Gender Aspects in Occupational Health and Safety

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Gender ≠ Women

Gender

- Relation to the social and cultural roles that are considered appropriate for men and women
  - Women are expected to be polite, accommodating and nurturing
  - Do cleaning, caring work
  - Men are expected to be strong, bold and decisive
  - Physical and management work

Sex

- Physical - Size, reproductive
- Physiological - Hormones
- Psychological – still being investigated.
Background

Sameness  Equal opportunity
We offer women equal access to apply for jobs where is the inequity?

- Reasons for these inequities in workplaces range from:
  - Unconscious bias,
  - Biased promotion systems,
  - Traditional norms in the division of family life and labour in our society
  - Leading to the attrition of women in decision making.
International Interest in this topic

- Annals of Work Exposures and Health - Special issue - Gender, Work, and Health March 2018
- Key European Priority – from the early 2000’s
- WHO topic from 2006
- EU Horizon 2020 – requires gender balance in research teams and decision making. Also it requires integrating a gender dimension in all research and innovation.
Why the interest?

• Gender diversity is integral to innovation and productivity, and inequality leads to loss of gender talent.

• Studies, mainly from high-income industrialized countries show that 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. The same is true for men.

• Addressing the problem of gender inequity, as a component of gender inequality, will provide an ethical basis to advance innovation.
ILO created 10 key guidelines to mainstream gender in the workplace

1. Gender mainstream OHS legislation
2. Develop policies to address inequality in the workplace
3. Consideration of gender in risk management
4. OHS research must investigate Sex and gender differences
5. Gender sensitive indicators are needed for monitoring OHS
• 6. Ensuring equal access to OHS and health services
• 7. Equal participation in decision making
• 8. Provision of information education and training
• 9. Gender inclusive design of all work apparatus and PPE
• 10. Work time arrangement and work life balance
Gender and OHS

- Sex differences in metabolism of toxins,
- little knowledge on this is available.
- The average woman maybe at greater risk of harm from fat-soluble chemicals because of a higher proportion of fat tissue, thinner skin and slower metabolism.

(Setlow et al., 1998; Wizemann and Purdue, 2001) (Meding, 1998).
• 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

(Arcand et al., 2000) (Hall, 1989)
• A Swedish study revealed that 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.

• For mental illness, only 12% of the women’s claims were accepted against 35% for the men’s.

• However an examination of claims related to workplace violence showed an advantage for women

(Bäckström, 1997; Burell, 2002). (Lippel, 2001).
In Men?

• Men have many more occupational accidents than women where data is available.
• Men die at work much more often than women, from violence as well as accidents
• 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

Impact on the design of OHS programs

• Male-female differences in education, socialization and upbringing may lead to differences in the way workers manage their illnesses
• their perception of risk and
• the propensity to take sick leave or to seek treatment

Discussion

• There can be differences between men and women at work, which need to be taken into account in OHS

• More research is needed on gender and sex and interventions to support equity, and adequate controls for all workers
• However, one must also caution about over-emphasizing gender differences, in relation to other effect modifiers in occupational health studies.

• Ethnicity,
• culture,
• social class,
• family type
• age
• are among the many other explanatory variables that may be involved in processes that produce health or illness
THANK YOU

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