Maternity Protection Resource Package

From Aspiration to Reality for All

International Labour Organization

PART TWO

Module 8

Health protection at the workplace

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INTERNATIONAL LABOUR ORGANIZATION

Maternity Protection Resource Package

From Aspiration to Reality for All

Module 8:

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Module 8:
Health protection at the workplace[1]

Many women of reproductive age work and thus a significant proportion of the active labour force is comprised of working women who are or may become pregnant. Most women in paid work continue to work throughout their pregnancy and return to work after childbirth in good health. Generally speaking, working during pregnancy is not in itself a risk, except in certain circumstances and especially immediately before and after childbirth. In fact, the need to rest and recuperate around the time of childbirth is an important aspect of maternity protection, primarily addressed through maternity leave (see **Module 6**). However, another important aspect of maternity protection is to ensure that pregnant women are not exposed to working conditions or substances at the workplace that might pose particular risks during maternity. This type of protection is covered under the element of Health Protection, which falls under the broader umbrella of Occupational Safety and Health (OSH).

Fostering and promoting a preventative safety and health culture is a fundamental basis for improving it for all workers, both male and female. It is cost-effective and efficient. A preventative safety and health culture is one in which the right to such a working environment is respected at all levels and where governments, employers and workers actively participate in securing a safe and healthy working environment through a system of defined rights, responsibilities and duties.

When exposure to risks cannot be prevented, minimized or eliminated, protective measures should be established for all workers. Workplaces need to be safe for all men and women workers, at all stages of their life cycle. A broad-based and gender-responsive approach to prevention and protection recognizes that promoting reproductive health is relevant to both men and women. At the same time, such an approach attaches importance to the need for gender-specific interventions.

In the case of maternity, there are certain working conditions that pose particular risks during pregnancy and breastfeeding; if not addressed some of these may compromise the development of the foetus or lead to complications during pregnancy, at childbirth or while breastfeeding. For example, exposure to certain chemicals or radiation, physically demanding work (e.g. heavy lifting) and irregular or long working hours, all carry potential negative health effects for pregnant and breastfeeding women as well as their foetuses or babies. This module covers the principles of occupational safety and health for all, as well as specific OSH concerns related to maternity at work and the appropriate steps to address these concerns.

[1] Much of this module draws on J. Paul: *Healthy beginnings: Guidance on safe maternity at work* (Geneva, ILO, 2004).

Key contents

This module discusses health protection at work, with a particular focus on maternity. It covers the following topics:

- Relevant international labour standards on occupational safety and health (OSH), and health protection during maternity
- The importance of OSH for all, with priority on a culture of prevention
- Specific OSH concerns during pregnancy and breastfeeding
- Concrete measures to identify and address OSH risks during maternity
- Considerations regarding HIV and AIDS, maternity and the workplace

International and national legislation on OSH and maternity at work

ILO standards

Health protection during maternity is covered in detail by ILO standards on maternity protection. This section will discuss these provisions first and will subsequently highlight some of the key ILO instruments that set out the fundamental principles of occupational safety and health (OSH) more broadly.

The general principles in the Maternity Protection Convention, 2000 (No. 183) (see **Box 8.1**) are that pregnant or breastfeeding women:

- should not be obliged to carry out work that is prejudicial to or has a significant risk to her health and safety or that of the child (Article 3);
- shall be provided with additional leave for pregnancy-related illness or complications of pregnancy (Article 5);
- will be provided with paid breaks or reductions in working time to breastfeed her child (Article 10).

As for ILO Recommendations, Maternity Protection Recommendation, 1952 (No. 95) states that night work and overtime work should be prohibited for pregnant and breastfeeding women. During pregnancy and up to at least three months after giving birth, women should not be working in conditions that could harm their health or that of the child. In particular, the employment of pregnant and nursing women should be prohibited with regard to:

- any hard labour involving lifting heavy weights, pulling, pushing or undue physical strain, including prolonged standing;
- work requiring special balance;
- work with vibrating machines.

Box 8.1 ILO Convention on Maternity Protection, 2000 (No. 183) and Recommendation No. 191

Article 3
Each member shall, after consulting the representative organizations of employers and workers, adopt appropriate measures to ensure that pregnant or breastfeeding women are not obliged to perform work which has been determined by the competent authority to be prejudicial to the health of the mother or the child, or where an assessment has established a significant risk to the mother's health or that of her child.

Article 5
On production of a medical certificate, leave shall be provided before or after the maternity leave period in the case of illness, complications or risk of complications arising out of pregnancy or childbirth. The nature and the maximum duration of such leave may be specified in accordance with national law and practice.

Article 10
(1) A woman shall be provided with the right to one or more daily breaks or a daily reduction of hours of work to breastfeed her child.
(2) The period during which nursing breaks or the reduction of daily hours of work are allowed, their number, the duration of nursing breaks and the procedures for the reduction of daily hours of work shall be determined by national law and practice. These breaks or the reduction of daily hours of work shall be counted as working time and remunerated accordingly.

Recommendation No. 191
Guidance on Health Protection (Paragraph 6):
(1) Members should take measures to ensure assessment of any workplace risks related to the safety and health of the pregnant or nursing woman and her child. The results of the assessment should be made available to the woman concerned.
(2) In any of the situations referred to in Article 3 of the Convention or where a significant risk has been identified under subparagraph (1) above, measures should be taken to provide, on the basis of a medical certificate as appropriate, an alternative to such work in the form of:
(a) elimination of risk;
(b) an adaptation of her conditions of work;
(c) a transfer to another post, without loss of pay, when such an adaptation is not feasible; or
(d) paid leave, in accordance with national laws, regulations or practice, when such a transfer is not feasible.
(3) Measures referred to in subparagraph (2) should in particular be taken in respect of:
(a) arduous work involving the manual lifting, carrying, pushing or pulling of loads;
(b) work involving exposure to biological, chemical or physical agents which represent a reproductive health hazard;
(c) work requiring special equilibrium;
(d) work involving physical strain due to prolonged periods of sitting or standing, to extreme temperatures, or to vibration.
(4) A pregnant or nursing woman should not be obliged to do night work if a medical certificate declares such work to be incompatible with her pregnancy or nursing.

Recommendation No. 191 gives more detailed guidance (see **Box 8.1**) and recommends steps that employers should take to ensure that the health of the pregnant or breastfeeding woman is not prejudiced by her working conditions. These steps include:

- assessing workplace risks to the woman and her child (born or unborn), taking account of her health needs;

- informing her of any risks to her own or her child's (born or unborn) health;
- avoiding exposing her or the child to significant health risks, if they exist, through one or more of the following measures:
  - eliminating risks;
  - adapting her working conditions;
  - transferring her to other work without loss of pay, or (if this is not feasible);
  - giving her paid leave until it is safe for her to return;
- avoiding compulsory night work if it is incompatible with her pregnancy or breastfeeding;
- allowing her to take time off to seek medical care during pregnancy;
- allowing one or more breastfeeding breaks or a daily reduction of working hours to breastfeed her child or express milk, without loss of pay;
- establishing facilities in hygienic conditions at or near the workplace, where practical, so that she can continue breastfeeding or expressing when returning after maternity leave.

These standards supplement other conventions and recommendations on occupational safety and health, social security and workers' rights. ILO standards on occupational safety and health set out broad frameworks for fostering a preventative occupational safety and health culture, and extending effective protection to all workers. **Box 8.2** highlights the key instruments on occupational safety and health.

Box 8.2 Selected ILO instruments on occupational safety and health

The ILO has adopted some 40 standards[2] specifically dealing with occupational safety and health, and over 40 codes of practice. Nearly half of all ILO instruments deal directly or indirectly with occupational safety and health issues.

Fundamental principles of occupational safety and health

- **Occupational Safety and Health Convention, 1981 (No. 155)** and its **Protocol of 2002.** This Convention provides for the adoption, implementation and periodical review of a coherent national occupational safety and health policy, as well as action to be taken by governments, employers and workers to promote occupational safety and health and to improve working conditions. The Protocol calls for the establishment and the periodic review of requirements and procedures for the recording and notification of occupational accidents and diseases, and for the publication of related annual statistics.
- **Occupational Health Services Convention, 1985 (No. 161)** provides for the establishment of enterprise-level occupational health services which are entrusted with essentially preventive functions and which are responsible for advising the employer, the workers and their representatives in the enterprise on maintaining a safe and healthy working environment.
- **The Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187)** aims to promote a preventative safety and health culture and to progressively achieve a safe and healthy working environment. It requires ratifying States to continuously improve their occupational safety and health system and develop, in consultation with the most representative organizations of employers and workers, a national policy, a national system and a national programme on occupational safety and health.

[2] See the list in the annex to the *Promotional Framework for Occupational Safety and Health Recommendation*, 2006 (No. 197).

Health and safety in particular branches of economic activity

- **Hygiene (Commerce and Offices) Convention, 1964 (No. 120)** has the objective of preserving the health and welfare of workers employed in trading establishments, and establishments, institutions and administrative services in which workers are mainly engaged in office work and other related services through elementary hygiene measures responding to the requirements of welfare at the workplace.
- **Safety and Health in Agriculture Convention, 2001 (No. 184)** has the objective of preventing accidents and injury to health arising out of, linked with, or occurring in the course of agricultural and forestry work. It includes measures relating to machinery safety and ergonomics, the handling and transport of materials, sound management of chemicals, animal handling, protection against biological risks, and welfare and accommodation facilities, including for breastfeeding.

Protection against specific risks

- **Radiation Protection Convention, 1960 (No. 115)** sets out basic requirements adapted to "knowledge available at the time" – i.e. in accordance with internationally agreed safety standards[3] – with a view to protect workers against the risks associated with exposure to ionising radiations.
- **Occupational Cancer Convention, 1974 (No. 139)** provides for the establishment of a mechanism for the control of carcinogenic substances and agents at the workplace including prescriptions to make every effort to replace these substances and agents by non- or less carcinogenic ones, prescribe protective and supervisory measures as well as to prescribe the necessary medical examinations of workers.
- **Working Environment (Air Pollution, Noise and Vibration) Convention, 1977 (No. 148)** provides that, as far as possible, the working environment shall be kept free from any hazards due to air pollution, noise or vibration.
- **Asbestos Convention, 1986 (No. 162)** provides for the prevention and control of, and protection of workers against, health hazards due to occupational exposure to asbestos. Prohibits the use of certain asbestos products and the spraying of all forms of asbestos and prescribes that demolition of structures containing asbestos only be carried out by specifically qualified contractors.
- **Chemicals Convention, 1990 (No. 170)** provides for the formulation, implementation and periodical review of a coherent policy on safety in the use of chemicals at work.

Codes of practice

ILO codes of practice set out practical guidelines for public authorities, employers, workers, enterprises, and specialized occupational safety and health protection bodies (such as enterprise safety committees). They are not legally binding instruments and are not intended to replace the provisions of national laws or regulations, or accepted standards. Codes of practice provide guidance on safety and health at work in certain economic sectors (e.g. construction, opencast mines, coal mines, iron and steel industries, non-ferrous metals' industries, agriculture, shipbuilding and ship repairing, forestry), on protecting workers against certain hazards (e.g. radiation, lasers, visual display units, chemicals, asbestos, airborne substances), and on certain safety and health measures (e.g. occupational safety and health management systems; ethical guidelines for workers' health surveillance; recording and notification of occupational accidents and diseases; protection of workers' personal data; safety, health and working conditions in the transfer of technology to developing countries).

Source: ILO: Occupation safety and health, **http://www.ilo.org/global/standards/subjects-covered-by-international-labour-standards/occupational-safety-and-health/lang—en/index.htm** [accessed 27 Sep. 2011].

[3] The most recently applied being: the basic safety standards adopted by the International Commission on Radiological Protection (ICRP), originally issued in 1991 as ICRP publication 60. See ICRP: *The 2007 Recommendation of the International Committee on Radiological Protection*, Annals of the ICRP, Publication 103.

National legislation and implementation[4]

General provisions

Most countries acknowledge the need to prevent risks and protect the health of women and their children during pregnancy. The level of protection afforded varies greatly, but generally speaking protection is sought through prohibiting or limiting work which may be harmful to the health of the mother or child. Such prohibition may be worded in general terms. In many countries, the law provides that pregnant women and breastfeeding mothers may not be allowed to do work that is "beyond their strength", which "involves hazards", "is dangerous to their health or that of their child", or "requires a physical effort unsuited to their condition". Other countries list, sometimes in great detail, the type of work that is prohibited to pregnant women or nursing mothers. In a few countries, the law specifies an obligation by the employer to organize work so that it does not affect the outcome of the pregnancy.

National legislation reflects Convention No. 183 and Recommendation No. 191 or earlier Conventions and Recommendations in a variety of ways. Thus, several ILO member States have enacted provisions protecting pregnant and breastfeeding women against the fatigue associated with night work, overtime, dangerous or unhealthy work. A number of States request that employers seek to accommodate pregnant and breastfeeding workers so that their workplace responsibilities do not adversely impact on their condition. This approach, in accordance with modern occupational safety and health practice, permits matching the needs of individual women and corresponding preventive measures.

Guidance and rules designed to protect the foetus become operational when the pregnancy is declared. Ideally, an early notification of pregnancy enables employers to comply with health protection measures, aside from making arrangements for temporarily replacing the worker during maternity leave or reassigning certain tasks in good time. However, some women may wait to disclose their condition as late as possible, perhaps because they are afraid of being dismissed, bypassed for promotion, or because of cultural norms. They might also consider that providing such information constitutes an invasion of privacy.

Night work

In some countries, there is a general prohibition on night work covering all women. In several cases, the prohibition only applies to certain economic sectors (e.g. industry), and there may also be exceptions to the interdiction.

In other countries, night work is not allowed by pregnant and/or nursing women. This kind of prohibition is often limited to the later weeks of pregnancy and for some time after childbirth, though extension to earlier periods of the pregnancy is possible with a medical certificate. In some countries, night work by pregnant or nursing women is forbidden only if there is a risk to the health of the woman or the child.

Legislation in a number of countries resembles the ILO policy stated in Recommendation No. 191, that does not oblige pregnant or nursing women to work during night time.

[4] This section draws from ILO: *Conditions of Work Digest, Maternity and Work*, Geneva, 1994, Vol. 13, pp. 18-22.

Overtime

There is no provision in Recommendation No. 191 concerning overtime. Some countries forbid overtime work for pregnant women, while others provide that they shall not be required to work overtime. Sometimes the restriction also applies to nursing mothers and to mothers with children under a certain age. In other cases, overtime work that "involves a risk to the health of the woman" is also prohibited.

In drafting and implementing restrictions on night work and overtime, consideration must be given to the fact that women in general should not be permanently excluded from doing such work when there is no physical or other reason for such exclusion. Such rules have been considered to constitute unequal treatment of women and men workers and thus, as gender discrimination. The ILO Convention on Night Work, 1990 (No. 171), was drafted precisely to avoid such problems.

Dangerous or unhealthy work

Under the legislation of some countries, a specific assessment must be carried out to establish if the work involves a risk to the health of the mother or child, while other countries are more in line with the previous instruments on maternity protection, which prohibit the employment of pregnant women in positions classified as dangerous. This kind of prohibition sometimes extends to all women, while on the surface this may be laudable, it may also contribute to gender-based employment discrimination.

Several countries provide measures to protect pregnant or nursing women from workplace risks. Transfer to another safer position is the most common measure required when the work involves a significant risk to the pregnant or breastfeeding worker, or to her child. Some countries specify that such measures should not entail loss in benefits or pay. A number of them provide the right to paid leave if other alternatives, such as an adaptation of working conditions or a transfer, are not feasible.

On the other hand, information is scarce concerning the woman's right to return to the same or an equivalent job when it is safe for her to do so.

Arduous work, such as manual lifting, carrying, pushing or pulling loads, is prohibited in a few countries which specify "for all women workers", "for pregnant women" or "during the latter part of pregnancy". In some cases, prohibition continues for a period following the resumption of work after birth.

Several countries provide protection from work involving exposure to biological, chemical or physical agents (see **Box 8.3**). The scope of the protection differs significantly between countries. When protection from radiation is stated, the legislation usually provides protection for women of childbearing age as well as for pregnant women or nursing mothers.

Box 8.3 Examples of legislative protection from work that is dangerous to or unhealthy for reproduction, by country

Algeria. Pregnant workers who occupy a post involving exposure to ionizing radiations will be transferred to a different job. Breastfeeding mothers shall not work in a post where a risk of contamination may exist.

The Plurinational State of Bolivia and Brazil. A pregnant worker whose employment requires her to carry out work that may affect her health, is entitled to special treatment that will allow her to carry out her activities in appropriate conditions, without her wage level or her position being affected.

Bulgaria. The employer, jointly with the health authorities, will annually designate positions and jobs suitable for pregnant women and nursing mothers. Risk assessment shall provide a cover all aspects of the work so as to establish all possible hazards and risks. When identifying the risks to which the workers and employees are exposed, the workers and employees who need special protection, including pregnant and breastfeeding workers and employees, shall be considered.

Chile. Pregnant workers cannot be obliged to perform any dangerous work and must be transferred to work of another type. Work considered prejudicial to health includes any work that obliges the worker to lift, drag or push heavy weights, make physical effort, including standing for long periods of time, and work that the competent authority states as incompatible with pregnancy.

Japan. Pregnant women or women within one year after confinement may not be engaged in underground work or in work which may be harmful to pregnancy, childbirth or nursing, such as jobs involving the handling of heavy weights or where harmful gases are emitted. The scope of such work shall be specified by the government.

Lao People's Democratic Republic. An employer shall not require a woman during her pregnancy or during the six months following her confinement, to perform any work which entails standing continuously for long periods. In such circumstances the employer shall assign women to other temporary duties. While performing these temporary duties, the workers concerned will continue to receive their normal salary or wage for a maximum period of three months, after which they will be paid the salary or wage corresponding to their new assignment.

Mauritius. In the salt manufacturing industry, a woman worker is not required to lift or carry baskets of salt from her seventh month of pregnancy.

Mexico. Pregnant women shall not perform work involving abnormal atmospheric pressure or conditions in which environmental temperature is altered; work producing vibration; or work involving standing for long periods of time.

Paraguay. If there is a risk to the health of the woman or unborn child, either during pregnancy or breastfeeding, the woman shall not undertake dangerous or unhealthy work. Dangerous or unhealthy work is that which, by the nature of the physical, chemical or biological conditions under which it is carried out or by the composition of the raw materials involved, could affect the life or mental or physical health of the woman or her baby.

South Africa. Ergonomic hazards like heavy physical work, static work posture, frequent bending and twisting, lifting heavy objects, repetitive work, and awkward postures, standing for long periods and sitting for long periods must be assessed. Furthermore, physical hazards must be assessed like noise, vibration, radiation, electric and electromagnetic fields.

Source: ILO Database of Conditions of Work and Employment Laws on Maternity Protection, **www.ilo.org/travdatabase**.

Time off for medical examinations

Regular health monitoring during pregnancy can be an effective means of preventing abnormalities or complications at birth. Some countries provide for time off during pregnancy to undergo medical examinations, but this may only be granted if the prenatal examinations cannot take place outside working hours. This is what is called for in the 1992 EU Directive on pregnant workers (see **Box 8.4**).

Box 8.4 EU Directive 92/85/EEC

Article 9
Time off for antenatal examinations
Member States shall take the necessary measures to ensure that pregnant workers within the meaning of Article 2(a) are entitled to, in accordance with national legislation and/or practice, time off, without loss of pay, in order to attend antenatal examinations, if such examinations have to take place during working hours.

Source: European Council: Directive 92/85/EEC of 19 October 1992, Brussels, p. 6.

Health protection and maternity at work

Many women are able to continue working until late in their pregnancies and return to work while still breastfeeding without specific health problems. Even so, workplace health protection is essential because:

- Women may be more susceptible to some workplace hazards at these periods of their reproductive cycle and may be harmed in different ways.
- Health needs of pregnant and breastfeeding mothers change:
  - ➔ as the pregnancy progresses;
  - ➔ immediately before and after delivery;
  - ➔ when breastfeeding.
- The work itself may be hazardous.

Women may have specific needs because of conditions common to pregnancy or breastfeeding. Conditions or symptoms a woman may have during pregnancy include: back pain, swelling of hands and feet, nausea, palpitations, high odour sensitivity, muscle stiffness, pelvic girdle pain, increased urinary frequency, high blood pressure or varicose veins. Some of these can be easily dealt with, for example, by ensuring the woman has good access to a clean toilet as frequently as necessary, or appropriately adjusting the height of the workstation and promoting frequent change of working posture.

She may also need special clothes or uniforms as the pregnancy progresses. Breastfeeding women need breaks to breastfeed or express milk (with the frequency changing as the child matures) (see **Module 10** for more information on breastfeeding). They may also need more frequent pauses or breaks. HIV and AIDS also raises particular considerations at work with regard to maternity; more on this can be found at the end of this module.

In addition, the workplace may sometimes pose hazards that can affect reproductive health. Men and women workers, as well as unborn or breastfeeding infants, can all be harmed, though not necessarily in the same way, at the same time or by the same hazards. There are many kinds of agents and conditions at work that can potentially affect reproductive health. These can be divided into different groups:

- biological agents;
- chemicals;
- physical agents;
- physical and mental demands;
- other workplace health and safety and hygiene issues;
- working conditions.

The hazards for reproductive health most relevant for pregnant and breastfeeding women, together with examples of their potential harm, are shown in **Table 8.1**.

Table 8.1:
Examples of how agents and working conditions can affect reproductive health, with particular emphasis on effects on pregnancy and breastfeeding

Type of hazard	Examples	Examples of potential reproductive harm
Biological agents	Bacteria, viruses, parasites and fungi, including: • infections carried and transmitted by people • diseases carried by animals or other wildlife • micro-organisms found in water, food, soil or other substances	• Any severe infection is likely to harm the woman and therefore put the baby at risk • Some micro-organisms can infect the womb and cause miscarriages, foetal death, birth defects, stillbirth, premature birth or early neonatal death • Some agents can lead to increased risks of cancer, illness or other health problems for the woman or the child in later life • A few agents can cause abnormal bleeding, blood clotting problems or complications at birth • The woman may pass on an infection without experiencing any symptoms herself
Chemical agents	Chemicals, chemical compounds or chemical intermediates in any form, including: • chemicals that are or may be carcinogenic, teratogenic or mutagenic or toxic to reproduction at any stage	**Before conception:** Menstrual disorders; low sperm count, infertility or sterility; reduced sexual drive or impotence; damage to male or female reproductive organs; irreversible genetic damage in sperm and eggs causing disease or birth defects, miscarriage or stillbirth **Upon conception:** Difficulties conceiving a child

Type of hazard	Examples	Examples of potential reproductive harm
	• some heavy metals (e.g. mercury, lead) • some drugs • harmful chemicals that may be absorbed through the skin, swallowed or breathed in (e.g. pesticides or tobacco smoke) • endocrine-disrupting chemicals	**During pregnancy:** Miscarriage, stillbirth, cancer, disease, birth defects and/or developmental problems On the child **at or after birth** or **during breastfeeding:** • Premature birth, early neonatal death, low birth weight or developmental problems due to toxic effects of substances affecting development in the womb • Early childhood cancer due to effects of earlier exposure to carcinogens • Toxic effects, including developmental problems and allergies due to substances carried in the mother's breast milk or on parents' work clothes or skin
Physical agents	• Ionizing and non-ionizing radiation • Impacts or excessive movements (e.g. shocks, jolts, vibration) • Noise • Extremes of heat or cold (including climate) • Pressurized atmospheres	Physical agents can cause different kinds of reproductive harm to the woman and her child. Some effects, such as the effects of diving when pregnant, can be serious and life threatening. Depending on the agent and the nature and timing of exposures, they may: • harm the expectant mother • threaten her health and her pregnancy • cause foetal lesions or other damage • lead to low birth weight, miscarriage or premature birth
Physical and mental demands, movements and postures	• Arduous work • Manual handling of loads • Prolonged sitting or standing • Awkward movements or postures • Transportation or travel • Stressful work or work situations • Intensive workloads • Work requiring balance • Uniforms that do not fit or impede movements	• Increased risks of injury or ill-health due to stress or strain on the woman's body, particularly on her heart, circulatory system, her limbs or her lower back • Increased risks of anxiety and stress • Pain and fatigue • Possible increased risks to the health and development of the unborn child and to the pregnancy In particular, potential harm from prolonged sitting or standing, postural problems, over-exertion, prolonged stress, and fatigue, are often documented
Working time and conditions	• Night work, rotating shifts • Long or inflexible working hours (including overtime) • Restrictions on breaks • Starting and finishing times (too early or too late)	Long hours combined with intensive or arduous work can increase risks of fatigue and exhaustion. They can also aggravate other problems, such as risks from manual handling, postural strain or hazardous exposures Inflexible piecework systems, intensive workloads, lack of control over the pace of work, or inability to take rest or toilet breaks when needed, can increase physical and mental stress and strain

Type of hazard	Examples	Examples of potential reproductive harm
	• Lone working • Workplace harassment, sexual harassment, lack of psychological support • Restrictions on maternity leave or leave for medical care • Lack of nursing breaks, breastfeeding facilities when breastfeeding	Lack of psychological support or intentional denigration from employers and co-workers vis-à-vis maternity, maternity leave and breastfeeding, can have mental consequences on mother and child Inadequate maternity leave both before and after the birth, or not being allowed to take sick leave if there are medical complications, can increase risks to mother and child. Preventive care is important: it can help to detect and avoid later complications
Workplace and hygienic problems	• Inadequate first aid, fire and emergency procedures • Unsanitary or unhygienic conditions • Lack of access to clean toilets, washing and changing facilities • Unhygienic eating and refreshment areas, lack of safe drinking water • Lack of nursing or rest facilities • Unsafe water (for washing, cleaning, cooking or drinking) • Rough terrain, uneven or slippery floor surfaces • Lack of space or poor workplace layout • Remote or inaccessible workplaces/environment	• Lack of suitable sanitation, washing and changing facilities and poor general hygiene increase the risks of infection, contamination, discomfort and stress • Unsafe drinking water and contaminated industrial water supplies increase the risks of dehydration and heat stress • A woman with restricted mobility may be particularly vulnerable in a medical emergency or fire • Breastfeeding facilities should never be in a toilet

Whether the adult or the child is harmed depends on:

- what the hazards are;
- what harm these hazards can cause, and how;
- how much of the hazard the workers are exposed to;
- when and how the workers are exposed;
- how long and how often they are exposed;
- any synergistic effects (increased effects from exposure to more than one hazard at a time);
- any other individual factors (different people can be affected in different ways).

Some countries have developed national guidelines on arranging the work of pregnant employees. ***RESOURCE SHEETS 8.1, 8.2*** and ***8.3*** provide examples from Hong Kong, China, based on the findings of the *Journal of the American Medical Association*.

Reproductive health for all workers

Health and safety of pregnant and breastfeeding workers have been a concern of the ILO since its foundation in 1919. In recent years, reproductive health hazards for both men and women have also become a focus of attention. For instance, the 2009 ILC Resolution on Gender Equality at the heart of decent work emphasized that "*Greater attention needs to be paid to men's and women's specific occupational safety and health needs, including reproductive health of both women and men, by promoting appropriate policies and practices for women and men.*"[5]

Concerning men, some reproductive health hazards in the workplace can affect their fertility capacity, sex drive or sexual performance. Some of these hazards can cause cancer in male reproductive organs or damage the male reproductive system or harm its development.

Exposure to harmful substances that damage male reproductive health can also affect his wife or partner, especially if pregnant, as well as the child. This is true even if they have not themselves been directly exposed to harmful agents:

- Some harmful agents (infection or chemicals) can be carried in sperm or in seminal fluid, and can enter the woman's body and harm her or her child.
- Some can cause the wife to miscarry. The child may be born with birth defects or may be stillborn.
- Some harmful agents can be carried from the man's workplace to the home on contaminated clothing, skin or other objects, thereby exposing others to harm.

Hazards affecting reproductive health can be of biological, chemical, or physical origin. Some of the occupations where hazards may occur include: chemical and drug manufacturing; medical, dental and veterinary workers (using anaesthetic gases for example); dry cleaners; rubber workers; cosmetic manufacturers, hairdressers and barbers in contact with hair dyes; smelters and welders in contact with lead, manganese or nickel; pesticide workers and farmers; and bakers and foundry workers subject to high temperatures.

Whereas Convention No. 183 and Recommendation No. 191 and previous maternity protection standards relate specifically to women's health, several other standards aim to protect the health of both men and women at work. They include those highlighted earlier in **Box 8.2**, as well as other occupational safety and health standards and codes of practice. These latest provide universal guidance as well as guidance specific to economic branches of activity and to particular risks.[6] Some more general considerations on occupational safety and health policies that provide protection for all workers are highlighted in **Box 8.5**.

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5 ILO: *Equality at the heart of decent work*, Report IV (No. 13), International Labour Conference, 98th Session, Geneva, 2009, p. 170.

6 See ILO: Occupational Safety and Health, http://www.ilo.org/global/standards/subjects-covered-by-international-labour-standards/occupational-safety-and-health/lang—en/index.htm [accessed 27 Sep. 2011].

Box 8.5 Considerations for health-related workplace policies for all workers

Building and strengthening a preventative safety and health culture in the workplace should be the first priority. When exposure to risks cannot be prevented, minimized or eliminated, protective measures should be established for all workers, men and women, 'regular' and 'non-standard' workers, including migrant workers, seasonal workers, temporary and part-time workers, etc. With respect to maternity, risk assessments are fundamental for identifying specific concerns that require specific solutions.

- If a policy is fully inclusive, all workers will be protected. Potential hazards may affect workers at any life stage, not just during maternity, although pregnant and breastfeeding workers (and their children) may be affected in specific ways. For example, mutagens can alter the structure of a cell's genetic material. Hence, they can negatively affect the foetus during pregnancy, and they can also cause cancer in adults. Prevention and protection for all workers will prevent and minimize risks more broadly.
- Beyond prevention and protection for all workers, assessments are needed to identify specific risks during pregnancy and breastfeeding. All workers should be covered by such assessments, including temporary staff, migrant workers, etc.
- Reproductive damage can occur at any age so it is important to avoid arbitrary age limits for people at risk.
- It is also important to reflect upon the situation of men of reproductive age, of fathers and fathers-to-be.

Source: J. Paul, 2004, op. cit., p. 65

Improving safety and health at work

Establishing a preventative safety and health culture at the workplace

While pregnant women were historically covered by measures (e.g. prohibitions) to protect them from potentially harmful work, contemporaneous norms emphasize the establishment of a preventative work culture of safety and health for all. Preventing risk and promoting reproductive health by removing hazards and adjusting work to fit the needs of pregnant or breastfeeding workers should fall under a broader framework of universal risk prevention and safety and health protection.

Governments, employers and workers are responsible for actively participating in securing a safe and healthy working environment, through a system of defined rights, responsibilities and duties, with the highest priority on the principle of prevention.[7] Social dialogue at legislative and policy levels, and at the workplace, is critical. At the workplace, employers and workers (including those who are pregnant and breastfeeding) can work together at all stages to jointly develop a culture of prevention, and to establish rules and procedures.

To prevent risk and promote safety and health throughout pregnancy and breastfeeding, raising awareness regarding the rights and duties of the employer and the workers themselves is the key. A workplace policy on maternity protection can set out the rules and procedures for promoting safety and health throughout maternity, and can be a part of the workplace safety and health policy. All workers should be aware of the policy as maternity protection requires universal support at the workplace.

[7] See Convention No. 187, Article 1(d).

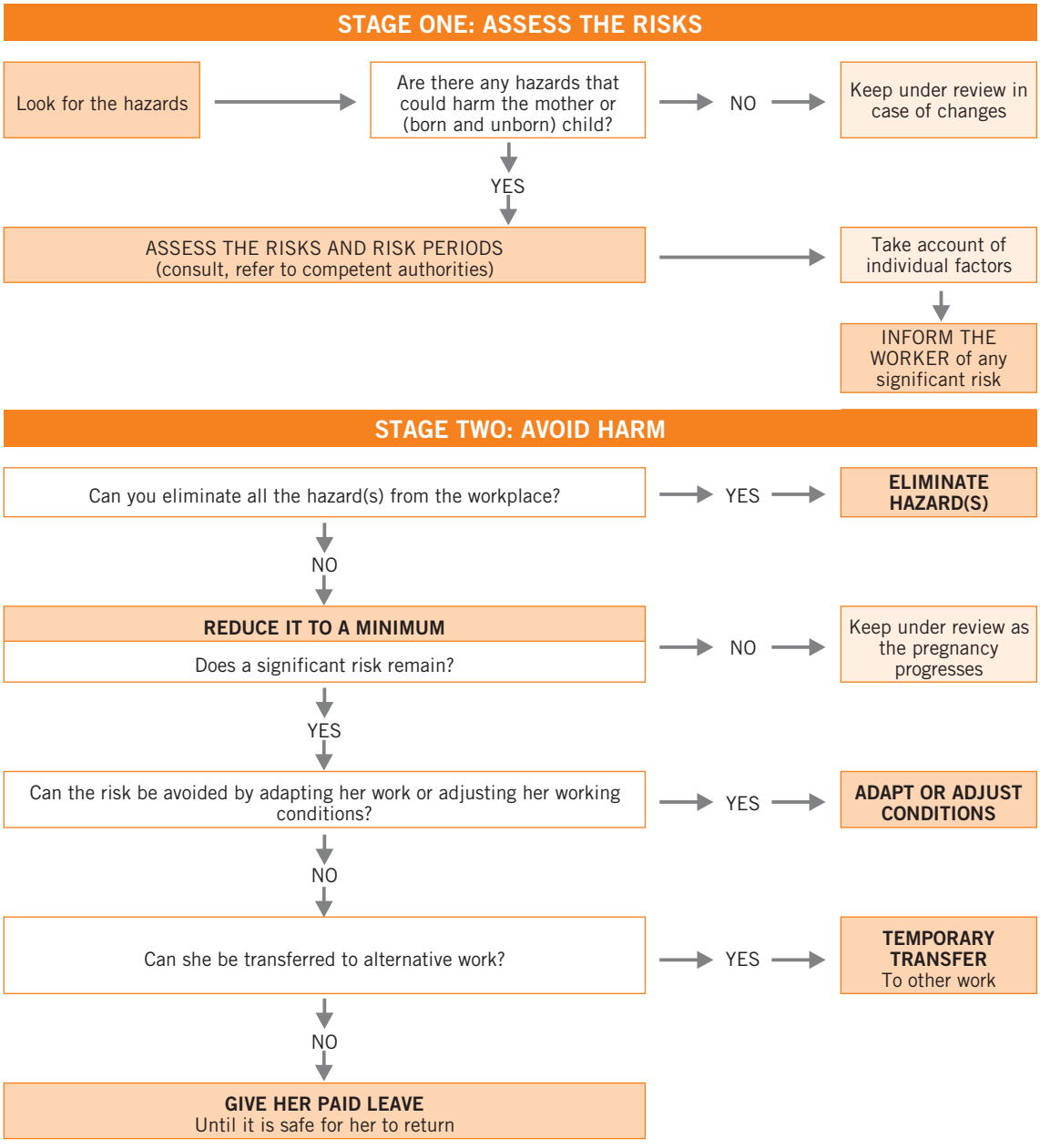
Assessing the risks

In accordance with Convention No. 183 and Recommendation No. 191, an employer should undertake a risk assessment upon notification that a worker is pregnant. The following are four initial steps to a risk assessment:

- Identify the hazards;
- Identify people at risk;
- Evaluate the risks;
- Record the risks and ensure the record's availability for the workers concerned.

When risks are identified, measures must be taken. **Figure 8.1** shows the hierarchy of management of those risks which is provided by Recommendation No. 191.

Figure 8.1: Hierarchy of measures[8]



[8] J. Paul, 2004, op. cit., adapted from UK Health and Safety Executive: *Health and safety of new and expectant mothers in catering*, HSE Catering Information Sheet No. 19 (London, 2001).

A sample checklist for identifying workplace risks and a risk assessment form developed by the ILO, as well as other risk assessment and control tools including guidance and guidelines, are listed in **Key Resources**. A key to successful risk assessment and control is involving and consulting workers, especially women, and their representatives or advisors. The information available from these workers, especially information about individual factors, should be considered. Some individuals may be particularly at risk, either because of past exposure or complications, or because of their working conditions. As such, it is important to take account of any medical certificates provided. **Box 8.6** describes a **communication tool** developed in Japan to improve employers' understanding of health risks for pregnant workers and to promote preventive measures.

Risk assessments should be kept under review as the pregnancy progresses, as the condition constantly changes during pregnancy. Any significant changes in the individual's health (or complications of pregnancy or birth) or proposed changes in the work, work equipment, workforce or workplace should also be assessed for risks to measure their impact on workers' health.

Box 8.6 Maternal health supervision communication card in Japan

In order to enable the employer to take necessary measures for health protection of workers during maternity, it is essential to ensure that information regarding medical advice given to the worker be accurately transmitted to the employer. The required arrangements should be clearly indicated to facilitate timely action by the employer. The maternal health supervision communication card issued by Japan's Ministry of Health, Welfare and Labour is such a communication tool between health-care providers and the employer. The health-care provider is able to provide all necessary information on health problems and required arrangements at the workplace to the employer through the card.

Source: Ministry of Labour: *Guidelines Concerning Measures to be Taken by Employers in Order that Pregnant and Postpartum Women Workers May Follow Guidance Based on Health Guidance or Medical Examinations*, Notice No.105, 25 Sep. 1997.

Sometimes risks can be identified through more formal assessments on the subject (see, for example, those undertaken by the Clean Clothes Campaign in **Box 8.7**). Such assessments provide opportunities both to prevent risks and harm, and to engage in education and training on safe maternity at work.

Box 8.7 Clean Clothes Campaign and Safe Maternity at Work

In the clothing industry, the **Clean Clothes Campaign** has played an active role in researching working conditions and compliance with voluntary codes of conduct. Factories around the world supplying major retail brands are cooperating with customers' own auditors and reviewing labour conditions, including issues affecting pregnant workers' health and safety.

The Clean Clothes Campaign has brought manufacturers, their customers and trade unions together to develop codes of conduct, undertake assessments and press for improvements where possible. Thanks to their assessments, they were able to identify problems in implementing maternity protection in garment companies in China, Bangladesh, Thailand, Indonesia, Mexico and many other countries around the world. The campaign has highlighted that where maternity protection rights to employment protection and leave are violated, women are fearful of disclosing their pregnancies. This practice raises the risks of inadequate nutrition, poor antenatal care and exposure to workplace hazards that can cause birth defects, miscarriages and low birth weights. The campaign also found instances of pregnant women being required to work long hours, unable to take leave for related medical reasons or simply having their employment terminated rather than being provided with a temporary and safe work alternative.

The Clean Clothes Campaign also provides advice for employers, workers and trade unions on maternity rights. It publishes examples and interviews of workers obtaining maternity leave and safe working conditions. It also provides guidelines on how to write comprehensive and efficient codes of conduct, which respect the rights and health of women workers.

Sources:
Clean Clothes Campaign (CCC): *Made by women: Gender, the Global Garment Industry and the movement for Women Workers' Rights.* (Amsterdam, CCC International Secretariat, 2005).
E. Haan and G. Phillips: *Made in South Africa.* (Amsterdam, Clean Clothes Campaign, 2002).

Controlling the risks

The first step is to identify and evaluate the hazards and risks at work that could harm the safety and health of the woman or her child; the second is to control the risk by eliminating or reducing it or, if a risk remains, taking alternative measures. Both employers and trade unions have an important role to play in assessing and improving health conditions at work. **Table 8.2** offers an example of addressing potential risks in the catering industry.

Table 8.2:
Measures to mitigate risks for new and expectant mothers in the catering business

Risk	Measures
During manual handling, increased risk of postural problems when pregnant or limitations of ability when the woman has had a Caesarean section	Ensure the woman has light duties not requiring excessive physical exertion
Risk of heat stress, dehydration or fatigue from extremes of hot or cold	Ensure access to refreshments and regular short breaks
Fatigue from prolonged standing or workload involving much physical effort can lead to problems with the development of the baby	Ensure the woman can take short breaks Ensure seating is available where possible
Raised blood pressure associated with stress	Discuss and agree to the volume of work and the pace of work
Morning sickness arising from early shift work	Introduce flexible rostering
Morning sickness associated with nauseating smells	Find flexible work allocation
Poor balance in later stages of pregnancy increases the risks from slippery surfaces	Clean spillages immediately and ensure sensible footwear is worn

Source: UK Health and Safety Executive, cited in J. Paul, 2004, op. cit.

Adapting work or working conditions

Potential solutions for adapting work or working conditions to make them more appropriate for pregnant women include:

- A pregnant shop worker is given varied tasks in late pregnancy as she finds it hard to sit or stand for too long at one time. Demanding physical labour and handling sale goods on high shelves is also avoided.
- A pregnant woman has severe backache made worse by her job, which involves standing all day at an assembly bench. By adjusting the height of her workbench and providing suitable seating to support her lower back and rotating her tasks, the need for prolonged standing or sitting at work and awkward postures is avoided.
- A domestic worker is experiencing problems carrying washing and cleaning equipment up and down stairs in the second half of her pregnancy. Her employer arranges for her to start work at the top of the house and work down in order to avoid

her going up and down stairs and for someone else to carry the cleaning equipment from one floor to another. She suggests using a small trolley to carry the washing from one place to another, reduces the workload and encourages the worker to sit and rest for a short time if she gets tired or out of breath.

- Uniforms for service workers are specially adapted for pregnant and nursing staff to allow for their changing body shape and size without being too tight or too loose for safety, movement and comfort.

Relocating the worker

Box 8.8 shows examples (not always successful) of finding alternative work for pregnant women. Other examples include:

- A farm worker who is pregnant during the lambing season is reallocated to an area where she does not have to come in contact with pregnant ewes at lambing time, to avoid risks of infection.
- A heavily pregnant worker who is finding it increasingly hard to climb the steep stairs to her second floor workroom is temporarily relocated in another workroom on the ground floor.
- A pregnant worker's midwife tells her that she should stop working night shifts because she is suffering from fatigue. She is transferred to day work until well after her return from maternity leave.

Box 8.8 Finding alternative work for pregnant women, Austria

When women workers in one of Europe's largest municipal laundries (the Vienna City Laundry in Austria) become pregnant, they are transferred to less arduous sedentary work in the sewing room. Even though the laundry has been extensively mechanized and automated, the work in the central area remains physically challenging: it involves working in extreme heat, in close contact with hazardous chemicals, soiled linen, blood-borne viruses, performing manual handling and standing for long hours in fixed and awkward positions.

Linen, uniforms and protective clothing from all the major hospitals in the area have to be labelled and mended, as well as washed and pressed. Relocating pregnant workers to work in the sewing room in another part of the building avoids the risks of fatigue, infection, heat stress and injury for the pregnant worker and the unborn child.

Source: J. Paul, 2004, op. cit., p. 61.

Promoting healthy maternity

Healthy maternity is beneficial not only to pregnant and nursing workers but also to employers and other workers. Promoting healthy maternity enables:

- a pregnant woman's continuation of work until the day her maternity leave starts;
- fewer complications, a quick recovery from birth and return to work upon expiration of maternity leave;

- the health of the baby, which minimizes the need for days off to care for a sick child;
- increased loyalty and commitment to the workplace and motivation for work.

The following can help to promote healthy maternity:

- Development of a preventive safety and health culture. Safety and health is everyone's business. When overall safety and health is improved, workers during their maternity period also benefit at both national and enterprise levels.
- Involvement of all concerned: everyone has specific roles to play in creating safe and healthy workplaces. Employers, workers, trade unions, and when applicable, occupational health staff and safety and health committees are key players.
- Cooperation with external resources: good communication with reproductive-health services, public-health services, community-based activities and all other stakeholders enables a holistic approach to healthy maternity.

HIV and AIDS, maternity and the workplace[9]

What is HIV and what is AIDS?

"HIV" refers to the human immunodeficiency virus, which damages the immune system. "AIDS" refers to the acquired immunodeficiency syndrome, which results from advanced stages of HIV infection, and is characterized by opportunistic infections, cancer, or both. Without treatment, a person with AIDS may eventually die from opportunistic infections (e.g. pneumonia, tuberculosis) or cancer.

People living with HIV can look perfectly healthy. However, no matter the stage of the disease, people living with HIV can pass on the infection to others. Many HIV positive persons live full and productive lives and depend on their jobs for sustaining their families.

People can only become infected with HIV through direct contact with contaminated body fluids (**Box 8.9**). A woman living with HIV can transmit the infection to the foetus or her infant during pregnancy, delivery or breastfeeding. However, such mother-to-child transmission is almost completely avoidable if she is on antiretroviral therapy. See **Module 10** for information regarding HIV transmission during breastfeeding.

[9] The following section was taken in part from the Workers' Compensation Board of British Columbia: *Controlling exposure: protecting workers from infectious disease* (Vancouver, 2009).

Box 8.9 Body fluids that can contain HIV

The following body fluids have been shown to contain high concentrations of HIV:

- blood
- semen
- vaginal fluid
- other body fluids containing blood

The following are additional body fluids that may transmit the virus. Health-care workers, for example, may come into contact with such fluids at work:

- fluid surrounding the brain and the spinal cord
- fluid surrounding bone joints
- fluid surrounding an unborn baby
- breast milk

Source: Department of Health and Human Services: *HIV/AIDS questions and answers*, Centers for Disease Control and Prevention, 2010, http://www.cdc.gov/hiv/resources/qa/transmission.htm [accessed 20 Sep. 2011].

HIV and AIDS and women

In many countries, women are disproportionately affected by HIV and AIDS (see **Box 8.10**). Women who are living with HIV and become pregnant may face additional health risks. A recent assessment of 181 countries showed that in 2008, maternal deaths would be reduced by roughly 60,000 worldwide in the absence of HIV. Extending appropriate HIV diagnosis, prevention and treatment services would be an important step in reducing maternal mortality.[10]

In order to protect their own health, the health of their co-workers and of their children, all pregnant women should know their HIV status and take appropriate action accordingly. However, in 2009, an estimated 26 per cent of the estimated 125 million pregnant women living in low- and middle-income countries were tested for HIV.[11] Thus, the majority of pregnant women is still unable to access appropriate preventive measures if HIV-negative, or treatment and support if positive.

Women who are HIV-infected should be assessed for treatment, which is becoming increasingly available and affordable in many places (see also HIV diagnosis, prevention and treatment services through the workplace, page 24). Women living with HIV who are followed medically, and if necessary on treatment according to medical guidelines, may not require any special considerations regarding their work during their pregnancy. Medical benefits that cover the cost of medical care before and/or during and/or after childbirth should also cover services for the prevention of mother-to-child transmission of HIV (PMTCT).

[10] M.C. Hogan et al.: "Maternal mortality for 181 countries, 1980–2008: A systematic analysis of progress towards Millennium Development Goal 5", in *The Lancet* (2010, Vol. 375, No. 9726), p. 1613.

[11] WHO/UNAIDS/UNICEF: "Towards universal access: Scaling up priority HIV/AIDS interventions in the health sector", Progress Report 2010 (Geneva, 2010).

Box 8.10 Women, HIV and AIDS

Globally, about half of all people living with HIV are female, with variation within regions, countries and communities. In low- and middle-income countries, rates range from a low of 31 per cent in Eastern Europe and Central Asia to approximately 60 per cent in sub-Saharan Africa. Rates also vary by age: in the Caribbean, where women comprise 48 per cent of people living with HIV, young women are approximately 2.5 times more likely to be infected with HIV than young men. In Southern Africa, girls are 2 to 4.5 times more likely to become infected with HIV than boys, which compounds other vulnerabilities such as humanitarian and food crises as well as time poverty associated with unpaid care work. Women are also more likely than men to be poor, which in turn limits access to preventive measures or effective drugs. The lack of access to the latter, reduced purchasing power and inadequate knowledge associated with poverty disproportionately affect infection rates among women.

Because of biological and socio-cultural reasons, women are more vulnerable to HIV infection and are more affected by the virus. Studies have shown that women are more likely to contract HIV from heterosexual intercourse. In several countries, especially in sub-Saharan Africa, women are less informed of and have less access to proper contraception methods, receive insufficient testing during pregnancy and are overall less informed of the disease. Gender inequalities in decision-making also lead to greater vulnerability as women, even when they possess accurate knowledge, might not have decision-making or economic power to impose protective measures on their partner during intercourse. They are also more easily stigmatized and are often the victims of sexual violence, which in turn heightens their risk of infection. Women living in precarious economic conditions are more easily driven into sex work and high-risk behaviour.

Sources:
UNAIDS: *Action framework: Addressing women, girls, gender equality and HIV*, (Geneva, Aug. 2009).
WHO: *Women and Health: Today's evidence, tomorrow's agenda* (Geneva, 2009).

Preventing occupational transmission of HIV at the workplace

Although it is relatively rare to contract HIV from exposure at the workplace, this does not negate its possibility. Occupational exposure may occur through a needle injury or another sharp object that contains HIV-infected blood, or if blood splashes in the eyes or mouth. It is also possible for HIV to enter through breaks in the skin, especially if workers exposed to such blood do not wear gloves when they have perforated skin. Any worker who comes in contact with any of the body fluids that can spread blood-borne diseases, including HIV, is at risk.

Some occupations where direct contact with body fluid is part of routine work have higher risks of exposure to HIV. These include: health-care providers (surgeons, nurses, operating and emergency room staff, paramedics, dentists, dental hygienists, etc), laboratory workers and technicians, fire fighters, police, cleaners in hospitals, waste-collection workers, housekeepers and maintenance workers. Sex workers are also at high risk.

Transmission of blood-borne pathogens is preventable (see **Box 8.11**) and the prevention procedure is the same for all blood-borne diseases. Many individuals who are HIV-infected display no symptoms and do not know that they are infected; it is important to consider all blood as potentially infectious, and to use appropriate standard precautions for all contact with blood and body fluids.

The most efficient means of protection from HIV-infected blood or other body fluids at the workplace include the use of gloves when handling body fluids, disinfection and cleaning measures (e.g. autoclaves) and the use of condoms when having sex (in the case of sex workers). In the context of the health-care system, these measures form part of the "Standard precautions in health care", issued by the WHO in 2007.[12]

Box 8.11 Infection-prevention tips at the workplace

A good way to identify potential exposure is through workplace inspections, staff feedback, incidence investigations, first aid records, and claims records. Once potential exposures have been identified, consider the following prevention methods:

- Follow a proper hand-washing procedure. Hand washing is the simplest, most effective means of controlling the spread of most infectious diseases.
- Follow routine practices whenever there is any possibility of exposure to blood or other body fluids. Routine practices include hand hygiene, safe work practices, and the use of gloves, eye protection, and gowns.
- Replace conventional sharps with needleless systems or devices that have safety-engineered features (for example, retractable needles, blunt-tip suture needles, and shielded scalpels).
- Develop safe work procedures that encourage immediate disposal after using a sharp, prohibit recapping of sharps, and make use of "hands-free" (or neutral zone) methods of passing instruments.
- Educate staff about safe work practices, the availability of a hepatitis B vaccine, the importance of reporting incidents and near misses, and their responsibilities for creating and maintaining a safe workplace.
- Ensure that waste collection includes the separation and isolation of sharps and biomedical waste. Sharps disposal containers should be puncture-resistant and leak-resistant.
- Identify laundry that is soiled with blood and when handling it, wear gloves and gowns.
- Develop general cleaning and blood-spill clean-up procedures that include disinfection of surfaces contaminated by blood.
- Refer anyone who suffers a possible occupational exposure to a blood-borne pathogen to the nearest appropriate medical facility. Someone who suffers a needle-stick injury should be assessed by a physician within two hours of the injury. Post-exposure prophylaxis to prevent HIV infection should be made available at worksites where body fluid and blood are being handled. Provide workers with psychological support after exposures.
- Investigate all exposures to help prevent recurrence.
- Apply standard and universal precautions against exposures to all hazardous agents at work where applicable.

Source: Workers' Compensation Board of British Columbia, 2009, op. cit. p. 9.

[12] WHO: *Standard precautions in health care* (Geneva, 2007).

The ILO HIV and AIDS Recommendation, 2010 (No. 200) includes guidance for preventing the occupational transmission of HIV (See **Box 8.12**).

Box 8.12 Preventing Occupational Transmission of HIV: The ILO HIV and AIDS Recommendation, 2010 (No. 200)

The ILO HIV and AIDS Recommendation, 2010 (No. 200) sets out the following guidance in relation to occupational safety and health and the prevention of occupational transmission of HIV in the workplace (Articles 30 to 34):

- The working environment should be safe and healthy, in order to prevent transmission of HIV in the workplace, taking into account the Occupational Safety and Health Convention, 1981, and Recommendation, 1981, the Promotional Framework for Occupational Safety and Health Convention, 2006, and Recommendation, 2006, and other relevant international instruments, such as joint ILO/WHO guidance documents.
- Safety and health measures to prevent workers' exposure to HIV at work should include universal precautions, accident and hazard prevention measures, such as organizational measures, engineering and work practice controls, personal protective equipment, as appropriate, environmental control measures and post-exposure prophylaxis and other safety measures to minimize the risk of contracting HIV and tuberculosis, especially in occupations most at risk, including in the health-care sector.
- When there is a possibility of exposure to HIV at work, workers should receive education and training on modes of transmission and measures to prevent exposure and infection. Members should take measures to ensure that prevention, safety and health are provided for in accordance with relevant standards.
- Awareness-raising measures should emphasize that HIV is not transmitted by casual physical contact and that the presence of a person living with HIV should not be considered a workplace hazard.
- Occupational health services and workplace mechanisms related to occupational safety and health should address HIV and AIDS, taking into account the Occupational Health Services Convention, 1985, and Recommendation, 1985, the *Joint ILO/WHO guidelines on health services and HIV/AIDS*, 2005, and any subsequent revision, and other relevant international instruments.

Source: International Labour Conference (ILC): *Recommendation concerning HIV and AIDS and the world of work (No. 200)*, 17 June, 2010 Geneva.

Extending HIV diagnosis, prevention and treatment services through the workplace

The workplace can play a vital role in increasing access for women of childbearing age to voluntary counselling, testing and mother-to-child transmission prevention programmes. The role of the world of work in this respect encompasses the following areas:

- Prevention of mother-to-child transmission (PMTCT) programmes at the workplace.
- PMTCT services and referrals in workplace programmes.
- Primary prevention in workplace structures.
- Implementation of the new international labour standard on HIV and AIDS.

1) **Advocacy for prevention of mother-to-child transmission (PMTCT) programmes (through working with trade unions and business leaders)**

This includes the mobilization of trade unions and business leaders at the national level to support PMTCT programmes. The leadership of trade unions and businesses are influential and could generate mass appeal for PMTCT programmes and, as a consequence, contribute towards increasing the uptake of such services. Advocacy efforts would focus on the roles and responsibilities of both men and women and highlight the benefits of PMTCT programmes to the unborn child, family, community and society. This approach would be embedded within the larger framework of the "Know your status" campaigns currently on-going in many different countries.

2) **Generating demand for PMTCT services and increasing referrals from workplace programmes**

Work towards increasing education around and referral to PMTCT services has been specifically undertaken in China, Ethiopia, Ghana, Nepal, Sierra Leone, South Africa, Sri Lanka, Uganda, and Zambia.

Programmes mainly consisted of: PMTCT in training and peer educators' modules; specific education for pregnant women on the prevention of HIV infections among mothers; training sessions for male partners at the workplace; guidance on preventive measures that minimize transmission risks for unborn babies; integration of PMTCT in national HIV and AIDS action plans on work policies; and the development of modules specifically on PMTCT for young adults.

In order to scale up referral to PMTCT services in the workplace, the following elements are necessary:

- Generate demand for increased uptake of PMTCT services for women through comprehensive workplace programmes.
- Work with men to sensitize them on their involvement in PMTCT programmes.
- Review peer educator modules on PMTCT to ensure they reflect quality standards in providing guidance to workers.
- Strengthen the capacity of occupational safety and health (OSH) structures (where possible) to provide HIV counselling and testing, advising on safer childbirth practices, counselling for safer infant feeding practices and ensuring partner and family involvement.
- Strengthen partnerships with UNICEF and the WHO at country level to ensure quality PMTCT education is provided within workplaces.
- Establish referrals to community services as part of the post-test counselling for HIV-infected women.
- Support the accreditation of workplace health centres/facilities to provide comprehensive HIV testing and prevention services. This implies strengthening partnerships with ministries of health and others (both at national and local government levels).

- Together with the WHO and UNICEF, support skills training of health-care workers in voluntary counselling and testing (VCT) and PMTCT.
- Enhance the knowledge and skills of workplace peer educators through refresher PMTCT-focused trainings.
- Participate/collaborate with on-going PMTCT communication campaigns at national/local government levels to strategically target workplaces (especially predominantly male occupations).

3) Strengthening primary prevention through workplace structures

Since there is currently no cure for AIDS and new infections outstrip the number of people who receive antiretroviral treatment (ART), primary prevention presents the most sustainable method to respond to the HIV epidemic and to reduce new infections.

An estimated 500 enterprises are currently implementing comprehensive HIV and AIDS workplace programmes with ILO support in Burundi, Cambodia, Cameroon, China, the Congo, Ethiopia, Ghana, India, Indonesia, Kazakhstan, Kenya, the Lao People's Democratic Republic, Lesotho, Madagascar, Malawi, Mali, Mauritania, the Republic of Moldova, Mozambique, Nepal, Nigeria, the Philippines, Senegal, Sierra Leone, South Africa, Sri Lanka, Swaziland, the United Republic of Tanzania, Ukraine, Uzbekistan, Viet Nam and Zimbabwe. These workplace programmes address issues such as:

- encouraging safer sex practices;
- reducing the number of sex partners;
- increasing the uptake of VCT services through "Know your status campaigns";
- strengthening the uptake of PMTCT services.

There is a need to strengthen the focus on primary prevention through the implementation of comprehensive workplace programmes.

4) Addressing stigmatization and discrimination through the implementation of a new international labour standard

Stigma and discrimination have been identified as significant barriers to the uptake of VCT and PMTCT services in many low- and middle-income countries. Addressing stigma and discrimination would thus contribute towards creating an enabling environment which facilitates the uptake of PMTCT services.

The new ILO Recommendation on HIV and AIDS, 2010 (No. 200) contributes significantly to addressing HIV-related stigmatization and discrimination in the workplace, supporting actions with the following results:

- increased number of workplaces with an enabling environment free of stigmatization and discrimination;
- increased number of countries with national HIV and AIDS workplace policies which address stigmatization and discrimination;

- increased number of countries which review their labour laws to ensure they address the issues of stigmatization and discrimination towards people affected by HIV;
- increased number of workers knowing their status as part of "Know your status campaigns";
- increased number of workplace policies at the enterprise level which address stigmatization and discrimination.

Box 8.13 Strengthening access to PMTCT services through the workplace in Sierra Leone

The ILO and the National AIDS Secretariat in Sierra Leone have established a partnership, with funding from the Organization of the Petroleum Exporting Countries' (OPEC) Fund for International Development (OFID), to increase awareness and access to PMTCT services through the workplace, focusing on mining sites.

ILO support includes:

- Training of health-care workers in workplaces that run clinics to provide services. Training is carried out in collaboration with the Ministry of Health and Sanitation to ensure the accreditation of the site and continuous logistic support. The secretariat's aim is to ensure that all mining sites with a health-care facility offer complete HIV services (VCT, antiretroviral treatment, PMTCT etc.).
- Workplace education programmes to raise awareness and increase access to services among workers and their spouses.

The OFID-supported ILO partnership with the National AIDS Secretariat in Sierra Leone has been found to be a cost effective way of increasing PMTCT in analyses of financial outlay and programme achievements.

Developing a workplace policy on HIV and AIDS

The ILO suggests that all employers, together with workers' representatives, set out a basic policy framework on HIV and AIDS, which includes the support that care workers will receive if they are HIV-positive (see **Box 8.14**). The ILO stipulates that HIV testing be rejected as a prerequisite for recruitment, access to training or promotion. All workers, including pregnant and breastfeeding women, have the right to confidentiality with regard to their HIV status, even when an employer encourages or provides HIV testing.[13]

[13] International Labour Conference: Recommendation concerning HIV and AIDS and the world of work, 2010 (No. 200), paras. 24-27.

Box 8.14 Defining a workplace policy on HIV and AIDS

A workplace policy provides the framework for action to reduce the spread of HIV and manage its impact. It:

- commits the workplace to take action;
- lays down a standard of behaviour for all employees (whether infected or not) and defines the rights of all;
- gives guidance to managers and workforce representatives;
- assists an enterprise to plan for HIV and AIDS and reduce its impact.

The policy should be the product of consultation and collaboration between management and workers.

The ILO code of practice on HIV/AIDS and the world of work, as well as the ILO Recommendation on HIV and AIDS, 2010 (No. 200), provide guidelines for the development of policies and programmes on HIV and AIDS in the workplace.

Content. The policy begins with a general statement or introduction that relates the HIV and AIDS policy to the local situation, including some or both of the following:

- the reason why the company has an HIV and AIDS policy and how it relates to other company policies;
- compliance with national/local laws and sectoral agreements.

Policy framework and general principles. The policy establishes some general principles as the basis for other provisions, emphasizing the need to oppose stigma and discrimination.

Specific provisions. The policy should include clauses on the following areas:

- the protection of the rights of workers affected by HIV or AIDS;
- prevention through information, education and training;
- care and support for workers and their families.

Implementation and monitoring. Many policies remain non-implemented and do not change daily practices. To counter this, it helps to delineate a plan by which the policy will become practice, in particular establishing structures and appointing responsible persons. If the policy does not take the form of a negotiated agreement, a short clause could be added where management and worker representatives pledge their full support to the policy.

Source: Recommendation No. 200, op. cit.

Box 8.15 HIV and AIDS in the workplace, Nigeria

Nigeria has implemented an effective public sector response to AIDS through the Federal Ministry of Labour. This programme has created an awareness of HIV and AIDS among all staff, and advocates "knowing your status" as an essential step to personal health as well as the creation of a safe and healthy work environment.

The programme provides free ART treatment to employees and provides HIV testing in full confidentiality every three months through the occupational health physician who visits the officers where they work. The ministry also applies the concept of reasonable accommodation – the adjustment of tasks, hours or work stations – to help HIV-positive workers to manage their jobs.

The programme has established linkages with the Government's Programme for Prevention of Mother-to-Child Transmission. The care and support provided has encouraged staff to seek information and voluntary counselling and testing, and has contributed to the reduction of stigmatization and discrimination associated with HIV or AIDS.

Source: ILO: *HIV/AIDS and the world of work*, Report IV, International Labour Conference, 98th Session, Geneva, 2009.

Key points

- Global standards and national legislation set out frameworks for occupational safety and health systems and programmes, and establish numerous provisions for protecting the safety and health of pregnant and breastfeeding workers, including taking leave if they cannot be properly accommodated during maternity.
- A preventative safety and health culture at work is fundamental for improving and promoting the health of all workers, women and men. When exposure to risks cannot be prevented, minimized or eliminated, protective measures should be established for all workers. Workplaces need to be safe for all men and women workers, at all stages of their life cycle.
- Some features of work and workplaces can pose particular risks to safety and health during pregnancy and breastfeeding. Hazards to reproductive health can be biological, chemical, physical or can be due to stress, poor hygiene and poor working conditions. Upon notification that a worker is pregnant, a risk assessment should be conducted and appropriate follow-up measures should be taken.
- HIV and AIDS disproportionately affect women and threaten maternal, newborn and child health. Scaling up equitable access for all women and men to information, HIV diagnosis, prevention, treatment and care are critical.
- Action through the workplace can contribute to HIV and AIDS-related efforts by increasing access to reliable and accurate information, preventing occupational exposure and transmission and promoting PMTCT. Having a workplace policy on HIV and AIDS can spell out the support available to workers, including pregnant and breastfeeding women.

Key resources

Occupational Safety and Health (OSH)

ILO: Plan of Action (2010-2016) to achieve widespread ratification and effective implementation of the occupational safety and health instruments (Convention No. 155, its 2002 Protocol and Convention No. 187), Governing Body, 307th session, Mar. 2010.

This Plan of Action was adopted by the ILO in order to provide a long-term strategy for the improvement of occupational safety and health (OSH) around the world. It contains the most up-to-date review of ILO policy regarding OSH, as well as the most recent relevant conventions. The strategies used by the ILO can also be implemented at the national and subnational levels.

Available at:
http://www.ilo.org/wcmsp5/groups/public/---ed_norm/---normes/documents/publication/wcms_125616.pdf

WHO: Women and health: Today's evidence, tomorrow's agenda (Geneva, 2009).

This report issued by the WHO provides an extensive overview of contemporary health hazards that particularly affect women throughout their lives. With the use of statistical data, worldwide comparisons and policy recommendations, it is a useful tool in comprehending how women in particular suffer from health hazards, as well as specific means for effectively reducing such hazards. It includes chapters on maternal health and HIV and AIDS.

Available at: http://whqlibdoc.who.int/publications/2009/9789241563857_eng.pdf

M-A. Mengeot and L. Vogel: Production and reproduction: Stealing the health of future generations (Brussels, European Trade Union Institute, 2008).

This book goes over reproductive risks in a concise manner and from a trade union perspective. It focuses particularly on dangerous chemical agents, although it touches on other risks as well. It discusses the particular role of syndicates and trade unions in advocating safe work policies and preventive legislature.

Available at: http://hesa.etui-rehs.org/uk/publications/pub44.htm

WHO: Standard precautions in health care (Geneva, 2007).

These standard precautions, published by the WHO in 2007, are meant to reduce the risk of transmission of blood borne and other pathogens from both recognized and unrecognized sources. They are the basic level of infection control precautions which are to be used, as a minimum, in the care of all patients.

Available at:
http://www.who.int/csr/resources/publications/standardprecautions/en/index.html

WHO: Gender equality, work and health: A review of the evidence (Geneva, 2006).

This publication explores the relationship between gender equality and health and safety issues at the workplace. It studies how biological differences between women and men lead to different work hazards, how these hazards are dealt with, and how they should be dealt with. It also draws attention to the need for a new policy to protect women at the workplace, and provides concrete advice on achieving health and safety alongside gender equality for women workers.

Available at:
http://www.who.int/occupational_health/publications/genderwork/en/index.html

WHO: Occupational hazards for women: Extracts from the occupational hazards section of the Anthology, on women, health and the environment (Geneva, 1994).

These extracts focus on the numerous occupational safety and health hazards to which women are particularly vulnerable. It goes into technical detail on these hazards and to what extent they can have a negative effect on the health and safety of women and their children. It illustrates with case studies and concrete examples. Finally, it also provides recommendations on improving working conditions and dealing with listed hazards.

Available at:
http://www.who.int/occupational_health/publications/en/oehwomenanthology.pdf

ILO: "Family-friendly measures", in Wise-R Action Manual (Geneva, 2009), Module 5.

Work Improvement in Small Enterprises (WISE) is a training methodology specifically designed to improve working conditions and productivity in small and medium-sized enterprises around the world. The Wise-R Action Manual Module 5, released in 2009, contains specific recommendations and a comprehensive methodology for these enterprises to implement family-friendly measures that protect the health and safety of pregnant women while addressing concerns about productivity.

Available at:
http://www.ilo.org/travail/whatwedo/instructionmaterials/lang—en/docName—WCMS_145380/index.htm

J. Paul: Healthy beginnings: Guidance on safe maternity at work (Geneva, ILO, 2004).

This guide provides a wide range of information on reproductive hazards at work and how to prevent and address them. It includes a number of practical tools for identifying workplace risks and finding solutions. These include: checklists for identifying workplace risks; examples of hazards and possible measures for addressing them; a confidential checklist for use by the individual worker; a sample risk assessment form; guidance for action tailored for a wide range of stakeholders; guidance sheets on occupational hazards for a number of specific industries (e.g. hotels, catering and tourism; health care; retail; construction and mining, etc).

Available at: http://www.ilo.org/public/libdoc/ilo/2004/104B09_106_engl.pdf

M. Keith et al.: Barefoot research: A workers' manual for organizing on work security (Geneva, ILO, 2002).

Barefoot Research is a training manual that helps workers to assess health hazards at their workplace and tackle them effectively and collectively. It provides a methodology as well as examples and surveys to conduct the assessment properly, along with solutions to take action if inappropriate health conditions are measured.

Available at: http://www.ilo.org/public/english/protection/ses/info/publ/barefoot.htm#line

European Trade Unions Institute (ETUI) research on reproductive hazards

The ETUI provides research and publications for the specific use of trade unions in advocating reproductive health safety measures for women. It gives detailed examples of reproductive hazards and how they were or are being dealt with in European Union countries.

Available at: http://hesa.etui-rehs.org/uk/dossiers/dossier.asp?dos_pk=22

ILO Programme on Safety and Health at Work and the Environment (SafeWork)

Based on the principle that Decent Work must be Safe Work, SafeWork aims to create worldwide awareness of the dimensions and consequences of work-related accidents and diseases; to place occupational safety and health (OSH) on the international and national agendas; and to provide support to the national efforts for the improvement of national OSH systems and programmes in line with relevant international labour standards.

Available at: http://www.ilo.org/safework/lang—en/index.htm

International Programme on Chemical Safety (IPCS) INCHEM database

The International Programme on Chemical Safety (IPCS) released its INCHEM database on peer reviewed documents pertaining to chemical safety. This database contains up-to-date documents on which chemicals, often commonly used, can be dangerous for pregnant and breastfeeding women, as well as how to avoid such dangers.

Available at: http://www.inchem.org/

WHO Department of Gender, Women and Health

This programme draws attention to how biological and socio-cultural factors affect the health of women. By using data collection methods, it is able to provide evidence on health hazards and give advice on solutions to deal with them that are tailored to women's particular needs.

Available at: http://www.who.int/gender/about/en/

HIV and AIDS

WHO/UNAIDS/UNICEF: "Towards universal access: Scaling up priority HIV/AIDS interventions in the health sector", Progress Report 2010 (Geneva, 2010).

This report reviews the progress made in 2009 in scaling up access to selected health sector interventions for HIV prevention, treatment and care in low- and middle-income countries. It is the fourth in a series of annual progress reports published since 2006 by the World Health Organization (WHO), the United Nations Children's Fund (UNICEF) and the Joint United Nations Programme on HIV/AIDS (UNAIDS) in collaboration with international and national partners, to monitor key components of the health-sector response to the HIV epidemic worldwide.

Available at: http://www.who.int/hiv/pub/2010progressreport/report/en/index.html

ILO/AIDS: A workplace policy on HIV/AIDS: What it should cover (Geneva, ILO, 2004).

This short factsheet provides concrete guidelines on how to write a workplace policy that can reduce the spread of HIV and AIDS and manage its impact. It is the framework for a comprehensive workplace programme that combines prevention with care and the protection of rights.

Available at:
http://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---ilo_aids/documents/publication/wcms_121313.pdf

ILO Programme on HIV/AIDS and the world of work (ILO/AIDS)

The ILO is the lead UN agency for HIV and AIDS policies and programmes in the world of work and private sector mobilization. The ILO Programme on HIV and AIDS and the World of Work (ILO/AIDS) plays a key role in the HIV and AIDS global response through workplaces. HIV and AIDS is an integral part of the ILO's Decent Work Agenda. ILO/AIDS also contributes to the UN Millennium Development Goals by achieving universal access to HIV prevention, treatment, care and support.

Available at: http://www.ilo.org/aids/lang—en/index.htm

Resource and tool sheets

Resource Sheet 8.1: Guidelines on reducing workplace exposure to harmful agents for pregnant employees (Hong Kong, China)

Exposure to certain agents at work may be harmful to pregnancy. Pregnant employees should avoid such exposure, particularly in the first trimester. Examples of these agents and the occupations which may give rise to such exposure are given below:

Agent	Occupations
Metals (lead, mercury)	Lead smelting Car battery manufacturing Use of fumigant
Gases (carbon monoxide)	Garage (automobile exhaust)
Solvents	Dry cleaning Electronic industry
Sterilizing gases (ethylene oxide)	Health professions
Anaesthetic gases (halothane, nitrous oxide)	Health professions
Radiation	Radiography Gas mantle manufacturing
Heat	Glass manufacturing Iron foundries
Infections agents (rubella virus, cytomegalovirus)	Health professions

Pregnant employees who are concerned about work exposures that may be harmful to pregnancy should seek advice from a medical practitioner. If, in the opinion of the medical practitioner, a pregnant employee is exposed to certain agents at work that are injurious to pregnancy, the **employee should be transferred to another job** for a period as advised by the medical practitioner.

Through modification to a pregnant employee's work, most women should be able to continue working until the last weeks of pregnancy if desired.

Source: Labour Department of Hong Kong, China: *Maternity protection* (Hong Kong, 2010), Appendix III.

Resource Sheet 8.2:
Guidelines on heavy manual work for pregnant employees (Hong Kong, China)

It is generally recognized that pregnant women tend to experience fatigue more easily and are prone to non-specific backache. The women's bulk may also make certain tasks difficult or even dangerous.

Manual handling

Women in the first five months of normal and uncomplicated pregnancy differ very little from those of non-pregnant women in terms of manual handling work. The following table can be used as a general guide for continuation of various levels of manual work during pregnancy. The table shows the state of pregnancy of those healthy employees with normal uncomplicated pregnancies, and the specific manual tasks they would be able to perform without undue difficulty or risk to the pregnancy. Pregnant employees with health problems should seek advice from their medical practitioners for their fitness in particular manual handling tasks.

Guidelines for continuation of various levels of work during pregnancy

Job function	Week of gestation
Sitting with light tasks	
• Prolonged (> 4 hours)	40
• Intermittent	40
Standing	
• Prolonged (> 4 hours)	24
• Intermittent (≥ 30 min per hour)	32
• Intermittent (< 30 min per hour)	40
Stooping and bending below knee level	
• Repetitive (≥ 10 times per hour)	20
• Intermittent (2–9 times per hour)	28
• Intermittent (< 2 times per hour)	40
Climbing vertical ladders and poles	
• Repetitive (≥ 4 times per 8-hour shift)	20
• Intermittent (< 4 times per 8-hour shift)	28
Stairs	
• Repetitive (≥ 4 times per 8-hour shift)	28
• Intermittent (< 4 times per 8-hour shift)	40
Lifting	
• Repetitive (> 23 kg)*	20
• Repetitive (11–22 kg)	24
• Repetitive (< 11 kg)	40
• Intermittent (> 23 kg)*	30
• Intermittent (11–14 kg)	30

*Note: From the standing position, it is advisable not to lift a load alone over the range of 16–20 kg. Mechanical assistance and/or team lifting arrangements should be provided to reduce the risk of injury associated with heavy weights.

Source: Labour Department of Hong Kong, China: *Maternity protection* (Hong Kong, 2010), Appendix IV.

Resource Sheet 8.3: Other considerations in arranging the work of pregnant employees (Hong Kong, China)

Special consideration must be given to other physical hazards inherent in the job. These include working at heights (ladders, platforms, poles) and the operation of certain types of heavy machine where an accident could cause serious damage to the pregnant woman or foetus.

Beginning about mid-pregnancy, posture becomes modified to cope with increasing abdominal size. This has implications for:

- **balance**:problems of working on slippery, wet surfaces;
- **comfort:** problems of working in tightly fitting workspaces;
- **working procedure:** dexterity, agility, coordination, speed of movement, reach may be impaired because of increasing abdominal size.

Particular stages of pregnancy are associated with an increased likelihood of symptoms such as:

- dizziness
- sickness
- swollen ankles
- backache
- fatigue

Workplace guidelines:

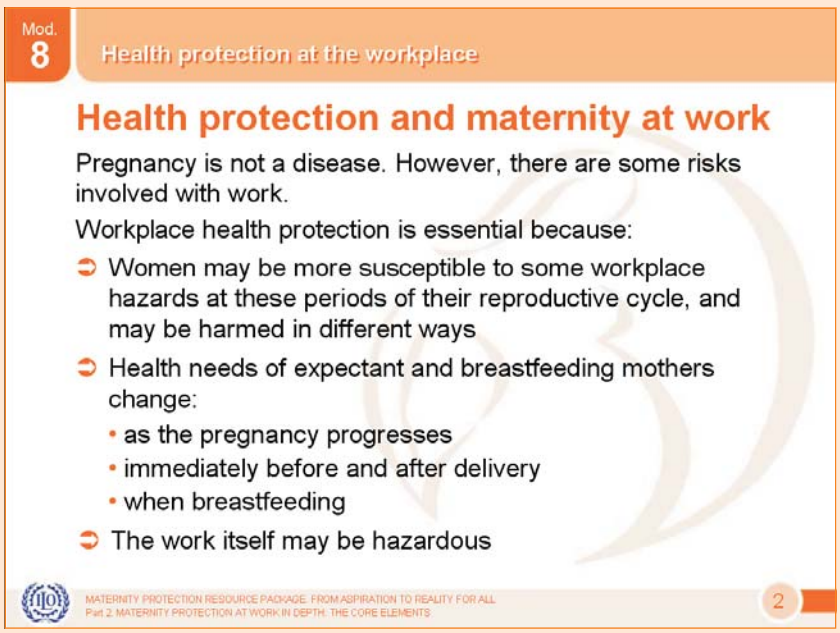
- Seating should be comfortable and should allow for frequent changes in posture and getting to and from the workstation easily.
- Consideration on the part of the employer can help to minimize symptoms or lessen their impact.
- Some forms of work (e.g. heavy manual lifting) or work organization may exacerbate symptoms.

Source: Labour Department of Hong Kong, China: *Maternity protection* (Hong Kong, 2010), Appendix V.

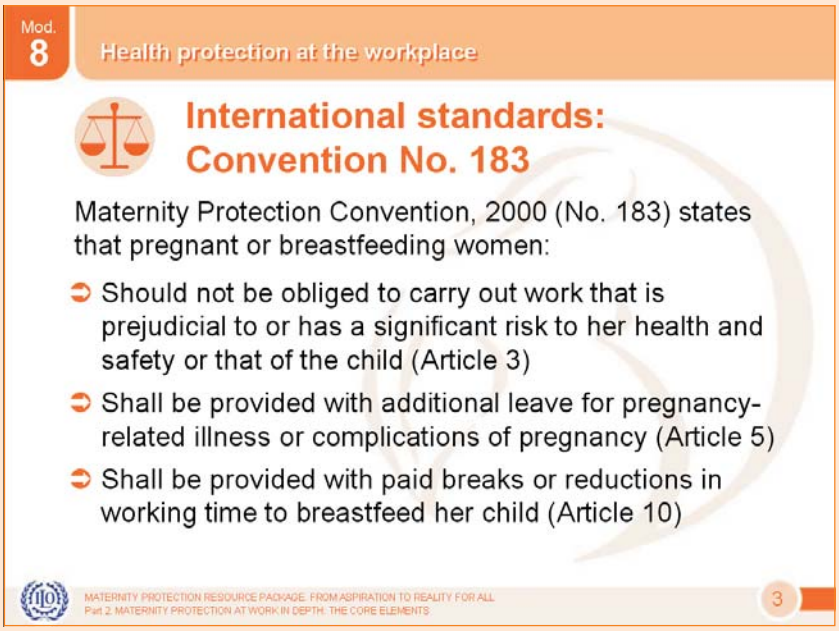
Visual presentation model

SLIDE 1: Key contents

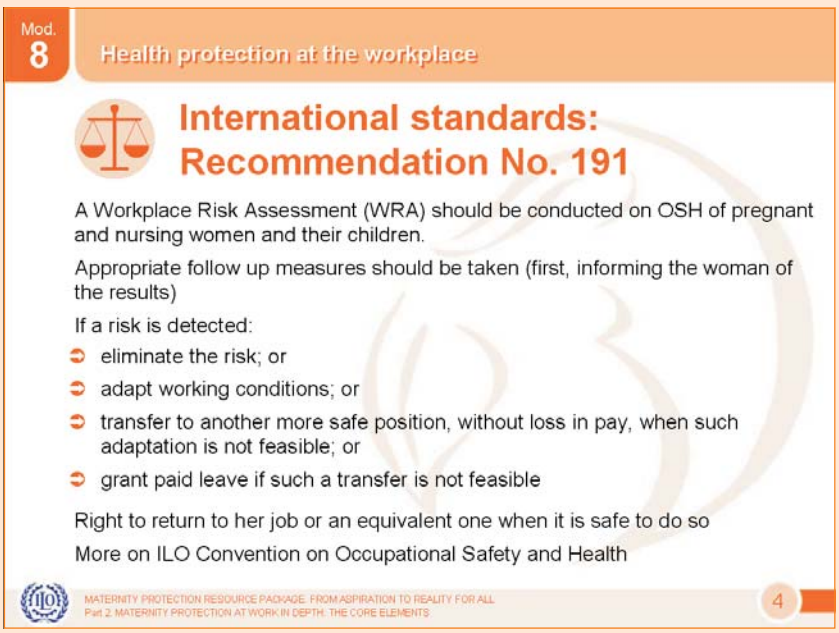
SLIDE 2: Health protection and maternity at work



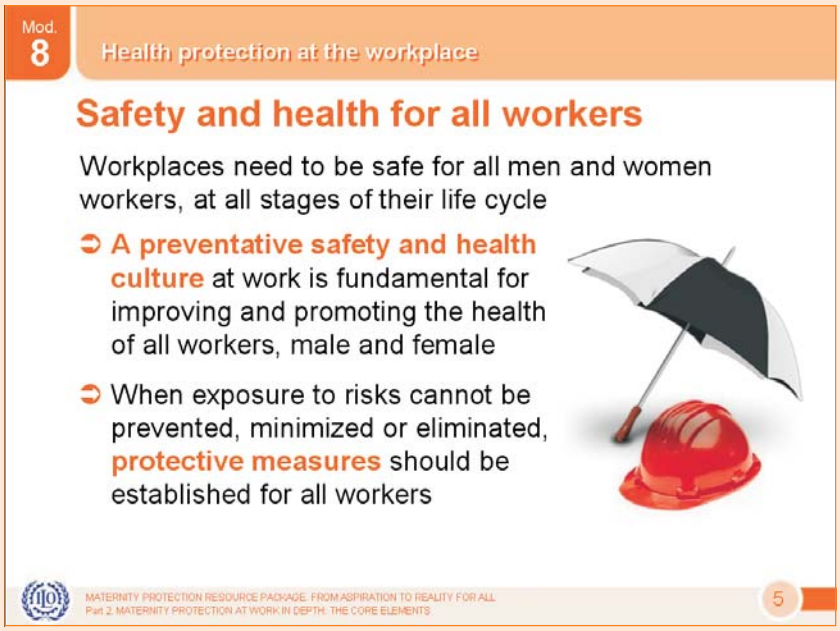
SLIDE 3: International standards: Convention No. 183



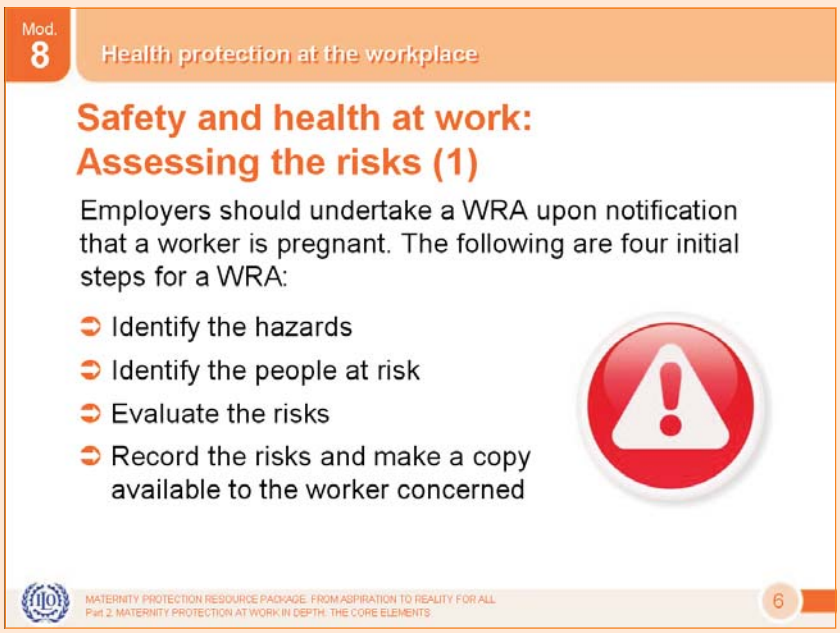
SLIDE 4: International standards: Recommendation No. 191



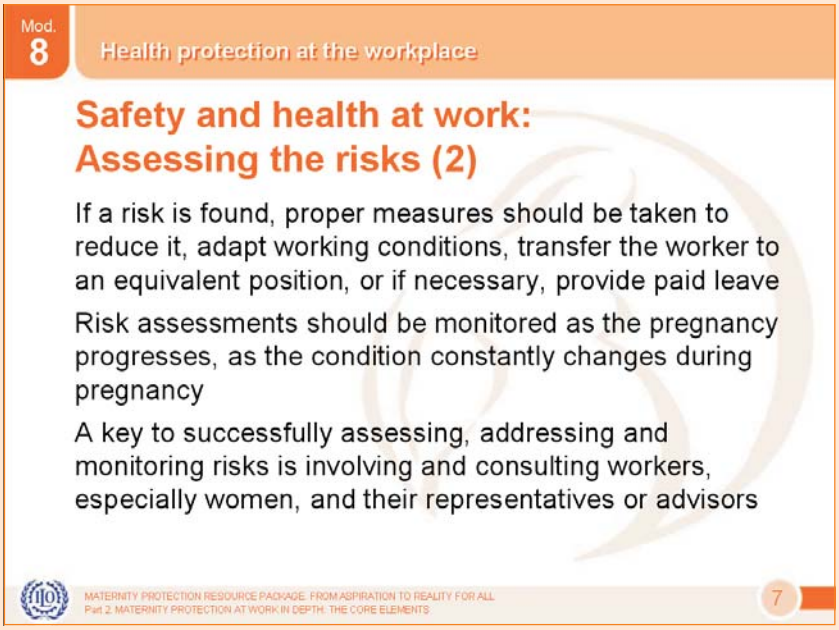
SLIDE 5: Safety and health for all workers



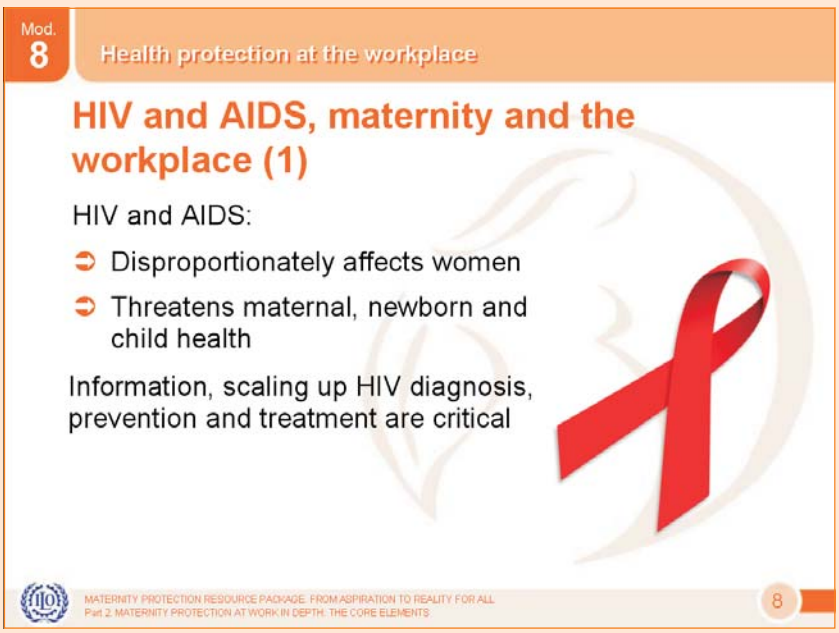
SLIDE 6: Safety and health at work: Assessing the risks (1)



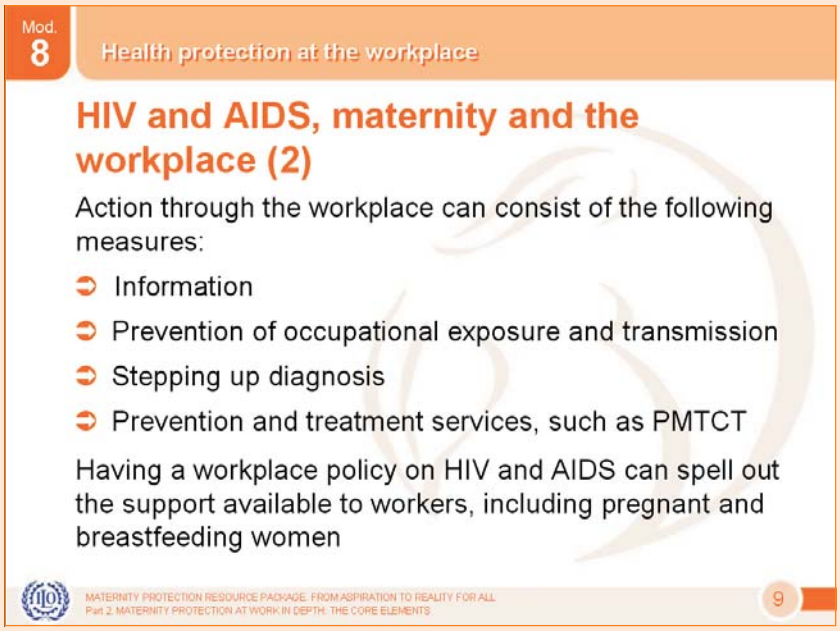
SLIDE 7: Safety and health at work: Assessing the risks (2)



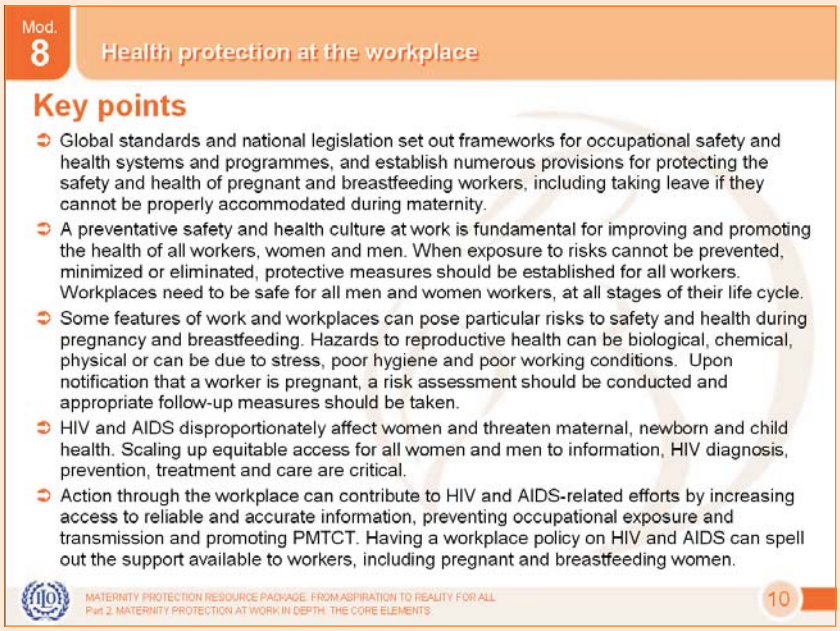
SLIDE 8: HIV and AIDS, maternity and the workplace (1)



SLIDE 9: HIV and AIDS, maternity and the workplace (2)



SLIDE 10: Key points



- Part 1: Maternity Protection at work: The basics
- Part 2: Maternity Protection at work in depth: The core elements
- Part 3: Taking action on Maternity Protection at work

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