EDITORIAL

Women’s occupational health

Women form a significant proportion of the workforce and this proportion continues to increase throughout the world. In 2003, 1.1 billion or 40% of the world’s workers were women, representing a worldwide increase of nearly 200 million women employed from 1993 [1]. However, there is a general perception that women’s occupational health issues are understudied, especially in the developing countries where such issues are arguably more compelling. The Canadian International Development Agency’s Southeast Asia Gender Equity Programme (CIDA-SEAGEP Study), which is published in this issue of Occupational Medicine, provides timely and useful information on the subject of women’s occupational health [2].

The authors themselves acknowledge that their study is ‘semi-qualitative’ and ‘basically an opinion survey of a largely convenience sample’ in several developing Southeast Asian countries and the more developed economies of Hong Kong and Canada. However, the information reported does provide some insights into current and forthcoming themes of concern in women’s health. Future studies may consider the use of the Delphi technique, which allows the prioritization or ranking of the areas identified by the key informants.

Much of the findings are not surprising, including the finding of widespread and well-expressed concerns for the double burden of women at work and at home [3,4]. However, some of the issues elicited in developing countries—such as poor access to training and insufficient legislation and the emerging epidemics of obesity and smoking in the countries surveyed—are not unique to women, and these concerns can apply equally to men.

In their findings, the authors highlight obesity as a problem of working women in developed countries. Obesity has often been identified as a problem of developed and developing countries [5,6]. With the recent adoption of new body mass index guidelines for Asians [7], the prevalence of obesity among working women in some of the developing Asian countries represented in the study would be a cause of worry. For example, obesity was also mentioned as an area of concern by Malaysia in the report. The growing epidemic of tobacco use among working women is particularly alarming [8,9], especially since this is a group that is often specifically targeted by the tobacco industry in order to increase its customer base [10]. The developing countries could well learn from the experiences of their developed counterparts of how this emerging epidemic could be prevented.

While the overrepresentation of women in certain types of work and the level of their appointment in such work were given passing mention in the CIDA-SEAGEP Study, this is an important and specific area which could perhaps have been more extensively discussed. It is well recognized that occupations such as health care workers (nursing), domestic help, teachers, sex workers and certain sectors of the entertainment industry have predominantly female employees. Such occupational groups would have specific needs which would have to be dealt with.

At least two topics were conspicuous by their absence, perhaps due to the sensitivity of the subject and the localized nature of the survey to the individuals. These related to questions such as the degree of enforcement of occupational health legislation for women and the subject of female migrant labour. Female migrant labour will increase in this era of globalization, which will provide even greater employment opportunities abroad for women [1].

While many of the issues raised in this paper are not unexpected, it is opportune and important to document such data. At the very least, the information will provide a useful map to show us areas in women’s occupational health that need attention and our efforts. The challenge is for all of us—policy makers, occupational health professionals, community leaders, working women themselves and their families—to confront these issues, raise the political will and mobilize resources to implement solutions for these identified problems. Perhaps at some not-too-distant time in the future, we can look back and see if we can be proud of ourselves for having done well in terms of dealing with these women’s occupational health issues or if we should be ashamed if we have not.

David Koh and Mee-Lian Wong
Department of Community, Occupational and Family Medicine, Yong Loo Lin School of Medicine, National University of Singapore, Singapore e-mail: cofhead@nus.edu.sg

References


Top 10 full-text downloads to September 2005

1. Occupational health guidelines for the management of low back pain at work: evidence review
   G. Waddell and A. K. Burton
   Occupational Medicine 2001;51:124–135

2. In-depth review: health disorders of shift workers
   A. Knutsson
   Occupational Medicine 2003;53:103–108

3. In-depth review: treatments for chronic fatigue syndrome
   K. A. Rimes and T. Chalder

4. Low back pain interventions at the workplace: a systematic literature review
   T. H. Tveito, M. Hysing and H. R. Eriksen

5. In-depth review: lead toxicity
   D. A. Gidlow
   Occupational Medicine 2004;54:76–81

6. In-depth review: occupational skin cancers
   D. J. Gawkrodger
   Occupational Medicine 2004;54:458–463

7. In-depth review: shift work and disturbed sleep/wakefulness
   T. Åkerstedt
   Occupation Medicine 2003;53:89–94

8. In-depth review: epidemiology of chronic fatigue syndrome
   G. Ranjith

9. In-depth review: ergonomics and musculoskeletal disorders: overview
   Peter Buckle

10. In-depth review: a systematic review describing the prognosis of chronic fatigue syndrome
    R. Cairns and M. Hotopf