



GENDER IN OCCUPATIONAL SAFETY AND HEALTH

INTRODUCTION

Unions aim to improve the working lives and conditions of everyone. Pressing for equal opportunities and safe, healthy workplaces is part and parcel of a union representative's role.

Striving for the highest standards in occupational safety and health includes taking a gender-sensitive approach and acknowledging differences between men and women when assessing risk.

This guidance explains how best to use the Gender in Occupational Safety and Health (GOSH) checklist provided by the TUC. But let's consider first examples of gender differences that can affect risk and health and how these have prompted some important and influential campaigns.

Spotting the differences

Men and women have physical, physiological and psychological differences that can determine how risks affect them. Women of course experience pregnancy and, in most cases, look after children or assume other family caring responsibilities.

The employment experiences of men and women also differ because women and men are still often found in different occupations, or treated differently by employers. This means that:

- men still tend to predominate in more visibly heavy and dangerous work, such as construction, which has higher incidences of injuries from one-off events;

- women still tend to work in areas in which work-related illness arises from less visible, long-term exposures to harm;
 - even in the same workplace, with the same job titles and doing the same tasks, men and women can experience different demands, exposures and effects.
- GOSH is about understanding these differences and then differentiating. It does not seek to discriminate. It helps to distinguish differences in sex, which is biological, from gender, which recognises the social aspects that are learned, changeable and have wide variations both within and between cultures.

TRADITIONAL BIAS

GOSH is not new. The appointment of women factory inspectors in the late 19th century resulted from lobbying by women (including trade unionists) for better, safer and healthier working conditions.

The male-made "protective" regulations for female workers were convoluted, impractical and failed to take into account the socio-economic pressures faced by women.

A woman injured through her work was also unlikely to be compensated.

Industrial compensation was a male prerogative won through the collective bargaining of the largely male trade union organisations.

It was a female factory inspector who, in 1974, insisted "health" was included in the drafting of the Health and Safety at Work etc Act — an early example of GOSH benefiting both genders.

In the past, less attention and fewer resources were devoted specifically to occupational safety and health for women. The traditional emphasis of health and safety has been on risk prevention in visibly dangerous work — largely carried out by men in sectors like construction and mining, where inadequate risk control

can lead to fatalities. The historic focus for women (particularly pregnant women) has been paternalistic and protective, prohibiting certain types of work and exposures, or based on an assumption that the kind of work that women do is safer.

Because of this, research and developments in health and safety regulation, policy and risk management have been primarily based on work traditionally done by men. Women's occupational injuries and illnesses, such as work-related stress, musculoskeletal disorders and dermatitis, have been largely ignored, under-diagnosed, under-reported and under-compensated.

The exception to this is in the area of reproductive health, due to the assumption that men's hazards are less relevant.

IMPORTANCE OF GOSH

Taking a gender-sensitive approach to occupational safety and health is important because gender neutrality and stereotyping result in effective risk prevention strategies being overlooked.

Gender neutrality: treats men and women as if they were the same and ignores biological (sex) and socially determined (gender) differences.

Gender stereotyping: makes false assumptions, such as women do lighter work or men don't get stressed.

A gender-sensitive approach acknowledges the differences that exist between male and female workers and identifies their different risks so that effective solutions can be provided for all workers.

MAINSTREAMING GOSH

While gender sensitivity is common in public health and safety campaigns, it is applied far less to occupational health and safety.

The Health and Safety Executive (HSE) and its Health and Safety Laboratory (HSL) carried out limited research in anticipation of the public sector gender equality duty, which came into force in 2007.

These require organisations to integrate gender equality into their work and prompted HSE and HSL to view health and safety through a gender-sensitive lens. The International Labour Organisation and EU Occupational Health and Safety Administration have also adopted GOSH policy.

With deregulation and government austerity measures affecting equalities policy and the HSE, the TUC's GOSH working group wants to revitalise the GOSH agenda.

GENDER-SENSITIVE PUBLIC SAFETY AND HEALTH CAMPAIGNS

- Balls to Cancer: charity for supporting men with cancer
- #SmearforSmear: cervical screening awareness campaign
- CALM (Campaign Against Living Miserably): charity dedicated to preventing male suicide

It recognises the need for unions to play a role — not only by integrating GOSH in equalities and health and safety initiatives, but also by improving their own diversity.

Research by the TUC in 2011 found that women make up 47% of the UK's workforce but only 27% of safety reps on health and safety committees at workplace level.

Safety rep involvement in health and safety decision-making helps to reduce accidents and ill health by half, on average, so it's important that those benefits are enjoyed by women as well as men.

The good news is that union GOSH campaigns attract widespread engagement, have significant organising potential and both men and women say health and safety improvements are achieved.

EXAMPLES OF GENDER DIFFERENCES IN RISKS AND HEALTH OUTCOMES

This table provides a summary and is followed by more detailed discussion.

Hazard/health outcome	More at risk	Comment
Accidents	Men	Men have a higher rate
Upper limb disorders	Women	High incidences found in some highly-repetitive work carried out by women, particularly where they have little control over the way they work
Noise/hearing loss	Men	Though women in textile and food production can also be highly exposed
Asthma, allergies and skin diseases	Women	From inhalation and/or contact with cleaning chemicals, for example, or contact with chemicals in jobs such as catering and hairdressing

Hazard/health outcome	More at risk	Comment
Occupational cancer	Men	Though women have higher rates in certain manufacturing industries
Ill-fitting personal protective equipment (PPE)	Women	Work clothes and equipment typically designed for the “average man”, cause problems for many women and “non-average” men
Reproductive health	Both	Neglected areas include fertility, menstrual disorders, menopause and male reproductive health
Long hours	Both	Both. Men are more likely to work very long paid hours while women still tend to do more unpaid work in the home –both want a better work-life balance

TOOLS AND EQUIPMENT

Work equipment, tools and personal protective equipment (PPE) have been designed traditionally for the size and shape of the average male body, and mostly for male populations from certain countries in Europe and the US.

As a result, women – and many men – experience problems finding suitable PPE because they do not conform to this standard. Migration has made this more evident. For example, the use of a “standard” US male face shape when making respiratory protective equipment can hinder the face-fit for men from black and minority ethnic groups.

Unsuitable equipment and tools can lead to poor posture and increased risk of musculoskeletal disorders. It reduces physical protection, is psychologically undermining and can increase risk.

For example, ill-fitting rigger boots can trip the wearer up. Hand tools and workstation heights are often uncomfortable for workers who are smaller or taller and larger than the “standard” worker. The average woman’s hand length is about 2cm shorter than the average man’s, so tools such as pliers have too thick a grip and inappropriate finger placement, causing loss of functionality.

While the use of equipment, machinery, workstations and tools designed for men contributes to women’s work accident rates, men are also involved in accidents because of poor ergonomic matches.

Women entering traditionally male jobs in areas like construction, engineering and the emergency services are particularly at risk from inappropriately designed equipment, tools and PPE.

Research conducted by Prospect in 2016 (“One Size Does Not Fit All”) found that manufacturers and suppliers of PPE are still failing to provide inclusive ranges and pricing policies.

By failing to apply their purchasing power, employers are allowing this longstanding problem to continue. A GOSH approach is needed to press for anthropometric standards (based on the study of human measurement) and to take account of the diversity of working populations, including gender, ethnicity and age (the latter is relevant for PPE and menopausal women).

UNIFORMS, WORKWEAR AND FOOTWEAR

The requirement for employees to wear specific uniforms or workwear bought off the rack can also present problems with fit for men and women. Workplace dress codes that require women to wear high-heeled shoes or ban them from wearing trousers have been under scrutiny recently. The TUC has produced guidance on how to challenge dress codes that are sexist or put women at risk.

MUSCULOSKELETAL DISORDERS

Musculoskeletal disorders form the most common health impairment in the workplace.

Women, more often than men, have jobs that require prolonged standing. Women also tend to suffer more from pain in the upper back and upper limbs as a result of repetitive work in manufacturing and office jobs.

This is accentuated during pregnancy, particularly during the third trimester when, due to the increased size of the abdomen, any object lifted or carried is further away from the lower back than is safe. Muscles supporting the lower back already have to work hard to keep a woman’s balance and help her stand without the added stress of lifting.

Men tend to suffer more from lower back pain as a result of exerting high force at work.

Research in North America has highlighted a propensity to disbelieve the occupational origin of women’s musculoskeletal disorders. Men’s musculoskeletal disorder compensation claims have

been accepted almost twice as often as those from women.

In 2010, European research found that workers were still exposed to the same physical hazards they had experienced for 20 years and that men and women continued to be exposed differently: 42% of men and only 24% of women workers carry heavy loads, while 13% of women and only 5% of men lift or move people in the course of their work.

Many types of work that result in musculoskeletal disorders are subject to misconceptions. Dismantling these can help to pave the way for a GOSH approach. Take checkout workers and assumptions about their work, for example. Far from being an easy job, it involves very heavy lifting — checkout staff can lift about two tonnes of goods in an average four-hour shift!

It is important to remember, too, that women typically still have the dual burden of household work and caring responsibilities on top of their jobs, which can and does expose them to the same hazards at home that they experience at work, increasing the likelihood of injury.

STRESS

The HSE reports that almost 500,000 people are suffering from stress at any one time. Almost 60% are women. This is not because men are less prone to suffer from a stress-related illness; it is the greater likelihood of women working in professions with a higher risk of stress and burnout, such as health and social care, social work and education.

Research has found that women's stress levels are more likely to remain high after work, particularly if they have children at home. Men generally tend to unwind more rapidly at the end of the working day.

Women are more likely than men to report experiencing stress and seek support for it.

REPRODUCTIVE HEALTH

Research into the reproductive health of workers has traditionally focused primarily on protecting pregnant women and their unborn children, to the detriment of men.

But both sexes can experience risks — chemical, biological, physical and ergonomic (such as sedentary work, for example) — to their reproductive health.

Some can affect the libido, fertility or sexual performance of a man, and thus his ability to father healthy children. Some can cause cancer in male reproductive organs. Some can be carried in semen and

affect women, their pregnancies and unborn children — even if they have not been directly exposed to the risk.

PREGNANCY

Pregnancy is probably the biggest area where the worker's gender makes a big difference, but even here many women experience discrimination.

The law recognises that women who are pregnant, have just given birth or are breast-feeding are particularly vulnerable. This is why specific risk assessments are required, yet we know they are not always done.

Surveys by the TUC and the Equality and Human Rights Commission (EHRC) have shown that most employers have ignored the regulations.

While employers are not obliged to take these actions unless they have received written notification of her pregnancy from the woman, many women fear early notice will allow their employer to discriminate against them.

An EHRC survey found that one in five employers who did carry out a risk assessment when a woman reported she was pregnant took no action, even when risks were identified; and one in five mothers ended up leaving employment because of the risks.

Prospect believes that all jobs performed by women of childbearing age should have a generic workplace risk assessment as many women don't know they're pregnant until late in their pregnancy. This would improve the management of the hazards that may present a risk in the first trimester, when many women may not know or have not told their employer that they're pregnant.

Women should also be able to have individual risk assessments, with ongoing management reviews reflecting their changing circumstances (in their work environment or health, for example) during their pregnancy.

HARASSMENT AND VIOLENCE

Women are at particular risk of violence, harassment and bullying both in and outside the workplace. Men tend to be at greater risk of direct physical assault because they are more likely to work in jobs such as security and the prison service.

But women work in many of the occupations with a high risk of violence and threats of violence. They are in contact with the public in banks, bookmakers, shops and in solitary settings, particularly as teachers, social

workers and healthcare workers. Women are also more likely than men to experience sexual harassment at work.

Women also tend to work in lower paid jobs with lower status, where bullying and harassment are more common, while men predominate in better paid, higher status jobs and supervisory positions.

Women in traditionally male-dominated occupations are particularly at risk of discrimination and sexual harassment.

Stronger legislation and policy practice have sought to tackle workplace bullying, harassment and violence, but unions must press employers to do more to:

- safeguard staff experiencing domestic violence, which can affect men as well as women (the TUC emphasises that domestic violence does not stop when the sufferer enters the workplace); and
- broaden their understanding of risk assessment for peripatetic (changing location) and shift workers, many of whom are put at risk as a result of their unsocial hours and working alone.

DIFFERENCE WITHIN THE SAME OCCUPATION

Research has shown that even when men and women have the same job, they may carry out different tasks and have different perceptions of the risks generated by the work involved. Consequently they can have different health outcomes.

For example, “light” tasks assigned to women hospital cleaners were found to include high workloads with postural constraints (frequent static postures and bent or stretched positions), repetitive movements and a constant pace with very little rest. “Heavy” tasks assigned to male hospital cleaners, such as sweeping, were carried out in less tiring, upright positions.

In addition, research has found that men and women approach risk and cope with stress differently.

“Macho” socialisation encourages men to put their health and safety at risk — they are more prone to take risks in their leisure time and when driving, and often bring this approach to work.

Men are also more likely to use alcohol (in general but specifically to cope with stress) and are less likely to seek healthcare advice. Women are more likely to misuse prescription drugs, but are also more likely to seek professional help and seek out or set up social support when stressed.

GENDER IDENTITY

Addressing hazards in a gender-sensitive way requires consideration for transgender men and transgender women, as well as workers with other gender identities.

Workplace representatives should ensure all health and safety policies, including bullying and harassment policies, also consider trans issues. A safety risk assessment should be included as part of any transitioning arrangements.

MAKING A DIFFERENCE

Unions have a vital role to play in pressing for improvements that integrate our diversity goals with health and safety. This provides opportunities for representatives to work together, drawing on the knowledge and skills of equalities reps, health and safety reps, learning reps and local negotiators.

The TUC GOSH working party has helped by developing a GOSH checklist that highlights areas unions can target, including:

- union policy and practice
- workplace policy and practice
- legislation and sector standards
- potential campaigns.

UNION POLICY AND PRACTICE

It is important to Prospect’s credibility that we lead by example. Prospect branches should consider how representative they are of the diversity of their existing and potential membership.

Improving diversity may take time. Start with practical considerations:

- ensure communications reflect the diversity of media tools your constituents use
- ensure meetings are accessible to all in terms of timing, venue, technology and travel
- consider the friendliness of the language you use — this is not political correctness, it is about everyone feeling they are safe to engage in debate.

WORKPLACE POLICY AND PRACTICE

Review your employer’s policies and management practices. You may spot gaps in agreements or procedures that you can highlight.

For instance, you could check whether performance measures are gender sensitive; or whether the returns — the data, metrics and surveys your employer uses as indicators — are gender disaggregated to

provide gender-sensitive intelligence. Or whether risk assessments seek the involvement of one gender only, without the other having a voice.

Pursuing GOSH may expose gaps that need to be addressed. Starting locally, within your workplace, may uncover evidence that informs campaign ideas for your section of the union or for a national trade union campaign.

Building confidence and evidence may then inform initiatives with greater impact, for example, targeting legislation and/or ubiquitous employer practices.

Legislation and sector standards

The long-term aims of the GOSH agenda include:

- improving gender sensitivity throughout the legislative and sector standard-setting that provides employers with their benchmarks; and
- generating more informed campaigns for equality and health and safety improvements.

Stress is an example of an area in which the law is weak, yet unions are aware of the size of the problem and know that it affects both men and women.

We want stronger regulation, akin to the strength of the law in the historically male-dominated, safety-critical sectors.

USING THE CHECKLIST

The GOSH checklist provides a prompt to encourage unions to pursue gender sensitivity in the workplace and unite our work in the areas of equalities and health and safety.

The checklist is not intended to overwhelm union reps. It allows them to scale their work to an area of the workplace, or selected group of workers, as they see fit. It is important to build understanding and confidence.

There are other union techniques that will help, such as body mapping, surveys and risk mapping, which are successful tools.

Research and guidance can be found on the TUC and *Hazards* magazine websites. Affiliated unions have also developed guidance.

In short, the checklist aims to advance the GOSH agenda and serve as a springboard for dialogue to help challenge the status quo and secure workplace improvements that enable productivity.

UNION CAMPAIGN SUCCESSES

Unions have been at the forefront of campaigns to ensure that women's health and safety at work is taken seriously.

Sometimes these have been campaigns that have come out of a health and safety representative raising concerns at a local level. Examples include:

- Free to pee – Unite campaigned for improved provision and hygiene of toilets, paid time for their use and the freedom “to go” without having to ask for permission.
- Toilets for train drivers – Aslef campaigned for the proper provision of toilets. Male drivers had endured poor provisions by coping with containers; this was plainly intolerable for female drivers. Station facilities for all staff were upgraded as a result.
- Freedom from fear – USDAW campaigned around violence against shopworkers, who are predominantly women. The union has also been running a campaign about women's need for safe travel before and after work, especially given the increase in late night and 24-hour opening.
- Breastfeeding at work – Unite pursued a case for cabin crew members who were new mothers and whose employer's rostering was incompatible with their need to breastfeed. The case confirmed the right of women to breastfeed after returning to work and the obligation on employers to accommodate this.

Other union campaigns have focused on menopause, employer ignorance of specific duties of care for new and expectant mothers and mental health for men.

CONCLUSION

It should come as no surprise that the TUC advocates prioritising the hazards women face for initial GOSH initiatives. Improving women's health and safety cannot be treated in isolation from broader discrimination.

However, the TUC GOSH checklist applies a holistic approach to the work-life interface and broader issues in employment and aims to secure improvements likely to benefit women and men.

Women are not a homogeneous group; not all women work in traditionally “female” jobs. The same applies to men.

A holistic approach takes account of this diversity, enabling campaigns to be attractive to both. It seeks to dispel assumptions about hazards and people at risk, involve everyone at every stage, and examine the issues in reality so that risk assessment is put into context.

The checklist's gender-sensitive approach helps to find the right solutions for the health and safety risks faced by both men and women.

FURTHER READING

- **TUC GOSH website:** <http://bit.ly/TUC-GOSH>
- **One Size Does Not Fit All, Prospect:**
library.prospect.org.uk/download/2016/01299
- **Pregnancy and Maternity-Related Discrimination and Disadvantage – Experiences of Mothers, Equality and Human Rights Commission:**
<http://bit.ly/gov-mothers>
- **TUC guidance on menopause:**
www.tuc.org.uk/sites/default/files/TUC_menopause_0.pdf
- **TUC guidance on older workers:**
<http://bit.ly/TUC-olderworkers>
- **TUC guidance on trans issues:**
www.tuc.org.uk/sites/default/files/transformingtheworkplace.pdf
- **Hazards at Work, TUC:**
<http://bit.ly/TUC-hazatwork>
- **10 Keys for Gender Sensitive OSH Practice – Guidelines for Gender Mainstreaming in Occupational Safety and Health:**
<http://bit.ly/ILO-osh>
- **DIY research tools – Hazards magazine:**
www.hazards.org/diyresearch/
- **Work and breast cancer – Hazards magazine:**
www.hazards.org/cancer/graveyardshift.htm
- **European Health and Safety Agency web pages on women:**
osha.europa.eu/en/themes/women-and-health-work



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