

*I. Lagutina,*

candidate of law, associate professor of the department of labour law and social security law  
of the National University "Odessa Academy of Law"

## DEVELOPMENT OF A NATIONAL OCCUPATIONAL SAFETY AND HEALTH PROGRAMME IN UKRAINE: GENDER ASPECT

Occupational Safety and Health remained a priority for many countries and that many developed and developing countries were in the process of formulating or updating their national Occupational Safety and Health policies and their regulatory systems.

Occupational risks for men are better known since their assessment and prevention had previously focused on dangerous jobs in sectors dominated by male workers. However, today, women represent over 40 % of the workforce worldwide, and this increasing proportion has led to a range of gender-related questions about the different effects of OSH risks on men and women. There are well-known gender-related differences concerning the physical demands of heavy work, the ergonomic design of workplaces and the length of the working day; more recent concerns have been expressed about the effects of exposure to hazardous substances and biological agents on reproductive health for both women and men [1, 17].

Analysing the gender dimension in OSH has implications for policy-making and preventive strategies. Recognition of difference and diversity is essential in promoting safer and healthier workplaces for all workers, as general OSH measures for all workers do not always achieve the desired benefits, especially for women workers. The effects of gender roles on health need to be more carefully explored to develop a better understanding of the relationship between occupational health and the social and economic roles of women and men.

Job segregation is one of the key influences on the gender differences seen

in the exposure to occupational hazards and accidents and diseases suffered.

Men and women are strongly segregated into different work sectors, and hold different positions in the jobs hierarchy. For example, men predominate in the construction sector, women in the healthcare sector. Women are more likely than men to be in low paid jobs and less likely to hold supervisory or managerial positions. In addition, women still carry out a greater proportion of unpaid work in the home, and if paid and unpaid works are added together, women are seen to work longer hours than men.

As a result, women are more likely to suffer work-related stress, musculoskeletal disorders — other than back injury — and health problems such as dermatitis, while men are more likely to suffer accidents and health problems from exposure to physical agents such as noise.

The safety and health problems suffered by men are more visible and more likely to be directly linked to a single cause. The fact that risks to male workers are often more evident than those faced by women, together with the OSH focus historically having been on male workers and the traditional industries where they work, are among the reasons that the health and safety of women workers has received less attention than that of men.

Two kinds of gender segregation have been identified: horizontal segregation and vertical segregation.

Horizontal segregation is where the workforce of a specific industry or sector is mostly made up of one particular gender. An example of horizontal segregation can be found in construction, where men

make up the majority of the industry's workforce, whereas childcare is almost exclusively a female occupation.

Vertical segregation is where opportunities for career progression within a company or sector for a particular gender are narrowed. Vertical segregation affects women far more than men. For example, women are less likely to work as managers or senior officials than men.

Because of strong occupational gender segregation in the labour market, women and men are exposed to different workplace environments and different types of demands and strains, even when they are employed by the same sector and ply the same trade. There is segregation between sectors and between jobs in the same sector, and even when employed to do the same job women and men often carry out different tasks. There is also strong vertical segregation within workplaces, with men more likely to be employed in more senior positions. Women predominate in part-time work, in which gender job segregation is even more pronounced.

Other gender differences in employment conditions also have an impact on occupational safety and health. More women are concentrated in low-paid, precarious work and this affects their working conditions and the risks they are exposed to. Women also tend to stay in the same job longer than men so have a more prolonged exposure to the risks that are present. Worker consultation and participation is an important factor in successful risk prevention, but women often work in jobs where trade union representation is weaker, and they are less involved at all levels of decision making.

Gender inequality both inside and outside the workplace also affects women's occupational safety and health and there are important links between wider discrimination issues and health. Women still carry out the majority of unpaid housework and caring for children and relatives, even when working full-time. This adds considerably to their daily working hours and puts extra pressure on them, especially where

there is incompatibility between work arrangements and home life. Women are therefore often described as having a 'double' workload, one paid and a second unpaid in the home.

The increasing proportion of women in the workforce raises a range of gender-related questions about the different effects of work-related risks on men and women. Concerns have been expressed over the different effects of exposure to hazardous substances and 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. At present, there is a shortage of information about the different gender-related risks of exposure to certain chemicals, to genetic materials cultivated and harvested in transgenic laboratories, and to pharmaceuticals with new genetic properties, all of which may have different long-term health effects on women and men.

If health promotion policies in the field of occupational safety and health are to be effective for both women and men, they must be based on more accurate information about the relationship between health and gender roles. 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. The effects on health of each role have to be looked at separately and the potential conflicts and contradictions between them need to be examined. A coherent framework should be developed to ensure a coordinated national approach.

A national policy on OSH should include the specific protection of women workers' safety and health as a goal. It should provide guidance to enable employers, trade unions and national authorities to identify problems, make the appropriate links with general safety and health activities for all workers and develop specific programmes to ensure that the needs of women workers are taken into account in occupational and

industrial restructuring processes at the national level, particularly in the areas of legislation, information and training, workers' participation and applied research.

With the exception of agriculture, the world's most hazardous sectors and occupations have predominantly male workforces. Worldwide, the ILO estimates that some 80 per cent of work-related fatalities are suffered by men. In high-income countries, this figure is 86 per cent. In low-income countries, where communicable diseases are much more common and agriculture is a proportionately bigger employer, the difference between work-related male and female fatality rates is likely to be smaller.

Recent household surveys carried out in several countries indicate that, in traditional agriculture, the accident and disease rates are more evenly distributed between the sexes. In particular, those outcomes that cause long-term disabilities and absences from work, such as musculoskeletal disorders, are more common in female workers than in males. These jobs are often linked to low salary levels. The majority of women agricultural workers are found in the developing countries. They are often assigned the most hazardous tasks, such as mixing or applying harmful pesticides. Frequently, they do not receive adequate protection and information. The result is poisoning and in some cases death. Heavy work during crop cultivation and harvesting can lead to a high incidence of still-births, premature births or the postnatal death of the child and/or the mother.

The proportion of women employed in the world's industrial and service sectors has increased rapidly over the past two decades. In many countries, women now constitute about 50 per cent of the workforce, and may soon be in a majority. Women also now have greater access to "untypical" occupations. This has implications for occupational safety and health services, which in the past have tended to base its assumptions on the average male.

The high proportion of women among the healthcare workers who suffer back injuries is related both to the nature of the work and to the concentration of women workers in nursing. A higher rate of stress-related illness among women may also be due to the types of work involved. They are predominantly employed in high-speed, repetitive tasks that give no scope for decision-making and creativity. For the same reason, repetitive strain injuries are also frequent among female industrial workers. A further factor is the dual workload that is most often placed on women — at the workplace and in the home.

For the most part, there is no great difference between men's and women's biological response to physical, biological or chemical hazards. Nor is the average strength of men very different to that of women [2]. Recent gender-oriented research on occupational health and safety has tended to demonstrate that differences among working populations are based mainly on individual human variability, rather than on biological differences between the sexes [3].

Ukraine is one of the six pilot countries of the International Labour Organization/ European Union project "Improving safety and health at work through a decent work agenda (2010-2012). Following the inception mission carried out in March 2010 which focused on presenting the project to the main national stakeholders and recruit the national coordinator of the project, this second event aimed to: Participate in a Parliamentary Hearing on Occupational Safety and Health (November 17th 2010); Hold the first steering committee of the project (November 18th 2010); Conduct a two-day training workshop on the development of a national programme on OSH (November 18th and 19th 2010).

The first steering committee of the project was held at the State OSH Committee office venue. The terms of reference of the steering committee were discussed and approved. The steering committee was named National Tripartite Supervisory Council of the Project (Supervisory Council). Its members were

agreed upon and Mr. Gennadiy Syslov, Deputy Head of the State OSH Committee, was elected as Chairman of the Supervisory Council. It was agreed that a detailed work plan with a timeframe should be elaborated by the project team and the State OSH Committee within a month.

This two-day workshop aimed at promoting the necessary skills to elaborate a draft version of a National OSH Programme for Ukraine. After the training workshop, the State OSH Committee sent a letter to the Cabinet of Ministers of Ukraine informing them that the Concept Paper should be circulated again among all relevant institutions in order to receive their input and validation. As a consequence of the training workshop, there is thus a renewed motivation on behalf of the State OSH committee to involve other actors, and in particular social partners, in the drafting of the national OSH programme. The most relevant stakeholders are now informed of the need and steps for the elaboration of a national programme and of their possible role in its elaboration.

Effective worker consultation and participation are a key factor in successful accident and ill-health prevention in the workplace. Trade unions have an important role to play in this context, mainly through the workers' safety representative, and there is evidence that in workplaces where trade unions are active, more safety management activities are carried out and better safety records are kept than at non-unionised workplaces. Women are less likely than men to be members of trade unions, and are under-represented among union representatives compared to their overall membership levels. However women are also underrepresented in supervisory and managerial roles, i.e. they are underrepresented in decision-taking roles which include decisions on health and safety. Women should be more directly involved in OSH and their views, experiences, knowledge and skills should be reflected in formulating and implementing OSH strategies. Consultation and participation of women in workplace occupational safety and health

matters might help reduce occupational injuries and diseases.

Ukraine has made significant legislative progress in the promotion of gender equality. It has ratified a number of international agreements, adopted a 'Law on Ensuring Equal Rights and Opportunities for Women and Men' and is implementing national and regional programmes to ensure gender equality. Nevertheless, women in Ukraine continue to suffer from multiple forms of discrimination. Gender inequality persists due to gaps in the enforcement of gender equality legislation. Discrimination in employment and gender stereotypes limit women's access to jobs with better working conditions, which in turn reinforce existing inequalities [4, 1].

In response to a request for technical assistance from the Ukrainian Government, the European Union and the International Labour Office launched the joint technical cooperation project 'Gender Equality in the World of Work' in 2009. Its core objective has been to enable state bodies and social partners to promote gender equality and women's empowerment in the world of work by developing, implementing and monitoring gender-sensitive employment policies and programmes.

As the key state agency responsible for effectively matching labour supply and demand, the Public Employment Service of Ukraine (PES) can play a significant role in promoting gender equality in the labour market, especially if equal opportunity principles are embedded within its operations. The way in which the PES implements its core functions — making available labour market information and job-brokering, employment counselling and vocational guidance, and the administration of passive and active labour market policies — may become an important tool in promoting equal access to quality employment for women and men and in redressing existing inequalities.

The general measures to promote gender sensitivity in OSH management are:

1. Reviewing safety policies, specifically including a commitment to gender

mainstreaming, and relevant objectives and procedures.

2. Seeking to ensure that both internal and external occupational health services will take a gender-sensitive approach (occupational safety and health legislation was often discriminatory, banning women from performing certain work and concentrating on risks in male-dominated occupations. The statement that ‘particularly sensitive risk groups must be protected against the dangers which specifically affect them’ can be considered as a reference to women, even though it is not exclusive to them. In conclusion, its approach is general but allows legislation to be applied in a ‘gender-sensitive’ way).

3. Providing relevant training and information on gender issues regarding safety and health risks to risk assessors, managers and supervisors, trade union representatives, safety committees, etc.

4. Linking occupational safety and health into any workplace equality actions, including equality plans. Gender equality plans are largely spread in the European Union and seen as an effective management tool of a company to institutionalize equal treatment and equal opportunities for male and female workers as well as improve company’s productivity.

In Ukraine, the social partners and the labour inspectors committed to disseminate good national practices developed at pilot companies throughout Ukraine.

5. Looking at ways to encourage more women to get involved in safety committees. For example, are meetings held at times when women can attend?

Generally, a job that is unsafe for one sex will be unsafe for the other.

**Keywords:** decent work, safe working conditions, gender difference, occupational accidents, occupational diseases, development policy, regional development.

У статті підкреслюється, що гідна праця визнається першим кроком на шляху до більшої соціальної інтеграції, створення умов для всебічного

розвитку особистості, реалізації особистих немайнових трудових прав. Особливе значення набуває забезпечення безпечної праці як складові поняття «гідна праця».

В статье подчеркивается, что достойный труд признается первым шагом на пути к большей социальной интеграции, созданию условий для всестороннего развития личности, реализации личных неимущественных трудовых прав. Особое значение приобретает обеспечение безопасного труда как составляющих понятия «достойный труд».

The article emphasizes that decent work is recognized as the first step towards greater social integration and to create conditions for comprehensive development of the individual, realization of personal non-property labour rights. Of particular importance is the provision of safe work as components of the concept of “decent work”.

**Literature:**

1. ILO introductory report: global trends and challenges on occupational safety and health : XIX World Congress on Safety and Health at Work: Istanbul Turkey, 11–15 September 2011 / International Labour Office. — Geneva: ILO, 2011. — 53 p.

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

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

4. Gender mainstreaming in the public employment service in Ukraine: trainer's guide / Valli Corbanese; ILO Decent Work Technical Support Team and Country Office for Central and Eastern Europe. — Kiev, ILO, 2011.- 103 p.