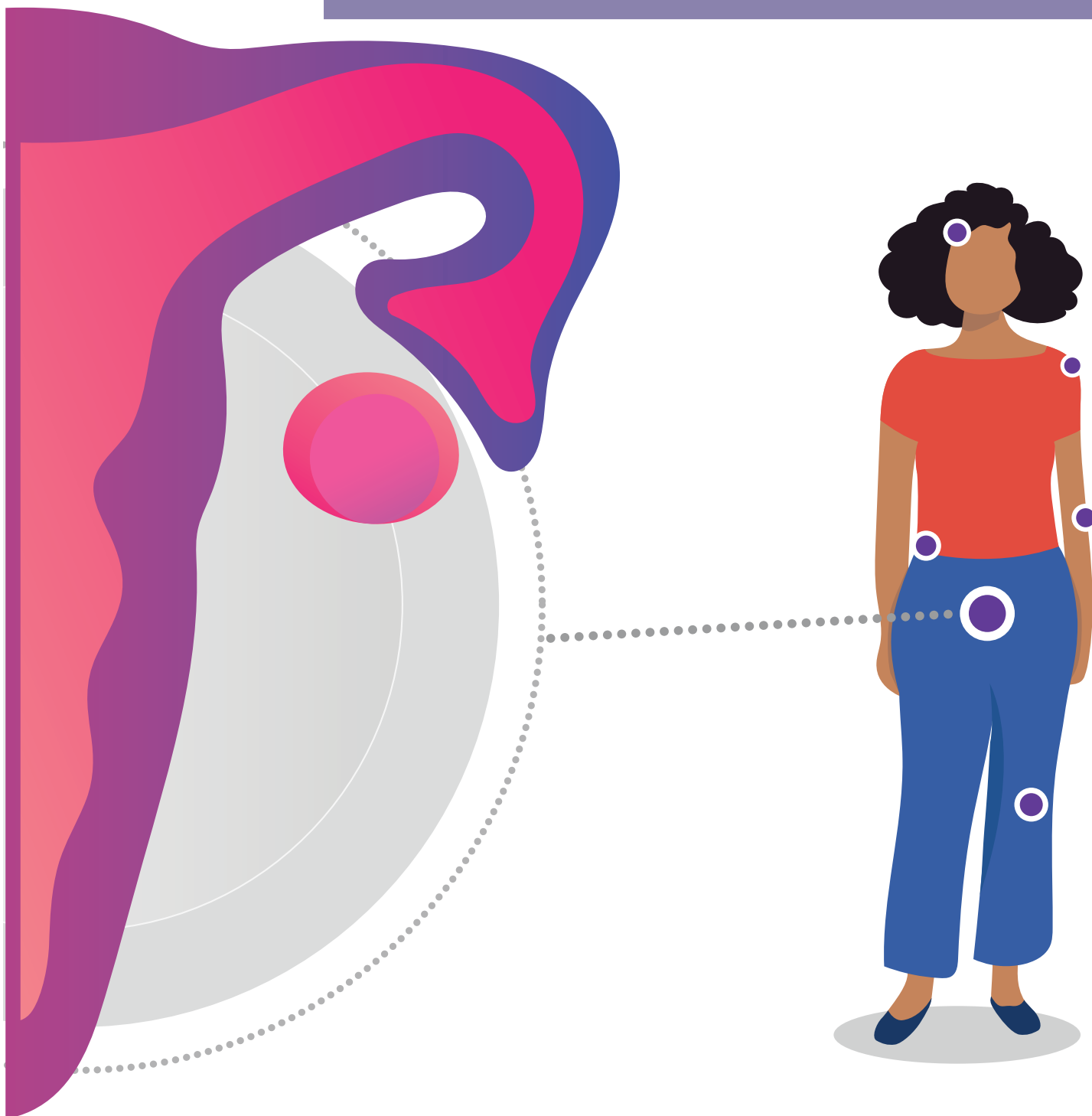


MENSTRUATION MATERNITY MENOPAUSE

THE 3 'M'S ON OCCUPATIONAL HEALTH & SAFETY



CONTENTS

03. INTRODUCTION

05. FAMILIES, MATERNITY AND INEQUALITY

07. MATERNITY PROTECTION AND THE CARE CRISIS

08. MISCARRIAGES OR ABORTIONS

09. THE THREE 'M'S AND THE ROLE OF TRADE UNIONS

11. MEASURES ADOPTED BY UNIONS.

- *BEST PRACTICES*
- *Fórsa Union – Ireland*

13. BEST PRACTICES

- *SDA - Australia*

15. BEST PRACTICES

- *Communication Workers Union (CWU)*

16. ACTIVITY 1

- *The family*

21. ACTIVITY 2

- *Each body is unique, but they all have the same rights.*

INTRODUCTION

Although pregnancy and maternity are protected by several ILO instruments¹, this does not always mean that employers are taking adequate measures to ensure the well-being of pregnant and breastfeeding women; or that their careers will not be stalled or that they will not be directly discriminated against.

Convention No.183 and Recommendation No. 191² as well as Convention No. 161 on Health and Safety³, set standards to ensure that:

- ▶ **Pregnant women, mothers and newborns are sufficiently protected against the health hazards that may occur during pregnancy and lactation.**
- ▶ **They are protected against health hazards that may arise in connection with work.**
- ▶ **They are not discriminated against because of their reproductive role.**
- ▶ **They enjoy equality of opportunity and treatment in employment, without prejudice to their health or to their economic and financial security.**

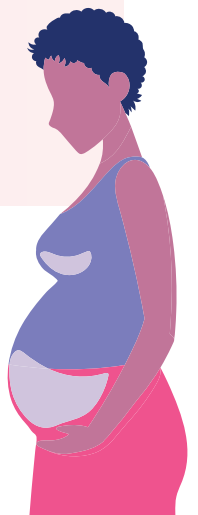
Recommendation 6 of ILO R191 states that:

1. Members should take measures to ensure assessment of any workplace risks related to the safety and health of the pregnant or nursing woman and her child. The results of the assessment should be made available to the woman concerned.
2. In any of the situations referred to in Article 3 of the Convention or where a significant risk has been identified under subparagraph (1) above, measures should be taken to provide, on the basis of a medical certificate as appropriate, an alternative to such work in the form of:
 - (a) elimination of risk;
 - (b) an adaptation of her conditions of work;
 - (c) a transfer to another post, without loss of pay, when such an adaptation is not feasible; or
 - (d) paid leave, in accordance with national laws, regulations or practice, when such a transfer is not feasible.

¹ Protect the future: Maternity, paternity and work (ilo.org)

² https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_INSTRUMENT_ID:312328

³ Convention C161 - Occupational Health Services Convention, 1985 (No. 161) (ilo.org)



3. Measures referred to in subparagraph (2) should in particular be taken in respect of:

- (a) arduous work involving the manual lifting, carrying, pushing or pulling of loads;
- (b) work involving exposure to biological, chemical or physical agents which represent a reproductive health hazard;
- (c) work requiring special equilibrium;
- (d) work involving physical strain due to prolonged periods of sitting or standing, to extreme temperatures, or to vibration.

4. A pregnant or nursing woman should not be obliged to do night work if a medical certificate declares such work to be incompatible with her pregnancy or nursing.

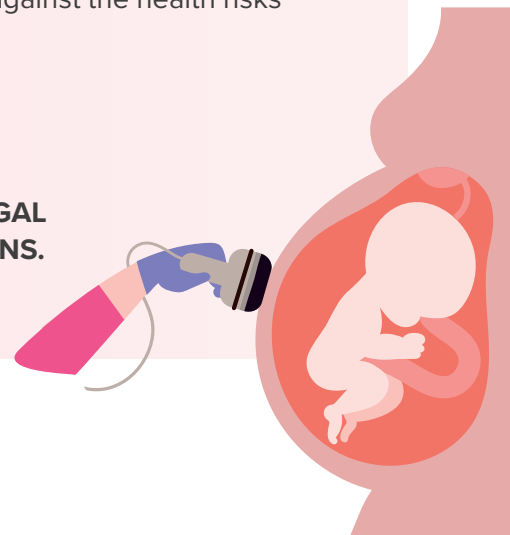
5. The woman should retain the right to return to her job or an equivalent job as soon as it is safe for her to do so.

However, the labour rights of women of reproductive age remain unfulfilled.

Labour rights of women of reproductive age remain unfulfilled⁴.

- Although maternity leave is a universal labour right, three out of ten potential mothers worldwide do not enjoy the minimum 14 weeks of maternity leave.
- Thirty-one countries still have discriminatory prohibitions against hazardous or unhealthy work, thus compromising the situation of women in the labour market.
- Since 2011, only 11 countries have introduced new restrictions against hazardous or unhealthy work for pregnant and breastfeeding women.
- Six out of ten live in countries where there is no legal right to protective measures against hazardous or unhealthy work, leaving them exposed to OSH risks.
- Four out of ten live in countries where there is still no legal protection against the health risks of night work.
- Thirty-four countries still apply general prohibitions against night work, which puts all women at risk of discrimination.

EIGHT OUT OF TEN LIVE IN COUNTRIES WHERE THERE IS NO LEGAL RIGHT TO PAID TIME OFF FOR PRENATAL MEDICAL EXAMINATIONS.



⁴ ILO, 2022c. Care at work. Investing in care leave and services for a more gender equal world of work. https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/publication/wcms_838653.pdf

On the other hand, the concept and models of family are changing more and more rapidly, while labour policies and practices seem to be stuck in time. Gender stereotypes seem to reinforce the invisibility of these dynamics and the inequalities they entail for women and other groups.

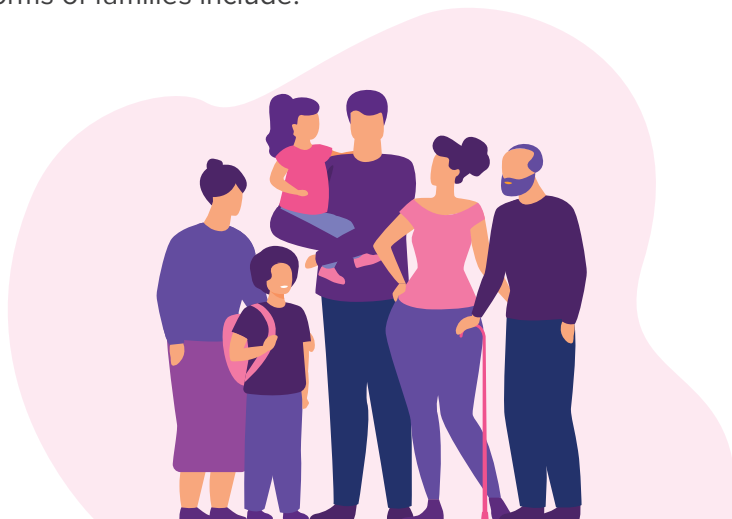
Situations such as abortion (spontaneous or induced), in vitro fertilization (IVF) and other forms of assisted reproductive health services are not taken into account in labour policies even though they exist in people's daily lives and have an impact on their physical and emotional health.

Understanding both the gender dynamics of families as well as the different forms of families that exist in society is fundamental to formulating appropriate policies.

FAMILIES, MATERNITY AND INEQUALITY

There is no one single type of family, and there never has been. Despite the typical concept of a “family type”, real data show that less than four out of ten⁵ (38 per cent) households in the world are made up of a couple with children (of any age). Other forms of families include:

- ▶ **Extended family households, meaning that grandmothers and grandfathers or aunts and uncles may live in them (27 per cent).**



- ▶ **Single-parent households – 84 per cent of which worldwide are single mothers living with their children - and childless couples (heterosexual or homosexual), which are also common in many regions.**

⁵ POWW-2019-Infographic-Chapter-2-Household-types-Global-and-regional-averages-en.pdf (unwomen.org).
See also: //efaidnbmnnnibpcajpcglclefindmkaj/https://euagenda.eu/upload/publications/untitled-282818-ea.pdf

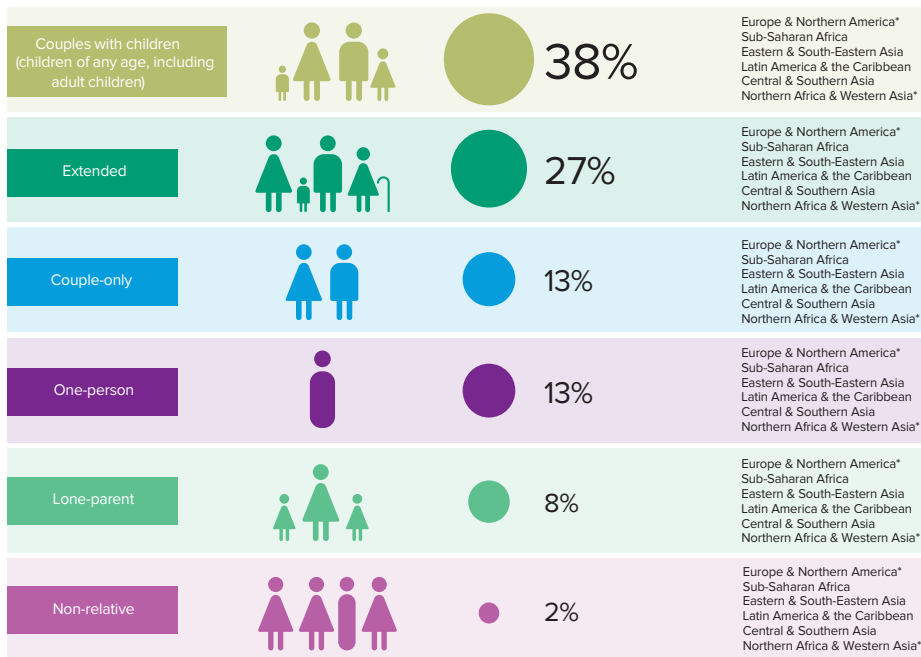
Household types: global and regional averages

PROGRESS OF THE WORLD'S WOMEN 2019–2020: FAMILIES IN A CHANGING WORLD

Globally, less than four in every ten households are formed by a couple living with children (of any age).

Household types

Proportion of households by type, global distribution



Source: Regional values calculated by UN Women using published country-level estimates from the UN DESA 2018a. For this analysis, data on China are based on estimates produced and published in Hu and Peng 2015.
Note: Regional estimates marked with an asterisk (*) are based on less than two-thirds of their respective regional population and should be treated with caution: Europe and Northern America (40.0 per cent of the population) and Northern Africa and Western Asia (36.1 per cent of the population). Global and regional distributions of households by type may not total 100 due to rounding. Population coverage was insufficient for Oceania and therefore not shown.

Diversity is the norm in household composition: in Sub-Saharan Africa and Central and Southern Asia, close to a third of all households are extended; in several regions, one in ten are lone-parent households.

Proportion of households by type, regional distribution

Proportion of households by type, country-level distribution



With societies undergoing an aging process, and with a decline in fertility,⁶ single-person households are an increasingly frequent reality.

⁶ Fertility has declined from an average of 5 births per woman in 1950 to 2.3 in 2021. Overall, fertility is projected to fall to 2.1 births per woman in 2050. While life expectancy continues to grow (it stood at 72.8 years in 2019-nearly 9 years longer than in 1990 and is expected to reach 77.2 years by 2050) (SWP Report 2023: The problem with 'too few' | United Nations Population Fund (unfpa.org))

MATERNITY PROTECTION AND THE CARE CRISIS

The aging of the population, the incorporation of more and more women into the workforce (mostly in precarious and poorly paid jobs), the change in family models⁷ and the maintenance of gender roles that continue to impose the role of caregivers on women, have led to what is called the “care crisis”.⁸

In economies that cut social benefits, those who need to be cared for (such as children, the sick and/or the elderly) have no choice but to be cared for by someone in the family: women. Or, in the case of middle-class or affluent families: hiring other women caregivers (in formal or informal jobs).

For all the above reasons, it is necessary to integrate human reproduction into a broader vision of health and safety.

Best practices:

The following are examples of model clauses negotiated by UNI affiliated unions around the world on the issue of maternity. These examples focus on the wider understanding of the impact of maternity on women, including surrogates, egg freezing, stillbirths, etc.

LA BANCARIA - ARGENTINA

A. Leave of absence for egg freezing treatment: it consists of one working day with full pay for treatment for any person who needs to undergo such practice.

B. Surrogate Gestation Leave: A leave of absence with full pay for a term of 90 calendar days shall be granted to any person who carries out a surrogate gestation of his/her son/daughter.

C. Leave with Progressive Return after Maternity Leave - Pregnant Person/ Surrogate Pregnancy/ Adoption: After the use of the leave, taking into account that those persons who make use of the Leave of Absence will not be able to access this time allowance, a progressive return may be chosen for the reincorporation of the person to his/her usual duties. This leave is independent from the breastfeeding leave and will be implemented as follows:

- ▶ The first two months will have an hourly franchise of three hours.
- ▶ The following two months, a two hour franchise.
- ▶ The last two months remaining until reaching six months, will have an hourly franchise of one hour.

⁷ In extended families or families with a heterosexual couple, women continue to be responsible for the largest amount of domestic and family care, whilst in single-parent families, where women are on their own, with one income and no support, the risk of falling into poverty becomes greater. All this notwithstanding their ability to access better, more stable and decent paid work; as well as the toll it has on their overall physical and mental wellbeing.

⁸ The care crisis is understood as the growing gap between care needs and the resources made available to meet them (The Care Crisis by Emma Dowling - The Sociological Review)

SACCAWU (SOUTH AFRICA)**STILLBIRTHS**

In the event of a still birth, six months paid leave may be taken by the employee. Subject to a medical practitioner's recommendation, further unpaid leave may be taken.

MISCARIAGES OR ABORTIONS

- In the event of a miscarriage or abortion, three months' paid leave may be taken by the employee.
- Subject to a medical practitioner's recommendation, further unpaid leave may be taken.
- A pregnant woman with a physically demanding job shall be transferred. If the company is unable to assign her to another job, she is entitled to an extra two months' paid leave.
- It shall be the employee's choice as to when to start parental leave but the period of one month before confinement and two months after must be taken in respect of female employees.
- A pregnant woman with a physically demanding job shall be transferred. If the company is unable to assign her to another job, she is entitled to an extra two months' paid leave.
- It shall be the employee's choice as to when to start parental leave but the period of one month before confinement and two months after must be taken in respect of female employees.

THE THREE 'M'S AND THE ROLE OF TRADE UNIONS

As we have seen, menstruation, maternity and menopause are biological stages that affect all women workers around the world, and as such must be taken into account when adopting labour practices and policies that protect their physical and emotional health and wellbeing.

When it comes to protecting women's health, union representatives can research, address and negotiate women's issues; they can encourage more women to become leaders; organize health and safety campaigns targeting women; encourage women to attend training courses; and ensure that women's health and safety issues are taken into account in all aspects of occupational health and safety as well as in the trade union agenda.

Collective bargaining⁹ is one of the central mechanisms of social dialogue, regulating the relationship between those who work and those who employ them, allowing for fairer labour policies and practices for all, and incorporating clauses that respond to the needs of the changing world of work.

Throughout this document we have demonstrated the importance of addressing issues related to menstruation, menopause and maternity within the trade union agenda to protect women workers, their right to employment and their access to healthier and safer working conditions.

To effectively address these issues, to have better working conditions and better wages, more protection from arbitrary actions from employers; as well as protection from abuse, harassment, violence and discrimination; and access to training, health benefits, leave and pensions;¹⁰ it is imperative to promote women's access to the negotiation table, and for that, we need more women in unions and in leadership positions.

Employers must understand their responsibilities in creating safe and healthy working environments protecting workers from all forms of discrimination and cultural and social stereotypes, that further exacerbate the existing gaps between men and women in the workplace.



⁹ A revitalization of unions is observed everywhere, as reflected in membership drives focused on organizing workers in temporary employment, migrant workers, platform workers, workers in the informal economy and young workers. Respect for freedom of association and the right to organize is a prerequisite for unions to be inclusive. By negotiating fair wages and decent working conditions, trade unions have contributed to reducing income inequalities between countries and over time. However, their role is by no means limited to collective bargaining. Through their representative, leadership, and mobilization functions, they have succeeded, together with EO's and governments, in responding to the unprecedented challenges arising from the COVID-19 pandemic in 2020 and 2021. ILO (2022d). Report on Social Dialogue: Collective bargaining for an inclusive, sustainable, and resilient recovery.

¹⁰ "The need for a gender perspective in OSH", UNI Equal Opportunities, 2022. UNI (uni-womens-health.org)

The promotion of gender equality is articulated through multiple strands, including measures related to access to and equality in education, training and employment; the promotion of empowerment and economic autonomy; and the promotion of gender equality in the workplace of women; (...); prevention of violence and harassment, including gender-based violence, domestic violence and sexual harassment; maternity protection; health protection, including reproductive health and reduction of maternal mortality; awareness-raising to challenge gender stereotypes and norms, including from a very early age; promotion of women in leadership positions and their representation in positions of public authority; gender-responsive budgeting; and promotion of equal sharing between men and women of unpaid care work, particularly through the provision of parental leave, care services, cash transfers, and medical care.¹¹



¹¹ ILO Action Plan for Gender Equality 2022-2025 (https://webapps.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/publication/wcms_856240.pdf)

MEASURES ADOPTED BY UNIONS.

1. Research

For unions, the affiliation base is the most valuable source of information to determine the needs of the workplace, the issues that are neglected and the support workers need.¹²

Conducting surveys and research on the issues addressed in this document can serve as a basis for generating direct action and effective policies.

BEST PRACTICES

Fórsa Union – Ireland

Fórsa represents 80,000 workers, the majority of whom are women. In May 2022, Fórsa surveyed its members about their experience of menstruation and menopause in the workplace. The results were shocking, as the survey revealed that only 1 per cent of employees surveyed benefited from a menstrual health policy in their workplace.

One in four respondents was medically diagnosed with conditions such as premenstrual dysphoric disorder, endometriosis or polycystic ovarian syndrome, resulting in symptoms such as heavy bleeding, migraines and nausea.

More than 70 per cent had been absent from work due to their period, and only 40 per cent felt comfortable disclosing the genuine cause of their absence.

While 70 per cent felt comfortable discussing these issues with their colleagues, 65 per cent refrained from sharing their struggles with their supervisors.

Women facing menopausal symptoms noted that having access to flexible work options and temperature control in their workplaces would be beneficial. The research also highlighted that remote work during the pandemic improved the menstruation experience for more than 70 per cent of those who participated.

More than 96 per cent of the 1,800 respondents expressed support for implementing a menstruation-friendly policy in their workplaces.

In December 2022, Fórsa had the opportunity to meet with Minister O’Gorman on the issue, and his office has since announced that they will be commissioning research to inform policy and guidance for employers and employees across Ireland.

¹² Risk assessments for new and expectant mothers are a key element to understand their needs (<https://www.hazards.org/women/expecting.htm#protection>) as well as checklists for safety reps (<https://www.hazards.org/women/expecting.htm#actionchecklist>)

2. Raise awareness, educate and eliminate taboos and stereotypes around gender.

Addressing taboos or difficult topics can be a challenge in organizations, but

without open dialogue and the participation of all working people, we will not be able to change existing inequalities

that specially affect vulnerable groups, such as women, people with disabilities, youth, LGBTI+ workers, etc.

Through collective action we can create an inclusive environment where openness and understanding replace stigma and shame.

HOW ?

By conducting awareness-raising campaigns and training workshops for all workers and at all levels; and by disseminating information through different channels within the workplace.

Education is the best way to give access to all workers to valuable information that can help them manage their health and wellbeing, as well as help reduce the stigma that arises from lack of information and existing social and cultural gender stereotypes. This includes educating all workers about the biological processes involved in the three 'M's, as well as their symptoms, how they affect us in the workplace and what we need to do to support workers experiencing these issues.

It is also important to have knowledge of the existing legislation of each country, as well as the existing regulations and policies in the workplace to be able to elaborate clauses that can be incorporated into collective agreements to protect and support workers.

All of this needs to happen with a gender perspective in mind, making sure workers with different gender identities, sexual orientations, family models, etc., are properly being taken care of.

As trade unions, we need to foster an environment where people feel comfortable discussing their needs and can find support from colleagues and supervisors, and where their issues are handled with care and in strict confidentiality.

BEST PRACTICES

TUC Wales

Created a toolkit and two-day awareness course for union reps on menopause in the workplace.

The course aimed to:

- Raise awareness of menopause and the symptoms women may experience.
- Help reps consider various workplace factors that may adversely affect workers experiencing menopause.
- Consider practices and environments within the workplace that may jeopardize the health and safety of menopausal women and/or may be considered discrimination against workers experiencing menopause.
- Consider best practices for workplaces and unions to address workplace issues faced by workers experiencing menopause.

The guide is available on the union's website.

<https://www.tuc.org.uk/menopause-workplace-toolkit-trade-unionists-wales-tuc-cymru>

SDA - Australia

The Australian union representing retail, warehousing and fast-food workers, conducted quantitative research on the effects of heat (a common health and safety hazards for members) on menopausal and premenopausal women.

The primary objective of this study was to determine the maximum ambient temperature threshold at which menopausal women can perform various work-related tasks without experiencing thermal discomfort and to assess whether this threshold is different from that of premenopausal women. In addition, the secondary objective was to investigate the effect of increasing air temperature on the frequency of hot flashes when performing work-related tasks.

With the results, recommendations were made to improve the work environment for those affected.

This document is a clear example of how information helps to dispel false beliefs, as it empirically demonstrates what happens to menopausal women.

The report is available on the union's website.

<https://national.sda.com.au/safety/>

3. Workplace support

If there is not yet a workplace policy covering these issues, union representatives can create a package of support measures that women can access to improve their health and safety conditions in the workplace.

These measures can be incorporated into work practices and then incorporated into collective bargaining agreements.

Some supportive measures may include:

- Regular one-on-one meetings with supervisors or union representatives to discuss well-being and workload, exposure to any agents harmful to their health, and any adjustments they need.
- Conduct a risk assessment, not only physical risks, but also psychological, such as stress, and address stress related to the symptoms of the three 'M's.
- Sensitive leave management for menstruation, menopause, prenatal, pregnancy and pediatric check-ups.
- Appropriate support for return to work after any prolonged absence related fertility, difficulty conceiving or retaining a pregnancy.
- Access to decent sanitary facilities, accessible to all women and people with disabilities.
- Regular breaks or increase in the amount of rest time.
- Adaptation of uniforms, where possible.
- Birth and adoption leave.
- Leaves of absence for pregnant and non-pregnant women.
- Leave for workers experiencing abortions, miscarriages, stillbirths, in vitro fertilization (IVF) treatments and other forms of assisted reproductive health.
- Lactation breaks.
- Access to spaces where women can have privacy to take care of their lactation needs such as expressing breast milk or feeding infants and young children, as well as facilities to store and access expressed milk.
- Family leave for situations related to children's health and schooling.
- Carer's leave for accompanying and supporting sick and/or disabled family members.

BEST PRACTICES

Communication Workers Union (CWU)

The CWU represents members in the postal, logistics, telecommunications, technology and call centre sectors.

The union has negotiated for workplace equality on many gender-related issues, securing policies on domestic violence, menopause, improved maternity arrangements including breastfeeding breaks, fertility policies, pregnancy loss policies and other related initiatives.

In addition, the CWU established a diversity and equality committee comprised of representatives from all sectors of communication to further support members on equality-related workplace issues.

They provide a one-day training for equality representatives and include a module for all union representatives.

In May 2023, the CWU, in partnership with An Post, launched several initiatives to promote menopause awareness in the workplace. This included a menopause policy, a toolkit and “in-person” sessions at various locations.

4. Policies

By implementing or modifying existing policies to include specific guidelines that address menstruation, maternity and menopause, women will feel encouraged to ask for the support they need, creating safer and more inclusive work environments.

Employers, workers and their representatives should hold open discussions to identify and implement needed changes in the workplace.

These adjustments are intended to enable all workers to perform their duties effectively, with dignity and without discrimination of any kind.

Once policies or changes to existing policies are implemented, management at all levels, as well as workers, should be properly informed and trained on these policies.

Finally, employers and union representatives should maintain a commitment to review policies periodically and ensure that they are kept in line with best practices, new evidence and/or any legal or regulatory changes.

ACTIVITY 1

THE FAMILY

OBJECTIVE: to make visible the different family models and gender roles in relation to care.

MATERIALS: Photos of the ILO's campaign for the Americas - Someone Cares
<https://ivanagorosoito.com/alguien-cuida/>

ACTIVITY

The group is divided into four subgroups and each group is given a photo from the campaign.

Each group should tell a short story about each picture.

They can be asked trigger questions such as: Who they imagine the people in the picture to be, what is their recent history, do they work, what do they do, what is their day like? etc.

At the end, each group shows the picture and tells the story, then, in common, they reflect on the different types of families that may exist, what role women assume in families and how these roles can be modified.











ACTIVITY 2

EACH BODY IS UNIQUE, BUT THEY ALL HAVE THE SAME RIGHTS.

OBJECTIVE: to make visible the diversity of bodies and their experiences, with a focus on equal rights.

MATERIALS: Magazines, crayons, coloured pencils, markers, cardboard, wool, flowers, ribbons, etc. White cardboard in the shape of a uterus.

ACTIVITY

After discussing the three 'M's, or any part of it, participants are asked to decorate the uterus with everything they feel represents them or what it means to them.

Depending on the number of participants, this can be done in small or larger groups.

Once they have finished creating their uterus, all the pieces will be exhibited. The "authors" of each uterus will let the rest of the group describe what they see and then explain what they wanted to show.

At the end, there will be a discussion about the experience of each one with respect to the bodies, the differences between them, the coincidences, etc.





equal
opportunities