

ETUI Conference (March 4-6)

Women's Health and Work

Short briefing: Women work more part time and temporary work contracts. These jobs provide limited access to training (leading to limited awareness of health risks), professional advancement (leading to static work and higher risk of MSD), rehabilitation (leading to chronic health problems) – these goods are rather accessible to or directed at fulltime workers or even male dominated jobs. Even when women work fewer hours, they still end up working more than men in terms of unpaid work/household work: In average, women with children works approx. 70 h/w (approx. 35 paid) regardless of being single or in a relationship. Men still do less work in the home. Scientific studies often disregard women due to statistical anomalies, i.e. “hormonal fluctuations”. This *invisibility* leads women worse off in cases on compensation for health problems caused by occupation. On a positive note, the Danish nurses had night shifts recognised as causing breast cancer and were compensated (night shifts increase the risk of breast cancer by 4 times). Cultural perceptions stand in the way of taking female occupational illnesses seriously, e.g. “if you can do household work, you can also work”. Bad job markets make fulltime jobs difficult to find. Austerity measures leads to women taking on more unpaid care work, furthermore the quality of public responsibilities like health and labour inspection is decreasing

All presentations from the conference can be found [here](#).

(1) Plenum

The invisibility of specific health risks for women relating to work organization modes is a major obstacle on that road.

Colette Fagan, EuroFound: [Improvement of Living and Working Conditions](#) (ppt). showed the persistence of occupational segregation by gender phenomenon. In 2010, 69% of management positions were still occupied by men, while 67% of employees in areas of sales and services were women.

The short-time work (less than 30 hours per week) remains the domain of women. Adding commuting and unpaid work (childcare, housework, etc.) the working week of a woman amounts to 70 hours. No category of man reached such a volume of work.

Women are not spared by physical risks: women are as much concerned with standing work in painful or tiring positions, involving repetitive movements. Women more frequently lift and move people than men, increasing the risk of MSD. Women report more pain in the shoulders, neck and upper limbs. They are also more likely to consider their general health as poor and bad mental health.

Katherine Lippel, University of Ottawa: [working conditions, employment and occupational health and safety in Québec](#) (ppt). Female workers are more exposed to bullying at work than men (17% vs. 13%). This psychological violence phenomenon is particularly prevalent in areas of health and social services. Usually highly educated do not face these problem; this is not observed female workers. "Sexism is stronger than class". The occupational diseases recognition system in Quebec is strikingly of

discriminatory nature: It is extremely difficult for workers suffering from cancer to have occupational causes of their illness recognised.

Elke Schneider, the European Agency for Health and Safety: [Gender at work and varying forms of exposure](#). "Women's exposure to hazardous substances (biological and chemical hazards) remains largely unexplored"

Lucia Artazcoz, Public Health Agency of Barcelona: [Gender division of work](#). the impact of social class on women's health: The more a woman is in a situation of economic vulnerability, the more it is likely to be confronted with adverse working conditions, to uncomfortable times, abusive demands from his employer. The situation of manual workers is of particular concern, especially for those with large families. The crisis has strengthened these health inequalities.

(2) Gender, Health and Safety of an aging workforce

EU-OSHA (E. Schneider): [Studies on OSH and Women](#) (ppt): focussed on the trends linked to OSH prevention and research needs. The research recommends the integration of gender into OSH policies and practices. The type of risks faced by women are not always covered in OSH studies, and particularly very little is known about their causation. Need to increase the OSH responses to the risk factors women face, e.g. stress and mental health problems, different types of accidents, fatigue and cognitive disorders, violence and harassment, and musculoskeletal problems. Challenges: women stuck in same jobs (static work), limited access to rehabilitation (for full time workers without childcare responsibilities – more directed at men), cultural limitation (if you can do housework, you can also work), OSH studies often exclude women due to hormonal fluctuations. See [examples of hazards and risks found in female-dominated work](#).

Prevent + Aquitaine + ENHWP (N.v.d. Auwera): [Chronic illnesses, rehabilitation and retention strategies](#) (ppt). Up to 23.5% of the working population in the EU-27 suffer from a chronic illness and 19% have long-standing health problems. Examples of chronic illnesses are: diabetes, asthma, epilepsy, cancer, heart failure, musculoskeletal disorders, hepatitis, HIV, depression, alcohol and drug abuse etc. The project partners collected [sustainable work strategies, policies and good practices](#), based on which constructing a set of [guidelines](#) for Workplace Health Promotion and retention/return to work of chronically ill workers. Additionally, [recommendations](#) across Europe.

COFACE: [Reconciling work and family life](#) (pdf). The main policy outcome of the 2014 Year of Reconciling Work and Family Life in Europe. Challenges: Increased childcare costs, limited places, long commutes, hectic schedules coupled with job-insecurities. Deliverables: COFACE has collected practices and legal instruments at regional, national and EU level, as well as workplace solutions that work for all.

NHS Working Longer Group: Age sensitive management. The tripartite partnership released [preliminary findings and recommendations](#). The report pertains to the demographic challenges that is especially increasing in the NHS system. The report regards pension and working arrangements and environment as well as good practices on occupational health, safety and wellbeing.

(3) Health impacts on women worker's exposures to chemicals at and away from work

Finnish Cancer Registry: [Nordic Occupational Cancer Study](#) (pdf). 1,3 mil. Cancer deaths in the EU at least 8 % are work related. It is a battle to have it recognized and compensated. Cancer Mortality has decreased but incidents have increased, especially among women. Women suffer more incidents in colorectal, lung and skin melanoma cancer and especially breast cancer (!). Women are also more at risk of cancer when smoking. Cancer occurrence is closely related to social class, e.g. lung cancer among lower educated. But also the highly educated are at risk of cancer, e.g. breast cancer among dentists, journalists, physicians, admin. staff and artistic workers. Also printers and hairdressers (exposed to chemicals) are at high risk of cancer. In the last 35 years cancers incidents have increased excessively in the Nordic countries (cf. slide 5 – frightening). The later you have kids the higher risk of getting cancer. Waiters are more exposed to cancer caused by alcohol (mostly male), and lung cancer and cervix uteri among women. Women are more at risk of lung cancer than men. 5 % of cancers both in men and women are directly related to work. About 35 % of cancer incidents in males and 16 % in females are attributable to socio-economic position. Read more [here](#).

Michelle Paiva, Universite Paris: [How female-specific cancer risks become invisible within the gender division of labour](#). Researchers often tried to look at cancer in organs common between men and women. Women are often forgotten as researched often focused on cancer from industrial jobs, often women's cancer is considered self-inflicted, e.g. by smoking. GISCOP93 looks into 2200 professions; in one case 22 out of 26 women are exposed, but in the end only five women are recognized as being exposed. Often workers themselves do not believe that they are exposed by their workplace, e.g. people who work in offices. Unionist workers are more aware of these risks.

Helle Raun Andersen, Syddansk Universitet: [Occupational pesticide exposure in pregnancy and children's development](#) (pdf). Longitudinal studies (16 years) of children of mothers (314 respondents) who work in greenhouses (exposure to pesticides). The women were not straying the plants themselves, but handling the plants after they had been sprayed. 40 % of women got paid leave and the rest were deployed elsewhere. Impact on children: The children were smaller, smallest where the mother was both exposed to pesticides and a smoker. 3 months old: three times higher risk of undescended testicles (cryptorchidism). Testicles and penis length are generally smaller. Girls go into puberty, approx.. at age 10 (1 year before their mothers). Girls score lower in tests of language, concentration and functions – boys nothing was detected. The children have the PON1 gene (→ stomach fat, the bad fat) and higher blood pressure. This could cause other diseases later in life. The impact is highest in early pregnancy, but first the woman has to know that she is pregnant, then she has to tell the employer and then she can be redeployed, the worker might keep the pregnancy to herself due to superstition – the time that has gone by at this point may already have affected the fetus.

Sandrine Caroly, Universite de Grenoble: [Women workers and the risk posed by nanomaterial](#). In the pharmaceuticals and textile sector nano materials are used more. Depending on the size, shape and type nano material can go through the skin and travel from organ to organ inside the body, it can even transfer from human to human or to animal..

Maria Purificacion Moran, ISTAS: [Chemical risks](#). Because women are often hired on temporary contracts and part time in Spain they have less access to training and are less secured. Even the health/labour inspectors do not know enough about the chemicals used by hairdresser or cleaning personnel. Moran gives two examples where the trade union investigated a chemical of annoyance and suggested a different product. Public administration centers in Spain are not critical enough. The health and labour inspectors have been deprioritized with the austerity measures.