Positive strategy for gender differences for integration in risk assessment

Rita Biancheri¹, Annalaura Carducci¹, Antonella Ninci², Chiara Breschi², Rudy Foddis¹

¹ University of Pisa, Italy; ² INAIL National Institute for Insurance against Accidents at Work, Italy. Received 20 September 2017; accepted 18 October 2017.

Summary. The article analyzes thorough and complete application of the principles of gender mainstreaming in terms of health and safety at work, and proposes a series of concrete operative tools for the implementation of the gender perspective in all areas. Together, we will examine the difficulties encountered in the traditional bio-medical approach, which is usually adopted to understand the psycho-social needs of the individual. Traditional interpretation tools are not sufficient to comprehend the complexity of the factors involved in prevention processes, and this means that the introduction of new approaches will most likely be delayed. Article 28 of Legislative Decree 81/08 stipulates that an assessment of all risks, including those related to gender differences, must be carried out. What this means is that most evaluation methods have not been studied and validated for the appropriate profiling of risks based on sex and gender.

Key words: gender differences, risk evaluation.

A thorough and complete application of the principles of gender mainstreaming in terms of health and safety at work, in accordance with European Community guidelines¹ implies a systematic analysis of prevention from a gendered point of view. In this paper, we have proposed a series of concrete operative tools for the implementation of the gender perspective in all areas. Together, we will examine the difficulties encountered in the traditional bio-medical approach, which is usually adopted to understand the psycho-social needs of the individual. Traditional interpretation tools are not sufficient to comprehend the complexity of the factors involved in prevention processes, and this means that the introduction of new approaches will most likely be delayed. Indeed, many of the characteristics of prevention in the workplace, particularly in terms of the differences between women and men workers, and which need to be considered, are simply associated with differences related to physiological, pathophysiological and metabolic mechanisms. This means that they only refer to biological or medical variables.

Knowledge is a social and changing process, meaning our focus shifts from the things we see to the way we see them, only to end up seeing what we don’t normally see. It is for this reason that women workers have not been considered in the literature and that occupational exposure limits are calculated based on the “average worker”, i.e. a male worker who is considered universal. Physical and cultural differences are excluded: age, gender, geographical area of residence, religion and more vulnerable groups.

As a result, the multi-dimensional concept of health implies a revised disciplinary status, particularly if the concept of gender is not to be considered synonymous with sex, but rather an interpretative category of the differences that characterize the roles, expectations and obligations of men and women from a cultural and social perspective.

¹ “Work-related risks to women’s safety and health have been underestimated and neglected compared to men’s, both regarding research and prevention. This imbalance should be addressed in research, awareness raising and prevention activities” (EU-Osha).
This means that both biology- and gender-based differences between female and male workers should be conceived not only as determinants of health but also as factors affecting health and safety risk prevention, either positively or negatively.

That said, for the application of Regulation 81/2008, we considered gender as a structural factor in personal and professional life organization, and the use of female and male time, which shows the significantly asymmetrical distribution of the many more hours dedicated by women to housework and caregiving duties. This leads to a surplus of work and stress that increases health risks, as evidenced by numerous studies (Biancheri 2017).

It is therefore necessary to tackle labour market issues, and at the same time bear in mind the intertwining discrimination that has long characterized the female condition.2 Still today, the female presence faces a multitude of obstacles, ranging from work-life balance and the difficulties resulting from inadequate support services for children and the elderly, to an organizational model that is based solely on a male breadwinner. The result is the so-called glass ceiling in careers and gender pay gap, horizontal and vertical segregation, low fertility and employment rates. And a gender gap in Italy that is one of the highest in Europe3.

So far, health and safety studies have been carried out separately; however, the time has come to increase and intensify the exchange of ideas and findings, the sharing of accepted terms and norms and the use of theories deriving from other fields and disciplines. This notion is still largely underestimated, but there are conceptual nodes that we have attempted to overcome through the elaboration of an articulated bibliography and by elaborating specific application tools that consider all these factors. For example, the difficulty of home- and work-life reconciliation has been associated with an increase in injury indexes and commuting-related injury indexes.

Article 28 of Legislative Decree 81/08 stipulates that an assessment of all risks, including those related to gender differences, must be carried out. It does not however, define the operational side of this obligation. What this means is that most evaluation methods have not been studied and validated for the appropriate profiling of risks based on sex and gender.

The self-evaluation tool proposed here analyses various aspects that can be conditioned by gender differences or that can detect forms of direct or indirect discrimination. It consists of 30 items that analyse four areas of interest (Figures 1-2).

The first part analyses distribution by gender and the distribution characteristics of female and male workers in the company, as well as in corporate roles and tasks and duties (Demography).

The second area of interest focuses on more technical and methodological aspects, including gender focus in the choice of the model for evaluating specific exposure risks, and the degree of use of a disaggregated sex/gender analysis of collective health surveillance data. The purpose is to provide quality feedback on the evaluation process (Health and Safety: Technical aspects of Gender).

The third area concerns the analysis of the level of integration of issues related to gender and work in training and compulsory company information (Information, Training Participation).

The fourth area investigates the level of commitment and attention of the company in verifying the work/family life reconciliation needs of employees, as well as the adopted measures and solutions (Work-life balance and wellbeing).

The required data can be uploaded to an application (http://varidige.med.unipi.it) or alternatively to a software that can be downloaded from the website. Once all the data have been uploaded and registered, the company immediately and automatically receives a qualitative response. The evaluation is translated into a point scale, with the classic semaphoric iconographic categorization. In addition to giving a concise evaluation, the response focuses on the weaknesses highlighted by the analysis of the data and at the same time proposes measures and corrective actions. The tool also offers a glossary of the words related to the themes of equal opportunity, which are not very well known. The glossary explains the meaning of the terms and provides references to the regulations as well as an in-depth bibliography.

This experiment is still underway and is in the midst of being improved and extended, in light of the economic benefits that gender equality can bring.

---

2 “Improving women’s occupational safety and health cannot be viewed separately from wider discrimination issues at work and in society” (EU-OSHA).

3 “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 work time and puts extra pressure on them, especially where there is incompatibility between work arrangements and home life… 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 keep 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” (EU-OSHA).
References

EU-OSHA. Gender issues in safety and health at work — A review. 2013.


Conflict of interest statement: the Authors declare no potential conflicts of interest or any financial or personal relationships with other people or organizations that could inappropriately bias conduct and findings of this study.

Correspondence to:
Rita Biancheri
Professoressa Associata di Sociologia dei Processi Culturali
Dipartimento di Scienze Politiche
Università di Pisa
Via Serafini 3 - 56126 Pisa, Italy
email rita.biancheri@unipi.it