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Providing safe and healthy workplaces for both women and men

Work – formal and informal, paid and unpaid – plays a central role in the lives of people all across the world. Through work, women and men define themselves and their roles in society. Yet while many jobs provide both income and personal satisfaction, they may also pose hazards and risks to health and safety. The ILO estimates that each year about 2.3 million men and women die from work-related accidents and diseases, including close to 360,000 fatal accidents and an estimated 1.95 million fatal work-related diseases.¹ Hazardous substances cause an estimated 651,000 deaths, mostly in the developing world. These numbers may be greatly underestimated due to the inadequate reporting and notification systems in many countries.

The risks to men workers are better known given that occupational safety and health considerations had previously focused on dangerous jobs, in sectors dominated by male workers. Today, however, women represent over 40 percent of the global workforce, or 1.2 billion out of the global total of 3 billion workers.² This increasing proportion of women in the workforce has led to a range of gender-related questions about the different effects of work-related risks on men and women, in terms of exposure to hazardous substances, or the impact of biological agents on reproductive health, the physical demands of heavy work, the ergonomic design of workplaces and the length of the working day, especially when domestic duties also have to be taken into account. Moreover, occupational safety and health (OSH) hazards affecting women workers have been traditionally under-estimated because OSH standards and exposure limits to hazardous substances are based on male populations and laboratory tests.³

Sex-based labour force segregation contributes to different workplace health and safety challenges for women and men. For example, men are more present in industries such as construction and mining, while the vast majority of women workers are in agriculture and the services sectors.⁴ Women are more likely than men to have low paid jobs and are less likely than men to be supervisors and managers. A significant proportion of women can also be found in the informal economy where they face unsafe and unhealthy working conditions, low or irregular incomes, job insecurity and lack of access to information, markets, finance, training and technology.



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¹ ILO. *Beyond deaths and injuries: The ILO's role in promoting safe and healthy jobs*, Report for discussion at the XVIII World Congress on Safety and Health at Work, Seoul, Korea, June 2008, p. 1.

² ILO. *Global Employment Trends for Women*, March 2009, p. 10.

³ V. Forastieri, *Information Note on Women Workers and Gender Issues on Occupational Safety and Health* (Geneva, ILO, SafeWork, 2000), p. 3.

⁴ *ibid.*, p.3.

GENDER EQUALITY AT THE HEART OF DECENT WORK



Over the years, the focus of gender issues in OSH has shifted from the protection of women based on assumed physical differences between women and men, to the promotion of equality of rights, opportunities and treatment for all workers. Making the workplaces safe for each individual worker is the goal, regardless of sex. Legislation oriented towards the protection of women as care-givers - which assumed that this was women's primary function - could potentially have discriminatory effects on women's job opportunities. Presently the focus is on removing risks from workplaces rather than excluding women from hazardous occupations. This new orientation has led to the revision or replacement of a number of OSH-related standards, for example those related to night work.⁵

While the promotion of OSH has improved over the past decades, the level of workplace fatalities, injuries and illnesses still remains unacceptably high and takes an enormous toll on men, women and their families. Economies lose out as well; the cost of accidents and ill health amounts to an estimated 4 per cent of the world's GDP.⁶ In the current global financial and economic crisis, this situation may even worsen. There are growing concerns that the global economic slowdown will have negative effects on specific sectors, possibly endangering the safety and health of millions of workers. The potential for compromises in safety and health due to economic factors may lead to an increase in the number of workplace accidents and diseases.

SPECIFIC OSH ISSUES FOR WORKING MEN



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More men than women work in jobs that expose them to accidents; they are more likely to be involved in fatal accidents and other work-related deaths.⁷ Men also tend to be more exposed to hazards caused by substances that are carcinogenic or may cause circulatory and respiratory disease. Researchers have also noted that men tend to adopt less preventive and protective ways of carrying out work than women.

Numerous male dominated sectors of industry have specific OSH considerations. For example, forestry, the iron, steel and non-ferrous metals industries, the transport sector (road, maritime and aviation), each have their own sets of hazards and OSH specificities. Three hazardous sectors are featured below:

According to ILO estimates, some 170,000 agricultural workers are killed every year. Mortality rates have remained consistently high over the past decade.⁸ While agriculture employs both women and men, machines, tractors and harvesters account for the highest rates of injury and death, usually involving more men.

Construction work is one of the most dangerous occupations, and yet the causes of accidents are well known and the vast majority are preventable. While the global number of accidents and diseases in the construction industry is difficult to quantify due to the high proportion of temporary workers, the ILO estimates there were some 60,000 work-related fatalities in this industry during 2003.⁹ Data from a number of industrialized countries show that construction workers are three to four times more likely than other workers to die from accidents at work. Many more suffer from occupational diseases arising from prolonged exposure to dangerous substances, such as asbestos. In the developing countries, the risks associated with construction work are even higher. Available data suggests that the risk of accidents is three to six times greater than in developed countries where many precautionary measures are mandatory and enterprise liability in case of accidents is higher.



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⁵ ILO, 2007. *ABC of women's workers' rights and gender equality*, p. 142.

⁶ ILO, *Report of the Committee on Skills on Skills for improved productivity, employment growth and development, Report V, International Labour Conference, 97th Session, Geneva, 2008*, p. 61.

⁷ ILO, 2005. *World Day for Safety and Health at Work 2005: A Background Paper, InFocus Programme on SafeWork* (Geneva) p. 7.

⁸ See ILO Sectoral Activities website, Safety and health in agriculture webpage <http://www.ilo.org/public/english/dialogue/sector/sectors/agri/socprot-safety.htm>

⁹ ILO, 2005. *World Day for Safety and Health at Work 2005: A Background Paper* (Geneva), p. 8.



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Mining is another dangerous sector with predominantly male workers. Despite considerable efforts in many countries, the toll of death, injury and disease among the world's mineworkers shows that this sector remains extremely hazardous. Occupational lung disease in mining and related industries arising from asbestos, coal and silica exposure is still a concern in developed and developing countries. Asbestos alone claims about 100,000 deaths every year and the figure is rising annually.¹⁰ Increasing numbers of workers in the USA, Canada, UK, Germany and other industrialized countries are now suffering and dying from past exposure to asbestos dust.¹¹ Silicosis – a fatal lung disease caused by exposure to silica dust – still affects tens of millions of miners around the world.

SPECIFIC OSH ISSUES FACED BY WORKING WOMEN

OSH concerns for women are very much associated with their dual reproductive and economic role. Traditionally women and men have assumed different responsibilities in the home sphere. With more women entering the labour force, they may carry out paid work and continue with their unpaid work of caring for the family and doing household chores. Adding these two together, many women work longer hours than men.¹² Specific hazards and risks women face are associated with the working conditions of the economic sectors in which they are active.

In agriculture the share of women is globally 35.4 per cent of the workforce; in Sub-Saharan Africa and South Asia the agricultural sector makes up more than 60 per cent of all female employment.¹³ Women in agriculture, whether in subsistence farming, self-employed, working as unpaid family members or as wage earners have a high incidence of injuries and diseases. Exposure to pesticides and mixing or applying harmful other agro-chemicals constitutes one of the principal occupational risks, with poisoning leading to illness or death. Other hazards are inherent in animal handling, and contact with dangerous plants and biological agents which give rise to allergies, respiratory disorders, infections and parasitic diseases. Noise-induced hearing loss, musculoskeletal disorders, such as repetitive stress injuries and back pain, as well as stress and psychological disorders are also frequent. The situation is particularly evident for women in developing countries where education and training on safety systems (including the use of personal protective equipment) and risk assessment are inadequate to prevent injury and illness. Some women are concentrated as unskilled workers in greenhouses where they risk greater exposure to pesticides and other hazardous chemicals. For pregnant women, such exposure can carry long-term health implications on themselves and their unborn babies.¹⁴ This situation is compounded with an insufficient access to health services in rural areas, so accidents may lead to permanent conditions.

CARRYING WATER AND WOOD FOR HOUSEHOLD USE – HEAVY PHYSICAL WORK

Most women in low-income countries still bear extremely heavy physical loads, carrying weights of more than 35 kg on their heads and backs over considerable distances. On average, women spend three hours a day carrying water and fuel for home use.¹⁵ They may suffer musculoskeletal or reproductive disorders, such as miscarriages, stillbirths and other health effects.¹⁶ Collecting and carrying water in rivers expose them to water-borne and water-related diseases and infections. Women who cook over open stoves not only risk burns but respiratory and other effects due to smoke inhalation.¹⁷



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¹⁰ International Council on Social Welfare (ICSW). *Promoting full employment and decent work for all*, Paper prepared for the 45th Session of the United Nations Commission for Social Development, New York, 7 – 16 February 2007, p. 8.

¹¹ Ibid.

¹² European Agency for Safety and Health at Work, *Mainstreaming gender into occupational safety and health*, Proceedings of a seminar organised in Brussels on the 15 June 2004 (Belgium, 2005), p. 7.

¹³ ILO, *Global Employment Trends for Women*, March 2009, p. 10.

¹⁴ The International Bank for Reconstruction and Development/The World Bank, *Gender in Agriculture Sourcebook* (Washington, D.C., 2008), p. 322.

¹⁵ Gender Action, Fact Sheet: Gender Action Link: Climate Change (Washington, D.C., May 2008), Washington D.C., <http://www.genderaction.org/images/Gender%20Action%20Link%20-%20Climate%20Change.pdf>, (accessed on 9 February 2009).

¹⁶ ILO, *Safety and health in agriculture (SAFEWORK)*, p. 14.

¹⁷ World Health Organization (WHO), *Gender equality, work and health: A review of the evidence* (Geneva, 2006), p. 16.

For pregnant agricultural workers, heavy work during crop cultivation and harvesting can cause a high incidence of still-births, premature births or death of the child and/or the mother as a result. Some studies have shown that the workload of traditional "female" tasks, such as sowing, picking out, and clearing, can be higher than men's when the latter are assisted by mechanical or electrical means during irrigation, ridging and farming.¹⁸ Women often take their children with them into the fields, thus exposing both the children and themselves to occupational hazards.¹⁹ Factories and agro-processing plants also have a high level of occupational safety and health risks such as accidents with machinery, exposure to unsafe working conditions and contact with chemicals. Women working in fish- and shrimp-processing experience arthritis and other negative health effects of standing or sitting in wet, cold environments for 10 to 12 hours a day.²⁰



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SOWING THE SEEDS OF WOMEN'S EMPOWERMENT²¹



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In Africa, women represent two-thirds of the workforce in the fast growing horticultural sector, spraying, irrigating and performing manual tasks.²² For example, the commercial cut flower industry earns millions of dollars a year in Tanzania from exports to markets in Europe and employs hundreds of thousands of people, especially young women. Nearly 70 per cent of the pickers are women who are new to the methods of large-scale farming that use pesticides to produce row upon row of perfect blooms.

Courses at the ILO's International Training Centre in Turin help trade unions like the Tanzania Plantation and Agricultural Workers Union (TPAWU) create workshops for hundreds of women on the farms, showing them how to handle chemicals safely and explaining their rights as workers. TPAWA and its Education and Gender Secretary have also encouraged better dialogue with farms where collective bargaining has resulted in better working conditions.

Other ILO efforts are also effective, such as the Work Improvement in Neighbourhood Development (WIND) programme. Its implementation addresses gender issues and empowers both women and men to improve their own conditions by focusing on simple, low-cost and sustainable improvements in farmers' safety, health and working conditions.



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In manufacturing, women factory workers in export-processing zones (where they are the majority) endure long hours at non-ergonomic work-stations and may often work with machinery without basic protection. Industrial machinery is generally designed for men and is often awkward and tiring for women (and small men) to operate. In microelectronics, another industry where women predominate, they are exposed to chemicals that can have carcinogenic effects.²³ In services and in office jobs – representing 46.3 per cent of female employment in 2008²⁴ – different psychological and physical stressors and ergonomic hazards can lead to occupational health problems and add to the workload, cause job dissatisfaction and affect health and productivity. In health services, workers are exposed to infections, violence, musculoskeletal injuries and burnout.²⁵

In general, women are more exposed than men to psychosocial risks at work.²⁶ More women than men face discrimination and sexual harassment at the workplace, especially if they enter occupations that are traditionally dominated by men. A young woman with a precarious job in the hotel industry, for instance, is much more likely to be exposed to the risk of sexual harassment than a mature male office worker with a permanent job.

¹⁸ V. Forastieri, *Information Note on Women Workers and Gender Issues on Occupational Safety and Health* (Geneva, ILO, SafeWork, 2000), p. 2.

¹⁹ ILO, *Safety and health in agriculture* (SAFEWORK), p. 14.

²⁰ International Bank for Reconstruction and Development/World Bank, *Gender in Agriculture Sourcebook* (Washington, D.C., 2008), pp. 321 – 322.

²¹ ILO, *Sowing the Seeds of Women's Rights*, Video New Release,

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²² Organisation for Economic Co-operation and Development (OECD), *Gender and Sustainable Development, maximizing the economic, social and environmental role of women* (Paris, 2008), p. 18.

²³ ILO, *ABC for women's workers's rights and gender equality*, p. 141.

²⁴ ILO, *Global Employment Trends for Women March 2009*, p. 10.

²⁵ World Health Organization (WHO), *Gender equality, work and health: A review of the evidence* (Geneva, 2006), p. 4.

²⁶ The European Agency for Safety and Health at Work describes psychosocial risks as those linked to changes in the way work is designed, organized and managed, as well as to the socio-economic, demographic and political changes in the context of work, including globalization, which result in an increased level of stress and can lead to serious deterioration of mental and physical health. See Factsheet Number 74, *Expert forecast on emerging psychosocial risks related to occupational safety and health (OSH)*, <http://osha.europa.eu/en/publications/factsheets/74>, (accessed on 10 February).



WORKPLACE VIOLENCE

Sex-based violence at work is a very complex issue, rooted in gendered power relations in the society, the economy, the labour market, the employment relationship and organizational culture. Violence at work, including bullying and mobbing, is on the rise worldwide. Young males in many societies are reported to be disproportionately affected by physical violence, as they are often the main perpetrators and victims of violence at the same time. As women - especially young women - increasingly enter the global workforce and move beyond the home, increased attention must be paid to workplace violence in order to preserve their freedom, equity, security and human dignity. There is a close connection between violence at work and precarious work, gender, youth, and certain high-risk occupational sectors.

Professions once regarded as sheltered from workplace violence such as teaching, social services, and health care are becoming increasingly exposed to acts of violence in both developed and developing countries. Women are at high risk of violent behaviour in the workplace precisely because they are concentrated in many of these occupations. Violence in the retail sector is increasing in some countries, and represents a high proportion of incidents.²⁷ Domestic workers are also frequently and disproportionately affected by violence.²⁸

Workplace actions to combat gender-based violence may include: regulations and disciplinary measures; policy interventions against violence; disseminating information about positive examples of innovative legislation, guidance and practice; workplace designs that may reduce risks; collective agreements; awareness raising and training for managers, workers and government officials dealing with or exposed to violence at work; designing and putting in place procedures to improve the reporting of violent incidents in conditions of safety and confidentiality.



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ILO'S RESPONSE AND WORK TO IMPROVE OSH FOR WOMEN AND MEN

Since its creation, the ILO has developed a number of comprehensive instruments to further its work in the field of OSH. Many of these international instruments concern specific sectors or specific hazards. The ILO Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187) and its accompanying Recommendation (No. 197) define provisions for countries to promote OSH through national OSH programmes, the building of a preventive safety and health culture and applying a systems approach to the management of OSH.

The ILO with its tripartite organizational structure of workers, employers and governments, is well positioned to initiate and facilitate far-reaching programmes. It also possesses the global mandate to coordinate the exchange of knowledge and ideas on OSH.²⁹ The ILO assists in integrating OSH into national and enterprise level management, engaging social partners in initiating and sustaining mechanisms for the continuous improvement of national OSH systems, and furthering the awareness that gender-specific measures may be required.

If health promotion policies in the field of OSH are to be effective for women and for men, they must be based on more accurate information about the relationship between occupational health and the sex of workers. Women workers are particularly disadvantaged by out-of-date workforce structures, workplace arrangements and attitudes. A broad strategy for the improvement of women workers safety and health has to be built up within a national policy on OSH, particularly in those areas where many women are concentrated. A coherent framework should be developed to ensure a coordinated national approach.³⁰

Providing guidance in the areas of legislation, information and training, workers participation and applied research is key. Concerning research on OSH, occupational epidemiology should be sufficiently sensitive to capture any sex-based disparities.



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²⁷ EU, 2007. *OSH in figures: Young workers – Facts and figures*, Institute for Occupational Safety and Health, European Agency for Safety and Health at Work (Brussels) p. 13.

²⁸ *Introduction to violence at work*, ILO/SafeWork, <http://www.ilo.org/public/english/protection/safework/violence/intro.htm#wmnrisk>, (accessed on 9 February 2009).

²⁹ In 2009, the ILO Committee of Experts on the Application of Conventions and Recommendations (CEACR) will present a General Survey on measures undertaken by ILO member States to give effect to the provisions of OSH Conventions which they have ratified.

³⁰ 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 Environment and ILO Convention No. 161 and Recommendation No. 171 on occupational health services, Convention no. 187 and Recommendation no. 197 on a Promotional Framework for Occupational Safety and Health.

GENDER EQUALITY AT THE HEART OF DECENT WORK

At present, there is a shortage of information about the different sex-related risks of exposure to certain chemicals, to genetic materials cultivated and harvested in transgenic laboratories, or to pharmaceuticals with new genetic properties, all of which may have different long-term health effects on women and men.

The ILO's lead unit on OSH is the Programme on Safety and Health at Work and the Environment (SafeWork). It plays an important role in raising awareness of OSH issues and sharing best practices in the field. It has four major goals: develop preventive policies and programmes to protect workers in hazardous occupations and sectors; extend the effective protection to vulnerable groups of workers falling outside the scope of traditional protective measures; better equip governments, employers' and workers' organizations to address problems of workers' well-being, occupational health care and the quality of working life; and document the social and economic impact of improving workers' protection so that it can be recognized by policy- and decision-makers. One significant area of SafeWork's action has been awareness-raising and advocacy. For example, the annual **World Day for Safety and Health at Work** on 28 April³¹ promotes a preventive culture to help reduce work-related deaths and injuries globally.

The ILO's Conditions of Work and Employment Programme (TRAVAIL) has a specific area of action on workplace violence and harassment, concerned with the prevention of all forms of workplace violence including bullying, mobbing, and harassment on grounds such as sex, race or ethnicity, religion, or sexual orientation. The programme conducts research into these issues, develops practical tools and offers guidance on how to prevent and respond to harassment.

The Sectoral Activities Department is a key contributor on OSH research and programmes within specific sectors of industry and service. Much work on the promotion of ILO instruments, including conventions and sector-specific codes of practice on OSH, is undertaken by this unit. For example, an ILO meeting of experts (22-30 September 2009) is to adopt a code of practice on safety and health in agriculture. The code will be drafted to complement the ILO Safety and Health in Agriculture Convention, 2001, (No. 184) and to encourage its implementation at the workplace.³²

Within the broad policy context, the ILO's Decent Work Country Programmes (DWCP) involving all stakeholders in the design of comprehensive, effective and efficient mechanisms of response helps ensure that projects and activities are in full compliance with ILO OSH standards. Helping constituents prioritize safety and health at work is important in order for it to become part of national plans.

Employers' and workers' organizations have an important role to play in providing safe and healthy working conditions for both women and men. The International Training Centre in Turin regularly organizes training activities for the social partners to improve their knowledge in this area and to make them aware of their active role in the development of OSH measures at the enterprise level. Training activities are conducted together with SafeWork, the ILO Bureau for Employers' Activities (ACT/EMP) and the Bureau for Workers Activities (ACTRAV).

The Bureau for Gender Equality (GENDER) plays a leading role in supporting the implementation of gender equality in the ILO's Decent Work Agenda by promoting gender mainstreaming in all ILO policies, strategic objectives, programmes and activities. The Bureau offers guidance to governments, employers' and workers' organizations on specific issues in addition to conducting technical cooperation programmes.

ILO PARTNERSHIPS ON SAFETY AND HEALTH AT THE WORKPLACE

The ILO is actively engaged in broader partnerships on occupational safety and health. The collaboration between the ILO and UNAIDS has produced new tools in the form of publications or reports such as *Employers' organizations and HIV/AIDS*; *Global reach: how trade unions are responding to AIDS Case studies of union action*, or as manuals for labour inspectors and judges and guidelines for small and medium-sized enterprises (SMEs).

Based on the collection of information, best practices and a collaborative effort of both the ILO and WHO, the *Joint ILO/WHO guidelines on health service and HIV/AIDS* were developed in 2005. The guidelines provide wide-ranging and practical approaches to protection, training, screening, treatment, confidentiality, prevention, the minimizing of



³¹ The 2009 theme is "Health and life at work: a basic human right". Past themes have included Safe work and HIV/AIDS (2006); Safe and healthy workplaces – making decent work a reality (2007); and, Managing risk in the work environment (2008). See www.ilo.org/safeday

³² See <http://www.ilo.org/public/english/protection/safework/cops/english/index.htm>



occupational risk and the care and support of health care workers. They also address the essential role of social dialogue among governments, employers and workers in meeting the challenges posed by the HIV/AIDS epidemic in the sector.

The ILO has teamed up with the International Council of Nurses (ICN), the World Health Organization (WHO) and Public Services International (PSI) to address the problem of workplace violence for health workers. The ILO, ICN, WHO, PSI Joint Programme on Workplace Violence in the Health Sector was launched in 2000 and has since carried out a series of research activities and published the *Framework Guidelines for addressing workplace violence in the health sector* as well as a companion training manual.³³

The ILO's collaboration with other international organizations and bodies involved in various activities related to OSH also include, among others, the International Atomic Energy Agency (IAEA), International Maritime Organization (IMO), United Nations Environmental Programme (UNEP), International Commission of Occupational Health (ICOH), International Occupational Hygiene Association (IOHA), International Association for Labour Inspection (IALI), International Ergonomics Association (IEA) and others. Examples include initiatives such as the Global Programme for the Elimination of Silicosis and the Joint African Effort with WHO, chemical safety with nine international organizations, radiation protection with the IAEA, safety and health in ship breaking with IMO and Basel Convention on Transboundary Waste, and development of basic occupational health services with ICOH and many others.



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WHAT CAN BE DONE?

Effectively responding to the challenges of OSH in today's fast-paced, globalized economy requires greater attention at both national and international levels. The following non-exhaustive list of measures can provide guidance to provide safer and healthier workplaces for both women and men.

- ✓ Ratify and effectively implement the sector-related OSH standards that have been developed by the ILO's International Labour Conference and that are equally applicable to both men and women.³⁴
- ✓ Increase the implementation of the ILO Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187) and its accompanying Recommendation (No. 197) to promote a preventive safety and health culture in countries around the world.
- ✓ Promote ILO codes of practice containing practical recommendations intended for all those with a responsibility for OSH in both the public and private sectors. Codes of practice are not legally binding instruments and are not intended to replace the provisions of national laws or regulations, or accepted standards. They aim to serve as practical guides for public authorities and services, employers and workers concerned, specialized protection and prevention bodies, enterprises and safety and health committees.
- ✓ Develop effective international and national occupational safety and health policies based on more accurate information about the relationship between health and gender roles. Health promotion policies for women should take into account their roles as care providers and workers, and should increasingly recognize the role of men as care providers.
- ✓ Increase women's participation in OSH decision-making at all levels. Women are currently a minority in the OSH decision-making bodies. Their views, experiences, knowledge and skills should be reflected when formulating and implementing health promotion strategies at workplaces as well as in national policies.
- ✓ Strengthen sex-disaggregated data collection on both occupational exposures and occupational diseases and injuries. Data needs to be collected systematically at international, regional and enterprise levels.
- ✓ Encourage gender sensitivity in research. More research on women's health and safety at work is needed, especially in key sectors where they constitute a majority of the workforce. Research on women's health at work is particularly necessary in developing countries.
- ✓ Target individual workers on OSH issues through education and training. Work should be adapted to the capabilities of workers – men and women alike – in light of their state of physical and mental health. For example, reducing workloads through appropriate technology, reassigning workers to another job in line with their needs and providing rehabilitation when necessary are initiatives that can be taken. Special measures for performance of physical tasks during and after pregnancy are necessary.

³³ See <http://www.ilo.org/public/english/dialogue/sector/papers/health/guidelines.pdf>

³⁴ A full list of the sector-specific conventions and accompanying recommendations can be found on www.ilo.org/safework



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This background brochure has been prepared as part of the ILO public awareness raising campaign on "Gender equality at the heart of decent work".

Please contact us on gendercampaign@ilo.org for information on additional ILO themes addressed by this gender equality campaign.