch 2002). Moreover, the massive influx of women into the labour market has had a profound influence on modern advanced societies. Finally, since the dominant discourse continues to portray women's decision to work and raise a family as an individual choice and to focus on the biological aspects of pregnancy, it is important to examine the experience of women in the workplace. Do women feel that by continuing to work while being pregnant they are putting their health and that of their unborn child at risk? How do employers respond to the needs expressed by pregnant workers to protect them from work-related risks? Do employers feel responsible for the risks that certain work activities create for the health of pregnant workers?

In Quebec, questions regarding health protection measures during pregnancy and their impacts on women's employment are crystallized around the debates over the right to protective re-assignment under the 'Act respecting occupational health and safety' introduced in the late 1970s. The Act defines risk as the probability that an effect harmful to the health and safety of the mother and unborn child will result from exposure to work-related risk factors. The evaluation of the relevance of acting to reduce or eliminate this risk, just like the level of effort to do so, must be sanctioned through the evaluation of experts outside the firm. Their recommendations carry all the more weight with managers if they are based on a scientific consensus.

Under Quebec law, protective re-assignment is a right that allows pregnant workers to be assigned to tasks that present no risk to their health or to that of their child, based on a medico-environmental evaluation done by an occupational health physician and the recommendation of the attending physician. The primary goal of protective re-assignment is to eliminate dangers and allow pregnant women to keep working. It takes effect the moment the attending physician issues his/her recommendations, and stays in effect until the beginning of maternity leave, one month before the expected delivery date. A re-assignment must consist of tasks that the pregnant worker can accomplish safely without losing income or other benefits related to her regular job. If the employer does not propose a re-assignment to safe tasks, the worker can stop working and receive compensation that covers 90% of her net salary. This does not affect the length of her maternity leave and she also retains all her rights and benefits when she resumes work. This compensation is drawn from a general fund made up of mandatory contributions by all employers to the Commission de la santé et de la sécurité du travail (CSST), which administers the Act. The annual contributions made to the CSST are the same for all employers regardless of the number of demands or the number of female employees in the firm**.**

The request rate from pregnant workers has increased steadily since the introduction of the right to protective re-assignment and, consequently, so have the costs of implementation. Between 1981 and 2007, the number of requests increased from 1,259 to 29,791; in 2006, the programme's costs rose to C$179 million (CSST). This increase in the use of this right is partly explained by the continuous increase in female labour market participation rates, the dissemination of information on the existence of this right, and greater understanding of women's occupational health and risks for pregnancy. Moreover, most pregnant workers who exercise their right stop working, because employers claim that they cannot offer working conditions which meet the requirements recommended by occupational health experts. In recent years, the proportion of re-assigned pregnant workers rose to 30% (for a large majority, until the 26th week of pregnancy). This increase is partly due to the CSST's efforts to have the Act's goals respected and, in certain employment areas, to an anticipated labour shortage. Nevertheless employers' dissatisfaction regarding this right have not abated.

It therefore appeared relevant to examine the construction of logics of action in such a context of risk where some actors have a legal obligation to protect the health of workers and other actors have the right to safe working conditions. We sought to identify the dimensions that enter into the decision-making process for

the management of health risks for pregnant workers and their unborn child, by first documenting the contextual elements influencing this process. We then strove to understand how actors analyse the risk situation and make a decision that could potentially endanger their health or that of others. We therefore analysed how social relations, particularly gender relations, come into play in the risk management process, what motivates workers to exercise the right to protective re-assignment, and how employers evaluate the possibility of changing work organization to keep pregnant workers on the job. Finally, for the actors involved, we strove to understand the interests that come into play through the decision to act on risk. In particular, we wished to understand the workers' decisions to either take or avoid risks and the meaning they gave to their experience of reconciling work and pregnancy.

Methodology

The selection of subjects and experiments was based on criteria related to the high number of pregnant workers' requests by activity sector, and to the existence of persistent disputes over decisions on these requests. We chose education, hairdressing and food markets — economic sectors where women are highly represented — and collected the data from November 1999 to February 2002.

Participation in the study was voluntary. The workers were contacted in three regions of Quebec through the occupational health teams from the local community service centres or unions, or directly through their workplaces. Employers were recruited in establishments that processed requests from pregnant workers in the past year. These participants were contacted through the Association des professionnels de la coiffure (association of hairdressers), the Association des détaillants en alimentation (association of food retailers) and school boards.

The qualitative approach used in this study has two components: semi-structured individual interviews (22) and group interviews (11). With the participants' consent, the content of all the individual and group interviews was recorded and transcribed verbatim for analysis. All the interviews were conducted in French. The extracts included in this article were translated.

Semi-structured Individual Interviews

Individual interviews were conducted with workers (10) and company managers or their representatives (12). Interviews with workers started with a description of their work environment and working conditions and a brief look at their career trajectory. The workers were then asked questions about balancing work requirements with the need to protect their health and that of the unborn child. The idea was to record the worker's subjective point of view, based on personal experience, on the risk incurred in a workplace during pregnancy.

The interviews with the employers began with their description of the company and their responsibilities. They were then questioned on the volume of requests for protective re-assignment processed every year, the motives for these requests and how they managed them.

The analysis of the individual interviews, using a comprehensive approach (Kaufmann 1996), began only once all of these interviews had been completed. This analysis was built on the subjective situation described by the interviewees and the context of their experience. Prior to their analysis, the data processing began with the coding of each interview: that is, the body of data was divided into segments or units of meaning which were given main and secondary codes. The first stage of coding allowed us to describe the actor's context and to code pre-identified dimensions that were covered in the interview schedule (e.g. the nature of the risk, position/intention regarding work during pregnancy, individual/organizational strategies, context in which strategies are put into action, relevance and shortcoming of the Act, flexibility in requesting/making changes, labour relations). Other dimensions that emerged from reading the empirical material were subsequently coded (e.g. health risk vs employment risk, interpretations of medical recommendations, establishment of hierarchy of risks in decision making, self-regulation in risk situations, realism of requests to reorganize work, and individual accountability).

A cross-sectional analysis was then carried out to identify the themes that emerged from the data gathered from each group (employers and workers); to situate the actors' ability to take initiative given their respective responsibilities; and, based on their practice, to identify implicit references to objectives and underlying reasons for decisions as well as to the contexts in which these decisions were made.

Another aim of the comprehensive analysis of the individual interviews was to build a sufficiently in-depth understanding of the situation in order to identify critical or stressful points in the subjects' lived experience. These were then used to get the discussion started at the first meeting of each group.

Sociological Intervention Groups

To collect data from the groups — which should be distinguished from focus groups — the debates on the study themes were organized based on sociological intervention methodology. Sociological intervention was developed by Touraine in the late 1970s to study social movements and to build his sociology of action (Touraine 1978). Dubet, Touraine's colleague, applied the theory to the study of actors' experience in order to construct his sociology of experience (Dubet 1994a,b). Earlier, we defined the three logics on which Dubet's theory is based. These logics are reconstructed directly from the discourse of the actors in discussion groups where they talk about their common experience, but in terms of their own individual perspectives.

According to this method, unlike individual interviews where the interviewer interacts with the interviewee, in the group, subjects interact with each other. Because even the most individual experience remains socially constructed through relations with others, the experience must be grasped at this level, through the activity of a group talking about a common situation (Dubet 1994a). Sociological intervention emphasizes the perspective of the actors, who are considered to be able to consciously control, to a certain extent, their relationship with the world. Behaviours cannot be reduced to pure applications of internalized social standards or chains of strategic choices whereby action is conceptualized

as a series of rational decisions. Thus, we focused on the subjectivity of the actors in order to identify and better understand logics of action. In fact, the researcher only intervenes to get the discussion started and to clarify statements as the discussion unfolds, but allows participants to debate among themselves as much as possible and to analyse their own experience.

The participants were recruited from those who had agreed to participate in individual interviews or indicated during participant recruitment that they preferred to do a group interview. Three groups were formed: a mixed group of workers (teachers, hairdressers, supermarket cashiers) made up of women who experienced pregnancy in a work environment, and two mixed groups of company managers (schools, hairdressing salons, supermarkets). As we explain in more detail in the next section, the researchers met with each group several times.

Given the method we chose for the group interviews, the data were analysed in tandem with the interviews as they took place, so that, for each group, a dominant aspect of the discussion at one meeting could be used as the starting point for the discussion at the following meeting. Emergent theorization was chosen to process and analyse this data (Paillé 1994). While similar in some ways to grounded theory, developed by Glaser and Strauss, emergent theorization is a data analysis method rather than an overall research strategy (Mucchielli 1996). Thus, the first stage of coding was done in the same way as for the individual interviews. This first stage was then followed by thematic coding (categorization) so as to reduce the number of descriptive codes and create broader categories, establishing a first level of conceptualization. Finally, we identified interrelations between these themes, allowing us to deepen our analysis of the situation from the perspective of the actors themselves. This analysis was presented to the group at the following group meeting and served to restart the discussion.

We then combined the analysis of the individual interviews with that of the group interviews. The individual interviews revealed the subjective experience of risk management, while the group interviews revealed the social relations at play and the dynamics of the interactions that shaped the risk logics.

Characteristics of the Study Participants

In total, 12 employers (or their representatives) participated in individual interviews. In the hairdressing sector, the two women and two men who were interviewed had been owners or co-owners of their salons for many years. In the grocery business, the three women and three men interviewed were co-owners, store managers or assistant human resource directors. Finally, in the education sector, the two men who participated in the study were human resource coordinators on their school boards.

The two groups of seven employers established included people with diverse backgrounds but the same responsibilities within their companies as the participants in the individual interviews: three of these people, one in each sector, had already participated in the individual interviews. Only two men, compared to 12 women, agreed to participate in the groups. In total, six group meetings took place, that is, three meetings per group of employers.

Of the 10 workers who participated in the individual interviews, 6 had one child, 3 had two children and a single one had three children. Their average age at their first pregnancy was 27 (19–35 years). A majority (6) had only a high school diploma and these included four who had a vocational high school diploma. Among the four other women, three had a university degree and one a Diploma of Collegial Studies. Their average age upon entry into the labour market was 19 (14 to 23 years old) and they had been on the labour market on average for 13 years (4–21 years). At the time of this study, 3 were teachers, 4 were cashiers and 3 were hairdressers. All except one worked full time, with 5 working from Monday to Friday, 2 working weekends and evenings as well, and the others working a variable schedule; 7 of them had a gross annual income of less than $30,000 and only one had an income above $40,000. They worked in large, medium and small businesses. Finally, six had used the right to protective re-assignment to ask for changes to their work during their pregnancy.

The one group of workers established met five times. Among the 9 workers who participated in the group interviews, 4 were teachers, 3 were hairdressers and 2 were cashiers. The majority (7) had at least two children and worked full time; 6 of them had used the right to protective re-assignment. None of the women who participated in the group discussions had participated in the individual interviews.

Results

We propose to interpret the results according to the main factors guiding the discourse of employers and workers on work-pregnancy reconciliation within the framework of the application of the right of protective re-assignment of pregnant workers. We will first examine employers' differing views of the relevance and possibility of maintaining a pregnant worker on the job, the interests that come into play and how gender relations emerge in this decision-making process. We will then discuss the choices made by pregnant workers regarding the risk to be taken or avoided, the reasons motivating recourse to the right of protective re-assignment and, finally, the meaning that workers give to their experience of reconciling work and pregnancy through their interpretation of employers' reactions to their request. We grouped the results according to what appeared to be two key aspects of the social construction of risk, that is, employers' scepticism and pregnant workers' risk control.

The Scepticism of Employers towards Risks as Defined by Experts

Employers adopt different attitudes to work's pathogenic potential, as assessed by occupational health physicians. Surprise is followed by a certain incredulity, which gives way to cynicism. Their representation of risk is based on common sense — for example, that 'strong' products are used in hairdressing, cashiers spend long hours on their feet, teaching very young children is very demanding and so on — which are situations that they see as easily controllable in the daily execution of tasks. When they must name risks more specifically, they limit

themselves to those identified by the occupational health physician. In fact, their knowledge of risks grows as they deal with the requests of pregnant workers, or even the conflicts that have to be solved; however, they remain unconvinced that the work situations assessed constitute a true risk.

The employers often base their judgment of the acceptability of risk on the risks of the activities of daily life, that is, common, regular activities that the workers are able to do outside of work. So, they ask, why not at work too?

'I don't see why they would stop working immediately if they are in perfect health. It's not because they are in hairdressing that it's more difficult to work … even standing up in stores. To have to stand up, that's everyday life! We're supposed to be built to be in good health … In my opinion, being pregnant isn't a disease!' (Hairdressing salon owner, individual interview 03)

All the employers in both the individual and group interviews repeatedly stated that pregnancy is not a disease.

'You're pregnant but you're not handicapped, you're not dead, you're still able to work … She could leave at her own cost, but she is only thinking about herself. At some point, you have to stop exaggerating. It's not up to us or to society to pay the cost.' (Grocery store manager, individual interview 04).

From their point of view, exempting so many of these pregnant workers from their regular tasks — tasks that seem the most run-of-the-mill to the employers because of their likeness to everyday activities whether in the city or at home — instils in the workers a harmful feeling of incapacity. They feel that it causes young women to view pregnancy negatively, or scares them, and may even encourage these young women to think that they should not be working during pregnancy if they want to protect their child's health.

They are not convinced by the opinion of occupational health physicians that work situations can be dangerous. Rather, according to them, these dangers could be avoided if workers fulfilled their responsibilities to adopt work safety methods.

'I've been doing this work for 36 years, and it's been in about the last five years that people say there are risks in hairdressing … In my opinion, there are none. Sure we use chemical products, but if you use them in a reasonable way and you know how to use them, there's no risk. Of course if we use them without knowing how, there is a risk.' (Hairdressing salon owner, individual interview 04).

In this regard, occupational health physicians are the main targets of employers' recriminations. Nevertheless, the employers cannot simply ignore the medical advice, especially because of their fear that a tragic event might actually happen, for which they could be held responsible if they did not follow the medical recommendations.

'Now that we know the dangers, they are written, described, there are studies that back it all, it's known. From that moment on, what we've done is say: "Well, we don't have a choice!" When we are informed, we can no longer ignore the danger!' (School board administrator, individual interview 01)

The employers focus mainly on the daily problems created for human resource management and production of having to modify tasks or work organization in order to follow the recommendations of the occupational health physician. They

attribute this to the physicians' unrealistic recommendations to eliminate or reduce to an acceptable level the risk factors to which pregnant workers are exposed. The employers recounted these situations, which they view as being excessive, made on the 'back of the system' and leading to an 'escalation of risks.' From the employers' perspective, there are no lasting solutions, because once a problem is solved in the workplace, a new risk situation is brought up. In the end, they consider that they have no choice but to accept the recommendations of the occupational health physicians and the desire of most pregnant workers to continue their pregnancy at home. It should be underlined that employers rarely win the actions that they pursue before administrative tribunals.

The employers felt that the lack of advantages associated with re-assignment in terms of work organization, work relations and the financial aspect do not work in favour of respecting the goal of the law, which is to maintain employment. Some have tried re-assignment for a short period and then stopped investing the time in it, realizing that it is easier to manage a work leave. Others work at it unrelentingly or resign themselves to it based on principle, but few find the conditions profitable. Indeed, the follow-up process for a reorganization of tasks requires time and is costly for the company, and these costs are judged to be even higher when the appropriateness of the request and the pregnant worker's genuine desire to protect her health and that of her unborn child are put in doubt. The employers stated several times, both in individual and group interviews, that in the mind of pregnant workers, a request for protective re-assignment is in fact a request to stop working during pregnancy, an attractive possibility made accessible by the fact that it is covered by an income replacement indemnity.

'I agree that pregnant women should have the possibility of stopping work. I tell myself that maybe it would be better for everybody if we had more choices, but who is going to choose to work when they can stay home for the same price?' (Grocery store manager, individual interview 02)

Moreover, employers question the work motivation of young workers and think that young people today generally put less effort into their work and are better informed about their rights and ways to 'take advantage of the system'.

'I think that more and more, people no longer want to work as much as they did 30 or 40 years ago. People who worked, even while pregnant, teachers, hairdressers, in all these jobs … people liked their work more … I think that more and more, people work just for their pay cheque.' (School board administrator, group 1A)

Generally, it is the image and the financial situation of the company rather than recognition of the risk itself that will impel employers to take action. Some of the employers who were interviewed have come to terms with the idea that the law is here to stay, and state that maintaining good relations with workers is definitely positive for work performance, even 'if they are working a little less' (Grocery store manager, individual interview 03). They also feel good about having done the right thing once they know that the baby is healthy: 'It's satisfying because we were part of it' (Grocery store manager, individual interview 01). Similarly, they are content when the worker comes back to work with enthusiasm:

'It's important for the company, firstly because a person who was well treated normally performs better than someone else … Harmony always facilitates the rest of the work, and it's a right that women have.' (Grocery store manager, individual interview 05)

To sum up, the employers' statements reveal the key elements on which they base their representations of risks and their role in managing them. Thus, the role of gender relations can be seen in the construction of risk representations, particularly in the scepticism they show about the risk associated with the work of women in what are traditionally women's jobs and in the interpretation of the underlying reasons for recourse to this right by pregnant workers. Indeed, employers compare the ergonomic risks that characterize women's work to the physical, mechanical or chemical risks that are associated with traditionally men's jobs where injuries as a result of falls, the crushing or loss of a limb, acute poisonings — in other words, sudden visible or even fatal industrial accidents — are more frequent. Based on their experience, employers feel that the work of a teacher, hairdresser or supermarket cashier does not present important health risks because their tasks are not so different from the tasks that women in general must accomplish in their everyday life. Also, according to the employers, occupational health physicians are not real 'experts', because they are too far removed from the reality of work environments and because they are too often tuned into the needs expressed by workers. Finally, they believe that the right to protective re-assignment is a measure that is poorly managed and poorly supervised and, because of this, goes well beyond the goals of the Act. Two points in support of their views come up constantly in their discourse. Firstly, employers mention the idea that the primary interest of pregnant workers is not to protect their own health or that of their unborn child since they are unwilling to change their individual work habits to do so. Rather, the risks that are present at work are merely used as a pretext to justify their request for re-assignment. Secondly, employers mention that pregnant workers resist being re-assigned, which they see as resistance towards working during pregnancy and an indication that workers prefer to take advantage of paid prenatal leave. This affirmation by employers also appears to serve as an argument to legitimize their own resistance to re-assignment, in particular because of its resulting costs and, in many cases, deterioration of work relations.

The employers would prefer what they see as a more equitable and pragmatic solution: a universal programme paid for by the government that would allow all pregnant workers to stop working during pregnancy, and would thus free employers from the responsibility that the current law imposes on them.

'The aim of this programme would really be to eliminate dangers instead of providing leave. The day that we have a social policy that extends maternity leave or that decides the rules… If there was an automatic leave after so many weeks, this would be… I would prefer this more than anything, that everybody would just be treated the same.' (School board administrator, individual interview 01)

The factors that differentiate employers according to whether or not they are open to re-assigning pregnant workers vary in nature. Among those that constitute obstacles, certain factors are related to the technical means to keep women workers on the job: for example, the high number of pregnant workers during a single period of the year or the difficulty in changing tasks without compromising the quality of customer service. Others that come into play are financial: for example, the costs of reorganizing work or replacing staff. We also identified factors related to management such as the difficulty of managing labour relations

affected by the reorganization of tasks. Finally, certain employers react negatively to the obligation that they are given to grant the worker's request, because they feel that this undermines their right to manage. However, these factors are all the more irritating for employers because they maintain that the vast majority of workers want to stop work and still be compensated financially. Employers therefore ask themselves why they should put so much effort into reorganizing work. The corollary of this is that employers who are more positive about re-assignment say that they are responding to an interest shown by the female worker and have a paternalistic attitude towards the management of preventive re-assignment cases. Nevertheless, these employers also see a benefit in protective re-assignment for themselves: for example, if a labour shortage motivates them to maintain resources on the job or to present a corporate image of being in tune with the needs of workers who are parents.

Risk 'Control' According to Pregnant Workers

Most workers have some knowledge about their particular work-related risks for pregnancy. They mention risks related to the nature of their work, its environment and organization. For example, standing for extended periods was mentioned by all the women interviewed, non-standard work schedules were mentioned by hairdressers and cashiers, contagious diseases by teachers, contact with chemicals by hairdressers and so on. The worry created by the exposure to these risk factors of course varies according to the job and the conditions in which it is carried out.

The workers' discourse on risk is based in part on both verbal and written information provided by experts, but especially on their experience and that of other women. Indeed, the workers generally acquire their knowledge of the potential risks of work for their health and that of their unborn child from the experience of colleagues or close relations. Some learned about these risks from their own experience and information given to them by their attending physician and the occupational health physician. What emerges from their comments is that they also want to know their employer's position on work-related risk before deciding whether it is appropriate to ask for a change in their tasks or a reorganization of their workplace.

All the workers also discussed the requirements of tasks that are not always compatible with the energy demanded by pregnancy, nor always recognized by the occupational health physicians as presenting risks. Cashiers express the most fears about work-related risks and say that they feel, early in pregnancy, the challenges of balancing work with pregnancy. They also claim to have the least flexibility in the organization of their work and, as a consequence, experience considerable difficulties in controlling their exposure to these risk factors and managing work reorganizations and absences.

However, these workers do not wish to project the idea that work and pregnancy are incompatible; nor do they want to deny the physiological and emotional changes that affect their endurance and relationship to work. They had a lot to say about the pressure created by the high-productivity requirements and the work pace imposed by co-workers, clients and the employer just when they need more frequent breaks or a slower work pace.

'I would like to be respected during pregnancy, this isn't complicated, that they take it easy … What I hate about pregnancy is the constant battle … I don't want pity, just good judgment, to say: "Listen, what you're doing there makes no sense at all, I find that you're rushing all the time. We're going to re-assign you to something else".' (Cashier, individual interview 8)

These workers feel torn between their willingness to work and their desire to take advantage of their pregnancy, an important life event, one that will not happen often and makes them feel that they are contributing to society. However, the women interviewed do not feel that society encourages them in this experience.

'We arrive at our employer's with our note from the doctor — "Another pregnant one!" … What stays with me is that even in 2001, it's still something that bothers people, that inconveniences them'. (Teacher, group 4)

However, while they think that their job requirements do not always correspond to the biomedical definition of risk recognized by the occupational health physicians, they also feel that the risks identified by these experts do not all carry the same weight. Some risks, such as ergonomic risks (posture, weights, movements, pace), are perceived by the workers as being less 'dangerous' for the health of the unborn child than other risks, such as chemical or biological ones. Ergonomic risks are taken into consideration, but the feeling, or the real possibility, of being able to exercise some control over these risk factors modulates the decision of whether to keep working during pregnancy.

Thus, when physical and mental health are fine, control over the execution of work will influence the perception of health risk and will allow other factors to enter into the decision-making process. The willingness or necessity to keep on working for financial or professional reasons, or because of the working climate, will influence the demand for protection. Other factors that can disrupt different aspects of work and non-work life are also considered: for example, interest in the tasks at hand or career path. In the latter case, career cycle was emphasized by the hairdressers and teachers, and job security and income enter into the decisions for all workers.

For instance, hairdressers must meet the requirements of their clientele, whom they want to please and with whom they seek to develop customer loyalty — goals which may be compromised by a prolonged absence from work.

'They [the human resources department] offered me leave immediately if I wanted it … I could have taken it [protective leave], I had no other children to take care of and I was only 29. I wanted to work, I was into it, I had a good clientele and things were going well and I was completely healthy. It's me who didn't want to.' (Hairdresser, group 1)

Teachers must juggle with the impact of a work leave on their working conditions, in particular those whose employment is precarious. These teachers hesitate to refuse contracts because this may delay the consolidation of their career and the possibility, or the pleasure, of long-term employment. Some cannot withstand a salary decrease because only part of their income is protected: for example, teachers who supplement their part-time work with substitute teaching.

Like employers, most workers consider a work leave to be more realistic than a re-assignment to other tasks when there are recognized risks for the progression or outcome of the pregnancy. Like the employers, they feel that the occupational health physicians' recommendations to remove them from a situation in which they are

exposed to risks correspond very little to the reality of work, and more particularly to the dynamics of work relations. Their experience shows that they bear the responsibility for ensuring that the re-assignment conditions are respected, even though they cannot oblige their co-workers to do so. The pregnant workers must negotiate the flexible conditions that they need with their co-workers and their immediate supervisor, and the reception they get is often far from good.

Pregnant workers say they get little support from their co-workers, who generally refuse to compensate for the tasks that they cannot accomplish, even though the effectiveness of the work reorganizations often relies on this collaboration. Similarly, young pregnant workers say they do not feel supported by their more senior co-workers in this process. The more senior workers do not acknowledge that work has changed and we can no longer make a fair comparison with what work was like 'in their days'.

Pregnant workers denounce the employers who do not assume their responsibilities to arrange the task reorganizations recommended by the occupational health physician. According to the workers, the employers abuse this situation and do not play fairly. Employers will offer minimal technical resources for the implementation of the re-assignment without modifying the context.

'My boss told me "Work it out on your own! You'll just have to ask someone to sweep often." But then again, I won't start telling others to "Do this, do that!" They will say "Why don't you just go home!"' (Cashier, group 4)

According to the workers, some employers pretend not to remember the rules and still ask them to accomplish regular tasks; some overburden the workers, who sometimes refuse and defend their rights, and sometimes themselves resign just to get a break.

'My employer's current trick is to say "You can work, you can do whatever you want", except that he doesn't give me the time to sit down or the burden is put on my shoulders again … They are customers, you need to serve them! I don't have the time to sit down!' (Cashier, individual interview 8)

'The customers did not care that I was pregnant … They say to themselves "If she's there, that means she's able to do it!"' (Cashier, individual interview 4)

Workers thus sometimes prefer to say nothing to avoid tense relations.

'I never asked for protective re-assignment. The first time I was pregnant … I simply went home rather than have the sky fall … The second time I was pregnant, I was working for myself … I was not able [to have a re-assignment]. Not a penny … nothing!' (Hairdresser, group 1)

Discussion and Conclusion

Legislation such as Quebec's law giving pregnant women the right to preventive re-assignment gives the province a progressive image in the area of women's occupational health. It has been shown that this right is a social innovation that contributes significantly to the health of women and children and helps to protect the employment relationship of women of child-bearing age. In terms of changing social relations between the sexes and perceptions of accountability

for production and reproduction, the analysis is more complex. In this article, we examined this question from the perspective of representations of risk. Indeed, despite a law that allows pregnant women to remain on the job as long as the risks associated with their work are eliminated or reduced to safe levels, the vast majority of pregnant women exposed to work-related risks stop working temporarily. Employers' efforts to change work organization are mainly influenced by traditional representations of work-related risk modelled on men's work, and their perception of women as not being very committed to their occupations. However, women's decisions to either stop or continue work are influenced by the individualization of the process of requesting protective re-assignment and their being made accountable for following the medical experts' recommendations, as well as having them followed by employers and co-workers. It is in this social space that the logics of action with regard to risk are constructed.

The risk created by certain work activities during pregnancy is important and it can be prevented, but it has trouble 'being born scientifically', in the words of Beck (1992). Although this risk is much more important than many other environmental risks, it is less recognized, again in the words of Beck, than many 'Not-Yet-Events as Stimulus to Action'. Thus, the public does not appear to be overly concerned about the risk for pregnancy of standing for long periods on the job, lifting heavy weights or repeated lifting, or handling hairdressing products, in order to put pressure on the scientific and professional communities. In Quebec, only little attention has ever been paid, and small budgets given, to research development to improve pregnant women's working conditions, and the costs generated by enforcing the right to protective re-assignment, despite its health benefits, are a target for criticism.

Despite the fact that women's increased labour participation is a major social change, reconciling work and pregnancy and the risks that such reconciliation may create in certain situations for the health of the mother and unborn child have not markedly changed either the image of occupational risk or organizational culture. In the view of the employers, which was reflected in their discourse, this risk is part of daily life and not at all unusual. The employers' image of the requirements of women's work is based on their image of domestic work, which, in their eyes, does not pose real risks. This image strongly influences the perception of the risk to which pregnant workers are exposed.

Thus, despite the strong increase in research on reproduction and occupational health that has brought out the negative impacts of certain working conditions on the unborn child's development (Croteau et al. 2006), the existence of danger and the effectiveness of the right to prevent such danger do not have a determining impact on firms' recognition of risk and on the energy that they need to expend to reduce or even eliminate health risks. Employers reluctantly conform to the requirements of the Act, and their preferred strategy is not to allow pregnant women to keep working. In a system controlled by economic rationality, antagonisms and scientific uncertainties surrounding the measurement of work-related risk have become a legitimate way for heads of firms to regulate the pace of organizational change and its resultant costs. The employers' discourse reflects the idea that occupational health physicians convey an image of risk that amplifies the dangers of work. They feel, nevertheless, that the workers do not really believe in this image, but rather use it to serve their own interests, that is, to take paid leave throughout their pregnancy.

There was little debate among the workers interviewed in that, although they evidently did not all share the same point of view, they were empathetic toward each other's experiences. They were more likely to support the viewpoints expressed than to dispute them. On the one hand, this attitude helped to bring out their perception of reconciliation as a personal experience within a specific time period. On the other hand, they showed that they supported the cause of women and recognized the problems encountered by all women in fulfilling their dual role as mother and worker.

The experience of risk is seen by workers, like employers, as a situation in which they are individually responsible for protecting themselves by following the physicians' recommendations. The workers rarely appeal to their union to support them in their efforts to exercise their right to protective re-assignment. Similarly, outside of pregnancy, they do not collectively seek changes to the work organization that would more generally facilitate work–family balance. They seem to be somewhat disillusioned about the possibility of changing organizational culture.

Moreover, during the group interviews, the participants reached a consensus in describing the problems that women generally experience in reconciling work and pregnancy, for example encountering negative attitudes and lack of understanding among those who have the power to bring about change. The workers criticize the government and economic powers whose lack of support for reconciliation, they feel, indirectly encourages women to withdraw from the labour market, thus preserving the traditional images of production and reproduction as separate entities. However, in practice, they contradict these positions when they experience the act of reconciling work and pregnancy as an individual and private situation and favour stopping work rather than changing their work environment.

These results are in line with those of Lupton, which revealed: 'an aspect of risk reflexivity that has been little acknowledged by Beck and Giddens. The participants demonstrated an individualizing approach to risk but also a politicized social consciousness of the structural underpinnings of risks that required government intervention' (Lupton and Tulloch 2002: 332).

Logics of Action to Deal with Work-related Health Risks

There are many logics underlying the use of the right to protective re-assignment among pregnant workers and these logics vary according to pregnancy trimester, the workers' personal situations and their social situation as women. By adopting a healthy lifestyle (diet, not smoking, rest, etc.) recommended by their attending physician, some pregnant workers wish to maximize the probability of having a smooth pregnancy and delivery, and a healthy baby, and are therefore prepared to stop working if they must to achieve this. Other women do this instead to get the most out of the experience of being pregnant and do not wish to be encumbered with a workload that they feel is too heavy and will detract from this experience.

Other women simply want recognition for their place in the world of work and the importance that they give to their dual identity of mother and worker. They generally find their employment highly stimulating and do not wish to stop working because they do not want to project the image of the 'stay-at-home mom'. These pregnant workers take the risk identified by occupational health

physicians into account, but they are confident about their ability to control their own exposure to health risks when they have some autonomy in their work organization and in the choice of tasks to be carried out. However, they would stop work temporarily if they did not feel that their employer and co-workers supported their efforts to reconcile work and pregnancy, or even if the work environment is strained or the reorganization of their tasks during pregnancy decreases their interest in the work.

All of the workers interviewed were highly critical of the medical expertise. They denounced the predominant biomedical definition of risk, which they consider to be a very narrow representation of the reality of their work and its requirements in terms of their physical and mental health.

These logics reveal a perception of health risks that is built on a consideration of a whole set of risks. For pregnant workers, risk is not limited to something that threatens their physical health or the development of their unborn child. Rather, for them, risk is also the jeopardization of their job security, living conditions and financial resources (Malenfant and De Koninck 2004). Thus, the experience of risk among pregnant women and their decisions to protect themselves from such risk are constructed, rather, around a *strategic logic* based on their analysis of the advantages and disadvantages of stopping work during pregnancy. However these decisions are also based on a *logic of subjectivation*, that is, on the meaning they give to continuing to work, not only for the image this projects but also for the pleasure that they derive from their job. Finally, pregnancy, which most women will not experience many times, is a significant dimension of their life as a woman, and the meaning they give to it also influences their decision about whether or not to continue working.

These two logics strongly influence the workers' decisions aimed at protecting themselves from the health risks identified by medical experts. The women clearly understand the notion of probability linked to risk situations. Most feel that the employers — if they would give them more autonomy in their work — or even the government — if they would give more support to policies that promote work–family balance — should provide them with the flexibility that they need to make the most appropriate decisions. However, these demands are not grounded in a collective attempt to obtain a right. Indeed, the process remains personal even though the workers interviewed refer to women's general situation and their shared problems in trying to reconcile their roles. This seems to reflect the influence of *socialization*, which is manifested, even among the workers, by a persistent perception of maternity as a personal and private experience. The logic of socialization, which also comes into play in the decision-making process about risk, combined with the strategic logic and the logic of subjectivation, definitely means that withdrawal from the work environment by most pregnant workers meets the expectations of employers who do not wish to change the work organization and organizational culture, and the workers who wish to have a calm pregnancy. By guaranteeing income for women who stop work, the Act contributes to the construction of these logics.

To conclude, we found that traditional organizational and social inflexibilities persist. These reinforce logics that, on the one hand, complicate the link between work and non-work life and, on the other, maintain the harmful characteristics of work. It seems that the climate of insecurity characterizing the risk society has

little resonance for the representations of work-related risks. The underlying logics of action continue to be guided by the sexual division of labour and the separation between production and reproduction. For some workers, health risks can be used to legitimize a withdrawal from work and to benefit from the experience of pregnancy, lending credence to the employers' criticisms. However, the workers want to decide when to stop working and, in this process, the uncertainty linked to the employment trajectory interferes with the insecurity about health risks because the actors see themselves as being constrained to make choices that secure their place in the labour market. In certain cases, the probability of negative consequences for employment is judged to be higher than the probability of negative consequences for health as a result of exposure to work-related risk.

In the risk society, given economic rationality, the persistence of gendered social relations and the daily reality of work, scientific experts — in this case, the occupational health physicians — have a limited impact on organizational changes and the representations of risk. While this is not consistent with certain tenets of the risk society thesis, the climate of employment and economic insecurity plays a significant role in individual logics of action to deal with work-related health risks, which is in line with the risk society thesis. Similarly, our results reveal not only that actors are dominated and dependent on scientific expertise. The individualization of the decision-making process and action strategies to deal with risk is a central characteristic of the accounts given by the participants in this study. This process of individualization is not structured or controlled strictly by institutional rules, whether the ones defined by the Act respecting occupational health and safety or those established by experts on prevention in the occupational health field. The scientific controversies are used by managers to resist pressures on them to change work organization while pregnant workers use the right to gain acknowledgment of their needs related to work–family balance and to the demands of women's work. What can also be seen in the latter's strategy is the risk of medicalizing the social domain and thus reinforcing outdated representations of the incompatibility of production and reproduction. Depending on the context, the weighting of risks and their effects are not the same and rely on different logics. Women workers must manoeuvre on several fronts to protect their health and that of their unborn baby, protect their job, their reputation at work, good relations with co-workers and the employer, and construct their experience of work–pregnancy reconciliation. Based on the theory of the risk society, our results bring out the complex interplay between scientific rationality and social rationality whereby risk is defined according to the interests of the actors involved. However, and this is not consistent with certain tenets of the risk society thesis, they also reveal an ability to be critical of institutionalized risk.

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