

Gender, Work and Health



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(INSIDE) COVER IMAGE

Young woman on her way to the well,
Rwanda © ILO

IMAGE(S), pp. 5-6, pp. 9-10, pp. 13-14, p.15
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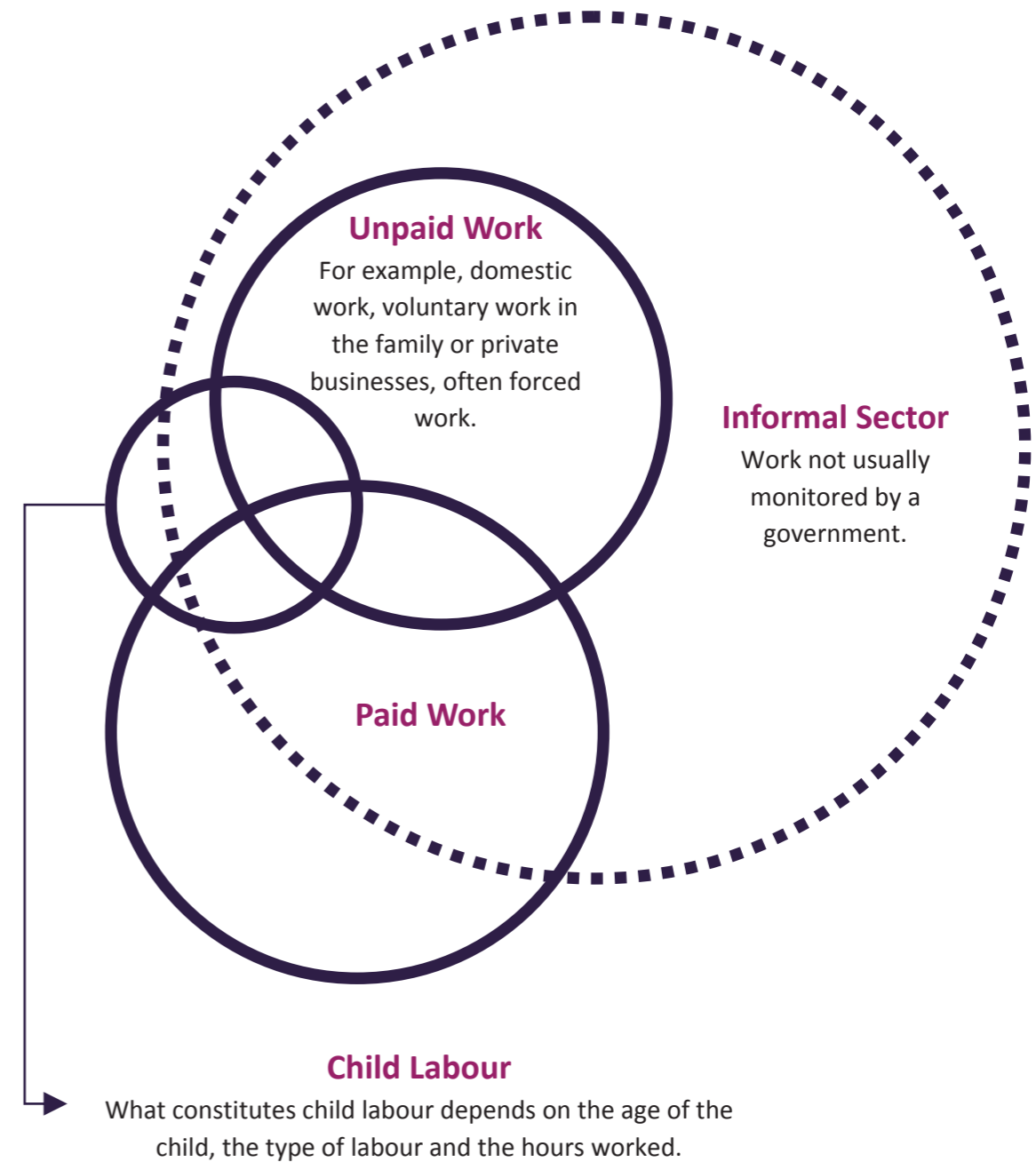
Introduction

Around the world, women are at a disadvantage compared to men in the various spheres of society and, as a result, their issues have traditionally lacked visibility. Women's work is no exception. Women's working conditions are less often researched, and their associated health problems less often diagnosed and compensated for than men's (1). This information sheet provides an overview of the differences and inequalities in work and health between women and men, and highlights issues of particular importance to women.



IMAGE, RIGHT
Man and woman working in construction,
Nepal © ILO

Figure 1: Types of Work



01 What do we know?

Gender differences in paid work

Globally women make up 40% of the paid workforce (2). In developed countries, such as the United States of America (USA), women now account for nearly half of all workers (3) but, in many developing countries that proportion is much smaller. In Pakistan, for instance, women represent 21% of paid workers (4). This gender gap is gradually shrinking as the share of women in paid work increases and the share of men in paid work decreases (2).

Despite women's increasing presence in paid employment, they continue to be under-represented in high-level and decision-making positions and often face barriers to their advancement (the "glass ceiling"). In addition, women on average continue to earn less than men, even for the same job (5). Nevertheless, women are progressively entering jobs that have traditionally been done by men (e.g. in the construction industry) but, despite this trend, women and men are still largely segregated into different types of work, with implications for their health.

Men are more likely than women to work with heavy equipment in sectors such as construction, mining and transport, and they

are, therefore, more likely to be victims of work-related accidents and death (6,7). Men are also more likely to be exposed to noise (8) and, especially in developing countries, to heat and solar radiation (9). Women are over-represented in service sector jobs (e.g. as teachers, retail clerks and nurses) where they face risks from violence and biological materials, and in low-wage manufacturing jobs (e.g. as garment workers) where they are exposed to repetitive tasks, among others (10).

Gender – the socially constructed norms, roles, behaviours, activities and attributes that a given society considers appropriate for women and men.

Sex – the biological and physiological characteristics that define women and men.

In developing countries, women and men are largely employed in agriculture where they are exposed to various risks including chemical (e.g. pesticides) and biological hazards. Female and male agricultural workers have different patterns of pesticide use: women are more often exposed indirectly during planting and harvesting, whereas men are more often

exposed during application (13). Women and men who have identical job titles may also perform different tasks exposing them to different risks. For example, in some garment factories women cutters use scissors while men cutters use cutting machines (14).

Women and men also face different psychological health risks in paid employment. A study of over 10 000 employees in six French businesses between 2000 and 2007 showed that, partly because of differences in working conditions, women were almost twice as likely to report stress as men (15). Women's jobs, often at the lowest hierarchical levels, commonly involve little decision-making autonomy and high psychological demands. Women also face violence and harassment – including newer forms such as cyber-harassment – in their jobs, in education, and across social services and health care (16). Even within the same sectors and jobs, prevailing gender roles (e.g. women's expected subservience) make women more vulnerable to violence and harassment than men (17,18).

The nature of women's work contributes to its invisibility. The risks that women face at work tend to be less dramatic than men's but they can be just as harmful to their health. Sewing

machine operators, for example, manipulate light objects many thousand times a day, but the fact that the objects are light often gives the false impression that the work is harmless. In addition, in many countries data on work-related accidents and diseases are not disaggregated by sex, making it difficult to assess priority areas of concern for women and men.

Participation in paid labour also has a positive effect on the health of women and men and on the well-being of households, communities and economies. The impact can be far-reaching: every year, female and male workers send remittances worth US\$ 167 billion to low-income countries (19).

Gender differences in unpaid work

Due to the gender division of labour, women and men play different roles in relation to children, families and communities and this also has implications for their health. Even though women are increasingly joining the paid workforce, in most societies, they continue to be mainly responsible for



domestic, unpaid work such as cooking, cleaning and caring for children. They are also largely responsible for unpaid work as health carers of their elderly, disabled and ill relatives. In African rural settings, as in many parts of the world, women perform all domestic and care tasks while many also assume men's traditional role in paid employment. Women also comprise a large proportion of unpaid family workers in business establishments owned by relatives who live in the same household as they do (20).

Unpaid work, just like paid work, is accompanied by health risks (e.g. respiratory problems from biomass burning, musculoskeletal or reproductive health problems from carrying heavy loads) (21). In many developing countries water and fuel collection for domestic purposes represents a huge burden for women. In Gujarat, India, women spend, on average, from three to four hours every day collecting water (22). The combination of paid and unpaid work means that work days are generally longer for women than men, especially in developing countries (23). Also, the very act of balancing responsibilities for paid and unpaid work often leads to stress, depression and fatigue (24, 25). This balancing of responsibilities is

particularly problematic when income is low and there are no social services or child-care support. In some cases, the lack of child care means that women must take their children to work where they too may be exposed to hazardous environments (26).

Even though unpaid work is crucial for societies' economic and social development, it is not well recognized and, therefore, not included in labour statistics or public policies. In addition, occupational health research has, up to now, largely focused on paid employment. This has limited our knowledge of the risks and health problems associated with unpaid work.

Child labour

Worldwide, 246 million girls and boys are involved in child labour, some 179 million of whom are exposed to conditions that endanger their physical, mental or social well-being (27). Gender is an important determinant of the risks and health problems facing child labourers. Girls tend to perform paid work in agriculture and personal services while boys tend to work in manufacturing, trade, hospitality and transport. Girls in developing countries also tend to perform more household chores than boys. In many

countries, girl children are discriminated against from early on in life, for example, by being denied an education, which leaves them more vulnerable to unemployment, low wages and hazardous working conditions.

Multiple social disadvantage

Depending on characteristics, such as age, ethnicity, socioeconomic status and sexual orientation, women and men face different forms of social stigma and difficulties in life (28, 29). The co-existence of conditions of social disadvantage (i.e. multiple disadvantage) is associated with more hazardous working conditions, fewer opportunities for training and education, reduced access to health services, exclusion from prevention and protection schemes, and greater obstacles in defending their rights at work. Multiple disadvantage is also associated with stressful life experiences, less favourable living conditions (at home and in the community) and fewer opportunities for positive health behaviours, all of which can combine with working conditions to affect workers' health (30,31).

Biological differences between women and men

In addition to gender differences in working and living conditions, certain biological differences between the sexes can influence the responses to work-related risks. Men are on average taller, larger, heavier and stronger than women (32). Work equipment and tools that are designed for men's bodies are often unsuitable for women (33), resulting in injuries and illnesses amongst women who use them (34). This is particularly the case with work that has traditionally been done by men. Men and women also have different reproductive systems that can be affected differently by workplace hazards. For example, exposure to chemicals and radiation may be related to a decline in fertility and to negative birth outcomes, such as stillbirths and birth defects (35, 36, 37). Additionally, there may be differences in the metabolism of toxins by women and men that may be modulated by sex differences in hormones (38).

02 Changing work patterns

Globalization

Globalization, the process by which societies and economies are increasingly becoming connected and interdependent, has resulted in a shift in the production of industrial products from developed to developing countries. While this process has at times brought with it economic and social benefits, it has also resulted in adverse working and living conditions that negatively impact workers, families and communities (39, 40, 41). Women make up the majority of workers in many export processing zones (EPZs), areas where trade barriers are eliminated and bureaucratic requirements are few. In these factories, they often face low wages, poor working conditions and abusive labour relations. In northern Thailand and Uganda, as in many other countries, the social context of factory work in EPZs (e.g. sexual harassment, family separation) has led to workers engaging in risky behaviours, such as substance abuse and unprotected sex (42,43). In Honduras, the socioeconomic precariousness experienced by women sweatshop workers in the garment industry has forced some of them to leave their children unsupervised as they work 15 hours a day, seven days a week (26).

Informal and flexible employment

The globalization of production and the need for cheap and flexible labour has led to an increase in workloads and to a rise in informal and flexible employment. These forms of work are generally associated with a lack of job security and benefits; unhealthy working conditions; a lack of training and information about work-related risks, health problems and opportunities for action; exclusion from legal protection; and greater difficulties balancing paid and unpaid work.

Governments do not generally monitor informal employment, which includes unpaid work and most child labour. In developing countries, the informal economy is generally a greater source of employment for women. However, within the informal economy, women and men tend to perform different work, exposing them to different risks. Outside of agriculture, men tend to work informally in the construction and transport industries, while women tend to participate in home-based work or street vending (44). Women are also predominantly involved in sex work which places them at risk of various health problems such as sexually transmitted infections, including human papillomavirus

(HPV), the cause of nearly all cases of cervical cancer (45,46), and human immunodeficiency virus (HIV) (47).

Flexible employment arrangements are alternatives to the conventional working hours of 9:00–17:00 or a 40-hour working week. They are becoming more common and therefore increasingly regarded as conventional. While some forms of flexible working arrangements can benefit workers when it is their choice, for instance, in the case of women choosing to work part-time in order to better balance work and family responsibilities, in most cases flexible arrangements benefit employers. Women worldwide are over-represented in certain forms of unconventional employment, such as part-time work (48), whereas men are over-represented among own-account and shift workers (2).

Specific health risks are associated with specific forms of employment. For example, shift work has been linked to an increased risk of sleep disruption, gastrointestinal disorders, psychological health problems, breast and colorectal cancer, and preterm delivery (49, 50). Temporary employment has been associated with increased deaths among both female and male employees caused by alcohol consumption and smoking (51).

Migration

In the past few decades, conditions such as labour market shortages in developing countries have contributed to an increase in the migration of workers from countries with limited economic opportunities to developed countries. In equal proportions, workers are also migrating within developing or developed countries (internal migration). Migration can also be forced, such as in the trafficking of women and girls. Migrant workers tend to be employed in high-risk sectors; receive little work-related training and information; face language and cultural barriers; lack protection under the destination country's labour laws; and experience difficulties in adequately accessing and using health services. Women migrants represent nearly half of the total migrants in the world and their proportion is growing, especially in Asia (52).

Men migrants often work as agricultural or construction workers (53) while women often work as domestic workers or caregivers. Agricultural workers face injury from machinery, poisoning from chemicals, inadequate rest and abuse (e.g. discrimination from crew leaders, substandard housing, violence, etc.). Domestic workers experience lack of control over their conditions, job



insecurity, isolation, racism, and physical and psychological abuse (54–59). There are also other health impacts of economic migration. Migration has been associated with women’s reliance on risky survivalist activities such as sex work (60), as reflected in the increase in HIV infection among migrant workers in various countries (52). The impact of migration on health can also reach beyond the worker. Currently, the increasing migration of nurses (the large majority of whom are women) leaving their home countries in search of better conditions for themselves and their families has given rise to concerns about the negative impact of this trend on health systems in the home countries (61).

International migration is on the rise. Both women and men experience a worsening of working conditions and health status following immigration (62, 63). However, immigrant women are often relegated to jobs at the lower end of the social scale (e.g. as cleaners and garment workers). There they are exposed to hazardous physical and psychological working conditions, lack work-related training and protective equipment, and are discouraged from defending their rights, for example, by dissuasive actions such as being coerced into undergoing illegal drug testing (64).

Cultural norms – for instance, those that value a subordinate role for women – and family responsibilities can hinder women’s access to language and professional training, thus limiting their possibilities for social and economic integration. Cultural norms relating to how women communicate in the workplace with superiors can also result in women not standing up against poor conditions or other difficulties (28). They are vulnerable to the whims of employers, especially where there are no protective laws in place. Lack of knowledge of the language of the host country compounds these problems.

Global economic crisis

The recent global economic crisis has resulted in a slowing down of migration (including emigration or immigration) and has had a devastating impact on workers causing high levels of unemployment, underemployment and job insecurity. Examples of the consequences include an increase in the number of working poor and a decrease in remittances sent to home countries, especially to developing countries (65). Job losses initially affected traditional male domains in developed countries in the financial, manufacturing and construction sectors and later women’s domains around the world. For

instance in Cambodia, in the garment industry where 90% of workers are women, 30 000 jobs have been lost since the crisis began in 2008 (66). There are growing concerns that the economic slowdown will lead to an increase in job insecurity and work intensification (i.e. enterprises employing fewer workers to do the same amount of work); compromises in health and safety; and

an expansion of the informal sector resulting in increased work-related accidents and diseases.

IMAGE, BELOW

Workers in an office meeting, Egypt © ILO



03 Suggestions for action

Governments, employers and researchers need to consider the differential pattern of occupational risk exposure of women and men in order to address their specific work-related issues. Because of the nature of the work-related risks women face – often less dramatic – they should ensure that they do not overlook the hazards and health problems that are common in women’s jobs.

What governments can do

Occupational health policy and legislation that explicitly relate to gender equality are in two broad categories: (1) the treatment of differences due to sex/biology, such as in the protection of pregnant and breastfeeding workers; and (2) the mechanisms for handling discrimination, including sexual harassment. Although many countries have legislation in place to protect pregnant or breastfeeding women (67) and to protect women from sexual harassment (68), many still lack such legislation. For instance, in a number of *maquiladoras* (export assembly plants) in Mexico, pregnant workers are required to obtain permission to use the restroom, which can be refused. The application of seemingly gender-neutral labour legislation may have unintentional discriminatory effects. For example, in many countries, claims for

workers’ compensation benefits for psychological problems or musculoskeletal disorders (more common among women) are sometimes excluded from the purview of the law causing systemic discrimination (69).

In some contexts, labour laws have been extended to protect certain categories of workers such as migrant workers, domestic workers and informal workers, but there are considerable gaps worldwide. Even when workers benefit from the protection of the law, enforcement (e.g. labour inspections) may be problematic for work that is informal or performed in private homes. Lack of legislative protection is often made worse by gaps in health and social services (e.g. child-care services), especially in developing countries, in rural areas, and among minorities and other vulnerable groups.

Accordingly, governments may opt to:

- extend labour legislation to all female and male workers and guarantee minimum labour standards, anti-discrimination, occupational safety and health (including protection from occupational reproductive health hazards without restricting women’s access to jobs), compensation in the case of injury or illness, and access to and quality of care;
- such legislation should be without exclusion

on the basis of occupation, migration (including emigration or immigration) status, employment relationship or nature of the health problem;

- extend labour laws to informal male and female workers and ensure their enforcement in both the formal and informal sectors, including in private homes;
- value unpaid work by assessing the contribution of women’s and men’s unpaid labour, including health-care work in the context of the broader health system, while developing policies to support unpaid caregivers;
- adopt or expand legislation on maternity, paternity and child-care leave (including occasional leave for emergencies and health-care seeking), and leave due to the prolonged illness of a family member;
- facilitate work-family balance through public programmes (e.g. provide affordable child-care services in and out of the workplace, open clinics after working hours to allow workers to seek medical care for themselves or their children);
- while addressing the economic realities that perpetuate child labour, ensure that working girls and boys have their different health vulnerabilities addressed and avenues for their schooling pursued;
- with particular focus on women workers, promote the economic and social integration of immigrant workers in the host society

through policies that favour the recognition of previously acquired qualifications and the acquisition of the destination country’s official language, and promote and ensure their access to health services;

- ensure that legislation, programmes and policies identify the different vulnerabilities and needs of women and men workers through gender-based analysis and ensure that those needs are addressed (70).

What employers can do

Employers may overlook the risks and health problems associated with women’s jobs since they are often less obvious than men’s. In many workplaces, workers’ education and training programmes on occupational health and safety are lacking or inadequate, especially among women (71), and in developing countries (72). Also, women often lack the control and authority to positively impact their working conditions since they are less likely to be in decision-making positions as supervisors or managers. For instance, women cashiers in North America are often reluctant to ask for a seat as it could threaten their employment relationship (73, 74).



Employers may want to:

- ensure that legislation covering labour, health and equity is respected;
- identify and alleviate the risks in jobs traditionally reserved for women and men including known or suspected risks to male and female reproductive health while ensuring that women's access to jobs is not restricted;
- increase proactive initiatives, for instance, in ergonomic design and in the use of ergonomically sound implements, without workers having to ask for modifications;
- tackle workplace violence while taking all incidents of violence and injury seriously, including when the assault is verbal and when the injury is psychological;
- increase the systematic education and training of workers on specific occupational risks (75), and of managers and supervisors on work-family balance, workplace violence, and other health and safety issues from a gender perspective;
- establish work arrangements that facilitate work-family balance (e.g. formal variable work schedule arrangements (flexitime), self-scheduling, options for periodic unscheduled leave, etc.) and foster a work culture that is supportive of family responsibilities (76);
- set up workplace day care for children during working hours and after school as well as

designated spaces for breastfeeding or breast-milk pumping;

- provide health/medical and counseling services at the workplace that are gender-sensitive;
- ensure that workplace initiatives involve the participation of both women and men in order to address their concerns in a manner that is equitable and promotes equality (77–79);
- build relationships with governments, workers' compensation boards, physicians, unions, community organizations and researchers in order to develop or introduce health and safety programmes into the workplace.

What workers can do

In many parts of the world, workers, especially women, have limited power to improve their working and living conditions. Unions or, more generally, collective action, have been important guarantors of health and safety, and access to compensation. Access to unionization should therefore be regulated. In addition:

- unions should ensure that women participate meaningfully at all levels in health and safety activities and should create structures to facilitate their participation in union activities;

- women and men should develop and participate in capacity-building initiatives (in the workplace or community) that aim to ameliorate their working and living conditions through education as well as advocacy for policy/legislative change.

What researchers can do

Although researchers have paid increasing attention to women workers' experiences in recent years, given the importance of differences in women's and men's occupational health, there is a need for additional research on the risks and health problems facing women workers within and across occupations, and for more gender-sensitive occupational health research in general. There is a particular need for high-quality research to be conducted in developing countries. The research should have strong epidemiological, biological and social components since these are essential to the understanding of gender issues in occupational health. Workers should be given an active role in the research, through a participatory research process (80), to ensure that it is being undertaken in accordance with their needs and interests.

Researchers may wish to focus on:

- the health and safety issues present in informal and flexible employment and in domestic (paid and unpaid) work;
- the physical and mental health of unpaid health caregivers in diverse levels of intensive care;
- the role of migration and emigration or immigration in shaping women's and men's occupational health experiences;
- the role of socio-demographic characteristics (e.g. gender, ethnicity, income, etc.) as determinants of occupational health experiences;
- the impact of new technologies on health, including on reproductive health;
- the role of cumulative exposures at work, at home and in the community in determining the health outcomes for women and men of different social groups;
- the impact of occupational health problems (e.g. health, social, economic, etc.) on men and women.

Conclusion

This information sheet highlights key issues and provides suggestions for action that can be taken by governments, employers, workers and researchers to improve working conditions, and health and well-being with the goal of gender equity.

Health problems related to work affect workers, children, families and communities. The impact can be direct, for example, when breast milk becomes contaminated by pesticide exposure. At other times, it is indirect, such as when injured or ill women are unable to meet family responsibilities and the demands on them as caregivers, or when the larger society is affected through rising health and social costs. Occupational health problems also affect employers through higher rates of absences and increased workers' compensation costs.

Women and men have different experiences when it comes to occupational health. They are generally engaged in different types of work, which means they are exposed to different risks and face different work-related health problems. Their bodies also interact differentially within the workplace and they experience work-family issues differently.



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Gender, Work and Health

Around the world, women are at a disadvantage compared to men in the various spheres of society and, as a result, their issues have traditionally lacked visibility. Women's work is no exception. Women's working conditions are less often researched, and their associated health problems less often diagnosed and compensated for than men's.

Health problems related to work affect workers, children, families and communities. The impact can be direct, for example, when breast milk becomes contaminated by pesticide exposure. At other times, it is indirect, such as when injured or ill women are unable to meet family responsibilities and the demands on them as caregivers, or when the larger society is affected through rising health and social costs. Occupational health problems also affect employers through higher rates of absences and increased workers' compensation costs.

This information sheet provides an overview of the differences and inequalities in work and health between women and men, and highlights issues of particular importance to women. Moreover, it highlights key issues and provides suggestions for action by governments, employers, workers and researchers to improve working conditions and health and well-being with the goal of gender equity.



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