Fact Sheet No. 11: Work insecurity

Work-related ill health - a global sickness

Work insecurity -- the lack of protection for workers’ health and well-being in the form of work-related accidents, illness and stress, lack of workers’ compensation and paid sick leave, lack of maternity protection, excessive hours of work, etc. -- remains one of the worst aspects of economic insecurity around the world. An estimated two million workers die each year from work-related accidents and disease.

In most countries, the available information on trends in work security is shockingly limited and often unreliable, resulting in a systematic underestimation of the inequality of work insecurity.

To make up for limitations of occupational health surveillance systems, innovative data collection techniques are needed, particularly in countries where official surveillance excludes many people or important economic sectors, or where surveillance does not exist at all.

A national work security index is estimated for 95 countries, measuring how well each protects workers’ health and well-being. Over two-thirds of the countries have unsatisfactory levels of worker protection. The most critical cases include the most deprived countries from Africa, Asia and eastern Europe. Results show that laws and mechanisms alone are insufficient to protect workers’ health. Western European countries make up the top performers, with no “pacesetters” in any other region.

Drawing on ILO enterprise surveys covering thousands of firms, the report also constructs a workplace work security index, and finds that work security tends to be better in firms paying above-average wages, that are unionized, that are publicly owned and that have a large number of employees.

ILO household surveys show that in developing countries most workers live with extreme work insecurity. In Tanzania, 80% of casual agricultural workers feel insecure about the health and safety conditions of their workplace; over 25% of Ukraine’s industrial workers said their working conditions are unsafe, while nearly half of all wage workers in Bangladesh said the same, with similar results from Latin America.

The ILO report identifies work-related stress as a 21st-century disease, due in part to labour intensification, competitive pressures, time-squeeze, modern technological innovations and lack of worker control in their jobs.

Evidence abounds showing that more flexible labour relations, notably downsizing, contracting out types of labour and so on, are associated with a deterioration in work security, resulting in higher injury rates, hazard exposures, disease and work-related stress.

Economic liberalization is associated with a shift away from statutory regulation, adding to the worsening of working conditions, an increase in stress, and declining health for workers.

Depression is a consequence of stress, now one of the world’s major causes of premature deaths and disability, including suicides and death from overwork (karoshi) in Japan and many other countries.

ILO enterprise and household surveys show:
- a large proportion of industrial enterprises in ‘transition’ countries have ceased to have safety departments or safety committees, leaving workers more vulnerable to accidents and occupational diseases;
- over half of the workers in Indonesia have no health and safety department or committee in their workplace;
Stress has tended to affect workers in industrialized economies, who have been subject to work intensification management practices. “time insecurity” has become a global phenomenon, magnified by labour intensification, increased commuting time and growing insecurities; although only a small fraction of stress-related lost work time is ever recorded as such, in 2002, over 500,000 people said they were affected by stress at work, with 13.4 million working days lost due to stress.

ILO household surveys reveal:

- the majority of workers in developing and transitional countries have to bear the costs of work-related accidents or illnesses, with no benefits for such incidents;
- the majority of families surveyed in Africa and eastern Europe reported they have difficulty in paying for basic health care. For example, this was found to be the case for 88% of families in Ukraine, 82% in Hungary, and nearly 50% in Tanzania;
- workers in African countries, rural women workers in general and casual workers are among the least likely to have insurance against work accidents or injury;
- sick or injured workers, including health workers, tend to struggle on without taking leave, lacking paid sick leave, and fearing income or job loss;
- harassment, in various forms, causes stress and related ill health among women workers in particular, with 19% of women wage workers in Tanzania, 11% of women workers in Bangladesh and 1 in 5 female workers in China suffering the effects of this insecurity.

Heart attacks, suicide and strokes are expected to be the top occupational diseases of the 21st century.

Work insecurity is characterized by gender differences, with women more likely to be disadvantaged, partly because they are more concentrated in jobs that give them less protection against work insecurity than men.

Agricultural workers suffer work insecurity disproportionately.

- agricultural workers suffer markedly higher rates of accidents and fatal injuries than workers in most other sectors;
- agricultural workers figure disproportionately among the more than 160 million workers who are estimated to become ill as a result of workplace hazards and exposures, with ill health and disease prevalent in agricultural communities;
- overcrowded and unhygienic housing perpetuates the spread of infectious diseases among agricultural workers, including tuberculosis, cholera and diphtheria as well as sexually transmitted diseases, including HIV/AIDS.

Self-regulation and weak forms of collective voice have eroded workers' health and safety in some countries. Yet the report shows that strong voice representation is associated with strong protection of workers' health and well being.

The report argues strongly for a strengthening of collective voice as the primary means of improving working conditions, and protecting workers' health.