



2015/2107(INI)

15.7.2015

OPINION

of the Committee on Women's Rights and Gender Equality

for the Committee on Employment and Social Affairs

on the EU Strategic Framework on Health and Safety at Work 2014-2020
(2015/2107(INI))

Rapporteur: Biljana Borzan

PA_NonLeg

SUGGESTIONS

The Committee on Women's Rights and Gender Equality calls on the Committee on Employment and Social Affairs, as the committee responsible, to incorporate the following suggestions into its motion for a resolution:

- A. whereas working conditions are deteriorating and inequalities between Member States in terms of working conditions are increasing; whereas the economic crisis has been contributing to the aggravation of working conditions;
- B. whereas, in the EU, women's employment is considerably higher in the service sector than in industry; whereas women are mostly employed in the health and social sector, retail, manufacturing, education and business activities and, increasingly, in part-time and casual jobs, which has significant occupational safety and health (OSH) implications;
- C. whereas the EU Strategic Framework on Health and Safety at Work 2014-2020 should include a specific reference to gender differences, and whereas employers should pay particular attention to this issue in training and risk prevention and management activities;
- D. whereas preventing occupational risks and promoting health and safety at the workplace are fundamental ways of creating and maintaining healthier and safer working environments, improving working conditions and effectively combating workplace accidents and occupational diseases;
- E. whereas men have more workplace accidents than women, but women, because of their exposure to particular risks, suffer from occupational diseases to a greater extent;
- F. whereas there is a stereotype of women as having lower-risk jobs, whereas the overall view in Europe is that the division of labour between men and women is never neutral, and whereas, in general, that division obscures women's health problems, as a result of which less preventive action is taken in connection with women's jobs;
- G. whereas work-related stress is the second most frequent health problem in Europe – after musculoskeletal disorders – and almost half of all workers consider it to be common at their workplace; whereas it accounts for almost half the number of working days lost each year and represents an annual cost to society put at EUR 240 billion;
- H. whereas identifying at-risk workers and detecting symptoms early are vital strategies for preventing musculoskeletal disorders, as is the introduction of a follow-up and monitoring system based on clinical assessments, in order to produce a more up-to-date reference model;
- I. whereas combating accidents at work as a whole can succeed only by promoting a people-centred approach, in every respect, to the production process;
- J. whereas employment segregation, the pay gap, working time, workplaces, precarious working conditions, sexism and sex discrimination, as well as the differences associated with the specific physical aspects of maternity, are factors likely to affect the working conditions of women;

- K. whereas, according to the European Agency for Safety and Health at Work, 15 % of EU workers have to handle dangerous substances as part of their job; whereas these substances pose risks to both female and male workers; whereas, however, pregnant women who are exposed to certain toxins are at risk of a complication during pregnancy and/or a birth defect;
- L. whereas research has shown that mental health problems account for large-scale productivity loss, absenteeism and days off work; whereas it is therefore vital for all stakeholders to address both the causes and the symptoms of poor mental health in order to have a resilient and productive workforce that can manage a work-life balance; whereas a gender perspective on mental health at work is required, in part due to prevailing gender inequalities, and organisational practices that promote them, and to the life roles that working women may need to balance;
- M. whereas the current socio-economic crisis has led to the adoption of an increasing number of laws allowing extended working hours until late in the evening, night work, and work on public holidays and Sundays, and to the infringement of rules governing break and rest periods; whereas some sectors, such as retail services, where most of those employed are women, have been more severely affected and whereas this has had direct negative consequences on working conditions, employees' health, and on efforts to secure a work-life balance and social cohesion;
- N. whereas women can face specific risks, including musculoskeletal disorders or certain types of cancer, such as breast cancer or endometrial cancer, as a result of the nature of some jobs where they are over-represented¹;
- O. whereas empirical research suggests that women are underrepresented in health and safety decision-making;
- P. whereas OHS provisions recognise a number of 'vulnerable' groups who face an increased risk when working with dangerous substances; whereas such groups include all workers (male and female) who are inexperienced, have had little or no training, have communication difficulties or have pre-existing medical conditions, young people, migrant workers and pregnant and breastfeeding women;
- Q. whereas health and safety is a dynamic field that must constantly adapt and respond to changing work environments; whereas it should be recognised that there will always be a need for training and that this should address a wide range of issues, including mental health;
- R. whereas women in rural areas have more difficulties in exercising their labour and health rights and are more deprived of access to basic public health services, special medical treatment and early cancer detection examinations;
- S. whereas sexual harassment at work, and the sense of insecurity it engenders, must be combated;

¹ EU-OSHA, 2013, New risks and trends in the safety and health of women at work (<https://osha.europa.eu/en/publications/reports/new-risks-and-trends-in-the-safety-and-health-of-women-at-work/view>).

1. Strongly deplores the fact that the proposal to revise the Maternity Leave Directive risks being withdrawn and, should that happen, insists that the Commission promptly proposes a legislative initiative in order to adapt and update the health and safety provisions of the directive dating from 1992; more generally, deplores the action taken by the Commission under the REFIT programme in the area of health and safety at work;
2. Calls on public and private companies to promote the participation of women in the making of policy decisions, since such participation is of key importance in promoting equal rights and equal treatment for women at the workplace;
3. Calls on the Member States to concentrate, through a European coordination programme, on the needs of small and medium-sized enterprises in order to enable them to improve the implementation of better working conditions for the health and safety of their employees, taking into account the specific needs of women in that regard;
4. Calls on the Member States to step up public investment in appropriate and essential human, technical and financial resources in order to verify compliance with labour standards and penalise any violations thereof, in promoting specialised professional training in health and safety at work, and in campaigns to raise awareness and provide information and advice with regard to industrial relations;
5. Calls on the Commission to establish binding European exposure limits for an extended number of toxic substances, including substances that are carcinogenic, mutagenic or toxic to reproduction, as women in particular are often exposed to a cocktail of substances both in the workplace and in the home, which can increase health risks, including to the viability of their offspring;
6. Stresses the dramatic increase in mental illnesses such as burnout or depression at work, and calls for a kind of pan-European ‘right to be uncontactable’ for all employees and a right to work part-time or at home;
7. Draws the Commission’s attention to the importance of developing prevention of occupational exposure to endocrine disruptors, which have numerous harmful effects on the health of male and female workers and their offspring; calls on the Commission to draw up without delay a comprehensive strategy on endocrine disruptors which includes the implementation of EU legislation on the marketing of pesticides and biocides and enhances the rules on preventing occupational risks;
8. Calls on the Commission to secure through the Working Time Directive and other relevant legislation working hours respecting workers’ health, safety and human dignity and to regulate more efficiently the balance between work and private life for workers and a weekly common day of rest;
9. Calls on the Commission to address the increasing number of musculoskeletal diseases and of certain types of cancer among women resulting from working conditions and from their combination with household chores; reiterates its call on the Commission to propose a directive on work-related musculoskeletal disorders, with particular attention paid to female workers;
10. Calls on the Commission not to overlook the issue of the development of work-related

cancers, such as nasal-cavity tumours, the incidence of which is higher in cases where workers' respiratory systems are not properly protected against types of dust that are relatively common, as they are given off during the processing of wood, leather, flour, textiles, nickel and other materials;

11. Calls for the development and better implementation of OSH structures for women working at client premises, and proposes that a study be carried out on the relevance of legislative regulation of home care;
12. Urges the Commission to conduct a study, broken down by gender and age, on workplace well-being and exposure to stress at work;
13. Calls on the Member States to implement Commission Recommendation 92/131/EEC to promote awareness against sexual harassment, or other conduct based on sex and affecting dignity; calls on the Member States also to take action in the public sector in order to implement the Commission's code of conduct, as an example to the private sector;
14. Calls on the Member States to conduct studies, broken down by gender, age and area of economic activity, into the incidence of musculoskeletal disorders among the working population at national level, with a view to determining how best to monitor those disorders;
15. Stresses the need for employers' organisations and trade unions to further promote awareness of sexual harassment and encourage women to report incidents, taking into account work already carried out through the European Social Dialogue and the Multi-Sectoral Guidelines to Tackle Third-Party Violence and Harassment Related to Work;
16. Welcomes the Healthy Workplaces Manage Stress campaign conducted by the European Commission; emphasises that initiatives for tackling work-related stress must include the gender dimension, in view of the specific working conditions of women;
17. Calls on the Member States to take account of the gender dimension in procedures for assessing health and safety at work risks; calls, in this connection, for support for gender mainstreaming training, for knowledge and activities for safety representatives, labour inspectors and workplace doctors, especially with regard to gender-related violence in order to identify and provide help for victims of domestic violence, bullying or sexual harassment, and for the exchange of best practices, in order to foster better working conditions; stresses the importance of involving female and male workers in decision-making, monitoring and review processes;
18. Encourages the Member States to secure equal opportunities in the exercise of labour rights and equal access to public health care services for all its citizens, giving particular consideration to women in rural areas and other vulnerable groups of citizens;
19. Calls on the Commission and the Member States to promote and encourage mental wellbeing at work, with a strong gender perspective, and to highlight the need to develop and share best practice; calls for an upgraded role for the social partners, in particular trade unions, given their important role in preventing and combating working practices which are an affront to human dignity and the concept of decent work;

20. Calls on Commission and the Member States to develop and support high-quality training in the field of health and safety, working with all stakeholders to develop and share best practice, such as work-based learning, union learning, mental health, first aid, smoking cessation, and gender-specific initiatives such as well woman clinics, and women's health checks;
21. Highlights the fact that any strategy for health and safety at work must include a perspective for combating sexual harassment at work and create safe working environments for women;
22. Emphasises that women must be included in the decision-making processes relating to the development of better health and safety practices in their work environments.

RESULT OF FINAL VOTE IN COMMITTEE

Date adopted	14.7.2015
Result of final vote	+: 19 -: 4 0: 8
Members present for the final vote	Daniela Aiuto, Catherine Bearder, Malin Björk, Vilija Blinkevičiūtė, Viorica Dăncilă, Iratxe García Pérez, Anna Hedh, Mary Honeyball, Elisabeth Köstinger, Agnieszka Kozłowska-Rajewicz, Angelika Niebler, Maria Noichl, Marijana Petir, Liliana Rodrigues, Jordi Sebastià, Michaela Šojdrová, Ernest Urtasun, Elissavet Vozemberg, Jadwiga Wiśniewska, Jana Žitňanská, Inês Cristina Zuber
Substitutes present for the final vote	Biljana Borzan, Louise Bours, Stefan Eck, Linnéa Engström, Julie Girling, António Marinho e Pinto, Dubravka Šuica, Marc Tarabella
Substitutes under Rule 200(2) present for the final vote	Nedzhmi Ali, Therese Comodini Cachia