

# WHO actions on gender and health/OSH

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# Introduction

- Workers compose approx. an half of the population, and main contributors to economy
- Brave new world of work – increased work intensity
  - Globalized economy and financial crisis
  - Fewer employers readily offer regular, permanent, well-paid employment
  - Labour organizations are weakened by pressures from global competition
  - Weaker protections for the workforce
- More than 40% of workforce are women

# Impact of the occupational environment on health in WHO European Region

300 000 die of work-related diseases

27 000 workers die in occupational accidents (5% of all deaths due to accidents)

Loss of 4-5% GDP

# The sexual division of labour: “Women’s” work and “men’s” work

- Globally, rapidly increasing women labour force
- However, women have moved into specific niches in the labour force
  - Horizontal and vertical divisions of labour
  - They may work from their homes, in which case their work is invisible and may not be considered as work even by the women themselves
  - Women hold specific types of non-standard work such as part-time work and one-person independent contracting

# Sexual division of labour is often unfavorable to women

- As a group, women suffer more from growing competitive pressures and cost-saving strategies, which can be associated with lack of security, limited possibilities for training and career advancement, and inadequate social security coverage in terms of old-age pensions, sickness insurance and maternity protection.
- Women are also less likely to be unionized.

# Division of labour is not always natural

- Myth: The sexual division of labour obeys “*natural*” Laws
  - Women do jobs that are more appropriate for their bodies and social roles
  - The division of labour would be good for women’s health.
- Why more women in health care jobs?
  - Lift heavy weights (patients) and to work at night.
- Why in microelectronics plants?
  - Known reproductive hazards
- Why more women working with irregular, unpredictable schedules that seriously interfere with their family lives?
- Why women are more likely to suffer from intimidation including mobbing and psychological harassment?
- Truth: Their gender does not keep women from being exposed to hazards, but it does condition the types of exposures they experience

# Health and safety issues arising from the sexual division of labour

- Equipment, tools and spaces used for paid labour have tended to be designed for men
- Work scheduling has presumed constant availability of the worker, with no constraints arising from responsibility for child care or elder care
- Occupational health and safety standards have often used male models; for example, most toxicological data come from males
- Health and safety problems arising from unpaid work are not covered by compensation regulations
- Men are on average taller, larger and heavier than women, contributing to sex differences

# Occupational health-related sex and gender differences

- In order to make the workplace accessible to women and men with no discrimination, employers must take into account diversity among employees related to both biological and gender differences.
- On the other hand, biological sex differences should not be used erroneously to justify job segregation or inequitable health promotion measures.



# Health implications of sex and gender differences

- Women's increased participation in paid employment not only strengthens their social status and their individual and family's financial situations, but also is beneficial to their mental and physical health
- In developed countries, women are exposed to some physical hazards more often, such as highly repetitive movements, awkward postures, biological agents in hospital environments, and to intense exposure to the public in some jobs.
- In less developed countries, there are numerous hazards and regulations may be non-existent or ignored.
  - *In maquiladoras* in Latin America, women are exposed to chemicals, ergonomic hazards, noise and stress. In one study, 17% of women had a cumulative trauma disorder diagnosed on physical examination. Almost twice as many women as men reported such disorders.

# Health implications of sex and gender differences

- In general, women are exposed to some psychosocial risk factors at work, such as negative stress, psychological and sexual harassment and monotonous work, more often than men.
- Due to their low status in the work hierarchy, women exert less control over their work environment, a condition associated with cardiovascular, mental and musculoskeletal ill health.
- Combination of paid and unpaid work affects women's health.
- Consequently, work-related fatigue, repetitive strain injury, infections and mental health problems are more common among women than among men.

**Table 1. Relative risk of some musculoskeletal disorders (with 95% confidence interval) in women compared to men**

Reference	Population	Disorder	Relative risk odds ratio or prevalence ratio and confidence interval or probability
Chiang et al., 1993	Fish processing workers	Carpal tunnel syndrome	2.6 (1.3-5.2) <sup>2</sup>
Park et al., 1992	Automobile manufacturing workers	Medically treated carpal tunnel syndrome	2.3 (1.6-3.3)
Bergqvist et al., 1995	Workers in routinized visual display unit work	Any arm or hand diagnosis (symptoms and signs)	5.2 (1.2-22.8) <sup>3</sup>
Silverstein et al., 1987	Workers in seven manufacturing facilities	Carpal tunnel syndrome (symptoms and signs)	1.2 (0.3-4.7)
Armstrong et al., 1987	Workers in seven manufacturing facilities	Hand or wrist tendinitis (symptoms and signs)	4.3 (p<0.05) <sup>4</sup>

2 Adjusted for job title or ergonomic exposure, at minimum, and for age and other factors, where possible, by stratified or multivariate analysis.

3 Odds ratio or prevalence ratio (and confidence interval or probability).

4 Only the p value and not the confidence interval was given in this study.

Source: Reprinted, with permission from Cleverley, from Work-related musculoskeletal disorders: Is there a gender differential, and if so, what



# Compensation for occupational health problems in the industrialized world

- Women's paid work is generally regarded as safe, women's occupational injuries and illnesses are underdiagnosed and women's claims for compensation for some health problems are preferentially refused.
- Women and men are often offered different rehabilitation measures for similar work-related health problems. Men, more often than women, receive education in their rehabilitation programme, and women receive rehabilitation benefits for a shorter period of time than men.
- Women's work in the domestic sphere and in the informal economy is invisible in the public, economic, and institutional sphere.
- Many of women's work-related accidents and diseases are not recorded as occupational, not compensated by work insurance systems and not included in thinking about occupational health.

# Specific problems for men

- Men have many more occupational accidents than women, in all jurisdictions where data is available.
- Men die at work much more often than women, from violence as well as accidents. In addition, men in developed countries report more exposure than women to noise, vibrations, extreme temperatures, chemicals and lifting heavy weights.
- It is clear that many societies accept the idea that men can be asked to do more dangerous jobs, although this is not true on all continents.
- Gender stereotyping has affected research in reproductive health. In general, since reproduction has been viewed as women's domain, male reproductive health related to occupational exposures has been neglected.

# Recommendations – Gender-sensitive research

## ***Databases***

- Sex-disaggregated data on both occupational exposures and occupational diseases and injuries
- Information should also be gathered on exposures and diseases related to unpaid work and on attempts at reconciling the demands of paid and unpaid work.

## ***Research topics***

- Increased research on women's health at work is necessary
- Any sex differences detected should be carefully examined

## ***Research tools and methods***

- Research tools and methods in the field of occupational health must be validated and extended for analyses of women's jobs.
- Disorders resulting from psychosocial pressure at work should be better diagnosed and reported.
- Two areas are of special concern
  - Indicators of positive and negative impact of “caring work”
  - Measures in relation to intimidation, harassment and discrimination, particularly in customer-based work.

# Recommendations – Occupational health policies and programmes

## *Changing the context*

- Reducing both horizontal and vertical sex segregation of work should receive urgent and priority attention by policy-makers.
- Enlighten the public about the fact that women's work often involves health risks.
- Addressing the occupational health needs of both women and men requires commitment and close collaboration on the part of the various international agencies concerned, such as WHO, ILO, FAO and other UN agencies, as well as relevant non-governmental organizations (NGOs).
- Regional and national initiatives for cooperation between international agencies (WHO, ILO, EU, ICOH, IOHA, IOE, ITUC, ETUC, etc.) need to be strengthened.

# Recommendations – Changing international and national policies

## *Changing international and national policies*

- International and national occupational health policies should be strengthened and the necessary policy tools should be developed.
- Workers should be given a more active role in developing policies
- The focus of policy and programmes should be on practical problem-solving at the workplace and local capacity-building involving workers of both sexes, employers, primary or occupational health service providers, and government officials.
- Gender-sensitive national policies for health at work and development of policy tools should be developed and strengthened.
- Special concerns should be devoted to gender assessment of existing legislation and policies including threshold limit values, physical work loads, and risks within female-dominated occupations.
- Violence and harassment at work must be regarded as work related.



# Recommendations – Occupational health policies and programmes

Workers' compensation schemes for occupational accidents and diseases should be reviewed from a gender point of view, in order to examine whether and why the rate of approval of compensation claims differs between women and men for the same type of work-related injury or disease.

Identify which occupations and types of work are exempt from compensation coverage and whether they are female-dominated. Compensation programmes – and occupational health prevention programmes – should also address both physical, chemical, ergonomic and psychosocial risks to female and male reproduction, including female and male fertility and sexuality.

It is essential that sustainable agricultural policies (such as organic farming) be supported and unsustainable policies (such as the use of hazardous chemicals) be discouraged.

Family-friendly policies need to be strengthened to promote gender equality at work.

# Recommendations - Occupational health policies and programmes

## Changing workplace practices

- Interventions to protect the health of sex workers should be carried out in partnership with the workers themselves.
- Union-sponsored activities should take into account women's special needs, such as family-friendly schedules, leadership training and opportunities to intervene easily during union meetings.

# Recommendations – Occupational health and safety training and capacity development

- Information and education about women's occupational health and safety risks should be improved
- Gender-sensitive education and training materials on occupational health and safety should be developed
- Capacity should be developed for gender-sensitive interventions in occupational health, based on information from gender-sensitive research
- Equal opportunities for women and men workers should be provided to enable them to participate and intervene in their workplaces in an informed manner
- Culturally-sensitive means such as calendars, popular theatre, posters, and community radio programmes should be set up with the participation of male and female workers
- Gender-sensitive occupational health and safety material should be included in adult basic education courses and in the secondary school curriculum

# Recommendations – Occupational health service delivery

- Occupational Health Services with a strong focus on primary prevention, should be strengthened, in both female and male dominated workplaces.
- Strengthening of support services for occupational health (e.g. through capacity building of health care providers in primary health care) is needed, especially for home workers.
- Access to occupational health facilities should be made equitable for both women and men, irrespective of job title - BOHS (Basic Occupational Health Services) approach is needed.

# Recommendations – Legislation and ethical norms

- Effective workplace health and safety regulations should be enforced, especially in the informal sector where many women work.
- New approaches and strategies are needed that would encourage stakeholders to enforce these regulations.
- Existing occupational health standards should be reviewed through a gender lens and adjustments should be made based on scientific-risk assessment among women and among men, considering the various mechanisms underlying observed male-female differences.



# 60<sup>th</sup> World Health Assembly, May 2007 "Workers' Health: Global Plan of Action"

- The Global Plan of Action developed by the Member States for the Member States
- Adopted by consensus by all 192 Member States of WHO
- WHA60 urged Member States to take an number of measures on workers' health

***Thank you for listening!***

*Contents of this presentation was based on  
WHO. “Gender Equality, Work and Health: A  
Review of the Evidence (2006)”*