A CALL TO ACTION:
WOMEN’S HEALTH AT WORK AND GENDER-BASED ANALYSIS

SOME PEOPLE STILL THINK THAT WOMEN’S JOBS ARE RISK-FREE AND THAT WOMEN WHO REPORT HEALTH PROBLEMS ARE EXAGGERATING OR EVEN IMAGINING THINGS. THIS HAS SERIOUS CONSEQUENCES FOR WOMEN WORKERS. IT’S TIME TO RID OCCUPATIONAL HEALTH RESEARCH AND POLICY OF THESE OLD IDEAS!

HOW ARE WOMEN AND MEN WORKERS DIFFERENT?

Women’s work is different from men’s

Most women and men in Canada still perform different kinds of work in different workplaces. This is despite the fact that the proportion of working women in Canada has increased steadily in the last decades. In 1999, 55% of all women aged 15 and over had jobs, up from 42% in 1976. Yet, in 1999, 70% of all employed women were still concentrated in the health, teaching, clerical, sales and service sectors, as opposed to 29% of employed men. Women are also more likely than men to be involved in part-time work, temporary employment, self-employment or have multiple jobs. In 1999, 41% of employed women were in one of those situations, compared to 29% of employed men.

Women’s jobs involve different risks from men’s

Women have traditionally been excluded from occupations that include visible physical dangers like lifting heavy loads. The risks they face at work are usually more subtle and complex, and they are often cumulative. Because of this, women workers have more slowly developing work-related illnesses than men, and fewer accidents. This does not mean that women’s jobs have fewer risks. Repetitive work, for example, may appear less dangerous than work involving heavy lifting, yet both types of jobs can pose health risks.

The risks found in women’s jobs can involve toxic substances. For instance, sewing machine operators may complain that particular batches of cloth with a certain dye irritate their skin. Women are exposed to toxic substances in agriculture, manufacturing, and in service professions such as hairdressing, cleaning, laboratory work and health care, to name only a few.

The risks that women face, however, are not always physical; they can also be psychosocial. Think of how the stress experienced by an elementary school teacher might affect her health. This stress can be brought about by the combination of a number of factors: a crowded schedule, intense concentration and emotional demands, a difficult work environment, insufficient support services, etc.
Women and men face different risks in the same jobs

Even when women and men hold the same job, they are often assigned different tasks. For example, male cleaners tend to be assigned to machines while women cleaners perform manual work. When women and men do perform the same tasks, they may still face different risks, experience different effects and report their conditions differently. One of the reasons for this is that women often come upon workplaces and equipment that have been designed for a traditionally male workforce. If there is a poor match between the worker’s specific body dimensions and the work environment, the result can be injury and/or disability. Also, there are a growing number of chemicals that have different effects on women and men. Finally, of course, women and men have different reproductive systems that are not necessarily affected in the same ways by the workplace.

Job title and same-named risk factors and conditions may therefore correspond to completely different realities for women and men. Despite this knowledge, job title is routinely used as an indicator of risk exposure in epidemiological studies. Although this may be difficult to avoid in large studies, there is a need to characterize the illnesses experienced by women workers and to develop relevant indicators of the risk factors found in women’s jobs.

Women, more often than men, have difficulty combining work and family

Almost two-thirds of the work to maintain and sustain families, including household work, meal preparation, childcare, etc., is done by women. This also results in women being exposed to different work-related risks from men. Consider a work situation that makes it difficult to combine work and family. For example, telephone operators on irregular schedules can find it almost impossible to arrange for childcare because they have to start work at different times of the day. Telephone operators have been shown to make frequent attempts to change their work schedule and/or childcare arrangements, but unfortunately they do not succeed every time. This kind of situation can lead to fatigue, insecurity and extreme demands on extra-professional life. Features of work organization can therefore affect the health of women workers in ways that differ from men. At present, research is lacking on the effects of specific working conditions on family life.

Women workers experience discrimination

It is important to remember that women and men workers are not just different; they are also not treated equally. Women’s work is more likely to be perceived as being easy, and when women get injured they are often considered “not tough enough for the job”. In addition, women’s illnesses or injuries are often attributed to menopause, pregnancy or domestic tasks, rather than to their job. For these reasons, among others, accessing compensation for work-related injury and/or disability tends to be more difficult for women than for men. This disparity was found in a study of 179 appeal decisions for claims of psychological disability related to workplace stress. The disparity could not be explained by individual differences, but by discriminatory attitudes of decision-makers that prevented them from understanding how women’s work could be stressful.
In addition, workers’ compensation regimes are sometimes ill adapted to the realities of women workers, with detrimental consequences for women’s health. For example, when workers are disabled to a point where they cannot continue to maintain their regular household chores like snow removal, programs are available to provide for supplementary benefits. Yet when a worker’s disability prevents her from doing housework usually done by women (vacuuming, laundry, diapering, cooking) nothing is available unless it is shown that the worker is incapable of looking after her own basic needs.\textsuperscript{9}

**Women’s health problems are invisible**

Although some progress has been made, women’s work-related health problems are still relatively invisible for the organizations responsible for prevention. In Quebec, for instance, 40\% of men but only 15\% of women are included in some programs providing for paid occupational health representatives and mandatory prevention plans.\textsuperscript{10} The situation is worsened by a general lack of information on women workers. For instance, of 1233 studies of occupational cancer from 8 most-cited journals between 1971 and 1990, only 14\% presented analyses on women, and just 2\% presented analyses on nonwhite women.\textsuperscript{11}

**HOW CAN GENDER-BASED ANALYSIS (GBA) HELP?**

Gender-based analysis (GBA) is a method of evaluation and interpretation that takes into account the differences between women and men and within groups of women and men, at all stages of the research and policy process. This is not an obscure concept or just another bureaucratic procedure; it has very real and significant consequences for women workers. For example, studies comparing accident rates by gender rarely take into account women and men’s specific situations in the workplace. Accordingly, while men’s accident rates may be shown to be higher than women’s within any particular job title, the statistics may not be strictly comparable because of gender differences in hours worked, gendered task assignments within the job title, gender differences in age and seniority, and sex differences in the interaction between equipment and tool dimensions and work activity.\textsuperscript{12}

Gender-based analysis therefore requires an understanding of women’s work. This will not come from quantitative studies alone, since they may overlook important, less visible risk factors. Qualitative studies\textsuperscript{13} are needed to explore the experiences of diverse groups of women and men.

Gender-based analysis also requires a consideration of the biological differences between women and men. For example, when questionnaires ask about current pain in the lower
back but fail to ask whether the woman is menstruating, the resulting errors affect the analyses concerning back pain for both sexes.

Perhaps most importantly, GBA sometimes requires challenging our preconceived ideas and stereotypes about women and women’s work. For instance, most studies on the relationship between work and carpal tunnel syndrome “adjust” or “control” for the sex of the workers, but this procedure presumes that women have this condition more often than men because of hormonal or other women-specific factors. Beginning with this assumption makes it less likely that a relation between women’s occupations and carpal tunnel syndrome will be found. Studies stratifying for sex, or analyzing the sexes separately, have found that women are more likely to have carpal tunnel syndrome when they perform higher levels of repetitive work.14

It is important to remember that considering women also helps men. For instance, when women were first employed as letter carriers in England, the mailbags were too heavy for some of them to carry and smaller mailbags were used. As a result, the musculoskeletal injury rate fell for both sexes. But gender-based analysis also means being sensitive to men’s specific needs. For example, research about reproductive damage in the workplace has almost always concerned women, and only later started examining damage to sperm. Also, gender-sensitive research should be done on men’s higher accident rates, which could be due to an expectation that men will accept more danger in their jobs.

Data, which are free of gender bias, are just better data. This does not mean that women and men should be treated in exactly the same way. There is a need for multiple methods of data collection and analysis.

STEPS IN THE RIGHT DIRECTION

The 1995 Federal Plan for Gender Equality committed all federal departments and agencies to implement GBA in future policies and legislation. In 1999, the Gender-based Analysis Directorate was created to accelerate GBA implementation across the federal government. Some provinces such as Quebec and British Columbia are also following in these footsteps. At the international level, the 1995 Commonwealth Plan of Action on Gender and Development and the U.N. Platform for Action adopted unanimously at the Fourth World Conference on Women in Beijing (1995) both call for a gender-based management system. GBA is currently being carried out by the governments of Australia and New Zealand, as well as by the European Union. It is also being set up in Colombia and Bolivia, and all Scandinavian countries are moving toward the consistent application of GBA in occupational health research. These are steps in the right direction, but a lot more needs to be done!

WHAT YOU CAN DO
In March 1998, a group of researchers, stakeholders and representatives of women workers gathered to take part in a symposium in Montreal on “Improving the Health of Women in the Work Force: A Meeting Of Representatives Of Women Workers and Researchers”. Participants adopted an action plan outlining a list of priorities for action and research in the area of women’s occupational health. The following recommendations came out of these proceedings.

The complete action plan is available at: [http://www.unites.uqam.ca/cinbiose/ANGLAIS/PUB/PUB.ACTIONPLAN.HTML](http://www.unites.uqam.ca/cinbiose/ANGLAIS/PUB/PUB.ACTIONPLAN.HTML)

**What researchers can do:**

- Steps should be taken so that research in occupational health includes women as subjects and focuses on issues of concern to women workers, issues arising in jobs usually held by women, as well as biological parameters specific to women.

- Research tools should be developed, validated and standardized for each sex.

- Since most of the scientific information on toxic exposure relates to men, research should be undertaken to study the effects of toxic exposures on women workers and gender-based analysis should be done on mixed populations.

- Research should be undertaken on the effects of chronic low-level mixed exposures on women (and men). Laboratory and epidemiological methodologies should be developed for this purpose.

- Qualitative research methods should be used as a complement to quantitative methods.

- Data on sex and ethnicity should not be treated as independent determinants of health without reference to working and living conditions. Specifically, researchers should not adjust for sex without examining the impact of such adjustments on their analysis. They should demonstrate an awareness of the fact that age and ethnicity may relate differently to working conditions for women and men (and vice versa), such that age may be a "confounder" for one sex or ethnic group but not for another.

- In data analysis, data on women and men should not be merged before analysis has ensured that there will be no loss of information.

- Research granting organizations should produce guidelines that cover the above issues. In addition, research-granting organizations should use their influence whenever possible to encourage record-keeping that includes information on the sex of subjects (e.g. work accident and illness data; hours of work data).
What the government can do:

- Occupational health legislation and regulations as well as workers’ compensation legislation should be screened for provisions which lead to systemic discrimination against women workers.

- Organizations which administer workplace health and safety legislation, Statistics Canada, and other databases should improve the quality of the information they provide on work exposures.

What organizations responsible for workers’ compensation can do:

- Disability attributable to workplace stress, including chronic stress, should be compensable. Similarly, diseases associated with repetitive strain injury should be included in diseases presumed to be work-related for compensation purposes.

- Given the discrimination encountered by women in workers’ compensation review and appeal decisions, decision-makers should be given training in non-sexist practices in order to enable them to adjudicate compensation and rehabilitation claims in a fair manner.

- Organizations that administer compensation regimes should gather information by sex on illnesses, injuries and the treatment of claims.

What unions can do:

- Women workers and their unions should not only be consulted, but also associated with the design and implementation of research and with decisions which concern them.

What everyone can do:

- The risks associated with women’s traditional occupations should be identified and prevention programs should be established. The effects of workplace design and organization on the health of women workers should be explored.

- Occupational health research and prevention and compensation programs should address risks to male and female reproduction, including fertility, sexual functioning and menstrual health.

- Research and prevention strategies should be developed to document and counter the effects of factors which produce psychological stress.
• Research in the area of occupational health and safety should address issues relating to life outside the workplace. At the same time, measures should be put into place to ensure that work responsibilities do not conflict with other responsibilities.

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