The gender dimension in health and safety

Initial findings of a European survey

The European survey on gender dimension in health and safety unearthed a welter of initiatives in different EU countries. 240 activities addressing a wide array of health issues were reported, ranging from research (70% of cases) through prevention schemes to industrial action, etc. The information collected on issues ranging from musculoskeletal disorders to the organization of working time, and across traditionally male strongholds like the construction industry to female-dominated occupations like nursing and cleaning services, all points to the gender dimension gaining recognition as a material factor in workplace health and safety. Some sectors are clearly much further on than others in this area: 36% of the reported schemes related to a specific sector. More than one in four were in the health and social services sector (mostly hospital nurses), one in ten related to distribution and retail (chiefly supermarket check-out staff). Not that many were in industry (under a quarter of identified sectors) and most of these were in the textile, footwear and clothing sectors.

The number and range of the schemes reported, however, cannot hide to view the fact that most OSH policies and prevention practice are still framed on a gender-neutral model - for which, read the standard male worker. So there is a point to looking closely at the roadblocks to a gender perspective of workplace health and safety, which interact in the four key areas surveyed: knowledge production, the policies in place, workplace prevention practices, how workers fight back. To a large extent, these interactions operate as vicious circles: research is not done into areas where change is not wanted, policies are not changed if there are no indicators to raise alarm, practitioners are geared up to deal with traditional risks and do not see the gender dimension as a relevant category, etc. Workers fight back in very real and practical ways, revealed particularly through industrial discontent dating back over a century. But the far-reaching issues that they raise cannot easily be carried on from one generation to the next, or generalized into an overall strategy.

Knowledge production

Workplace health has never been taken as a field of scientific study in its own right, and occupies a fairly marginal place in the health sciences. Research into workplace health is very much dictated by the immediate demands of OSH policies. Often, the main workplace health research centres are national institutions which take a predominantly technico-medical approach to prevention and are run on a tripartite or joint basis. Those which depend on established compensation systems tend to have their agenda shaped by the visible cost of damaged health to these systems. Generally, OSH institutions have displayed very little gender awareness.

The only exception over the past decade has been those in Nordic countries. Elsewhere, the research input has come from institutions that are not mainstream OSH research bodies, or from collective initiatives by organizations and individuals involved in prevention policies but lacking significant institutional backing: trade unions, networks of occupational health doctors, ergonomists, etc.

Research itself suffers from policy compartmentalization. So, there is a large body of research on occupational segregation, but little of it deals with segregation-related OSH issues. Detailed "time budget" surveys in many countries have put a gender perspective on how time is divided between different activities, but few have linked this to working conditions to

The TUTB survey

The TUTB did a survey on the gender dimension of workplace health and safety in association with two research centres at the Brussels Free University and with backing from the Belgian EU Presidency. The survey was mainly questionnaire-based, supplemented by desk research and a seminar attended by a hundred-plus participants on 16 November 2001 in Brussels.

150 individuals and institutions in all EU countries apart from Ireland replied to the questionnaire. The biggest share of responses came from Spain and Italy (31 each), followed by France and Germany (15 replies). Most respondents were trade union organizations (31%), research institutions (21%), agencies responsible for giving a lead to prevention policies (13%) and prevention services (9%). Institutions responsible for equality policies made a very poor showing, which probably reflects the little importance attached to OSH issues on the equal opportunities policy agenda.

The survey was coordinated by Laurent Vogel (lvogel@etuc.org) for the TUTB.

More details on the TUTB website: http://www.etuc.org/tutb/uk/survey.html

see how these can produce exclusion and/or ill-health by making the work/life balance harder to achieve. The practical openings for gender-sensitive OSH research are quite limited, not least because they raise issues outside the traditional bounds of workplace preventive health policies. This situation is not set in stone, as the Quebec-based CINBIOSE project has shown[1] (Messing, 1999), but is still seriously holding back progress in Europe.

The gender kaleidoscope

The analysis of responses to our questionnaire shows that the gender dimension in workplace health research is interpreted in a wide range of ways.

For some, research focused on a largely female group addresses the gender dimension, so any research on nurses or textile workers is treated as gender-sensitive. For others, it involves at least a comparative analysis between men and women on the issue. At another level, there is the added insistence that it must be exclusively or mainly about issues relevant to women. So, a large number of responses reported research into reproductive health, sexual harassment and bullying, or the work-life balance.

Other research goes much further into the linkages between the organization of paid work and more general social determinants, in particular how paid work hinges on (and for women is often conditioned by) unpaid work. They also focus on social constructs of maleness (or masculinity) and femaleness both inside and outside the workplace, where research can perfectly well bring a gender perspective to the study of an exclusively male population[2].

It is not a case of putting up a prescriptive definition of the gender dimension with which to "label" research, as it were. Different understandings of the gender dimension emerge according to the field of research and a range of political and methodological choices. The point is to get a debate going between these different approaches. None of the scientific fields of study usually involved in workplace health research (medicine, ergonomics, psychology, toxicology, etc.) offer guarantees that the gender dimension will get full recognition as such. There are two key requirements to overcome this obstacle.

Cross-cutting approaches

The issue in the round - the linkage between human health and work - is split up between different fields of study which each have their own individual approach, but also between the different themes addressed (working time, mental health and work, work-related illnesses, linkage between paid work and unpaid work, etc.). Taking a gender perspective means combining interdisciplinarity with a cross-wise approach to the issues. This is what Eleonora Menicucci[3] calls a "cross-cutting approach" which goes beyond workplace risk analysis to focus on the interaction between life time and work time.

Who asks the questions?

The important thing when looking at workplace health research is to know who is asking the questions. Karen Messing[4] points out how one-eyed science can be when researchers have ignored the impact of working conditions on menstruation whereas a series of surveys of union stewards in female-dominated sectors show that this is a pressing issue for women workers. Little account is taken of subjective experience - i.e., the real lives of men and women workers as individuals and workforces in setting issues - in organized workplace health research. This raises a real issue about identifying what workers' want from it, which is partly bound up with what the big official sponsors want, which the employers try to control. The linkage between the relevance of the questions asked and workers' direct experiences is addressed very persuasively by Laura Corradi's[5] remarkable book on night work in the Barilla Group's factories in Italy.

Policies in focus

The main hallmark of the policies pursued is how compartmentalized health at work, equality and public health policies are. Each is relatively impervious to issues in the others. Arguably, that makes each less effective in its own sphere.

Health at work policies

Health at work policies have tended to disregard the interaction between paid and unpaid work, developing mainly as correctives with a gender perspective at best tacked on to address certain specifically women's issues (labelled as a "vulnerable group" on the same footing as young people or people with disabilities).

At first, they were predominantly protective/exclusionary, and vestiges of this approach still remain. This policy, which dates back to the 19th century and remained the dominant approach at least up to the middle of the 20th century, is marked by a wide array of gender-differential prohibitions and rules in different areas (especially the handling of loads, lead exposure, etc.). Outside of the legislative rules, practice tended to legitimize the gender divide in work. A wide range of activities were prohibited to women: night work in industry, all work in mines and underground works, etc. Looking at the reasons behind these, a varying collection of motives can be discerned, ranging from the protection of health through the protection of morality to an implicit reaffirmation of certain male prerogatives. In Spain, for instance, Francoist laws banned women under 21 from driving tractors, agricultural machinery or any other animal-drawn vehicle. They were also prohibited from metal-forging trades.

The protective approach was compounded by a recognition of women's difference in the purely biological sense. Hence the emergence of the phrase "pregnant worker" in the specific context of

---

[1] Messing, K. (ed.), (1999), *Integrating Gender in Ergonomic Analysis. Strategies for Transforming Women's Work*, Brussels, TUTB.

[2] See: Molinier, P., (1997), "Psychodynamique du travail et précarisation. La construction défensive de la virilité", in *Appay*.
Thébaud-Mony, A. (ed.), (1997), *Précarisation sociale, travail et santé*, Paris, CNRS-IRESCO, pp. 285-292.
Kjellberg, "Men are also gendered" in Kilborn, A., Messing, K., Thorbjörnsson, B., (ed.) (1998), *Women's Health at Work*, Stockholm : NIWL, pp. 279-307.

[3] Menicucci, E., Scavone, L. (coord.) (1997), *Trabalho, saúde e gênero na era da globalização*, Goiâna: A.B. Editora.

[4] Messing, K., (1998), *One-eyed science: occupational health and women workers*, Philadelphia, Temple University Press.

[5] Corradi, L., (1991), *Il tempo rovesciato. Quotidianità femminile e lavoro notturno alla Barilla*, Milan : FrancoAngeli.

maternity. Here again, "biology" is used as a technique for domesticating what is a function of the work sphere. In a nutshell, it is both too specific and too unspecific an approach.

Too specific... in that most factors that threaten reproductive health endanger more than the health of just pregnant women. They affect the health of men and women generally at different levels. In many cases, the rules specifically relating to maternity have served to sidestep the substantive debate on eliminating at source a whole set of health-endangering agents. They have created the illusion of prevention by removing pregnant workers from particularly hazardous situations without tackling the problem at source by permanent collective prevention measures.

Too unspecific... in that this sudden concern for women's biological health is limited to maternity! Other issues linked to women's unique biology are rarely addressed. The literature on the linkages between working conditions and disruption of the menstrual cycle is all-but non-existent. Little study has been done on exposure to dangerous substances in relation to altered hormone regulation or the different composition of certain tissues. Only very recently have studies begun to be done on the possible connections between breast cancer and night work[6].

The protective approach has gradually given way to a "gender-neutral" approach which addresses workplace health issues from the angle of an abstract worker - implicitly, the standard male worker ("standard" being a construct which clearly fails to accommodate the wide differences between real-life male workers). This is the main hallmark of health at work policies currently pursued in the European Union and its Member States, all the mainstreaming rhetoric notwithstanding.

The gender-neutral approach really falls down when tested against the only sector routinely excluded by health at work regulations in the European Union - domestic staff, who are (there is no getting away from the fact) predominantly female. Legislators see paid domestic work as a simple extension of the unpaid work which "naturally" falls to women. This approach to the division of labour allows a blind eye to be turned to the risks of such work - both those inherent in all domestic work (paid or unpaid) and the specific risks created or exacerbated by the employment relationship. But the scant evidence available on domestic service points to its being a high-risk sector. So, Belgian work accident data show an overall severity rate well above the private sector average (12.10 per thousand against 2.18 in 1998). Other surveys also point to it as being a sector where the power relationship may be marked by extreme violence, especially towards women domestic workers from non-Community countries who lack the opportunity to find lawful alternative employment.

Public health policies

Although public health policies have become more gender-aware in recent years, the main focus has been on biological differences and individual behaviours or lifestyles (or a combination of the two, in the case of policies on breast cancer). Neither paid nor unpaid work features greatly in most studies on the gender dimension of health[7]. What the factors highlighted have in common is to skate around gender differences in the workplace while recognizing (and this is their most positive contribution) that traditional approaches to health have paid little attention to women's "specific issues". The linkage between health and unpaid work has been considered in a handful of studies, but more to focus on women's lack of access to paid employment than to explore the linkage between "dual-career lives" and health.

There is one methodological barrier which affects both men and women, but women more. Public health usually brings working conditions into the equation only when there is an immediate and direct link between a particular factor and a medical condition. It is little inclined to include working conditions in the round in an analysis of the social determinants of health[8]. This form of denial is directly connected to a political obstacle. Any incursion by public health into the sphere of waged employment has consistently been knocked back by the employers. The workplace is seen as a private domain and the management of firms is claimed as a prerogative of employers. Even in cases where there is a clearly-evidenced link between occupational exposure and an illness, the employer has always kept a stranglehold on assessing (in order to minimize) risks, and especially a monopoly on risk management decisions. This is easily exemplified by the health disasters of first silicosis, then asbestos-related diseases. Pursuing a public health policy on working conditions would explode the shaky compromise on the concept of "occupational risks." It would show that damaged health is not just the result of accidents or abnormal occurrences, but also the normal effect of waged employment, the wear and tear and steady undermining of health that are its daily consequence.

Equal opportunities policies

The brief of equal opportunities policy is not to upset the workplace division of labour nor throw male domination open to question, but rather to deliver equality of opportunity for all individuals on the labour market regardless of gender and assure them of equal pay and other working conditions for equal work. From this viewpoint, the factors of inequality are often seen as the legacy of the past. There is even a growing trend away from "contextualizing" inequalities within workplace gender relations: so, positive actions would be confined to promoting the "under-represented sex", while legal challenges under EU provisions have in some cases ended up

[6] Hansen, J., (2001). Light at Night, Shiftwork, and Breast Cancer Risk. *J Natl Cancer Inst*, vol. 93, pp. 1513-1515.

[7] Among the rare exceptions are: Germany: Ducki, A., (2001), Arbeit und Gesundheit, *in: Bericht zur gesundheitlichen Situation von Frauen in Deutschland. Ein Bestandaufnahme unter Berücksichtigung der unterschiedlichen Entwicklung in West- und Ostdeutschland*, Stuttgart : Kolhammer, pp. 366-446.
Sweden: Ostlin, P., *et al., Gender Inequalities in Health. A Swedish Perspective*, Harvard School of Public Health, 2001.

[8] Tuberculosis is a striking case in point. The epidemiology and policies on tuberculosis prevention almost entirely ducked the key issue of work-related wear-and-tear (Cottereau, A., La tuberculose: maladie urbaine ou maladie de l'usure au travail?, *Sociologie du Travail*, 1978, No. 2, pp. 192-224). The way in which public health policies address cancer generally is also indicative of a strategy of sidestepping working conditions.

blocking national measures intended to promote women's access to male-dominated jobs on the grounds that such measures would have constituted "discrimination on the grounds of sex"[9].

There is no compulsion on employers to overhaul their work organization to improve gender balance in tasks and functions. This is the main reason why health at work policies are not joined up with equality policies. Workload defined in ways which systematically devalue women's jobs, heavily gender-biased job content which tends to exclude men or women from specific jobs based on role stereotyping, vast gender gaps in employment relationships (part-time, short-term contracts, etc.) - all these factors relate as much to health at work as to equality. In many countries, positive policies are pursued to promote gender balance at work. Most of the cases reported do not engage with changing working conditions for all workers, but generally stop short at vocational training, sometimes linked to psychological support.

Sexual harassment is also a telling case in point. The Community approach (broadly followed by national policies) is individually-focussed, addressing the issue as a matter of relations between harasser and harassee. But this is a blinkered view which fails to understand that sexual harassment can also be related to work organization and become instrumental in preserving male domination. It says much that this is such a widespread problem in occupations traditionally closed to women. It suggests that aside from the individual sexual purpose, there may be a collective purpose which is less sexual than symbolic and political: the intent to preserve a predominantly gender-based hierarchy. Notwithstanding the evidence that sexual harassment also constitutes a health risk, it has never been considered as a workplace health issue covered by the instruments put in place.

A relevant debate which sheds light on avoidance strategies

Analysing the gender dimension in health and safety is not about fine-tuning theories. It has far-reaching implications for policy-making and preventive strategies.

Changing patterns of work have redrawn the boundaries of inequality rather than leading to desegregation of work (both paid and unpaid). The lines of the division of labour have shifted, but its differential impact on the health of men and women has stayed the same.

Were the issue just about redistributing risks by occupations and sectors, that would pose no fundamental challenges for prevention policies. But the health impact analysis of working conditions shows that risk allocation is not simply gender-randomized. Put simply, one of the structural determinants of the gender division of labour itself is a normalization of male and female stereotyped risks.

According to a typology developed by Philippe Davezies[10], health damage can be divided into three groups:

- direct physical injury generally due to physical agents (machinery, substances) or factors;
- overloading due to inappropriate or excessive wear on men and women. Here, it is the pace or repetitiveness of the work activity itself that is at issue;
- violation of dignity, in which respect there has been a notable increase in the types of psychological abuse (humiliation, victimization, bullying).

Obviously, these three categories are not mutually exclusive. There are interactions between the different types of health damage. For various reasons to do with the gender division of labour, women are today more at risk of category two and three

% reporting that	female manual workers	male manual workers
They work on a production line	24 %	7 %
They do repetitive work with cycle times of under a minute	27 %	10 %
Their superior dictates how to do the work	29 %	21 %
Their work pace is under at least daily surveillance control by their superior	43 %	37 %
Their work pace is set by standards or times of one hour or less to be met	41 %	34 %
Their work schedules are set by the firm and they cannot change them	84 %	87 %
They cannot choose when to take their breaks	22 %	13 %
They are not allowed to talk when working	10 %	2 %
They have no opportunity for group discussions of organizational problems or how the department is run	54 %	38 %
Their relationships with their superior are sometimes strained	25 %	31 %

Source: DARES 1998 survey in Gollac & Volkoff, 2000, p. 65.

[9] See Kalanke judgement, ECJ, 17 October 1995, ECR I., p. 3069.

[10] Davezies, P., (1999), Evolutions des organisations du travail et atteintes à la santé, Contribution to the workshop "Nouvelles organisations du travail", in: *Travailler,* No. 3.

abuses[11]. In particular, there is a clear increase in the Taylorization of a number of female industrial jobs, and a nascent Taylorization of some female-dominated service jobs (hospital work, distribution, call centres, etc.).

In this connection, some DARES surveys in France have pointed out that women manual workers are experiencing a persistence of the "disadvantages of Taylorism with none of its benefits"[12]. The table on page 16 is significant.

Prevention practice has tended to prioritise the first class of health damage which to some extent could be separated from normal work routine and portrayed as "accidents" or "failings". In some instances, health damage has also meant disrupted production, so it could be considered that there was a common interest in implementing preventive measures.

The evidence from most surveys on working conditions is that women tend to be over-exposed to overloading and violations of dignity[13], which can least be treated as failings in the organization of production but, to the contrary, stem directly from work intensity (and its profitability from the resource owner's viewpoint) and the chain of command.

Furthermore, a gender perspective must also take the paid/unpaid work equation on board. Finally, the indissoluble link between working conditions and stereotyped roles must lead to a critical analysis of the constructs of maleness (or masculinity) and femaleness.

This means that prevention practices must challenge the central tenets of work organization and social reproduction. But by doing so, they cease to be simple prevention practices. They forfeit their hallmark technical neutrality and have no option but to become part of processes of political and social change rolling out over a very much wider field than the elimination of workplace risks alone. Arguably, that explains the potency of the mechanisms we have found for keeping women invisible. ■

Laurent Vogel
lvogel@etuc.org

A work in progress

The survey is just one stage of a longer-term activity. The TUTB's next staging posts are:

- May 2002: publication of a Spanish edition of the book edited by Karen Messing, *Integrating Gender in Ergonomic Analysis. Strategies for Transforming Women's Work*. It was published in French and English as a TUTB venture in 1999, and has since been published in Greek, Portuguese and Italian. The Spanish version bears witness to the interest kindled by the collaborative venture between a research institution and trade unions in Quebec. This edition will include a new chapter on women's health at work in Latin America written by a Chilean researcher, Manual Parra Garrido of the *Centro de Estudios de la Mujer*. This book is being published as a joint venture between the TUTB, Editions La Catarata and CINBIOSE.
- June 2002: publication in French and English of a book presenting the research findings. *The gender dimension in health and safety - Experiences in the European Union* (provisional title) will review the key issues addressed by the research (developments, policies and prospects) and case studies from different EU countries illustrating research or actions in different sectors on different categories of risks.
- 2-5 June 2002: International Congress on "Women, Work and Health" in Stockholm, where the TUTB will present the survey findings and moderate a workshop on trade union experiences.
- The TUTB will also work with the Bilbao-based European Agency for Safety and Health at Work in its new project on the gender dimension in health and safety.

Regularly updated information on this topic is posted on our website:
http://www.etuc.org/tutb/uk/survey.html

[11] This is what emerges in particular from Annie Thébaud-Mony and Véronique Daubas-Letourneux's work on the data of the Dublin Foundation's surveys on working conditions in Europe. My thanks to them for having kindly shown me their findings before publication.

[12] Quoted from Gollac & Volkoff, *Les conditions de travail,* Paris, Éditions La Découverte, 2000, p. 64.

[13] These findings must be approached with caution. The mechanics of women's exposure to physical and chemical risks often results in their being underestimated. A German study on exposure to chemical risks shows that the mechanics of exposure and exposure control resulted in a marked underestimate of the dangers to women workers. Kliemt, G., *Arbeitsplätze mit Gefahrstoffbelastung und hohem Frauenanteil,* BAuA, 1995.