

# H&S Stage Two

# Resources

---

## **ACTIVITY 12: Gender issues and Health and Safety at Work**

### **Gender issues in safety and health at work**

#### **Summary of an Agency report**

There are substantial differences in the working lives of women and men and this affects their occupational safety and health (OSH).

‘The Community strategy on health and safety at work’ has ‘mainstreaming’, or integrating, gender into occupational safety and health activities as an objective. To support this, the Agency has produced a report examining gender differences in workplace injury and illness, gaps in knowledge and the implications for improving risk prevention.

#### **Key conclusions of the report**

- Continuous efforts are needed to improve the working conditions of both women and men.
- Gender differences in employment conditions have a major impact on gender differences in work-related health outcomes. Research and interventions must take account of the real jobs that men and women do and differences in exposure and working conditions.
- We can improve research and monitoring by systematically including the gender dimension in data collection, adjusting for hours worked (as women generally work shorter hours than men) and basing exposure assessment on the real work carried out. Epidemiological methods should be assessed for any gender bias. Indicators in monitoring systems, such as national accident reporting and surveys, should effectively cover occupational risks to women.
- Work-related risks to women’s safety and health have been underestimated and neglected compared to men’s, both regarding research and prevention. This imbalance should be addressed in research, awareness raising and prevention activities.
- Taking a gender-neutral approach in policy and legislation has contributed to less attention and fewer resources being directed towards work-related risks to women and their prevention. European safety and health directives do not cover (predominantly female) domestic workers. Women working informally, for example wives or partners of men in family farming businesses, may not always be covered by legislation. Gender impact assessments should be carried out on existing and future OSH directives, standard setting and compensation arrangements.
- Based on current knowledge of prevention and mainstreaming gender into OSH, existing directives could be implemented in a more gender-sensitive way, despite the need for gender-impact assessments and attention to gaps in knowledge.
- Gender-sensitive interventions should take a participatory approach, involving the workers concerned and based on an examination of the real work situations.

- Improving women’s occupational safety and health cannot be viewed separately from wider discrimination issues at work and in society. Employment equality actions should include OSH. Activities to mainstream occupational safety and health into other policy areas, such as public health or corporate social responsibility initiatives, should include a gender element.
- Women are under-represented in the decision-making concerning occupational health and safety at all levels. They should be more directly involved and women’s views, experiences, knowledge and skills should be reflected in formulating and implementing OSH strategies.
- There are successful examples of including or targeting gender in research approaches, interventions, consultation and decision making, tools and actions. Existing experiences and resources should be shared.
- While the general trends in women’s working conditions and situation are similar across the Member States and candidate countries, there are also country differences within these general trends. Individual countries should examine their particular circumstances regarding gender and OSH, in order to plan appropriate actions.
- Taking a holistic approach to OSH, including the work–life interface, broader issues in work organisation and employment would improve occupational risk prevention, benefiting both women and men.
- Women are not a homogeneous group and not all women work in traditionally ‘female’ jobs. The same applies to men. A holistic approach needs to take account of diversity. Actions to improve work–life balance must take account of both women’s and men’s working schedules and be designed to be attractive to both.

### **Different work and home-life circumstances of women and men**

Because of strong occupational gender segregation in the EU labour market, women and men are exposed to different workplace environments and different types of demands and strains even when they are employed by the same sector and ply the same trade. There is segregation between sectors and between jobs in the same sector, and even when employed to do the same job women and men often carry out different tasks. There is also strong vertical segregation within workplaces, with men more likely to be employed in more senior positions. Women predominate in part-time work, in which gender job segregation is even more pronounced.

Other gender differences in employment conditions also have an impact on occupational safety and health. More women are concentrated in low-paid, precarious work and this affects their working conditions and the risks they are exposed to. Women also tend to keep the same job longer than men so have a more prolonged exposure to the risks that are present. Worker consultation and participation is an important factor in successful risk prevention, but women often work in jobs where trade union representation is weaker, and they are less involved at all levels of decision-making.

Gender inequality both inside and outside the workplace also affects women’s occupational safety and health and there are important links between wider discrimination issues and health. Women still carry out the majority of unpaid housework and caring for children and relatives, even when working full-time. This adds considerably to their daily work time and puts extra pressure on them, especially where there is incompatibility between work arrangements and home life.

### **Women’s health and safety**

#### **Women’s work, women’s burden**

From Europe under strain: A report on trade union initiatives to combat workplace musculoskeletal disorders.

# H&S Stage Two

# Resources

---

Men do heavy, dangerous work, women do light, safe work – so it's men that are at risk of musculoskeletal disorders. Nothing could be further from the truth. The European Foundation's 1996 European Union-wide survey found that women were more likely than men to undertake repetitive tasks or repetitive work and were more likely to have difficulty taking breaks, days off or holidays.

US figures showed a similar trend and revealed that women were suffering because of the arduous, repetitive jobs they did. In the case of carpal tunnel syndrome, which caused more days away from work per case than any other workplace injury or illness, "more women sustained carpal tunnel syndrome by operating machinery, on assembly lines, and tending retail stores than they did typing, keying, and performing other duties associated with office workers."

In Poland the effect, revealed by official figures for 1996, is more dramatic still. The statistics, broken down by gender, show reports of strain injuries – classified as "Chronic motor disorders caused by the way work is carried out, excessive stress" – were 43 per cent more common in women, at 3.3 cases per 100,000 employees compared to 2.3 for men."

This does not indicate that women are more susceptible to developing strains, however. A study of gender differences in RSI in Manitoba, using workers' compensation data, found the rate was only marginally higher in women than men. The authors conclude: "The greater variation in rates found among industries and occupations than between genders within occupation or industry suggest that the type of work one performs has a greater influence on the likelihood of developing an RSI than does one's gender."

In a 1994 submission to the Ontario Industrial Disease Standards Panel, researcher Dr Karen Messing of the University of Quebec, Montreal, commented: "A specific problem arises in the repetitive work so common in women's jobs in factories and offices. In jobs assigned to women (as well as some assigned to men), the work cycle is under ten seconds long and the same movements are repeated many thousands of times in a day.

"These movements can individually make trivial demands on the human body, but the enormous degree of repetition makes tiny details of the set-up of primary importance. A chair the wrong height or a counter the wrong width may cause constant over-solicitation of the same tendons or joints, yet the observer sees no problem."

She adds that gender assumptions can lead to an under-estimation of the real risk women face. "Several problems come up in regard to gender in the context of musculoskeletal problems. First is the widespread tendency to adjust for gender. If gender is a proxy for exposure status, adjusting for gender would tend systematically to under-estimate risks in jobs primarily held by women, for example those which are most highly repetitive. All the studies of carpal tunnel syndrome cited in a major review article are adjusted for gender, even though it has been shown that gender is not related to carpal tunnel syndrome if anthropometric measurements related to wrist anatomy and physiology are taken into account.

"Adjusting would be appropriate only if gender were an independent determinant of carpal tunnel syndrome, for example for hormonal reasons, rather than a determinant of job content or

of inadequate job engineering. One study in the poultry processing industry in France found that women reported much more often than men that their work-site was ill-adjusted to their size. If this result was reproducible, it would provide an alternative explanation for excess repetitive strain injury among women.”

### **Women’s survey shows more risks equal more strains**

From: Europe under strain: A report on trade union initiatives to combat workplace musculoskeletal disorders

Union research started in Milan, Italy, in April 1996 suggests women get more strains because women get more jobs with a strain injury risk.

Trades unionists from CGIL-CISL-UIL, female doctors and technicians and labour inspectorate medical advisers joined forces with a CEMOC, a Milan-based ergonomics research body, to determine what causes work strains, still considered by many in Italy – researchers, medics, employers and trade unions – to be a relatively rare condition.

Nine companies were selected for the study - two industrial laundries, two food factories, two engineering factories, one toy factory and two clerical companies. Although both men and women were employed in these workplaces, the research team quickly realised a gender-based division of labour had resulting in women facing almost all the strain injuries risk. Some had already sought compensation.

At the start of the research programme, workers’ reps were trained how to recognise risky jobs and strain injuries themselves. They were also advised on how to collect and record survey data. Two questionnaires were used in the research, one to identify problem jobs and one to identify health symptoms.

In only one case did the employer stop the workers’ rep from undertaking survey work in working time.

The survey confirmed a high strain injury risk in the workplaces and many workers suffering work-related strains.

The findings led to meetings and seminars, together with a call to address the causes of the strains. Particular attention was given to work organisation changes, the law, working time and the gender segregation of work.

Unions are now pressing for better medical support for affected workers. In a bid to dismantled dangerous job segregation, the unions are also seeking detailed annual reports to equal opportunities committees on who does what job in the workplace and where.

Information: Marina Finardi, CISL. Email: [cisl@mi.nettuno.it](mailto:cisl@mi.nettuno.it)

### **Women risky jobs**

From: Europe under strain: A report on trade union initiatives to combat workplace musculoskeletal disorders

The risks you are exposed to and the nature of your work can be heavily influenced by your gender.

A French Ministry of Labour, 1994 survey concluded: “Globally, 3.4 million are the exposed to

# H&S Stage Two

# Resources

---

musculoskeletal disorders, that is 28 per cent of the labour force. Of these, 13 per cent repeat the same movement at high speed, eight per cent are exposed habitually to forced postures and seven per cent to both. Globally, female workers are the most exposed to constrained movement, and especially the unskilled in industry (75 per cent of the exposed group).”

The study found that in 1994, 49 per cent of workers – 45.8 per cent of males and 63.2 per cent of females – were exposed to musculoskeletal constraints. Of these: 42.4 per cent of women, almost two-thirds (60.3 per cent) for in excess of 20 hours per week, were exposed to repetitive movements; 5.8 per cent to forced postures, 30.5 per cent for 20 hours plus; and 15 per cent to both.

The figures for men were significantly lower at 17.3 per cent were exposed to repetitive movements (40.9 per cent for 20 hours plus), 15.5 to forced postures (18.6 for 20 hours plus) and 13.0 to both.

The highest risk industries were leather and clothing industry, followed by food and agriculture, textiles and wood and paper, all with a high concentration of unskilled workers. Women were most likely to be in the high risk jobs for strains.

66 per cent of unskilled female workers in the food and agro industries and 58 per cent in the clothing industry were found to repeat the same movements at high speed. The retail sector was high risk too: 45 per cent of cashiers scan around 20 objects per minute and handle potentially damaging individual and cumulative loads, with 20 per cent of items as heavy as 1-7 kg.

Men faced a high risk from forced postures – 15.5 per cent compared to 5.8 per cent for women workers – but tended not to face exposures of the same duration, with just 18.6 per cent exposed to these risks for more than 20 hours a week.

## **Women’s lot of hazards**

From Europe under strain: A report on trade union initiatives to combat workplace musculoskeletal disorders

Stress, strains and violence at work are more likely to affect women than men, a 1998 survey of workplace union reps by the UK Trades Union Congress (TUC) revealed. It concluded that almost 9 out of ten women now suffer work stress and over half workplace strains.

Commenting on the survey, TUC general secretary John Monks said: “This survey shows that women at work face a more hostile environment, because the work they do is often undervalued. And because the jobs they do are under-valued, so are the risks they face. The TUC’s findings should put an end to ‘men only’ health and safety.”

The survey of 700 safety reps showed that women workers were more likely to suffer stress (88 per cent compared to 77 per cent of the workforce as a whole), repetitive strain injuries (53 per cent compared to 37 per cent) and violence at work (36 per cent compared to 28 per cent). Particular problems for working women were strains in manufacturing (81 per cent) and manual handling in the health service (86 per cent).

Responding to the survey, the TUC said it will:

- Build a special focus on women's concerns into forthcoming TUC campaigns on musculoskeletal disorders (back pain and RSI) and violence at work;
- Press the Health and Safety Executive to develop an action programme on women's health and safety; and
- Produce guidance for safety reps on how to build women's concerns into health and safety policies and risk assessments. No more 'men only' health and safety. TUC.

No more 'men only' health and safety. TUC Publications, Congress House, Great Russell Street, London WC1B 3LS, England. Tel: +44 171 636 4030.

## **TUC Gender and Occupational Safety and Health 'Gender-sensitivity' Checklist**

**Checklist : How gender-sensitive is your workplace?**

### **1 Your employer's workplace agreement or policy**

- Does the employer's health and safety policy or workplace agreement recognise that there are sex and gender differences in occupational safety and health (OSH)?
- Has gender-sensitive health and safety been discussed with the union?
- Does the agreement or policy commit the employer to addressing diversity in OSH?  
Does the workplace agreement / policy commit the employer to consulting with all workers and their representatives – male and female, full-time and part-time, permanent and temporary, about OSH issues including risk assessments?

### **2 Your union policy**

- Does your union policy recognise that there are sex and gender differences in occupational safety and health?
- Have you discussed gender-sensitive health and safety at your Branch meetings or at meetings of safety reps or equality reps?
- Has the union discussed gender-sensitive health and safety with the employer?
- Does your union policy commit the union to consulting all members – male and female, full-time and part-time, permanent and temporary, about OSH issues including risk assessments?

### **3 Health and safety management**

- Are women as well as men involved in health and safety management in the workplace?  
Is there an appropriate gender balance on the Joint Health and Safety Committee (JHSC) or other consultative structures?
- Are all sections of the workforce represented on the JHSC or other consultative structures?
- Are health and safety issues and priorities of concern to women regularly discussed at the JHSC or other consultative structures, and are they taken seriously?
- Are the employer's occupational health and safety advisors / managers aware of sex and gender differences affecting men's and women's health and safety at work?

# H&S Stage Two

# Resources

---

- Does the employer include gender awareness for all staff as part of their health and safety training, and in other training, such as inductions?

## 4 Safety Reps and Equality Reps

- Do all sections of the workforce, including predominantly female occupational groups, have access to a union safety rep?
- Does this include part-time workers and temporary staff?
- Do union Safety Reps regularly consult with women members as well as men about their health and safety concerns?
- Are women members' concerns and priorities adequately reflected in the workplace health and safety agenda?
- Are there any women safety reps in the workplace?
- Do women safety reps attend JHSC/consultative meetings?
- Does the union/branch have a policy of encouraging more women members to become safety reps and equality reps?
- Do equality reps (if you have them) also discuss health and safety-related issues such as work-life balance, maternity protection, harassment or stress with the employer? If so, are these also discussed jointly with safety reps and union negotiators?
- Does your union include gender awareness in their Safety Rep training?
- Does your union offer health and safety courses for women representatives?

## 5 Risk assessment and prevention

- Are risk assessments carried out and implemented by the employer?
- If so, do risk assessments take account of sex and gender differences? Are women as well as men consulted about risk assessments?
- Are reproductive health risks to both men and women adequately assessed?
- Are risk assessments relating to expectant, new and nursing mothers (and the unborn or breastfeeding child) carried out properly and in good time?
- Do employers provide a private space for breastfeeding mothers to express milk, and also provide a safe and hygienic place for the milk to be stored?
- Are any special reproductive health concerns of women and men such as work-related issues relating to fertility, prostate cancer, menstruation, menopause, breast cancer or hysterectomy adequately addressed?
- Are risks of violence – including concerns about working alone on site or late into the evening, and access to safe parking – or workrelated stress to women and men adequately addressed through risk assessment?
- Are sex and gender differences taken into account in COSHH and manual handling risk assessments and in assessments of postural problems including prolonged standing or sitting?

## **6 Sickness absence management and investigation**

- Does the employer have a sickness absence management policy or workplace agreement?
- Does the policy and practice ensure that any work-related health problems are properly investigated with a review of risk assessments where necessary?
- Are members and union safety reps involved in any investigations?
- Are members satisfied that the sickness absence management workplace agreement or policy is fair and non-discriminatory?

## **7 Reporting and monitoring procedures**

- Are all accidents and incidents regularly reported and reviewed, including near misses and work-related health problems (and those that may be made worse by work)?
- Are all accident and ill health statistics systematically reviewed at JHSC/consultative meetings?
- Is sex-disaggregated data (showing men and women separately) on accidents and ill health routinely collected?
- Does the data differentiate not only between women and men but also between different jobs and job levels and between different shift patterns?
- Are trends in the ill-health statistics analysed as well as trends in accidents and near misses?
- Are all workers aware of the importance of reporting work-related ill health and health problems made worse by work, as well as accidents and near misses?
- Does the union carry out any confidential surveys of members' health and safety concerns, and if so, are all members consulted?
- Do union surveys allow the union to differentiate between men's and women's responses in the questionnaire design, analysis and findings?
- Are the findings of any surveys reported and discussed with management, with feedback to all members?
- Are women's and men's health and safety concerns and priorities treated equally seriously by the union and by management in these discussions?
- Does the Union's bargaining agenda reflect member's genderspecific concerns?
- Do the employer and trade union have the necessary negotiating machinery in place to consult and negotiate on health and safety changes and gender equality?

## **8 Any other issues identified specific to your workplace?**