

Occupational diseases and women

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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.

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Plan

- Occupational diseases' compensation and prevention
- Findings
- A distorted view contributing to gender stereotypes
- How to improve the situation?

Occupational diseases' compensation and prevention

- Practically all the EU countries have a system for the notification and compensation of occupational diseases (only exception ND)
- No EU harmonization: from 1960 up to now, only recommendations
- Many differences but most of the systems combine a list (in principle facilitating the burden of proof) and an open system (very difficult to « open »)

Two functions

- For individuals, OD compensation is a question of social justice
- For the society, OD notification and compensation
 - should provide indicators for a targeted OSH strategy
 - should be an important source of knowledge
 - should contribute to increase the pressure on employers (bonus/malus systems, possibility to combine the compensation with civil liability, link between the OD system and labour inspectorate, etc...)

Some findings (qualitative)

- Very poor visibility of the gender aspects in OD statistics and reports – in most of the cases national OD statistics are treating gender as a purely demographical data
- EODS (european OD statistics was stopped) – last report in 2007 – one of the main gaps of EODS was the lack of systematic gender sensitive statistics
- A new EODS as required by Regulation (EC) 1338/2008 on statistics on public health and health and safety at work? When ? How? The « low cost » strategy is not paying (why produce useless things?)
- Even in « officious » research like EUROGIP publications, gender disaggregated data are missing in most of the cases

Some findings (quantitative)

- In most of the EU countries women get less access to the OD system than men (example of Italy)

DENUNCE DI MALATTIA PROFESSIONALE PER GESTIONE, CASI-LAVORATORI ANNI DI PROTOCOLLO 2013-2017										
Gestione	2013		2014		2015		2016		2017	
	Casi	Lavoratori	Casi	Lavoratori	Casi	Lavoratori	Casi	Lavoratori	Casi	Lavoratori
Industria e Servizi	41.687	32.169	45.482	34.291	45.841	34.592	46.949	35.136	46.031	34.055
var % su a.p.			9,1%	6,6%	0,8%	0,9%	2,4%	1,6%	-2,0%	-3,1%
Agricoltura	9.490	6.625	11.128	7.930	12.262	8.932	12.566	9.306	11.283	8.327
var % su a.p.			17,3%	19,7%	10,2%	12,6%	2,5%	4,2%	-10,2%	-10,5%
Per conto dello Stato	645	530	760	590	811	644	733	591	715	583
var % su a.p.			17,8%	11,3%	6,7%	9,2%	-9,6%	-8,2%	-2,5%	-1,4%
Totale	51.822	39.324	57.370	42.811	58.914	44.168	60.248	45.033	58.029	42.965
var % su a.p.			10,7%	8,9%	2,7%	3,2%	2,3%	2,0%	-3,7%	-4,6%
di cui Donne	15.028	10.963	16.754	12.063	16.801	12.128	16.635	12.071	15.854	11.339
var % su a.p.			11,5%	10,0%	0,3%	0,5%	-1,0%	-0,5%	-4,7%	-6,1%

Fonte: Inail - Banca Dati Statistica - dati rilevati al 30.04.2018

Contradiction with...

- « So women are less suffering from occupational diseases »...???
- No consistency between OD statistics and data from other sources
 - About exposures (for instance, EWCS)
 - About self perception of workers (EWCS, LFS modules,...)
 - About epidemiological knowledge (work attributable fraction of diseases)
 - About gender differences in public health research

What do we know from a public health perspective?

- Huge inequalities between class and occupational groups in life expectancy (more for men than for women)
- Particularly high inequalities among women for life expectancy in good health

« Double punishment of female blue collar workers» (FR 1999-2003)

	Life expectancy with disability at 35 yr	Life expectancy without disability at 35 yr	Total life expectancy at 35 yr
Managers	15.5 yr	35.4 yr	50.9 yr
Blue collar workers	21.8 yr	26.8 yr	48.6 yr
Total female population	20.0 yr	28.8 yr	48.8 yr

« Double punishment of female blue collar workers» (FR 1999-2003)

	Life expectancy with disability at 35 yr	Life expectancy without disability at 35 yr	Total life expectancy at 35 yr
Managers	12.6 ans	34.0 ans	46.6 ans
Blue collar workers	16.5 ans	24.4 ans	40.9 ans
Total female population	15.1 ans	27.7 ans	42.8 ans

From OD systems to workplace prevention

- Not only reduced data
- A distorted view of the reality
- In the OD system, women are concentrated in a very narrow group of diseases (even in countries where women count for about 50% of the OD, they are highly concentrated in a few group of diseases like MSD in France)
- According to the OD data, practically no work related cancer among women
- In most of OD systems, psychosocial risks have practically no impact on the health

A systemic discrimination

- Less notification
 - Less access to health surveillance
 - Less interest from general practitioners on the link between working conditions and diseases
- The lists are focused on diseases typical for male dominated jobs, mainly in the industry
- The burden of proof can be higher for women (less data on exposure, more interrupted careers, part time, etc...)

When Sweden changed the rules for proving the causality (1993)

- % of accepted OD cases between 1994 and 1997

	Women	Men	Total
MSD	21	39	28
Chemicals	47	62	57
Social and work organisation	10	10	10
Total	23	44	34

The example of breast cancer

- Nurses, risk increased by 50 %; 4 times higher among professionals; 5 times higher in the hairdressing and cosmetics sectors, as also among food and beverage production workers; 4.5 times higher among dry cleaning and laundry workers; 4 times higher among workers in the paper and printing industry and among those making rubber and plastic products.
- Why: benzene and other solvents, polycyclic aromatic hydrocarbons (PAHs), pesticides and numerous other endocrine disruptors. Night work and ionising radiation. Possible role of stress at work.
- In the EU only DK is compensating breast cancer for workers with a long night work career

How to improve?

- Regular revision of lists and facilitating the burden of proof
- Linking better public health and occupational health
- More participatory research about working conditions of women and their impact on health
- Improving not only the OD system but also the workplace prevention legislation (ex. cytostatic drugs in the CMD)
- Strategic litigation by the trade unions can play an important role

Further readings

- Messing K (1999), Integrating gender in ergonomic analysis, <https://www.etui.org/Publications2/Books/Integrating-gender-in-ergonomic-analysis>
- Vogel L (2003), The gender workplace health gap in Europe, <https://www.etui.org/Publications2/Books/The-gender-workplace-health-gap-in-Europe>
- Tieves, D (2011), Women and occupational diseases in the European Union: <https://www.etui.org/Publications2/Reports/Women-and-occupational-diseases-in-the-European-Union>
- Vogel L (2011), Women and occupational diseases. The case of Belgium, <https://www.etui.org/Publications2/Reports/Women-and-occupational-diseases.-The-case-of-Belgium>