



**Banana Occupational Health &
Safety Initiative
BOHESI**

**GUIDELINES ON
HEALTHY AND SAFE
EMPLOYMENT OF
WOMEN IN THE
GHANAIAN BANANA
INDUSTRY**

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The guidelines were designed by Paul Lievens (Banana Link)

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CONTENTS

CONTENTS	3
1. INTRODUCTION	5
2. OUTLINE OF KEY HAZARDS AND RISKS FOR WOMEN IN THE BANANA INDUSTRY	7
INTRODUCTION	7
EXPOSURE TO CHEMICALS	7
MENSTRUATION	8
FIBROIDS	8
ENDOMETRIOSIS	9
PERIMENOPAUSE	9
MENOPAUSE	9
AFTER MENOPAUSE	10
PREGNANCY AND BREASTFEEDING	10
MISCARRIAGE	11
MOTHER-TO-CHILD TRANSMISSION OF HIV	12
GENDER DATA GAP	12
MUSCULOSKELETAL DISORDERS (MSDs)	13
BREAST CANCER	13
STRESS	13
VIOLENCE AND SEXUAL HARASSMENT	14
DOMESTIC VIOLENCE	15
REPRODUCTIVE LABOUR	15
3. CATEGORISATION OF GENDERED RISKS	15
CHEMICAL RISKS	15
PHYSICAL RISKS	16
BIOLOGICAL RISKS	16
ERGONOMIC RISKS	17
PSYCHOSOCIAL RISKS	17
MECHANICAL RISKS	17
4. RISK MANAGEMENT	17
GUIDANCE ON PROCESS AND METHODOLOGY	18
RECOMMENDED TOOLS	18
5. GUIDELINES ON RISK PREVENTION AND CONTROLS: ACTIONS FOR WOMEN WORKERS, TRADE UNION REPRESENTATIVES, SUPERVISORS, HEALTH & SAFETY COMMITTEE MEMBERS AND EMPLOYERS	19
RECOMMENDED ACTIVITY	19
<i>Range of tasks</i>	19
<i>Challenging vertical or hierarchical gender segregation</i>	19
<i>Task rotation and breaks</i>	19
<i>Maternity protection and policy</i>	20
<i>Parental leave/absence</i>	20
<i>Sexual harassment policy</i>	20
<i>Domestic violence</i>	20
	3

<i>Personal Protective Equipment (PPE)</i>	20
<i>Cancer & screening</i>	20
<i>Musculoskeletal disorders (MSDs)</i>	20
<i>Awareness raising & training</i>	20
<i>Menstruation & period dignity</i>	21
<i>Toilet provision</i>	21
<i>Gendered health and safety research</i>	21
<i>Women at the heart of change</i>	21
6. TRAINING MATERIALS	21
APPENDICES	24
CONSULTATION	24
WORKPLACE POLICY	24
GENDERED RISK MANAGEMENT	25
1. <i>Work schedule</i>	25
2. <i>Amenities</i>	26
3. <i>Physical Work</i>	26
4. <i>Work Environment</i>	27
5. <i>Travel and transport</i>	27
<i>Sample sexual harassment policy adapted from the Sample sexual harassment policy (Safety and health in agriculture, ILO 2011)</i>	28
TERMINOLOGY	29
BIBLIOGRAPHY	29

1. INTRODUCTION

The Banana Occupational Health and Safety (BOHESI) guidelines complement the FAO's '**Health and Safety Manual for the banana industry - Ghana A practical guide for risk management in farms (BOHESI) Part 1: Technical Manual**' (for trainers) and '**Part 2: Manual for Workers**'. They focus on the need to understand and mitigate the risks that can affect the health and safety of women in banana export production.

Women and men have physical, physiological and psychological differences that can determine how risks affect them. Men and women are not the same biologically (sex differences) and the jobs they are allocated, their working conditions and how they are treated by society are not the same (gender differences).

Women are also the ones who give birth and, as is recognised in the Ghanaian constitution, have the 'traditional care for children' and, or assume other family caring responsibilities. In addition, work predominantly undertaken by women is often presumed to be lighter, easier and safer than that undertaken by men, and consequently receives less attention and often lower wages.

'In the context of sustainable work, it is important not to underestimate the physical and emotional demands of some women's work. Manual handling, highly repetitive and paced work, shift work, the risk of violence and harassment, and stress are issues that affect retention and the quality of life in many areas in which women work'.¹

There is also a need to consider the whole world of work, including transport to and from work (both company and privately hired), as well as how risks in the domestic sphere, including violence, impact on a woman's health and safety at work.

The world of work has primarily been created for men, by men, and women have entered many occupations later than men. The safety and health risks associated with work dominated by male employees are therefore generally better known and many preventive measures have been identified. The fact that women are generally underrepresented at management and supervisory levels in the banana industry, coupled with a lack of understanding of women's health in general, negatively impacts health and safety issues and decision making practices for women. Therefore, to ensure continual improvement in workplace safety and health for both men and women, gender differences must be taken into account in the design of Occupational Health & Safety legislation, regulatory activity, research, policies, systems and preventive measures.

'The danger of gender-neutral legislation is often based on the assumption that it will equally apply to all workers as it does not explicitly recognize gender differences and therefore may not ensure equity in protecting men and women workers'²

Using these BOHESI guidelines can

- enable a gender-responsive approach to occupational health and safety issues which acknowledges and highlights the differences that exist between male and female workers

¹ Joanne O. Crawford, Alice Davis, Hilary Cowie and Ken Dixon Women and the ageing workforce - Implications for Occupational Health & Safety A research Review, European Agency for Safety and Health at Work, 2016

² 10 Keys for Gender responsive OSH Practice – Guidelines for Gender Mainstreaming in Occupational Safety and Health, International Labour Organisation, 2013

- help with the identification of differing occupational health and safety risks and the proposal of control measures for consideration and implementation so that effective solutions are provided for everyone.

These guidelines are written for the use of workers, trade union representatives, members of Health and Safety Committees and employers. They are based on a clear understanding that the best way to ensure a safe and healthy workplace for women and men is:

- the formation and existence of an effective action driven Joint Health and Safety Committee made up of women and men worker and management representatives who are fully trained to understand sex and gender differences affecting women's and men's health and safety in the world of work.
- identifying the health and safety hazards/issues faced by men and women at the workplace, assessing the risks and developing the most appropriate control measures to address the identified health and safety challenges.
- management implementing the control measures developed by the Joint Health and Safety Committee.
- unions and management monitoring and periodically reviewing the implemented control measures to ensure they are effective in addressing the identified health and safety challenges.

The guidelines support the aims of the Sustainable Development Goals notably 3, 4, 5 and 8, and are written in recognition that a woman can only play a full and active role in the workplace if her rights are respected. Article 18 of the ILO Convention on [Safety and Health in Agriculture, 2001 \(No. 184\)](#), ratified by Ghana in 2011, requires that '*Measures shall be taken to ensure that the special needs of women agricultural workers are taken into account in relation to pregnancy, breastfeeding and reproductive health.*' However these guidelines go beyond the often narrow focus on the reproductive role of women and consider all of the health and safety risks specific to women because of both their sex and gender. The guidelines include a comprehensive review of reproductive lifespan on the basis that it is important that everyone understands how hormonal changes can affect a woman's emotional, physical and mental well being.

Most importantly the guidelines recommend that women workers are always consulted 'to identify health and safety issues related to their work since they face them on a daily basis'³ and are encouraged and able to play an active role in shaping workplace policies and practices, including through their membership of independent trade unions and their Women's Committees. All women need to be proactively made aware of their rights and how to secure them, because as the ILO note, '*The right to safe and healthy work is inseparable from freedom of association, the right to organize and the right to collective bargaining.*'⁴ When trade unions form part of the drive to identify hazards in an inclusive way, this can enable the development and negotiation of an inclusive workplace policy with the employer. The involvement of trade unions also tends to shift the focus of health and safety policy from a behaviour based approach which views workers' behaviour as the primary cause of work-related injury and illness, and towards an approach which takes larger

³ OSH: 'Protecting Health and Safety of Workers in Agriculture. Livestock, Farming, Horticulture and Forestry', European Commission, 2011

⁴ Human Rights Council Thirty-ninth session 10–28 September 2018 Report of the Special Rapporteur on the implications for human rights of the environmentally sound management and disposal of hazardous substances and wastes UN General Assembly <https://undocs.org/en/A/HRC/42/41>

workplace structures and systems into consideration as well. In this way, the hierarchy of workplace hazard controls is restructured.

2. OUTLINE OF KEY HAZARDS AND RISKS FOR WOMEN IN THE BANANA INDUSTRY

Introduction

This section highlights the key hazards and risks for women working in banana production as identified through both desk based and field research at a selected plantation in Ghana. There are two notes of caution, however. The first is the lack of research and relevant data on occupational health and safety for banana workers that specifically considers gender. This is a significant challenge when trying to understand and improve women's health and safety. Gender responsive research would improve knowledge and understanding of the impact of working conditions and environments on both women's and men's occupational health. It would also enable identification of the main areas of concern, establish priorities and develop the most effective preventive measures for both women and men.

Employers, trade unions and Joint Health & Safety Committees have the opportunity to collect sex disaggregated data and to conduct research into women's health and safety to inform better practice, including resource allocation, as well as to monitor outcomes and progress.

The second issue is to remember that these are only guidelines and that the best way to understand risk for women is through active consultation with women and their representatives and undertaking gender responsive risk assessments and inspections (see Section 4 and appendices). We would also stress the importance of women understanding and talking about their own health and having the confidence to seek medical advice in response to any concerns or changes. Workplace education has a vital role to play.

Exposure to chemicals

In the banana industry, a wide variety of chemical substances are used, from fertiliser in order to feed and fortify crops to pesticides and insecticides to eliminate weeds and pests. Exposure to chemicals can occur through: inhalation, skin contact, absorption, ingestion (including by infants through breastfeeding when lactating women workers have been exposed) and transfer across the placenta during pregnancy.

Physiological factors increase the vulnerability of women and children to harm from pesticide exposure. Breastfeeding and expectant mothers are particularly vulnerable. It is recognised that *'biological differences between men and women, such as physiological and hormonal differences, create differing susceptibilities to the effects of exposure to chemicals'* and that additionally that *'during pregnancy, lactation and menopause, women's bodies undergo changes that may increase their susceptibility to health impacts from toxic exposures'*.⁵

Expectant and new mothers must be protected from exposure to pesticides and other chemicals used on banana plantations.

'Women workers should have the right, in the case of pregnancy or breastfeeding, to alternative work not involving the use of, or exposure to, chemicals hazardous to the health of the unborn or nursing child, where such work is available, and the right to return to their previous jobs at the appropriate

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<http://www.srtoxics.org/wp-content/uploads/2018/09/2018-HRC-report-on-Workers-Rights-EN.pdf>

time.’⁶ Clause 56 (1) of the Ghanaian Labour Act 651 (2003) does not permit the allocation of work for pregnant women in their second or third trimester if it is considered ‘detrimental to her health.’⁷

During pregnancy, women should be placed at work stations where there are fewer risks: packaging, labelling, inspecting, de-flowing, removing padding and sanitary control for example. The first few weeks of pregnancy are often undetected and the developing foetus is most vulnerable to toxic chemicals during the first 8 weeks of gestation. Good practice is therefore to ensure that as a rule women of childbearing age are not directly handling chemicals in the workplace or working in areas that have been recently treated with chemicals.

It is important to note that in the plantation fields, women are not engaged to work directly with chemicals in the Ghanaian banana industry. However, women who undertake post-harvest treatment in the packhouse do work directly with chemicals.

Women may however also be exposed to workplace chemicals in the home by, for example, washing pesticide contaminated clothing brought home by their spouses, or other relatives who work on banana plantations. The failure to ensure appropriate safety practices during pesticide storage, mixing and application, may put women, their families and communities at risk of exposure.

It must also be understood that women are more likely to be exposed to chemicals in the home, for example by using cleaning chemicals, and there is insufficient research to understand the effects of this potential ‘cocktail of chemicals’ on the health and safety of women.

To mitigate negative impacts from chemical use, employers should seek and implement alternatives to pesticides in banana production.

Menstruation

Women need prompt access to safe and hygienic sanitation facilities at all times, but this need is particularly acute during menstruation. Women should have access to sanitary protection in the workplace because menstrual cycles can vary in regularity and flow. Women should feel comfortable and be able to go to the washroom to change their sanitary pads when needed.

Changes in hormone levels before a woman’s period can cause physical and emotional changes known as PMS (premenstrual syndrome) or PMT (premenstrual tension). Typical symptoms include feeling bloated; breast tenderness; mood swings; feeling irritable; spotty skin or greasy hair; and loss of interest in sex. Symptoms usually improve when a period begins and disappear after a few days.

Women can also experience pain/cramps during menstruation, which when severe can be debilitating. Women should be encouraged to discuss concerns about painful, heavy or irregular menstruation with a doctor or another health care provider.

Fibroids

Fibroids are non-cancerous growths that develop in or around the uterus (womb), particularly in women aged 30-50 with African-Caribbean women more likely to develop fibroids. Many women are completely unaware they have fibroids whilst some can experience significant symptoms that affect their daily activities. Symptoms include: a frequent need to urinate, abdominal pain, back pain, heavy painful periods and clots. If women experience pain or suffer with symptoms related to fibroids, they

⁶ https://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---safework/documents/normativeinstrument/wcms_107823.pdf

⁷ <https://www.ilo.org/legacy/english/inwork/cb-policy-guide/ghanalabouract2003section109.pdf>

should see a doctor/health care provider (or gynaecologist if available) who can prescribe medication to help. Although rare, complications caused by fibroids can affect pregnancy and even cause infertility.

Endometriosis

Endometriosis is a condition where tissue similar to the lining of the uterus (womb) begins to grow in other places such as the ovaries and fallopian tubes. The condition can occur at any age and can have a debilitating impact on a woman's life. Symptoms vary but can include: period pains that impinge on a woman's ability to go about her daily life, pain when going to the toilet, difficulty getting pregnant, very heavy periods and can lead to depression. Endometriosis is a long-term condition which has no cure but treatments exist which can ease symptoms. Women should see a doctor, or if possible a specialist, if they suffer with several of these symptoms.

Perimenopause

The perimenopause is when women transition from their reproductive years to the natural end of monthly menstrual cycles (menopause). This usually begins in the 40s and ends by the early 50s, although any age from the late 30s to 60 can be normal. It can be difficult to judge when the perimenopause begins, because the hormonal fluctuations begin while menstrual periods are still regular.

Perimenopause can last anywhere from one to 10 years. During this time, the ovaries function erratically and hormonal fluctuations may bring about a range of changes, including hot flashes, night sweats, sleep disturbances, and heavy menstrual bleeding. Other signs of perimenopause can include memory changes, urinary changes, vaginal changes, and shifts in sexual desire and satisfaction. For an estimated one in five women these hormonal changes can cause one or more years of nausea, migraines, weight gain, sore breasts, severe night sweats, and/or sleep trouble.

Women who experience these symptoms should be encouraged to discuss this with a doctor or other health care provider.

Menopause

Menopause is not an illness, it is the stage of a woman's life when she stops menstruating. Around 1 in every 3 women has either experienced or is currently going through the menopause. It doesn't only affect women in older age but it can have an adverse physical and emotional effects for women and individual symptoms vary widely. Common early symptoms of menopause can include hot flushes or flashes, night sweats and mood swings. Alongside these and consequent hormone imbalances, many changes take place at this stage and beyond which affect other health issues such as the need for contraception and when to stop, bone health and heart health (see below). Further, many women have certain medical problems which may be affected by the menopause and may lead to specific requirements when considering the use of treatments for the menopause.

It is estimated that 8 in every 10 women will experience noticeable symptoms and of these 45% will find their symptoms hard to deal with. Some women may cope well with the physical and emotional changes, but for others they may cause particular difficulties both in work and out of work. And of course problems outside of work can also impact on performance at work. These problems can be made even worse by the fact that there remains considerable ignorance and misunderstanding about the menopause, with it often being treated as an embarrassing or taboo subject, or even a topic to make fun of. It is important that employers are aware of their responsibilities to ensure that work conditions do not exacerbate symptoms. Stressful working environments and long working hours can exacerbate menopause related concerns for older women working on plantations.

After menopause

After menopause, a woman's ovaries make very little estrogen which can increase the risk of the following health problems:

- **Heart disease.** Estrogen helps keep blood vessels relaxed and open and helps the body maintain a healthy balance of good and bad cholesterol. Without estrogen, cholesterol may start building up on artery walls leading to the heart. This increases women's risk of heart disease, which before menopause is lower than men's.
- **Stroke.** The lower levels of estrogen in your body may play a role in cholesterol build-up on artery walls leading to the brain. This increases the risk of strokes.
- **Osteoporosis.** Having less estrogen after menopause causes you to lose bone mass much more quickly than you did before, which puts you at risk for osteoporosis. Osteoporosis is a condition that causes your bones to lose their density and become brittle. Weakened fragile bones are more likely to break easily, often following a minor bump or fall. Osteoarthritis is also more common in post-menopausal women suggested a causal link. Employers should make sure that appropriate support is given to a worker suffering from osteoporosis so that her/his work activity can be adapted.
- **Lead poisoning.** The lead that you are exposed to over your lifetime gets stored and thus accumulates in your bones. Because bone begins to break down much more quickly after menopause, this accumulated lead is more likely to be released into the blood. Older women can have blood lead levels 30% higher than before they reached menopause. This lead increases your risk for high blood pressure and [atherosclerosis](#) (sometimes called hardening of the arteries). This lead in your blood can also cause your kidneys to not work as well. It can also cause symptoms similar to dementia, affecting one's memory and the ability to think.
- **Urinary incontinence.** About half of postmenopausal women have trouble holding in their urine because lower estrogen levels may weaken the [urethra](#). Access to separate, safe and clean toilets is crucial.
- **Oral issues.** Dry mouth and an increased risk for cavities are more common after menopause.

Pregnancy and breastfeeding

New and expectant mothers are exposed to many occupational risks and hazards which may negatively affect their own health and the health of their newly born and unborn children. Pregnancy and childbirth may or may not interfere with a woman's ability to carry out her normal work duties, and the needs of pregnant women may change throughout pregnancy. Whilst pregnancy related symptoms vary from woman to woman, many women work during pregnancy and return to work whilst still breastfeeding, and it is for this reason workplaces must take all practical steps to control, mitigate and prevent occupational hazards for all workers, including new and expectant mothers. This is because working conditions that pose a risk for reproductive health are often unsafe for other reasons and should therefore be addressed for all workers. The identification, assessment, and control of hazards must be an ongoing process and must take into account changes in technology, materials, processes or changes to an employee's health status.

Maternity protection for working women is essential for their health and well-being and that of their children and communities. Lack of maternity protection can lead to a lack of income and food for the woman and her family, during a time when nutritious and sufficient food is of utmost importance. It is widely recognized, and recommended by the World Health Organisation, that exclusive breastfeeding during the first six months after birth and continued breastfeeding, together with complementary foods up to two years of age or beyond is the best way of feeding infants. Risks associated with alternatives to breastfeeding - any food or liquids other than breast milk - can include cholera, diarrhoea,

malnutrition and pneumonia, especially in areas where safe and clean drinking water as well as safe, high-quality infant formula is not available and accessible at all times.

In Ghana only 62.8% of women are exclusively breastfeeding for 6 months.⁸ Therefore the ability to use breaks properly during the working day to breastfeed infants at a well-equipped and professionally operated creche, established at an accessible distance from the plantation, will have a significant impact on children's right to adequate food and nutrition. Workplaces should also provide the facilities for workers to express milk, including a fridge to store expressed milk in.

Company maternity policies - with key principles enshrined in Collective Bargaining Agreements - are recommended to ensure that everyone is clear about the maternity rights of pregnant and breastfeeding women in the workplace. This is important for all, not just those workers who have informed employers that they are pregnant. These should cover the rights of workers to

- paid time off to attend antenatal and postnatal appointments
- lighter duties during pregnancy, identified in consultation with a doctor
- paid maternity leave
- paid breastfeeding breaks
- safe, private and clean areas for rest and breastfeeding, and to express milk

Supervisors and management need to be aware of the importance of not discriminating against pregnant and breastfeeding women as enshrined in Article 27 (1-3) of the 1992 Constitution of Ghana and Part 6 of the Labour Act 651 (2003), and of providing an enabling environment for pregnant and breastfeeding women.

Miscarriage

Approximately 1 in 8 pregnancies result in miscarriage and this can affect a woman both physically and emotionally. The majority of miscarriages cannot be prevented but risk can be reduced (see section on Pregnancy). A miscarriage can result in cramping pains and sudden heavy bleeding, but not in every case-sometimes bleeding may come and go over several days. It is advisable a woman seeks medical care if she experiences pain or bleeding during pregnancy, although this is not to say light bleeding is confirmation of a miscarriage. A miscarriage can be an emotionally and physically draining experience, a woman may feel shocked, upset, guilty or even angry when losing a pregnancy and it can take time to process the loss. Employers should liaise with the woman to offer support and allow time off to grieve and recover and appreciate that not all pregnancies are the same or end successfully.

Section 57 of the Ghanaian Labour Act (2003)

Stipulates that:

(2) A woman worker on maternity leave is entitled to be paid her full remuneration and other benefits to which she is otherwise entitled.

(6) A nursing mother is entitled to interrupt her work for an hour during her working hours to nurse her baby.

(7) Interruptions of work by a nursing mother for the purpose of nursing her baby shall be treated as working hours and paid for accordingly.

⁸

<https://www.who.int/nutrition/databases/infantfeeding/countries/gha.pdf?ua=1>

(8) An employer shall not dismiss a woman worker because of her absence from work on maternity leave.

Article 27 of the 1992 Constitution of Ghana

Stipulates that:

(1) special care shall be accorded to mothers during a reasonable period before and after childbirth and during those days, working mothers shall be accorded paid leave

(2) facilities shall be provided for the care of children below school-going age to enable women who have the traditional care for children realise their full potential

Mother-to-child transmission of HIV

With the right advice, treatment and care, the risk of HIV-positive mothers passing on the virus to their child can be significantly reduced. The risks of mother-to-child transmission (MTCT) – also called vertical transmission – are lessened by women taking the following precautions: taking antiretroviral (ARV) and other recommended drugs during and after pregnancy; making a careful choice between caesarean section and vaginal delivery, advised by a healthcare professional; giving postpartum ARV drugs to infants in the first stages of their life; seeking and carefully following their doctor's advice on breastfeeding as a HIV-positive mother.

Even if a mother is living with HIV, according to the WHO it may still be safer for a child to be breastfed – especially if mothers are carefully taking ARV medication – than for them to be fed any alternative food or liquids during their first 6 months of life. This is especially the case in areas where safe and clean drinking water as well as safe, high-quality infant formula is not available and accessible at all times. Women living with HIV should therefore be strongly encouraged to seek advice from a healthcare professional when it comes to breastfeeding in their particular situation.

Gender data gap

Work equipment, tools and personal protective equipment (PPE) have been traditionally designed for the male body size and shape. For example, most PPE is based on the sizes and characteristics of male populations from certain countries in Europe and the United States. As a result, most women, and also many men, experience problems finding suitable and comfortable PPE because their body does not conform to this standard male worker model.

The use of work equipment, machinery, worktops and tools designed for men contributes to women's work accident rates and health problems. If work equipment is not the correct design, does not fit or is set up incorrectly this can lead to poor working posture for the working woman, leading to an increased risk of musculoskeletal disorders (MSD's).

Hand tools and workstation heights are often uncomfortable, and force awkward positions for workers who are smaller or taller and larger than the 'standard' (male) worker. In order to ensure the work environment is suitable for women to work in safely and comfortably, the design and function of every aspect of the workplace must be considered, from clothing and tools to the design and layout of the building and its amenities. For example, at Golden Exotics, the height of sinks in the packhouse have been designed so that they do not cause abdominal pains for women working at them.

The wrong PPE can increase risk of injury. For instance, ill-fitting gloves can lead to gripping problems, whilst wearing or walking in shoes or overalls that are too big can increase the chances of tripping.

The Banana Producers Association (BPA) acknowledges the gender data gap and therefore the need to adapt the working environment and its practices, tools, equipment and personal protective clothing to enable equitable employment for women, in particular during pregnancy and whilst breastfeeding.

Musculoskeletal disorders (MSDs)

Musculoskeletal disorders (MSDs) are the most common health impairments in the workplace. These include carpal tunnel syndrome, a common condition that causes pain, numbness, and tingling in the hand and arm. The condition occurs when one of the major nerves to the hand — the median nerve — is squeezed or compressed as it travels through the wrist. Repetitive hand motions can contribute to carpal tunnel syndrome. MSD's such as carpal tunnel syndrome get worse over time, so early diagnosis and treatment are important. Early on, symptoms can often be relieved by avoiding certain activities.

Women tend to suffer more from pain in the upper back and upper limbs as a result of repetitive work which is accentuated during pregnancy. Whilst men are more likely to carry heavy loads it is not just the weight of the loads that can cause problems, it is often the repetitive nature of the work or the twisting. There are a number of risks that can particularly affect women during pregnancy which include prolonged standing/sitting, heavy lifting and twisting movements of the torso. Prolonged standing/sitting can cause backache and joint pain. Working at heights poses the risk of falls meaning that it might be unsafe for pregnant women to work at certain heights or on ladders. Over stretching /overreaching can lead to miscarriage. During the third trimester, the increased size of the abdomen means that any object lifted or carried is further away from their lower back than is safe. Muscles supporting the lower back already have to work hard to keep a woman's balance and help her stand without the added stress of lifting. Pregnant women should be assigned alternative jobs if their original job exposes them to higher MSD risk.

Breast cancer

Breast cancer is more prevalent amongst women than men and evidence is growing for a link between long-term shift work, particularly night work (especially during perimenopause), and breast cancer. Increasing evidence points to an association between breast cancer and occupational exposures to various pesticides.

Stress

Women are more likely to report occupational stress than men. Women are also more likely to maintain or experience higher stress levels after work, especially if they have children.

Due to the type of work that many women carry out and because of emotionally demanding societal roles and social structures, they are generally at a higher risk of psychosocial hazards, risks that can cause work-related stress and burnout, and the risk of being subject to violence, discrimination or harassment. Women entering non- traditional roles or occupations are particularly at risk of discrimination and sexual harassment. There is evidence that stress and musculoskeletal disorders can be related.

Violence and sexual harassment

The Labour Act 651 introduces the offence of sexual harassment. Section 175 defines it as “any unwelcome, offensive or inopportune sexual advances or request made by an employer or superior officer or a co-worker to a worker, whether the worker is a man or a woman”.⁹

*‘Sexual harassment by its nature essentially affects women. It is a type of violence against women and arises from power relations rather than sexual interest. This form of humiliation does not occur amongst equals, and in the long term, therefore, equality at the workplace will eliminate this problem. For the present, however, other measures need to be adopted to prevent such practices.’*¹⁰

The BPA recognise the need to have comprehensive deliverable company policies as part of efforts to end sexual harassment in the workplace, incorporating effective grievance mechanisms, in line with ILO Convention on Discrimination in Employment and Occupation, 1958 (No. 111), ratified by Ghana in 1961. Education is vital so that everyone in a workplace knows that there is zero tolerance of sexual harassment as well as how to make a complaint, and to whom the complaint should be made. Access to remedy needs to be trusted, timebound and transparent; women reporting sexual harassment have to know what happens as a consequence of them lodging a complaint as well as being protected from the point of raising the complaint. (See Sample sexual harassment policy in the Appendices).

Inexperienced and younger women may be more vulnerable to harassment due to their age and work position, as may be women who are in precarious employment / employed under short term contracts. Any measures put in place to end harassment must not themselves cause discrimination by limiting the roles or sectors that women can work in.

New instruments on ‘violence and harassment in the world of work’

In June 2019 the 108th session of the International Labour Conference (ILO) adopted two new instruments; a Convention (190) and a Recommendation on ‘Violence and harassment in the world of work’ (206). Together these provide a clear framework for action and an opportunity to shape a future of work based on dignity and respect, free from violence and harassment. Convention 190 defines ‘violence and harassment’ as behaviours, practices or threats ‘that aim at, result in, or are likely to result in physical, psychological, sexual or economic harm and explicitly references gender-based violence and harassment’. It reminds member States that they have a responsibility to promote a ‘general environment of zero tolerance’.

The standard covers violence and harassment occurring in the workplace. It clearly describes the world of work as places where a worker is paid, takes a rest or meal break, or uses sanitary, washing or changing facilities; during work-related trips, travel, training, events or social activities; work-related communications (including email and social media), in employer-provided accommodation; and when traveling to and from work.

The IUF recommends that trade unions and employers should negotiate clauses based on the language of C190 and R206 without waiting for ratification by governments.

⁹ https://www.ilo.org/ifpdial/information-resources/national-labour-law-profiles/WCMS_158898/lang-en/index.htm

¹⁰ *ibid.*

Domestic violence

Domestic violence is the most pervasive form of gender-based violence. Domestic violence can be any form of violence between intimate partners. The violence can be physical, sexual, emotional, or psychological abuse – including financial control, stalking, and harassment. It occurs between mixed or same-sex intimate partners, who may or may not be married, common law, or living together. It can also continue to happen after a relationship has ended. It can be a single act of violence, or a number of acts of violence, that form a pattern of abuse.

Employers need to safeguard workers experiencing domestic violence, which predominantly affects women. Domestic violence doesn't stop when the woman is at work, and in some cases their attacker will follow them into work. For those experiencing domestic abuse the threat is always present and this can be devastating, an effect employers should not ignore. The impact of domestic violence in the world of work is acknowledged in the ILO Convention 190, a significant step in bringing domestic violence out of the shadows and changing attitudes. The recommendation sets out practical measures that employers can take to support survivors of domestic violence, including time off if needed to recover from the mental and physical impacts of this abuse, flexible working arrangements and awareness raising. It is important that women are always consulted about the support that they need and to remember that domestic violence is experienced differently by different women and that although partners are the most common perpetrators, violence may be perpetrated by offspring, parents and other family members.

Reproductive labour

As noted in the introduction, women undertake a disproportionate amount of unpaid labour in the home, including care giving. Research into conditions for rural Ghanaian women workers found that while 65 percent of men spend a maximum 10 hours per week on domestic activities, 89 percent of women spend 10 hours per week or more. The most time-consuming activities for women are cooking and taking care of household members. Recent Banana Link research indicates that in women only households the number of hours can regularly be 3 hours or more a day. It is important to understand that household work and other unpaid care responsibilities can be a significant contributor to stress and can expose women to the same hazards at home that they experience at work, increasing the likelihood of injury. Examples of these include strain from repetitive bending and lifting.

3. CATEGORISATION OF GENDERED RISKS

The BOHESI manual categorises the risks all workers are exposed to in the following way:

Chemical risks

Chemical substances most commonly enter the body through the skin. They can also enter the body via the respiratory tract (by inhaling them) and the digestive tract or mouth.

If chemical substances come into contact with the eyes, they can cause irritation, pain and discomfort, watery eyes and redness. The effects can last after the exposure has ceased and, in case of severe exposure, there can be long-term or permanent damage (to the cornea, for example).

If inhaled, chemical fumes or mist can be fatal or cause respiratory tract (bronchial) irritation. In case of prolonged or repeated exposure, other organs may be damaged.

Pregnant and nursing mothers are particularly vulnerable to exposure to chemicals, which can include risks from exposure to chemicals used separately in the workplace and the home, which when

combined can create a chemical cocktail effect, causing greater harm than exposure solely in the workplace or the home.

Risks of exposure can arise from:

- preparing, handling and using herbicides and pesticides;
- handling bags or strips impregnated with insecticide;
- inhaling vapours from fungicide sprays in the packhouse;
- inhaling disease control fungicide after field aerial spraying if recommended re-entry periods are not observed and
- when laundering pesticide contaminated work clothing at home.

Physical risks

These include risks from noises and vibrations produced whilst operating equipment, cuts to the hands due to using cutting tools, and heat stress caused by the high temperatures on plantations and the heat emitted by equipment. Women may be at greater risk if PPE or any equipment is not of a suitable size or designed for them to use safely.

Examples include:

- Whole body vibrations from vehicles, such as tractors, which can lead to miscarriage, premature birth and back disorders.
- Hand-arm vibrations from the use hand held tools which can lead to overuse injuries.
- Loud noise triggering stress and fatigue which can cause miscarriage, still and premature births.
- Heat exposure which can, in particular, cause problems for women experiencing 'hot flashes/flushes' during menopause and pregnant women who, due to an increased metabolic rate and greater volume of blood, already feel warmer.

During pregnancy, light-headedness and low blood pressure are common, making it important to stay hydrated. Pregnant women are less able to tolerate high temperatures or high humidity.

Breastfeeding women are also more at risk of dehydration which causes lower milk production.

Biological risks

These include risks from insect or animal bites such as snakes, spiders and scorpions, exposure to germs that can grow on the fruit or grow in the tank where the fruit are placed, and exposure to fungi and bacteria that are found in compost.

Examples include:

- Infection during pregnancy is likely to be more virulent. In certain diseases, the infectious organism may be transmitted through the placenta while the child is in the womb, or during or after the birth. This can result in miscarriage, foetal death, infection, or abnormalities.
- Malaria poses particular risk to pregnant women and can cause miscarriage, stillbirth, premature birth and low birth weight.
- Poor food hygiene at work, lack of access to clean drinking water and dirty washing and sanitary facilities will increase susceptibility to gastrointestinal infection.
- Contact with rubella can cause spontaneous abortion, congenital defects or still birth.

Ergonomic risks

These include risks from being in a static standing position throughout the day and due to repetitive hand movements when handling fruit; the effort expended when using tools; and risks associated with prolonged positions, such as squatting or similar.

Examples include:

- During menstruation, there is some evidence that increased ligament laxity due to hormonal changes can increase the risk of injury associated with lifting.
- In pregnancy, fatigue and increased ligament laxity and postural changes can increase the risk of injury.

Psychosocial risks

The ILO and the WHO have determined that “the conditions present in a workplace environment, tied to the organisation, the nature of the work and the performance thereof, are liable to affect the health and welfare (physical, psychological or social) of the workers as much as the organisation of the tasks themselves”.

Risks can include stress related to excessive workloads or long working hours; and bullying and harassment, including sexual harassment, gender-based violence and domestic abuse.

Examples can include:

- Excessive fatigue from a lack of toilet breaks, rest breaks and facilities, or changes to working hours or excessive overtime.
- High workrate or stress and increased fatigue can lead to lowered breast milk production and increased blood pressure.
- Morning sickness or nausea can be exacerbated if working on early shifts, or working in an area with nauseating smells
- Lack of private areas for breastfeeding

Mechanical risks

These include risks from the lack of preventative safety measures; mobile or protruding parts in an object; and the absence of appropriate tools or personal protective equipment.

Examples include:

- Reduced dexterity, agility and coordination during pregnancy can lead to less control over the speed of production and difficulties reaching machinery.
- Uneven floors and surfaces can represent trip or slip hazards. This can be an increased risk for women with osteoporosis.

4. RISK MANAGEMENT

A risk assessment is the process of evaluating health and safety risks from workplace hazards. It involves systematically looking at work activities, considering what could go wrong, and deciding on suitable control measures. These control measures are designed to eliminate, reduce or minimize the risks of loss, damage or injury in the workplace. The ILO Convention 184 (articles 7 and 8) clearly defines employer obligations with regard to their duty to identify hazards, evaluate risks and apply the

necessary prevention and protection measures if these cannot be eliminated. Every effort should be made to prevent risk for all workers, with additional consideration for expecting and new mothers. Regular risk assessment can be used to prevent and mitigate risk; conducting a risk assessment is the first stage of the process.

Two conditions must be met in order to reach the ultimate objective, which is to prevent work-related injuries and diseases and to protect and promote the health of workers;

First

- employers need to establish measures that allow them to eliminate risks, and if it is not possible, to control risks;

Second

- workers need to know and apply all of the standards and procedures that allow them to carry out their work in safe conditions.

In other words, employers must be aware that they are obliged to provide workers with the conditions and resources required for them to safely carry out their work and workers must do their job while always ensuring that safety comes first.

Guidance on Process and Methodology

Employers should undertake a formal risk assessment in all areas of the workplace, including packhouse and field. In addition, there should be consultation with members of H&S Committee members, women workers, supervisors and local health professionals.

Gendered risk assessments should consider all of the ways in which a woman's sex or gender can affect her health and safety in the world of work. Pregnancy risk assessments need to consider all jobs performed by women of childbearing age as many women don't know they're pregnant until late in their pregnancy. This would improve the management of the hazards that may present a risk in the first trimester, when many women may not know or are yet to tell their employer that they're pregnant. Women should also be able to have individual risk assessments, with ongoing management reviews reflecting their changing circumstances (eg. in their work environment or health) and stage in their pregnancy. These reviews should involve the company doctor and medical staff. ILO C190 also states that violence and harassment, especially gender-based violence and harassment and domestic violence, be part of the risk assessment.

It is also important to conduct regular workplace inspections to identify whether workplaces and work activities are safe for all women workers, including pregnant and breastfeeding women. It must be remembered that it is essential to take action to remedy or correct any issues identified during inspections.

Recommended tools

'Gender in Occupational Health & Safety' produced by the British Trades Union Congress is a guide for trade unionists and includes a gender checklist which is very useful for all. The risk management guidance is reproduced, with some adaptation, in the appendices of these guidelines

'Guidelines for Health and Safety for new and expectant mothers at work' published by the Government of New Zealand lists many physical, biological and chemical agents, processes and working conditions which could affect the health and safety of new and expectant mothers. They include a gendered risk assessment which is included in the appendices in an adapted form.

5. GUIDELINES ON RISK PREVENTION AND CONTROLS: ACTIONS FOR WOMEN WORKERS, TRADE UNION REPRESENTATIVES, SUPERVISORS, HEALTH & SAFETY COMMITTEE MEMBERS AND EMPLOYERS

The ILO has produced 10 keys for gender responsive Occupational Health and Safety (OHS) which are listed below¹¹:

Guideline 1: Taking a gender mainstreaming approach to reviewing and developing occupational safety and health legislation

Guideline 2: Developing OSH Policies to address gender inequalities in OSH practice

Guideline 3: Ensuring consideration of gender differences in risk management

Guideline 4: OSH research should properly take into account gender differences

Guideline 5: Developing gender responsive OSH indicators based on sex-disaggregated data

Guideline 6: Promoting equal access to occupational health services and health care for all workers

Guideline 7: Ensuring the participation of both men and women workers and their representatives in OSH measures, health promotion and decision-making

Guideline 8: Developing gender-responsive OSH information, education and training

Guideline 9: Designing work equipment, tools and personal protective equipment for both men and women

Guideline 10: Working time arrangements and work-life balance

Recommended Activity

Range of tasks

As women are employed in a wide range of tasks it is important to undertake a gendered risk assessment for each new role. Workplace adaptation may be necessary and it should be noted that, as with all efforts to make the workplace safer and healthier for women, there are clear benefits for men. For example if weights being lifted are reduced for packers, this is better for women and men; just because a man can lift a heavier weight doesn't mean it is not harmful to his health.

Challenging vertical or hierarchical gender segregation

Vertical or hierarchical gender segregation leads to a concentration of women in positions lower down the hierarchy and results in fewer women in decision making roles. A safe and healthy workplace for women, needs women in positions of responsibility who can bring a gender lens to how a workplace is designed, managed and experienced.

Task rotation and breaks

Task rotation is one way to reduce the impact of strains and stress from repetitive activity. This can also be considered during a pregnancy risk assessment, alongside the option of lighter and / or

¹¹ https://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---safework/documents/publication/wcms_324653.pdf

seated activities. Regular breaks and the use of exercises such as the 'active pause' (see appendices) also bring benefit for those undertaking repetitive tasks. Regular toilet and meal breaks are of particular importance for women during pregnancy, menopause and when menstruating. Workers should be able to take rest breaks and toilet breaks during their working hours without loss of pay.

Maternity protection and policy

Ensuring that all workplace policy and Collective Bargaining Agreements incorporate all elements of maternity protection, and communicating this through education sessions and accessible printed materials, is recommended.

Parental leave/absence

Unions and employers negotiating parental leave including authorised absence to care for children when sick are ways of reducing the stress women (and men) can experience managing parenting and paid work.

Sexual harassment policy

A company needs to have a gender responsive sexual harassment policy and ensure that all employees, including management, are aware of and understand how this works in practice. This policy should be negotiated with unions and incorporated into the Collective Bargaining Agreement. A sample sexual harassment policy is included in the Appendices.

Domestic violence

Unions and employers should negotiate clauses to mitigate the impacts of domestic violence in the world of work, following the recommendations of ILO C190 and R206.

Personal Protective Equipment (PPE)

Companies can use their purchasing power, in consultation with affected workers and their unions, to ensure PPE is suitable for women and men and workers have a choice of PPE.

Cancer & screening

Unions have successfully negotiated clauses in Collective Bargaining Agreements for the provision of screening for breast and cervical cancers for women workers. Unions and employers should negotiate with the state for the recognition of breast cancer as an occupational disease. It is recommended that women are encouraged to examine their own breasts on a monthly basis. This is recommended 7-10 days after their menstrual period starts (or post menopause estimating when this would have been). If a woman finds any lumps or changes, she should see a doctor immediately.

Musculoskeletal disorders (MSDs)

Unions should negotiate with employers to have tools and equipment that are adapted to a woman's body and negotiate with the state to have MSDs recognised as an occupational disease.

Awareness raising & training

'Employers should provide training to all personnel at no cost to the workers and training should take place during working hours without loss of pay. The timing and arrangements should be agreed upon between the employer and workers' representatives, taking into account childcare and family

responsibilities'.¹² Just as more awareness raising is needed to address the health issues facing women, there is a need to promote men's health in the workplace, understanding that different awareness raising techniques may be needed to engage women and men. Increasing a man's understanding of women's reproductive health can support him to create an enabling environment for young women in his family to talk openly about their health from menstruation onwards with both men and women.

Unions and employers should organise training for women and men workers on women reproductive health.

Awareness raising should cover all risks as documented in this manual, including those that may have previously been considered to be 'outside of the world of work', such as domestic violence and how it affects survivors.

Menstruation & period dignity

Unions and employers should make sure that there are enough safe, clean and separate toilets provided with sanitary bins throughout the plantation and distribute sanitary pads - free of charge - to women workers. They should ensure women have period dignity, including campaigning to erase any tax on sanitary products and negotiating a one day paid leave in case of painful menstruation. Some countries have now agreed to remove tax on sanitary products including Rwanda, and there have been a number of successful campaigns calling on employers to provide free sanitary products in the UK.

Toilet provision

The International Transport Workers Federation (ITF) has a sanitation charter because toilet rights are human rights. These include an employer's checklist which is a very useful guide of how to ensure appropriate provision for all.

Gendered health and safety research

Companies should ensure that they collect separate data on occupational health for women and men to help identify gender specific problems and inform preventive action.

Women at the heart of change

Women representatives should receive training and be supported to actively participate in Joint Health and Safety Committees. Women workers need to have access to a Women's Committee that also brings gender issues to the attention of the Joint Health and Safety Committee. The BOHESI manuals can be used to build capacity and raise awareness amongst all workers of issues that they can raise with their union, supervisors and management.

6. TRAINING MATERIALS

The activities below are recommended to build awareness and understanding amongst women workers of their health and safety and to strengthen the capacity of Health & Safety Committee members to apply a gender lens to their responsibilities and work.

Below is a sample two-day participatory training course designed & facilitated by Banana Link, Adwoa Sakyi, Ann Apekey, Julie Duchatel and Dr. Kofi Davids.

¹² ILO Code of practice for health and safety in agriculture

**BOHESI GHANA
WOMEN IN HEALTH & SAFETY
TRAINING**

Day one : GENDERED HEALTH & SAFETY RISKS

09:00 - 10:00

Welcome and introductions

10:00 - 11:30

Introduction to gendered health & safety risks in the world of work including:

women's health issues

reproductive labour - health impacts of risks in the home, including stress, harassment and violence

Small group activity to identify which risks participants believe women are exposed to as workers in the banana sector. Each group will be supported by facilitators to organise these risks into six categories: ergonomic, physical, mechanical, chemical, biological and psychosocial.

Resources: post its, flip charts and handouts listing the six categories of risk.

Evaluation question: Do you understand the different health and safety risks that women experience (name three)?

11.30 - 12:00

Break

12:00 - 13:00

'Why does my PPE not fit me?; understanding the gender data gap'

Introduction to the challenge of being a woman in a world designed by men, for men. This session will explore what adaptation and provisions need to be made to ensure that banana plantations are a safe workplace for women. This will include sanitation, transport, childcare and the role of supervisors and management.

Small group activity to map activities in the home and workplace and how the tools and equipment used may not be designed for women to use. All groups to be supported by facilitators to identify at least two problems and two solutions.

Resources: post its and flip charts

Evaluation question: Can you identify why a workplace can be unsafe for a woman and how to change this?

13:00 - 14:00

Reproductive health timeline

Explanation of reproductive health throughout a woman's life

Whole group discussion to consider actions that a H&S Committee could undertake to meet the needs of women at different stages of their reproductive health.

Resources: handout with blank timeline and flip charts

Evaluation question: Do you know the different stages of reproductive health throughout a woman's life?

14:00 - 14:30

Review of day and evaluation

Day two : ASSESSMENTS & INSPECTIONS: PUTTING LEARNING INTO ACTION

09:00 - 10:00

Welcome and introductions

An explanation of the role of trade unions in improving health and safety for, and with women.

All participants to then be organised into small working groups.

10:00 - 11:30

Risk assessments and inspections

An explanation of the difference between risk assessments and inspections.
How to conduct a gendered risk assessment and inspection.

Small group activity to practise risk assessments and inspections. All groups to be supported by facilitators to either role play a risk assessment or an inspection. One group to feedback about their experience of an inspection and a second to feedback about their experience of a risk assessment. All remaining groups contribute any additional reflections in a plenary discussion.

Resources: Gendered risk assessment / risk assessment (BOHESI manual) / inspection checklist (BOHESI manual)

Evaluation questions: Do you understand why and how to undertake a risk assessment? / Do you understand why and how to undertake an inspection?

11.30 - 12:00

Break

12:00 - 13:30

An action plan to ensure a safer and healthier workplace for women

Small groups using workshop learning and guided by the ILO 10 Keys for Gender Sensitive Occupational Health & Safety Practice to devise workplace action plans.

All groups to be supported by facilitators to identify at least 5 ideas for action. All groups share their ideas for action to create a communal list to inform subsequent work.

Resources: Handouts of the ILO 10 Keys for Gender Sensitive Occupational Health & Safety Practice, post it notes and flip charts.

Evaluation question: Do you know how to take action to make a workplace safe and healthy for women?

13:30 - 14:00

Conclusions and evaluation

Other useful education material can be found in the BOHESI Manual Part 1 including:

Body mapping check - APPENDIX 2.1: BODY MAP - IDENTIFYING SYMPTOMS (Page 160)

Map your world exercise - 4.3 ACTIVITY 3: RISK ASSESSMENT – WORKPLACE HAZARDS MAP (Page 168)

Risk assessment - 4.5 ACTIVITY 5: RISK ASSESSMENT (Page 174)

Advocacy for change

Training is also an opportunity to promote advocacy for change within the workplace and in the wider community.

As Ghana introduces its first comprehensive Occupational Health and Safety bill, there is opportunity to include legislation that has a gender responsive approach to health and safety. This can include an emphasis on the need for gender disaggregated health data to be collected and to improve the scientific rigor and quality of research methods and tools (such as surveys and interviews) and their

validation. This can be achieved by furthering the inclusion of women in trials and toxicological and epidemiological studies on exposure, taking into account physiological differences, including the impact on the reproductive functions of both men and women.

Another key area of advocacy is encouraging the national government to ratify ILO Convention 190 on 'Violence and harassment in the world of work' and to proactively require that employers consider this convention in occupational health and safety policy and practice.

Links to further information for workers, unions, supervisors and employers

Making women visible in occupational health and safety, the International Union of Food, Agricultural, Hotel, Restaurant, Catering, Tobacco and Allied Workers' Associations (IUF)

<http://www.iuf.org/w/sites/default/files/MakingwomenvisibleinOHSENGLISHweb.pdf>

ILO Code of Practice Safety and health in agriculture https://www.ilo.org/safework/info/standards-and-instruments/codes/WCMS_161135/lang--en/index.htm

ILO Convention 190: https://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_711891/lang--en/index.htm

Pesticide Action Network <http://www.pan-uk.org/effects-pesticides-women-children/>

International Transport Federation <https://www.itfglobal.org/en/reports-publications/itf-sanitation-charter>

Domestic Violence and the Workplace: A Bargaining Guide, UFCW Canada

http://www.ufcw.ca/templates/ufcwcanada/images/women/publications/Domestic-Violence-and-the-Workplace-A-Bargaining-Guide-EN_V4.pdf

The ACCORINVEST-IUF Agreement on fighting against sexual harassment,

http://www.iuf.org/w/sites/default/files/ACCORINVEST-IUF_agreement_on%20Sexual_Harassment_FINAL-e.pdf

APPENDICES

Adapted from 'Gender in Occupational Health & Safety' A TUC Guide for trade union activists & 'Women's work - check it out!' (Hazards)

Consultation

Every member of the BPA has a joint Health & Safety Committee. The important question to ask is whether health and safety issues and priorities of concern to women are regularly discussed at Committee meetings and if items are identified are they dealt with?

Workplace policy

- Does the employer's health and safety policy or workplace agreement recognise that there are sex and gender differences in occupational health and safety?
- Has gender responsive health and safety been discussed with the union?
- Does the policy commit the employer to address the issue?

- Does the policy commit the employer to consult with all workers and their elected union representatives - male and female, permanent and temporary - about occupational health and safety issues including risk assessments?

Gendered risk management

1. Are risk assessments carried out and implemented by the employer?
2. Do risk assessments take account of sex and gender differences?
3. Are women as well as men consulted about risk assessments?
4. Have all people involved in risk assessment and risk management been trained to be aware of sex and gender differences affecting men's and women's health and safety at work?
5. Are reproductive health risks to both men and women adequately addressed?
6. Are sex and gender differences taken into account when considering chemical risks, including the greater likelihood that women may also be exposed to chemicals at home?
7. Are sex and gender differences taken into account in manual handling risk assessments and in assessments of postural problems including prolonged standing or sitting?
8. Are gender differences taken into account with all relevant types of work equipment and work stations use?
9. Are sex and gender differences taken into account when dealing with official workwear or personal protective equipment (PPE) issues at the workplace?
10. Are risk assessments relating to expectant, new and nursing mothers (and the unborn or breastfeeding child) carried out properly and in good time?
11. Do employers provide a safe and hygienic creche where women can breastfeed?
12. Do employers provide an appropriate private space for breastfeeding mothers to express milk, and also provide a safe and hygienic place for the milk to be stored?
13. Are work-related issues relating to fertility, menstruation (including providing female sanitary hygiene disposal facilities and sufficient toilets), menopause, breast cancer or hysterectomy adequately and sensitively addressed?
14. Are risks of violence assessed, including concerns about working alone at the workplace, or late into the evening, and access to safe transport home?
15. Are harassment (including sexual harassment) and bullying treated as health and safety issues?
16. Does the employer allow for flexibility with working time, overtime and shift work to accommodate employees' life demands from outside of work, such as family, medical etc.?
17. Does the employer recognise stress as a workplace issue and that it may affect different people in different ways?
18. Does the employer recognise that domestic violence can become an issue at the workplace and treat the matter as a safety, health and welfare issue which needs to be dealt with sympathetically and practically?

This gendered risk assessment has been designed for use when a worker is pregnant or returning to work after giving birth and / or when breastfeeding. It has been adapted from 'Guidelines for Health and Safety for new and expectant mothers at work' published by the Government of New Zealand.

1. Work schedule

This section establishes the length of the working day and the pattern of daily tasks. It is also relevant to identify how tasks are set (e.g. by time period, by task completion or by plot of land worked) to understand how flexible the workload can be. Adverse effects (such as fatigue which can lead to

premature birth) can often be avoided by altering the pattern of the working day or providing additional breaks.

Days worked, hours worked, and is this variable?

Frequency and amount of overtime?

Can the worker alter the pace of the task being undertaken eg pause or slow down the pace?

Are breaks for rest or to go to the toilet at set times or can they be taken as needed, considering that a pregnant worker may need additional breaks to ensure they can visit the toilet more frequently and can drink plenty of fluids?

Are work practices flexible enough to allow pregnant women to change their workload or task(s), if needed, as pregnancy progresses?

2. Amenities

This section establishes the availability of amenities that may be especially important to pregnant and breastfeeding workers for comfort and safety.

Are toilet facilities provided and how accessible are they? Are these in good working condition, safe, clean and for women only?

Are hand washing facilities (with soap) provided?

Is sanitary protection provided - in areas not shared by men - and can it be hygienically disposed of?

Are women-only changing areas provided?

Are private and hygienic facilities provided for breastfeeding and expressing milk?

Are rest areas provided and are these safe places to eat if bringing own food?

Is food and safe drinking water provided by the employer?

Is there access to health care or emergency care - on or off site?

3. Physical Work

This section establishes the duration and frequency of continuous activity. There is some evidence linking physically demanding work or long periods of standing (for example when weighing and packing) to premature birth. Please also note that during the last three months of pregnancy there is an increased risk of musculoskeletal symptoms when heavy or repeated lifting is undertaken due to hormonal changes affecting the ligaments that support the joints; as pregnancy progresses it may become difficult to achieve and maintain good postures; and a shift of gravity can increase the risk of back pain for pregnant women.

What is the nature of the activity, particularly sitting, standing, and movements such as bending, walking, and climbing?

Are there manual handling requirements - does the employee have to transfer or carry loads? How frequently and how far? What is the nature of the load (type and weight)? Are there any manual handling aids available? Has training been provided in the use of these?

What are the characteristics of the task - is balance and coordination required? What are the risks of falling? Is agility and physical effort required by moving machinery or objects, sudden starts and stops?

Does the job require prolonged standing? Can the job be adjusted to be done seated for all or part of the time?

Do the tasks force the worker to adopt cramped, awkward, or off-balance postures (such as lifting/reaching and twisting at the same time when packing)? Will the problem become worse as the pregnancy progresses?

Are there long reaches required? Are there repetitive or difficult techniques involved in the tasks?

4. Work Environment

This section identifies the risks created by the work environment, including exposure to toxic substances in the environment, notably agrochemicals. Note the intensity and duration of exposure, if possible. Note also any special job characteristics that may reduce or increase exposures, and check for the use of and suitability of protective personal equipment.

Mechanical risks:

Does the job involve operating any machinery?
Are falls likely due to uneven or slippery surfaces?

Physical risks:

Is there exposure to high levels of noise or vibration from machinery?
Is there prolonged exposure to sun, heat or humidity?
What is the air quality like in the working environment? Is there sufficient ventilation and the possibility to take breaks outside?

Biological risks:

Is there exposure to insect or animal bites, or contact with bacteria and fungi in organic matter and compost?

Ergonomic risks:

If the job involves standing for long periods, is the flooring hard to stand on? Can any adjustments be made, including any form of footrest or platform to alleviate back strain?
Is there sufficient leg room to allow for changes of posture? Is there space for increased abdominal size in sitting positions and standing workstations (e.g. packing)?
Has the workplace been assessed for the comfort of the pregnant employee and have the necessary adjustments been made?

Chemical risks:

Are there Material Safety Data Sheets (MSDS) available for these? Copies enclosed?
Is there exposure to solvents, acids, alkalis, chlorine, ammonia, diesel, oils, petrol, cleaning chemicals?
Is there exposure to agricultural/horticultural chemicals, pesticides, fungicides, herbicides? Are there identified endocrine disruptors identified with these?
Is there exposure to airborne dusts, fumes, vapours (e.g., carbon monoxide, LPG, welding fumes)
Is there exposure to metals (e.g. lead and its derivatives, mercury, arsenic, cadmium, copper, chromium)?

5. Travel and transport

This section identifies risks associated with travel to and from the workplace and journeys made whilst at work. These are important because even if working conditions are well-adapted to mitigate risk, negative impacts to mother or foetus may result from travel required for work.

Does the worker have to undertake a long journey to and from the workplace? Is this on foot or by vehicle?

If travelling by vehicle, is the vehicle safe, with seating and adequate ventilation?

Is the worker required to cover long distances on foot whilst at work (e.g. to reach an area of the plantation, or covering distance whilst carrying out a task such as weeding)?

Is special transport provided for pregnant and/ or breastfeeding women?

Sample sexual harassment policy adapted from the Sample sexual harassment policy (Safety and health in agriculture, ILO 2011) ¹³

1. Company X prohibits sexual harassment of its employees and applicants for employment by any employee including persons operating on behalf of the company (outsourced employees, suppliers, etc.) or applicant. Such conduct may result in disciplinary action up to and including dismissal.
2. This policy covers all employees. The company will not tolerate, condone or allow sexual harassment, whether engaged in by fellow employees, supervisors, or other non-employees who conduct business with the company.
3. The ILO Committee of Experts on the Application of Conventions and Recommendations indicates that the definition of sexual harassment contains “the following key elements: (1) (quid pro quo): any physical, verbal or non-verbal conduct of a sexual nature and other conduct based on sex affecting the dignity of women and men which is unwelcome, unreasonable and offensive to the recipient; and a person’s rejection of, or submission to, such conduct is used explicitly or implicitly as a basis for a decision which affects that person’s job; or (2) (hostile work environment): conduct that creates an intimidating, hostile or humiliating working environment for the recipient.”

By way of illustration, the following constitute types of behaviour which are characteristic of sexual harassment within the meaning of this agreement:- any insult, remark or inappropriate insinuation which has a sexual connotation;- a condescending attitude with sexual implications undermining a person’s dignity;- any inappropriate sexual invitation or request, whether implicit or explicit, with or without threats;- any gesture which could have a sexual connotation;- and any unnecessary physical contact, such as touching, caressing or assault. ¹⁴

4. The union and company will negotiate a gender responsive process to manage complaints of sexual harassment. Representatives will be appointed that employees trust they can report complaints to in confidence. These representatives will report complaints to supervisors or directly to [specify various officials (e.g. Director of Human Resources, designated contact manager, etc)]. Your complaint will be promptly and thoroughly investigated. Confidentiality of reports and investigations of sexual harassment will be maintained to the greatest extent possible.
5. All employees will be made aware of this sexual harassment policy and how to use it.
6. Any manager, supervisor or employee who, after appropriate investigation, is found to have engaged in sexual harassment of another employee will be subject to disciplinary action, up to and including dismissal.
7. If any party directly involved in a sexual harassment investigation is dissatisfied with the outcome or resolution, that individual has the right to appeal the decision. The dissatisfied party should submit his or her written comments to [specify official (e.g. Gender Committee, contact manager)].
8. The Company will not in any way retaliate against any individual who makes a report of sexual harassment nor permit any employee to do so. Retaliation is a serious violation of this sexual harassment policy and should be reported immediately. Any person found to have retaliated against

¹³ https://www.ilo.org/wcmsp5/groups/public/---ed_dialogue/---sector/documents/normativeinstrument/wcms_161135.pdf

¹⁴ http://www.iuf.org/w/sites/default/files/ACCORINVEST-IUF_agreement_on%20Sexual_Harassment_FINAL-e.pdf

another individual for reporting sexual harassment will be subject to appropriate disciplinary action, up to and including dismissal.

TERMINOLOGY

BPA Banana Producers Association
ILO International Labour Organisation
ITF International Transport Workers' Federation
IUF International Union of Food, Agricultural, Hotel, Restaurant, Catering, Tobacco and Allied Workers' Associations
MSD Musculo- Skeletal Disorders
OHS Occupational Health and Safety
PPE Personal Protective Equipment
WHO World Health Organisation

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