10 Keys for Gender Sensitive Occupational Safety and Health Practice – A Brief Overview

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Introduction:

Acknowledging the differences between men and women workers in terms of their societal roles, expectations, responsibilities, biological differences and employment patterns plays a key role in identifying the different physical and psychological workplace risks they may each be exposed to[1]. In order to create more comprehensive and effective Occupational Safety and Health (OSH) policies and prevention strategies the International Labour Organisation (ILO) has created ten key guidelines to mainstream gender in the workplace. This article provides a brief overview of these gender-sensitive OSH guidelines in celebration of the National Institute for Occupational Health's (NIOH) 60th anniversary and the launch of the NIOH Gender, Health and the World of Work Programme.

Guideline 1

Taking a gender mainstreaming approach to reviewing and developing occupational safety and health legislation

Other than in very specific areas, most current laws on OSH are gender-neutral (sometimes even gender-blind), i.e., they do not distinguish between women and men's jobs or biological differences based on the assumption that the law will equally apply to all workers. Work place equality legislation in South Africa[2] has done away with protective regulations which were considered a restriction to women's opportunities for participation in paid employment. There are however two considerations to be taken into account, namely: 1) In developing countries restrictive legislation providing protection for women from extreme working conditions and violence is warranted; 2) Gender-blind legislation may overlook gender differences in exposure to hazards and risks; hence the need for a gender-sensitive health and safety approach which assesses risks with a gender perspective and encourages adoption of preventive measures sensitive to the individual needs of both sexes.[3]

Guideline 2

Developing OSH policies to address gender inequalities in OSH practice

Gender differences need to be considered when developing occupational health and safety policies and strategies. Policies that are not gender sensitive re-enforce the existing inequalities between males and females[1].

Gender neutral policies assume that workplace interventions will be as effective for men as for women - which is not always the case. The national authorities that are responsible for developing OSH policies need to take into consideration that men and women are exposed to different risks, and may react differently to the same risks because of their different biological

make-up; their representation at work, as well as their living conditions, cultural context and gender roles should be taken into account. All these considerations should be clearly be addressed in the policies.

In the South African context many OSH policies are still lacking when it comes to gender sensitivity. Outside the Employment Equity Act[2] there are no policies that specifically address gender differences, as all policies are developed in a gender neutral manner. As per the ILO guideline: going forward OSH policies, both national and company specific, should be used as a platform for addressing gender inequalities that affect health in the workplace[4].

Guideline 3

Ensuring consideration of gender differences in risk management

Risk management and risk assessment identify and measure the risks to which workers may be exposed to, and adapt the workplace to protect workers health[1]. Workplaces require inclusive risk management measures which pay attention to the specific risks faced by the different genders, persons with disabilities or migrants[1]. Risk management also necessitates the design of specific preventative and protective measures according to the requirements of workers[1].

Risk assessments need to take account of gender issues, differences and inequalities by involving all workers, both men and women, at all stages of the assessment. For example women and men suffer different types of accidents at different rates in the work-place, these differences are strongly related to job and task segregation[5,6]. When the labour inspectorate set priorities (high, medium, low risk) during risk assessment both genders should benefit from the task of assessment and implementation of solutions[7]. Both genders should be encouraged by the organization to report any occupational health and safety issues.

Guideline 4

Occupational safety and health research should properly take into account gender differences

Research on occupational safety and health is important in informing, promoting and improving safety and health in the workplace. OSH research has demonstrated that females and males with the same work may experience different risks and health outcomes.

Existing research in OSH has mainly focused on male dominated sectors, such as mining and the engineering field. Therefore, the methods and research tools developed for existing OSH research, particularly in these sectors, may not be relevant to assess the implication of risks and hazard for women in these sectors. Similarly, studies on women in OSH have also

focused on sectors where females dominate, such as health care and domestic related work, making the research tools developed for these studies not relevant to assess implications for male workers in such sectors. In addition, research on OSH does not consider gender-specific factors when designing studies and analyzing data, hence gender-neutral expressions such as "workers" and "employees" are often used.

Encouraging organizations to fund research on gender issues in the workplace will ensure that health and safety becomes more gender sensitive. [1]

Guideline 5
Developing gender sensitive OSH indicators based on sex-disaggregated data

"What gets measured gets done." Occupational safety and health indicators allow industries, governments and stakeholders to evaluate, monitor and design programmes for the prevention of occupational injuries, disease and fatalities.

Collection of OSH indicators by sex allows for gender sensitive research, planning, implementation and monitoring of programmes as well as analysis. Where you are able to sex disaggregate data roles, real situations and general conditions of men and women can be investigated. There is a need to improve gender sensitivity in data collection with in industry and a need for more sharing of data for research, prevention and policy design.

Analysis of data allows research into biological and socio-cultural differences between men and women and their effect on health and safety at work. The analysis of sex disaggregated data in Germany by the NRW institute of Health and Work identified a gender gap in occupational health which allowed new policy targets and identification of measures and approaches to OHS to be set [8].

Guideline 6
Promoting equal access to occupational health services and health care for all workers

WHO estimates that only 5 – 10% of the working population in developing countries have access to OSH services. OSH services are essential to prevent and manage health care in the workplace and there are many models currently in place in developed countries e.g. the French system, which is focused on occupational medicine and medical examinations, and the Scandinavian multidisciplinary model which involves teams of occupational hygienists, ergonomists, safety and health specialists, psychologists and counsellors. The changing employment patterns in developing countries has resulted in more individuals being employed in the informal economy (especially women) or small enterprises – both of which have no access to OSH services. It is recommended that national and local governments, OSH service

providers, employers and workers' organisations should collaborate to revise legislation on accessibility of OSH services to all workers – including shift workers, part-time workers and informal workers.

Guideline 7

Ensuring the participation of both men and women workers and their representatives in OSH measures, health promotion and decision-making

Health Promotion is often considered a feminine issue by men. This can result in an inequitable uptake and attendance of health promotion initiatives and programmes. It is commonly accepted that in OSH decision making committees men are still considered the more important role players. Additionally, in OSH committees and decision making bodes women are regularly under-represented for various reasons. A diversity study conducted in 2014 by a global company found that most of the higher positions are still held by men[9]. An over-representation of men in various health-professional capacities, e.g. doctors, safety managers, toxicologists, psychologists and epidemiologists, is also found to be still prevalent.

Guideline 8

Providing Information, Education and Training

Providing information, education and training is a crucial aspect of ensuring the mainstreaming of gender into OSH policies and practices. [10] Accurate information about the relationship between health and the different roles played by males and females needs to be fed into policies.

Information, education and training therefore needs to be provided to all who are able to play a role in mainstreaming gender into OSH and these include: employers, workers and worker representatives, OSH inspectors, safety practitioners, occupational health researchers and all occupational health professionals.[2]

For gender mainstreaming to be a success, it should be the role of national governments to improve on gender-sensitive information and education about hazards and risks in the workplace, paying particular attention on identifying those faced by women. It should be the responsibility of the employer to ensure that when planning for training on OSH, health promotion and prevention in the workplace, gender-sensitive differences in health related behaviour are considered.[2]

Guideline 9

Designing work equipment, tools and personal protective equipment for both men and women

Globally, work equipment, tools and personal protective equipment (PPE) have been traditionally designed for the male body size and characteristics. PPE include a hard hat, safety glasses/goggles, respirators, hearing protective devices, gloves, overall/coveralls/jumpsuits and safety boots. Men who do not conform to this male worker model and women have problem finding suitable and comfortable PPE. Poor fitting and limited availability of PPE for women is a critical health and safety issue undermining efforts to protect worker health and safety resulting in exposure risks.

Poor fit to work equipment and tools can force awkward working postures leading to increased risk of musculoskeletal disorders. Mis-match between work equipment and tools contribute to employees' work accident. This problem has been evident with global migration and women entering male traditionally male jobs such as constructing and engineering.

In order to ensure the provision of suitable work equipment, tools and PPE and incorporating women into traditional male jobs and worldwide migration, some countries have started developing anthropometric standard taking into account the diversity of their working population. Australia has reported the need of up-to-date anthropometric database for designers to improve future equipment design. Canada, responding to the need of limited availability of PPE for women has developed a guide enabling all relevant stakeholders to meet PPE needs for women. Similar research studies are needed in South Africa to address these challenges.

Guideline 10
Working time arrangement and work-life balance

People are increasingly working longer hours and shift work to meet the demands of the modern world. Approximately 20% of the European and North American working populations work in shifts in the communication, hospitality, transport, healthcare, and manufacturing/industrial industries and roughly 22% of the global work force are reported to work more than 48 hours a week.

Shift work, with inflexible work schedules and little control over workload, is associated with high stress levels and numerous health risks. A contributing stress factor is that family and social life are often disrupted resulting in individuals becoming isolated from friends and family. Shift work can cause an over reliance on sleeping pills, stimulants, drugs, or alcohol in men and women. This is due to the irregular sleeping patterns causing imbalances in the hormonal systems, cardiovascular systems, digestive systems and circadian rhythms of both sexes. The sleep loss and resulting fatigue of shift work can also result in lower performance and an increased risk of work-related accidents. It is also of import that female shift workers have an

increased risk of violence due to late working hours and usage of public transport during quiet hours.

Part-time employment has been shown to be twice more common in women than in men – and this places women at risk of occupational disease and injury as part-time workers often do not receive equal OSH protection. It has been found that part-time workers have an injury rate per hour that is higher than that of full time workers. [1]

It is recommended that national and local authorities on OSH should ensure that working time is raised and considered seriously as an OSH issue. If it receives recognition then it should be regulated and workers should be educated on the topic to ensure adequate work-life balance is strived for.

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Declaration

There are no conflicts of interest.

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