



**Women´s work-related health problems, cancer, and rehabilitation –  
EU-OSHA´s gender perspective**  
*Conference: Occupational safety and health in the context of equal  
opportunities, Brdo, Slovenia, 14.10.2019*

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**Vse pravice so pridržane. Gradiva ni dovoljeno razmnoževati in razpošiljati v kakršnikoli obliki brez predhodnega  
pisnega dovoljenja avtorja in Ministrstva za delo, družino, socialne zadeve in enake možnosti. Citiranje je v skladu z  
Zakonom o avtorskih in sorodnih pravicah dovoljeno z navedbo podatkov o viru.**



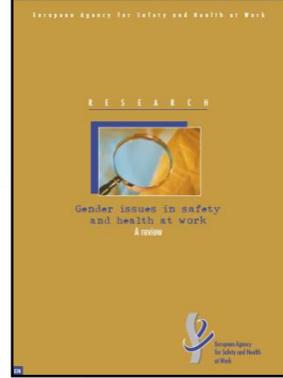
# Presentation of EU-OSHA

- **Set up in 1994 by the European Union and based in Bilbao, Spain**
- **Promote a culture of risk prevention**
  - Collect, analyse and disseminate information
- **What we don't do**
  - Write legislation
  - Inspect workplaces
  - Enforce the law
- **How we do it**
  - Produce reliable and relevant information
  - User-friendly tools
  - Share good practices
  - Network with organisations across Europe



+/- 64 staff  
Budget: EUR ~15 m  
of which **EUR ~ 8 m**  
**operational**

# EU-OSHA mainstreams gender into its research



- Carries out specific research to provide reports and tools
  - ◇ Review 2003 on gender issues
  - ◇ Risk assessment factsheets – gender and diversity
  - ◇ Updated report on trends and issues 2014
  - ◇ Report on mainstreaming tools and policies 2015
  - ◇ Report on gender and age 2015

- Dedicated web section
- Factsheets in 22 languages
- eFacts, reports, for female-dominated sectors, risks/health problems relevant to women
- Mainstreamed into all our activities (statistics, surveys, tools, good practice, sectors and occupations, research about vulnerable groups)
- Included in our campaigns

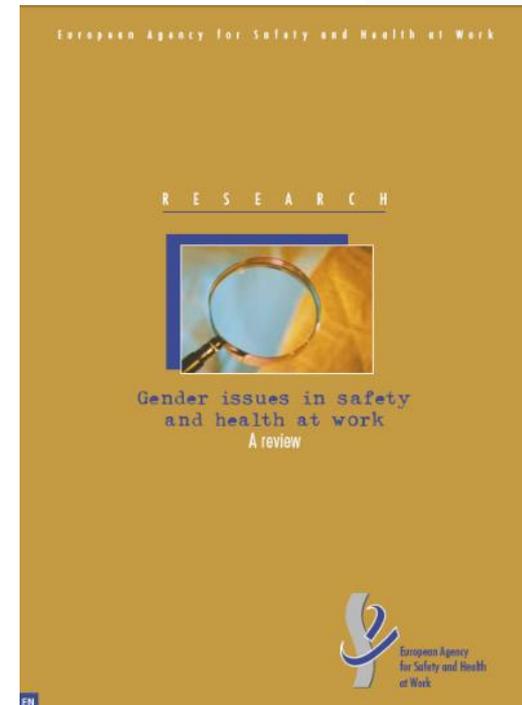
[http://osha.europa.eu/en/priority\\_groups/gender](http://osha.europa.eu/en/priority_groups/gender)

<http://osha.europa.eu/en/publications/publications-overview?Subject:list=gender> <http://osha.europa.eu>

# Gender issues in safety and health at work - EU-OSHA report 2003

## Some Recommendations

- Include gender in data collection:
  - Assumptions that occupational cancers are more prevalent in men, so women are excluded from studies;
  - Include information on profession in death/cancer registries;
  - Lack of adequate disease registries; difficulty tracing women over time;
  - Change in exposure of women to occupational carcinogens; impact of technology changes.
- Ensure gender balance in research programmes and fill gaps in research
- Assess gender impact of policies, changes in the world of work etc.
- For risk assessment, avoid assumptions, look at jobs women really do, involve women workers
- Investigate and share good practices



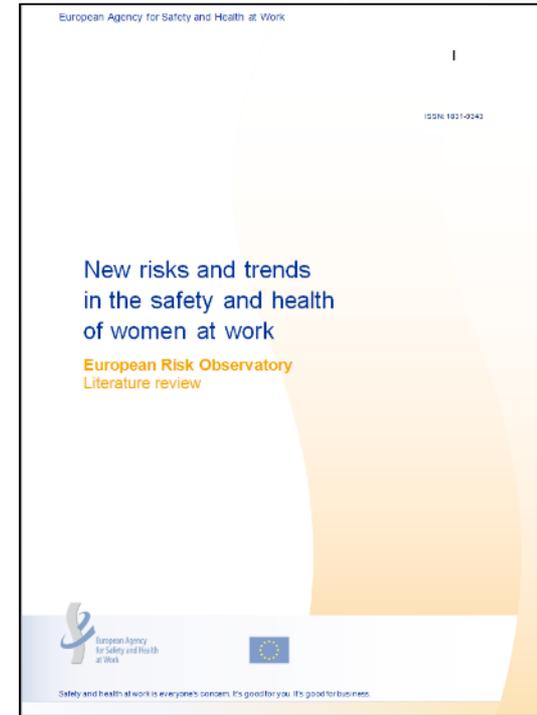
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<http://osha.europa.eu>

# Women at work – updated research published 2013

- **Risks, exposures and health problems**
- **Specific occupations where women may be exposed** (leather dust, beryllium in dental work, silica, etc.)
- **Issues not or insufficiently addressed** in other studies
  - combined exposures
  - unpredictable exposures in some professions, e.g. cleaners
  - age dimension as women of different ages work in different professions
  - access to rehabilitation and disability issues from a gender OSH perspective; ensure access for women of all ages.
- **Exposure to biological & chemical agents**
- **Working in service sectors**
- **Working at clients premises**
- **Lack of information and training**
- **Low control, autonomy and support**



<https://osha.europa.eu/en/publications/reports/new-risks-and-trends-in-the-safety-and-health-of-women-at-work/view>

# Are female jobs light jobs?

Secondary analysis of the German workers survey found that

## Health care workers carry more than construction workers

- 2 in 3 have to carry heavy loads (compared to 1 in 2 for construction workers)
- 93,8% have to do their work standing
- 36% have to work in unfavourable postures (kneeling, bending, squatting, etc.)
- 71% have to do more than one task at a time
- More than  $\frac{3}{4}$  (76%) work shifts
- More than half work nights (51%)
- Almost all work Saturdays, Sundays and holidays (94%, 91,5%)
  
- 57% men and 64 % women have back pain
- 66 % women and 54% men have pain in neck and shoulders
- 37% of the women have pain in the legs
- > 40% suffer from high emotional load (compared to 11 % on average)
- More than 1 in 4 feel that they hardly cope (27 vs 16.6 %)
- Twice as many as on average have sleeping problems (37% vs. 19%)



(Germany,BAuA survey, published Nov.2007)

# Gender issues



- **Exposures underestimated and awareness low**
- **Men and women work in different sectors, and within one sector, in different jobs**
- **Risk assessment of exposure to dangerous substances needs to be targeted to women**
- **Occupational diseases reflect male industry jobs**
- **Personal protective equipment to be designed for women**
- **Identify combined exposures typical for female jobs**
- **Accidents data not available for major sectors**, includes for example needlestick injuries, which can lead to serious diseases
- **How to ensure OSH for female workers in multiple jobs (e.g. cleaning, home care) and informal work**
- **Access to rehabilitation tailored to female jobs and wider conditions**

# Combined risks - a major issue for women at work

Risk factors, conditions	Outcomes
<ul style="list-style-type: none"><li>• Exposure to biological &amp; chemical agents</li><li>• Working in service sectors</li><li>• Working at clients premises</li><li>• Jobs not covered by OSH legislation</li><li>• Multiple roles</li><li>• Lack of information and training</li><li>• Low control, autonomy and support</li><li>• Prolonged standing and sitting</li><li>• Static postures</li><li>• Monotonous and repetitive work</li><li>• Moving loads repetitively and moving people</li><li>• Client and patient contact</li></ul>	<ul style="list-style-type: none"><li>• Infectious diseases</li><li>• Skin disorders, asthma</li><li>• Stress and mental health problems</li><li>• Different accidents: slips, trips and falls, violence-related, needlestick injuries, cuts and sprains</li><li>• Fatigue and cognitive disorders</li><li>• Musculoskeletal disorders</li></ul>

# Occupational accidents – gender differences

- Causes and circumstances different due to employment in different sectors and occupations
  - Slips, trips and falls
  - Accidents due to violence
- Indications that some types of accidents more frequent in women working rotating shifts, e.g. health care – influence of living conditions?
- Accidents in some female-dominated sectors on the rise in some countries (HORECA – young workers!)
- Some female-dominated sectors (education, health care, public service) not or insufficiently addressed
- Informal work and mini-jobs – accidents not assessed/recorded

# OSH implications of employment trends

## Employment trend

- **Women more and more concentrated in part-time and casual jobs**, particularly in the retail trade and consumer services sector; impacts on their salaries and their career perspectives
- **Informal work and jobs in home care and as cleaners** on the increase, especially for migrant women
- Move towards **mini-jobs**, not covered by labour law
- Women continue to **trail men in terms of career advancement and in levels of compensation** and gaining higher status

## OSH implications

- **Stress** & related health problems, **fatigue** and cognitive health problems
- **Repetitive strain injuries** caused by repetitive and monotonous work
- **Low job control and autonomy**, feelings of low self-esteem, low motivation, and job dissatisfaction for women
- **OSH difficult to organise** for women who work **at their clients premises**, how to enforce, how to assess risks, how to ensure labour protection
- **Less access to (OSH) training, consultation**, less representation in decision-making that may influence their working conditions

# OSH implications of living conditions

## Living conditions

- **Women spend more time in unpaid activities:** childcare and care for dependent relatives, housework
- **Women often juggle multiple roles** – be mothers, partners and carers as well as doing paid work and running a household
- **Disparity in pay** between women and men still exists. Women overrepresented in low income, low status jobs (often part-time), and more likely to live in poverty
- **Poverty**, working mainly in the home on housework and concerns about personal safety can make women particularly isolated

## OSH implications

- **Intensive caring can affect** emotional health, physical health, social activities and finances
- **Stress** – particularly when jobs involve shift work, irregular working times, Saturday/Sunday and evening work
- **Fatigue** and cognitive problems
- **Accidents** related to fatigue and bad working conditions
- **Musculoskeletal** disorders
- Multiple risk factors, not always easy to discriminate work-related risks
- **Accepting precarious and worse conditions** at work

# OSH implications of segregation into sectors

## Employment trend

- Women still work **mainly in services**, while men work mainly in construction, utilities, transport and manufacturing
- **Increases in activity highest** for women **aged 55-64**
- **Older women** work more in education, health and social work and public administration
- Employment in **manufacturing decreasing**
- **Female workforce is ageing in some sectors** – manufacturing, agriculture
- Women **highly represented in informal work**, home and domestic services

## OSH implications

- Different risks for men and women – prolonged **sitting and standing, static work** significant for women
- More client contact – more **harassment and violence**
- **Different risks for different age groups** – prevention should be tailored
- Occupational **accident rates stagnating** in some sectors, not recorded for education, health care and sectors with high rates of informal work, e.g. agriculture
- **Older women exposed to heavy work**
- **Less access to training** for older women, less access to **consultation, representation and preventive services** in the informal sector

# Women and informal work – typical sectors

Sector	Vulnerable groups Occupations	Health and safety risks	Specific issues
<b>Agriculture</b>	Family workers Undeclared workers Young people and children	Temperature and climatic conditions Pesticides Accident risks, incl. from vehicles and machinery Strenuous work	Seasonal work Irregular working time
<b>Retail</b>	Street retail trade and markets Gift shops Street vendors	Temperature, climatic conditions Ergonomic risks	“Envelope” wages
<b>Manufacturing</b>	Pieced home work Garment and shoemaking Tailoring	Accident risks Poor equipment Chemical and biological risks	Irregular piece work Casual work
<b>Hotels and restaurants</b> <b>Catering</b>	Kitchen workers Cleaners Unskilled workers	MSDs Noise Chemical and biological risks Burns and cuts	Seasonal work Night work Irregular working times “Envelope” wages
<b>Personal services</b>	Hairdressing Cleaning Tailoring Accounting, data processing	Biological and chemical Poorly equipped	Casual work False self-employment Low wages
<b>Home and elderly care</b>	Cleaning Child care Elderly care	Biological and chemical MSDs, heavy lifting Lack of ergonomic equipment and protective hygiene measures	Irregular working time Working at clients’ premises Lone work Lack of facilities Mental load

# Women's exposure to dangerous substances remains largely unexplored

Substance	Source	Circumstances	Occupation, task
Solvents	<ul style="list-style-type: none"> <li>Cleaning products</li> <li>Fuels</li> <li>Ambient air</li> <li>Paints, inks, glues and varnishes</li> <li>Cosmetics</li> <li>Resins and glues</li> <li>Drugs</li> </ul>	<ul style="list-style-type: none"> <li>Cleaning</li> <li>Dry-cleaning of textiles</li> <li>Printing</li> <li>Laboratory work</li> <li>Handling medication</li> <li>Fabrication of dental and optometric devices</li> </ul>	<ul style="list-style-type: none"> <li>Manufacturing</li> <li>Leather industry</li> <li>Textile industry</li> <li>Cleaners and dry-cleaners</li> <li>Hairdressers</li> <li>Service workers on ships, trains, buses</li> <li>Printing</li> <li>Laboratory work, pharmacists, chemists</li> </ul>
Biological and infectious agents	<ul style="list-style-type: none"> <li>Animals</li> <li>Foodstuffs, perishable goods</li> <li>Insects and other vectors</li> <li>Contact with passengers, patients, clients</li> </ul>	<ul style="list-style-type: none"> <li>Cleaning</li> <li>Contact with foodstuffs</li> <li>Contact with infected clients and goods</li> <li>Contact with animals</li> <li>Cuts and stings</li> <li>Contact with infectious agents when travelling abroad</li> </ul>	<ul style="list-style-type: none"> <li>Farmers and agricultural workers</li> <li>Cleaners</li> <li>Service and maintenance workers</li> <li>Healthcare staff</li> <li>Hairdressers</li> <li>Catering staff</li> <li>Teachers and nursery school workers</li> <li>Retail workers</li> <li>Home care</li> </ul>

# EU-OSHA Healthy Workplaces Campaign 2018/19

Aims – promote prevention culture on dangerous substances while targeting specific groups of workers



- Reinforce the substitution principle and hierarchy of control measures (in EU OSH Directives)
- Share information on newly developed tools and instruments
- **Raising awareness of risks linked to exposure to carcinogens at work**
- Communication up and down the supply chain
- Addressing new risks, changes in work, sectors and workforce
- **Issues relevant to vulnerable workers and gender issues**

# Info sheet for the Healthy Workplaces campaign

## Vulnerable workers and dangerous substances

Vulnerable because these workers are

- inexperienced or uninformed
- physically more vulnerable,
- because they frequently change jobs
- Because they work in sectors where awareness of the issue is low, or
- because of greater or different physiological sensitivity (e.g. in young apprentices, or because of differences between men and women).

- **Key points**
- **Legal obligations**
- **New or young workers**
- **Migrant or temporary workers**
- **Workers with medical conditions**
- **Pregnant and breastfeeding workers**
- **Workers in service occupations and gender issues**

### ➤ **Further information, e.g.**

- OSHwiki article: Dangerous substances and vulnerable groups
- EU-OSHA web pages on young people and women and OSH
- Factsheet 43 — Including gender issues in risk assessment
- Factsheet 64 — Protection for young people in the workplace
- E-fact 66: Maintenance and hazardous substances
- E-fact 41 - Cleaners and dangerous substances



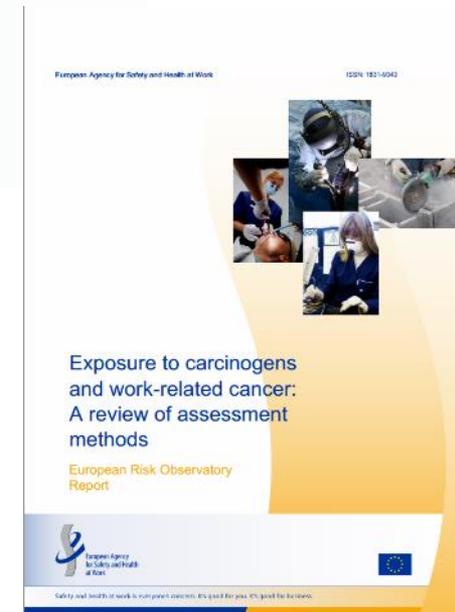
# Work-related cancer and exposure to carcinogens

## EU-OSHA findings

- **Services not covered by data/recognised diseases**
- **Vulnerable workers exposed, but exposure under-assessed**
- **Work organisational factors important**
- **Part-time workers may be excluded from some studies**
- **Different cancers for men and women**
- **Taboo on hormone-related cancers**
- **Lifestyle factors influenced by work**
- **Return to work strategies for sufferers of cancer limited**
- **Need for workplace solutions**

<https://osha.europa.eu/en/publications/reports/report-soar-work-related-cancer>

<https://osha.europa.eu/en/tools-and-publications/publications/reports/summary-on-cancer/view>



# National campaigns and guidance

M 340 SICHERHEIT KOMPAKT



- Guidance for risk assessment and its documentation
- Substance information
- Sectoral guidance
- Guidance for substitution
- Technical, organisational and personal prevention measures

# Gaps in practice - Rehabilitation and disability

## Findings and recommendations



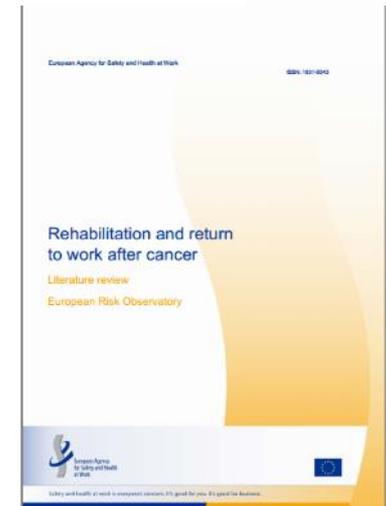
- Women with disabilities - at risk of double or triple discrimination.
- Accommodations for women basic or not existent.
- Rehabilitation schemes do not account for women's needs, e.g. childcare needs during rehabilitation.
- Employers to be encouraged to have flexible and effective rehabilitation/ back-to-work policies, addressing female workers, temporary workers and part-timers, often women, young or migrant workers.
- Pension systems and compensation not adapted.

An example from MS:

- In Sweden, disability pensions were more favourable to men. Women denied pension when able to do housework, equates to a higher level of well-being, although men are not assessed on this criterion.
- More research for women on vocational retraining, rehabilitation and re-insertion into work needed.
- Rehabilitation and back-to-work policies to address women's distribution of MSDs and the higher prevalence of mental health disorders.
- Women's work-related health problems leading to longer workplace absences and critical for reintegration.

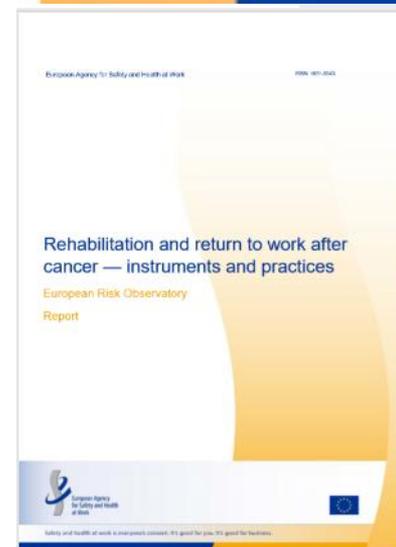
# Rehabilitation and return to work after cancer

- **Various effects of cancer and its treatment on health, including mental, cognitive and physical symptoms; consistent across cancer types.**
- **No reports of the costs to companies, total economic loss to EU from lost workdays estimated at EUR 9.5 billion in 2009**
- **Factors that influence return to work:**
  - when work is perceived as a return to normal life or as a marker of being healthy
  - depend on economical needs and support of the worker
  - RTW more problematic for the self-employed and those working in small enterprises
  - attitudes and behaviours of colleagues and other people involved
  - no unsolicited workplace adaptations! Always consult the worker!



# Rehabilitation and return to work after cancer

- **Employers' positive attitude and understanding is crucial**
- **SMEs should be provided with help:**
  - Information and resources for RTW programmes are lacking
  - Fewer alternative jobs and tasks
  - Family-like atmosphere: more supportive environment
- **Work should be assessed earlier - early in the diagnosis and treatment process**
- **Focus not only on RTW but also on remaining in work once a worker has returned**
- **No programmes aimed at RTW after occupational and work-related cancer**
- **Return to work influenced by the context of a country, especially the length of paid sick leave.**
- **Possibility to work part-time?**



<https://osha.europa.eu/en/tools-and-publications/publications/rehabilitation-and-return-work-after-cancer-instruments-and/view>

# Worker exposure survey to cancer risk factors

- A telephone survey with workers
- A standardised questionnaire with modules customised for a broad variety of jobs (more than 50)
- Proposing a list of cancer risk factors that could be assessed, relevant to both female and male jobs (incl. radiation and night shift)
- Pilot exercise in a selection of EU Member states (6-8)
- Cover both male and female-dominated occupations and sectors
- Possible multiple exposure situations for a person



- **2019: expert meeting**
  - selection of countries, sectors, cancer risk factors...
- **2020: preparatory work**
- **2021-2022: survey development and execution**
- **2023: publications of first finding**

# OSH overview: work-related musculo-skeletal disorders (MSD)

*EU-OSHA aims to provide a comprehensive analysis of the prevalence, causes and costs of MSD. It will foster a positive preventive culture by identifying the most effective instruments, interventions, guidance and tools and sharing and raising awareness about them*

**Research started in 2018 and will feed into HWC 2020-2022 on MSDs**

## ▪ **Action areas and related projects:**

- Mainstreaming MSDs into education
- Review of research, policy and practice
- Working with chronic MSDs
- Prolonged static postures and lower limb disorders
- Participatory ergonomics to prevent MSDs
- Toolbox on MSDs
- Diversity in the workforce and MSDs
- Prevalence, costs and demographics of MSDs in Europe
- Training Resources for workplaces – NAPO films



# HWC 2020-22 – Musculoskeletal Disorders (MSDs)

- **Healthy Workplaces Lighten the Load**
- **Campaign's six main messages:**
  1. MSDs are preventable and manageable (Umbrella message of the campaign)
  2. Preventive measures can be simple and low cost
  3. Early intervention and rehabilitation of workers with MSDs is possible, needed and desired
  4. Staying physically active - even in periods of musculoskeletal pain – is important
  5. MSDs can be influenced by psychosocial risks – that's why it makes sense to tackle MSDs and psychosocial risks together
  6. Promote good musculoskeletal health among the future generation of workers
- **Will draw on findings and outputs of OSH Overview on MSDs (2018-2020)**
- **HWC launch October 2020 – Closing summit November 2022**

# Gender mainstreaming

## Developing risk assessment tools



### Including gender issues in risk assessment

Continuous efforts are needed to improve the working conditions of both women and men. However, taking a 'gender-neutral' approach to risk assessment and prevention can lead to risks to female workers being underestimated or even ignored altogether. When we think about hazards at work, we are more likely to think of men working in high accident risk areas such as a building site or a fishing vessel than of women working in health and social care or in new areas such as call centres. A careful examination of

real work circumstances shows that both women and men can face significant risks at work. In addition, making jobs easier for women will make them easier for men too. So it is important to include gender issues in workplace risk assessments, and 'mainstreaming' gender issues into risk prevention is now an objective of the European Community (5). Table shows some examples of hazards and risks found in female-dominated work areas.

Table 1. Examples of hazards and risks found in female-dominated work

Work area	Risk factors and health problems include:	Physical	Chemical	Psychosocial
Healthcare	Infectious diseases, e.g. bloodborne, respiratory etc.	Manual handling and strenuous postures: long standing	Cleaning, disinfecting and disinfecting agents, drugs, anaesthetic gases	Workload: demanding work of staff and night work in home care clinics, and the public
Musery work	Infectious diseases, e.g. particularly respiratory	Manual handling, strenuous postures		Workload: work
Cleaning	Infectious diseases, dermatitis	Manual handling, strenuous postures: lifting and pulling, wet hands	Cleaning agents	Workload: hours of cleaning, e.g. if working in isolation or late
Food production	Infectious diseases, e.g. animal borne and home raised, spore, organic dusts	Repetitive movements, e.g. in packing jobs or slaughterhouse, knee work, cold temperatures, noise	Food products: sterilising agents: wetting sprays and additives	Stress associated with repetitive assembly line work
Catering and restaurant work	Dermatitis	Manual handling: spillage, chopping cuts from knives and burners, slips and falls, heat, cleaning agents	Passive smoking, cleaning agents	Stress from hectic work, dealing with the public, workload, harassment
Textiles and clothing	Organic dusts	Wet, repetitive movements and awkward postures: needle injuries	Dyes and other chemicals, including formaldehyde in permanent press and stain removal solvents, dust	Stress associated with repetitive assembly line work
Laundries	Infected linen, e.g. in bag lair	Manual handling and strenuous postures: heat	Dye cleaning solvents	Stress associated with repetitive and fast pace work
Ceramics sector	Repetitive movements: manual handling	Glazes, lead, silica dust		Stress associated with repetitive assembly line work
'Light' manufacturing	Repetitive movements, e.g. in assembly work: awkward postures: manual handling	Chemicals in microelectronics		Stress associated with repetitive assembly line work
Call centres	Voice problems associated with talking: awkward postures: excessive sitting	Floor indoor air quality		Stress associated with dealing with clients, pace of work and repetitive work
Education	Infectious diseases, e.g. respiratory, measles	Prolonged standing: voice problems	Floor indoor air quality	'Inherently demanding work', no break
Handwriting	Strenuous postures, repetitive movements, prolonged standing, neck muscle cuts	Chemical sprays, dyes, etc.		Stress associated with dealing with clients: fast paced work
clerical work	Repetitive movements, awkward postures, fatigue from sitting	Floor indoor air quality: photocopier fumes		Stress, e.g. associated with lack of control over work, frequent interruptions, monotonous work
Agriculture	Infectious diseases, e.g. animal borne and home raised, spore, organic dusts	Manual handling, strenuous postures: awkward work equipment and protective clothing: hot, cold, wet conditions	Herbicides	

- Mainstreaming, gender-sensitivity means: ensuring both women and men are included in all H&S activities and doing a 'gender-check'**
- EU-OSHA factsheet 43 provides a basic approach:**
  - Avoid assumptions of who is at risk
  - Include women's jobs and consult them
  - Look at real work situations
  - Match jobs, equipment to real people
  - Incorporate into a holistic approach
- Examples of practical tools and their application needsharing**

<http://osha.europa.eu/en/publications/factsheets/43/view>  
<http://osha.europa.eu>

(5) Adapting to change at work and society. Joint Community strategy on health and safety at work, 1997-99. Communication from the European Commission, COM(97) 118 Final

Look at the real jobs women do!



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