

**INFORMATION NOTE ON
WOMEN WORKERS AND GENDER ISSUES ON
OCCUPATIONAL SAFETY AND HEALTH**

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Introduction:

ILO action in this field is undertaken through its Global Programme on Safety and Health at Work (SAFEWORK¹). The main objective of the Programme is to increase the capacity of Member States to protect workers' health, to prevent and reduce occupational accidents, injuries, occupational and work-related diseases, through the improvement of their working conditions and working environment.

The primary objectives of SAFEWORK are:

- a. To create worldwide awareness of the dimensions and consequences of work-related accidents, injuries and diseases;**
- b. To promote the goal of basic protection for all workers in conformity with international labour law;**
- c. To enhance the capacity of ILO member States and industry to design and implement effective preventive and protective policies and programmes.**

SAFEWORK promotes an integrated multi-disciplinary approach which takes into account the physical, mental and social well-being of men and women workers. Conceiving the working conditions and the working environment as a whole, the prevention and control of work-related factors and their multiple and cumulative effects are taken into account including psycho-social and organizational aspects. In the development of national preventive action programmes, special attention is given to particularly hazardous sectors, industries and occupations (such as construction, mining and agriculture); specific categories of workers who may be in a vulnerable situation due to gender or age (such as women workers and elder workers); or who lack fundamental social and health protection (such as informal sector workers, agricultural workers, migrant workers and child labourers).

The long-term objectives of the ILO programme of activities in the field of occupational safety and health aim essentially at:

- (1) reducing the number and seriousness of occupational accidents and diseases;**

¹“SAFEWORK”: a Global programme on safety and health at work. Framework document. ILO Occupational Safety and Health Branch. Working Conditions and Environment Department. International Labour Office. (un-published internal document). Geneva, March 1999.

- (2) **adapting the working environment, the working conditions, equipment and work processes to the physical and mental capacity of all workers;**
- (3) **enhancing the physical, mental and social well-being of men and women workers in all occupations;**
- (4) **encouraging national policies and preventive action programmes on occupational safety and health and supplying appropriate assistance to implement them to governments and employers' and workers' organizations.**

KEY GENDER ISSUES IN THE FIELD OF OCCUPATIONAL SAFETY AND HEALTH

Are there special occupational hazards for women workers?

Women around the world have moved into industry and the service sector in increasing numbers. In the past 15 years, they have become almost 50% of the workforce in many countries. While women are entering occupations previously closed to them, the labour force is still highly segregated on the basis of gender. A significant proportion of women is found in certain types of occupations in the services sector, in the informal sector and particularly in agriculture. In industry, they predominate in micro-electronics, food production, textile and footwear, chemical and pharmaceutical industries and handicraft workshops. In the service sector they are mainly engaged in teaching, office work, hospitals, banks, commerce, hotels, domestic work.

Women in agriculture, like many other rural workers, have a high incidence of injuries and diseases and are insufficiently reached by health services. Women 's role in agriculture has been traditionally under-estimated. Today, women produce almost half of the world's food². The average earnings of rural women engaged in plantation work are less than those of men³. Many women in the agricultural labour end up doing jobs that nobody else would do, such in the mixing or application of harmful pesticides without adequate protection and information, suffering from intoxication and in some cases death. Heavy work during crop cultivation and harvesting can have a high incidence of still-births, premature births and death of the child or the mother. Some studies have showed that the workload of traditional "female" tasks, such as sowing out, picking out, and clearing, is a little higher than the workload of males due to the fact that the latter are assisted by

² **In Africa for example, three quarters of agricultural work is done by women and in Asia they are half of the labour force. for information on the distribution of women by sector, see: The World's Women 1970-1990, trends and statistics. Social Statistics and Indicators Series K no.8, United Nations, New York, 1991.**

³ **The World's Women 1970-1990, trends and statistics. Social Statistics and Indicators Series K no.8, United Nations, New York, 1991.**

mechanical means during irrigation, ridging and farming⁴

Women also represent a large proportion of workers employed in health care services. Health care workers receive low remuneration and face difficult working conditions and numerous occupational safety and health hazards including work-related diseases of a complex multifactorial nature such as musculoskeletal disorders, cardiovascular diseases, psychosomatic and mental health disorders, occupational cancer, respiratory diseases, neurotoxic effects and other illnesses caused by chemical agents. Radiation exposure can result from portable x-rays, other diagnostic tests or therapies using radioactive sources or waste; they can provoke mutagenic and teratogenic effects including occupational cancer.

Women, as health workers, are also in a special situation concerning work overload as most of the time they are taking care not only of their full-time jobs, but also of a large share of housework. Often nurses and hospital helpers are found in precarious forms of employment.

Most women have few choices as to where they can work. They end up doing work that can be heavy, dirty, monotonous, low paid and which involves long hours of work with no access to health services. This is particularly the case of those working in the informal sector where women represent a great proportion.⁵ Women are caught in a vicious circle whereby the majority lack opportunities for education or have few qualifications, especially those from the lower economic levels.

Women workers' health and human variability :

Working conditions and the working environment are sources of health hazards for both men and women. In general terms there is no great difference between men's and women's biological response to physical, biological or chemical hazards. The average strength of men is not so different from that of women, some women can be even stronger than men.⁶

Gender-based criteria for the division of work are supported by traditional cultural

⁴ ILO International Labour Review Vol 106 # 2 April-June 1987

⁵ Women can be found doing piece work in small enterprises or as home workers; many poor, unskilled migrant women work at construction sites, as temporary workers and as domestic helpers.

⁶ Analysis of manual lifting tasks: a qualitative alternative to the NIOSH Work Practice Guide. American Industrial Hygiene Association Journal 50 (3),(1989).(ref: CIS-90-680). Health Promotion Research: Towards a new social epidemiology. WHO Regional Publications, European Series No.37. Edited by Bernhard Badura and Ilona Kickbusch. WHO Regional Office for Europe, Copenhagen, 1991.

assumptions. The approach to women's health is based on a biomedical model⁷ and conventional postulates on health and human capabilities. Consequently, very little attention has been paid to the social or environmental aspects of women's ill health.

Health hazards of women workers have been traditionally under-estimated because occupational safety and health standards and exposure limits to hazardous substances are based on male populations and laboratory tests.⁸

When sex differences have been explored, the focus has been on the physical differences between the male and female reproductive systems, or on assumed differences between men's and women's psychology. Only in the last 15 years gender-oriented research on health aspects has been developed demonstrating that differences among working populations are mainly based on individual human variability rather than on biological differences between sexes.⁹

The differential response of women to health hazards is essentially due to the various work-related risks that women face according to the specific type of work they do and on the multiple roles they have in society.

Segregation by occupation leads to exposure to particular occupational health and safety hazards. The type of health risks women face are associated with their specific working conditions. Certain health disorders are related to occupations or industries which employ large numbers of women workers. For example, a high proportion of back injuries of women working in the health sector is related to the nature of the work and the concentration of women workers in nursing.

Due to the multiple roles they have in society, women workers have special needs concerning nutrition, lifestyle and reproductive health. Women have a dual reproductive and economic role as unpaid workers at home and in the fields, and as paid workers outside

⁷ The traditional bio-medical model concentrates its attention on the causal relationship health/disease trying to determine the causes of the pathology on individual basis, and using curative methods to control it. In this type of approach, little attention is given to prevention and to those environmental and social factors that interact with the biological causes of the ill-health of groups or populations.

⁸ Health Promotion Research: Towards a new social epidemiology. WHO Regional Publications, European Series No.37. Edited by Bernhard Badura and Ilona Kickbusch. WHO Regional Office for Europe, Copenhagen, 1991.

⁹ Women, Work and Health (stress and opportunities). Edited by M. Frankenhaeuser, U. Lundberg & M. Chesney. The Plenum Series on Stress and Coping. Plenum Press. New York & London. 1991. Health Promotion Research: Towards a new social epidemiology. WHO Regional Publications, European Series No.37. Edited by Bernhard Badura and Ilona Kickbusch. WHO Regional Office for Europe, Copenhagen, 1991.

the household. A woman works an average of one to three hours per day longer than a man in the same society.¹⁰ Many women suffer from excessively long hours of work and they usually have to do the predominant share of the housework as well. Special health problems can arise from this situation including stress, chronic fatigue, premature aging and other psycho-social and health effects.

Ergonomic factors and human variability:

Manual handling injuries represent one of the main source of back injury and musculoskeletal disorders for workers. In the 1960s the maximum permissible load to be carried by a woman was suggested to be fixed between 15 and 20 kgs which was approximately half of the recommended limit for male workers. These specifications are still used in the legislation of a number of countries. However, it is not clear based on which scientific assumption it was decided that the maximum permissible load for women should be half of that established for male workers. The presumption may have been based on the perceived weakness of women at the time. Later studies which estimated the predicted limits for lifting and carrying in female and male working populations, based on anthropometric data¹¹ of white Anglo-Saxon workers, have shown that the capacity range for both groups was very similar.¹²

Mechanical equipment injuries account for a high proportion of all work-related injuries in all occupations. The design of machinery and equipment has demonstrated to be a major cause of injury when is not conceived or not used properly, particularly in the manufacturing industry. In the design of equipment and tools the anthropometric data used do not always reflect the characteristics of the working population who will use it. Most of the personal protective equipment and tools used worldwide are designed based on male populations from Germany and the United States. Significant variability exists among these two working populations and those from other countries, this means that many workers cannot perform their duties adequately. Women workers and those workers who are not in the upper levels of height and weight, as for example Asian workers, are

¹⁰ Special protective measures for women and equality of opportunity and treatment. DOC(MEPMW/1989/7) ILO, Geneva,1989. The World's Women 1970-1990, trends and statistics. Social Statistics and Indicators Series K no.8, United Nations New York 1991. Women and Health. Women and World Development Series. United Nations Non-Governmental Liaison Service. Zed books Ltd. London and New Jersey. USA, 1991.

¹¹ Anthropometry is a technique used to measure an individual's physical dimensions to define groups, to determine differences and produce classifications. These data are used among other purposes to design workplaces and products to fit human beings. For further information on the subject see: International Data on Anthropometry. Occupational Safety and Health Series #65. ILO, Geneva, 1990.

¹² See Analysis of manual lifting tasks: a qualitative alternative to the NIOSH Work Practice Guide. American Industrial Hygiene Association Journal 50 (3),(1989).(ref: CIS-90-680).

therefore not properly equipped for their protection.

Working environment and work-related hazards:

Reproductive hazards:

Ionizing radiations have teratogenic and mutagenic effects¹³ and can provoke harm to both men and women. Male exposure to radioactive sources can lead to sterility and mutagenic effects. There is an even greater danger to the foetus as female exposure can have teratogenic and other harmful consequence. Most protective legislation has oriented protection to women during reproductive age and pregnancy. However, not enough concern has been paid to the effects of exposure on the genital organs and reproductive faculties of men during the period prior to conception.

Stress:

Stress is a work-related disease of multicausal origin. It can be defined as a physical or physiological stimulus which produces strain or disruption of the individual's normal physiological equilibrium. The most frequent disorders range from chronic fatigue to depression by way of insomnia, anxiety, migraine, emotional upsets, stomach ulcers, allergies, skin disorders, lumbago and rheumatic attacks, tobacco and alcohol abuse, heart attacks and even suicide.

One of the major causes of stress is fear of unknown situations and lack of control over the duties to be carried out and over the organization of work. Occupational stress affects those workers whose duties are modified or phased out by the introduction of new technologies; those workers who are deprived of personal initiative and doomed to monotonous and repetitive tasks. Stress can be aggravated by the fear of losing a job, relationship problems, sexual harassment, discrimination, or other non-occupational factors, such as family problems, multiple roles, health anxieties, commuting and financial worries.

¹³ **Physical agents such as certain types of radiation, some chemicals such as DBCP (organochlorine pesticide) and biological agents such as viruses or aflatoxin can have mutagenic effects. These agents induce an irreversible cellular damage changing the genetic material of a cell and consequently the characteristics of an individual provoking a mutation which is not caused by normal genetic processes. These mutations can induce cancer. Cancer is any malignant tumour which arises from the abnormal and uncontrolled division of cells that then invade and destroy the surrounding tissues. Teratogens are agents or substances which affect the developing embryo or foetus provoking developmental abnormalities.**

Women often hold less qualified jobs, at lower wages than their male counterparts, in activities not linked to decision-making. Typical women's jobs have much less control over decision making than typical men's jobs. The type of job that women perform in many cases is an extension of those tasks that they develop at home, for example caring for others such as teaching, nursing, social work, food production, etc. In various occasions they are oriented to tasks which require less strength, more agility, more speed, attention and precision; characteristics socially associated with a female personality.

The concentration of women in these types of jobs, their specific working conditions, including being more frequently subjects of sexual harassment and discrimination, as well as their major responsibility for family care and household work might determine the higher prevalence of stress-related disorders in women.¹⁴

New technologies:

New changes in economic structures and technologies have created new hazards and needs for different working populations. In industrial work, a large number of comparatively well-paid manual jobs held by men in industrialized countries have become low-paid, exploitative jobs for women in developing countries. This is particularly evident in the case of the micro-electronics industry where women are over represented. These women are exposed to hazardous chemicals which have carcinogenic and mutagenic effects in the semi-conductor manufacture; many electronic assembly processes involve rapid, repetitive motions of the wrist, hand and arms which can provoke repetitive trauma disorders and other musculoskeletal health impairments.¹⁵

¹⁴ A number of studies on stress and work-related disorders have been carried out in recent years, particularly in some Scandinavian countries and in the United States, in which biological differences in physiological response to stress between men and women have been discussed, particularly concerning prevalence and incidence of coronary heart disease. Similarly other studies refer to a different physiological response of women to chemical agents. There is still considerable research to be undertaken before arriving to a conclusion or a differential sex response to certain hazards or agents. For further information on the subject see: *Healthy work: stress, productivity and the recognition of working life*. R.Karasek & T.Theorell. Basic Books Inc.,Publishers. New York, 1990. *Women, Work and Health (stress and opportunities)*. Edited by M. Frankenhaeuser, U. Lundberg & M. Chesney. The Plenum Series on Stress and Coping. Plenum Press. New York & London. New York, 1991.

¹⁵ Musculoskeletal disorders are health impairments caused by repetitive movements and inadequate work, force requirements, awkward and extreme postures, static positions or holding. Some of these ailments can result from an overuse or over exertion, such as in the case of a continuous exposure to vibrations or on the frequent use of typing or calculation machines. For a discussion on these disorders and an integrated approach to their control in the workplace, see: *Cumulative Trauma Disorders, Current issues and Ergonomic solutions: A systems approach*. K.G. Parker,H:R: Imbus. Lewis

PROGRESS AND ACHIEVEMENTS IN ADDRESSING THESE ISSUES

Protective legislation:

Out of concern to protect working women, many countries adopted special measures of protection which included prohibition of night-work, underground work and other activities considered dangerous to women and their reproductive health including exposure to certain agents. Other measures limited the weekly number of hours of work and overtime work and were oriented to protect women's role as mothers and wives.

In recent years, such measures have been increasingly questioned because in some cases protective legislation has had discriminatory consequences reducing women's opportunities in access to employment; but even worse, women have been excluded from hazardous occupations as a working group, instead of removing the risk from the workplace for the protection of all workers health. An example of this approach is the prohibition of women to work with lead, at the beginning of the century. There is no significant difference in the toxicological response between sexes, women were more exposed because of the type of work they undertook. With this measure women were excluded and men remained unprotected.

Women's participation in health promotion:

The general move towards health promotion policies has a great potential value for women workers. Empowering people through creating a healthier environment, more effective support networks and better training and education programmes, have been a priority in the promotion of workers' health since the late 1970s. However, the particular needs of women have, so far, received very little attention in the establishment of health promotion policies as women are under-represented in these bodies.

For example, women workers are under represented in decision-making bodies such as national safety councils, occupational health services and enterprise level safety and health committees. There are instances in which the priority afforded to certain hazards or workplace changes is often decided, and where there is frequently little awareness of the working and living conditions of women for whom decisions are being made. Access to training and skill development is also limited as compared to male workers.

However, current research in three main areas of women's lives: reproduction, domestic work and paid work, is beginning to be carried out by sociologists, anthropologists and psychologists, to explore the numerous factors influencing women's health. This approach moves beyond a traditional medical concern based on women's biological characteristics, to examine the effect of women's roles as wives, mothers and workers on their health and illness. These three areas are very important in the formulation of effective health promotion policies.

In the field of occupational safety and health new trends have shown that there is an increasing recognition of the need to consider the protection of workers' health based on individual vulnerability, independently of age and sex. In particular, in the eleventh session of the ILO/WHO Committee on Occupational Health,(1992), it was recognized that there were specific occupational health needs of workers because of age, physiological conditions, gender, communication barriers and other social aspects among other factors. The Committee advised, as a priority field of action, the development of activities in which such needs be met on an individual basis with due concern for the protection of all workers' health at work, without leaving any possibility for discrimination.¹⁶

The Resolution on equal opportunities and treatment (ILC 1985), makes reference to the fact that women and men should be protected from risks inherent to their work in the light of up-to-date scientific knowledge and technological changes. It also mentions that measures should be taken to extend special protection to women and men for those types of work which have proved to be harmful to them, particularly concerning their reproductive function¹⁷

RECOMMENDATIONS ON HOW TO INTEGRATE THE GENDER PERSPECTIVE IN THE FIELD OF OCCUPATIONAL SAFETY AND HEALTH

1) An Occupational Safety and Health Policy

If health promotion policies are to be effective for women or for men, they must be based on more accurate information about the relationship between health and gender roles. Women workers are particularly disadvantaged by out of date workforce structures, workplace arrangements and attitudes. Health promotion policies for working women need to take into account all their three roles: as housewives, as mothers and as workers. The effects on health of each role have to be looked at separately and the potential conflicts and contradictions between them need to be examined. A broad strategy for the improvement of women workers safety and health has to be built up within a National Policy on Occupational Safety and Health, particularly in those areas where many women are concentrated.

A coherent framework should be developed to ensure a coordinated national approach.¹⁸ The concentration of women workers in particular occupations leads to a

¹⁶ Report of the Eleventh Session of the Joint ILO/WHO Committee on Occupational Health.(Geneva, 27-29 April 1992).Ref: JCOH/XI/92

¹⁷ See the Resolution on equal opportunities and equal treatment for men and women in employment, adopted by the International Labour Conference at its 71st Session in June 1985. An extract concerning the part on working conditions can be found in Annex II.

¹⁸ For the adoption of a coherent national policy on occupational safety and health and action at the national and enterprise level see: ILO Convention No. 155 and Recommendation No. 164 on Occupational Safety and Health and the Working

specific pattern of injury and disease. General measures directed to all workers not necessarily achieve the desired benefits for women workers. The effects of gender on health needs to be more carefully explored to develop a better understanding of the relationship between women 's health and the social and economic roles of women. The findings need to be incorporated into policy-making.

The Policy should include the specific protection of women workers' safety and health as a goal. Providing guidance to enable employers, trade unions and national authorities to identify problems, make the appropriate links with general safety and health activities for all workers and develop specific programmes to ensure that the needs of women workers are taken into account in occupational and industrial restructuring processes at the national level, particularly in the areas of legislation, information and training, workers participation and applied research.

2) Targeting at the enterprise level:

Industries and occupations which have an impact on the health of women workers should be key targets for change. Therefore specific preventive programmes should be implemented. At the level of the enterprise, measures should be taken to control occupational hazards to which women workers are exposed. For the effective prevention and control of these hazards, special action programmes should be developed for work-related hazards within each occupation, including psycho-social and organizational factors, taking into consideration the physical, mental and social well-being of women workers. Revision of work practices and job redesign to eliminate or minimize hazards; job classifications, up-grading skills, provision of new career paths in occupations where women are predominant should receive priority.

3) Targeting at the individual level:

There is a need to focus on women's occupational safety and health protecting their well-being through occupational health services. Preventive programmes need to be established to maintain a safe and healthy working environment. Work should be adapted to the capabilities of women workers in the light of their state of physical and mental health, for example by reducing women's workload promoting appropriate technology, by reassignment to another job according to the worker needs and by providing rehabilitation when necessary.

Special measures for performance of physical tasks during pregnancy and child-bearing are still necessary; in particular, the protection of pregnant women for whom night-work, arduous work and exposure to radiation might present unacceptable health risks. However, the approach should be the equal protection from hazards in the workplace to all workers, encouraging more equal-sharing of the workload between women and men

Environment and ILO Convention No. 161 and Recommendation No. 171 on occupational health services.

in all spheres, including child care, domestic chores and work outside the home.

4) *Ergonomic considerations:*

The concept of maximum weight to be manually handled by women and the design of personal protective equipment need to be revised in the context of current technical knowledge and socio-medical trends. Intra-sex variations need to be taken into account.

National standards for manual handling should move away from regulating weight limits which differ between women and men workers and adopt a non discriminatory approach based on individual risk assessment and control. Australia, Canada, and the USA are some of the countries which have introduced this criteria in their own standards.

With the worldwide massive migration, it is becoming more and more evident that anthropometric standards need to be based on human variability more than on "model" populations, as different racial and ethnical morphological characteristics can be found among the workers of any single country.

5) *Planning for human variability:*

Broad generalizations about women's physical capacities should be avoided and the vulnerability and needs of male workers should be realistically taken into account as well. Individual capability of workers independently of age and sex should be the parameter for the performance and demands to be placed on the individual worker. Therefore, standards at national level should be adopted to provide adequate protection (for any hazard) for the most susceptible or vulnerable workers of any age or sex.

Single standards of exposure to physical, chemical or biological agents would avoid discrimination and guarantee protection of all workers health. Special legal protection for women should not be invalidated but should be extended to male workers where appropriate; for example, in the case of radiation protection and reproductive health.

6) *Research:*

Existing epidemiological research¹⁹ must be critically assessed to find any systematic bias in the way investigation is done when studying women's health and illness patterns, to avoid assumptions based on traditional cultural values; (for example associate certain cervical cancers with certain female occupations). Evaluating real differences between sexes and avoiding erroneous judgements about women's lives is the only way to succeed in producing knowledge beneficial to women's health.

7) *Data Collection:*

¹⁹ Occupational epidemiology is the study of specific populations, defined by occupation, to investigate the association between exposure to a hazard and its resulting adverse outcome, such as disease, injury or death, and the application of the findings to the control of work-related health problems.

Similarly, national statistics on occupational accidents and diseases of women are deficient, knowledge about women's health is still insufficient. Most countries continue to emphasize official statistics on maternal mortality, which is still a very important indicator of the general health of women in developing countries. However, many women work only part-time or are employed as home-workers to be able to deal with their family responsibilities contributing at the same time to the economy of the family. This situation excludes them from statistics on injury compensation or on absence from work because of illness. Domestic and household work is also unlikely to be recorded in any statistics. Women's occupations are often missing from medical reports or death certificates as in the case of many workers.

The development of national statistics on occupational accidents and diseases by gender would contribute: to determine priorities for action through preventive programmes; to the development of a national information strategy to collect and disseminate information on occupational health and safety of women workers; to the development of national standards, national codes of practice and other guidelines on specific hazards faced by women workers.

8) *Women's participation:*

Women should be better represented and more directly involved in the decision-making process concerning the protection of their health. Women's views as users, care givers and workers; their own experiences, knowledge and skills should be reflected in formulating and implementing health promotion strategies. They should have a greater participation in the improvement of their working conditions, particularly through programme development, provision of occupational health services, access to more and better information, training and health education. The support of women workers to organize themselves and participate in the improvement of their working conditions should be reinforced at the national and enterprise level.

SELECTED LIST OF PUBLICATIONS FOR FURTHER REFERENCE

- 1) Cumulative Trauma Disorders, Current issues and Ergonomic solutions: A systems approach. K.G. Parker,H:R: Imbus. Lewis Publishers, USA, 1992.**
- 2) International Data on Anthropometry. Occupational Safety and Health Series #65.ILO, Geneva, 1990.**
- 3) Health Promotion Research: Towards a new social epidemiology. WHO Regional Publications, European Series No.37. Edited by Bernhard Badura and Ilona Kickbusch. WHO Regional Office for Europe, Copenhagen, 1991.**
- 4) Healthy work: stress, productivity and the recognition of working life. R.Karasek & T.Theorell. Basic Books Inc.,Publishers. New York, 1990.**
- 5) Occupational Health: Recognizing and preventing work-related diseases. Edited by B.S. Levy MD and D:H: Wegman MD, Little Brown and Company, Boston/**

Toronto. USA, second edition, 1988.

6) The World's Women 1970-1990, trends and statistics. Social Statistics and Indicators Series K no.8, United Nations, New York, 1991.

7) Women Challenges to the Year 2000. United Nations, New York, 1991.

8) Women's Health: Across age and frontier. WHO, Geneva, 1992.

9) Women and the Environment. Women and World Development Series. United Nations Non-Governmental Liaison Service. Zed books Ltd. London and New Jersey. USA, 1991.

10) Women and Health. Women and World Development Series. United Nations Non-Governmental Liaison Service. Zed books Ltd. London and New Jersey. USA, 1991.

11) Women, Work and Health (stress and opportunities). Edited by M. Frankenhaeuser, U. Lundberg & M. Chesney. The Plenum Series on Stress and Coping. Plenum Press. New York & London. New York, 1991.

12) Human rights in relation to Women's Health. WHO/GGH/93.1. WHO, Geneva, 1993.

ANNEX I

ILO Conventions on Occupational Safety and Health relevant to Women Workers

- (1) **Health Services:** Convention No. 161 and Recommendation No. 171 on occupational health services.
- (2) **Working Environment:** Convention No. 155 and Recommendation No. 164 on occupational safety and health: Convention No. 148 and Recommendation No. 156 on working environment (air pollution, noise and vibration).
- (3) **Reproductive health hazards and Occupational Cancer:** (radiation protection, chemicals, teratogenic and mutagenic agents). Convention No. 115 and Recommendation No. 114 on radiation protection, Convention No. 139 and Recommendation No. 147 on occupational cancer; Convention No. 170 and Recommendation No. 177 on the safe use of chemicals at work.
- (4) **Occupational hazards in specific types of work**

Convention No. 167 and Recommendation No. 175 on construction;
Convention No. 149 on nursing personnel; Recommendation No. 157 on nursing personnel;
Convention No. 110 on plantations;
Convention No. 45 on Underground Work;
- (5) **Occupational hazards due to specific agents or risks:**

Recommendation No. 4 on lead poisoning;
Convention No. 162 and Recommendation No. 172 on asbestos(construction);
Convention No. 127 and Recommendation No. 128 on maximum weight;
Convention No. 136 and Recommendation No. 144 on Benzene;
Convention No. 13 on White Lead (Painting).
Convention No. 115 and Recommendation No. 114 on radiation protection.
Convention No. 170 and Recommendation No. 175 on the safe use of chemicals at work.
- (6) **Conditions of work:**

Convention No. 103 and Recommendation No. 95 on maternity protection (under revision);
Recommendation No. 116 on hours of work.
Recommendation 102 on Welfare facilities
Convention 102 on Social security (minimum standards)
Convention 118 on Equality of treatment (social security) Convention 156 and Recommendation 165 on workers with family responsibilities 156
Convention No. 171 and Recommendation No. 178 and its protocol on night-work

which revises: Convention No. 103 and Recommendation No. 95 on maternity protection; Convention No. 89 on night work; Recommendation No. 13 on night-work of women in agriculture and Recommendation No. 116 on hours of work.

ANNEX II

Resolution on equal opportunities and equal treatment for men and women in employment

(Geneva, June 1985)

Working conditions and environment²⁰

1. Measures to improve working conditions and environment for all workers should be guided by the Conclusions concerning future action in the field of working conditions and environment adopted by the International Labour Conference in 1984, and in particular taking into consideration the provisions concerning hygiene, health and safety at work for women. Due attention should be paid -

- (i) in particular to those sectors and occupations employing large numbers of women;**
- (ii) to the need to ensure proper application of relevant measures to all enterprises covered;**
- (iii) to the desirability of extending the scope of such measures so that working conditions in sectors or enterprises hitherto excluded, such as export-processing and free trade zones, may be appropriately regulated;**
- (iv) to the need for national legislation to ensure that part-time, temporary, seasonal and casual workers as well as home-based workers, contractual workers and domestic workers suffer no discrimination as regards terms and conditions of employment and that further segregation of the labour market does not result.**

2. As regards protective legislation -

- (a) women and men should be protected from risks inherent in their employment and occupation in the light of advances in scientific and technological knowledge;**
- (b) measures should be taken to review all protective legislation applying to women in the light of up-to-date scientific knowledge and technological changes and to revise, supplement, extend, retain, or repeal such legislation according to national circumstances, these measures being aimed at the improvement of the quality of life and at promoting equality in employment between men and women;**
- (c) measures should be taken to extend special protection to women and men for types**

²⁰ Taken from the Resolution on equal opportunities and equal treatment for men and women in employment, adopted by the International Labour Conference at its 71st Session in June 1985.

of work proved to be harmful for them, particularly from the standpoint of their social function of reproduction, and such measures should be reviewed and brought up to date periodically in the light of advances in scientific and technological knowledge;

- (d) studies and research should be undertaken into processes which might have a harmful effect on women and men from the standpoint of their social function of reproduction, and appropriate measures, based on that research, should be taken to provide such protection as may be necessary.**

3. Sexual harassment at the workplace is detrimental to employees' working conditions and to employment and promotion prospects. Policies for the advancement of equality should therefore include measures to combat and prevent sexual harassment.