

Gender in occupational safety and health

*A TUC guide for trade union activists (with gender
checklist)*

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Section one

Introduction

Unions are committed to improving the working lives and conditions of all workers. Pressing for healthy, safe workplaces for everyone is part and parcel of the union representative's role. Being aware of the issues relating to gender in occupational health and safety ensures unions strive to ensure that workplaces are safer and healthier for everyone. This is because, where the differences between men and women are acknowledged when assessing risk and deciding suitable risk control solutions, there is a greater chance of ensuring that the health, safety and welfare of all workers is protected.

Spotting the differences

Men and women have physical, physiological and psychological differences that can determine how risks affect them. Women are also the ones who give birth and, in most cases, look after children or assume other family caring responsibilities. The employment experiences of men and women also differ, because women and men are still often found in different occupations, or treated differently by employers. This means that men still tend to predominate more visibly heavy and dangerous work, such as construction, where there are high levels of injury from one-off events. Women, on the other hand, still tend to work in areas where work-related illness arises from

less visible, long-term exposures to harm. Even in the same workplace, with the same job title and carrying out the same tasks, men and women can experience different demands, exposures and effects.

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Traditional bias

In the past, less attention has been given to the health and safety needs of women. The traditional emphasis of health and safety has been on risk prevention in visibly dangerous work largely carried out by men in sectors such as construction and mining, where inadequate risk control can lead to fatalities.

On the other hand, the historic focus for women (particularly pregnant women) has been on prohibiting certain types of work and exposures, or has been based on an assumption that the kind of work that women do is safer.

Because of this, research and developments in health and safety regulation, policy and risk management have been primarily based on work

traditionally done by men, while women's occupational injuries and illnesses, such as work-related stress, musculoskeletal disorders (MSD) and dermatitis have been largely ignored, under-diagnosed, under-reported and under-compensated.

This means that, even today, occupational health and safety often treats men and women as if they were the same, or makes gender-stereotypes, such as saying women do lighter work or that men are less likely to suffer from work-related stress.

In contrast, a gender-sensitive approach acknowledges and makes visible the differences that exist between male and female workers, identifying their differing risks and proposing control measures so that effective solutions are provided for everyone.

Section two

Risks are not all the same!

An example – tools and equipment

Work equipment, tools and personal protective equipment (PPE) have been traditionally designed for the male body size and shape.

PPE is a good example of this. Most PPE is based on the sizes and characteristics of male populations from certain countries in Europe and the United States.

As a result most women, and also many men, experience problems finding suitable and comfortable PPE because they do not conform to this standard male worker model. For instance, the use of a 'standard' US male face shape in the manufacture of respiratory protective equipment (RPE) means that it does not fit most women as well as a lot of men from black and minority ethnic groups or with facial hair.

The same applies to most other types of PPE including hard hats, overalls, eye protectors, gloves and boots. Not only does a poor fit lower physical protection, it can also increase risk from tripping or create a general inability to see or grip properly.

The use of work equipment, machinery, worktops and tools designed for men contributes to women's work accident rates. If work equipment is not the

correct design, or is set up wrongly this can lead to poor working posture, leading to an increased risk of MSD's.

Hand tools and workstation heights are often uncomfortable for workers who are smaller or taller and larger than the 'standard' worker. For instance, the average woman has a hand length about 2cm shorter than a man's, so tools such as pliers can have too thick a grip, inappropriate placement and loss of functionality.

Women entering traditionally male jobs in areas like construction, engineering and the emergency services are particularly at risk from inappropriately designed equipment, tools and PPE.

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Section two

Some major issues

Musculoskeletal disorders

Musculoskeletal disorders (MSDs) are the most common health conditions in the workplace, making up around 41% of the total. Men are more likely to suffer from lower back pain and women are more likely to experience pain in the upper limbs or shoulders and neck.

Women tend to suffer more from pain in the upper back and upper limbs as a result of repetitive work in both manufacturing and office work, while men tend to suffer more from lower-back pain from exerting high force at work. In 2010, European research found workers were still exposed to the same physical hazards as they had been for 20 years but that men and women continue to be exposed differently. 42% of men, yet only 24% of women workers carry heavy loads, while 13% of women, but only 5% of men, lift or move people as part of their work. However, it is not just the weight of the loads that can cause problems, it is often the repetitive nature of the work or the twisting. Both of these can be more common amongst jobs that are predominantly done by women, such as assembly line work or checkout workers, who lift around two tonnes of goods in an average four hour shift.

Women are more likely than men to have jobs which require prolonged standing (and being required to wear high heels could add to the risk).

Often, when women do report MSDs, employers do not accept that it is because of their work. In North America, research found that the occupational origin of women's MSD problems tended not to be believed, and that men's MSD compensation claims have been accepted almost twice as often as those from women.

It is important to remember that women still typically have the dual burden of household work and caring responsibilities which can and do expose them to the same hazards at home they experience at work, increasing the likelihood of injury.

Pregnancy

Pregnancy is probably the biggest area where the gender of the worker makes a big difference, but even here many women experience discrimination. The law recognises that women who are pregnant, or who have just given birth or are breast-feeding, are particularly vulnerable. This is why specific risk assessments are required, yet we know they are not always done. Surveys by

both the TUC and the Equality and Human Rights Commission have shown that most employers have ignored the regulations.

While employers are not obliged to take these actions unless they have received written notification from the woman of her pregnancy, many women fear early notice will allow their employer to discriminate against them. An EHRC survey found that 1 in 5 of those employers who actually did carry out a risk assessment when a woman reported she was pregnant took no action, even when risks were identified; and 1 in 5 mothers ended up leaving employment because of the risks.

The TUC believes that all jobs performed by women of childbearing age should have a generic workplace level risk assessment as many women don't know they're pregnant until late in their pregnancy. This would improve the management of the hazards that may present a risk in the first trimester, when many women may not know or have yet to tell their employer that they're pregnant. Women should also be able to have individual risk assessments, with ongoing management reviews reflecting their changing circumstances (eg. in their work environment or health) and stage in their pregnancy.

Manual handling is one example of this as the risks are greater during the 3rd trimester. Due to the increased size of the abdomen, any object lifted or carried is further away from their lower back than is safe. Muscles supporting the lower back already have to work hard to keep a woman's balance and help her stand without the added stress of lifting.

▣ MEN'S HEALTH ISSUES

This guide has concentrated on the issues affecting women because they have historically been ignored in health and safety but that does not mean that everything is fine with men's health and safety. They are still far more likely to be injured or killed directly at work, or to suffer cancers caused by exposure to silica or asbestos. There are also some specific risks to men's health such as some chemical exposures that can affect men's libido, fertility or sexual performance and thus their ability to father healthy children and some can cause cancer of male reproductive organs. Ensuring that you look at gender issues helps both men and women. Men, after all, also come in various shapes and sizes and often have similar problems with ill-fitting PPE. Also, they are often less likely to seek help when they do experience an occupational illness, especially depression or anxiety caused by workplace stress.

Stress

The HSE reports that almost 500,000 people are suffering from stress at any one time. Almost 60% are women. This is not because men are necessarily less prone to suffer from a stress-related illness, it is more likely to be because women work in professions that have a higher risk of stress and burn-out, such as health and social care, social work and education. Research has also found that women's stress levels are more likely to remain high after work, particularly if they have children at home.

Harassment and violence

Women are at particular risk of violence, harassment and bullying both in and outside the workplace. Although men tend to be at greater risk of direct physical assault because they are more likely to be found in jobs such as security and the prison service, women are also found in many of the occupations with a high-risk of violence and threats of violence, working in contact with the public in banks, bookmakers, shops and in solitary settings, particularly as teachers, social workers and health-care workers. Women are also more likely than men to experience sexual harassment at work.

Women also tend to work in lower paid and low status jobs where bullying and harassment are more common; while men predominate in better-paid, higher status jobs and supervisory positions.

While strengthened legislation and policy practice have sought to tackle workplace bullying, harassment and violence, union representatives can press employers to do more. Too often risk assessments totally ignore the risk of violence and harassment, in particular for atypical workers such as peripatetic and shift workers, many of whom are at risk arising from their unsocial hours and lone-working. It is important that inadequate risk assessments are challenged.

Employers also need to safeguard staff experiencing domestic violence, which predominantly affects women. Domestic violence doesn't stop when the woman is at work, and in some cases their attacker has followed them into work. For those experiencing domestic abuse the threat is always present and this can

be devastating, an effect employers should not ignore.

▣ DIFFERENCE EVEN IN THE SAME OCCUPATION

Research shows that even where men and women have the same job, they may carry out different tasks and have different perceptions of the work risks. Consequently they can have different health outcomes.

For example one report looked at the different work traditionally done by men and women cleaners in the NHS. 'Light' tasks assigned to women hospital cleaners actually included high workloads with postural constraints, repeated movements, a constant work pace, very little rest, with frequent static postures and bent or stretched positions. 'Heavy' tasks assigned to male hospital cleaners, such as sweeping, were carried out in less tiring, upright positions.

Uniforms, workwear and footwear

In a similar way to the problems associated with poor fitting PPE, the requirement for employees to wear specific uniforms or workwear bought off-the-rack can present problems with fit for men and women. This is a particular problem for women entering

traditionally male professions such as security, engineering and construction.

Workplace dress codes which require women to wear high-heeled shoes or ban them from wearing trousers have been under scrutiny recently. The TUC has produced guidance on how to challenge dress codes which are sexist or put women at risk .

A successful **Unite** campaign by women cabin crew needing to wear trousers for work means they no longer have to shiver in the cold, wet and snow of wintry climates, and are also afforded the protection of trousers at destinations where there is a risk of malaria or the Zika virus.

Gender identity

This guide has been developed because health and safety hazards and risks affecting working women have traditionally been overlooked or not recognised. However addressing all hazards in a gender-sensitive way will include transgender men and transgender women, and people with other gender identities. Workplace representatives should ensure that all health and safety policies, including bullying and harassment policies also consider trans issues and a safety risk assessment should be included as part of transitioning arrangements.

▣ UNION RESEARCH INTO PPE

2016 research conducted by Prospect and reported in 'One Size Doesn't Fit All' found that manufacturers and suppliers of PPE are still failing to provide inclusive ranges and pricing policies. By failing to apply their purchasing power, employers are allowing this longstanding problem to continue. Bringing a GOSH approach is needed to press for anthropometric (human measurement) standards, and to take account of the diversity of working populations: gender, ethnicity, and age (particularly PPE and menopausal women).

Section three

What unions can do

Making a difference

It is unions who have been at the forefront of the campaign to ensure that women's health and safety at work is taken seriously. Sometimes these have been campaigns which have come about because a single health and safety representative raised concerns at local level.

Here are a few examples:

Toilets for train drivers - Aslef campaigned for the proper provision of WCs. Male drivers had endured poor provisions by coping with containers; this was plainly intolerable for female drivers. Station facilities for all staff were upgraded as a result.

Violence against women: USDAW's Freedom from Fear campaign for shopworkers, who are predominantly women. They have also been running a campaign about women's need for safe travel before and after work, especially given the increase in late night and 24-hour opening.

Breastfeeding at work: Unite took up cases of cabin crew members who were new mothers whose employer's rostering was not compatible with their need to breastfeed their babies. This case confirmed working women's right to continue breastfeeding after

returning to work and obligation on employers to accommodate this.

Other union campaigns have centred on menopause and employer ignorance of specific duties of care for new and expectant mothers.

■ WOMEN MAKE GREAT HEALTH AND SAFETY REPS

Research by the TUC in 2011 found that while women make up 47 per cent of the United Kingdom workforce, they constitute just 27 per cent of trade union health and safety representatives sitting on health and safety committees at workplace level. We know that health and safety representatives' involvement in health and safety decision-making helps reduce accidents and ill-health by half, on average, so it's crucial that women as well as men are part of it.

The good news story is that union campaigns around the issues highlighted in this guidance have already helped achieve significant improvements in many workplaces. They can also be used by unions to help recruit more new health and safety representatives and more new members.

Section four

Gender checklist on occupational safety and health

Introduction

People come in all shapes and when it comes to health and safety the “one size fits all” approach just does not apply. Nowhere is that clearer than when we are looking at gender.

Considering gender in health and safety is a very real and important issue in every workplace.

The TUC gender checklist provides a prompt to encourage union representatives to pursue issues around gender in the workplace and bring together equalities work and health and safety work. By ensuring that employers take action on the issues, you can make a real difference to the health, safety and welfare of women.

There are other union techniques that will help, such as body-mapping, surveys and risk-mapping. These are successful tools that many unions have used to help address gender issues in health and safety and you can get more information on these on the TUC and Hazards Magazine websites. You should also check with your own union to get any guidance on gender issues and health and safety that they have produced.

This checklist is not intended to be a comprehensive list of specific issues relating to gender, but instead some suggestions of what union health and safety representatives should look at to make sure that the relevant issues in the workplace are identified and addressed in a gender sensitive way.

▣ USING THE CHECKLIST

The TUC checklist provides a prompt to encourage union representatives to pursue issues around gender in the workplace and bring together equalities work and health and safety work. The priority is the workplace and encouraging employers to take action on the issues that will make a real difference to the health, safety and welfare of women. Not all of the checklist will apply to every workplace, just pick those points that you think will be useful. Also, once you start thinking about the issues, you might come up with other points. However, the most important thing to remember is that the checklist is not something to just be ticked. To be effective, for every point, you also need to agree what you are going to do about it. Often that will mean working as part of a small group with other health and safety representatives, or with other unions.

Part 1 - Working with the employer

Consultation

- Is there a Joint Health and Safety Committee or other consultative structure and does it cover everyone including part-time, contracted and temporary workers?
- Are health and safety issues and priorities of concern to women regularly discussed at the Joint Health and Safety Committee or other consultative structures, and if items are identified are they dealt with?

Risk management

- Are risk assessments carried out and implemented by the employer?
- Do risk assessments take account of sex and gender differences?
- Have all people involved in risk assessment and risk management been trained to be aware of sex and gender differences affecting men's and women's health and safety at work?
- Are sex and gender differences taken into account in COSHH risk assessments, including the greater likelihood that women will be exposed to chemicals at home?
- Are sex and gender differences taken into account in manual handling risk assessments and in assessments of postural problems including prolonged standing or sitting?
- Are gender differences taken into account with all relevant types of work equipment and work stations use?
- Are sex and gender differences taken into account when dealing with staff uniform, official workwear or personal protective equipment (PPE) issues at the workplace?
- Are risk assessments relating to expectant, new and nursing mothers (and the unborn or breastfeeding child) carried out properly and in good time?
- Do employers provide an appropriate private space for breastfeeding mothers to express milk, and also provide a safe and hygienic place for the milk to be stored?
- Are any special reproductive health concerns of women and men such as work-related issues relating to fertility, menstruation (including providing female sanitary hygiene disposal facilities), menopause, breast cancer or hysterectomy adequately and sensitively addressed?
- Are risks of violence assessed, including concerns about working alone on site or away, or late into the evening, and access to safe parking or transport home?
- Are harassment (including sexual harassment) and bullying treated as health and safety issues?

- Does the employer allow for flexibility with working time, overtime and shift work to accommodate employees' life demands from outside of work, such as family, medical etc.?
- Does the employer recognise stress as a workplace issue and that it may affect different people in different ways?
- Does the employer recognise that domestic violence can become an issue at the workplace and treat the matter as a safety, health and welfare issue which needs to be dealt with sympathetically and practically?

Sickness absence management and investigation

- Does the employer have a sickness absence management policy or workplace agreement that was negotiated with the union?
- Is the policy applied fairly in practice and not used just to cut sickness absence but to fairly address any underlying issues and help recovery with an appropriate return to work?
- Is the sickness absence management policy or workplace agreement fair and non-discriminatory and does it ensure that women are not disadvantaged because of issues relating to menstruation, pregnancy, miscarriage, disability, or the menopause by ensuring that they can be treated separately from other sickness absence?
- Does the policy and practice ensure that any work-related health problems are properly investigated with a review of risk assessments where necessary?
- Do health and safety representatives get regular reports from management on sickness absence, including a gender breakdown?

Reporting and monitoring procedures

- Does the employer ensure all workers are made aware of the importance of reporting injuries, incidents, work-related ill health and health problems made worse by work, in an environment where employees feel they will not be victimised for reporting them?
- Are all injuries, incidents (including near misses) and work-related health problems reported?
- Does data on injuries and ill health include gender and does it differentiate, not only between women and men, but also between different jobs and job levels and between different shift patterns?
- Are trends in the ill-health and sickness absence statistics analysed as well as trends in injuries and near misses?
- Are all injury and ill health statistics systematically reviewed at joint safety committee meetings?
- Where any issue of concern is found from the meetings' deliberations are health concerns given the same priority as safety concerns?

Part 2 - Involving members

In addition to ensuring that your employer protects the health safety and welfare of all the workers, health and safety representatives can look at how they involve and inform members to make sure that their concerns are raised and addressed.

Here are a few ideas:

- ☑ **Ask members.** You could carry out a confidential survey of members' health and safety concerns, but make sure that you can differentiate between men's and women's responses when the responses are analysed.
- ☑ **Review how you communicate with members.** Do all sections of the workforce have access to a health and safety representative, including shift workers, part-time and temporary workers. Are they all consulted about their health and safety concerns?
- ☑ **Make sure that there are enough women health and safety representatives.** Women may have more confidence that their issues are being addressed if there are women representatives and they are included in any joint safety committee.
- ☑ **Talk about the issue.** Make sure that branch meetings or workplace meetings include specific discussions on practical issues that are of concern to women members, or even hold a special meeting on a problem that women workers are facing.
- ☑ **Work with others.** You should make sure that you are reporting regularly to your branch. It is also important to work with other representatives such as stewards, equality women's and learning representatives. If there is more than one union in your workplace then it benefits everyone to work together. And where you have any successes, make sure that your union, and your members know about them.

Section five

Further advice

Some useful websites

TUC GOSH website

<https://www.tuc.org.uk/workplace-issues/health-and-safety/gender-and-occupational-safety-and-health>

TUC guidance on menopause

https://www.tuc.org.uk/sites/default/files/TUC_menopause_0.pdf

TUC guidance on older workers

<https://www.tuc.org.uk/sites/default/files/Older%20workers%20april%202014%20pdf.pdf>

TUC Hazards at Work

<https://www.tuc.org.uk/workplace-issues/01-health-and-safety/health-and-safety/hazards-work-%E2%80%93-get-your-copy-now>

TUC guidance on trans issues

<http://www.tuc.org.uk/sites/default/files/Transformingtheworkplace.pdf>

10 keys for Gender Sensitive OSH Practice – ILO

http://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---safework/documents/publication/wcms_324653.pdf

DIY research tools – Hazards Magazine

<http://www.hazards.org/diyresearch/>

Work and breast cancer – Hazards Magazine

<http://www.hazards.org/cancer/graveyardshift.htm>

European Health and Safety Agency web-pages on women

<https://osha.europa.eu/en/themes/women-and-health-work>

Find out more

For more information about health and safety issues, go to:
[tuc.org.uk/ workplace-issues/health-and-safety](http://tuc.org.uk/workplace-issues/health-and-safety)

Follow TUC health and safety on Facebook at:
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