

A GENDER SENSITIVE FRAMEWORK TO SAFETY AND HEALTH AT WORK

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Abstract

The aim of this paper was to formulate a strategy on how to take a gender sensitive approach when negotiating health and safety policies and procedures in the workplace. This was done by carrying out case studies on how companies are managing gender in their occupational health and safety policies, thereby highlighting the different health and safety risks that female and male workers are exposed to. The methodology was based on a structured questionnaire and direct observations to gather information from companies within a Southern African case country. Women's response to the questionnaire and the content of their answers were quite different from those of their male colleagues, indicating that industry is defined, to a large extent, in gender terms as far as working conditions are concerned. Literature from researches that have been carried out on occupational safety and health (OSH) pertaining to gender was reviewed. and it described differences in health at work by gender accounting for both psychosocial and physical hazards at work. The paper outlined a set of interesting lessons for academics, industry and safety practitioners by providing guidelines that will assist in ensuring a correct focus to select an appropriate safety performance evaluation model.

Keywords: Gender, occupational safety and health (OSH), development policies, framework

Introduction

Traditionally companies especially in the Engineering field, which has been male dominated were designed with the men in mind. Of late, there has been an increase in the number of women who are joining the male dominated jobs e.g. mining, construction, manufacturing etc.

The proportion of women in the paid labour force has increased dramatically. On average, women make up about 42% of the estimated global paid working population, making them indispensable contributors to national economies. Women’s visible presence in paid employment has stimulated reflections on how their health should be protected, and, in turn, on how gender affects their health [1].

I. “Women’s” work and “Men’s” work

There are too many assumptions about the nature of ‘women’s work’ combined with too little attention to the real risks. This means the hazard of women’s jobs may be far less likely to get resolved. Fig 1 below clearly elaborates how society classifies work and the impact it has on the welfare of either men or women.

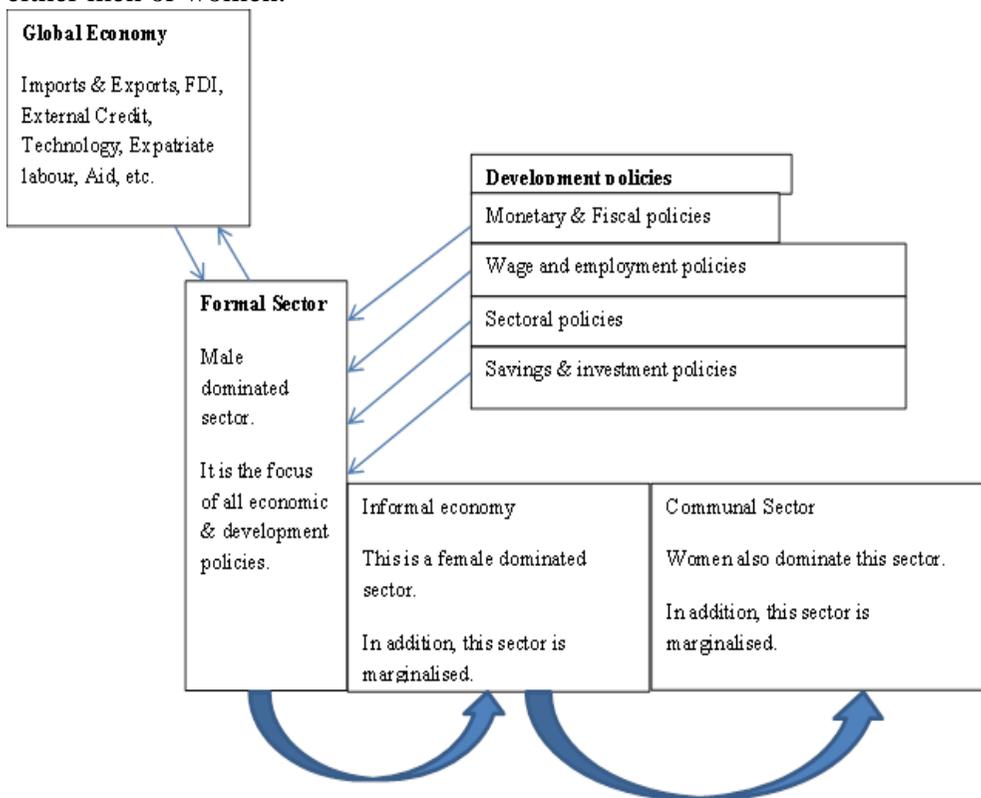


Fig 1:

The dual and enclave structure of the economy [2].

According to the European Agency for Safety and Health at Work, (2005) the existing EU approach to occupational safety and health (OSH) has been 'gender neutral', which means that gender issues and differences are ignored in policy, strategies and actions. Because there are substantial

differences in the working lives and the employment situation of women and men, policy decisions that appear gender neutral may have a differential impact on women and men, even when such an effect was neither intended nor envisaged. Gender sensitivity is a new area to many in the OSH field, so further discussion and debate are needed about how to effectively raise awareness of the issues and take account of gender in OSH [3].

Gender sensitivity in the work place is an issue which should be considered when negotiating policies and procedures in many companies in Africa and for this reason, this research was done to find out how far this has been reached, and to propose a framework to incorporate gender in policy formulation.

There are over 30 directives on occupational safety and health at work, covering issues such as manual handling, construction work and dangerous substances. These directives are typically relevant to hazards in the work of male manual workers, reflecting that when the directives were developed the emphasis was on a traditional male job setting. Europe's industrial pattern is now changing, particularly with the growth in the services sector, and women are the main part of the workforce in this sector, for example, in education, healthcare or tourism. These sectors present very different work circumstances compared to construction sites. For example, psychosocial risks are more prevalent, including stress, psychological harassment, sexual harassment and violence arising from working with members of the public [4].

When studying the relationship between health at work and the work environment it becomes relevant to focus on gender differences, since adverse working conditions may affect men and women in different ways. Some studies, specifically addressing this issue, indicate that employed women experience worse psychosocial work conditions (in terms of lower job control and poor career opportunities) compared to men and that a higher health burden might result from such exposures. Others proposed that women are more vulnerable to adverse conditions at work than men, given similar levels of exposure. Men experience higher job demand, higher effort, higher commitment and lower social support at work, whereas women show lower job control and lower reward [4].

II. Occupational health-related biological, psychological and social differences

Job segregation is one of the key influences on the gender differences seen in the exposure to occupational hazards and accidents and diseases suffered. Men and women are strongly segregated into different work sectors, and hold different positions in the jobs hierarchy. For example, men predominate in the construction sector, women in the healthcare sector.

Women are more likely than men to be in low paid jobs and less likely to hold supervisory or managerial positions. In addition, women still carry out a greater proportion of unpaid work in the home, and if paid and unpaid work is added together, women are seen to work longer hours than men. As a result, women are more likely to suffer work-related stress, musculoskeletal disorders – other than backinjury – and health problems such as dermatitis, while men are more likely to suffer accidents and health problems from exposure to physical agents such as noise. We can see that the safety and health problems suffered by men are more visible and more likely to be directly linked to a single cause. The fact that risks to male workers are often more evident than those faced by women, together with the OSH focus historically having been on male workers and the traditional industries where they work, are among the reasons that the health and safety of women workers has received less attention than that of men [5].

To redress this imbalance, gender needs to be systematically mainstreamed into all areas of OSH.

III. Approaches to gender

- Gender stereotyped – differences accepted or exaggerated, for example, the woman is viewed as the weaker sex, and equality is not promoted.
- Gender neutral/blind – equality promoted by ignoring differences – but there can be hidden discrimination, for example if approaches are based on male norms
- Gender sensitivity – incorporation of gender differences, issues and inequalities into strategies and actions
- Gender mainstreaming – taking the gender and equality dimension into account in all policies and activities, in the planning, implementation and evaluation phases [6]

IV Case Country^{*29} Laws

The case country has made significant strides in amending and enacting legislation and has passed out 17 pieces of legislation to advance the gender equality and equity objective. These include Matrimonial Causes Act (1987), Maintenance Act (1999), Sexual Offences Act (2001), Education Act (2004), Labour Act [Chapter 28:01], amongst others [7].

The National Gender Policy (2013-2017), through the Ministry of Women Affairs, Gender and Community is clear on the objective of the creation of more jobs for women.

*Information on the case country can be obtained from the authors.

This paper also focuses on the creation of quality jobs. Quality includes good, safe and healthy working conditions, so in order to get and keep women in employment, attention must be paid to the health and safety of the jobs that women do.

The Occupational Safety and Health Factories and Works (General) Regulations, 1976 (R.G.N. No. 263 of 1976) though it covers a broad spectrum of issues to do with Health and Safety, is silent on the gender aspect to OHS. It covers the following areas: Administration, Health and Safety, Goods Hoists, Ladders, Cranes, Lifting-Appliances and Lifting-Gear, Explosive-Powered Tools, Procedures and Miscellaneous [8].

V. Methodology

The aim of the questionnaire was to ascertain the extent to which issues to do with women's health are taken into account when defining priorities, research activities and statistical data, and also the extent to which they are taken on board by the respective players and institutions.

It was administered face-to-face to a representative sample of the employed population in the case country regardless of industry type or size. The questionnaires were distributed to men and women in the engineering, construction, mining, manufacturing, health and informal sector of which half were given to women and the other lot to men. The results from the questionnaires were then used in the analysis and design of a framework. When analysing the results, the dependent variable of the empirical analysis was a measure of self-reported health problems at work, intended both as mental and physical. These indicators were constructed from the following questions:

“Does your work affect your health, or not?” If yes, “How does it affect your health?” This question was focusing on ways in which both the female and male are affected as a result of their work related tasks and environment. Skin problems, respiratory difficulties, stomach ache, back ache, stress, sleeping problems, anxiety and irritability are some of the work related problems. If the answer to the above questions was a “yes” this meant that this problem should be considered during the negotiation of health and safety policies and procedures in the workplace. Working conditions variables consist of psychosocial factors and physical hazards experienced by the worker at the workplace.

The primary purpose of OHS evaluation is to determine the true basic cause of accident/incidence for the express purpose of taking remedial action to prevent a recurrence and to remedy the weakness in one or more of OHS programme activities [9]. The researchers also did work study of some of the companies to determine the major causes of accident/incident, and to see if these are gender related.

VI. Findings and discussion

Figure 2 shows the distribution of companies in Harare that have a health and safety policy. The analysis did not take into account the nature or size of the industry. It shows however that some companies do not even have policies guiding them in implementing health and safety, let alone understand the implications of gender on the health and safety of their workers. Most of the companies which do not have an OHS policy are the Small to Medium Enterprises (SMEs) and the Informal Sector (IS), especially in the construction and food industries. The SMEs and IS are the backbone of the economy, therefore much education and emphasis need to be channeled towards these through the relevant ministries and city councils.

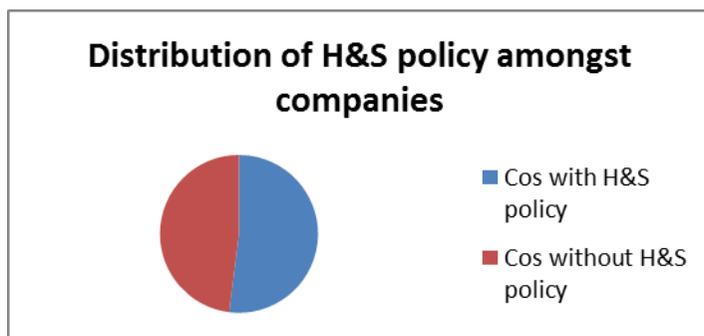


Figure 2: Distribution of Health and Safety policy amongst companies in Harare.

Table 1 depicts the results that were obtained from the structured questionnaire. The results gave an indication that there is need for gender consideration in health and safety policies and procedures.

Depending on the industry, exposure to risk can differ between men and women. Usually men tend to work in management, manual and technical jobs and hence are more likely to experience more physical accidents/injuries than women. For women in the manufacturing sector, higher numbers are found in the textile, food processing and the administrative side of plant operations and hence, the common complaint to safety & health has been generally around stress and repetitive skeletal disorders. This may point to an issue that though men and women are employed to do the same job, the tasks they carry out may often be according to gender.

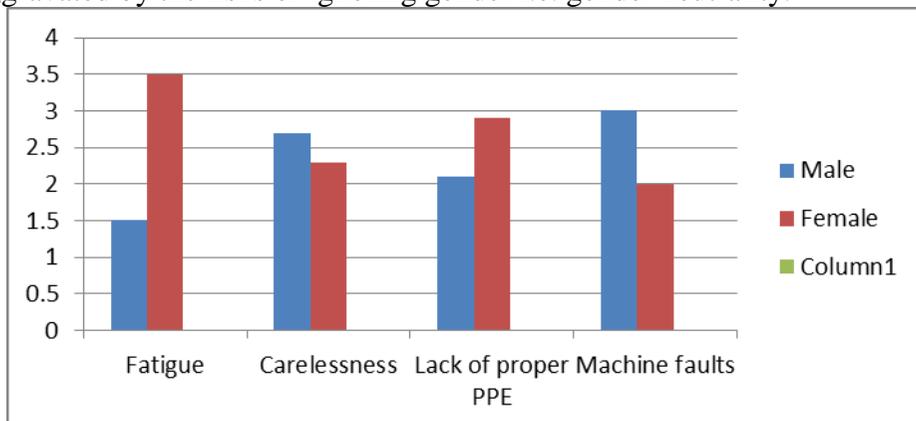
Women face psychological and social stress at home, i.e. raising of children, caring for sick relatives, domestic chores, and also being sole bread winners. This adds to women's workload and affects their manner of work. This phenomenon is seen more so for women, than for men, as in the case country women still carry out the majority of unpaid work in the home, despite being employed full time.

Table 1: Work related problems and gender

| Work related problems | Gender | |
|--------------------------|--------|--------|
| | Male | Female |
| Physical Health | | |
| Skin problems | 50 | 95 |
| Respiratory difficulties | 25 | 20 |
| Back ache | 30 | 90 |
| Stomach ache | 20 | 5 |
| Muscular Pains | 15 | 60 |
| Mental Health | | |
| Stress | 80 | 98 |
| Sleeping problems | 25 | 35 |
| Anxiety | 60 | 60 |
| Irritability | 10 | 30 |
| Fatigue | 32 | 45 |

The work study done at some of the companies showed that the major causes of accident / incident are negligence and machine faults as shown in Figure 3. The major causes of negligence include fatigue, lack of concentration and unavailability of proper preventive equipment and clothing. Fatigue is most common in women. Further interviews with the women involved indicated that this is due to double responsibilities at work and at home hence incidences of more fatigue in women than in men. These incidences are much higher in women in the 26 – 35 age group and we can conclude these are the women who are mostly inundated with home responsibilities.

There is an unequal focus in the manufacturing industry, to reproductive hazards that affect women more so than men. Attention has been paid to issues such as pregnancy and breastfeeding, but very little has been done to include issues like menstrual problems and menopause. Also for men, reproductive hazards have been largely ignored. This is further aggravated by the risks of ignoring gender i.e. gender neutrality.

**Figure 3: Accident/incident relation to gender**

Carelessness

Men tend to be more careless than women e.g. they can weld without goggles even if they are provided. They tend to ignore the safety clothing and procedures which are set by the company.

Lack of proper PPE

Some companies especially in the informal sector and SMEs fail to provide proper PPE. This is mostly due to lack of education on the importance of OHS, hence less priority in purchasing PPE.

Machine faults

There are higher incidences in men because there are more numbers of men working as machine operators as compared to women. Also men are not prudent in following safety procedures therefore are less likely to check a machine before using it.

The above findings show that there is a difference in occupational concerns for health and safety for men and women. Hence if gender is not incorporated in the formulating of these policies, the true frequency of occurrence, severity and potential for prevention might not be captured.

Table 2: Risk factor and health problems

| Work area | Risk factors and health problems include | | | |
|-----------------------|--|--|--|--|
| | Biological | Physical | Chemical | Psychosocial |
| Healthcare | Infectious diseases, e.g. respiratory | Manual handling and strenuous postures | Cleaning, sterilizing and disinfecting agents; drugs; anesthetic gases | Emotionally demanding work; shift and night work |
| Nursery workers | Infectious diseases, respiratory | Manual handling, strenuous postures | | Emotional work |
| Support services | Infectious diseases; dermatitis | Manual handling, strenuous postures; slips and falls; wet hands | Cleaning agents | Unsocial hours; violence |
| Butcheries | Animal borne and from mould, dust | Repetitive movements, e.g.in packing jobs or slaughterhouses; knife wounds; cold temperatures; noise | Pesticide residues; sterilizing agents; sensitizing spices | Stress associated with repetitive assembly line work |
| Catering | Dermatitis | Manual handling; repetitive chopping; cuts from knives and burns; slips and falls; heat; cleaning agents | cleaning agents, smoke from grills | Stress from hectic work, dealing with the public, and harassment |
| Textiles and clothing | organic dusts | Noise; repetitive movements and awkward postures; needle injuries | Dyes and other chemicals, stain removal solvents; dust | Stress associated with repetitive assembly line work |

| | | | | |
|-----------------------|--|--|--|---|
| Dry cleaners | Infected linen, e.g. in hospitals | Manual handling and strenuous postures; heat | Dry cleaning solvents | Stress associated with repetitive and fast pace work |
| 'Light' manufacturing | | Repetitive movements, e.g. in assembly work; awkward postures; manual handling | | Stress associated with repetitive assembly line work |
| Mining | respiratory | Repetitive movements, Strenuous postures | Poor air quality, heat, fumes | Stress associated with work, unsocial hours |
| Education | Infectious diseases, e.g. respiratory, measles | Prolonged standing; voice problems | Poor indoor air quality | Emotionally demanding work, violence |
| Hairdressing | | Strenuous postures, repetitive movements, prolonged standing; wet hands; cuts | Chemical sprays, dyes, etc. | Stress associated with dealing with clients; fast paced work |
| Administrative work | | Repetitive movements, awkward postures, back pain from sitting | Poor indoor air quality; photocopier fumes | Stress, e.g. associated with lack of control over work, frequent interruptions, monotonous work |

Table 2 shows the distribution of work area and the risk factors associated with each job. Women are more common in healthcare, nursery, support services, textile industry, education etc. Therefore it is clear the health and safety issues most women are exposed to are different from those of most men. However, we are also having a rise in the number of women joining male dominated industries. There are general trends regarding gender and OSH, such as the trends in exposure of women and men to different risks, but there are also some individual differences that should not be ignored. Women (or men) are not a homogeneous group, they are not all the same. For example, issues such as age and ethnic origin should also be taken into account as necessary.

VII. Gender Sensitive OSH Management Framework

An organization's health and safety policy sets the scene from the top regarding the board's beliefs, intentions, priorities and requirements from managers and workforce. This is a written statement which contains objectives and indications of key responsibilities and practical arrangements. From the results that were obtained, it is clear that gender plays a big role in OHS issues and need to be taken seriously in formulation of health and safety policies for employees. Table 3 below shows some mechanism a firm can adopt to address gender issues in their OSH formulation.

Table 3: OSH Mechanisms

| No. | Factor | Associated variables |
|------------|----------------------------------|---|
| 1 | Management commitment | OSH programmes OSH meetings Proactive performance measurement Introduction of a set of OSH rules to the site Identification and monitoring of gender groups within the firm Soliciting the involvement of the workers for OSH decision Representing all gender groups Safety operations and proper time management OSH inspection |
| 2 | Resources and insurance policies | Increased OSH investments in terms of manpower, capital and finance Enhancement of equipment to meet gender groups Gender qualification of the S&H officer Accident insurance policy |
| 3 | Centralized OSH management unit | A single party having ownership of the main responsibility Safety management systems (SMS) Manager's responsibility |
| 4 | OSH documentation | Owner's role Advanced S&H equipment OSH planning; pre-project and pre-task Providing safety manuals, hand outs and tool kits to workers and management Keeping a separate S&H officer |
| 5 | Controlling the workers OSH | Paying an allowance for the workers who work at risk Contracting and sub-contract selection Prohibition of unhealthy drugs and alcohol at work place |
| 6 | Supportive devices | Punishment/increase in reprimand for violations of OSH Assigning of alternative work for injured persons Maintaining safety and health records for workers |
| 7 | Site environmental | Categories in terms of gender Use safety signs and symbols Emergency preparedness Erect barriers around hazardous areas Maintaining a register for the workers |
| 8 | OSH committee | |
| 9 | OSH education and awareness | Implementation of OSH programmes with gender sensitivity Site and gender specific OSH programmes OSH education: orientation and specialized training |
| 10 | Adequate supervision | |

The research paper has highlighted that the number of women entering into manufacturing/ processing industries and professions in the case country has grown. The industry still has a strong gender segregation, which means that women and men employed in the same sector, are exposed to different types of demands and stressors. The research has also shown that gender inequality both inside and outside work environments has affected women’s safety and health in an unfavourable manner. The current employed approach has been for organisations to try and be ‘gender neutral’. This unfortunately means turning of a blind eye to the impact of adopted health and safety policies on both men and women. This stance has since revealed that gender issues need to be taken into account in work related risks, because there is a substantial difference in the working lives of men and women. Therefore the following stakeholder framework (Figure 5.0) was designed and is being recommended to be adopted as a national effort to addressing this anomaly in gender sensitive OSH practices:

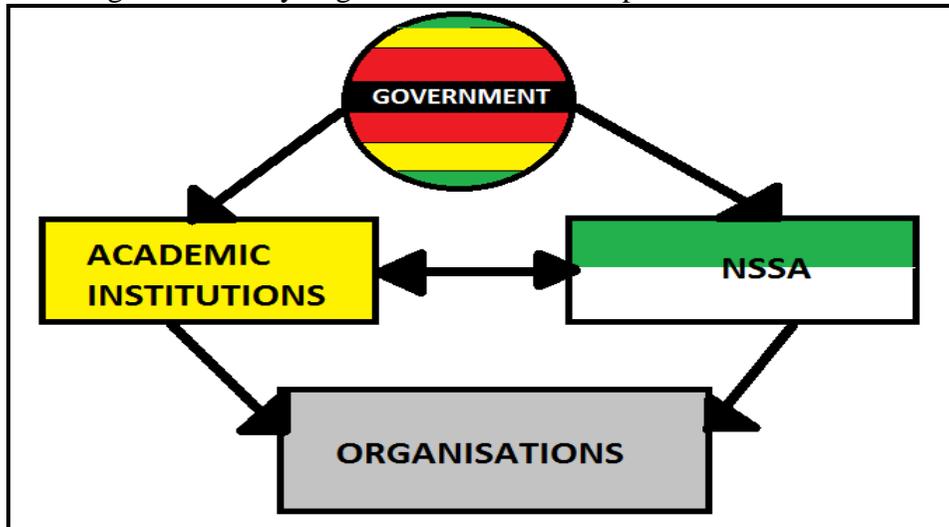


Figure 4 : Stakeholder framework

Government

- Ministry of Gender & Women’s Affairs can work together with all OSH stakeholders to ensure the facilitation and implementation of gender sensitive health and safety practices.
- Develop new OSH policies in a gender sensitive manner.
- Set up advisory groups to assist with the above.
- Promote the involvement of women in OSH policy setting. Women are underrepresented in decision making concerning OSH policy formulation.
- Promote an integrated health and safety approach that assists the work-home interface

Academic Institutions

- Take account of gender in all OSH activities and raise awareness
- Develop guides and training resources
- Encourage a higher percentage representation of women in safety committees
- A research gap was identified; training will be required to improve knowledge of risks to women. Occupational research needs to include both sexes in research.

NSSA (National Social Security Authority)

- Develop guidelines and inspection tools for applying gender sensitive OSH training
- Ensure OSH policies and programs have a clear gender dimension
- Ensure intervention activities addresses across gender.
- Promote OSH research in gender sensitive risks and jobs.
- Statistical monitoring of both men and women is of great importance, and NSSA can facilitate this.

Organisations

- Facilitate the participation of women in OSH consultation and safety committees
- Take account of both gender and OSH impact of any changes in work environment.

VIII. Recommendations

Unions work best when they represent everyone in the workplace. And they are at their most effective when grassroots union safety representatives reflect the make-up of that workforce - and that means more women safety representatives at work. The increase in the participation rate of women in employment makes it all the more important to address the gender dimension in health and safety at work.

With respect to gender sensitivity in OSH and gender mainstreaming, some relevant recommendations arising from the report are listed below.

- Improvements are needed in OSH for both women and men; however, there are imbalances in prevention, for example, more attention is still paid to risks to male workers and the 'traditional' industries where men are more likely than women to be employed.

- Improvements are needed to research and OSH monitoring. Research gaps in areas more relevant to women and their work should be filled, for example, risks from standing work, work and menstrual disorders, etc. OSH research programmes should be systematically examined to ensure that they are balanced in terms of topics relevant to both women and men. The

methodology of studies should ensure that any gender differences can be examined. A systematic approach is needed to including gender in OSH monitoring programmes and statistical collection of data, to ensure that data is collected and analysed by gender, and that the statistical indicators used are relevant.

- The main framework of the case country's OSH directives is neutral in approach to gender, and this neutrality allows less attention to be paid to OSH risks to women workers. However, the requirements in the directives, such as risk assessment, are broad in nature, meaning that they are flexible enough to be applied in a gender-sensitive way. Indeed, there already exist many good examples of how to include gender in OSH actions and activities in practice. Such good practices need to be investigated and shared.

- Women are less involved than men in OSH decision-making, for example because they are less likely to hold managerial positions, and are less represented in trade union hierarchies.

- There are general trends regarding gender and OSH, such as the trends in exposure of women and men to different risks, but there are also some individual differences that should not be ignored.

- Women (or men) are not a homogeneous group – they are not all the same. For example, issues such as age and ethnic origin should also be taken into account as necessary.

- A holistic approach to OSH is needed to improve prevention, for example considering women's double workload and including work-life balance as an OSH issue.

IX. Conclusion

OSH must also be mainstreamed into gender equality actions, for example by including OSH in employment equality action plans.

However, OSH analysis is faced with the problem of assessing the uncertain future and quantifying OSH output. But, the quote from Peters and Waterman reported by Cox and Tait (1991) that “What gets measured gets done. Putting a measure on something is tantamount to getting it done. It focuses management's attention on that area. Information is simply made available and people respond to it” thereby puts challenges to safety analysts.

References:

Nayanthara De Silva and P.L.I. Wimalaratne 2012, Department of Building Economics, University of Moratuwa, Sri Lanka, *OSH management framework for workers at construction sites in Sri Lanka*, www.emeraldinsight.com/0969-9988.htm

Pro-poor and inclusive development in Zimbabwe: Beyond the enclave, 2012, Weaver Press, Avondale, Harare, ISBN: 978-1-77922-203-9

Mainstreaming gender into occupational safety and health, © European Agency for Safety and Health at Work, 2005, ISBN 92-9191-169-0

Gender equality at the heart of decent work, Report VI for the 98th Session of the International Labour Conference, 2009, p. viii.

Elena Cottini 2012, *Is your job bad for your health? Explaining differences in health at work across gender*, Istituto di Economia dell'Impresa e del Lavoro, Università Cattolica, Milan, Italy, International Journal of Manpower Vol. 33 No. 3, pp. 301-321 Emerald Group Publishing Limited 0143-7720 to put in appropriate reference

The National Gender Policy (2013-2017), Ministry of Women Affairs Gender and Community Development

Supplement to the Rhodesia Government Gazette, 1976-04-16, pp. 1109-1132, 1976-05-01 ZWE-1976-R-72820 Zimbabwe

Roland-Iosif Moragu, Gabriel-Bujor Babut 2010, *Developing a participative management strategy for occupational health and safety risks*, Annals of the University of Petroșani, Mining Engineering, Vol. 11 No 2

Disaster Prevention and Management, Emerald Group Publishing Limited, Vol. 16 No. 2, 2007, pp. 178-187, 0965-3562 DOI www.who.int/gender/document/en