Chapter 3
Workplace Health Promotion Interventions Concerning Women Workers’ Occupational Hazards

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Introduction

In the European labor market, women today constitute an increasing part of the working population, equaling about 42 percent of the European workforce (European Agency for Safety and Health at Work 2003a) as a result of their dynamic entrance in the labor market during the last few decades. While women have occupied posts even in professions that so far have been considered as “traditionally male,” the European labor market retains a high degree of segregation regarding women’s participation rates in certain occupational sectors (European Agency for Safety and Health at Work 2003a; 2005).

The European Union (EU) has so far applied a gender-neutral approach (European Agency for Safety and Health at Work 2003a; 2005) to policies and legislation concerning Occupational Safety and Health (OSH) to comply with World Health Organization (WHO) guidelines for equality in health standards and access to health service. However, this approach does not seem to suffice for effectively meeting gender-specific issues of occupational hygiene and safety that have emerged concerning female workers in particular.

The female working population carries certain characteristics that have to be taken into consideration through the process of design and implementation of OSH policies, because their interaction with the occupational environment may produce additional hazardous effects for women employees:

Women at work: Points to consider

The Double Role of Female Workers

Women’s workday concerns arising from their roles as mothers, spouses, or carers for the elderly, add an extra load on the mental and physical fatigue they sustain in their workplace (Artazcoz et al. 2004; Artazcoz, Borrell & Benach 2001). Everyday household tasks amount to hours of unpaid overtime on top of the 8-hour working day, increasing their total physical and psychological strain. As a consequence,
women workers are more easily affected by burnout effect or suffer more frequently from work-related stress than their male colleagues, who continue to participate significantly less than women in house tasks.

**Task Design**

Working conditions in terms of ergonomics, working pace, managing heavy workloads, and using tools or personal protective equipment (PPE) (Tapp 2003; Murphy, Patton, Mello, Bidwell, & Harp 2001) are often designed according to the size and the physical strength of an average male worker.

This is a consequence of the fact that many occupational sectors were, until recently, almost exclusively staffed by men, and even today employ an overwhelming majority of male workers. Despite the increase in the participation of female workers in many professional fields, the high cost of adequate interventions still constitutes a forceful barrier to adjusting the modern workplace to female employee’s needs for health and safety.

**Female Reproductive Health**

Because women of child-bearing age constitute a significant part of the female workforce, the protection of women’s reproductive health is an issue of great concern for EU policymakers, in terms of legislation. This applies to factors and working conditions that both directly and indirectly influence the female reproductive system, including fertility (biological, physical, or chemical hazards-e.g., endocrine disruptors that affect women’s ability to conceive), pregnancy (detrimental factors for the foetus during intrauterine development), and lactation. One also has to underline the fact that pregnant women are in need of specially designed ergonomic workplaces (Niedhammer, Saurel-Cubizolles, Piciotti & Bonenfant 2000), that consider changing physical and biological conditions and needs throughout the gestation and post-partum period.

**Physical Strength**

Biological predisposition determines that women employees have reduced physical strength in comparison with their male colleagues (Hooftman, van der Beek, Bongers, & van Mechelen 2005). This fact creates a comparatively higher burden for female workers who perform the same tasks as men, and creates a greater risk for musculoskeletal strain. Furthermore, women’s reduced average muscle force places