

# WHAT IS A GENDER TRANSFORMATIVE OSH APPROACH?

A scheme for the footwear and garment sectors

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**W**e need a gender lens in occupational safety and health (OSH) approaches in the footwear and garment industries. Most OSH approaches today are gender blind and hence, systematically overlook prevailing problems. But what does a gender lens entail? How do we need to adjust our thinking about OSH risks?

This paper is meant to give answers to those questions. It builds on current interdisciplinary knowledge and on the results of the first phase of a multi-actor dialogue project conducted by Trade Union Rights Center (TURC) in Indonesia, Cividep in India, and FEMNET e.V. and SÜDWIND in Germany, funded by the German Federal Ministry

for Economic Cooperation and Development (BMZ). The paper can assist to identify gender discrimination and to create gender transformative OSH management systems. Those systems address workers' needs more effectively, benefiting employees and businesses alike. The guiding vision is gender mainstreaming in OSH and gender justice in the footwear and garment industries.

From workers' perspective, the global footwear and garment industries are ambivalent working environments. In many production regions, the sectors offer additional income and hence more economic opportunities, especially for women.<sup>1</sup>

<sup>1</sup> Due to high rates of informality, it is difficult to report on reliable numbers, but it is estimated that up to 80 percent of all workers in the garment and footwear sector are women (ILO 2022: 6).

But the working conditions and employer-employee relations are often very poor. Wages are very low.

More than ever, the last years have shown the effect of the great power imbalances between market actors in the globalized value chains, where workers in the production regions have been in the weakest positions economically, politically, and legally. It has been they who carried much of the economic risks and, ultimately, burden (Anner 2022; Gojowczyk 2021; Ravi 2020). Many workers have also risked Covid-19 infections going to and being at garment or footwear factories. Governments were arguably more oriented towards protecting the countries' export shares than towards protecting the rights and meeting the immediate needs of the workforce (cf. e.g. Ardiyono 2022; Sharma 2020). While mechanisms may have varied depending on the region of production, there is broad consensus that especially women workers have been disproportionately burdened since the beginning of the pandemic in early 2020 (Al-Ali 2020; ILO 2020). Given the power structure of the sectors, inequalities will increase with every crisis if action does not address gender discrimination systematically and comprehensively.

In fact, gender equality is becoming increasingly prominent in the garment industry, for instance in multi-stakeholder-initiatives and companies' corporate social responsibility (CSR) strategies. However, progress has yet been hard to identify. In part, this can be attributed to the absence of a sound data base to represent the different facets of gender discrimination (cf. Barrientos 2021; Barrientos 2020).

Gender equality is one of the sustainable development goals (SDG 5) internationally agreed upon. The World Benchmarking Alliance (WBA) collected data from 35 companies in the apparel sector between 2018 and 2021. The results indicate that the private sector failed to address gender inequality sufficiently: "Overall, [it was] found that performance in these areas is poor, with companies averaging 29.1 points out of 100. Only [three companies] score above 50 points" (WBA 2021: 7, cf. also *ibid.*: 8). "Health and wellbeing" reach an average of 25 points, even though some of the indicators can be reached easily, for instance by informing workers about health aspects such as hygiene. Not more than seven out of 35 companies consulted "with relevant parties, such as women's organisations, gender experts or potentially affected women, as part of their risk identification and assessment process" (*ibid.*: 18). Companies already targeting the needs of female employees before the pandemic were better and faster in adapting and supporting those workers during the Covid-19 crisis (*ibid.*: 15).

The following sections contextualize the discussion paper within our current dialogue project and within the overall discussion on gender and work. Whoever is firm with the latter can skip that part, moving directly to the next section in which we illustrate the interplay between gender norms and OSH. We argue for a gender lens in OSH and introduce a scheme for such a lens.

#### Box 1

### Occupational safety and health: OS or OSH?

In summer 2022, SÜDWIND and FEMNET were in conversations with brands, retailers, and experts from the garment and footwear sector to learn about their approaches on gender equality and OSH. During the conversations, many expressed a 'gut feeling' that gender is important to OSH. At the same time, interviewees were uncertain about what a gender-just view within OSH policies and procedures means.

Talking especially to CSR and OSH personnel of brands and retailers, we also learned that there was a tendency to interpret occupational safety and health as "OS" (focusing on the risk of injuries and accidents), with little attention being given to health, including, e.g., mental or reproductive health. Together with our partners CIVIDEP in India and TURC in Indonesia, we started to wonder if that "OS" focus was part of the underlying discrimination we were going to understand and to address. Therefore, this text is meant as an exploratory inquiry for the development of comprehensive templates which include "H"- bearing in mind that any format recurrently needs to be adapted and supplemented.

### THE GENDER DIMENSION IN THE WORLDS OF WORK

The effects of gender norms in the worlds of work are immense and their broad implications in relation to work have been explicated repeatedly. Gender norms are not incontrovertible facts but learned expectations about what one should be like and do as a member of a particular gender category such as male or female. They are socially constructed. The norms include concepts about "typical work" for men or women whereas traditional "female" work is valued less and is

often not seen and defined as work, which is especially true for care work (cf. e.g. Forssén et al. 2005 on compulsive sensitivity). Care work is mostly unpaid (esp. within the family), or badly compensated in comparison to male-dominated domains.

Gender norms lay the ground for financial differences, commonly described as “gender pay gap”. Even if they fulfil the same task, have the same competences or qualifications, women often earn less than their male counterparts (cf. e.g. ILO 2018 for the garment and footwear sectors in Asia Pacific). Also, in “typical female” domains, expertise and professionalism are either underdeveloped or not accepted and valued as such, for instance in comparison to male-dominated industrial jobs.

Women are usually underrepresented in positions with high influence and power in companies, banks, parliaments, governments, unions, and other arenas. In an empirical study conducted by Islam (2016), a female garment worker describes her experience in trade unions in Bangladesh: “[O]ur male colleagues do not give us space in the leadership [...] and they think we women should not lead men” (ibid.: 164 f.).

Gender norms also encompass descriptions about how a person ascribed to a gender category shall act at the workplace. In many contexts, for instance, women are expected not to complain, and they are discouraged from being politically vocal. However, “[t]he interaction practices that re-create gender [...] are often subtle and unspoken, thus difficult to document” (Acker 2006: 451).

The term patriarchy describes the phenomenon that gender norms in most societies and contexts worldwide favour men. For instance, male-dominated political and economic elites may affect how strictly laws are followed (cf. e.g. Kabir et al. 2022: 7, for Bangladesh) and how laws are interpreted, e.g. with effects on women’s access to remedy. Lippel (1999) showed how in Canada, it was more difficult for women than for men to access compensation for different psychological problems: The decision-making body consisting of lawyers, union and management representatives interpreted the concepts of “unusual stress” and “work related” incidences to the disadvantage of women rather than to the disadvantage of men. The study included cases of sexual harassment, among others, which happened at work but were not interpreted as related to the workplace.

Patriarchal structures imply what is understood as the standard form to work and form to be employed, as is explicated below:

*In general, work is organized on the image of a white man who is totally dedicated to the work*

*and who has no responsibilities for children or family demands other than earning a living. Eight hours of continuous work away from the living space, arrival on time, total attention to the work, and long hours if requested are all expectations that incorporate the image of the unencumbered worker. Flexibility to bend these expectations is more available to high-level managers, predominantly men, than to lower-level managers. (Acker 2006, 448, in the context of the United States)*

That is not to say that men may not suffer from the consequences of patriarchy as well, for instance when their reproductive health is not considered in OSH systems (see e.g. Masike et al. 2014) or when “bread-winners” miss to spend time with their children. Further, it does not negate that gender categories exist in many versions, including different masculinities and femininities enacted in working environments and beyond. LGBTQI+ are often at particular risk of experiencing violence and/or economic deprivation (Al-Ali 2020: 337).

For more gender justice, it is necessary to draw attention to existing gender norms and their implications (cf. ILO 2022: 11). Allegedly “gender neutral” processes, policies or actions often have different effects on different genders. Being “gender blind” reproduces preexisting discrimination (see e.g. ILO 2013: 7). One therefore needs to actively *prevent* that discrimination is re-enacted. Across different industries and national contexts, social scientists argue that “increasing the gender competence of those in positions of power [is one of the] initial step[s] in tackling the problem” (O’Connor et al. 2021: 10; cf. also ILO 2022: 8).

## A GENDER LENS ON OSH

Gender blindness in OSH is not simply concerned with the question of *who* is covered by the system, but also with *how* aspects are covered, *what* is covered, by *whom*, and in how far systems are responsive to gender-specific problems. Sjöberg Forssberg et al. (2022) elaborate how gender norms affect OSH management in Sweden. In female-dominated elderly care, work overload leads to insufficient OSH procedures, while in male-dominated tire shops, OSH is hampered by a “macho culture” which stereotypes weakness. Masike et al. (2014) show that some work-related health concerns are gendered: Women employees interviewed in Zimbabwe more frequently report skin problems, back ache, muscular pain, and stress than men, while stomach ache is reported more often by men than by women. The researchers detect insufficient coverage of

menstrual problems and menopause for women, and of reproductive hazards for men.

Blind spots in gender sensitive OSH approaches also include the large field of mental health as part of occupational health. In Bangladesh, female intranational migrant workers in the ready-made garment industry “reported stress, anxiety, restlessness, and thoughts of suicide, due to the double burden of work and separation from their children and family support” (Akhter et al. 2017: 571). Also, in male-dominated industries such as oil extraction, where “safety first” is supposed to be an important principle, it still needs to be promoted that “health and safety are about more than just keeping [employees] from becoming sick or hurt” (Otu-Boateng 2022: 4890). Kaboth et al. (2022) argue that the psychological demands of simple, repetitive work - like many of the jobs in the garment and footwear sectors - requires more attention, especially as it often occurs combined with time pressure (“working fast”).

As patriarchal structures are a global phenomenon, OSH systems are predominantly gender blind across countries. It, hence, does not suffice to copy, e.g. European standards, into other countries, as this might mean to reproduce the underlying discriminatory assumptions of that system.

Gender norms in each society and each organization and company have a history. Being aware of that history is important for present decisions and for understanding risks in the future. It is not just about “stories of the past”, it is about such concerns as what has been documented and by whom. Policies need to create orientation for the reinvention of the company in the future: What is the vision, what are the objectives, priorities and timeframes of implementation? If not done carefully, documentation, planning, or strategies can all enact and consolidate the norms which they are meant to overcome. McCarthy et al. (2021) exemplify how programs may reproduce rather than weaken gender inequality:

*A focus on women workers and the exclusion of men within many corporate welfare programmes serves to reify the repressive system of difference on which the hegemony [meaning: dominance] of men relies. For example, by only teaching women workers about health, nutrition and sanitation (modules offered by Primark’s Sustainable Lives or PACE), programmes continue to position women as family and community carers, with men absent, absolved or excluded from these responsibilities. (ibid.: 2063)*

However, so far, actors are still missing a systematic framework on how to question and re-orient their OSH approaches. One has “a feeling”,

“anecdotal ideas”, but not a scheme. Our findings from discussions with various stakeholders (see box 1) are also reflected in the scientific community:

*[D]espite gender mainstreaming being advocated at a policy level, there continues to be a limited recognition and discourse of the issue of gender in the workplace, and its direct and indirect association to health and wellbeing. Arguably, this has resulted in a limited number of practitioners and organisations directly addressing the issue of gender in their internal policies. (Hassard und Torres 2021: 5)*

In 2013, the International Labour Organization (ILO) published a working paper called “10 Keys for Gender Sensitive OSH Practice – Guidelines for Gender Mainstreaming in Occupational Safety and Health”. That paper is one of the few attempts to systematize a gender lens on OSH for policy makers, businesses, academia, and workers. The section below summarizes the aspects which target business actors.

#### **ILO’s Keys for Gender Sensitive OSH Practice**

Business actors shall strive for

- ▶ Representation of different genders in bipartite committees when OSH priorities for action are identified and OSH policies and strategies created and implemented (ILO 2013: 8) and encouragement of women workers to participate in decision-making bodies (ibid.: 28)
- ▶ Provision of “an in-house occupational health service or buy[ing] into a shared service (with other employers) [... ensuring] that the service is equally available for workers” (ibid.: 24)
- ▶ Inclusive risk management which takes into account “who does what, when, how and for how long” (ibid.: 11); that includes
  - to design and implement procedures for violence at the workplace (ibid.)
  - to “assess [...] postural problems including prolonged standing, sitting and highly repetitive tasks” (ibid.)
  - to consider gender differences in musculoskeletal disorder risks, in “psychosocial risks”, and in reproductive health (ibid.)
  - to implement rights described in the Maternity Protection Convention (No. 183) and Recommendation (No. 191)
  - to assess “the OSH aspects of working time patterns, identifying hazards and putting into place measures to control or mitigate the risks for all workers, including [...] part-time workers” (ibid.: 38)

- ▶ Generation and usage of gender- and sex-disaggregated data
- ▶ Provision of information and training on gender-sensitivity in OSH to all relevant stakeholders, including workers and their representatives, relevant inspectors and those who carry out risk assessments at the workplace (ibid.: 31)
- ▶ Suitability and accuracy of fit of personal protective equipment (PPE), tools, and other equipment (ibid.: 35)
- ▶ Consideration of workers' flexibility needs regarding working hours, as well as early notice of changing schedules (ibid.: 38)

It is against this backdrop that the following section presents a version to systematize thoughts in their risk assessment on gender discrimination and OSH further. It may help actors to structure their OSH approaches more comprehensively.

## THE GENDER SENSITIVE HEALTH RISK SCHEME

The following scheme helps to reflect on the question how an OSH system has to look like in order not to reinforce existing gender discrimination, but to counteract it. It responds to the questions: What are the potential constituting factors for gender-differentiated health risks? What do designated OSH officers have to consider when risks at a production site or in a production region are assessed? Actors influencing OSH practices along their company's globalized value chains as part of their human rights' due diligence also need to ask: Given the gender norms in a production region, in how far are our business practices contributing to health risks and how can we prevent contributing to them? The scheme can be used by anyone active in the field to understand OSH risks in a particular sector, production region and/or precise production site with a gender lens.

Box 2

### Gender sensitive health risk scheme

#### Risks due to societal norms and regulatory frameworks (macro level)

General: Gender norms affect regulation, access to resources, representation, and public discourse.

- Gendered access to social security system
- Gendered access to healthcare system
- Gendered access to financial services and funding opportunities
- Gendered political representation and voice opportunities
- Gendered representation in the jurisdiction and gendered access to remedy
- Gendered access to public resources such as means of transportation, public information, education and care, but also private resources such as heritage, land rights

Relevance: OSH systems need to respond to societal norms and regulatory frameworks, e.g. with solutions that assure the availability and affordability of health services, safe commuting and access to remedy for all.

#### Risks due to different work done by members of specific gender categories (meso level 1)

General: Gender norms affect the division of labor, sector-specific wages, degree of formality and professionalization, resources and demands.

- Gendered division of labor between sectors (e.g. care versus construction), *within* a supply chain (e.g. advertising versus R&D), or on-site (horizontal segregation, e.g. stitching versus cutting)
- Gendered power structures in organizations/companies: male-dominated oversight internally and externally (vertical/hierarchical segregation)
  - *Missing female/diverse management representation?*
  - *Missing female/diverse OSH officers and female/diverse social auditors?*
  - *Missing labor rights oversight and safety officers in supposedly female domains?*

Relevance: OSH systems need to respond to risks prevailing in sectors and domains predominantly employing women (e.g. long-term pain and occupational diseases rather than sudden injury and accident risks). Risks for women and LGBTIQ+ in male-dominated sectors might be different to those in sectors

with a predominantly female workforce. Gender norms can also influence the success of particular strategies: Opportunities to create a healthier work environment with rotation systems that allow for variety in the daily work routine, for instance, may be hampered by gender norms regarding task distribution and competencies. Company leadership needs to support diversity in management positions and within the OSH staff.

### Risks due to varying organization of work (meso level 2)

General: Gender norms affect how work is organized.

- Gendered employment status (and related to that, gendered social security and health insurance coverage, see above)
- Gendered representation in unions and workers' councils
- Gendered working conditions
- Gendered working hour expectations
- Gendered relationship between paid labor, unpaid care work and recreation
- Gendered career opportunities and gendered opportunities to join capacity building activities
- Gendered policies and procedures (including what is formalized and documented and what is not, e.g. missing sexual harassment policies and procedures, cf. e.g. Sjöberg Forsberg et al. 2022: 7)

Relevance: Workers' health cannot be protected if OSH systems are detached from questions on working conditions, working contracts or management systems. Gender-sensitive OSH helps to identify power structures which create unhealthy working environments and, hence, unsustainable value creation. Input is also required from actors knowing women workers' realities beyond the workplace, such as local women groups.

### Risks due to gender norms at the workplace (direct interaction)

General: Gender norms affect workers', managers and other persons' decisions, actions, judgements.

- Gender-based violence and harassment
- Gender-differentiated decision-making and judgements
  - Influences how policies are interpreted at the workplace
  - Influences the willingness to report incidents
  - Influences how the act of reporting incidents is interpreted (e.g. is someone brave, "whining", or "overstepping a line" by placing a complaint?)
  - Gendered decision for union membership and collective action

Relevance: To prevent health risks, effective OSH systems need to be built on knowledge about how norms influence interaction at the workplace. For instance, is shouting at female workers understood to be offensive and to negatively affect their health? What is necessary to support women to speak about problems or to make complaints in a formal procedure?

### Risks due to different bodies/sexes (individual level)

General: Of all the differences to consider with a gender lens, only few are related to physical aspects. And even if those may appear as the most obvious ones, specific demands due to bodily differences and reproductive performance are often overlooked.

- Reproductive health (including menstruation, pregnancy, birth and menopause concerns; health of the sexual organs)
  - Different demands for sanitary and lactation facilities
  - Effect of exposures to (toxic) substances and working environments on reproductive health
- Prolonged physical strain limits
- Gendered equipment, esp. PPE (e.g. wrong size of gloves)

Relevance: There are health hazards and concerns which may need to be differentiated by sex, considering, e.g., hazards to "[...] reproductive function, endocrine/hormonal system, [or] immune

system metabolism" (Hassard und Torres 2021: 2). Also, working environments creating stress may affect people with different bodies differently. As one example, stress is associated with menstruation cramps (dysmenorrhea) (Ju et al. 2014).

## CLOSING REMARKS

The final section addresses two important qualifications to the gender sensitive health risk scheme elaborated above and ends with first recommendations for practitioners in company management and OSH positions.

### Interplay of the different levels

OSH systems need to be holistic. The levels of risks described above should not be understood in silos. Many of them depend on each other, interact, or mutually reinforce each other. The example of night shifts illustrates this concisely. As Kabir et al. (2022) describe, doing night shifts bears health risks for women workers in the garment industry in Bangladesh:

*"Female participants' mental health conditions were getting worse[...] in relation to the danger of working at nighttime [...]. Female participants shared the experience of insecurity during the night shift, which included the dangers of being inside the factory, and the need to travel to and from the workplace [...] being unsafe." (Kabir et al. 2022: 6)*

The health risk for women working night shifts relates to the way working hours are organized, but also to the way (public) transportation is organized, to men's decisions (to harass) supposedly based on societal norms and arguably. The risks arguably also relate to women workers' ability to organize and struggle for different working hour arrangements or safer spaces collectively. The interplay of those factors is what creates a safety risk for women to become a victim of gender-based violence and also a health risk because of the stress caused.

### Intersectionality

As has been highlighted by many, gender discrimination intersects with other grounds of power structures. People are also discriminated against based on ethnicity, race, migration status, age, employment status, literacy and education, and others. All OSH approaches need to build on the "recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family", as is spelled out in the first

paragraph of the preamble of the Universal Declaration of Human Rights.

### First recommendations

There are different ways to operationalize the scheme above in different working environments. Each approach must be revised, refined and updated periodically. Nevertheless, some aspects can be highlighted for any OSH system review process:

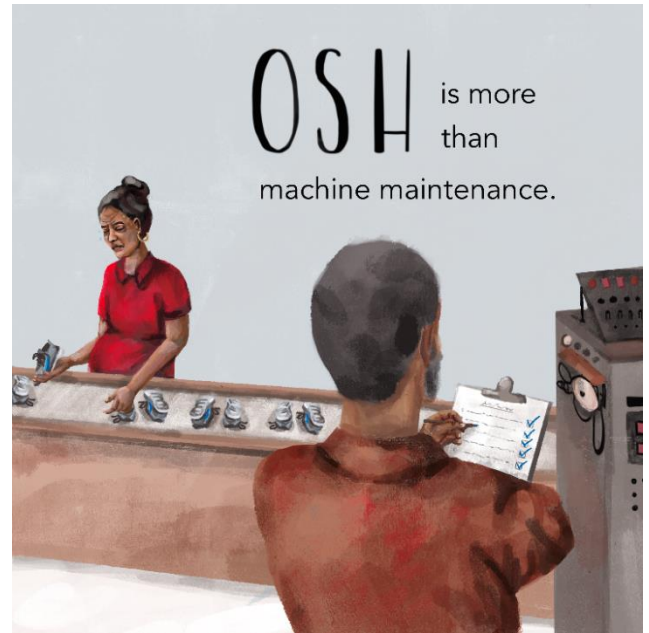
- ▶ Critically discuss on your OSH, management and social dialogue systems. If they have not been assessed with a gender lens, it is unlikely that they are already promoting gender equality enough.
- ▶ Ensure diverse representation in work-related councils and decision-making bodies; understand who is not able to participate and why.
- ▶ Assess risks from the start together with workers, women and LGBTIQ+ organizations, and other civil society groups. Prioritize according to the greatest need, not towards the easiest to achieve.
- ▶ For the formulation of policies, also consult with workers, workers' organizations, women and LGBTIQ+ organizations and other civil society groups specialized in work against gender discrimination.
- ▶ Include workers' councils and/or unions in decision-making on OSH policies and procedures;
- ▶ Participate in collective learning, e.g. within the [multi-actor partnership on gender-sensitive occupational health and safety](#).

These recommendations can only be a starting point. Within the multi-actor partnership, we engage for gender mainstreaming in OSH and gender justice in the footwear and garment industries, in conversation with workers, companies, unions, civil society partners and policy-makers. As part of the project, two in-depth regional studies, conducted by TURC in Indonesia and CIVIDEP in India, will shed light on the specific risks of workers in those regions and sectors. Based on the results, different stakeholders are going to collaborate to co-write concrete guidelines. For more information and updates on the project, please visit our website or get in contact with us directly.



**LITERATURE**

All references can be found in the bibliography by using the QR code or the following link:  
<https://t1p.de/lhki3>



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