WOMEN, WORK, AND OCCUPATIONAL HEALTH

Terms of Reference of the Proposal for Joint Action by the Programs on Workers' Health and Women, Health, and Development

INITIATIVE "1992: Year of the Workers' Health"
WOMAN, WORK, AND OCCUPATIONAL HEALTH

A new attitude toward workers' health is emerging, prompted by awareness of its relationship to economic progress and the social impact to be gained from the prevention of occupational accidents, occupational diseases, and other work-related pathology.

Analysis of the situation, taking into account the growing size of the working population, the constant emergence of new techniques in the workplace that entail new risks, and the scarcity of resources available for promoting and maintaining the health of the active population, resulted in approval of mandates aimed at finding solutions with the collaboration of all the health programs of the Organization.

The Organization’s strategic orientation calling for the integration of women in health and development provides the foundation for joint action to improve the health and quality of life of working women.

The employment structure varies over time and from country to country, but the fact remains that women continue to be concentrated in industries and professions for which the qualifications and pay are lower than they are for men. However, legislation that focuses on the protection of women as a weak and unorganized group of workers is no longer necessary in many of the countries.

Like men, women are leaving the agricultural sector and moving on to the industrial and tertiary sectors.

In both agriculture and industry, as in all workplaces, it is possible to identify work-related risk factors that are characteristic of the various tasks being carried out. Since workplaces, as well as machinery and tools, are devised by man, it is possible to eliminate or control the risk factors when the design stage takes into account the well-being of workers and when the health services in or near the workplace are concerned primarily with prevention and with the promotion of healthier labor practices and lifestyles.

The principal objective of occupational health is to eliminate and/or control work-related risk factors: to ensure that working conditions and techniques in all industries and occupations are
acceptable, and that exposure to noxious agents in the workplace does not exceed acceptable levels so that working women, as well as working men, can do their jobs in a hazard-free environment.

FRAMES OF REFERENCE AND MANDATES ON THE SUBJECT OF WORKERS' HEALTH

Despite the fact that 43% of the working population is without access to health services, and that only 9% have the benefit of a full range of coverage that includes prevention and promotion as well as treatment (as provided for in ILO Convention 161 and Recommendation 171), many different instruments already exist to guide the structuring and operation of health care for workers, including the following:

Analysis of the Health Situation of Workers

Document CSP23/4, which was presented and approved in the Pan American Sanitary Conference, deals with occupational health services for the working population and specifies that coverage should include:

- Both men and women;
- All trades and occupations;
- Salaried, independent, domestic, temporary, and migrant workers;
- Both remunerated and unremunerated work;
- Both rural and urban population;
- Any form of contractual relationship;
- Family-run, small, medium, and large establishments;
- Workers of all ages (children, adolescents, adults, and the elderly);
- Sick and disabled workers.

The document provides the following facts about the sex distribution of the economically active population in 21 countries of Latin America and the Caribbean in or around 1985:

Women corresponded to 30% of the economically active population (EAP), and a comparison with percentages in previous years shows that there has been, and continues to be, a steadily progressive increase in the female work force.

In view of the concerns to which workers' health care is committed, it can be said that the potential target population is not just the current EAP but rather the entire population of working age,
which in Latin America and the Caribbean represents more than 60% of the total population.

There are large numbers who are underemployed, unemployed, seeking employment, or disabled, and in these groups, which together amount to more than 20% of the total population, women predominate. On the other hand, in the retired population there is a predominance of men. This means that the problem of extending health services coverage to workers, or to the working-age population, is more pressing, and will require more effort, in the case of working women.

Workers' Health as a Priority Program Area and Resolution XIV

The XXIII Pan American Sanitary Conference emphasized to the member countries and the Pan American Health Organization the urgent need to develop workers' health and, upon endorsing a series of conceptual considerations and acknowledging the importance of occupational health, decided, by its approval of Resolution XIII, that workers' health should be a priority program area during the quadrennium 1991-1994.

On 27 September 1990 the XXIII Pan American Sanitary Conference also approved Resolution XIV on workers' health, in which it endorsed the program lines and cooperation in occupational health envisaged in the foregoing document and agreed on a series of operative approaches, which included:

- Calling on the Member Governments to give priority to the formulation of specific policies and to coordination; to emphasize the development and implementation of laws and standards, including measures aimed at reducing risks and preventing injury and disease; to promote increased coverage through institutional development, education, and health promotion; to facilitate the participation of workers and employees; to develop and train the necessary human resources; to establish information and epidemiological surveillance systems; and to encourage the development of legal instruments on working conditions and the working environment.

- Requesting the Director of the Organization to give greater priority to workers' health; to promote and encourage the mobilization of resources and increased capacity for cooperation; to encourage support, in particular, for people
employed in the agricultural sector, small businesses, and the informal sector; and to assist in the strengthening of institutions concerned with occupational health.

- Designating 1992 the Year of Workers' Health, with a view to encouraging and promoting the mobilization of resources.

Initiative "1992: Year of Workers' Health"

The goal of this Initiative, approved by the XXIII Pan American Sanitary Conference in its Resolution XIV on workers' health, is to raise awareness of the importance of workers' health without diminishing efforts that are already under way to develop projects and activities at the national, subregional, or regional level, and to promote their articulation and strengthening through a comprehensive program and a broader political spectrum. With the high visibility given to the area of workers' health in 1992, it should be possible to obtain a commitment from leaders, promote the exchange of information between the employers and workers regarding the problems and causes of work-related accidents and diseases, and foster the development of a preventive consciousness. This, in turn, should result in increased resources for occupational health programs and the plans of action that have been or are being developed. It should also contribute to widespread recognition of the social and economic importance of such programs. Finally, it should help to bring about the needed changes of attitude so that, even after the campaigns carried out during this Initiative have come to an end, the activities in progress will continue and there will be increased attention to the health of workers, with special emphasis on promotion, maintenance, and prevention activities aimed at enhancing their health and ability to work.

The targets of this Initiative are: for all the countries to approve a National Plan for the Development of Workers' Health, and for at least 10 countries to institute the necessary mechanisms and shape the implementation of their National Plans.

National Plans for the Development of Workers' Health

The Plan of Action, updated and approved in February 1992, presents the two targets of Initiative "1992: Year of the Workers' Health" in the following terms:
1) By the end of the Initiative, all the countries of the Region will have approved a National Plan for the Development of Workers' Health.

The National Plans seek to contribute to the progressive extension of workers' health coverage until it becomes a universal right for all workers regardless of their particular activities or companies in which they perform their functions. The overall approach of such coverage not only encompasses curative treatment, rehabilitation, and material compensation when an incapacitating condition is diagnosed but also assigns priority to the promotion and maintenance of health and to prevention in the workplace.

2) By the end of the Initiative, at least 10 countries in the Region will have set up mechanisms for intersectoral articulation, coordination, and cooperation through multidisciplinary working groups and the organization of National Committees on Occupational Health, and they will also have initiated implementation of their National Plans for the Development of Workers' Health.

In order to consider that implementation of a National Plan has been initiated, it is required that at least the following conditions have been:

a) The political decision to promote workers' health has been clearly expressed and confirmed, with due consideration of its relationship to the well-being of most of the population and as a basic condition for achieving social and economic development and reducing poverty;

b) Existing legislation has been revised to take the current situation into account and to guarantee the rights and obligations that will facilitate the application of a body of doctrine, knowledge, and techniques that will benefit workers directly and, by so doing, indirectly increase their capacity for work and production and thus be of help for business enterprises and have a positive effect on the socioeconomic equilibrium;

c) The structure of a public technical information system is in place which will provide data on the dramatic social and economic costs of work-related pathology and the disability it can produce; the social value of aware and active cooperation
on the part of employers, workers, and the State; the significance of various work-related risk factors; and the common characteristic they share in that they are all capable of being eliminated and/or controlled.

d) Training in occupational health for workers, employers, and decision-makers has been stepped up, together with manpower training, based on planned numbers and training needs;

e) Technical leaders have been identified who are capable of bringing about a change in attitude and who can broadly motivate understanding and acceptance of the concepts and their application; and

f) The minimum material and institutional resources necessary for the development of occupational health have been mobilized with the participation of the institutions and the social groups concerned.

Declaration on Workers' Health

The Declaration on Workers’ Health promulgated in Washington, D.C., on 26 February 1992 calls attention to the situation and asserts that the current situation of workers’ health in the countries of the Region could benefit substantially from strengthening and better articulation of the services structure, from benefits that are geared more directly toward health promotion and the prevention of accidents and diseases, and from the extension of coverage to those workers who are most exposed, most vulnerable, and least served—namely, children, women, indigenous groups, and the handicapped.

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The rationale for the Integration of Women in Health and Development contained in the strategic orientations approved by the Organization for the quadrennium 1991-1994 is based on a change in attitude toward workers’ health.

The historical convergence of three major milestones—the decision of the Pan American Sanitary Conference to approve its resolution on workers’ health, the designation of workers’ health as a priority program area for the quadrennium 1991-1994, and the Initiative
"1992: Year of Workers’ Health"-- corresponds to a situation without precedent in the Region.

This background imposes a great responsibility to promote health, achieve benefits, and secure effective and appropriate services for working women, whose incorporation into working society is occurring at a rapid pace and contributing to development.

INTERNATIONAL INSTRUMENTS

In addition to the mandates of the World Health Organization and the Pan American Health Organization regarding primary health care, and in particular workers’ health and women, health, and development, the health of working women has been the subject of various international agreements, including a number of conventions and recommendations of the International Labor Organization (ILO):

ILO Convention 3 (1919) deals with maternity protection, and Convention 103 (1952) is a revision thereof.

ILO Recommendation 12 (1921), on maternity protection in agriculture, is supplemented by Recommendation 95 (1952) which refers to all working women.

Recommendation 123 (1965) refers the women with family responsibilities and calls for appropriate measures to ensure their job security. According to Recommendation 119 (1963), on termination of employment, in the event that a woman’s employment is terminated after maternity, she should be considered for reemployment.

Convention 45 (1935) prohibits women to work underground.

Convention 13 (1921), on white lead poisoning, prohibits the employment of women in painting. White lead poisoning is also covered in Recommendation 4 (1919).

Recommendation 114 (1960), on radiation protection, stipulates that all possible measures should be taken to prevent women of reproductive age from high exposure to radiation.

Convention 136 (1971), on poisoning from benzene derivatives, establishes that pregnant women and lactating mothers should not be employed in work that exposes them to these substances. These same principles are set forth in Recommendation 144.
Recommendation 102 (1956), on food services and facilities for rest, recreation, and transportation, contains specific standards with respect to women.

Recommendation 112 (1959), on occupational health services (revised in Recommendation 171), covers special medical checkups at the beginning, during, and at the end of employment in order to monitor the health of workers, particularly certain groups of workers, including women.

Convention 127 (1967) and Recommendation 128, both of them on the subject of maximum weight to be transported manually, does not establish a maximum weight for women but suggests that it be substantially lower than the limit allowed for adult male workers. Moreover, in principle it prohibits women to carry heavy weights during pregnancy and the 10 weeks after delivery.

Convention 161 and Recommendation 171 (1985), on occupational health services, outlines an ideal framework of services that should be provided by employers. Unfortunately, in the Region of the Americas services of this kind are available to less than 9% of the active population.

LEGISLATIVE INSTRUMENTS AT THE NATIONAL LEVEL

In the countries, legislation and regulations on the subject of working women most often refer to maternity protection, but some legislation also focuses on minor female workers, night work, working hours, work in mines, heavy labor, and hazardous and insalubrious working conditions.

Almost all the countries provide for maternity leave before and after delivery amounting to a total of at least four months.

Maternity benefits usually include subsidies during maternity leave plus medical benefits. In addition to medical care for the mother and the newborn, there is often provision for assistance related to breast-feeding.

Legislation relating to job security includes prohibition against discharging a woman during the period when she has the right to maternity leave, and in many countries this protection is extended for a longer period.
Breaks and appropriate facilities for breast-feeding are granted for six, 12, or 15 months after delivery. In some countries the installation of day-care centers is compulsory.

Health protection during pregnancy and after delivery may cover the entire pregnancy or the final months, and it often includes prohibition again night work, overtime, heavy labor or hazardous tasks, as well as transfer to assignments that are lighter and less dangerous.

Finally, there are provisions prohibiting the employment of women in tasks or occupations that are considered to be hazardous or insalubrious for women.

**PROPOSAL FOR FUTURE ACTION**

In view of the lack of adequate dissemination and promotion, as well as the need to know more about problems associated with the health of working women, especially since knowledge about the current situation with regard to the health of working women is indispensable for the planning of programs that will contribute to improvement of their well-being, elimination of the occupational risks to which they are exposed, and the creation of appropriate structures for maintaining their health and improving their quality of life, the Program on Workers' Health hereby advances a proposal which, with the collaboration of the Program on Women, Health, and Development and the present Subcommittee, will serve as the basis for a line of action to address the key issues of concern in this area.

The main characteristics of the proposal are outlined below, and we expect that these headings will be analyzed and developed in greater detail in the near future.

**Terms of Reference Envisaged**

- Lines of action to which occupational health programs in general should give priority;
- Lines of action to which the occupational health services should give priority in or around the workplace;
- Objectives of a plan or program for workers' health (with emphasis on the specific situation of working women);
- Study and adjustment of health policy instruments related to working women with a view to preparing a National Plan, to achieving the integration of women into the economically active population, and to finding effective solutions;

- Use of selective placement, or in other words a methodology which in the case of working women will take biological characteristics into account as well as the relationship between production and reproduction;

- Attention to the causes behind the high incidence of fatigue in working women;

- The effects of occupational health education on working women, their families, and the community;

- Data that should be taken into account in the preparation of a National Plan: sex distribution of mortality and morbidity; sex differences in anthropometric measurements and musculoskeletal development; institutional and human capacity;

- Suggestions, objectives, ideas for the mobilization of resources, branches of activity to be studied, and scenarios to be considered in the development of a full proposal and a set of working hypotheses.

Steps to be Carried Out

Prepare and approve a proposal that will serve as a basis for consciousness-raising and mobilization of the resources needed in order to carry out the program.

Prepare and disseminate a basic document that will stimulate interest at the level of the countries in the Region, together with a survey that will facilitate the collection of data of greatest relevance for the health of working women and to the tailoring of benefits for working women in the regular and specialized occupational health services.

Promote meetings of discussion groups to participate in the collection of data with a view to exchanging experiences, enriching knowledge, identifying models of action, and putting into practice adequate mechanisms for the promotion of women's health in the workplace.
Disseminate the results of studies on the health of working women and report on advances in research, training, and practice with regard to the protection of working women.

The plan of action will include a timetable with mechanisms for carrying out a network of events and publishing material for discussion and dissemination. It will be based on the situation in the Region, and it will be especially geared to serving the countries of the Hemisphere.
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Lines of action to which occupational health programs in general should give priority:

- DISSEMINATION OF INFORMATION (SCIENTIFIC, TECHNICAL, AND PUBLIC)
- TRAINING AT ALL LEVELS (INCLUDING WORKERS)
- RESEARCH (INCLUDING SEX-BASED DIFFERENCES)
- INSTITUTIONS AND COORDINATED ARTICULATION THEREOF
- ACTIVE PARTICIPATION BY WORKERS AND EMPLOYERS
- COMPREHENSIVE HEALTH CARE IN OR NEAR THE WORKPLACE
- STRATEGIES FOR ACHIEVING UNIVERSAL COVERAGE

Expected outcomes

- REVIEW OF POLICIES
- NATIONAL PLAN FOR THE DEVELOPMENT OF WORKERS' HEALTH
- EXTENSION OF COVERAGE (FROM BOTH A QUANTITATIVE AND A QUALITATIVE STANDPOINT)
Lines of action to which occupational health services should give priority in or around the workplace:

- DEVELOPMENT OF A PREVENTIVE CONSCIOUSNESS
- HEALTH EDUCATION
- PROMOTION OF SELF-CARE AND HEALTHY LIFESTYLES
- HEALTH PROTECTION AND MAINTENANCE
- IDENTIFICATION AND CONTROL OF OCCUPATIONAL RISK FACTORS
- MEDICAL AND TECHNICAL PREVENTION
- CURATIVE MEDICAL CARE
- REHABILITATION
- COMPENSATION IN CASES OF TEMPORARY OR PERMANENT DISABILITY

EXPECTED OUTCOMES

Review of policies:

- NATIONAL PLAN FOR THE DEVELOPMENT OF WORKERS' HEALTH
- EXTENSION OF COVERAGE (CURRENTLY NEAR 9 PERCENT)
In order to achieve its proposed objectives, a health plan or program for workers' health needs to include:

- MEASURES THAT ADDRESS THE NEEDS OF THE ENTIRE WORKING POPULATION, TAKING INTO ACCOUNT GENDER DIFFERENCES

- ADAPTATION OF WORK TO VULNERABLE GROUPS

- SPECIFIC SITUATION OF WORKING WOMEN IN TERMS OF:
  - FERTILITY, PREGNANCY, AND MATERNITY
  - FEEDING OF NEWBORNS
  - HYPERSENSITIVITY AND VULNERABILITY OF FETUSES AND PREGNANT WOMEN
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In order to prepare a NATIONAL PLAN FOR THE DEVELOPMENT OF WORKERS' HEALTH it is necessary to study and adjust existing health policies that concern working women who are also mothers:

- IMPORTANCE OF LEGISLATION TO PROTECT WORKING MOTHERS
- OUTCOME OF REGULATIONS AND ACTIONS AIMED AT FACILITATING BREAST-FEEDING OF NEWBORNS
- DAY-CARE CENTERS
- OTHER LEGISLATION, REGULATIONS, AND STANDARDS
- DEGREE OF EFFECTIVENESS/APPLICABILITY

Expected outcome:

- ACHIEVEMENT of the integration of women into the labor market
In order to find effective solutions, the plans, programs, and services for occupational health need to take into account the differences between the sexes (identified by situational analysis) and achieve the adaptation of work to both male and female workers.

This implies the study of:

- PHYSIOLOGICAL AND PSYCHOLOGICAL CHARACTERISTICS
- DEGREES OF RESISTANCE
- LEVELS OF VULNERABILITY
- CONSEQUENCES OF EXPOSURE TO PHYSICAL, PSYCHOLOGICAL, SOCIAL, AND ERGONOMIC RISK FACTORS
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In order to achieve optimum integration of the work force and facilitate selective placement, it is indispensable to study and make adjustments for:

- INDIVIDUAL CHARACTERISTICS AND ABILITIES IN THE PHYSICAL, PSYCHOLOGICAL, AND SOCIAL SENSE

- PHYSICAL, PSYCHOLOGICAL, AND SOCIAL OCCUPATIONAL REQUIREMENTS, AND EXPOSURE TO PHYSICAL, CHEMICAL, BIOLOGICAL, ERGONOMIC, AND PSYCHOSOCIAL RISK FACTORS

- EVALUATION OF SUITABILITY AND SUGGESTIONS FOR THE ADAPTATION OF WORK

IN THE CASE OF WOMEN, IT IS IMPORTANT TO TAKE INTO ACCOUNT BIOLOGICAL CHARACTERISTICS, GENDER DIFFERENCES, AND THE RELATIONSHIP BETWEEN PRODUCTION AND REPRODUCTION, IN ORDER TO ENSURE THAT THEY ENJOY WELL-BEING THROUGHOUT THEIR LIFE CYCLE.
Causes behind the high incidence of fatigue and difficulties in securing time for rest and recovery:

- INTEGRATION OF WOMEN INTO THE LABOR MARKET

- RELATIONSHIP BETWEEN EMPLOYMENT OF WOMEN AND FAMILY AND SOCIAL ROLES

- WOMEN'S TRADITIONAL RESPONSIBILITY FOR DOMESTIC TASKS AND CHILD CARE
Health education for workers and prevention in the workplace have a positive impact on:

- WORKERS

- FAMILIES

- EMPLOYERS AND SOCIETY

IT IS IMPORTANT TO NOTE THAT A WORKER WHO RECEIVES HEALTH EDUCATION CAN BE MOTIVATED TO PROMOTE A PREVENTIVE CONSCIOUSNESS AND CONCERN FOR HEALTH MAINTENANCE WITHIN HIS/HER FAMILY AND SOCIAL CIRCLES.

IT IS ACCEPTED THAT THIS EFFECT CAN BE EVEN MORE PRONOUNCED IN THE CASE OF WORKING WOMEN, WITHOUT THIS REPRESENTING AN ADDITIONAL BURDEN ON WOMEN IN TERMS OF THEIR ACTIVITIES IN THE HOME, WORKPLACE, OR FAMILY/COMMUNITY.
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Data that should be taken into account in preparing a NATIONAL PLAN FOR THE DEVELOPMENT WORKERS’ HEALTH

SEX DISTRIBUTION OF MORTALITY AND MORBIDITY

- LIFE EXPECTANCY
- AVERAGE WORKING LIFE
- OCCUPATIONAL RISK FACTORS BY OCCUPATION AND POSITION
- PRINCIPAL HEALTH PROBLEMS
- EXISTENCE OF SPECIFIC AND DIFFERENTIAL RISK FACTORS FOR THE TWO SEXES
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Data that should be taken into account in preparing a
NATIONAL PLAN FOR THE DEVELOPMENT OF WORKERS’ HEALTH

SEX DIFFERENCES IN ANTHROPOMETRIC MEASUREMENTS AND
MUSCULOSKELETAL DEVELOPMENT:

► PHYSICAL AND MENTAL DIFFICULTY OF THE TASKS

► PROGRESSIVE ELIMINATION OF THE MOST PHYSICALLY DEMANDING
  TASKS

► ERGONOMIC ADAPTATION OF WORK (TAKING INTO ACCOUNT THE
  CHARACTERISTICS OF GROUPS, THE SEVERITY OF RISK FACTORS,
  AND THE LEVELS OF CAPACITY)
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Data that should be taken into account in preparing a NATIONAL PLAN FOR THE DEVELOPMENT OF WORKERS’ HEALTH

- EXISTING AND POTENTIAL OPERATING CAPACITY
- INSTITUTIONAL CAPACITY
- INTERSECTORAL COOPERATION
- AVAILABILITY OF HUMAN RESOURCES
- MOTIVATION
- RATE OF TRAINING OF PROFESSIONALS AND TECHNICIANS IN OCCUPATIONAL HEALTH
Data that should be taken into account in preparing a
NATIONAL PLAN FOR THE DEVELOPMENT OF WORKERS’ HEALTH

MULTICENTER ACTIVITY TO BE DEVELOPED IN VARIOUS COUNTRIES, AND
SUGGESTIONS:

- Argentina
- Brazil
- Colombia
- Cuba
- Guatemala
- Guyana
- Mexico

OBJECTIVES:

- Understand the legal framework and determine its conformity with international instruments
- Determine the degree of enforcement of legislation, regulations, and standards
- Gain an appreciation of the real situation

MOBILIZATION OF RESOURCES AND SUPPORT:

- Focal points for woman, health, and development
- Focal points for workers’ health
- Human and material resources to be identified
Key areas of activity to be studied:

- NURSES
- TEACHERS AND EDUCATORS
- OFFICE WORKERS
- TEXTILE INDUSTRY
- CHEMICAL AND PHARMACEUTICAL INDUSTRY
- FINE WELDING
- ASSEMBLY PLANTS
- FARM WORKERS (PESTICIDES)
- DOMESTIC OCCUPATIONS

* Because they employ large numbers of women and involve activities with high levels of risk and low levels of protection and prevention.
Hypotheses for future scenarios:

- **RAPID INTEGRATION OF WOMEN INTO ALL OCCUPATIONS--FACILITATED BY POLICIES FOR THE DEVELOPMENT OF OCCUPATIONAL HEALTH AND HUMAN RESOURCES--UNTIL THEY REPRESENT APPROXIMATELY 50% OF THE WORK FORCE**

  This presupposes:

  - A better division of labor
  - A reduction of the risk factors to which women are exposed
  - Adaptation of work to women's capabilities

  This represents:

  - A basic frame of reference for equality and defense against discrimination

  This facilitates:

  - Equality of obligations, responsibilities, self-esteem, and responsible competitiveness

- **SLOW INCREASE IN THE INTEGRATION OF WOMEN INTO MALE-DOMINATED OCCUPATIONS**

  This presupposes:

  - Maintenance of the current division of labor, with women remaining in the most demanding, lowest-paying positions in which there is the least opportunity for advancement

  This represents:

  - Continuation of the situation of inequality