Linking the Gender Factor to Health and Safety at Work

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Gender issues in safety and health at work
A review

Mainstreaming gender into occupational safety and health

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Approach

• Occupational segregation by gender
  – different jobs, different exposures

• Mental health and stress at work
  – increasing burden of mental disorders in Europe
  – Europe's largest health challenge

• Life style differences
  – health inequalities

• Need of gender sensitivity in OHS activities
  – gender equality planning
  – TUC Gender sensitivity Checklist
  – GIA
Different jobs, different exposures

- Occupational gender segregation is strong
  - *horizontal and vertical*

- **Female** - *dominated sectors*
  - *health and social work; education; public administration; real estate, renting and business activities; hotels and restaurants; wholesale and retail trade etc. (EU Agency, 2007)*

- Men and women are exposed to different workplace environments, working conditions and different types of demands and strains
Gender segregation by industrial sector in the EU (NACE sectors)

- **Construction**
  - men 91 %, women 9 %
- **Transport, communication**
  - men 84 %, women 16 %
- **Manufacturing**
  - men 73 %, women 27 %
- **Financial services**
  - men 58 %, women 42 %
- **Sales, hotels, catering**
  - men 47 %, 53 %
- **Other community services**
  - men 44 %, women 56 %
- **Health, education**
  - men 25 %, women 75 %
- **Private households etc. services**
  - men 5 %, women 95 %
The top six occupations for women and men in Europe, 2005

• Women
  – shop salespersons
  – domestic and related helpers, cleaners etc.
  – personal care and related workers
  – other office clerks
  – administrative associate professionals
  – housekeeping and restaurant services workers

• Men
  – motor vehicle drivers
  – building and related trades workers
  – managers of small enterprises
  – physical and engineering science technicians
  – machinery mechanics and fitters
  – building finishers and related trades workers
Gender differences (Eurfound 2010)

- Women's work is focused on "people"; it is face-to-face work; direct contact with clients etc.;
  - "emotional labor" (Arlie Hochchild, 2003)

- Women encounter more psycho-social risks
  - handling angry people at least a quarter of the time
    - men 5.9%, women 6.8%

- Men are more exposed to physical risks
  - exposure to loud noise
    - men 37.4%, women 18.8%

- Certain 'physical' and ergonomic risks are more typical for women
  - exposure to infectious materials
  - lifting and moving heavy people
    - men 5.2%, women 13.3%
Mental health – depression increasingly a female problem

• Mental illness (anxiety and depression) is TWICE as frequent in occupations in which the majority of workers are women
  – education, social and health services and other client-oriented jobs

• Mood disorders were more common among women in life-time (18.2%) and 12-month timeframes (5.6%) than in men (9.2% and 2.8%)
  • Source: Data and Information on Women's Health in the European Union. European Communities, 2009

• Depression is characterized
  – sadness, loss of interest and pleasure, feelings of guilt, disturbed sleep, low energy levels
  – disabling in the modern working life
A Good practice: The Masto project in Finland 2008-2011 www.mastohanke.fi

• To reduce depression-related work disability
  – work disability due to depression has increased in Finland since the beginning of 1990s

• 56-64 year old women in professional occupations have the highest incidence of disability due to mental disorder

• Why does depression lead to early retirement in women?
  – a complex problem
  – changes and pressures (looking good) in work and other aspects of everyday life

• The economic costs of depression-related sick days and work disability pensions
  – about 650 million Euro in 2010
Masto project: target and forms of activity

• **Target**
  - promoting wellbeing at work
  - prevention
  - early recognition and treatment of depression
  - new return to work (RTW) practices

• **Forms of activity**
  - information
  - training, regional events, touring around Finland
  - expert meetings and conferences
  - media and targeted reporting
  - new legislation and jointly agreed workplace practices
    - e.g. supervisor is in contact with the worker during his/her sick leave
Levels of prevention practices – workplace vs. the individual or both?

• Working life is one of the most important arenas for actions to improve the health status of populations and to reduce gender inequality in health. http://www.who.int/gender/documents/en

• Life-style differences
  – smoking
  – harmful use of alcohol
  – physical activity
  – obesity
  – risky behavior
  – use of health services

• The Marmot Review, 2010
  – there is a social gradient in health
  – the lower the person's social position, the worse his or her health
MEN: Unhealthy life style measures in Finland, 2009

- **Legislators, senior officials and managers**
  - daily smoking 15 %; risky alcohol drinking 11 %; obesity 15 % (BMI >30)

- **Professionals, engineering etc.**
  - daily smoking 15 %; risky alcohol drinking 9 %; obesity 9 % (BMI> 30)

- **Plant and machine operators (manual workers)**
  - daily smoking 44 %; risky alcohol drinking 18 %; obesity 24 % (BMI> 30)

- **Elementary occupations**
  - daily smoking 34 %; risky alcohol drinking 13 %; obesity 16 % (BMI> 30)
WOMEN: Unhealthy life style measures in Finland, 2009

- **Legislators, senior officials and managers**
  - daily smoking 9 %; risky alcohol drinking 3 %; obesity 10 % (BMI >30)

- **Professionals, teachers, medicine, etc.**
  - daily smoking 8 %; risky alcohol drinking 3 %; obesity 11 % (BMI> 30)

- **Service and shop workers**
  - daily smoking 23 %; risky alcohol drinking 3 %; obesity 11 % (BMI> 30)

- **Elementary occupations, cleaning, domestic services etc.**
  - daily smoking 31 %; risky alcohol drinking 4 %; obesity 25 % (BMI> 30)
Need of gender sensitivity in OHS activity

• **Occupational health standards should be reviewed through a gender lens**
  - *Does you work affect your health negatively?*
  - men 24.7 %, women 19.7 %, total 22.4 % (EU15)
  - men 27.4 %, women 22.1 %, total 25 % (EU 27)

• **Gender sensitivity is needed concerning the male-female differences in exposure to risk factors**
  - *Gender Impact Assessment (GIA)*

• **Women and men should be given a more active role in developing policies to promote healthier workplaces**
  - *social dialogue*
  - *more practical workplace interventions*

• **Workers' family/private life should be protected**
  - *domestic violence – workplace issue?*
Good example in Finland: gender equality planning at work

- The Equality Act provides more and better tools for promoting equality at work

- The Act obliges employers with a regular staff of 30 or more to draw a gender equality plan
  - can be a separate plan or incorporated into personnel or training or into safety and health plan
  - corporate responsibility report
EQUALITY PLAN
OF THE POLICE FORCE IN FINLAND

Key areas for development:

• recruitment policy
• zero-tolerance of sexual and gender-based harassment
• equal career opportunities for women with men
So far, the equality plans have focused on the following key areas:

- **Wage and wage structures**
  - comparability and transparency in wage surveys

- **Safety and health at work**
  - sexual harassment
  - ergonomics, workplace design

- **Family leave policy**
  - male perspective, family-friendly workplace

- **Equal access to education, training and career development**

- **Multi-dimensional concept of equality**
  - active ageing, ethnicity, language
TUC Gender and Occupational Safety and Health 'Gender-sensitivity' Checklist

- Your employer's workplace agreement or policy
- Your union policy
- Health and safety management
- Safety and equality reps
- Risk assessment and prevention
- Sickness absence management and investigation
- Reporting and monitoring procedures
- Any other issues identified specific to your workplace?
Gender Equality can be good for your business

Thank you very much!

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