

# Forward-Thinking: How a Century Ago Protecting Women and Children in the Workplace Laid the Groundwork for Gender Medicine and Decent Work

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**KEYWORDS:** Women's Occupational Health; Livia Lollini; History; Labor Legislation; Gender Medicine; Decent Work

## SUMMARY

*Dr. Livia Lollini, a physician and an early pioneer in women's occupational health, authored a paper published as the lead article in the inaugural issue of *La Medicina del Lavoro*, which adopted its current title in 1925. Her work, *La protezione della donna e del fanciullo sul lavoro* (The Protection of Women and Children at Work), constitutes one of her contributions to labor protections for women and children in early 20<sup>th</sup>-century Italy. Born into a family distinguished by socialist and feminist ideals, she completed her medical education in 1913. Subsequently, she served as an assistant at the *Clinica del Lavoro* in Milan, where she addressed various issues related to occupational health. Drawing from international labor laws, Dr. Lollini critiqued the inadequate enforcement of existing legislation in Italy and emphasized the notable disparities in maternity protections. Her analysis highlighted the need to safeguard women's health at the workplace and called for systemic reforms, including implementing regular medical examinations, female labor inspectors, and industrial nursing services. Her work, grounded in gender-sensitive approaches to occupational health, continues to resonate with contemporary principles of gender medicine. Although substantial advancements in labor legislation have been realized, many of the challenges she addressed—such as child labor, maternity rights, and workplace safety—remain central to global discussions surrounding decent work and equitable labor practices.*

During the *Secondo Congresso Nazionale delle Dottoresse in Medicina*, held in Milan in October 1924, Livia Lollini presented a paper on the protection of women and children in the workplace together with the pediatrician Virginia Angiola Borrino (1880–1965). This presentation received significant attention in the scientific community and was published as the lead article in the 1925 volume of the journal *La Medicina del Lavoro* [1]. Before analyzing this article, it is important to provide some biographical notes about its author.

Born in Rome on February 27, 1889, Livia Lollini was the third of four sisters, daughters of the socialist politician Vittorio Lollini (1860–1924) and Elisa Agnini (1858–1922), a pioneering Italian feminist and pacifist who co-founded the *Associazione per la Donna* (Women's Association) advocating for women's rights [2-3]. There is limited information about Livia Lollini, but it is known that she graduated in medicine in Rome in 1913 and, during her studies, associated with Tatiana Schucht (1887–1943), the sister-in-law of Antonio Gramsci (1891–1937), and

the circles of Roman socialism [4]. In the summer of 1915, she enlisted as a medical officer during World War I, along with her younger sister Clelia Lollini (1890-1963) (Figure 1), who was also a physician [5]. After the war, Lollini participated in the *Associazione Italiana Dottoresse in Medicina* (AIDM) activities, founded by her sister Clelia in 1921. In the 1920s, she was appointed as a “full assistant” (*assistente effettivo*) at the *Clinica del Lavoro* in Milan, contributing scientifically to different occupational health issues, not limited to the protection of women in the workplace [6].

In 1922, she published two brief reviews in *Il Lavoro* on paradichlorobenzene poisoning and tobacco-related pneumoconiosis [7-8]. She collaborated closely with Luigi Devoto (1864-1936) and translated from German the lectures on tuberculosis



**Figure 1.** Livia Lollini in 1908, when she was still a medical student Rizzini Family Archive

by Rudolf von Jaksch (1855-1947) and Anton Ghon (1866-1936), which were issued by the Italian publisher Vallardi in 1924. [9] Livia had a profound knowledge of German, frequently spoken in her household due to the Austrian heritage of her maternal grandmother, Elisabetta Kostner [3]. In 1928, she married Francesco Signore (1886-1959), a distinguished volcanologist. This union was founded on love, yet it did not result in offspring. Subsequently, she relinquished her medical career to support her husband's research endeavors in Naples [3].

In 1924, when Livia Lollini delivered her lecture, Italy's labor protection legislation had achieved a degree of alignment with other European nations. Nevertheless, the enforcement and societal implementation of these laws remained insufficient. The first law explicitly addressing child labor was enacted in 1886, following years of debates and unsuccessful proposals. This legislation, however, was limited in its scope, establishing a minimum working age of nine years yet failing to incorporate adequate enforcement mechanisms, sanctions, or inspections [10]. Consequently, the law proved largely ineffective and received widespread criticism. In response to increasing political and social pressures, the Law of June 19, 1902, was introduced to safeguard women and children in the workplace [11]. This legislation stipulated a maximum working day of twelve hours, including a two-hour break, and prohibited night work for all minors. The concept of maternity leave was officially recognized for the first time, allowing for 28 days of unpaid leave following childbirth, although no provision for suspension before childbirth was established. Nonetheless, the protections afforded by this law remained limited, characterized by significant gaps and a lack of substantial enforcement measures. Further advancements were realized with the Law of November 10, 1907, which aligned Italian labor protections with the 1906 International Convention on Night Work (ratified by Italy in 1919) [12]. This legislation prohibited night work for women of all ages and barred underground work in mines and quarries for individuals under 15. Additionally, dangerous and unhealthy occupations were restricted to boys under 15 and women under 21. A Maternity Fund was also instituted in 1910 to provide modest, fixed subsidies for women on

maternity leave; however, this amount was insufficient and unrelated to their actual wages [13].

During World War I, both the war and the economic crisis prompted the significant involvement of women in positions traditionally held by men, as protective labor legislation was temporarily suspended to sustain national production levels. Subsequently, as men returned from military service, women were systematically relieved of their positions to facilitate the reintegration of unemployed veterans. In the challenging post-war years, labor protection laws for women were reinstated; nonetheless, women remained excluded from political voting rights and leadership roles [13].

In the political and legislative context of the period, Livia Lollini's paper begins analyzing data about women's and child labor, both within Italy and internationally [1]. It also provides a comprehensive overview of pertinent legislation in industrialized nations. The necessity of safeguarding children from labor was largely undisputed, emphasizing the importance of prioritizing education. However, discussions regarding workplace protections for women were characterized by fervent debates among feminist circles. The comparison of labor protections for women with those for children raised concerns among certain feminists, who feared it might imply "women's inferiority to men" [1]. Consequently, some prominent figures within the feminist movement opposed calls for enhanced labor protections for women, such as restrictions on night work, to uphold the principle of gender equality in the workplace [12]. In response to this controversy, Lollini presented concepts that align with contemporary principles of gender medicine, asserting that "women are not inferior to men, but rather different" [1].

The analysis of the figures cited by Lollini in support of her arguments is imperative, as they furnish insight into her cultural and scientific background. Notably, she referenced Tommaso Campanella (1568-1639) and Bernardino Ramazzini (1633-1714) as pioneers in social medicine. Additionally, she mentioned Jules Simon (1814-1896), a French politician and philosopher renowned for his advocacy for workers' rights, alongside Adolphe Pinard (1844-1934), a pioneer in prenatal and neonatal

care [1]. Furthermore, Lollini acknowledged Giovanni Loriga (1861-1950), who directed Italy's labor medical inspectorate in that period. However, she notably excluded Luigi Carozzi (1880-1963), a socialist physician recognized for his substantial political and scientific contributions to the campaign against child labor and night work for women, which substantially influenced the ratification of the International Labour Organization (ILO) conventions concerning these matters. This exclusion is intriguing, as Carozzi had played a pivotal role in shaping labor protections, mainly through his contributions to the ILO conventions on child labor and night work. It is plausible that his departure from the *Clinica del Lavoro* and relocation to Rome and then to Geneva may have led to his omission from Lollini's references [14].

In her paper, Lollini criticized the legislator's efforts to balance economic productivity with maternity protections as insufficient to ensure adequate working conditions for women. She highlighted the inconsistent application of laws, particularly in southern Italy, as a reflection of the country's cultural and infrastructural disparities. According to Lollini, the lack of adequate protections during the postpartum period was especially concerning, along with the absence of designated spaces for breastfeeding in factories, despite such provisions being required by law. She underscored the inadequacy of the maternity benefits provided by the *Cassa Nazionale Maternità*, which were insufficient for women to take meaningful leave. Echoing her progressive stance, Lollini argued: "We would like all women, at least pregnant and nursing mothers, to be excluded from any strenuous or unhealthy work" [1].

To address these legislative shortcomings, Lollini emphasized the need to intensify workplace medical examinations, referencing the "Milanese model" exemplified by the *Clinica del Lavoro*, which pioneered regular medical visits. She also called for strengthening the medical labor inspectorate by including female inspectors who could better address women's workplace conditions. Furthermore, Lollini advocated adopting the industrial nurse model established in the United Kingdom and the United States to assist occupational physicians. It

is worth noting that the Italian government took initial steps in this direction shortly afterward, establishing schools for *assistente sanitaria* (a role akin to the industrial nurse), authorized by the Law of August 15, 1925, No. 1832. Lollini concluded her article by invoking Rudolf Virchow's (1821-1902) words, who declared that "physicians are the natural advocates of the poor" [1].

Lollini's article distinguishes itself through its critique of labor protections and innovative proposals, many of which foresaw contemporary approaches to occupational health and gender medicine. Her work emphasizes the need for systemic reforms in workplace protection and highlights health and equity within labor practices.

Today, many of the issues raised by Lollini remain relevant, albeit with significant advancements in legislation and international standards. Regarding child labor, the ILO has made substantial strides in addressing the issue through conventions such as the Minimum Age Convention (No. 138, 1973) and the Worst Forms of Child Labour Convention (No. 182, 1999). Convention No. 138 establishes a global minimum working age, generally set at 15 years, though it allows for lower ages (14 or 12) in developing countries under specific conditions. Convention No. 182 focuses on eliminating hazardous forms of child labor, including slavery, trafficking, and work that harms children's health, safety, or morals. As of today, both conventions have achieved near-universal ratification, demonstrating a robust global commitment to eradicating child labor.

Nevertheless, according to recent statistics, approximately 160 million children remain engaged in child labor worldwide, with nearly half involved in hazardous work. Progress has slowed, and challenges persist, particularly in regions affected by economic crises, conflicts, and inadequate enforcement [15-16]. Concerning maternity protection, the ILO's Maternity Protection Convention (No. 183, 2000) represents a milestone in safeguarding the rights of pregnant workers. It extends the minimum period of maternity leave to 14 weeks, mandates cash benefits for women on leave (equivalent to their previous earnings), and prohibits discrimination based on pregnancy. It also protects women from dismissal during pregnancy and ensures

the right to workplace accommodations, including breastfeeding breaks. While 41 countries have ratified the convention as of 2024, significant disparities remain in its implementation. Many women are excluded from these protections, particularly in informal or precarious employment. Furthermore, some nations still fail to meet the minimum standards set by the convention, highlighting the ongoing need for advocacy and enforcement [17].

Lollini's efforts stand as a historical example of the intersection between occupational and social medicine. She confronted the challenges related to protecting marginalized groups in the workforce. The issues she addressed—child labor, maternity rights, and workplace safety—remain central to the global agenda for decent work and equitable labor practices [18].

**FUNDING:** This research received no external funding

**INSTITUTIONAL REVIEW BOARD STATEMENT:** Not applicable.

**INFORMED CONSENT STATEMENT:** Not applicable.

**ACKNOWLEDGMENTS:** The authors would like to express their gratitude to Silvia Mori, grandniece of Livia Lollini, for providing valuable information on the Lollini family. The authors also wish to thank Prof. Antonio Mutti and Prof. Silvia Fustinoni for offering the opportunity to comment on Lollini's 1925 article.

**DECLARATION OF INTEREST:** The authors declare no conflict of interest.

**AUTHOR CONTRIBUTION STATEMENT:** M.A.R. and M.E.P. designed and directed the research, collected the necessary data for the research, checked the results and made the necessary edits. All authors took part in writing the article.

**DECLARATION ON THE USE OF AI:** No A.I. program was used throughout the research.

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