

# Gender, OSH and gender mainstreaming – Towards better practice

EU-OSHA Risk Observatory seminar  
Brussels, 9 December 2010

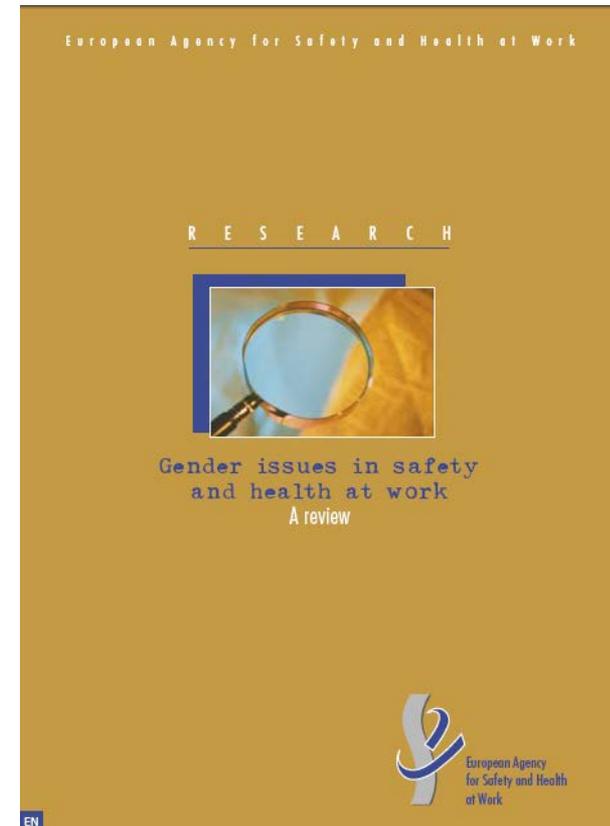
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- ***Mainstreaming, gender-sensitivity: This means ensuring both women and men are included in all h&s activities and doing a 'gender-check'***

- Different jobs, different work circumstances = different exposures and health outcomes
- Gender segregation is strong:
  - Horizontal: not same jobs
  - Vertical: less women in senior positions
- Women's greater home responsibilities
- Higher proportion of women in low paid, low skilled, part-time and precarious jobs
- Discrimination of women has OSH impact



<http://osha.europa.eu/de/publications/reports/209>

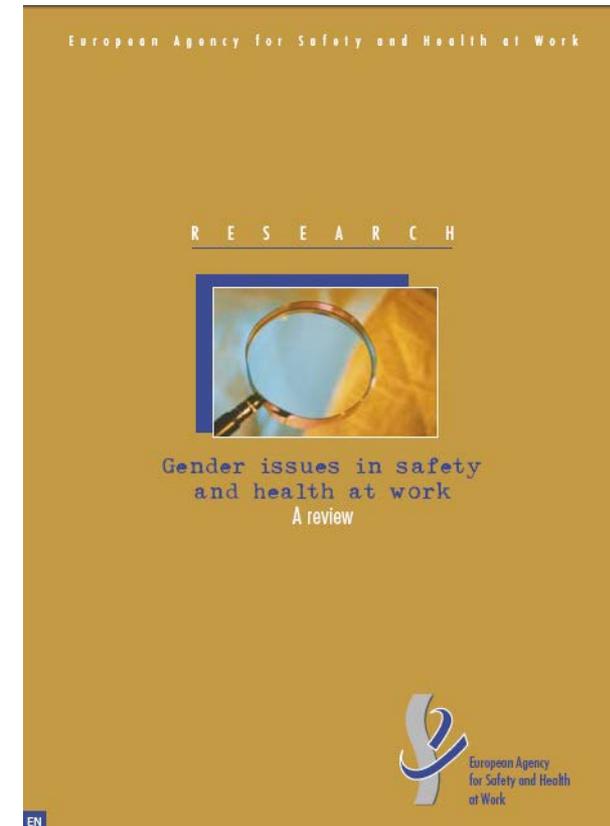
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# Gender issues in safety and health at work

## EU-OSHA report 2003

### Some Recommendations

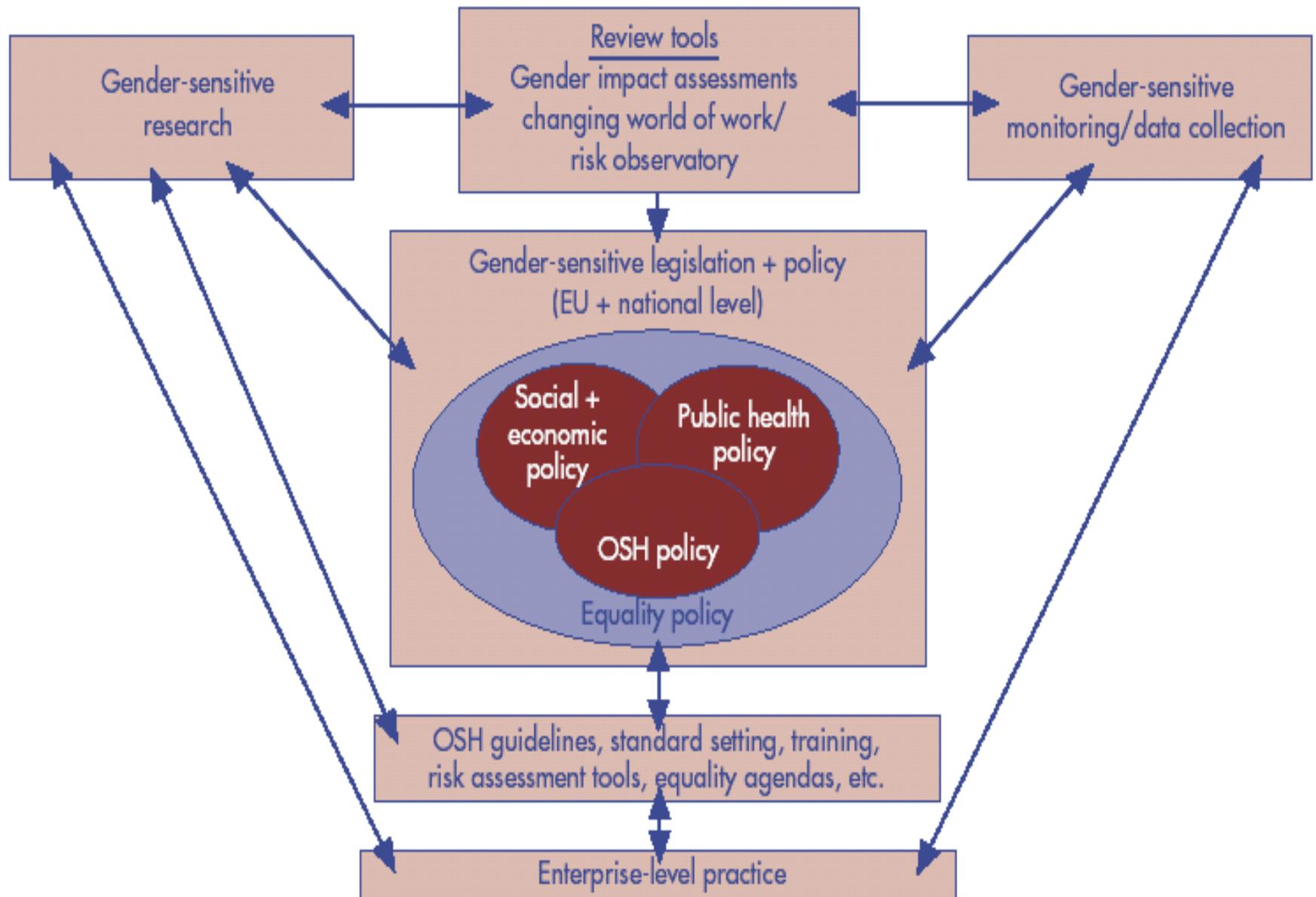
- Include gender in data collection
- Ensure gender balance in research programmes
- Fill gaps in research, e.g. standing work, menstrual disorders
- Assess gender impact of policies, changes in the world of work etc.
- Consider double-work load and promote work-life balance policies
- Implement gender-neutral OSH regulations in a gender-sensitive way
- For risk assessment, avoid assumptions, look at jobs women really do, involve women workers
- Investigate and share good practices



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## Action levels for mainstreaming gender into the OSH system





Men - Women

Different - Equal

Principle applies wherever gender is an issue – including OSH

# Spot the difference

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*“ The difference between Ginger Rogers and Fred Astaire was that she did it backwards and she did it in high heels...”*

Who had the  
hardest task?

- Key experts and decision-makers from both **safety and health & equal opportunities** from Member States, European Commission and European social partners incl. Head of Equality for women and men unit, European Commission
- **Conclusions - Key steps & challenges**
  - Getting the message across that gender impact on working conditions more dramatic than realised
  - Avoid stereotypes, deficit model, backlash
  - Make gender an OSH issue for men and women
  - New issue for many in OSH – misunderstandings - support needed
  - OSH has to be taken out of its niche as equality has been
  - To take gender and put it into the middle of OSH – and to include everyone, from policy to workplace
  - Understand the issues, ask the right questions, adapt tools

- OSH and equalities organisations at EU and national level to explore cooperation
- Encourage equalities organisations to examine how to include OSH in their activities
- Women's health organisations to be encouraged to cover OSH
- Use work-life balance as a common meeting point
- Establish a routine for gender impact assessments
- Examples of good practice – concrete tools and measures needed
- Social partner role and agreements, development of guidelines
- Include in work of standards committees, EU research programmes Labour inspectors role, training, instruction
- Increase women's participation in decision-making
- Developing and maintaining a network

- **Gender-specific studies**
  - 2003 report on situation in EU
  - Web feature of links, factsheet on risk assessment
  - Follow-up seminar 2004
  - New project to review situation 2009-2010
- **Projects on sectors with a high proportion of women workers**
  - Cleaners – Risk Observatory and good practice cases
  - Health care sector
- **Projects and campaigns risks affecting a high proportion of women**
  - Stress, MSDs...
  - Risk assessment campaign 2008-2009 – will include a report of examples of including diversity in risk assessment
- **Specifically specifying coverage of gender in general projects**
  - 'Risk Observatory' reports look at exposures and health outcomes – contractors have to specifically cover gender – noise, young workers, MSDs, transport sector...

# SAFE START!

Mainstreaming gender into the youth campaign 2006

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- Examples of injuries and ill health to young women used in all general factsheets (advice to employers, parents, supervisors, young people) and publicity
- Additional factsheets to include sectors/jobs where young women work – catering, hairdressing
- Deliberate inclusion of both ill health and accident data – although ill health data not so easy to find!
- Images showing both young men and young women at work, and not only in stereotypical jobs, e.g. to include young women in construction



## Including gender issues in risk assessment

Continuous efforts are needed to improve the working conditions of both women and men. However, taking a 'gender-neutral' approach to risk assessment and prevention can result in risks to female workers being underestimated or even ignored altogether. When we think about hazards at work, we are more likely to think of men working in high accident risk areas such as a building site or a fishing vessel than of women working in health and social care or in new areas such as call centres. A careful examination of

real work circumstances shows that both women and men can face significant risks at work. In addition, making jobs easier for women will make them easier for men too. So it is important to include gender issues in workplace risk assessments, and 'mainstreaming' gender issues into risk prevention is now an objective of the European Community (5). Table shows some examples of hazards and risks found in female-dominated work areas.

Table 1. Examples of hazards and risks found in female-dominated work

Work area	Risk factors and health problems include:			
	Bio/psyc	Physical	Chemical	Psychosocial
Healthcare	Infectious diseases, e.g. bloodborne, respiratory, etc.	Manual handling and strenuous postures; long working sessions	Chemical, sterilising and disinfecting agents; drugs; anaesthetic gases	Emotionally demanding work; shift and night work; no time for clients and the public
Manufacturing	Infectious diseases, e.g. particularly respiratory	Manual handling, strenuous postures		Traditional work
Cleaning	Infectious diseases/dermatitis	Manual handling, strenuous postures; use of ice and hot/wall fluids	Cleaning agents	Emotional issues; isolation, e.g. if working in isolation or late
Food production	Infectious diseases, e.g. animal borne and from raw food, spores, organic dusts	Repetitive movements, e.g. in packing jobs or dough kneading; cold temperatures	Pesticide residues; sterilising agents; emulsifying agents and additives	Stress associated with repetitive assembly line work
Catering and restaurant work	Dermatitis	Manual handling; spillage; cuts from knives and burners; slips and falls; heat/cleaning agents	Facilities smoking; cleaning agents	Stress from hectic work, dealing with the public, no time for assessment
Textiles and clothing	Digestive risks	Noise; repetitive movements and awkward postures; needle injuries	Fumes and other chemicals, including formaldehyde in permanent pressions and stain removal solvents; dust	Stress associated with repetitive assembly line work
Laundries	Infectious diseases, e.g. in hospital	Manual handling and strenuous postures/heat	Dry cleaning solvents	Stress associated with repetitive and fast pace work
Ceramics sector		Repetitive movements; manual handling	Glazes, heat, silica dust	Stress associated with repetitive assembly line work
Light manufacturing		Repetitive movements, e.g. in assembly work; prolonged postures; manual handling	Chemicals in microelectronics	Stress associated with repetitive assembly line work
Call centres		Voice problems associated with talking; prolonged postures; excessive sitting	Floor noise; air quality	Stress associated with dealing with clients, pace of work and repetitive work
Education	Infectious diseases, e.g. respiratory, measles	Posturing; standing; noise problems	Floor noise; air quality	Emotionally demanding work; isolation
Hairdressing		Strenuous postures; repetitive movements; prolonged standing; nail manicure cuts	Chemical spray, dye, etc.	Stress associated with dealing with clients; fast paced work
clerical work		Repetitive movements; awkward postures; biological from sitting	Floor noise; air quality; photocopier fumes	Stress, e.g. associated with lack of control over work; frequent interruptions; monotonous work
Agriculture	Infectious diseases, e.g. animal borne and from raw food, spores, organic dusts	Manual handling; strenuous postures; awkward work; equipment and a variable climate; hot, cold, wet conditions	Pesticides	

- Avoid assumptions of who is at risk
- Include women's jobs and consult them
- Look at real work situations
- Match jobs, equipment to real people
- Include work-life balance
- Incorporate into a holistic approach

Look at the real jobs women do!



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- **Appearances can be deceptive, so can stereotypes** – *keep an open mind*
- **Re-examining realities, and involving women, are keys to more effective targeting of prevention for both women and men** – *address the gender deficit*
- **Change requires awareness and strategic action at all levels - government, unions and employers have a vital role to play.** *Both women and men will benefit, and so will employers.*

- ✓ **Improving health and safety conditions for all workers – women and men**
- ✓ **Improving health and safety for women generally improves conditions for men too**
- **Improving health and safety for women does NOT mean ignoring risks for men**

**Thank you for your attention**

[http://osha.europa.eu/en/priority\\_groups/gender](http://osha.europa.eu/en/priority_groups/gender)