WOMEN'S OCCUPATIONAL HEALTH IN CANADA: A CRITICAL REVIEW AND DISCUSSION OF CURRENT ISSUES

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Dysmenorrhea

75. Dysmenorrhea or painful menstruation occurs when increased prostaglandin production and release by the endometrium during menstruation gives rise to increased abnormal uterine activity that produces ischemia and cramping pelvic pain. There may be other associated symptoms such as leg or backache or gastrointestinal upset. Menstrual pain can begin before or just after the onset of the menstrual flow. Dawood Y: Dysmenorrhea. Clinical Obstetric and Gynecology 1990;33:168 Ylikorkala O, Dawood Y (1978): New concepts in dysmenorrhea. Am J Obstet Gynecol. 130:833

Premenstrual syndrome (PMS) is a less well-diagnostic category which refers to a group of symptoms thought to occur during the days preceding to the onset of menses. Since its diagnosis requires making an association with an event (menstruation) which has not yet occurred, reports of prevalence are not consistent. Gurevitch, M. 1995. Rethinking the label: Who benefits from the PMS construct? Women and Health 23 (2) 67


77. In the past, research on dysmenorrhea was conditioned by the prevailing attitude that these symptoms had a primarily psychological base. For example, after reporting that beginning airline hostesses underwent unfavourable changes in the menstrual cycle 3.5 times as often as favorable changes, researchers commented, "There is not enough information to explain the pathophysiology of dysmenorrhea. The frequent association of dysmenorrhea with other (sic) neurotic symptoms is indicative of its psychological origin".Iglesias RE, Terréé A and Chavarria A (1980): Disorders of the menstrual cycle in airline stewardesses. Aviat Space Environ Med 1980:518

78. Because of such attitudes, prudence is necessary when associating symptoms with the menstrual periods. Studies of the prevalence and etiology of back pain, a common occupational health problem among hospital workers, may be confused if perimenstrual back pain is not taken into account. Tissot, France, Messing, Karen 1995 Perimenstrual symptoms and working conditions among hospital workers in Québec, American Journal of Industrial Medicine, 27:511

79. Unfortunately, workdysmenorrhea does not fit conveniently into the occupational health and safety compensation system, which only provides for continuous absences rather than a day or two per month.

Violence

80. Violence in the workplace seems to be becoming more common; it is the major cause of women’s fatal occupational accidents, now comprising 41% of women’s occupational accident mortality in the US. National Institute for Occupational Safety and Health (NIOSH). Update October 25, 1993. Publication No. 94


while in Québec in 198117% of women’s occupational fatalities were due to violence, compared to 4% of men’s. Rossignol, M. and Marc Pineault. 1992. Mortalité par accident de travail au Québec de 1981 à 1988. Département de santé communautaire, Hôpital du Sacré-Cœur Montréal. (However, the absolute numbers of violent fatalities are higher in men; they have a fivefold excess in numbers of deaths due to workplace violence.)

81. Violence is a growing problem for some groups of women workers in contact with the public: bank tellers, convenience store cashiers, nurses, gas station attendants, teachers. A recent symposium sponsored by the American Psychological Association presented Canadian and American data on the specific risks to women in the helping professions, caught between government and angry clients in a time of cuts in social and health services. A 1991 survey of 800 Ontario nurses found that 59% reported physical assault, 17% sexual assault at some time during their professional lives. Ten percent had been physically assaulted during the previous month. Nurse
NEGLIGENCE OCCUPATIONS

Cleaners

82. Cleaning is the eighth most common profession of men in Canada and the tenth most common profession of women; women make up 46% of the profession. Armstrong and Armstrong, op. cit., Tables 6 and 14. Conditions are frequently difficult since cleaners are often employed by subcontractors who compete on an annual cost basis. Bretin, Hélène. 1995. Santé des ouvriers du nettoyage à Montréal et à Paris: La face cachée du travail dans la ville. Kremlin: INSERM Unité 292. Cleaners as a profession have poorer health than others. Association pour la santé et la sécurité au travail, secteur affaires sociales (ASSTAS). 1993. Entretien sanitaire. Montréal: ASSTAS. Comparing cleaners with other workers, an analysis of the Québec Health Survey found, after controlling for age, that women cleaners had the highest prevalence of chronic back problems and cardiopathies of all categories of women workers. Gervais, op. cit., p. 19. In a recent study, "light work" assigned to women was characterized by flexed postures, much walking, rapid repetitive movements involving the articulations of the upper limb and light weights (dusting) or 1kg weights (emptying wastebaskets), with more occasional effort in the 2kg range. Karen Messing, Céline Chatigny, Julie Courville (1995). Travail prescrit, travail réel, travail perçu: l'entretien sanitaire lourd et léger en milieu hospitalier. Société d'ergonomie de langue française. Le 27 septembre 1995. pp. 578

Food service work

83. Some studies have found that waiters, waitresses and bartenders are at special risk for cancer and high blood pressure. Leigh, J. P. 1991. A ranking of occupations based on the blood pressures of incumbents in the National Health and Nutrition Examination Survey I. Journal of Occupational Medicine 33 (8): 853. It is not clear whether the effects hold for women, given their nondistribution in the profession. It is also not clear whether they are related to secondhand smoke. Waiters and bartenders also smoke more themselves than those in other professions; this may be due to some working conditions (need to relax quickly during very short breaks?) which may make it more likely to smoke or less likely to be able to stop. These conditions should be examined. No ergonomic study has considered this profession, despite its postural constraints.

Hairdressers

84. As mentioned, several studies have related work in a hairdressing salon to cancer and miscarriage. Ergonomic study of the postural constraints in hairdressing is also long overdue.