

Aligning Perspectives on Health, Safety and Well-Being

Juliet Hassard
Luis D. Torres *Editors*

Aligning Perspectives in Gender Mainstreaming

Gender, Health, Safety, and Wellbeing

 Springer

Aligning Perspectives on Health, Safety and Well-Being

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Juliet Hassard • Luis D. Torres

Editors

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Editors

Juliet Hassard
Centre for Organizational Health and
Development
University of Nottingham YANG Fujia,
Jubilee Campus, Wollaton Road
Nottingham, United Kingdom

Luis D. Torres
Nottingham University Business School
University of Nottingham
Nottingham, UK

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Preface

In recent decades, significant changes have taken place in the world of work, which have resulted in emerging risks and new challenges for organisations. Global sociopolitical developments of increasing globalisation and the establishment of a free market, the development of information and communication technology and significant demographic changes and their impact on the workforce characterise the development of the contemporary workplace. Currently, major issues of relevance to the changing world of work can be summarised as contractual arrangements, working hours, use of new technology, telework and flexible work arrangements and increasing female labour participation.

Regardless of increasing female labour participation, women continue lagging behind men in the health, safety and well-being opportunities available to them. Inequality continues to be a world challenge, and it is particularly expressed in gender differences and discrimination against women. Gender mainstreaming is therefore now a central component to policy initiatives worldwide. However, despite gender mainstreaming being advocated at a policy level, there continues to be limited recognition and discourse of the issue of gender in the workplace and its direct and indirect association with health and well-being. Arguably, this has resulted in a limited number of practitioners and organisations directly addressing the issue of gender in their internal policies.

This book seeks to understand the role of gender in health, safety and well-being research, practice and policy by bringing together the various threads of research and practice in this field. It outlines and reflects on current best practice examples of gender-sensitive policies, interventions and research initiatives. Based on and informed by a critical discussion of the academic and practice literatures, this book aims to draw further lines of thinking and avenues of research providing an informed commentary on key areas of concern. It also offers overarching conclusions and recommendations to support gender mainstreaming approaches in health, safety and well-being.

The introductory chapter entitled ‘Gender, work, and health: Some introductory thoughts’ provides the reader with an overview and evaluative discussion of several key issues and concepts.

Chapter 2 entitled ‘Creating inclusion to leverage workforce diversity from a work characteristics perspective’ presents a conceptual framework linking work environments and workforce diversity. The framework highlights how the work context affects employees’ experience of inclusion and argues that inclusive organisations will in the long term have more diversity among employees and more gender equality because they attract and retain a diverse workforce.

Chapter 3 entitled ‘Work–life balance and gender: Challenging assumptions and unravelling complexity’ critically examines the role of gender in work–life balance research. It revisits the meaning of ‘work–life balance’ in light of the diverse and sometimes conflicting conceptualisations used by academics and practitioners. The chapter is interspersed with relevant case studies to illustrate the points made.

Chapter 4 about ‘Gender, work and health inequalities’ explores how gender, elements of the psychosocial work environment and their interaction can lead to inequalities in occupational health outcomes. The discussion is aided with relevant literature and data from Chile. The chapter first looks at whether a set of occupational health outcomes differs for male and female workers. Then, it explores how the interaction between gender and working conditions plays a role in the explanation of the identified differences.

Chapter 5 entitled ‘Pregnancy-related stigma in the workplace and psychological health: Is there a relationship?’ aims to provide an overview of the existing literature examining the intersection of work, pregnancy and gender. It examines the nature of pregnancy-related discrimination in the workplace, and how such experiences relate to women’s psychological well-being and attitudes about work. The chapter theoretically examines the interpersonal challenges and experiences of working pregnant women from the perspective of stigma theory to situate this discourse within an occupational health perspective.

Chapter 6 on ‘Gender equality in the workplace: Key driver of well-being, business performance and sustainability’ introduces the Gender Equality Seal, an initiative developed by the United Nations Development Programme (UNDP). It offers an analysis of two business cases, in each of which a connection was found between the adoption of gender-sensitive policies and improved business performance.

Chapter 7 entitled ‘Gender-sensitive interventions in the workplace: Examples from practice’ outlines various good practice examples of gender-sensitive interventions in the workplace. These interventions are drawn from a variety of occupational health and safety areas and cover international contexts. The discussion of these includes key lessons emerging after these interventions have been implemented, and it concludes by outlining any observable best practice principles.

Chapter 8 on ‘Addressing gender inequality through corporate social responsibility: A review of public governance in Latin America’ explores what public governance strategies have been used to engage the private sector in gender equality issues. By taking Latin America as case study, the chapter maps international public

governance initiatives seeking to engage the private sector in gender equality. Furthermore, the chapter explores the role of local governments at engaging the private sector in gender equality issues.

Chapter 9 entitled ‘Menstrual leave: Good intention, poor solution’ critically evaluates the rationale behind menstrual leave policy initiatives. It proposes that menstrual leave makes several exaggerated and incorrect assumptions about the nature and prevalence of menstrual cycle-related symptoms in the working population.

Chapter 10 entitled ‘Transgender employees: Workplace impacts on health and well-being’ takes an employee journey perspective to explore the experiences of trans individuals as they navigate organisational processes (such as recruitment and selection, managing change, co-worker relationships, performance and termination). It provides insights to human resource staff regarding the barriers that transgender workers face to physical and psychological health, safety and well-being at work.

The final chapter on ‘Aligning perspectives and mainstreaming gender at work’ reviews the key elements outlined in the previous chapters and examines them with a view to the wider context. It aligns perspectives by revisiting the concept of gender in the context of mainstreaming as well as its practical implications for governance institutions, organisations and individuals.

A central theme of the book is to adopt an international and global perspective on gender in relation to the design and management of work and organisational systems. By mainstreaming gender in health, safety and well-being policies at work and measuring their impact, organisations can improve and sustain performance, as well as contribute to sustainable development for all. By doing so, they can create more inclusive and egalitarian workplaces advancing the achievement of the Global Sustainable Development Goals (SDGs) related to gender equality (SDG 5), decent work and economic growth (SDG 8) and reduction of inequality in general (SDG 10). However, this is not an individual quest. International organisations and civil society should support this process as well as emphasise social priorities when they have not received enough attention. Similarly, while companies have to engage in gender equality issues, governments have to create the conditions for this to happen.

Centre for Organisational Health and
Development, University of
Nottingham, Nottingham, UK
Nottingham University Business
School, University of Nottingham,
Nottingham, UK

Juliet Hassard

Luis D. Torres

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About the Editors

Juliet Hassard is an Associate Professor of Occupational Psychology in the Centre for Organisational Health and Development at the University of Nottingham. Previously, she was Lecturer in Occupational Health Psychology at Birkbeck University of London where she was also Deputy Director of the Centre for Sustainable Working Life. Her primary research interests are threefold: firstly, the development of interdisciplinary research to further understand the link between the social organisation of work and employee health and well-being; secondly, the integration of biomedical and psychosocial models to more fully understand gender and associated issues of diversity within the workplace, and how these, in turn, relate to the social patterning of health inequalities; and finally, understanding the economic, organisational and human cost of work-related psychosocial issues (e.g. work-related stress, bullying and violence at work). She has published extensively in the field and has previously received funding from the European Agency for Safety and Health at Work, the Economic and Social Research Council and the British Health and Safety Executive.

Luis D. Torres is an Assistant Professor in Organisational Behaviour, Business & Society at the Nottingham University Business School. Previously, he was an Assistant Professor at Nottingham University Business School China Campus. He is a Fellow of the Institute of Corporate Responsibility and Sustainability, academic member of the Business and Human Rights Scholars Association, and part of the Executive Committee of the European Academy of Occupation Health Psychology (EAOHP). He is also a member of the Rights Lab, the world's first large-scale research platform for ending modern slavery, at the University of Nottingham. With over 10 years of academic and industry experience in China, UK, Chile, and Spain, he is interested in the broad area of corporate responsibility and sustainability. Key areas of research and practice are public policy and responsible business practices, Sustainable Development Goals (SDGs) strategic integration and reporting, business and gender equality.

Chapter 1

Gender, Work, and Health: Some Introductory Thoughts



Juliet Hassard and Luis D. Torres

1.1 Introduction

Perhaps most of the practices and processes that create and recreate gender inequalities occur in organisations, in the daily activities of working and organising the work (Acker, 2006). Feminist scholars have articulated a range of critiques of formal organisations and their relative inaccessibility to women (Calás & Smircich, 2006; Gottfried, 2006). By doing so, they have affirmed that to achieve gender equality, it is necessary to study and intervene on gender issues in organisations (Acker, 1998).

Many feminists view the twentieth century as a key catalyst to breaking down, and, in turn, redefining this gender perspective on work and working lives (Annandale & Hunt, 2000). Over preceding decades, men's and women's lives have dramatically changed with growing evidence of greater similarity (Barnett & Hyde, 2001). Indeed, as women progressively enter the workforce these traditional social roles are becoming less distinct over time (Nelson & Burke, 2002).

Despite this, women continue lagging behind men in the health, safety and well-being opportunities available to them. Traditional gender roles assigned to men and women through a cultural process of socialisation have typically supported clear definitions of "men's" and "women's" work: namely, paid occupational labour and unpaid domestic labour and responsibilities. Feminist economics have recognised this duality by redefining work as "all human activities intended to produce goods and services that meet human needs" (Ramos, 2012, p. 397). This is an acknowledgement to the contribution of female paid and unpaid work activities to society as

J. Hassard (✉)

Centre for Organisational Health and Development, University of Nottingham, Nottingham, UK
e-mail: Juliet.Hassard@nottingham.ac.uk

L. D. Torres

Nottingham University Business School, University of Nottingham, Nottingham, UK

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a whole, and to the fact that issues such as the gender wage gap and the sex segregation of the labour force are not only aspects of the economy or the market alone but also of organisations.

Consequently, given the significant degree of social change over the last century there is a clear empirical argument to understand the impact of these two social contexts, and their respective interaction, on both men's and women's work, health, safety and well-being. This introductory chapter seeks to provide the reader with an overview and evaluative discussion of several key issues and concepts.

1.2 Understanding Gender and its Relationship to Health

Gender is progressively being used as a substitute for, and interchangeably with, the term sex, particularly in the biomedical literature; a tendency which has often led to confusion (Fischman, Wick, & Koenig, 1999). The term "sex" refers to the biological differences between men and women; some commonly observed sex differences are chromosomes, reproductive function, endocrine/hormonal system, immune system metabolism, body fat and upper/lower body strength (Crozier, 2006). In contrast, the term "gender" refers to those characteristics of men and women that are socially and culturally determined (Vlassoff & Moreno, 2002). This broadly relates to the different behaviours, roles, expectations, and responsibilities that all men and women learn in the context of their own societies (WHO, 2006).

Sex differences are universal and remain reasonably fixed over time; whilst, in contrast, gender differences are learned, changeable, and vary both within and between cultures (Vlassoff & Moreno, 2002). Consequently, gender is not a fixed and universal entity; but evolves over time due to changes in societal norms and practices and can change over an individual's stage of life (Vlassoff & Moreno, 2002). However, it is important to note that sex and gender are not mutually exclusive, but rather dynamically interact (Crozier, 2006; Vlassoff & Moreno, 2002). Consequently, it is important when considering differences in men's and women's health to consider the relative impact of both sex and gender, and their respective interaction.

It has often been viewed as conventional wisdom in the biomedical, psychological, sociological and epidemiological fields, that in industrialised countries men tend to die earlier than women; and, conversely, women tend to have higher rates of morbidity, disability and health care use than men (Nathanson, 1977). During the 1970s and 1980s numerous studies repeatedly demonstrated that females had higher rates of illness, than males (Arber, 1997). During this time, numerous proposed explanations for these observed gender differences in health were proposed, including biological risks; risks acquired through social roles and behaviours; illness behaviour(s); health reporting behaviour(s) and differential health care access, treatment, and use (Verbrugge, 1989). However, research in the 1990s began to question this conventional wisdom. Indeed, Macintyre and colleagues (Macintyre,

Hunt, & Sweeting, 1996) asked the important question: are gender differences in health in the western industrialised world so clear cut?

Macintyre et al. (1996) emphasise that the common expected discourse of gender differences in health, has become oversimplified and that over-generalisation has become the norm, with inconsistencies and complexities in patterns of gender differences in health being overlooked, down played, or even not reported. However, it is important to note that the authors do not deny that there is a substantial degree of evidence of gender differences in a wide range of health outcomes during much of adult life in western industrialised countries (Verbrugge, 1989; Walters, McDonough, & Strohschein, 2002; Wingard, 1984); but contemporary research highlights a variable pattern of gender disparity in health status exists and is, by no mean, as simple as conventional wisdom would suggest (McDonough & Walters, 2001).

One of the most commonly proposed explanations for the observed female excess in morbidity is the variable pattern in the way that symptoms are perceived, evaluated and acted upon among men and women (Hibbard & Pope, 1986); more specifically, with women reporting and perceiving more symptoms and states of ill-health. It is typically argued and postulated that this gender difference in reporting behaviours is driven, in part, by a greater social stigma associated to ill health, and particular issues of mental health, among men and their respective social identity (Hibbard & Pope, 1986).

Contrary to the commonly held belief that women report higher rates of morbidity and are more ready to report mental health problems, a study by Macintyre and colleagues did not find a gender difference in the initial likelihood of reporting a condition (Macintyre, Ford, & Hunt, 1999). This finding is consistent with other scientific reports (Charlton, 1997; Cohen, Forbes, & Garraway, 1995; Macintyre et al., 1996). The study by Macintyre et al. (1999) also examined the hypothesis that women are more willing to report trivial conditions and mental health problems. This study did not find evidence in support of this notion. In general, Macintyre et al. (1999) conclude that based on the results of their study, there is little support for the suggestion, by such authors as Hibbard and Pope, that there is a tendency for women to be more sensitive to illness and, in turn, to be more ready to report an illness experience at lower thresholds of severity than men.

The notion that gender differences in health is best encapsulated in the simplified notion that men die earlier and women are 'sicker', downplays the complex pattern and nuances of health inequalities by gender. Indeed, gender differences in health have been observed to vary by symptom and ailment. A secondary data analysis of the National Population Health Survey from Canada observed women reported more psychological distress and chronic conditions than men; but gender differences were observed to be reverse for heavy drinking, and negligible for self-rated health and restricted activity (McDonough & Walters, 2001).

Therefore, if gender differences in health demonstrate a complex and variable pattern: what might be some of the reasons underpinning this observation? Firstly, the nature of gender, gender roles and relations are context specific; that is, they are intrinsically linked and shaped by the socio-historical context. Therefore, as gender

roles and relations evolve and change over time, it is likely that this will have a direct and indirect impact on observed health disparities between men and women. Data from the 1958 National Child Development Study and the 1970 British Cohort study when the cohort members were 23–42 examined the effects of social class, gender, age, period and cohort on psychological distress as measured by the Malaise Inventory (Sacker & Wiggins, 2002). This study found clear social inequalities in psychological distress that were found to reduce in magnitude over this period. Women in this cohort were observed to report more psychological distress. Although, this gender difference was found to reduce in magnitude over time. The authors conclude that gender inequalities have narrowed in the last two decades of the twentieth century.

Beyond changes due to social reforms, there is also evidence to indicate that the magnitude and direction of health inequalities by gender evolve and change over the course of one's life cycle. Using two British data sets, Macintyre et al. (1996) found the direction and magnitude of sex differences in health vary according to the particular symptoms or conditions, and according to the life cycle. Indeed, the only female excess that was observed across the life span was in relation to psychological distress.

As many changes in gender roles and relations have altered in preceding decades this merits a periodic re-examination of the gender disparities and inequalities in health (Macintyre et al., 1996); and there is also a need to clarify and understand the pathways and social mechanisms that account for the differences in health that have been observed among men and women (McDonough & Walters, 2001; Messing et al., 2003; Messing & Stellman, 2006). In conclusion, summarising the morbidity experiences of men and women is exceedingly difficult (Annandale & Hunt, 1990; Clarke, 1983), and it has been shown that gender differences in health vary by age, morbidity measure and social context (Haavio-Manila, 1986; Verbrugge, 1976; Wingard, Cohn, Kaplan, Cirillo, & Cohen, 1989).

The two following sections aim to examine two particular social contexts: the workplace and the home environment. They aim to provide the reader with an overview of the social mechanisms and structural gender differences present in both of these social contexts/environments. Subsequently, a discussion on how these 'gendered' environments/context may help to explain, or account, for observed health disparities between men and women is provided.

1.3 Gender and Occupational Health and Safety: Policy and Practice

There is growing criticism of 'gender neutrality' as an effective policy approach. Indeed, many occupational health, safety and well-being policy decisions which appear to be gender neutral may have a differential impact on men and women. Lippel (1999) examined expert witnesses' and decision makers' perceptions of

men's and women's work and life circumstances, as detailed in appeal decisions related to compensation claims for psychological disability linked to work-related stress. The primary aim of this study was to examine whether the impact of perceptions surrounding gender resulted in: discriminatory practices, and/or had an effect on claim recognition. The study conducted both a qualitative and quantitative analysis of 185 written legal decisions on compensability of stress claims for psychological disability rendered by two administrative tribunals. The results of this study demonstrated both quantitative and qualitative disparities in access to compensation based on gender. The researchers specifically concluded that access to compensation for psychological disability related to stress was more difficult to access for women workers than for men. The differences in outcome were not found to be explained by personal problems, previous psychiatric history, legal representation, employer opposition, or the nature of the stressful situations giving raise to the claim. This study yields evidence to indicate that, seemingly, gender-neutral policy may result in differential outcomes and impacts between men and women.

In addition, a growing number of experts have observed that gender issues have typically been neglected in the planning and implementation of health promotion initiatives and disease prevention strategies (Messing, 1998; Messing & Stellman, 2006; Ostlin, 2002; Ostlin, Eckermann, Mishra, Nkowane, & Wallstam, 2006). In general, interventions have been described by some authors as 'gender blind'; whereby, interventions are assumed to be equally as effective for men as women, and vice versa (Ostlin et al., 2006). This is despite the growing body of evidence that indicates that integrating gender considerations into interventions results in a strong positive effect on health outcomes across various domains (Boerder et al., 2004).

In conclusion, gender mainstreaming is now a central component to policy initiatives worldwide. However, despite gender mainstreaming being advocated at a policy level, there continues to be a limited recognition and discourse of the issue of gender in the workplace, and its direct and indirect association to health and well-being. Arguably, this has resulted in a limited number of practitioners and organisations directly addressing the issue of gender in their internal policies.

1.4 Gender and the Labour Market and Employment Patterns

Pronounced gender differences in employment patterns can be observed, the result of a highly segregated labour market based on gender (Burchell, Fagan, O'Brien, & Smith, 2007; Fagan & Burchell, 2002; Vogel, 2003). Gender segregation refers to the pattern in which one gender is under-represented in some jobs and over-represented in others, relative to their percentage share of total employment (Fagan & Burchell, 2002). A growing body of evidence indicates that a high level of gender segregation is a persistent feature of the employment structure globally (Anker, 1998; Burchell et al., 2007; Fagan & Burchell, 2002; Kauppinen &

Kandolin, 1998; Rubery & Fagan, 1993; Rubery, Smith, & Fagan, 1999). Estimates suggest that gender segregation in the labour market is so pervasive, that in order to rectify this imbalance approximately 75% of women would have to change jobs or professions (Messing, 1998).

The jobs occupied by women are frequently spread less evenly across occupational sectors, as compared to men. This social phenomenon has been termed horizontal segregation; whereby men and women tend to work and be concentrated in different occupational sectors and perform different types of jobs and related tasks (Crozier, 2006; EU-OSHA, 2002). In short, a large number of occupational groups can be either classified as 'male-dominated' or 'female-dominated'; with a limited number being 'gender-integrated' (Burchell et al., 2007; Fagan & Burchell, 2002).

Interestingly, even when men and women tend to work in the same job, evidence indicates that women and men continue to perform categorically different tasks (Kauppinen & Kandolin, 1998; Messing, 1998; Messing & Stellman, 2006; Vogel, 2003). An observational study conducted by Messing and colleagues (as cited in Messing, 1998) examined the ergonomic demands for workers in a poultry factory, with an equal proportion of male and females. Results of the study demonstrated that although men and women held the same job title, they often conducted very different tasks with different responsibilities. Male workers were found more likely to have tasks related to 'disassembling' the chicken, requiring large 'sweeping' movements, whilst females were more likely to have tasks related to fine and precise cutting (such as removing skin, access fat, or veins). Consequently, the ergonomic demands and, their respective consequences on worker's health, were found to be categorically different for women and men. This suggests that horizontal gender segregation can extend into the same occupational sector and even the same job title.

In addition to this horizontal occupational and sectoral segregation, vertical segregation can also be observed, with women being typically under-represented in higher status and higher paid jobs (Fagan & Burchell, 2002; Vogel, 2003). Men tend to hold more legislative and managerial occupations, whereas most clerical, and service and sale workers are women (Fagan & Burchell, 2002). An additional employment dimension that differs significantly between men and women is in relation to employment contracts, with more women than men opting for part-time employment (Burchell et al., 2007; EU-OSHA, 2002; Fagan & Burchell, 2002). This might play an indirect role in the stark vertical segregation between men and women.

The pervasiveness of gender segregation within the labour market has resulted in significant differences in both job content and working conditions amongst women and men (EU-OSHA, 2002; Kauppinen & Kandolin, 1998; Messing, 1998; Ostlin et al., 2006) resulting in differential exposure rates and taxonomy of workplace hazards (for example, exposure to toxic chemicals, ergonomic demands, risk of accidents, and psychosocial risks; Messing, 1998). Broadly speaking, women's jobs typically involve caring, nurturing and service activities for people, whilst men tend to be concentrated in management and the manual and technical jobs associated with machinery or physical products (EU-OSHA, 2002). Consequently, because men and women are differently concentrated in certain occupations and sectors, with different aspects of job content and its associated tasks, they will be exposed to a different

taxonomy of work-related risks (Burchell et al., 2007; EU-OSHA, 2002; Fagan & Burchell, 2002). This pervasive occupational gender segregation and working conditions may play a significant role in the observed health disparity between men and women (Burchell et al., 2007; Crozier, 2006; EU-OSHA, 2002; Fagan & Burchell, 2002; Vogel, 2003).

1.5 Gender, Work and Health

A growing body of evidence indicates that the predicative aetiological factors underpinning men's and women's health and health-related behaviours in community samples can differ from each other (Denton & Walters, 1999; Walters et al., 2002). However, limited research has looked at the contributory role of gender and its respective impact on men's and women's health in the workplace (Messing & Stellman, 2006). There is growing evidence to indicate that health differences between men and women may be accounted for by different exposure to risks, both inside and outside the workplace where the role of context plays a key aetiological role. In addition, there is evidence to indicate that psychosocial risks may have a different impact on women and men who work in similar jobs (EU-OHSA, 2002). The following sections seek to review the available evidence examining gender differences in health in the workplace.

1.5.1 *Work-Related Stress and Mental Health*

Stansfeld and Candy (2006) conducted a meta-analysis of longitudinal studies examining work-related psychosocial risks and common mental health disorders (depression and anxiety). The review observed job strain and reward-effort imbalance to be key risk factors for the observed depression and anxiety. Interestingly, the respective impact of these psychosocial risks on mental health was found to differ among men and women.

A cross-sectional study of 7484 full-time employees conducted in Canada found similar results, with psychosocial risks having a different impact on men and women. The data for this study was extracted from a nation-wide health survey with men and women working full-time being included in the analysis. Women reported more frequently high strain jobs; although this was not observed to translate into an increased incidence of psychological distress. Interestingly, negative psychosocial work characteristics demonstrated a stronger association with psychological distress among men (Vermeulen & Mustard, 2000). Bultman, Kant, Schroer, and Kasl (2002) conducted a cross-sectional survey of 11,020 employees from across 42 schools, including vocational schools, and secondary and primary schools in the Netherlands. The study found that men and women reported similar levels of physical fatigue and psychological distress. However, the psychosocial factors

significantly associated with fatigue and psychological distress were found to differ between men and women. Among men, fatigue was significantly associated with emotional demands at work, job insecurity, physical demands and conflict with supervisor. In contrast, high psychological demands were the only psychosocial characteristic to have a significant association with fatigue among women. In relation to psychological distress, a strong association with emotional demands and conflict with supervisors was observed in both men and women. A key limitation of both the aforementioned studies is that men and women in the same or similar occupations were not comparatively examined: thus, comparing ‘apples to pears’ rather than ‘apples to apples’. This may introduce a series of confounding variables. Consequently, the observed gender differences may be interpreted as inherent differences in the psychologically vulnerability between men and women to psychosocial risks or may be evidence to indicate a gender-based taxonomy of work-related risks due to horizontal segregation of men and women between, and within, occupational sectors.

Emslie and colleagues (2002) examined the distribution of minor psychiatric morbidity among men and women working in similar jobs within three white-collar organisations from private and public sector; after controlling for domestic and socioeconomic circumstances. Self-report data was collected from a Bank ($n = 2176$), a University ($n = 1647$), and the Civil Service ($n = 6171$). The gender patterning of minor psychiatric morbidity in white-collar employees was found to differ from that observed in the general population and in addition, was found to vary between the three organisations and within occupational grades. Across the three organisations, women reported a higher prevalence of minor psychiatric morbidity; however, this trend reached statistical significance only in one organisation, the civil service. Interestingly, within both high and middle occupational grades, there was a significantly higher prevalence of psychiatric morbidity among women. The characteristics of the women found in the higher occupational grades were found, by the researchers, to be categorically different from their male colleagues across all three organisations. Women in the top grades were less likely than men to be married/cohabiting and/or a parent, and were on average younger and better educated than their male peers. The authors concluded that gender differences in minor psychiatric morbidity may vary according to social context, and therefore, concluded that gender patterning of minor psychiatric morbidity should not be understood as an essential and constant relationship. Studies examining the role of gender in work and health should be aware of the role of context and be sensitive to the particular occupational setting.

1.5.2 Physical Health

Niedhammer, Tek, Starke, and Siegrist (2004) examined longitudinal data collected through the GAZEL cohort. Both cross-sectional and prospective analyses were conducted to examine the current status of workers’ health and their health trends

over time. The GAZEL cohort was established in 1989 to collect data regarding workers' health and working conditions from workers in a French electricity and gas company. The current study comparatively examined data collected in 1998 ($n = 10,175$; 71% men) and in 1998 to 1999 ($n = 6286$, 71% men). The analysis revealed both effort-reward imbalance and over-commitment were significantly associated with self-reported health for both men and women. When effort and reward were examined as independent variables, reward was found to be a significant risk factor for both men and women, whilst effort was found to be a significant risk factor only for men. The prospective analysis demonstrated that effort reward imbalance was found to be a significant predictor of poor self-rated health for both genders; however, effort was found not to predict poor-self rated health, whilst reward did. For men, only over-commitment was found to be a predictor of poor self-rated health.

Muhonen and Torkelson (2003) compared men and women in the same occupational status and position to examine the gender differences in the relationship between self-reported health and psychosocial hazards in a Swedish telecom company. Self-report data was collected from 134 female and 145 male employees in similar occupations. Irrespective of gender, a significant relationship between job strain and low social support was observed. However, different psychosocial factors were found to predict this relationship among men's and women's health. In women, only job demands were found to predict women's self-reported health, whereas both demands and lack of social support were found to predict men's health.

Bond, Punnett, Pyle, Cazeca, and Cooperman (2004) examined the respective impact of working conditions on work and health conditions in non-faculty university employees ($n = 208$, response rate of 30%), and the role of gender, gender relations, and the role of context. Unlike previous research, Bond and colleagues stratified the data by sex and by the male-female ratio in each job category (female-dominated, male-dominated, and gender-integrated). Just under half of the sample worked in 'gender-integrated' jobs (49%); and slightly more participants were in female-dominated jobs (29%, largely clerical) than male-dominated jobs (23%, mostly maintenance and police). The study found the relationship between working conditions and the outcomes variables (physical health, psychological distress, and job satisfaction) differed by the respondent's gender and even more so by the gender ratio of their job. Workplace sexism was associated with diminished job satisfaction for both men and women. However, this was only in those positions in which there was a gender imbalance (either male or female dominated), but not when there was more equal representation. The results of this study should be interpreted with some caution as the response rate was quite low (30%), and consequently could lead to a moderate degree of sample bias. However, like the study conducted by Emslie et al. (2002), the derived findings highlight the importance of considering the role of context when examining gender differences in the workplace. The following section seeks to address the role of unpaid labour as one contextual aspect that may play a role in gender and occupational health.

1.6 Gender, Unpaid Domestic Labour and Duties, and Health

There is an established gender gap in the division of domestic labour (Breen & Crooke, 2005; Sullivan, 2000), and it is argued that to fully understand the health disparities in relation to gender, the role of non-occupational factors should also be taken into consideration (Artazcoz, Borrell, & Benach, 2001; Bird, 1999; EU-OSHA, 2002). Time-use studies show that women specialise in unpaid domestic and care work while men specialise in market work. (Rubiano-Matulevich & Viollaz, 2019). However, it is important to note that, particularly in relation to household work, this discrepancy has narrowed over time, with an overall increase in time spent cooking and cleaning by men and an overall decrease for women. However, despite the substantial reduction in the ratio of female to male participation in cooking and cleaning, this remains highly gendered, with women continuing to contribute several times more time than men.

Artazocoz and colleagues (2001) emphasis that when gender differences in health are analysed, both paid and unpaid domestic work, and their respective interaction, should be of central consideration. Indeed, Lorber (1997) states “... jobs and families are complex variables with good and bad effects on the physical and mental health of women and men. Both are areas for social support, which is beneficial to health; both are sometimes hazardous environments with detrimental physical effects; both product stress” (p. 27). Therefore, there is growing research interest and, in turn, focus on understanding what conditions, relating the working and home environment, can be harmful or beneficial for women’s and men’s health and resiliency.

Indeed, numerous studies in the past have observed an association between the gendered division of household labour and women’s higher distress rates (Baruch, Biener, & Barnett, 1987; Ross & Bird, 1994; Ross, Mirowsky, & Huber, 1983; Thoits, 1983). However, a study by Bird (1999) observed this association to be more than just how many domestic duties one performs, but is also a function of how equitably the division of work is perceived by both parties. More specifically, using a national longitudinal survey of a representative sample of adults Bird (1999) found clear evidence that men’s lower contribution to household labour explained part of the observed gender difference in depression. Interestingly, inequity in the division of housework had a greater impact on depression than did the overall amount of domestic labour.

Two competing hypotheses have been offered to try and explain this varied pattern among men’s and women’s health and reported ailments: the differential exposure and the differential vulnerability hypothesis (Turner, Wheaton, & Llyod, 1995; Walters et al., 2002). The following section seeks to provide a brief account of these hypotheses and to explore the evidence-base examining the validity of these theories. However, the evidence for the predictive validity of these two hypotheses is limited and, moreover, provides contradictory findings.

1.7 Gender Differences in Health: Different Exposure or Vulnerability?

Early research postulated that the inequalities of health observed between men and women could be explained by differential exposure of hazards in society due, in part, to the social roles prescribed and reinforced by society. This notion resulted in the development of the differential exposure hypothesis, whereby observed differences in men's and women's health and well-being are the direct result of differential exposure to hazards (Turner et al., 1995). This theory postulates that there are no, or limited, gender differences in the effects of work-related hazards and stressors, but rather it is the patterns of occupational segregation and the associated different work and job conditions men and women are exposed to, which cause the observed health disparity between the sexes (Pugliesi, 1999). This theory assumes the way men and women 'experience' is inherently similar, and that the observed disparity in health and well-being between the sexes is the direct result of different exposure to stressors (McDonough & Walters, 2001).

Early evidence, however, was unable to exclusively account for gender differences in health, indicating that additional or different mechanisms were affecting this relationship. Indeed, the weight of evidence suggests that differential exposure to stressful living conditions plays a negligible role in accounting for gender differences in health (Roxburgh, 1996). However, McDonough and Walters (2001) note that the majority of this early research examined life events as stressors, rather than long term chronic stressors (such as those experienced in the workplace). In addition, Turner et al. (1995) postulate that the lack of empirical support for the differential exposure hypothesis stems from the inadequate measurement of stress exposure.

Consequently, this has led many researchers to speculate whether gender differences in health could be aptly explained by different biological and psychological vulnerability to health risks between men and women (Turner et al., 1995). That is, men and women experience a similar amount and intensity of life stressors, but the disparity in observed health and well-being outcomes is due to the different way the sexes experience and embody stress. Specifically, the differential vulnerability hypothesis suggests life events and ongoing strain are experienced in equal measure between men and women. Rather it is difference between the way men and women experience, embody and cope with stress, which results in different health outcomes (McDonough & Walters, 2001). There is piece-meal evidence to support the validity of this theory.

1.7.1 *Different Exposure or Vulnerability: The Evidence-Base*

A limited number of studies have examined the validity of these two theories (Pugliesi, 1995, 1999; Roxburgh, 1996; Tytherleigh, Jacobs, Webb, Ricketts, &

Cooper, 2007). None, however, to the knowledge of the author, have examined the validity of these theories over the individual's life course. The current section will outline the findings of the limited number of studies that have examined these two competing hypotheses.

McDonough and Walters (2001) conducted an analysis on a randomised population-based sample of Canadians to examine the degree to which the differential exposure or different vulnerability accounted for the observed health differences between men and women. Like previous studies, general female excess in distress and self-reported chronic conditions was observed and a general excess in drinking among men. Differential exposure to chronic stressors and life events was found to account for some of the observed gender differences in distress scores; however, such exposure was found to play a negligible role in understanding the gender differences in chronic conditions and drinking behaviour. Surprisingly, differential vulnerability to stressors among men and women was found not to contribute to our understanding of gender differences. This preliminary study demonstrates that understanding the aetiological mechanisms of health discrepancy may not only differ based on the theoretical model, but also across health outcomes.

A limited number of studies have looked at the validity of these two competing hypotheses in explaining and, moreover, understanding the aetiological underpinning of sex and gender differences in work-related health outcomes (Pugliesi, 1995, 1999; Roxburgh, 1996; Tytherleigh et al., 2007). However, community-based studies provide some preliminary and foundational knowledge on the prevalence of gender differences across health outcomes; and highlight the validity of the differential exposure and differential vulnerability hypotheses. However, a growing body of evidence indicates that the role of gender in understanding the relationship between psychosocial hazards and workers' health and well-being is dependent on the context. Liu, Spector, and Lin (2008) collected qualitative and quantitative data on the psychosocial working conditions and self-reported health among university faculty staff. Both the qualitative and quantitative data demonstrated a significant interactive effect between gender and occupation. A number of other studies have also found evidence to support the importance of considering the role of context in examining the gender health connection: for example, organisational context (Emslie et al., 2002), the gender-ratio of an occupation (Bond et al., 2004).

An early study conducted by Pugliesi (1995) examined the role of different exposure and vulnerability in understanding the contribution of employment and work characteristics in relation to men's and women's self-reported well-being. Data was obtained from a national probability sample of adults from the United States in 1976 with both full-time and part-time workers considered in the analysis. This study found that gender and self-esteem were the most important determinants of distress; in contrast, no direct relationships were observed between working conditions and distress. However, results indicated that the effects of employment were indirect. Specifically, work characteristics were found to affect well-being primarily through intervening variables, especially through self-esteem and job satisfaction. The results of this study suggest that different vulnerability to job characteristics exist primarily

in indirect effects of specific working conditions on well-being operating through intervening resource variables.

Conger and colleagues (Conger, Elder, Simons, & Ge, 1993) suggest that gender-based reactivity to stress may be dependent on the health outcome of interest. This highlights the importance of considering the various facets of health: namely, variables associated with physical and physiological functioning, mental health, and social well-being. Macintyre and colleagues (1996) challenge the notion that gender differences in health are constant over the life course of men and women. A longitudinal study of a cohort of British workers found the magnitude and direction of gender differences varied across men's and women's life course (only a consistent female excess in psychological distress was observed). This preliminary evidence highlights two key points for consideration: firstly, the interactive role of age and gender over the individual's life course and how this may, in turn, affect the validity of the different exposure and vulnerability hypotheses; and, secondly, the importance of considering each facet of health as a unique dependent variable in its own right, and the need to gather further evidence on how these two theories differentially predict the different health outcomes.

1.7.2 Limitations of the Two Theories

There are a number of limitations in the relation to the two competing theories for understanding gender and health, which have been outlined above. Firstly, the literature base has conceptualised these two theories as competing in nature: an either-or scientific philosophy. However, to the knowledge of the authors, there has not been a systematic investigation of the potential interactive combination of the two theories. However, this may be the results of the associated scientific challenges in rigorously testing these empirical relationships. Additionally, none of the reviewed studies which have assessed the validity of the differential vulnerability and exposure models have looked at the role of non-occupational factors in the understanding this relationship, despite a significant body of evidence indicating their respective importance in understanding gender differences in health (Pugliesi, 1995, 1999; Roxburgh, 1996; Tytherleigh et al., 2007).

1.8 Conclusions

Regardless of increasing female labour participation, women continue to lag behind men in the health, safety and well-being opportunities available to them. Inequality continues to be a world challenge and it is particularly expressed in gender differences and discrimination against women at work. As a response, gender mainstreaming is therefore now a central component to policy initiatives worldwide. However, despite gender mainstreaming being advocated at a policy level, there

continues to be a limited recognition and discourse of the issue of gender in the workplace, and its direct and indirect association to health and well-being. Arguably, this has resulted in a limited number of practitioners and organisations directly addressing the issue of gender in their internal policies.

By mainstreaming gender in health, safety and well-being policies at work and measuring their impact, organisations can improve and sustain performance, as well as contribute to sustainable development for all. By doing so, they can create more inclusive and egalitarian workplaces advancing the achievement of the sustainable development goals (SDG) related to gender equality (SDG 5), decent work and economic growth (SDG 8), and reduction of inequality in general (SDG 10). However, this is not an individual quest. International organisations and civil society should support this process as well as emphasise social priorities when they have not received enough attention. Similarly, while companies have to engage in gender equality issues, governments have to create the conditions for this to happen.

The primary aim of this book is to understand the role of gender in health, safety and well-being research, practice and policy by bringing together the various threads of research and practice in this field. The following chapters outline and reflect on current best practice examples of gender-sensitive policies, interventions and research initiatives. A central theme of the book is to adopt an international and global perspective on gender in relation the design and management of work and organisational systems. Based on and informed by critical discussions of the academic and practice literatures, this book aims to draw lines of thinking and avenues of research, as well as provide overarching conclusions and recommendations to support gender mainstreaming approaches in health, safety and well-being at work.

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Chapter 2

Creating Inclusion to Leverage Workforce Diversity from a Work Characteristics Perspective

Janna Behnke, Sonja Rispens, and Evangelia Demerouti

2.1 Inconclusive Effects of Workforce Diversity in Organisations

For the last decades, workforce diversity, the degree to which individuals vary regarding demographical or functional characteristics (Van Knippenberg & Schippers, 2007), displays a highly prevailing topic among researchers and practitioners. Among others, three main trends can be distinguished that emphasize the importance of diversity for organisations (Mor Barak & Travis, 2009). First, rising diversity demonstrates a reality for organisations that they need to address. For instance, the share of female employees that gained access to the labour market increased rapidly due to the change of social attitudes towards educating young women in the beginning of the twentieth century. Second, organisations are expected to go beyond legal obligations, offer equal opportunities for everyone, and prevent discrimination. (United Nations Development Programme (UNDP), 2019). In this regard, especially the barriers that hinder women and other social minorities to enter and remain at all levels of organisations found great attention. Third, workforce diversity is understood to provide a competitive advantage to organisations. On the one side, different competencies and perspectives can guide to improved solutions (De Dreu & West, 2001) and on the other side, organisations that offer equal opportunities enjoy a positive image that increases organisations attractiveness for customers, cooperation partners, and employees (Devillard et al., 2016).

Although organisational diversity portrays a topic of high interest, research is inconclusive about the effects workforce diversity has on organisational and individual outcomes (Joshi & Roh, 2009; Van Dijk, Van Engen, & Van Knippenberg,

J. Behnke (✉) · S. Rispens · E. Demerouti
Eindhoven University of Technology, Eindhoven, The Netherlands
e-mail: j.behnke@tue.nl

2012). Scholars have shown that workforce diversity can positively relate to innovation, commitment, retention, and ultimately performance (Hülshager et al., 2009; Joshi & Roh, 2009; Mor Barak et al., 2016). Especially, the increased access to a variety of abilities, knowledge, and perspectives from different individuals enables teams to derive at innovative and improved solutions. This argumentation is grounded in an information and decision-making perspective (De Dreu & West, 2001) and leads organisations to invest in initiatives that promote diversity to gain a competitive advantage. Despite these positive findings, research contrariwise has shown that diversity might lead to negative outcomes such as intergroup conflicts, lack of cooperation, and higher turnover rates (e.g. Jehn et al., 1999; Pelled et al., 1999; Schneid et al., 2015). Explanations that research offers in this regard are based on social categorization processes, in which group separation leads to communication barriers, cultural resistance and discrimination (Van Knippenberg & Schippers, 2007). Overall, scholars conclude that diversity in and of itself is not meta-analytically related to performance nor well-being and that it rather depends on how the team or the organisation manages diversity and reacts to it (Mor Barak et al., 2016; Van Dijk, Van Engen & Van Knippenberg, 2012).

By means of investigating efficient approaches of diversity management, researchers, such as Mor Barak and Cherin (1998) or Nishii (2013) have come to emphasize the importance of recognizing and valuing the unique contribution of individuals. They stress that organisations cannot benefit from rising workforce diversity without fostering an inclusive environment. Inclusion refers to employees' feelings of being an accepted part of the organisation and that their authenticity is valued (Jansen et al., 2014). The experience of inclusion addresses two central human needs: the need of belongingness and the need of authenticity. Only if both needs are satisfied true inclusion takes place and employees are expected to feel and perform better (Shore et al., 2011). Increasing employees' experience of inclusion offers several benefits for employees and organisations in terms of individual well-being and performance. Researchers argue that solely focusing on increasing diversity will not provide organisations with the benefits they desire (Sabharwal, 2014). Commonly used by diversity and inclusion experts is the phrase: 'Diversity is being invited to the party; inclusion is being asked to dance.' This metaphor underlines the difference between these two constructs and emphasizes that it is not enough to only bring individuals with varying backgrounds and characteristics into the organisation. By means of these efforts organisations aim to increase the pool of employees' expertise, work approaches, and perspectives to reach a competitive advantage. However, research emphasizes that to be able to utilize these differences and communicate their different perspectives, feelings of inclusion play a crucial role. Employees who are appreciated and accepted for their individual characteristics are more likely to share ideas even if these are different from the norm. These employees will thus derive at desired outcomes like innovation, employee commitment, and satisfaction (Chow, 2018; Mor Barak et al., 2016). Moreover, employees who feel belonging to their work unit and valued for their expertise will most likely in return also respect co-workers different contributions, which increases respect and stimulates the efficient use of differences (Chrobot-Mason et al., 2013).

Although, inclusionary practices might display an effective approach to facilitate differences of employees, it is not yet clearly defined how organisations can stimulate inclusion. In this regard, little is known about the extent to which the context of work interacts with perceived diversity and which work aspects potentially harm or boost employees' experience of inclusion. Aiming to close this gap, this chapter provides a conceptual framework, presented in Fig. 2.1 that sheds light on employees' subjective experience of their work environment and the joined effects of work characteristics, diversity, and inclusion on employee well-being and performance. Taking the rational of job demands- and resources theory (Bakker & Demerouti, 2017), sociometer theory (Leary & Baumeister, 2000) and social identity theory (Tajfel & Turner, 1986), we link insights of diversity literature and occupational health research to increase the understanding of how characteristics of the work environment, the degree of workforce diversity, and inclusion interactively influence employee outcomes. The conceptual framework suggests that the experience of the work environment is interdependent of the diversity present in an organisation. Furthermore, characteristics of the work environment are supposed to have the potential to increase or decrease employees' experience of inclusion. Lastly, the framework proposes that inclusion has a positive influence on individual well-being and performance. Overall, these mechanisms suggested by the framework provide practical insights for organisations. By introducing a work characteristic perspective to diversity and inclusion literature the proposed framework guides organisations to promote diversity and inclusion in an effective way. It helps managers to understand how diversity and inclusion translates into an unfavourable work context (e.g. discrimination and majority group favouritism) that further negatively influences employee outcomes. Additionally, by uncovering possible synergetic effects of work characteristics (e.g. job/organisational demands and resources), organisations receive insides about how they can adapt work and organisational processes to positively stimulate diversity and inclusion within their organisations and enhance employee well-being and performance.

2.2 Antecedents of Individual Inclusion Experience

As introduced, inclusion is crucial for employees to express and utilize their differences. Indeed, empirical research shows that in the presence of workforce diversity, inclusionary practices enable employees to make use of their full potential (Nishii, 2013). Furthermore, increasing inclusion feelings among employees minimizes relational barriers, increases motivation, and creates an environment in which employees feel accepted and valued, which in return improves employee well-being and individual as well as organisational performance (Mor Barak, 2015; Nishii, 2013). However, less is known regarding possible aspects that influence the experience of employee inclusion (Shore et al., 2018). Research in this regard presents dominantly conceptual and qualitative work, whereby propositions either stay rather abstract (e.g. increasing socialization and networking opportunities

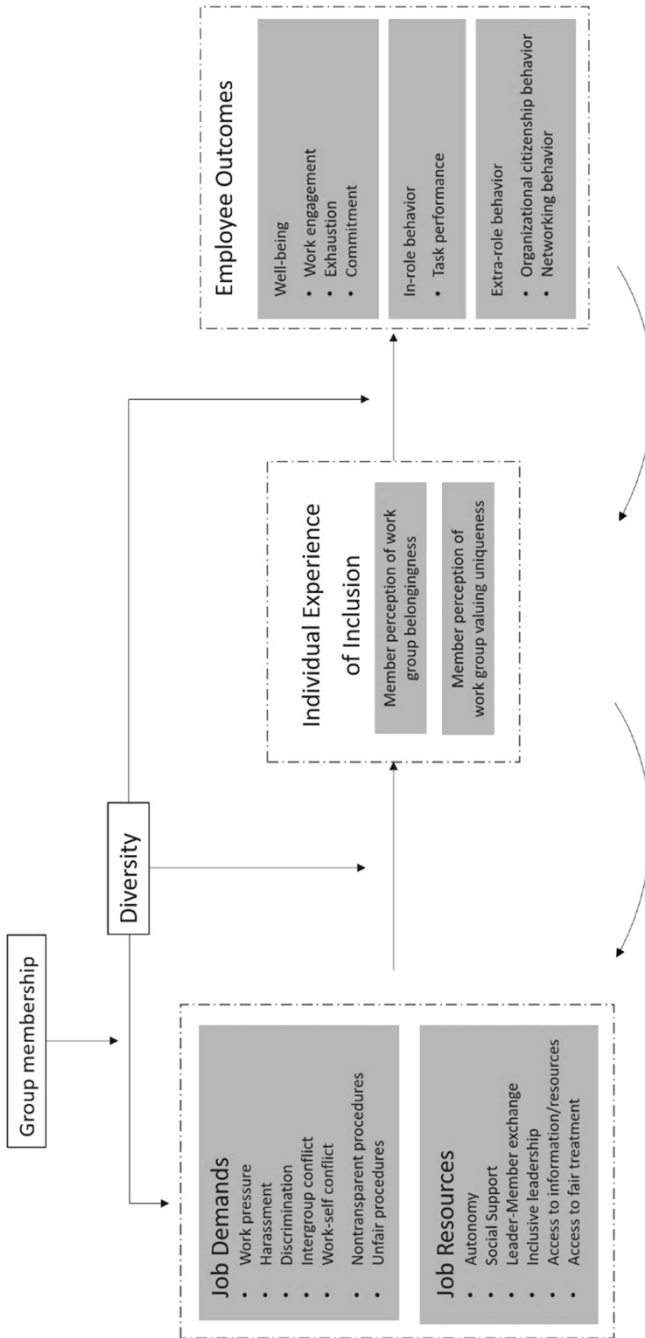


Fig. 2.1 Conceptual framework

among employees) or refer to organisational level aspects, such as organisational climate or transparent recruitment, promotion, and development procedures (e.g. Daya, 2014; Sabharwal, 2014). Research stays rather vague regarding how work level characteristics interact with diversity and inclusion and especially which aspects of one's work influence the inclusion feelings of employees. However, we know based on sociometer theory (Leary & Baumeister, 2000) that individuals constantly observe their social environment for signals that cue their inclusionary status. Based on this rationale, employees seek to satisfy two fundamental needs, the need to belong to a social unit, such as a team or organisation, and the need to be accepted and valued for their unique characteristics (Brewer, 1979; Shore et al., 2018). Therefore, work characteristics, which represent an employee's work environment, are essential to consider when examining predictors of inclusion experiences.

2.2.1 How Workforce Diversity Shapes the Work Environment

Work characteristics and their effects are displayed in the JD-R model (as precursor of the deduced theory) developed by Demerouti et al. (2001). The model has established itself in the last 19 years within the field of work psychology and beyond. It states that all characteristics of a job can be qualified as either demands or resources. These demands and resources can be directly related to the specific work of individuals (job demands and resources) or are aspects caused by the organisational context (organisational demands and resources). Overall, demands are defined as those physical, psychological, social, or organisational aspects of one's job that require continuous physical and/or psychological effort and are thus able to create physiological and/or psychological costs (Demerouti et al., 2001). Demands can occur at different levels of an organisation and can be differentiated into quantitative and qualitative demands. Quantitative demands include time pressure and work overload. Qualitative demands display emotional demands, role ambiguity or conflict, and aspects of an unfavourable physical work environment. Similarly, resources, which offer means to deal with the demands of the job, to achieve work goals, or to stimulate personal growth, learning, and development, can be found at different levels of an organisation (Bakker & Demerouti, 2007). At the level of tasks (e.g. task variety and autonomy), at the level of organisation of work (e.g. role clarity and participation in decision making), at a level of social relations (e.g. supervisor feedback and co-worker support), and at the organisational level (e.g. development opportunities, and access to information).

Taking the rationale of the JD-R theory, the conceptual framework in this chapter argues that the degree to which employees individually perceive diversity could be indicative of certain demands and resources on the job and on the organisational level. The framework addresses two important aspects in this regard. First, the work

environment and thus demands and resources perceived by an employee might vary according to the extent that employees differ from each other. Thus, a homogenous workplace might differ in terms of demands and resources compared to a diverse workplace. Second, the perceptions of demands and resources may also vary depending on the group membership an employee holds (e.g., majority vs. minority employee). In this regard, a work environment, characterized by low diversity is one in which minority employees are substantially underrepresented in the organisation. For instance, female employees are still underrepresented in technological organisations (Catalyst, 2019). As a consequence of this underrepresentation, organisational processes and policies, as well as work specific characteristics might not be in favour of female employees since organisational and workplace concerns are based on the needs and the input of the advantaged male majority group (Van Dijk, Van Engen, & Paauwe, 2012). This circumstance results in favourable situation for male employees, which is why female employees in technological organisations might experience less access to information, higher levels of discrimination, or face not transparent organisational procedures (Eagly et al., 1992; Kraiger & Ford, 1985; Stauffer & Buckley, 2005). In addition, female employees in technological organisations likely have less access to job and organisational resources. Because of their disadvantaged position they might perceive less fair treatment, less social support, or less freedom in doing their work compared to their colleagues who belong to a majority group (Mummendey & Wenzel, 1999). For instance, if an organisation offers flexible workplaces in the office this will likely be perceived as autonomy and a resource for the majority of employees. Nevertheless, employees who need to bring their children to day care in the morning (e.g., parents as minority group) have not the possibility to get one of the limited quiet working spaces and are therefore disadvantaged based on their social group. They most likely will feel that they are not treated fairly (decreased resources) and they will experience a conflict between their work and their private responsibilities (increased demands).

To be able to explain the above expressed processes, research points out that belonging to a minority group can lead employees to feel less valued in their work environment because of their social identity (Inzlicht & Good, 2005). Social identity theory (Tajfel & Turner, 1986) states that people identify with those who are similar to them. This process is further used by individuals to form in- and out-groups mostly based on surface characteristics, such as ethnicity, gender, or age. Social identity theory provides insights on how social structures impact the identification of an individual. In form of social identification, people try to be as similar as possible to the in-group characteristics and attribute positive aspects to their in-group to maintain a positive self-picture. Additionally, people seek to be as different as possible to individuals of the out-group. As a consequence of these social identity processes, in environments with low diversity where minority employees are underrepresented, differences between majority and minority groups are highly salient. Consequently, social identity processes enable discrimination against minority employees, as well as favouritism of majority employees for employees being similar to them. Therefore, procedures, policies, and work aspects are most likely

in favour of the majority group. The presented framework therefore assumes that job/organisational demands and resources are influenced by the perceived diversity within an organisation and that the constellation of job/organisational demands and resources differs for minority compared to majority employees. The framework thus proposes:

Proposition 1 The experienced work characteristics are dependent on perceived diversity and an individual's group membership, such that in workplaces with low diversity minority employees experience higher demands and lower resources compared to majority group members.

2.2.2 How Work Characteristics Influence the Experience of Inclusion

As earlier stated, employees monitor their work environment for cues that inform them about how accepted and valued they are at work (Brewer, 1979; Leary & Baumeister, 2000; Shore et al., 2011). Therefore, work characteristics in form of job/organisational demands and resources are potential signals that provide information about an employee's inclusionary status.

Based on the rationale of JD-R theory, job/organisational resources offer means to make your work suitable to your own abilities with the result of an increased work goal achievement and personal growth (Bakker & Demerouti, 2017). An environment that is characterized by resources such as autonomy, social support, and fair treatment encourages employees to use their unique capabilities and enables employees to express themselves, which therefore will be more likely perceived by employees as a work place that encourages individual self-expression (Parker et al., 2006). In addition, employees might feel more welcomed in an organisation that values proactive expression of unique knowledge and abilities and thus feel more belonging to the organisation. Next to that, resources provide access to information and means to be able to engage in one's work group and be part of decision-making processes (Demerouti et al., 2001). For instance, an employee that receives social support at work, creates a bond with colleagues, can contribute to decision-making, and receives feedback and emotional encouragement in order to effectively work. These stated aspects are at the same time identified as important dimensions of inclusion (Mor Barak & Cherin, 1998; Shore et al., 2011). Employees, who feel valued for their unique characteristics and an appreciated member of the organisation as a total, will automatically experience higher level of inclusion. Thus, the framework states the following proposition:

Proposition 2 Job/organisational resources will be positively associated with experienced inclusion.

Divergent from resources, job and organisational demands potentially hinder employees' self-expression at work. More specifically, quantitative demands (e.g. work load, work pressure) cost energy and time of an employee that cannot be used to engage at work with one's unique self (Bakker & Demerouti, 2017). Draining employees' energy potentially causes negative physical or psychological consequences such as headaches or strain (Bakker & Demerouti, 2007). Individuals who suffer from these consequences may perceive their environment as less suitable for them, feelings of belongingness and the belief that authenticity is valued will therefore decrease. Additionally, qualitative demands such as conflicts with colleagues, emotional demands, and role ambiguity hinder employees to express themselves at work. A work environment in which employees perceive a high amount of these demands signals to them that they are not allowed to be truly themselves and that their characteristics do not fit the organisation. Hoffhuis et al., (2014) showed for instance that unfair treatment lowered employees' identification with the organisation. The extent to which an employee identifies with the organisation is of great importance for the experience of inclusion because it highly relates to the dimension of belongingness (Jansen et al., 2014; Shore et al., 2018). Overall, it is most likely that demands such as unfair treatment, work pressure, or conflicts with colleagues negatively impact the individual experience of inclusion. The framework therefore concludes:

Proposition 3 Job/organisational demands will be negatively associated with experienced inclusion.

2.3 Consequences of Diversity and Inclusion for Employee Well-being and Performance

The extent to which employees feel accepted and valued in their organisations most likely determines their well-being. Employee well-being is an individual state that involves characteristics of physical and psychological health. Other people's reaction (e.g., the extent to which people accept or reject others) was found to be vital to an individual's physical and psychological well-being (Leary et al., 1995). In line with the underlying processes of JD-R theory, the less an employee feels accepted and valued in the work unit, the more it exhausts employees' mental and physical resources which leads to depletion of energy as well as health problems (e.g. Bakke et al., 2003; Hakanen et al., 2006). In contrast, through a motivational process feelings of inclusion might increase employees' motivation and commitment, as individuals feel appreciated and find their work meaningful because they feel socialized and useful to the organisation (Jansen, 2015; Joshi & Roh, 2009; Nishii, 2013). Employees who feel included find an important balance of two of their fundamental needs fulfilled: the need of feeling similar to others and at the same time

maintaining their unique identity (Brewer, 1979). In connection, this need fulfilment potentially enhances the satisfaction of employees as well as engagement at work (Mor Barak et al., 2006). Indeed, research on diversity and inclusion approaches and their effects on individual outcomes found that organisational efforts in this domain were associated with increased commitment (Chen & Tang, 2018; Hwang & Hopkins, 2012) and job satisfaction (Acquavita et al., 2009). Additionally, experiences of inclusion enhance the social exchange relationship of employees with their organisations and thus creates commitment to the employer (Flynn, 2005). For example, Gonzales and DeNisi (2009) found that women were more committed to their organisation and less likely to quit when they experienced more balance of power and inclusion across social groups within their organisations. In contrast, perceived boundaries, which separate employee groups and thus cause a lack of inclusion experience, potentially lead to increased conflicts, disengagement, and stress (Bernstein et al., 2010; Mor Barak et al., 2006). Based on these arguments, the framework concludes the following proposition:

Proposition 4 Experienced inclusion in the workplace will be positively associated with an individual's well-being.

In addition to the well-being also the performance of employees is thought to be influenced by the extent to which individuals feel included in the work environment. Individual's task-performance, which most typical results into organisational performance, is the fulfilment of the requirements as specified in the formal job description (Sonnetag et al., 2008). Scholars argue that individuals who feel included spend less energy to deal with exclusion and more energy toward in-role behaviours. Furthermore, employees are assumed to display higher performance in an inclusive environment since the feeling of being valued and accepted triggers them to exert more effort on working tasks. Literature explains this phenomenon partially with the concept of reciprocity, whereby the employee wishes to give something back to the organisation since the organisation offers development and self-expression opportunities through inclusion (Chen & Tang, 2018). Based on this reasoning, employees are thought to increasingly engage in their work and to willingly contribute ideas and input for the benefit of the organisation (Ferdman et al., 2010). Additionally, feelings of inclusion, beyond having positive motivational effects, are also likely to increase employees' tendencies to share perspectives and 'think out of the box', which might enable them to arrive at improved work outcomes. Moreover, employees who feel included are more likely to believe that what they do matters to themselves as well as to others. These beliefs raise the meaningfulness of one's work and likely stimulate employees' performance (Kahn, 1990).

In line with the argumentations above, Chen and Tang (2018) found that the performance of employees who experienced higher level of inclusion was rated higher by the supervisor. Moreover, feelings of inclusion were found to be positively associated with employees' performance across different industries, occupations, and cultures (Cho & Mor Barak, 2008; Pearce & Randel, 2004). Additionally,

inclusion feelings and individual's identification with the work team are conceptually related (Jansen et al., 2014). Research points out in this regard that individuals who highly identify with the members of their work team are more willing to contribute to the collective goals (Meeussen & Van Dijk, 2016; Tyler & Blader, 2000), are more productive (Meeussen et al., 2014; Worchel et al., 1998), and are willing to give more than what is formally expected of them (Van Knippenberg & Schie, 2000). In other words, feeling included in a group/organisation should be related to higher in-role and extra-role performance. Based on these arguments, we present the following proposition:

Proposition 5 Experienced inclusion in the workplace will be positively associated with an individual's performance.

Overall, the framework proposes a positive association between feelings of inclusion and employee well-being as well as performance. This relationship is most likely depended on the extent to which employees differ in the work environment (Ferdman et al., 2010). As described earlier the direct effects of diversity on performance and well-being have been inconclusive (Mor Barak et al., 2016; Van Dijk, Van Engen & Van Knippenberg, 2012). Researchers propose to consider diversity in organisations as more complex and treat employees' differences as a moderator that influences the relationships between predictors and individual outcomes. In this regard, the extent to which employees differ from each other is suggested to have a potential strengthening effect on the relationship between individual's experience of inclusion and performance or well-being. In this vein, a more diverse group contains a greater range of different perspectives, abilities, and knowledge, which is enabled when employees feel included and therefore comfortable to share these individual differences. This in return should result in a better quality of employees' performance as well as increased well-being, such as job motivation. Employees, who feel included, respected, valued, trusted, and safe that they will not be excluded will be more willing to share but also to consider other employees' ideas and opinions, which leads to improved outcomes. These improvements are highly dependent on the degree of perceived diversity in the work environment. In a homogenous group, less variety of skills, knowledge, and backgrounds is present and can therefore not benefit the employees, thus inclusion might not play as a crucial role as it does in a work environment characterized by high perceived diversity (Ehrhart et al., 2014; Ferdman et al., 2010). Thus, the model proposes that the degree of perceived diversity in the work environment will moderate the relationship between experienced inclusion and employee well-being as well as performance.

Proposition 6 The relationship between experienced inclusion and employee well-being/performance will be strengthened by the level of diversity perceived in the workplace such that the relationship is stronger when diversity in the workplace is high.

2.4 Feedback Loops: Influencing the Work Environment and Diversity through Healthy, Productive, and Highly Included Employees

As argued in the paragraphs above, the presented framework displays that work characteristics, diversity, and inclusion affect in the shorter-term employee well-being, in-role and extra-role performance. Additionally, long-term effects might be visible in the extent to which employees' outcomes affect the perceptions of inclusion, work characteristics, and diversity in organisations in return. In this regard, we argue that employees who are motivated and energetic at work most likely feel committed to their organisations and thus have an increased sense of belonging. Furthermore, energetic and motivated employees, who voluntarily engage in extra-role behaviour will embrace an environment in which they experience a greater acceptance for differences and individuality.

Well-being and behaviour of employees were found to affect the organisational environment (i.e. job resources and job demands; Bakker & Demerouti, 2017). Nembhard and Edmondson (2006) showed that individuals who are attached to an organisation feel psychologically safe to express their personal perspectives and ideas at work. In addition, highly committed employees show congruency between their work and individual identity (Burke & Reitzes, 1991), which reads from a person-organisation fit perspective that these employees have a higher feeling of belongingness to the organisation (Kristof-Brown et al., 2005). In addition, energetic and motivated individuals have abundant resources to invest in other people and thus to engage more in inclusive behaviours (Bakker & Demerouti, 2017). We therefore assume that the less exhausted and more committed an employee feels as well as the more an employee helps colleagues, the higher is the contribution of this employee to an environment that is perceived as highly inclusive. Based on this argumentation the presented framework proposes the following:

Proposition 7 An individual's well-being, in-role performance, and extra-role behaviour will be positively associated with experienced inclusion in the workplace.

Overall, one can assume that inclusive environments free up resources for all employees while diminishing work and organisational demands. On the one hand, resources are enhanced by creating trust among employees, stimulating interpersonal communication, and therefore facilitating a feedback culture in which colleagues can openly share different opinions and feel safe to ask for feedback (Collins & Smith, 2006). Moreover, enhanced inclusion releases motivation and energy of employees to engage in extra-role behaviour, such as helping behaviour. This in return provides additional support by leaders and colleagues and can be utilized by employees as an additional resource. Furthermore, in inclusive environments, employees understand their diverse contributions as a source of insight, which they are willing to share (Ely & Thomas, 2001). These insights are an expansion of personal resources that can be integrated and shared in their work environment and thus enrich the workplace.

On the other hand, along with the support for employees to be their authentic selves, inclusion prevents that employees need to assimilate to colleagues or the dominant organisational culture (Shore et al., 2018). An inclusive environment is characterized by equal treatment and practices that respect the needs of all employees. This in return decreases additional work or organisational demands that employees otherwise might face. First, inclusion is thought to minimize relational barriers and thus potential conflicts with colleagues (Jehn et al., 1999). Second, inclusion creates work places in which employees meet each other with respect, which decreases discrimination and harassment on the work floor (Van Knippenberg & Schippers, 2007). Lastly, trust among employees, a supportive environment, as well as knowledge about employees' differences and strength might enable individuals to structure their workload more efficiently, ask for help, and use the strengths of others. In return, making use of a diverse network and receiving help will decrease employee's workload and work pressure.

Proposition 8 Experienced inclusion in the workplace will be positively associated with an individual's perception of job/organisational resources and negatively to the perception of job/organisational demands.

Moreover, feelings of inclusion have the potential to influence the perceptions of organisational diversity. As stated above, employees' experience of inclusion illustrates itself into feelings that one belongs and is accepted for one's authenticity (Jansen et al., 2014). If these two needs are satisfied, employees feel welcomed, valued, and comfortable within their organisations (Chen & Tang, 2018). Employees will also most likely be more satisfied with their work and thus are less likely to leave their organisation (Brimhall et al., 2014). Taken the example of increasing gender diversity, employers are able to keep recruited female employees by increasing women's experience of inclusion. If the organisational climate as well as processes and practices meet women's needs, they will more likely feel like an accepted member of the organisation and thus want to stay with the organisation. Additionally, to maintaining (diverse) employees, organisations create a pro-diversity employer branding by promoting inclusion (Jonsen et al., 2019). Generating a positive reputation will attract individuals that are differing from the employees that currently work in an organisation, because applicants receive signals from the organisation that their unique backgrounds, set of skills, or ideas are going to be accepted and valued at the prospective workplace (Cunningham & Melton, 2014). Thus, by building up a pro-diversity image, organisations can attract women to their male dominated environments.

Overall, through both processes, decreasing employee turnover as well as increasing the attraction of new and diverse employees, organisations diversify their workforces by increasing the share of minority employees. As a consequence of enlarging the pool of employees with different backgrounds, demographics and values, workforce diversity in an organisation will increase.

Proposition 9 Experienced inclusion in the workplace will be positively associated with workforce diversity.

2.5 Conclusion

Previous work on diversity and inclusion in organisation did not integrate specific job and organisational characteristics as predictors for creating workplace inclusion. These relationships might display important insight into factors that prevent equality between minority and majority employees (e.g. women do not enter and remain at all levels of technological organisations). Research appears rather vague concerning how a desired inclusive organisational culture can be generated and how the work environment interacts with the diversity and inclusion present to predict employee outcomes. Looking at workforce diversity and inclusion from a JD-R perspective, we offer a theoretical framework that demonstrates how work and organisational characteristics are related to diversity and individual experience of inclusion as well as employee well-being and performance. Overall, the presented framework suggests that job and organisational demands harm employees' experiences of inclusion while job and organisational resources have the potential to increase employee's self-expression at work and therefore enhance their inclusion experience. Further, the feeling of inclusion is thought to positively stimulate performance, well-being, and extra-role behaviour of employees. In this regard, scholars support the propositions of the framework that individuals who feel part of their work environment and accepted as their true selves feel more engaged and energetic at work and will perform better (Acquavita et al., 2009; Chen & Tang, 2018; Cho & Mor Barak, 2008). Moreover, the framework argues that based on social identification processes the relationships between perceived inclusion, its predictors, and consequences depend on the degree of perceived diversity in the workplace. In this regard, minority employees experience the workplace differently (e.g., increased demands and decreased resources) compared to majority employees, especially if diversity is low and the minority position thus salient. Additionally, the more variety of employees in an organisation the stronger the effects of work characteristics and inclusion on employee well-being and performance since the presence of difference makes inclusion highly essential. Finally, the framework points towards existing feedback loops, which highlight the inter-dependency of all model aspects.

The framework makes several theoretical contributions to existing literature. First, we combine diversity and inclusion literature with work psychology research on the JD-R model and thus offer a more comprehensive view on the complex work environment in which diversity and inclusion interact to affect employee outcomes. Solely looking at diversity to estimate outcomes evoked criticism of not being sufficient in estimating individual or organisational outcomes (Guillaume et al., 2017; Van Knippenberg & Schippers, 2007). Outlining how diversity and inclusion in interaction with job/organisational demands and resources influence employee well-being and performance, the framework provides an extensive picture of modern workplaces. Overall, we provide a theoretical outline for future studies, which can be used to enable researchers to design interventions to study and increase inclusive work climate empirically. Furthermore, we contribute to theory on diversity and inclusion by offering propositions that explain how diverse work groups can be led

effectively. In this regard we provide suggestions about which work characteristics can stimulate or harm inclusion feelings and in turn support the realization of positive performance and well-being within diverse work groups.

Next to theoretical implications, the framework provides suggestions for organisations of how they can influence the job design and organisational processes to foster equality and inclusion among employees. If diversity is rather low in an organisation, it is of great importance to consider that different employee groups might differently experience the work environment. Minority employees are more likely to experience lower work resources such as social support as well as higher work demands (e.g. work-self conflict or harassment) which might lead to lower satisfaction, commitment, and ultimately lower performance. Organisations are encouraged to cautiously examine the work environments of their employees in terms of job and organisational related aspects and processes and assure that these are fair and resourceful for all employees. In addition, by offering sufficient resources, employees are enabled to deal with work demands and express themselves at work. This will lead employees to experience a higher level of being valued and accepted in the organisation, thus employees will experience higher inclusion. Ultimately, this will lead to healthy, engaged, and pro-company behaving employees, which will automatically benefit organisational performance.

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Chapter 3

Work-Life Balance and Gender: Challenging Assumptions and Unravelling Complexity

Almuth McDowall and Gail Kinman

3.1 Setting the Scene: The Changing Nature of Work and Domestic Roles

The world of work has seen unprecedented change over the last few decades. The rate and pace of such change has been partly fuelled by technological developments that allow many people to work anytime and anywhere (Schlachter, McDowall, Copley, & Inceoglu, 2018). Advances in technology and the increased access to hardware, software and broadband connectivity enable large proportions of the workforce, particularly those employed in the knowledge, service and media sectors, to work remotely, rather than being physically present in an office or similar location. The type of work that people do has also shifted from manual and technical, and a particularly steep rise in information technology and knowledge-based jobs has been documented (Office for National Statistics (ONS), 2020). Unemployment is low in many European countries and there is some evidence it is steadily reducing (Eurostat, 2020); in countries such as the UK, sectors such as accommodation and food services are struggling to fill vacancies (ONS, 2020). Moreover, an increasing number of people in Western societies are becoming self-employed or working on short-term contracts. Full or partial employment in the ‘gig economy’, which refers to a labour market increasingly contingent on short-term contracts and/or freelance work, has risen rapidly and an estimated 5 million people (16% of the total workforce) are doing such work in the UK. In parallel, demographic shifts, such as rising economic globalisation and interdependence (Eurostat, n.d., growing migration (Organisation for Economic Co-operation and Development (OECD), 2019) and the internationalisation of sectors such as higher education (for an

A. McDowall (✉) · G. Kinman
Birkbeck University of London, London, UK
e-mail: a.mcdowall@bbk.ac.uk

overview see De Wit, 2017), mean that people are working in increasingly diverse and multi-national contexts.

As well as changes in the nature and organisation of work, societies are also evolving. A global decline in fertility alongside growing economic advancement has been documented, but there is considerable variation between regions. Birth rates have fallen in some countries, such as the US and Australia, and nearly half of all countries currently have insufficient children to maintain their population size (Total Fertility Rate, 2019). Many women are also having children later in life; for the majority of OECD countries, the average age of first-time mothers is now 30 or above and, except for Mexico, this has been steadily rising (OECD, 2017a). There are several OECD countries where the average age is over 32 (e.g. Japan, Ireland, Switzerland, Spain). At the same time, global life expectancy rose by just over 5 years from 2000 to 2016, yet there is some evidence that improvements are lower in high income countries such as the UK and the US (ONS, 2019a, 2019b). Socio-economic inequalities in life expectancy are also widening (Raleigh, 2019), with people living in poorer areas in the UK living up to 9 years less than those in more affluent regions and gaps between life expectancy and 'healthy' life expectancy (e.g., the number of years of good health that people can expect) up to 19 years for females and 15 years for males.

In response to the general rise in life expectancy, many countries have increased their statutory retirement age for state pensions, meaning that people are required to work for longer. The health benefits of employment for older people are well recognised (Doyal, 2000; Yeomans, 2011), but the wide gap between life expectancy and healthy life expectancy means that some may struggle to meet the demands of jobs requiring physical effort and long hours. Taken together, these trends mean that many employees are likely to be balancing paid work with unpaid caring responsibilities, particularly for a parent but increasingly for grandchildren, during a time when they may be struggling with their own health. A recent report estimates that one in seven employees are currently carers and numbers are expected to increase considerably in the next decade or so (Carers UK, 2019). The report called for employers and policy makers to be more accommodating and understanding of multiple and complex caring needs.

But who carries the burden of domestic responsibilities? Although the number of men involved in inter-generational family care is increasing, it still typically falls to wives and daughters rather than husbands and sons (Hoff, 2013). As well as carrying this 'double burden', older women workers are at increased risk of adverse workplace experiences, such as bullying and discrimination, as well as stress and mental health problems and the adverse effects of biological changes such as menopause (Handy & Davy, 2007; ONS, 2019a, 2019b; Payne & Doyal, 2010). In terms of domestic responsibilities, an analysis of over 50 years of cross-national data conducted by Atlintas and Sullivan (2016) found signs of increasing gender equality, but there were some differences between countries. Subsequent analysis of the data found that fathers in Nordic countries spend the most time on childcare and housework, whereas fathers in the Corporatist countries (e.g. Netherlands and Germany) were less involved and this had changed little over time (Altintas & Sullivan, 2017).

A trend was observed for fathers from the ‘traditionalist’ Southern countries (e.g. Italy and Spain) to take on more household tasks, whereas in the Liberal countries (the UK and the US), improvements were only found among ‘involved’ fathers. The benefits of more egalitarian domestic arrangements are acknowledged, as satisfaction with the gender division of housework is strongly linked with couple well-being (Atlintas & Sullivan, 2016; Shockley & Allen, 2018). Interestingly, however, there is evidence that men who perform more domestic tasks than their female partners (especially men who are low earners) tend to be seen as weaker and less masculine (Chaney, Rudman, Fetterolf, & Young, 2019) and have sex less frequently (Kornrich, Brines, & Leupp, 2013).

Although UK survey data indicate that women do 60% more unpaid work than men (ONS, 2016), qualitative research reveals a more complex picture. Attitudes towards the division of housework are not only linked to ‘traditional’ gender conventions but also have strong connections with socio-economic status, as those from middle-class backgrounds are able to negotiate a more equal arrangement (Miller & Carlson, 2016). Research findings also suggest that same sex parents divide household labour considerably more equally than heterosexual parents, as the division of duties is negotiated rather than derived from stereotypes of who ‘should’ do the caring (Perlesz et al., 2010). Of course, not all families comprise dual carers and/or dual earners. In the UK, there are around 1.8 million lone parent families; a quarter of all families with dependent children, which is the highest percentage of any OECD country (OECD, 2017b). Ninety percent of lone parents in the UK are women and the proportion of single fathers has remained constant over the last 10 years (Gingerbread, 2019).

Given such profound and ongoing changes to where, when and how work is undertaken by different groups of people, along with demographic and social trends, it follows that work-life balance issues have also evolved. Organisational policies and practices relating to work-life balance are often included in the ‘diversity’ agenda, implying that it is a gender issue, or only relevant to a minority of employees. Given the demographic trends discussed above, it seems warranted to re-examine whether gender is a key determinant of work-life balance, or if it is of concern to all. It is also important to set out the priorities for research and practice. More specifically, in this chapter we address the following questions:

- What are the key gender issues in work-life balance research? What is the evidence for differences between men and women in work-life balance needs and experiences?
- What are the implications of caring roles for work-life balance and are there gender differences?
- To what extent do policies to support work-life balance initiatives, such as flexible working, affect men and women differently?
- What are the implications of the above issues?
- What are the priorities for future research and practice?

To address these questions, we draw on peer-reviewed academic research and the practitioner literature. We start by exploring the meaning of the term ‘work-life

balance'; which we argue is conceptualised inconsistently and, as a result, is poorly understood.

3.2 What Is Work-Life Balance? Different Meanings to Different People

To address the questions outlined above, it is firstly necessary to examine the concept of work-life balance itself. Definitions are broad, varied and occasionally conflicting and the burgeoning body of research in the field of work-life balance has not led to consensus. The issue of 'balance' is itself a point of contention as it implies that life domains are discrete. Scholars have questioned if a dichotomy between 'work' and 'the rest of life' actually reflects people's everyday experiences given that: (a) work may be central to many people's identity and could therefore be considered part of the 'life' domain; (b) the distinction between what is work and what is not is becoming increasingly blurred; and (c) the notion of 'balance' is misleading and potentially damaging, as it implies that a state of equilibrium or harmony can be achieved.

A recent meta-analytic review conducted by Casper, Vaziri, Wayne, DeHauw, and Greenhaus (2018) illustrates the diversity of meanings attributed to work-life balance and the need for clarification to move the field forward. They sought to elucidate the construct of 'balance' by reviewing definitions used in the literature, as well as examining theoretical bases and measures used. The authors found a staggering 233 definitions of balance between 'work' and 'non-work' across 290 quantitative, qualitative and non-empirical papers. Findings indicated that 'balance' was operationalised uni-dimensionally (an overall appraisal of one's work and home situation) and multi-dimensionally (separate assessments of different life domains). Meanings were clustered into five distinct areas encompassing satisfaction with role balance, effectiveness in balancing multiple roles, the perceived importance of different role domains, involvement in multiple roles, and the goodness of fit between role demands and the available resources. Evidence was found to support the 'jingle' fallacy (that different constructs are identical because they share the same name), but it should be noted that more recent publications and higher-quality articles seem to be using the term more consistently. Casper and colleagues also found evidence for the 'jangle' fallacy (using different labels for things that are actually the same construct) where researchers have labelled 'conflict' or 'enrichment' and 'facilitation' measures as assessing work-life balance.

Although conflict and facilitation/enrichment could be considered opposite ends of the same continuum, they are, however, very different. Work-family conflict theory stems from role theory which considers the normative expectations, norms and behaviours that are appropriate for socially defined categories (such as mother or employee). It maintains that competing demands from different domains can impair the quality of personal life via strain-based (when stress from one role spills over into

another), time-based (when meeting demands in one role restricts the time available for another) or behaviour-based conflict (where behaviour that may be required in one role is inappropriate for another; Greenhaus & Beutell, 1985). On the other hand, enrichment and facilitation are derived from role enhancement theory, which holds that experiences in different life domains can be complementary, as positive experiences and skills gained in one domain may transfer to another (Crain & Hammer, 2013; Wayne, Grzywacz, Carlson, & Kacmar, 2007). Based on their review, the authors offered the following definition for work-life balance (p. 18):

The extent to which employees hold a favourable evaluation regarding their combination of work and nonwork roles, arising from the belief that their emotional experiences, involvement, and effectiveness in work and nonwork roles are commensurate (compatible) with the value they attach to the roles.

Guided by notions of person-environment fit theory (see e.g. Caplan, 1987), which we discuss in more detail in the next section, this definition is broader than others emerging from the review that typically conceptualise ‘family’ as representing the entire non-work domain. Nevertheless, the authors take a firmly individualised perspective, which has inherent assumptions. Firstly, ‘balance’ is perceived as being enacted through individual roles and it is taken for granted that the individual is able make a rational evaluation of their own functioning. This is akin to more generic theories of motivation such as Expectancy Theory (Vroom, 1964), which holds that people make choices based on an evaluation of the valence they attach to actions and the anticipated outcomes. Although much researched, there is evidence that people are not always so rational in their decision-making and actions (see e.g. Van Eerde & Thierry, 1996). Secondly, the definition takes a highly subjective stance, anchoring work-life balance in the idiosyncratic context of each individual. There are many instances where such a focus is warranted, for instance to guide activities to help individuals understand, and ultimately better manage, their lives. Yet, to elucidate the link between gender, work, life and ‘balance’, we advocate a wider and more holistic perspective as set out in the next section. In line with the findings of the review by Casper et al., the literature we discuss in this chapter will use the terms adopted by the researchers themselves (e.g. work-family conflict/balance, work-life conflict/balance).

This section has examined the diverse and sometimes conflicting ways that work-life balance has been conceptualised and highlighted the need for consensus. Next, we explore the complex interactions between work-life balance and gender and consider whether women experience more problems at the interface between work and personal life. Also examined is the role played by law and policy as it relates to work-life balance issues, with particular focus placed on flexible working initiatives. Some examples from research are provided to illustrate the complexity of gender differences in work-life balance outcomes.

3.3 ‘Balance’, Work and Gender: A Complex Interplay

Others before us have noted that work-life balance research is never culture- or gender-neutral (Emslie & Hunt, 2009; Ernst Kossek, Lewis, & Hammer, 2010). Williams and colleagues argued cogently in their chapter in the Annual Review of Psychology (Williams, Berdahl, & Vandello, 2016) that work-life balance researchers to date have been overly focused on individual experience but paid little attention to systemic issues such as how gender, personal identity and work are conceptualised and interlinked. The authors delineated six perspectives on work-life balance research, albeit with a US-centric orientation, focusing on either:

- (a) Industrial-organisational (I/O) and occupational health (OHP) psychology that focuses predominantly on research on the individual experience of work-family conflict, where demands associated with roles in different domains are incompatible;
- (b) Social psychology which also adopts an individual perspective but takes greater account of social norms and context such as gender role perspectives (Guttek, Searle, & Klepa, 1991).
- (c) Survey research which considers how working arrangements, including scheduling and location, are changing;
- (d) The business case for (or against) initiatives such as flexible and ‘family-friendly’ working, including several meta-analyses and reviews showing that the evidence is inconsistent (De Menezes & Kelliher, 2011);
- (e) Action research, including the pioneering work of Lotte Bailyn that used the Collaborative Interaction Action Research model (CIAR) to evaluate work-life balance initiatives based on job-redesign.
- (f) Cultural comparisons using international data sets such as OECD data on working patterns. This research often examines the number of hours people spend at work and the time devoted to leisure and personal care and also explores demographic differences by country.

3.3.1 *Challenging Assumptions: Are Work-Life Balance Issues ‘Worse’ for Women?*

There is a common assumption that women find managing the work-home interface more challenging than men. Given that evidence from meta-analyses and systematic reviews is purported to be particularly strong (e.g. Harbour & Miller, 2001), what do studies from I/O and OHP research tell us about gender differences? The results of two large-scale meta-analyses, together covering several hundred studies, show that men and women report similar levels of work-family conflict (Allen et al., 2012). Yet, we agree with Williams et al. (2016) that large-scale aggregated analyses cannot adequately capture the complexity of the interface between work and non-work. The

authors concluded their narrative review by indicating that a key reason for why little is still known about how to best support work-life balance is that the world of work, and arguably society, remains wedded to outdated notions of what it means to be a ‘good’ woman or man, and a ‘good’ worker. High (work) performance and dedication to the job continue to be demonstrated by long working hours, although there is overwhelming evidence that this is not the case (Pencavel, 2015). This means that women, who still bear the brunt of caring responsibilities even when working full-time, will experience major challenges. The sociologist Arie Hochschild termed this the ‘second shift’ (Hochschild & Machung, 2012), raising awareness of the scale and implications of unpaid and taken-for-granted domestic labour and the emotional investment required. The importance of gender-role expectations is also highlighted in the findings of studies showing that women living in cultures with more ‘traditional’ gender roles tend to experience higher levels of work-family conflict (Koura, Sekine, Yamada, & Tatsuse, 2017; Magadley, 2019).

Although large-scale reviews find little evidence that women report more work-life conflict than men, their findings can mask more subtle gender differences. Research findings indicate that characteristics of the job and the family are likely to be relevant here. A longitudinal study of Australian parents found that having more children predicted chronic work-family conflict for men but not for women, whereas long working hours and job insecurity were the key predictors for women (Cooklin et al., 2016). The outcomes of conflict may also differ by gender; a two-year prospective analysis of Swedish workers found that women who experienced conflict between work and their personal lives were at greater risk of poor self-rated health than men (Leineweber, Baltzer, Magnusson Hanson, & Westerlund, 2013). Another study, also conducted in Sweden, found that work-family conflict was more likely to lead to exhaustion in women than men (Canivet et al., 2010). There is also evidence that women, but not men, are prone to feelings of guilt and distress when engaging in boundary-spanning work tasks outside working hours (Glavin, Schieman, & Reid, 2011). Mothers of young children, but not fathers, are also at risk of feeling guilty about experiencing conflict between work and family (termed work-family guilt; Borelli, Nelson, River, Birken, & Moss-Racusin, 2017). Nonetheless, a study that examined the experiences of first-time fathers from 7 months gestation to 6 months after the birth found that they experienced considerable tension when trying to balance their desire to be an ‘involved’ father and the economic necessity to work. This led to feelings of guilt, disappointment and a sense of being excluded, as well as emotional pressure engendered by trying to juggle different elements of their life with little, if any, support (Machin, 2015).

Differences in the type of work done by men and women also shape work-life balance experiences. There is some evidence that women may be at greater risk of strain-based work-life conflict (Van Daalen, Willemsen, & Sanders, 2006), whereas men are more prone to behaviour-based conflict (Kinman, Clements, & Hart, 2017; Watai, Nishikido, & Murashima, 2008). It is likely, however, that differing job characteristics can help to explain such effects; for example, women are more likely to be employed in the ‘helping’ professions, which is a known risk factor for strain-based conflict; whereas men typically do the type of work associated with behaviour-

based conflict, such as policing and firefighting (Dierdorff & Ellington, 2008). A meta-analytic review of gender and work-family conflict conducted by Shockley, Shen, DeNunzio, Arvan, and Knudsen (2017) shows that differences in work-family outcomes are minimal where men and women do similar work. Recent research on crossover (where states of well-being are transmitted between closely related people, usually partners) also supports this view. Early studies found that the psychological effects of men's work were frequently transmitted to their wives. For example, a survey of 60 working couples conducted by Jones and Fletcher (1993) found significant associations between a man's work-related stressors and his wife's mental well-being, with particularly strong effects observed in couples where men were employed in high strain jobs (e.g., those combining high demands with low control). Such studies, however, tended to utilise samples from male-dominated professions (particularly security and the armed forces) and included couples where the majority of wives were either homemakers or employed in part-time or relatively undemanding jobs. More recent research that has sampled couples with similar job status has found that the women's work stressors and strains (e.g. anxiety and depression) are more likely to cross over to their male partners than vice versa (Crossfield, Kinman, & Jones, 2005; Demerouti, Bakker, & Schaufeli, 2005). There is some evidence that this effect may be explained by women preferring to talk about their stressful experiences at work (therefore 'transmitting' their distress), whereas men may be more likely to withdraw from such discussions (Crossfield et al., 2005).

The need to 'drill down' and consider potential reasons for any gender differences found (or not found) in studies is highlighted in Box 3.1.

Box 3.1 Work-life Balance in Male-dominated Jobs: Gender Neutral?

People working in the emergency and security services are at high risk of work-life conflict; this is particularly the case for the 'uniformed' professions such as the police, firefighters and prison officers (McDowall & Lindsay, 2014; Kinman et al., 2017; Smith, Hughes, DeJoy, & Dyal, 2018). It might be assumed that women with caring responsibilities who work in these male-dominated jobs find it particularly challenging to achieve work-life balance, as working cultures are highly gendered, work can be dangerous and long, antisocial hours in hazardous conditions are the norm. Many studies, however, find few gender differences in levels of work-life conflict (Janzen, Muhajarine, & Kelly, 2007; Griffin & Sun, 2018). A study of UK prison officers conducted by Kinman et al. (2017) found no evidence that women had a poorer work-life balance than men – in fact, men reported a higher level of conflict than women. Interestingly, however, women with dependent children reported a similar level of conflict (time-based, strain-based and behaviour-based) to women without caring responsibilities. No significant relationship between the number of dependent children and work-life conflict was also found, and women

(continued)

Box 3.1 (continued)

officers who were working ‘family friendly’ hours did not report a better balance than those who worked standard hours.

These findings could be taken at face value (e.g., that work-life balance is a gender-neutral issue in the prison service), but alternative explanations should be considered. Female prison officers with dependent children might, by necessity, have developed more effective strategies to juggle their caring responsibilities with their work demands; for example, they may set firmer boundaries between domains, or be more adept at ‘switching off’ from work concerns. Female officers with caring responsibilities may also have more domestic and/or supervisory support to help them balance their roles. The most likely explanation, however, is that women prison officers who found the demands of the job to be incompatible with childcare, or who had less support available to them, would have left to seek another type of work. The finding that women did not seem to find so-called ‘family-friendly’ hours helpful suggests that the prison service should develop work-life balance initiatives that are more inclusive and fit for purpose. Work-life conflict appears to be a common reason for wishing to leave this type of work (Lambert, Hogan, & Cheeseman, 2013), so gender appropriate interventions to improve balance are urgently required.

While many studies have examined gender differences in work-life balance, few have considered the male perspective. As discussed earlier in this chapter, women appear to experience more feelings of guilt and distress in response to work-family conflict than men and they are generally more likely to take up ‘family-friendly’ initiatives to try to improve their situation. Flexible working, defined as “a way of working that suits an employee’s needs, for example having flexible start and finish times, or working from home” (Flexible Working, n.d.) is the initiative that is most frequently offered by organisations. Although there are widespread attempts to highlight the benefits of working flexibly for all employees (especially parents), men are often discouraged from taking advantage of such initiatives despite wishing to be more involved in their children’s upbringing. This is due to their perceptions that mothers find it easier to access flexibility as they are considered the primary carer, and organisational assumptions about men’s central role as instrumental economic providers (Gatrell, Burnett, Cooper, & Sparrow, 2014). Such concerns appear to be grounded in reality, as studies find evidence that men who wish to take up family-friendly options are perceived negatively. For example, Rudman and Mescher (2013) found that hypothetical male employees who requested family leave were seen as less dominant and ambitious and less worthy of promotion. Interestingly, female participants were just as likely to stigmatise men who requested family leave, but they tended to express stronger views that such men were “poor workers”. Other scenario-based studies find evidence, however, that requests for

flexible working tend to be less stigmatised and attract fewer career penalties in female-dominated industries (Krstic & Hideg, 2019).

There is some evidence that women differ in their beliefs and behaviours about paternal involvement in childcare and this can have implications for their work-life balance. An early study conducted by Allen and Hawkins (1999) found that ‘gatekeepers’, who thought that mothers are better equipped to do certain activities, undertook a considerably larger share of housework than ‘collaborators’ who believed in equal sharing of duties. More recent research using dyadic data found that, even after controlling for spouses’ respective evaluation of the parenting relationship, maternal encouragement strongly influenced fathers’ involvement in care (Schoppe-Sullivan, Brown, Cannon, Mangelsdorf, & Sokolowski, 2008). More recently, Radcliffe and Cassell (2015) drew on diary and interview data to investigate the link between work-life conflict, flexible working and maternal gatekeeping behaviours in 24 dual-earner couples. The results demonstrated that traditional gender beliefs continue to influence who works flexibly and how conflict is resolved, but negotiations between partners appeared to be complex. Where women were flexible workers, they took unilateral responsibility for resolving conflict, whereas this was solved in a more egalitarian manner where men worked flexibly. This study highlights the importance of focusing on such micro processes to understand the subtleties of negotiations about conflict at the couple level, but also the need, highlighted throughout this chapter, to legitimise and encourage flexible working practices for men. Even in supposedly progressive countries, such as Norway, some traditional expectations remain even amongst women who are of more senior status (Milne, 2018).

A study conducted by Tomlinson (2006) took a trajectory perspective drawing on Hakim’s preference theory (2000), which broadly seeks to explain women’s investment in work or reproductive choices by their preferences for certain lifestyles and the centrality of work or family. Findings indicated that: (a) the availability of care networks; (b) employment status and (c) the welfare policy context influenced women’s choices about whether to transition to part-time work. The type of work done should also be considered when considering the work-life balance implications. The gig economy, discussed above, is widely believed to benefit working parents as it can help them balance employment with caring responsibilities. Nonetheless, as the availability of work can be inconsistent making arrangements for child-care can be challenging. Recent research in the UK also highlighted a ‘caring penalty’, particularly for women who work in the performing arts whose earnings are on average considerably lower (McDowall, Gamblin, Teoh, Raine, & Ehnold-Danailov, 2019). In turn, this creates a cycle of being unable to afford childcare and therefore being unable to take up future work opportunities, as outlined in Box 3.2.

Box 3.2 Caring Penalties in the Performing Arts

Much research that has examined work-life balance issues has concerned itself with a relatively narrow range of sectors and occupations, whereas other types of work have received far less attention. The performing arts (Music, Theatre and Dance), notably absent from research in this area, were the focus of a large-scale UK study (McDowall et al., 2019) with over 2500 participants, where artists and those working off-stage were surveyed about their experiences of balance and conflict. Work in the performing arts presents unique challenges, as long hours, touring, regular weekend and bank holiday work and regional differences in terms where work is available are commonly encountered.

The findings showed that carers pay a ‘career penalty’ as they earn on average £3000 less per annum than those without caring responsibilities. Carers also make ‘caring sacrifices’ as three-quarters of the sample reported having to turn down work opportunities when they were unable to combine them with their caring responsibilities. Once again, women were particularly affected and were also far more likely to work part-time or freelance when becoming carers. Notably, 60% of carers said that the main source of support was their own network, particularly the family and partner; support was unlikely to come from the workplace. Only 10% had taken shared parental leave. This is likely because over half (54%) of participants were either freelancers and/or contract workers; UK systems make it very difficult for people doing this type of work to apply for parental benefits.

3.3.2 Law, Policy, Work-Life Balance and Gender

Returning to the wider context, work-life balance legislation and policy varies considerably in different countries. A recent survey of the best countries to raise children found that Sweden, Denmark and Norway were the top three (Clark et al., 2020). The Nordic countries have long been held up as a bastion of progressive policy and effective practice, due to more egalitarian gender ideology and a range of supportive mechanisms (such as enhanced parental leave structures that are expected to be shared between parents and accessible workplace solutions for childcare; Hein & Cassirer, 2010). As discussed above, cultural context is a key facilitator for work-life balance initiatives in relation to gender-role ideologies, but it also has a strong influence on whether access to workplace initiatives such as flexible working is encouraged and supported. For instance, Finland passed a law in 1996 that allowed all employees to work flexibly by starting and finishing earlier or later, meaning that nearly 25 years later flexibility has become normalised, based on mutual trust between employers and employees and a widespread recognition of its benefits. More recently, Finland has taken a step further by granting workers the right to

decide when and where they work for at least half of their working hours. In due course, these initiatives will hopefully highlight the conditions required to optimise the benefits of flexible working for all.

The Scandinavian experience suggests that the current stigma surrounding the uptake of flexible working options, particularly for men, may reduce over time but under current conditions interventions are needed to encourage more positive attitudes and support uptake. Other evidence points to the importance of the attitudes of families in influencing positive and negative views about equality and different ways of working. Drawing on data from 77 Swedish managerial fathers, a team of Scandinavian researchers (Allard, Haas, & Hwang, 2007) investigated the link between flexible working, gender attitudes and levels of work-family conflict. Findings revealed that fathers with more egalitarian attitudes and favourable views about workplace flexibility experienced less conflict, but the impact of actual working hours and the use of flexitime (a schedule that allows workers to alter workday start and finish times) was less important. This may be because working hours are relatively low in Sweden compared to other countries and there is a strong culture of prioritising leisure, particularly during the summer months. Nonetheless, it is important to consider whether increasing opportunities for flexible working is the best (or only) way to support work-life balance.

A recent study conducted in Germany suggests that flexible working is not necessarily a panacea, as outlined in Box 3.3.

Box 3.3 Potentially Unintended Consequences of Flexible Working: Evidence from Germany

A recent study conducted by the Hans Böckler Foundation in Germany, used panel data to investigate if greater uptake of flexible working results (including working from home) in additional leisure time and whether women's and men's experiences differ (Lott, 2019). Although Germany is often thought to exemplify a productive country, it is also deeply conservative and stereotypical notions of the 'ideal worker' prevail. Mothers are perceived more favourably if they put their family before work, whereas men are typically expected to prioritise their job. Women unsurprisingly devote nearly three times more hours to childcare than men. Although public and subsidised childcare is available, it often fails to meet the needs of full-time working parents.

Interestingly, the findings of the study revealed unintended consequences of home working. Both mothers and fathers worked longer hours when at home, but mothers spent additional hours on childcare. Fathers who frequently worked at home, however, put in an average of 6 h of work overtime, compared to those who never work at home who only put in an additional 2 h. There was no beneficial effect of flexible working on leisure time, with mothers having on average 1.5 fewer hours per week compared to fathers. The

(continued)

Box 3.3 (continued)

report concludes that gender stereotypical work expectations continue to promote the double shift for women and that flexible work arrangements, such as working at home, are not an effective way of solving this problem and may even result in less leisure time.

A recent European comparison of working hours for full-time employees shows striking differences between countries, once again highlighting an interplay of cultural and policy influences (Eurostat, 2018). The average working week across the EU is just over 40 h, where men clock up on average nearly 2 h more than women (41.0 compared with 39.3). Denmark has the shortest working hours at just under 38 per week, followed by Italy (38.8), the Netherlands and France (both 39.0), and Finland and Ireland (both 39.1). At the other end of the spectrum, people in the UK work the longest hours (42.3), in second place is Cyprus (41.7), Austria is third, (41.4), Greece is fourth (41.2) and Poland and Portugal share fifth place (both 41.1). The reasons for such differences are complex as, for example, a high proportion of Austrians and Greeks are employed in tourism and hospitality where long and erratic working hours are commonplace, whereas France has a 35-week in many sectors and employees are protected by strong unions and labour laws.

In Europe, political ideologies, particularly between the ‘West’ and ‘East’, have been found to influence work-life balance policies and practices. In the former communist (and now post-socialist) countries, equal access to work for men and woman was guaranteed; now the challenge is not the need to address inequalities, but to increase employment for both sexes (Watson, 2000). The post-socialist countries have a history of state-regulated and extensive childcare provision which, combined with the availability of shared parental leave, is a further reason for international differences. The cost of childcare varies across countries, with the most expensive being New Zealand, Australia, the US and the UK (where a couple with two young children earning the average wage have to devote between 31.1 and 37.3% of their income), whereas in Finland and Canada it is 21.5 and 22.9% respectively (Global Risks Report, 2020).

At the organisational level, there are initiatives at board level to increase gender equality across the ranks, but the main focus is on senior positions. Again, the Scandinavian countries have been at the forefront in introducing such policies. For instance, as highlighted above, it is the norm rather than the exception for parental leave to be shared between parents and other structural mandates to further equality in the workplace, such as quotas for company boards, have long been in place. A recent international comparison of board-room quota legislation and policies (Terjesen, Aguilera, & Lorenz, 2015), however, found varying degrees of success for top-level quota initiatives which is contingent on three factors: (1) greater support for female labour participation; (2) left-wing government coalitions and (3) a prior history of gender equality initiatives. Their analysis also provides examples of organisational-level gender initiatives. For example, Deutsche Telekom (n.d.) has

committed to increasing the number of women in senior management, specialist and board positions and 40% are now women. To accomplish this, the organisation introduced initiatives such as female quotas on leadership programmes and on recruitment and promotion short-lists. Comparatively less focus was placed, however, on how these women might be supported to meet their caring responsibilities and protect their work-life balance after promotion. To be successful, such initiatives should be tailored to the national and cultural context. As highlighted by Bailyn in the early 1990s (1992), not every initiative or support mechanism is suitable for each organisation and each individual, so solutions should be co-produced to ensure they are fit for purpose and to maximise uptake.

This section has critically examined the popularly held notion that work-life conflict is more frequently experienced by women and found little evidence for this. This does not mean, however, that men and women have different experiences of managing the interface between work and personal life or that initiatives to improve balance are ‘gender blind’. The next section considers life-course perspectives on work-life balance and gender, focusing on the shifting priorities and needs of employees of men and women through the life span.

3.4 Life-Course Perspectives on Work-Life Balance and Gender

Work-life balance needs and priorities are likely to change over the lifespan. For example, when building a career, people may be prepared to sacrifice their personal life to ensure career progression. Work may become less of a priority, however, following major life transitions such as the birth or adoption of a child, or when facing retirement. It may well become more salient again when children leave home, or if people embark on a career change later in life. Nonetheless, it is crucial not to make assumptions as there are many sociodemographic and other individual difference factors that will influence people’s trajectories. As yet, however, little research has considered how work-life experiences and needs fluctuate through the life-course and via lifecycle changes. Biographical approaches have particularly strong potential to shed light on personal experiences of work-life balance across the life-course. Schilling (2015) used this method to analyse the work-life trajectories of older female employees in the public sector in Germany. Many women perceived that responsibility for work-life balance had shifted over time from the employer to the individual; while this implies that people now have the freedom and self-determination to construct an ideal balance to meets their needs, they found it challenging to determine what is ‘feasible’ from what is ‘aspirational’. Participants often appeared to re-construct or re-interpret their biography to create an image of a life that was “successful, well-planned and well-balanced” (p. 491).

Longitudinal data using a representative sample is also needed to demonstrate the effects of life transitions at a population level. Analysis of data from the US Study of

the Changing Workforce (Allen & Finkelstein, 2014) found that perceptions of work-family conflict vary over the lifespan, being highest when children are under five and lowest in mid-life when children have left home. Moreover, women typically reported more family interference with work than men when children were younger, but this was explained by a gender stereotypical division of domestic responsibilities. Men, on the other hand, perceived more work interference with family when the youngest child was a teenager. Such findings are likely to reflect a complex and highly gendered interplay between the need to spend time and energy caring for children when they are younger and to meet the financial obligations of raising older children. Real life interpretations are likely to be more complex still, and vary by parental socioeconomic status and child's gender not least as raising girls is significantly more costly (Moneysupermarket.com, n.d.)

Mid-life is also a significant transition in the life cycle that can influence work-life balance experiences and preferences. Women, in particular, are likely to experience several life events and major role transitions during midlife relating to health, physical appearance, sexuality, caring responsibilities and employment (Etaugh, 2018). As discussed above, however, people's experiences will vary as they are shaped by their life histories and socio-cultural norms. Emslie and Hunt (2009) conducted in-depth interviews with men and women in mid-life to compare their experiences of work-life balance. The findings showed that participants' perceptions remained highly gendered even though they were no longer caring for young children. Women still felt the need to juggle different roles, whereas for men this was a thing of the past when their children were younger and more dependent. These findings suggest that women may internalise, and continue to enact, stereotypical caring roles and it may impact on the well-being and quality of life of both parents.

The 'boomerang generation' (e.g. Berngruber, 2015; Stone, Berrington, & Falkingham, 2011), refers to the increasing number of young people returning to their family home as they cannot afford to live independently. Recent data from the UK indicate that there has been a 46% rise in the number of 20–34-year olds who are living with their parents (ONS, 2019a, 2019b). Research that examines the implications of this for parental well-being is sparse, but a recent study that drew upon longitudinal data from a cross-national EU survey found that parents with adult children who had returned to live at home experienced a decline in quality of life to a similar degree to having contracted an age-related disability, such as losing mobility (Tosi & Grundy, 2018). Parents with returning children who were unemployed experienced particularly negative effects. Gender differences were not examined in this analysis, but it is likely that women would feel obliged to resume the caring role and their expectations of independence at this life stage might be violated.

Surprisingly few studies have examined work-life balance among older workers, but there is evidence that it has a strong influence on health and productivity in later life and influences people's retirement decisions (Casey & Berger, 2015; Uriarte-Landa & Hébert, 2009). The ability to work reduced hours, or on fewer days, is linked with more positive attitudes towards retirement (Raymo & Sweeney, 2006). Phased retirement (where an employee who is approaching retirement age can continue with a reduced workload) can help facilitate this key life transition. Flexible

working, therefore, has some potential to help older workers remain in the labour market and have some choice over their retirement options. Research with older Australian women (Everingham, Warner-Smith, & Byles, 2007) also found that it can open up new working opportunities and lead to life transformations. A study conducted by Loretto and Vickerstaff (2015) provides some insight into the experiences of older people who make decisions to work flexibly and the role played by gender and age. Analysis of interviews with 96 people aged 50–64 highlighted strong gender differences in attitudes towards flexible working and the type of work done. For men, the decision to work flexibly was mainly driven by a desire for control and autonomy, often by becoming self-employed. Women, however, frequently saw flexible working as a way of ‘fitting in’ paid work around enduring caring responsibilities and domestic roles, or ‘helping out’ in an ad hoc manner. After retirement, however, there is some evidence that responsibility for domestic tasks may become more equitable. An analysis of UK panel data suggests that the traditional gender divisions are far less pronounced in couples who have both retired than those who continued to do any paid work (Cebulla, Butt, & Lyon, 2007).

This section has considered how work-life balance needs and priorities shift through the life-course and the key role of gender. Finally, we examine the future challenges for investigating work-life balance and gender and highlight some priorities for research.

3.5 Future Challenges for Investigating Work-Life Balance and Gender

Changes in demographics and the nature of work means that research is urgently needed to explore the challenges and opportunities for work-life balance and well-being. Some of the key issues have been discussed in this chapter. The number of working people with eldercare responsibilities will grow substantially over the next 20 years. This has major implications for their health, work performance and retention and consequently threatens the well-being and economic stability of workers and organisations. Insight into the work-life experiences of the growing numbers of ‘sandwich’ or dual carers is particularly needed. There are currently around 1.3 million people in the UK with multi-generational caring responsibilities (due to a combination of women tending to have children later in life, the Boomerang Generation and longer life expectancy (ONS, 2019a, 2019b)). Clearly, dual carers are likely to require more targeted support from understanding employers, but it is important to recognise that caregivers experiences and needs will differ. Working flexibly may be particularly important for people who are trying to balance paid work with unpaid caring roles while experiencing failing physical health and stamina. Caring for family members with dementia is likely to be particularly challenging, especially when combined with paid work. There is evidence that this can engender role strain and depressive symptoms, particularly where work is low in

flexibility (Wang, Shyu, Chen, & Yang, 2011). Data from a Japanese study, although somewhat limited by the rudimentary measures used (Sakka et al., 2019), show that both the care burden and the resulting psychological impact of caring for elders with dementia has a significant impact on work-family conflict. The importance of acknowledging cultural context is emphasised, however, as women in Japanese society are typically responsible for home caring.

There is evidence that women who work in the healthcare professions are particularly likely to take on informal caregiving for a family member (Boumans & Dorant, 2014). These ‘double-duty’ caregivers are at particular risk of overload and work-life conflict, so further research is warranted to examine their experiences. Another challenge that has received insufficient attention is caring for disabled children. Baker and Drapela (2010) demonstrate how mothers’ careers and employment options are disproportionately affected by caring for children on the autistic spectrum. Other aspects of caring roles also require further attention. Most research on work-life balance tends to be conducted in narrow occupational groups (mainly white-collar work and the professions), whereas women from low-income countries are often forced to leave their own children in the care of other migrant workers and seek care-related jobs abroad: a phenomenon known as ‘global care chains’ (ILO, 2015). Insight into these women’s experiences is clearly required.

Research has also paid scant attention to the major changes that are occurring to home and family structures, such as the increase in single-sex couples, lone parenting (referred to earlier in the chapter), ‘patchwork’ families and reproduction through assistive technology (for an overview from a developmental perspective see Golombok & Tasker, 2015). Over 40,000 people in the UK use Medically Assisted Reproduction each year, but there is a dearth of research that examines the work-life balance of individuals who have extended, or are wishing to extend, their families through reproductive assistance, or through adoption and fostering. For example, individuals undergoing fertility treatment will need time off work to attend appointments for scans, blood tests, egg collection and embryo implantation, but there is no statutory entitlement to absence or flexible working and organisational support is generally poor. A UK study of over 500 individuals undergoing such treatment highlights the need for targeted support, but only a quarter of the sample had received this (Payne, Seenan, & van den Akker, 2019). Many respondents had chosen not to disclose that they were undergoing treatment for several reasons, the most common being a wish for privacy. The emotional impact of undergoing fertility treatment was also highlighted, and this can have a stronger impact on employees’ work-life balance than the time demands of treatment (Payne et al., 2019). Another issue for further examination is that, although it is often believed that caring for young children brings the biggest challenges, the reality is far more complex; teenagers exploring their independence and encountering difficulties at school are likely to have a major impact on parents and they will typically have less recourse to out-of-hours care facilities than they had for younger children.

3.6 Gender and Work-Life Balance: How Do we Move Forward?

Are organisational work-life balance initiatives gender neutral, or can they be in the future? Women are still less likely than men to progress into senior roles without affirmative support and, as we have seen in this chapter, are also disproportionately affected by caring duties often for a major part of their working lives. Organisational policies may be introduced, and practices designed to be equally applicable to male and female workers, but a complex interplay of organisational, socio-cultural and individual difference factors means that their uptake remains highly gendered. Clearly, organisations have a duty of care to ensure that all employees are supported to achieve a healthy balance between their work demands and their personal life regardless of their gender, life-stage and caring responsibilities. Nonetheless, outdated notions of gender roles, such as the perceived ‘appropriateness’ of men working flexibly, mean that even where national policies are in place and organisational initiatives are available, the uptake is not equitable. This means that women and men are frequently unable to fulfil their personal responsibilities or do so at the cost of their own well-being or by compromising their job prospects. It is possible that existing work-life balance initiatives will become more accepted as organisational and societal attitudes towards gender continue to evolve and equitable approaches become more firmly embedded in working life. Failure to ensure that work-life balance initiatives are equitable and fit-for-purpose, however, will mean that the health and job performance of workers will suffer and other organisational challenges such as turnover will increase.

When planning gender-neutral interventions, it is crucial for organisations to ensure that they are evidence-based and fit for purpose; simplistic, one-size-fits-all strategies are not likely to be effective and will be probably met with cynicism by employees. It is also important for researchers and practitioners to be aware of the current and future challenges that may threaten the work-life balance of staff that we have outlined in this chapter, and help organisations ensure that their policies and practices reflect the shifting realities of working life. Demographic changes mean that people will need to work for increasingly longer, often when they are experiencing failing health and energy levels. Family structures have also become more fluid and less influenced by ‘dual carer’ stereotypes than hitherto. Crucially, we advocate that solutions are developed via a more consultative, context-sensitive and co-creative approach to ensure that diverse needs are met. Ultimately, the starting point must be the need for ‘good work’ and ‘good lives’ to foster a holistic perspective. Our review has shown that initiatives such as flexible working can clearly benefit some but can also have unintended consequences to the detriment of others. It is a priority for research to capture such nuances through action research and an inter-disciplinary perspective.

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Chapter 4

Gender, Work and Health Inequalities

Viviana Rodríguez and Luis D. Torres

4.1 Introduction

The study of female labour participation has largely recognised that many gender inequalities happen in work-related settings (Acker, 1990, 2006; Calás & Smircich, 2006; Gottfried, 2006; Martin, 2003). Women have been historically more limited in their choices for employment, they are more likely to work under vulnerable conditions, and are over-represented in mid-skill occupations (International Labour Organization (ILO), 2012). When women have access to paid employment, they tend to work in more unstable and precarious conditions than men. Underemployment (working less than 35 h a week) affects women the most, leading to persistent poverty (Caceres & Caceres, 2015).

Despite the dramatic increase of women in the labour market, there has been no significant change in the distribution of domestic work. The sexual division of labour dictates that even when women enter employment, they will typically have the main domestic responsibilities. Time-use data suggests that while the number of hours that women and men spend on unpaid domestic work and paid work can vary widely across countries, women's total work time is greater than that of men, and women spend a larger share of their time on unpaid work than men in all cases (United Nations (UN), 2012).

What are the implications of these trends for women's health? We acknowledge the fact that both men and women are subject to the health effects of gender roles and expectations. For example, women face fewer physical risks at work than men, but

V. Rodríguez
School of Psychology, University of Valparaíso, Valparaíso, Chile

L. D. Torres (✉)
Nottingham University Business School, University of Nottingham, Nottingham, UK
e-mail: luis.torres@nottingham.ac.uk

more negative risks from the psychosocial work environment (Buvinic, Giuffrida, & Glassman, 2002). Some other risks may affect them equally. For instance, perceptions of multiple forms of mistreatment are associated with worse mental health for both, men and women (Harnois & Bastos, 2018). We focus on women's health as gender inequalities tend to affect them the most in all dimensions and in all regions (World Economic Forum (WEF), 2019).

Women tend to consider themselves less healthy despite the fact that their mortality average rate is lower than those given for men (Montoya, 2002). Female employees tend to show a higher prevalence of poor self-perceived health, limiting longstanding illness, multiple chronic conditions and poor mental health (Artazcoz, Borrell, & Benach, 2001). Women's perceptions of workplace gender discrimination are negatively associated with poor mental health, and perceptions of sexual harassment are associated with poor physical health (Harnois & Bastos, 2018).

Health inequalities based on gender reflect an unfair distribution of health risks and resources. When an inequality is unfair, allowing it to exist would be inappropriate (Arcaya, Arcaya, & Subramanian, 2015). The disadvantageous position in which women find themselves is not a function of their inability to gain equal remuneration or to develop their own abilities. Instead, it is a direct result of gender roles and social structures. This implies that men and women's chances of realising their own goals will be different as a direct result of preferences, desires, aspirations, and attitudes not only of their own, but also of others (Browne & Stears, 2005).

The aim of this chapter is to explore how gender, elements of the psychosocial work environment and their interaction can lead to inequalities in occupational health outcomes. We first look at whether a set of occupational health outcomes differs for male and female workers. Then, we explore how the interaction between gender and working conditions play a role in the explanation of the identified differences. We identify organisational justice, work-family conflict, and family responsibilities as key determinants in gender inequalities in health.

We aid the discussion with the relevant literature and specific evidence from Chile. Chile stands out in the Latin American region as a country that is highly participating in the global economy, experiencing rapid economic growth in the last three decades. Chile was the second country (after Mexico) to join the Organisation for Economic Cooperation and Development (OECD) in 2010. Despite this apparently favourable state of affairs reinforced by the promising and sustained indexes of economic growth, many pressing issues remain unresolved. Chile is one of the most unequal countries in the world according to the World Bank Gini Index for income inequality. This has been made explicit in the explosive social unrest the country experienced during the last quarter of 2019.

We use the initial wave of data from the first longitudinal study being carried out in Chile exploring the impact of working conditions on employee health and well-being.¹ The sample consist of 1463 workers (589 women and 874 men), from

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diverse sectors including public administration, retail, health services, and transportation. We use self-reported health status variables from the SUSESO/ISTAS21 Questionnaire (Alvarado et al., 2012), as well as scales measuring organisational justice (Colquitt, 2001), work-family/family-work conflict (Gutek, Searle, & Klepa, 1991; Netemeyer, Boles, & McMurrian, 1996), and sleep problems (Jenkins, Stanton, Niemcryk, & Rose, 1988) to identify any relevant underlying mechanism. We use simple comparative, correlational and regression statistics to draw conclusions from our data (see Regidor, 2004a, 2004b for a glossary on measures of health inequalities).

4.2 Equality, Equity and Health

There has been a considerable debate about the meaning and measurement of health inequalities, and perhaps more importantly their determinants (for a review see Arcaya et al., 2015). The discussions about equality “begin from the premise that there is some currency that should be distributed equally and then proceed to investigate what that currency might be” (Scheffler, 2003, p. 31). Therefore, a concern about health inequality is a concern for the distribution of health outcomes across individuals (Kawachi, Subramanian, & Almeida-Filho, 2002). If health outcomes are randomly distributed among all groups of population, then it may be possible to imply that there is no presence of health inequality in that population.

One way to think about health inequalities is to consider social group health differences. Social group health differences are considered to be the differences across subgroups of the population (Murray, Gakidou, & Frenk, 1999). These subgroups may be based on biological, social, economic or geographical characteristics. Frequently, these differences are based on comparisons between the mainstream population and historically discriminated groups regarding their ethnicity, gender, sexual orientation, migrant status, or disability, among others (Marmot, 2005, 2018).

Any quantifiable aspect of health that differs across individuals or social groups can be called an inequality (Bleich, Jarlenski, Bell, & LaVeist, 2012). This is a descriptive observation of differences in quantities which lacks any moral judgment regarding the fairness or unfairness of the observed quantities. Health inequality is therefore a descriptive concept.

When is a health inequality unjust? The concept of health inequity should help us determine which inequalities are unjust and which are tolerable by the application of some ethical theory (Leon, Walt, & Gilson, 2001). Health equity is therefore an ethical concept. This ethical component represents a challenge for operationalisation and measurement as the ethical interpretation of when an inequality is unfair can vary in different setting and for different people. Rawls (1971) proposes that inequalities are fair when they are attached to positions open to everyone under equal opportunities, and when they are of the greatest benefit to the least advantaged. Although any summary of Rawls’s theory would be incomplete here, it is possible to

understand his theory of justice in terms of its focus on the process and distribution of valuable resources or goods.

Sen (2009), on the other hand, proposes a theory of justice where the focus is on enhancing people's freedoms to live the lives they value, instead of resources and institutional processes. In this respect, Sen's theory of justice accounts better for human diversity (Ruger, 2004). What really matters in pursuing justice is not that social arrangements are insufficient, "but that there are clearly remediable injustices around us which we want to eliminate" (Sen, 2009, p. vii). Therefore, it would be much easier to agree over what is manifestly unjust than it is to agree on a perfectly just arrangement or a perfectly just distribution of goods.

In a widely cited paper, Whitehead (1992) proposes that in analysing the possible injustice of an inequality in health, it is necessary to establish that the inequality is avoidable, unnecessary and unfair. Braveman and Gruskin (2003) further extend this definition by including social advantage. They defined health equity as the absence of systematic disparities in health and/or its social determinants between more and less advantaged social groups. Social advantage refers to the attributes defining how people are grouped into social hierarchies such as wealth, power, and prestige.

A common aspect among these propositions is the idea that people's circumstances need to be taken into consideration. The key imperative of equity is therefore to equalise the distribution of the chance people have to achieve a favourable outcome given their particular circumstances. If individual circumstances are taken into account, differential outcomes are ethically acceptable when they are the consequence of individual choice and action, but not ethically acceptable when they are the consequence of circumstances beyond the individual's control (Anderson, Leo, & Muelhaupt, 2014).

Differences based on individual choice and action are acceptable as long as they do not represent some kind of unfairness. For example, we could agree that smoking is an individual decision as long as people are aware of the consequences. However, health-damaging behaviour such as smoking or even unhealthy diets is usually overrepresented among lower socioeconomic groups (Adler, Glymour, & Fielding, 2016; Elstad, 1998). If this is the case, it is unlikely that health-related behaviours are chosen as a matter of individual freedom, but heavily influenced by social and economic status.

4.3 Gender as a Determinant of Health Inequalities

Health inequalities become unfair when poor health is the consequence of an unjust distribution of its social determinants, or the circumstances (Daniels, Kennedy, & Kawachi, 1999; Gwatkin, 2000; Woodward & Kawachi, 2000). Social determinants are functions of the social, economic and environmental conditions in which people are born, grow, live and work that impact their health during the life-course (Saunders, Barr, McHale, & Hamelmann, 2017). These are shaped by the distribution of power and resources at all levels in society and determine health outcomes.

A social determinant of health is therefore a socially controllable factor that can help to explain an individual's health status. Social determinants are closely linked to and mediate exposure to environmental risk factors such as employment and working conditions, water and sanitation or healthy lifestyles (Commission on Social Determinants of Health, 2008).

Gender is largely considered a social determinant as it is a key mechanism that explain why people are exposed differently to health risks (Phillips, 2005; Sen, Östlin, & George, 2007). To understand this, it is important to differentiate between sex and gender. Sex is determined by what biologically means to be a man or a woman. For example, being able to give birth is a biological feature. On the other hand, gender refers to the roles and expectations attributed to men and women in a given society (Torres, Jain, & Leka, 2019). For instance, expectations about parenting, or the status associated with being a mother are more closely linked to gender roles and social expectations, than to a biological condition.

Some health conditions are determined primarily by biological sex differences. Others are the result of how societies socialize women and men into gender roles and expectations. Many other health conditions reflect a combination of sex differences and gender expectations. The World Health Organization (WHO, 2010) recognizes that gender is an important determinant of health in two dimensions: (a) gender inequality leads to differential health risks exposure; and (b) gender norms and roles can explain how the social construction of identity and unbalanced power relations between men and women affect the risks, health-seeking behaviour and health outcomes of men and women.

Gender implies that men and women's chances of realising their own goals will be different as a direct result of preferences, desires, aspirations, and attitudes not only of their own, but also of others (Browne & Stears, 2005). The impact of gender as a determinant of health is likely to affect power relations, poverty, and even marginalization (Phillips, 2005). This is particularly true for women. The disadvantageous position in which women find themselves is not a function of their inability to gain equal remuneration or to develop their own abilities. Instead, it is a direct result of pervasive gender inequalities.

Both men and women are subject to the health effects of gender. For example, women tend to show a higher prevalence of poor self-perceived health status, longstanding illness, multiple chronic conditions and poor mental health (Artazcoz et al., 2001). Adult women tend to consider themselves less healthy despite the fact that their mortality average rate is lower than those given for men (Montoya, 2002). Because of the labour segregation and stratification, women and men are also likely to be exposed to different risks. Women frequently face fewer physical risks at work than men, but more negative risks from the psychosocial work environment (Buvinic et al., 2002).

In Chile, more women suffer from mental health problems, while more men suffer from musculoskeletal diseases (Superintendence of Social Security (SUSESO), 2019). Mental health and stress related illnesses seems to be affecting women the most and becoming a public health burden across the country. Data from the Superintendence of Social Security (SUSESO, 2018) indicates that only in

Table 4.1 Gender differences in health outcomes

Outcomes	Women n = 589		Men n = 874		U-test ^a	t-test ^b	d ^c
	M	SD	M	SD			
Sick leaves (number)	0.93	1.57	0.42	1.30	205651 ^d	–	–0.36
Sick leaves (days)	9.00	25.95	4.08	14.89	207033 ^d	–	–0.24
Mental health and vitality	2.33	0.78	2.50	0.79	–	3.78 ^d	0.20
Somatic stress	1.05	0.89	0.84	0.79	225054 ^d	–	–0.24
Cognitive stress	1.41	0.86	1.30	0.87	–	–2.43 ^d	–0.13
General stress	1.23	0.76	1.07	0.73	227288 ^d	–	–0.21
Sleep problems	2.13	1.22	1.96	1.22	–	–2.54 ^d	–0.14

^a U-test or Mann-Whitney U is reported in those cases where the assumption of equal variance is not achieved

^b Student's t-test for mean comparison

^c Cohen's d for effect size

^d $p < 0.001$

2017 at least 33% of diagnosed occupational diseases were associated with mental illness. In a period of 3 years (2015/18) mental health consultations rose from 12 to 36% out of all consultations for occupational illnesses. Stress-related conditions rank first and accounted for 44% of all cases.

In our sample, men and women differences in occupational health outcomes are displayed in Table 4.1. Overall, women reported poorer self-perceived health status than men. Women took a significantly higher average number of sick leaves and were on sick leave more days in the last 12 months (not including maternity leave or leave for serious illness of a child under 1 year old). Women had significantly lower levels of mental health and vitality, higher levels of sleep problems, as well as higher levels of somatic, cognitive and general stress.

4.4 Work Environment as a Determinant of Health

Work plays an important role in the health and well-being of women and men. All over the world most adults spend much of their waking hours at work, and while work provides a number of benefits, workers are exposed to a range of working conditions. Benach et al. (2010) classify potential occupational exposures, hazards, and risk factors into five categories: physical, chemical, biological, ergonomic, and psychosocial. While each risk factor may lead to different health outcomes, the production of health inequalities is shaped by relatively general social mechanisms such as class, gender, and ethnicity/race.

Psychosocial hazards are aspects of work organisation, design and management that have the potential to cause harm to individual health and safety (Leka, Van Wassenhove, & Jain, 2015). Psychosocial hazards include, among others, unrealistic work demands and unfavourable work schedules (shift work, inflexible work schedules, unpredictable hours, long or unsociable hours), low participation in decision

making, poor physical work environment, poor relationships with superiors, lack of social support, bullying, sexual harassment, career stagnation, poor pay, job insecurity and work-life imbalance (ILO, 2016).

Several studies over the past decades have shown the impact of psychosocial hazards, including work-life balance and perceived organisational justice, on individual health and well-being (Ambrose & Schminke, 2009; Bambra et al., 2009; Elovainio et al., 2013; Ganzel, Morris, & Wethington, 2010). When a psychosocial hazard activates the physiological system, the body adjusts its parameters to adapt to the environment, a process called allostasis (McEwen, 1998). Damage is done to the body if this activation is continued, such as in conditions of repeated or chronic stress. Continuous or repeated stress factors can have long-term negative consequences, since they can accumulate, which affects the immune system, the cardiovascular system and the metabolic system (Ganster & Rosen, 2013; Juster et al., 2011).

Work-related stress is associated with heart disease, depression, and musculoskeletal disorders, and there is consistent evidence that high job demands, low control, and effort-reward imbalance are risk factors for mental and physical health (Johnson, 1996; Kivimäki et al., 2006; Melchior et al., 2007; Rosengren et al., 2004; Stansfeld & Candy, 2006; Tennant, 2001). Addressing psychosocial risks in the workplace can reduce stress-induced physical and mental illnesses such as heart disease, anxiety, depression and musculoskeletal disorders.

The unequal distribution of these occupational hazards is a key contributor to gender inequalities in health. Although perceptions of multiple forms of mistreatment are associated with worse mental health for both men and women, women tend to face higher risks from double burden, lower-paid jobs, violence from clients, and sexual harassment from fellow workers (Benach, Muntaner, & Santana, 2007; Harnois & Bastos, 2018). In the next two sections we explore how the interaction between gender and working conditions play a role in the explanation of the gender differences we observed in the health outcomes in our sample. We identify organisational justice, work-family conflict, and family responsibilities as key determinants.

4.4.1 Fair Work Is Good for Health

The existing organisational justice literature has primarily focused on three justice dimensions: procedural (the how), distributive (the outcomes), and interactional along with its interpersonal and informational sub-dimensions (the relationships) (Colquitt, 2001; Colquitt, Conlon, Wesson, Porter, & Ng, 2001). A recent trend suggests that individuals form global judgments of how they are treated (Cropanzano & Molina, 2015). As a result, a shift toward examining overall justice has also emerged. Under this perspective, when individuals form impressions of justice or injustice, they may be making a holistic judgment and, therefore, reacting to their general experience of justice or injustice (Greenberg, 2001; Shapiro, 2001).

Although individuals can distinguish between the sources of their justice experience when asked, what drives behaviour is an overall sense of fairness (Lind, 2001).

Exposure to perceived unfair working conditions can have a negative impact on workers' interpersonal relationships, stress levels, job satisfaction and, in particular, family life (Eib, von Thiele Schwarz, & Blom, 2015; Frone, Russell, & Cooper, 1992; Gutek et al., 1991; Parker & Allen, 2001). Judge and Colquitt (2004) show that workers who perceive their organisation as fair have less work-family conflict and, subsequently, report lower work-related stress levels. This is similar to what we found in our sample. The better the perception of overall organisational justice, the lower the level of work-family conflict and, as a result, the lower the work-related stress.

Now, the interaction between gender and justice is controversial. In a meta-analysis of 190 studies Cohen-Charash and Spector (2001) found that gender was not strongly related to justice perceptions. Despite this, studies tend to show gender differences regarding justice experiences. Brammer, Millington, and Rayton (2007) found that, compared to men, female workers have stronger preferences for discretionary behaviour and fair working practices while men have more interest in internal training initiatives. Similarly, Lee and Farh (1999) found that women focus more on distributive issues rather than procedural justice issues when they evaluate social arrangements. Procedural justice has been reported to be more important for male workers (Lee, Pillutla, & Law, 2000). Furthermore, men's ratings have been reported to be significantly higher than women's on distributive justice and women's ratings to be significantly higher than men's on interactional justice (Tata & Bowes-Sperry, 1996).

This is similar to what we observed in our sample. For both, men and women, organisational justice and its dimensions were correlated with our identified health outcomes (those shown in Table 4.1). Of course, one cannot infer causation from correlation, but there are reasonable assumptions about pathways perceptions of justice and health outcomes. What is more, significant differences can be observed between women and men in term of their experiences of organisational justice. Compared to men, women perceive less fairness (overall fairness experience), and in particular unfair distribution of rewards (distributive justice), and little control over how things are implemented in their organisations (procedural justice).

When women and men were compared within the subsamples corresponding to public (381 women and 388 men) and private (208 women and 488 men) organisations, additional differences can be observed. In public organisations, women report lower perceptions of procedural justice, higher levels of somatic stress and general stress, and lower mental health and vitality. In private companies, women as opposed to men reported lower levels of procedural and distributive justice as well as poorer mental health and vitality.

4.4.2 *Who Cares Matters*

Many governments have promulgated laws, regulations and policies to help employees to balance their paid and unpaid work responsibilities (Pascall & Lewis, 2004). For instance, in 1997 the Netherlands issued a white paper promoting gender equality by encouraging couples to share housework and changed tax policy and working time policy to balance paid and unpaid work in the proportion of men and women.

Latin American countries are still lagging behind at recognising paid and unpaid work. Lupica (2015) suggests that policy initiatives so far implemented have at least two weaknesses. On the one hand, patriarchal materialism is still at the core of Latin America's social policies. Current initiatives have seen women as a vulnerable group and, as such, their focus has been to reduce poverty rather than improve women's economic autonomy. Forstner (2013) adds that state interventions have been based on a male household head and breadwinner and female housewife model. On the other hand, policies are designed as if they do not reflect and reproduce social norms, biases and values. Under a gender-neutral perspective, labour institutions and social policies have not addressed the fundamental barriers for women's participation in the market.

Countries across the region still lack a clear agenda for integrating into their social protection policies care services that ensure a more equal distribution of the care burden and female labour participation (Economic Commission for Latin America and the Caribbean (ECLAC), 2012). Franceschet (2011) indicates that the biggest obstacle to women's rights in the region today is the ineffective implementation of existing laws and policies because of weak state capacity, insufficient resources and a lack of political will. Martínez-Franzoni and Voorend (2012) propose that transforming gender relations requires stronger mechanisms allowing childcare facilities and encouraging male participation in domestic labour.

Recently, Chile has also moved forward an agenda regarding the balance between family and work. In 2016, Law 20,940 was enacted, which modernised the labour relations system and contemplates the possibility of relaxing the legal minimums regarding work and working hours. However, this applies mainly to collective bargaining and significant unionization. Some companies are beginning to implement flexible working hours, maternity and paternity benefits, special permissions for personal purposes, economic support for personal development of family members, among others (Fundación Chile Unido, 2019).

In general, research regarding the existence of gender differences in family and work conflict has not been conclusive. While there is evidence supporting the existence of greater conflict in women versus men (Keene & Reynolds, 2005; Radó, Nagy, & Király, 2015), there is also literature supporting non gender-related differences (Bianchi, 2011; Higgins, Duxbury, & Julien, 2014; Shockley, Shen, DeNunzio, Arvan, & Knudsen, 2017). Our findings support the second stream of research. In our sample no significant differences were observed between women and men in relation to work-family/family-work conflict.

In cultures where gender egalitarianism is high, the roles of men and women tend to be similar, both in work and family domains (Casper, Harris, Taylor-Bianco, & Wayne, 2011; Powell, Francesco, & Ling, 2009; Shockley et al., 2017). However, Chile is not a country with these characteristics, as traditional gender roles are very much alive (United Nations Development programme (UNDP), 2018). Chilean women, whether they have a job or not, continue to spend more hours of the day performing unpaid work than men. Employed women spend 5.85 h a day in unpaid work, compared to men in the same conditions, who spend 2.85 h a day doing unpaid work (National Institute for Statistics (INE), 2015).

Therefore, our findings could be related to the fact that men and women have “made peace” with their more traditional gender roles or are less aware of them (Gutek et al., 1991). We explore further this idea by adding family responsibilities as a variable. The role of family responsibilities has been explored in previous research. For example, Sjörs, Ljung, and Jonsdottir (2014) indicate that women, having the double burden of fulfilling work tasks and doing household chores, are more likely to suffer stress related to unpaid work. Likewise, the number of women who fulfill the role of main provider has increased (OECD, 2011). For those women, the workload is greater, increasing the possibility of developing mental health problems (García, Mariscal, García, & Ritzel, 2012; Krantz, Berntsson, & Lundberg, 2005).

Family responsibilities are here defined as being the main provider and the main responsible for domestic tasks. In our sample, 34.1% of women have family responsibilities, compared to 14.8% of men. Within this group, men presented higher levels of work to family and family to work conflict and lower job satisfaction levels, while women with family responsibilities showed higher levels of somatic stress. In other words, the greater the family responsibilities, the greater the work-related stress for women, while the lower the job satisfaction for men and difficulties to balance family and work.

4.5 Conclusions and the Way Forward

There is increasing pressure to tackle social determinants of health and health inequalities, through the implementation of appropriate interventions (Bambra et al., 2009). By looking at the fairness of the distribution of hazards and risks in the work environment from a gender perspective, companies and policymakers can address inequalities in occupational health more effectively. This chapter therefore explored how gender, elements of the psychosocial work environment and their interaction can lead to inequalities in occupational health outcomes. We looked at whether a set of occupational health outcomes differ for male and female workers. The results underline the role of gender as a social determinant of self-reported health outcomes. Women tend to consider themselves less healthy, be on sick leave more time, and suffer more from work-related stress.

The importance of the social determinants in explaining these health inequalities is well established. We explored how the interaction between gender and working

conditions play a role in the explanation of the identified health inequalities. For both, men and women, organisational justice was correlated with health outcomes. The better the perception of justice at work, the better the self-reported health indicators, and the less the number and duration of sick absences.

However, women tend to perceive their work environments as less fair than men, reducing also their health outcomes. This supports the relevance of human diversity when addressing gender inequalities in the work environment. Men and women have different conceptions of what a just working environment is, and current arrangements seem to be gender biased. Therefore, business leaders and policymakers alone will not be able to advance a precise idea of the good without this diversity (Deneulin, 2011; Sen, 2009). Our results show that those conditions also vary in public and private companies. Women and men reported different patterns in the behaviour of psychosocial risks and health outcomes.

The differential justice perceptions may be closely linked to the interaction between the work environment and gender differences in moral reasoning. Gilligan (1977, 1982) proposes that men and women speak in different moral voices. In assessing the ethical content of a decision, women tend to focus on the interpersonal aspects of the situation, as well as the acceptability of the overall decision, whereas men take more of an impersonal approach and abstract the moral content from the interpersonal situation (Stedham, Yamamura, & Beekun, 2007). In making justice evaluations, men tend to focus more on how fair the outcomes are, while women focus on the relational and procedural aspects of justice (Sweeney & McFarlin, 1997).

Our results also show that the better the perception of organisational justice, the lower the level of work-family conflict and, consequently, the lower the work-related stress for both, men and women. Now, when family responsibilities are considered (main provider and main responsible for domestic tasks), men tend to have more difficulties than women to balance work and family, leading to lower job satisfaction. Women, on the other hand, suffer more from work-related stress, but not from work-family conflict. These findings complement the growing understanding of gender and the work environment as social determinants of health, and underline that gender inequalities affect not only women, but also men.

In this respect, Torres et al. (2019) propose that companies need to assume a more transforming role towards addressing gender inequalities. A gender transforming company is a company that makes their benefits accessible to men and women beyond any bias based on traditional gender roles and expectations (such as parenting or caring responsibilities). This is key at addressing gender inequalities as long as those policies do not try to facilitate an activity which is purely based on a sex difference (e.g. giving birth, breastfeeding, etc.), or those initiatives aimed at compensating women for gender-based inequalities (e.g. affirmative/positive action, and representation quotes).

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Chapter 5

Pregnancy-Related Stigma in the Workplace and Psychological Health: Is There a Relationship?



Juliet Hassard, Ieva Gruzdyte, Lana Delic, Vanessa Dale-Hewitt, and Louise Thomson

5.1 Introduction

In 2018, 74% of mothers were vocationally active in England (ONS, 2019). Recent estimates suggest that 80–90% of women will be employed during their pregnancy (Johnson, 2007), whilst 38% of the total workforce experience the transition to motherhood during their working lives (Williams, Manvell, & Bornstein, 2006). Arguably, one of the most challenging aspects of many women's employment emerges at the intersection of work, pregnancy and, for many, the transition to parenthood. It is during this period when both women and their employers must consider the physiological and psychological aspects of pregnancy concerning the demands and challenges encountered in their jobs and working life (Pattison & Gross, 1996).

In the United Kingdom (subsequently referred to as the UK), under the Equality Act (HM Government, 2010) pregnancy and maternity are legally protected characteristics. Within this legal context, women are protected against discrimination during pregnancy and, subsequently, the statutory maternity leave to which they are entitled. Some examples of reported discriminatory workplace practices that directly contravene the Equality Act, include: treating women less favourably because they are breastfeeding, refusing to give a promotion or denying the right to return to their previously held job position or having some other job roles/duties taken away due to pregnancy or maternity leave (Adams et al., 2015). Despite such

J. Hassard (✉) · I. Gruzdyte · L. Delic · L. Thomson
Centre for Organisational Health and Development, University of Nottingham, Nottingham, UK
e-mail: Juliet.Hassard@nottingham.ac.uk

V. Dale-Hewitt
School of Psychology, Nottingham Trent University, Nottingham, UK

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legal safeguards, pregnancy- and maternity-related discrimination at work continues to exist in the UK (Adams et al., 2015; Adams, Winterbotham, & McAndrew, 2005); and, indeed, across many other international contexts (e.g. Fox & Quinn, 2015).

A report by the Equal Opportunities Commission, in 2005, found that almost half a million women in the UK reported experiencing some form of unfair treatment due to their pregnancy or maternity leave (Adams et al., 2005). More recently, estimates indicate that as many as 75% of mothers from the UK reported “... a negative or possibly discriminatory experience during pregnancy, maternity leave and/or on return from maternity leave” (Adams et al., 2015, p. 7). This same report observed many women describing concerns during pregnancy, maternity leave, or return from maternity leave regarding requests for flexible working, lack of support from employers, pressure to resign following disclosing their pregnancy, and increased likelihood to leave their workplaces due to health risks not being addressed (Adams et al., 2015).

Following the findings of this influential report, the British Government in (HM Government, 2016) acknowledged that the levels of reported pregnancy-related discrimination and, more generally, poor treatment of working mothers was indeed worrying; and highlighted the need for targeted actions to address these issues. This chapter aims to provide an overview of the existing literature examining the nature of pregnancy-related discrimination in the workplace, and how such work-related experiences relate to reported psychological well-being and, in turn, return to work intentions, decisions and behaviours. In particular, this chapter will theoretically examine the interpersonal challenges and experiences of working pregnant women from the perspective of stigma theory to situate this discourse within an occupational health perspective.

5.2 Pregnancy-Related Stigma: Theory and Nature

An influential early definition of stigma comes from sociologist Erving Goffman (1963). In his seminal book, Goffman defined stigma as a devalued attribute, and argued that the nature of the stigma determines the range of perceived appropriate behaviour for the stigmatized person. From a social constructivist perspective, becoming a mother has traditionally been considered the fundamental and defining characteristic of ‘femininity’. It is argued, therefore, that in so doing these women are celebrated and venerated by society (Glick & Fiske, 2001), arguably due to their alignment to socially derived gender identity norms and expectations (Carabine, 1992). Indeed pregnant women are epitomized as the traditional female role, which casts bearing children as a women’s essential function (Hebl, King, Glick, Singletary, & Kazama, 2007). Pregnancy is also closely linked with socially constructed understandings and sociohistorical ideologies of motherhood. Consequently, female gender stereotypes related to passivity and caretaking are often activated among those encountering a pregnant woman (Glick & Fiske, 2001; Hebl et al., 2007; Taylor & Langer, 1977). One of the earliest studies to examine

the pregnancy stigma was conducted by Taylor and Langer (1977). This early experimental study found that a pregnant woman (a research confederate) was avoided and stared at when encountered by strangers (especially among men); and was liked more when she acted passively, than when she acted assertively.

Absent from Goffman's early definition of stigma is the recognition of the importance and role of social context. Crocker, Major and Steele (1998) argue that the context is critical to understanding stigma. In general most definitions of stigma comprise two main characteristics, notably the recognition of difference and devaluation (Dovidio, Major, & Crocker, 2000); with a strong conceptual emphasis on the role played by social context and the social interactions experienced there within. Therefore, Crocker, Major and Steele (1998) conclude that stigma does not reside in the person; but, rather, within a given social/cultural context and set of social interactions (e.g. the workplace). What is stigmatizing in one social context may not, therefore, be in another (Crocker et al., 1998). In the case of pregnancy, although pregnancy may be celebrated within a family context, it may be stigmatized in the workplace (Fox & Quinn, 2015).

Williams (2000) argues that workplaces often operate under *an ideal worker framework*, which expects that employees are fully devoted to their careers and are unencumbered by outside obligations. Consequently, the traditional ideology of motherhood is arguably incongruent with the socially constructed notion of and defining characteristics of the 'ideal worker' (Ridgeway & Correll, 2004). Women, who often have or are expected to have family obligations, are thought to violate the expectations of the 'ideal worker'. Furthermore, pregnant women may be devalued in the workplace because pregnancy is associated with physical limitations and the potential for temporary or permanent disengagement from the workforce—two defining characteristics that typically contradict expectations of the 'ideal worker' (Fox & Quinn, 2015).

The stereotypes that are typically associated with pregnant women, include: being more emotional, irrational, less committed to their jobs (Cunningham & Macan, 2007; Halpert, Wilson, & Hickman, 1993), less competent than other employees (Butensky, 1984), more likely to leave the organisation (Cunningham & Macan, 2007; Major, 2004), more disengaged from work and less capable of performing work tasks (Fox, 2011). Research examining co-worker perceptions have observed that many feel pregnant women are less capable of putting in the necessary work hours, therefore creating more work for them (Gueutal & Taylor, 1991). Correll and colleagues (Correll, Benard, & Paik, 2007) found that in comparison to both men and women who were not parents, mothers were rated as less competent, committed, and punctual and received lower recommendations for hiring and salary.

Previous research has observed women who are parents are significantly less likely to be promoted compared to their non-parent equals (Fuegen, Biernat, Haines, & Deaux, 2004). A study by Heilman and Okimoto (2008) asked participants to rate a job candidate and make hiring recommendations, with the view to see if gender and parental status influenced their choices. Mothers were evaluated significantly worse in comparison to men and women who were not parents. They were, on average, rated as having lower competence and agency, and less likely to be recommended for

hire. Corse (1990) conducted a social experiment to examine the influence of perceptions of leadership, gender, and pregnancy. Participants took part in two ten-minute long videotaped interactive role-play sessions with a female manager (a research confederate) who was either visibly pregnant or not. Participants, both men and women, reported more negative impressions of and lower satisfaction with the pregnant manager, in comparison to the research confederate who was not pregnant. *Interview data from this study suggested that participants had expected the pregnant manager to be passive, nice, and giving, and were surprised by her authoritative behaviour.*

Probably one of the strongest held stereotypes about pregnant employees is that she will not return to work following the birth of her child (Halpert & Burg, 1997; Major, 2004). Although the percentage of women who do leave their jobs is small, the strength of this commonly held perception may be enough for co-workers, supervisors, and organisations to feel justified in stereotyping and discriminating against pregnant women. A recent survey (Adams et al., 2015) found that among many employers these commonly held stereotypes of pregnant employees continue to exist: not to return to work, less committed to their jobs, and a cost burden on the organisation. See the section below for a more detailed summary of the findings of this report.

5.3 Pregnancy, Workplace Experiences, and the Employers' Perspective

This section provides a brief summary-level overview of the available research examining the negative experiences of pregnant workers; and, in turn, the role and perspective of employers at the intersection of pregnancy and work. We begin by first exploring the perspective and reported experiences of expectant workers.

5.3.1 Expectant Workers: Perspectives, Concerns, and Experiences

The developing literature in this domain has observed that pregnant workers report experiencing various adverse reactions in the work context, such as negative stereotyping (Cuddy, Fiske, & Glick, 2004), social rejection (Hebl et al., 2007) and economic disadvantage (Williams & Cooper, 2004). In the UK the law regarding the hiring of pregnant women is regularly breached with research suggesting that many employers immediately terminate hiring contracts upon discovering the pregnancy status of a new employee (Equal Opportunities Commission, 2004). Pregnant women are less likely to be hired by employers even if they are more qualified than others competing for the role (Cunningham & Macan, 2007). In addition to a reduced chance of being promoted and hired, pregnant women are also paid less

than childless equivalents. This problem extends into motherhood. Cook (2014) termed this the “motherhood wage penalty”. Conversely, a “fatherhood wage premium” exists where men who are fathers earn more than men without children. Therefore, while pregnancy-related stigma continues into motherhood for women, the opposite has been found for fathers.

A survey of working British mothers (Adams et al., 2015) provides contemporary insight into the nature and scale of experiences of women at the intersection of work and pregnancy. In general, this survey found British mothers were more likely to report unfavourable treatment during pregnancy, as compared to maternity leave and return to work. The four most commonly reported forms of unfavourable treatment—as experienced and reported by pregnant workers—were being given unsuitable work or workloads (15%); encouraged to take time off or signed off on sick leave before they felt ready to start maternity leave (14%); encouraged by employers to start maternity leave early (11%); and discouraged from attending antenatal classes during work time (10%).

This survey observed a disparity of reported experiences by area of work, health status, and by age by surveyed women. In particular, higher levels of unfavourable treatment were reported by women if they: worked in caring, leisure or other service occupations; were 25 years or younger; or had a long-term physical or mental health condition (Adams et al., 2015). For example, among those surveyed with a long-term physical or mental health condition, almost a quarter reported being given unsuitable workload (24%; as opposed to 15% all pregnant women surveyed) and encouraged to take the time off work or signed off early (24%, as opposed to 14%). Furthermore, one in seven pregnant women with long-term health or mental health condition reported feeling unfairly criticized or disciplined (13% respectively).

Regardless of the legal protection surrounding redundancy for pregnant workers, in the UK, as many as 11% of mothers had been made compulsorily redundant as compared to working women without children (Adams et al., 2015). A recent UK government report estimates that up to 54,000 women a year face unfair pregnancy-related discrimination, leading them to feel as though they must leave their jobs due to pregnancy or maternity leave. To combat unfair redundancy based on pregnancy, the government has extended redundancy protection for a further 6 months as of 2019 (Department for Business & Tolhurst, 2019). Nevertheless, redundancy based on pregnancy stereotypes remains an issue with 11% of mothers being made compulsorily redundant (Adams et al., 2015).

5.3.2 The Employers’ Perspective

As detailed in the last section, many expectant workers are concerned about both experienced and anticipated forms of discrimination by co-workers and employers. As outlined earlier, research suggests that employers and co-workers have a propensity to stereotype their pregnant colleagues, and discount their abilities (Halpert et al., 1993; Ladge, Clair, & Greenberg, 2012) and performance (Corse, 1990;

Gueutal & Taylor, 1991; Halpert et al., 1993; Mäkelä, 2005) due to their pregnancy status.

A survey of British employers (Adams et al., 2015) found, in general, many were positive about managing most of the statutory rights related to pregnancy and maternity. For each statutory right more than half of the surveyed employers reported they felt it was easy to accommodate and to provide such requirements. Just under a third (32%) reported all statutory rights relating to pregnancy and maternity were reasonable, and a quarter thought they were easy to facilitate.

However, in several areas, employers reported difficulty in managing or providing such statutory requirements. For example:

- Over a quarter (28%) of employers felt providing enhanced protection from redundancy during Ordinary Maternity Leave¹ was unreasonable and over a tenth (13%) felt it was difficult to implement.
- One in four employers (25%) felt it was unreasonable that pregnant workers accumulate annual leave during maternity leave, and one in five felt this was difficult to facilitate.
- Over a quarter felt that the uncertainty regarding the return to work of those on maternity leave was difficult to manage.
- Over one in ten (13%) employers felt Additional Maternity Leave was unreasonable and 16% thought it was difficult to implement.
- Almost a fifth (18%) of employers felt it was difficult to arrange and manage maternity.

Furthermore, this survey observed that smaller employers or those in the private sector were more likely to report difficulties in facilitating these statutory rights and were more likely to feel some of these legal obligations as unreasonable.

Beyond employers' perspective on statutory rights of pregnancy and maternity, Adam et al.'s (2015) survey also looked at a wider range of employer attitudes. Almost one in five employers thought that pregnant women were not as committed to their work as other members of the team. However, employers with more recent experience of managing pregnant workers (specified as within the last 3 years) were more positive in their reported attitudes towards pregnant employees. Despite such positive views, one in five of these employers still felt managing pregnancy and maternity-related issues at work put an unreasonable economic burden on their company; and one in seven of these employers felt that women had abused their statutory rights during pregnancy. In contrast, employers without recent experience of managing pregnant employees were more likely to report feeling the cost burden was unreasonable. Employers' views, however, varied considerably by company size; with a quarter of small employers more likely to feel the cost to the business

¹In the UK all pregnant employees are entitled to 52 weeks of maternity leave, regardless of how long they have been employed. Ordinary Maternity Leave is the first 26 weeks of that leave, followed by Additional Maternity Leave that accounts for the remaining 26 weeks.

was unreasonable (22%), as compared to medium- and large-sized organisations (16 and 9%, respectively).

It is important to consider that during pregnancy women may experience temporarily reduced abilities at work and may need adaptations to be made for them to efficiently carry out their work tasks. Employers and managers are of central importance in providing access to such provisions and adaptations. For example, pregnant women may find it difficult to attend or manage their work due to morning sickness and may find managing their reduced physical abilities challenging when completing aspects of their job (Calloway, 1995). Research suggests that many organisations do not support reasonable temporary adjustments for pregnant women. For example, a survey of mothers found many were denied time off work for doctor’s appointments (Adams et al., 2015); and Davis, Neathey, Regan, and Willison (2005) found that pregnant women reported that employers were insensitive towards their morning sickness and need for an adapted workload during pregnancy. Perhaps bearing this in mind, it may not be a surprise that for many expectant employees they feel their relationship with their boss is negatively impacted during this period. A survey of women returning to work after maternity leave in the UK (n = 560; NCT, 2009) found almost a third of women felt their relationship with their boss had deteriorated since getting pregnant or returning to work from maternity leave; with 22% reporting they had felt this decline had occurred after announcing their pregnancy and 15% on their return to work.

Employers have an important role to play in supporting expectant workers through support and making required adaptations; but can also play a key and direct role in their experience of discriminatory behaviours. One study found that when asked about their experiences of being treated “unfairly” at work, pregnant women tended to focus on behaviour(s) from colleagues rather than employers. In situations where they were asked about their employers, this study found the blame was usually placed on individual managers rather than the whole organisation (Davis et al., 2005). Pregnant women perceive colleagues as being jealous and viewing them as getting “special treatment” from employers. In a more recent survey, one in five mothers had experiences of bullying and/or harassment regarding pregnancy and flexible working hours from their colleagues and employers (Adams et al., 2015). Unpleasant comments were associated with feelings of disrespect and stigmatization as well as isolation. These findings suggest that stigma from both employers and co-workers or colleagues have an impact on how pregnant women perceive discrimination and their subsequent responses to the stigmatization.

5.4 Emotional and Lived Experience at the Interface of Pregnancy and Work

Because pregnancy remains concealable for a substantial amount of time, expectant employees must navigate decisions regarding whom, when, and how to disclose their pregnant identities at work (Jones, 2017). There is a growing body of evidence

to suggest that many women fear disclosing their pregnancy (Davis et al., 2005; Jones, 2017; King & Botsford, 2009; Major, 2004). Davies and colleagues (2005) found pregnant women were concerned with potential negatively-held perceptions held by co-workers, managers and their employers regarding their dedication to their job and performance ability; and how or if such views will affect their work, professional identity, and working life (Davis et al., 2005). Consequently, for many women, they choose to conceal their pregnancy for as long as possible due to the anticipated discrimination from their colleagues and employers (Jones, 2017).

Interview studies provide further insights into the experience of pregnancy-related stigma through qualitative data Davis et al. (2005), found that six out of thirty-five women interviewed explicitly mentioned that had experienced discrimination during pregnancy and felt it had an effect on their health and/or the health of their baby. These women identified themselves as being stressed and also experiencing exhaustion, anger, and unhappiness as a result of such discrimination. A study by Borrill and Kidd (1994) found all interviewed women struggled on an emotional level to discuss their change in status (to expectant parent) with their immediate managers during maternity leave and on their return to work. Millward (2006) conducted a series of interviews with employed women exploring their transition from pregnant employees to working mothers. She found women reported feeling systematically excluded by the organization and by co-workers, with many describing this as ‘feeling invisible’.

Many felt worried about not having a viable future with the organization on their return from maternity leave. A common experience was feeling insecure regarding their professional position, with many questioning the strength of their professional identities going forward (into and beyond maternity leave) and their overall worth to the organization. Similar lived experiences were identified by Fox and Quinn (2015) through their collected qualitative data of expectant women.

You feel you have almost got to start again like you’ve lost all that personal credit you’ve built up against the old you . . . there is definitely a feeling you have to build it up again . . . I kind of resent this really, after being here for so long, that I have to start again . . . I get a strong feeling that I’m under extra scrutiny . . . gonna cock up at any minute, do you know what I mean . . . (nervous laugh) . . . ‘Sarah’ (Millward, 2006, pp. 323–324)

Although upper management was extremely supportive when I told them of my pregnancy, I feel they now view me as “weak”. They did not give me a promotion that I am sure I would have gotten had I not been pregnant. I feel they believe I will not want to put in the same hours I am working now once the baby arrives. I also feel they did not want to give me additional responsibilities at the time as they fear I may not return to work. Overall this pregnancy has forever changed the way I feel about my job and upper management—Study Participant (Fox & Quinn, 2015).

A common experience for women interviewed by Millward (2006) was feelings of guilt and pressure to work due to the perceived cost and burden of their pregnancy on their co-workers to the company.

. . . taking time off to have babies is letting the company down, creating more work for colleagues—‘Val’ (Millward, 2006, p. 325).

Within the framework of psychological contracts,² feelings of exclusion during pregnancy and efforts to prove performance and worth to the organisation during this period and upon their return to work could be understood and conceptualized as a psychological contract violation³ (Millward, 2006; Rousseau, 1989). Within the wider occupational health psychology literature, there is growing evidence of the association between breaches in psychological contracts and poorer physical and mental health indicators among employees (Leka & Jain, 2010; Reimann & Guzy, 2017). This association appears to be particularly strong for mental health indicators (Reimann & Guzy, 2017). Until recently, there has been very limited research that has looked at the postulated association between anticipated and experienced pregnancy-related discrimination and psychological well-being. In the following section, we aim to examine the available research in this area.

5.5 Understand the Impact of Pregnancy-Related Discrimination: Attitudes Towards Work, Well-being, and Return to Work Decisions

The global prevalence of antenatal and postnatal mental health disorders is notably high, with an estimated 7.4–19.5% of pregnant women (Bennett, Einarson, Taddio, Koren, & Einarson, 2004; Melville, Gavin, Guo, Fan, & Katon, 2010; Shakeel et al., 2015; WHO, 2017) and 8.5–27.4% of postpartum women (Deng, Xiong, Jiang, Luo, & Chen, 2014; Ertel, Rich-Edwards, & Koenen, 2011; Lanes, Kuk, & Tamim, 2011; WHO, 2017) reporting a mental health disorder, primarily depression. Psychological distress may affect not only maternal health and function, but is associated with their child’s well-being and development, including cognitive and emotional delays (Field, 2011; Junge et al., 2017; Muzik & Borovska, 2010). Deave and colleagues (Deave, Heron, Evans, & Emond, 2008) observed a significant association of prenatal depression with significant developmental delays in early childhood. The results from the 2011 Danish National Birth Cohort study indicated that higher maternal stress was related to an increased risk of various childhood diseases, including infection, mental disorder, and impaired respiratory conditions (Tegethoff, Greene, Olsen, Schaffner, & Meinschmidt, 2011). The risk factors identified in the literature as correlates with maternal mental health include a prior history of

²Psychological contracts are a set of ‘promises’ or ‘expectations’ that are exchanged between the parties in an employment relationship. These parties include employers, managers, individual employees and their work colleagues. Unlike formal contracts of employment, they are often tacit or implicit (Rousseau, 1989).

³Psychological contract violation is defined as an employee’s perception that his or her organisation has failed to fulfil one or more obligations associated with perceived mutual promises (Gakovic & Tetrick, 2003).

depression, lower level education, an unintended pregnancy, lower-income, and lack of social support (Lancaster et al., 2010; Wang & Chen, 2010).

While it remains an under-examined area of investigation, preliminary evidence indicates that psychological stress imparted by the working environment may also play an important role in the mental health of expectant women (Yeh et al., 2018). The existing studies in this field have focused, almost exclusively, on job strain and its relationship with adverse birth outcomes (Loomans et al., 2013; Mutambudzi, Meyer, Warren, & Reisine, 2011). There exists a paucity of research, however, investigating the association of expectant employees' psychosocial work environment (such as job demands, work organisation, the content of work and/or social relations and interactions at work) and their mental health: both pre and postnatally.

Yeh et al. (2018) conducted a survey of women in early pregnancy ($n = 172$; 12 weeks gestation) examining the association between reported working conditions, self-reported burnout at work, and prenatal depression symptoms (as measured using Edinburgh Postnatal Depression Scale). Among this sample of pregnant workers, over a tenth (13.4%) exhibited prenatal depressive symptomatology. Significant associations among the surveyed pregnant workers were observed between high-level burnout, poor job control, and a lack of support from co-workers or supervisors with the experience of prenatal depression symptoms.

Given the high prevalence of poor maternal health, it seems particularly important to further understand the role and impact of a wider set of work-related psychosocial factors (including, anticipated and/or experienced forms of discrimination at work). However, there exist very few studies that have looked, specifically, at the association between pregnancy-related discrimination at work and women's mental health; and, more broadly, their self-reported well-being and satisfaction at work. Of the available research, we examine separately the anticipated and experienced forms of pregnancy-related discrimination and indicators of mental health and psychological well-being. We first begin by examining anticipated forms of discrimination.

Pregnancy is concealable for a large amount of the early gestation period, allowing the individual time to reveal their pregnancy to their co-workers and managers when they feel ready. The duration of time it takes an individual to tell co-workers and managers of their pregnancy depends on several factors, one of which is anticipated stigma. Previous research suggests that the level of stigma that the individual anticipates experiencing is influenced by previous experiences of being stigmatized against while pregnant, as well as observing manager's and co-worker's reactions to other pregnant women in the workplace (King & Botsford, 2009).

Disclosure of pregnancy for expectant mothers within their given work context may trigger a wide variety of issues and considerations, as they have to start thinking about negotiating maternity leave with their employers (King & Botsford, 2009). The emotional and psychological experience of the process of disclosure (or anticipation of it) may be influenced by concerns regarding resentment and rejection from co-workers, biased treatment by supervisors, as well as the change of perception and attitude by employers/managers on women's professional identity and commitment to their work and career (King & Botsford, 2009; Millward, 2006).

While many women may be worried regarding the disclosure of their pregnancy, it may also offer them further resources and areas of support (such as legal protection and co-worker social support). For example, early disclosure or following disclosure provides benefits like facilitating requests for time off for doctor's appointments, access to resources like family planning classes or health benefits, and may also increase flexibility in working hours or schedules to adjust to morning sickness experienced when pregnant. It could also be advantageous in terms of accessing support from coworkers.

As a result, many pregnant women face the challenge of managing the emotional and psychological experience of knowing when to disclose their pregnancy; the reaction by co-workers, managers, and their employers; and the forthcoming changes and decisions regarding managing their job, work and period of maternity leave. The emotional experience of this may be heightened in the context of previous experiences of fetal or infant loss, or the early identification of medical complications with pregnancy. There is no research—we have identified—that has examined and considered the lived experience and, in turn, impact of such issues among expectant mothers during this disclosure process or in anticipation of managing their pregnancy at work.

Research suggests that anticipated stigma is a strong predictor of psychological distress in people with concealable stigmatized identities (Quinn & Chaudoir, 2009). For expectant employees, anticipated stigma may be continued to be experienced up and until their pregnancy is no longer concealed or disclosure of their pregnancy has occurred, whether by choice or not (King & Botsford, 2009). Fox and Quinn (2015) conducted a longitudinal study of first-time mothers who were vocationally active at the time of pregnancy ($n = 142$). Women were surveyed at three-time points: time 1, prior to 12 weeks gestation; time 2, during their third trimester; and time 3, 6 months after the birth of their child/children. This study examined the predictive association between self-reported stigma (anticipated and experienced) and work factors in relation to three outcome measures: psychological well-being (time 2 and 3), job satisfaction (time 2 and 3), and turnover intentions (time 3). Anticipated pregnancy-related stigma was found to significantly predict psychological well-being at time two; but not job satisfaction or turnover intentions. This study found both workplace support and work-family culture significantly predict self-reported anticipated stigma among surveyed expectant employees. More specifically, the more supportive a women's workplace was reported to be, and the more her workplace culture was perceived to be conducive to work-family balance, the less anticipated stigma she reported. An important finding from this study was that women with greater anticipated stigma early in their pregnancies (time 1) reported lower self-reported psychological well-being at both times two (third trimester) and three (6 months postnatally). This finding may suggest that expectant employees experience increased concerns surrounding negative treatment at work and may be an at-risk group for psychological distress: both pre and postnatally. Further in-depth research examining this potential at-risk group and the mechanism(s) underpinning this association is an important avenue for future research.

A further important finding of this study is the interactive role of anticipated stigma between experienced working conditions and women's psychological well-being. More specifically, self-reported anticipated stigma mediated the relationship between workplace support and workplace culture (reported early in pregnancy; time 1) and women's self-reported psychological well-being later in late pregnancy (time 2). Therefore, the more supportive a workplace, the lower their reported anticipated stigma, and, in turn, the more positively the psychological well-being of expectant working women. However, this study found no evidence of a direct association between anticipated stigma and turnover intentions.

A limited number of studies have directly looked at the *experience* of pregnancy-related discrimination or stigma and the psychological well-being of expectant women. Once again, we focus our attention on the key paper in this field: Fox and Quinn (2015). This longitudinal study found that experienced stigma mediated the relationship between a supportive workplace and work-family balance culture and psychological well-being; but also in relation to women's reported level of job satisfaction and, postnatally, their turnover intentions. More specifically, when women reported working in a supportive workplace and/or in workplaces that are more supportive of work-life balance, the less pregnancy-related stigma they reported experiencing. This, in turn, was associated with better psychological well-being, job satisfaction and decreased turnover intention (Fox & Quinn, 2015).

While there is a dearth of research in this field specifically looking at mental health and well-being, there is, however, some research examining return to work intentions and behaviors. Social support is a key factor influencing these behaviours. Studies by Glass and Riley (1998) and Houston and Marks (2003) showed new mothers were more likely to return to work if they felt supported by employers and colleagues. Coulson, Skouteris, and Dissanayake (2012) examined various factors that can potentially contribute to returning to work after childbirth in women who expressed the intention to return to work in the first 12 months of their child's life. They found the most significant factors affecting women's return to work after pregnancy were workplace support, postpartum depressive symptoms, and infant temperament. Research suggests that even anticipated managerial and co-worker support, as well as support from friends and family, influences the way pregnant women view their work and plan their return to work following maternity leave (Gilbert, Skouteris, Milgrom, Noblet, & Dissanayake, 2010). Adams et al. (2005) observed that over three-quarters of pregnant women who said that their employer was very supportive had returned to work in comparison to 63% who suggested they were not. Therefore this research highlights the importance of perceived and experienced workplace support, not only for work performance but also for employee retention.

Collectively this small, but important body of research, highlights the potential direct and indirect effect of pregnancy-related stigma to women's psychological well-being (both pre and postnatally). It also highlights the value of work cultures that are both socially supportive and conducive to work-family balance in supporting pregnant women's mental health and well-being at work. It is important to note, that while the observed findings of this key paper by Fox and Quinn (2015) are of central importance. This study has, however, some key limitations, which should be

considered. This study only examines the experience of first-time mothers. An important question remains: do such relationships continue to exist among women in their subsequent pregnancies? Indeed, Fox and Quinn (2015) suggest that for these women a cumulative effect of children on the likelihood of turnover intentions and, in turn, psychological well-being may exist. This is, we believe, an important area for future research. Furthermore, much of the—albeit limited—research in this field is based on data collected from higher socio-economic status women, typically employed in white-collar professions. Therefore, generalising such findings to a wider and more socio-economically diverse group of women should be done with extreme caution. The importance of understanding the nature of the associations between pregnancy-related discrimination, working conditions, expectant women’s mental health (pre and postnatally), and their reported satisfaction and engagement with work is an important area of future research. However in particular, a key research priority should be to understand these associations and lived experiences across a more diverse group of expectant working women.

5.6 The Importance of Formal and Informal Organisational Strategies in Supporting Pregnant Women

As highlighted above, the importance of supportive working conditions and a working culture that is conducive to work-life balance was observed across a number of key studies. In particular, these factors have a role in relation to decreasing expectant employees’ level of anticipated and experienced pregnancy-related discrimination; but also in terms of working women’s mental health both during and following pregnancy. While further research is clearly needed to more fully understand the nature and mechanisms underpinning this association, it also provides preliminary insights into ways in which to support expectant employees. In this final section, we look at the research examining the value and importance of formal and informal organizational strategies in supporting pregnant women.

Previous studies have shown that the mere presence of formal organizational policies (e.g., work-life balance policies; e.g., Lewis, 1997) is not enough to ensure supportive and family-friendly organizational cultures. Although formal policies do help to promote positive normative expectations and values aimed to create supportive organizational cultures (Lewis, 1997; Thompson, Beauvais, & Lyness, 1999), it is important to remember that informal work factors (such as organisational climate and culture) most of the time operate in tandem with formal organizational policies. Therefore, we argue that both formal policies and informal organizational practices have to be present in order to proactively create a supportive working atmosphere; which can, in turn, decrease the chances of pregnancy-related discrimination and can support positive mental health and well-being of pregnant workers.

A number of formal policies have already been identified to help pregnant and new mothers in balancing work and pregnancy/maternity demands. Examples include part-time work, flextime, telecommuting, compressed workweeks, onsite or emergency child care services, high-quality health insurance as well as paid or extended maternity leave. However, it is important that such organizational policies should be clear and consistent and purposively crafted and available in the organization; rather than created idiosyncratically for particular women by their supervisors. Although preliminary evidence suggests such policies have a positive effect in reducing work-family conflict (Thompson et al., 1999), there is, however, no evidence to suggest that this also applies to decreasing pregnancy-related discrimination and, in turn, the promotion of better maternal mental health. Therefore, just as important is informal organizational culture.

Allen (2001) suggested that perceptions that an organisation was family supportive influenced work outcomes (such as, job satisfaction, work-family conflict and work commitment) even more than the availability of formal work-family benefits and supervisor support. This finding co-aligns with the theoretical tenants of organizational support theory (Eisenberger, Stinglhamber, Vandenberghe, Sucharski, & Rhoades, 1986). According to this theory, individuals who sense that their organisations are supportive of them and their needs will reciprocate by caring about the organization's welfare and striving to help the organization reach its objectives. Thus, organizations that are perceived to be supportive will likely experience favorable outcomes for both the employees (such as increased job satisfaction) as well as for the organization itself, (such as increased commitment, increased performance, and reduced turnover; Rhoades & Eisenberger, 2002). Nevertheless, more studies are needed which would test the effectiveness of organizational policies directed at supporting working pregnant employees, and more broadly working mothers.

We argue that managers, organizational policies and organizational culture are all likely to influence expectant women's and mothers' perception of her working condition and professional identity, but can also play an important role in permitting or encouraging discriminatory behaviors at work. Therefore, managers should be coached and receive training on how to support expectant employees during this transition period, including at the point of disclosure, during their pregnancy (and the need for adaptations and resources), during their period of leave, and on their return and reintegration back to work. Demirdjian (2009) showed that most successful organizations (in regards to developing, advancing and retaining working mothers) are the ones who have an integrated support system; which covers various policies in regards to maternity leave and work structures, together with mentorship and managerial development. Therefore, these appear to be important and valued points of intervention to support both pregnant employees and, in turn, working mothers.

5.7 Conclusion

As examined in this chapter, many factors can influence women's psychological well-being and attitudes towards work during pregnancy; with, unfortunately, many experiencing negative work-related experiences and emotions during this time. There is, however, very limited research that has examined how such negative work-related experiences relate to and predict women's psychological health both pre and postnatally. Given the scale of poor maternal mental health globally, we argue the expansion of this area of research is critical in order to develop evidence-based interventions, and targeted guidance for employers and managers to support women during their pregnancy, but also in their return to work following maternity leave.

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Chapter 6

Gender Equality in the Workplace: Key Driver of Well-Being, Business Performance and Sustainability



Diana Gutiérrez and Andrea Castaño

6.1 Introduction

When half of women worldwide are out of the labour market and inequality trends estimate that it will take more than 200 years to close the economic gender gap, achieving a sustainable development by 2030 seems unattainable. Gender inequalities affect social outcomes and the developmental trajectories of societies, as well as business sustainability. In increasingly competitive markets, addressing gender gaps for a better functioning of the labour market is not only a top priority for policy makers, but also is a key priority for business leaders to make companies to thrive.

A solid body of research has established the correlation between gender equality, human development, competitiveness and growth (Bandiera & Natraj, 2012; Cavalcanti & Tavares, 2016; Daly, 2007; Duflo, 2012; International Labour Organization (ILO), 2017a, 2017b; Kabeer, 2017; King, Klasen, & Porter, 2009; McKenzie Global Institute, 2015; World Bank, 2012). Yet gender equality continues to be overlooked as a strategic priority of both public and private sector decision-makers.

Gender-sensitive pro-poor policies, to generate decent employment and inclusive growth are required to reduce the effects of gender inequalities and promote a better functioning of the labour market. Ensuring action should be taken to end extreme

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D. Gutiérrez (✉) · A. Castaño
Global Programme on Business for Gender Equality, United Nations Development Programme (UNDP), New York, NY, USA
e-mail: diana.gutierrez@undp.org

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poverty, eliminate inequalities, fight discrimination and fast-track progress for those lagging behind, and it will be the only way to achieve sustainable development.

However, these policies alone are not enough if gender mainstreaming efforts are not made at both macro and micro levels. Transformation at the company level is a key piece for accelerating progress towards the achievement of the 2030 Agenda, by making gender equality a part of the corporate DNA, removing gender-based discriminatory practices, changing cultural norms and empowering women in the workplace and the value chain.

This chapter introduces the Gender Equality Seal, a public policy tool supported by the United Nations Development Programme (UNDP), aimed at closing gender gaps, empower women, achieve decent employment and inclusive growth. The Gender Equality Seal is both a policy for improving the functioning of the labour market and foster gender equality, and a concrete tool to address inequalities at the company level, fostering business sustainability and social development.

This chapter is structured into six sections including this introduction. The second section presents an overview of gender inequalities in the world of work, the third builds the connection between gender equality and the 2030 Agenda for sustainable development, the fourth explores the correlation between gender equality and developmental trajectories, the fifth highlights how gender equality is a driver of labour market policies for promoting pro-poor growth, and the sixth introduces the Gender Equality Seal and develops a deep-dive analysis of two business cases, in each of which a connection was found between the adoption of gender-sensitive policies and improved business performance.

6.2 Gender Inequalities in the World of Work

Despite progress, gender gaps in the labour market remain wide, both across industries and regions and it is estimated that it will take more than 200 years to close the global economic gender gap (World Economic Forum (WEF), 2018). For every 100 men there are 122 women aged 25–34 living in extreme poverty worldwide, and women are also more likely than men to live below 50% of median income (UN Women, 2018).

There are substantial barriers preventing women from participating equally in the business world. Women are significantly less likely to participate in the labour market, 48% of women compared to 74.9% of men (ILO, 2018). On top of that, women are less likely to find a job and even less likely to find a quality job,¹ with

¹The United Nations Economic Commission for Europe's Expert Group on the Measurement of Quality of employment, considers that quality of employment includes 7 dimensions and 12 sub dimensions: safety and ethics of employment, income and benefits from employment, working time and balancing work and non-working life, security of employment and social protection, social dialogue, skills development and training, and workplace relationships and work motivation (UNECE, 2015).

more than half of women [in employment] in the world having informal jobs with low salaries and no social protection. While the unemployment rate for women is 5.4% compared to 4.7% for men (ILO, 2018). Differences in remuneration persist, since women earn 80% of men's salaries (ILO, 2017a, 2017b).

In part these differences can be explained by female overrepresentation in traditionally lower paying industries such as education, health and welfare, and a male overrepresentation in traditionally higher paying industries, such as engineering, manufacturing, construction, information, communication and technology. Occupational segregation also shows different patterns according to the level of income of countries. In high-income countries, close to a third of women are concentrated in health and education, while in middle-income countries the highest share of women can be found in wholesale, retail, manufacturing and trade, and in low-income countries they concentrate in agriculture (ILO, 2017a, 2017b).

The pay differential can also partly be explained by higher concentrations of men at senior levels of management. In spite of the progress in female tertiary education enrolment, (40.2% female vs. 35.7% male) (United Nations Educational, Scientific and Cultural Organization (UNESCO), 2017), and regardless of the proven correlation between gender diverse decision-making teams and a better financial performance, women are still lower down the career ladder. Only 5.0% of CEOs in S&P 500 companies (Catalyst, 2019) and 6.6% of Fortune 500 companies are women (Fortune, 2019).

In addition, men dominate the world of paid work, and women the world of unpaid work. Of the 59% of work that is paid, mostly outside the home, men's share is nearly twice that of women—38% versus 21%. The opposite occurs for unpaid work. Of 41% of work that is unpaid, women tripled the time spent by men—31% versus 10% (UNDP, 2015).

Women also face challenges in terms of access to financial services and assets. Research conducted in 141 countries found that in 79% of countries women have less access and usage of bank accounts than men, the same percentage have no access to credit cards, and 78% have no access to loans (European Bank for Reconstruction and Development (EBRD), 2017).

It is estimated that approximately two billion people do not use financial services globally, and even though women-owned businesses make up 30% of registered businesses worldwide, only 10% have the capital required to grow (BNY Mellon and United Nations Foundation, 2018). In general, there are fewer products available for women in the market, and multiple constraints to accessing financial services and assets arising from barriers faced by women in terms of labour force participation, human capital accumulation, availability of time and power in decision-making.

An additional factor affecting both women's public and private spheres is related to physical and sexual violence. Available data shows that 1 in 5 women and girls aged 15–49 have been subjected to sexual or physical violence during the last 12 months (UN Women, 2018). Unfortunately, there is no comparable data available at the global level to estimate the incidence of sexual harassment in the workplace, a problem made more visible thanks to a growing international spotlight on the media industry.

When gender inequalities intersect with other forms of inequality such as location, race, origin, ethnicity, or others, these differences are exacerbated. For instance, the negative impact of childrearing on earnings and the professional trajectories of women increases when they are part of an ethnic minority or belong to the poorest quintiles of income.

6.3 Gender Equality as a Goal and Accelerator of the 2030 Agenda

Gender equality is vital to achieving the 2030 Agenda for Sustainable Development, which envisions a world in which “every woman and girl enjoys full gender equality and all legal, social and economic barriers to their empowerment have been removed” (United Nations General Assembly, 2015).

One of the principles of the 2030 Agenda is leaving no one behind, meaning that in taking action to end extreme poverty, eliminate inequalities, fight discrimination and fast-track progress, special consideration must be made to reach the further behind first. People are considered to be left behind when they lack choice and the opportunity to exercise capabilities related to human development. When human development is accessible to everyone regardless of sex, race, location, origin, etc., people can enjoy a decent standard of living, a life free of discrimination and insecurity, access knowledge, exercise self-determination, enjoy good health, live in a secure environment and enjoy dignity.

The 2030 Agenda and its goals, which revolve around the fulfilment of human’s rights, have the character of being indivisible and interdependent. Dimensions of well-being and deprivation are intertwined among the SDGs, thus advancing gender equality measured only by the targets established by the SDG5 overlooks the complexity of the development challenges suffered especially by many women and girls in all corners of the globe. Widespread inequality simply makes sustainable development unattainable. When half of humanity lacks equal progress in human development, human development is not universal (UNDP, 2016a, 2016b).

Thus, it is that gender equality is both a goal in itself and an accelerator in the 2030 Agenda. It intersects 14 out of the 17 SDGs, 81 out of the 169 SDG targets and 54 out of the 232 indicators, an indication that there are explicit and implicit gender targets across the SDGs. There are gender dimensions in poverty, education, hunger, health, water and sanitation, climate change, inclusive growth, employment, safe cities, and peaceful and inclusive societies, to name a few.

Intersecting inequalities challenge progress and the possibilities to advance social and economic well-being in societies, and gender equality plays a pivotal role where progress in one field could be threatened by remaining inequalities in other fields. Multiple forms of discrimination based on sex, race, ethnicity, sexual orientation, gender identity and migration status undermine the road for the achievement of the 2030 Agenda. Building inclusive societies driven by pro-poor growth, decent

employment and gender equality is both an aspiration and a requirement for achieving sustainable development.

6.4 Effects on Developmental Trajectories

Unequal concentrations of human well-being have an overall impact on human development. It is estimated that development is reduced by 22% due to inequalities (UNDP, 2015), and deprivations faced by women affect in a significant proportion global progress in terms of human development. In particular, the inequalities in income and educational attainment evidenced between women and men can explain variations of human development between them (UNDP, 2015).

Gender equality is a contributing factor to developmental trajectories in most countries. There is a negative correlation between gender inequality and growth evidenced by an extensive body of work, thanks to the constriction of female labour participation and consequent losses associated with the wasted potential of human capital (Bandiera & Natraj, 2012; Cavalcanti & Tavares, 2016; Daly, 2007; Duflo, 2012; ILO, 2017a, 2017b; Kabeer, 2017; King et al., 2009; McKenzie Global Institute, 2015; World Bank, 2012).

This can be shown in the correlation between the Global Gender Gap Index and the Human Development Index. Countries with a higher level of well-being in terms of human development, such as Finland, Norway or Iceland, exhibit a lower degree of gender inequality, as opposed to those with higher inequality and low levels of human development such as Chad or Pakistan (WEF, 2015). Similarly, a correlation between high levels of equality and GNI per capita has also been found. Countries with a GNI per capita above \$30,000 such as Norway, Iceland, Australia, United States, United Kingdom, Germany and the United States exhibit a higher degree of gender equality (WEF, 2015).

Some estimates have found that in a potential scenario in which women and men participate equally in the workforce, \$28 trillion or 26% could be added to the global GDP in a decade (McKenzie Global Institute, 2015). And in a potential scenario with an increasing in female labour force participation of 25% by 2025, an estimated \$5.8 trillion could be added to the global economy, equivalent to 3.9% (ILO, 2017a, 2017b). While reducing gender gaps in the labour market has a ripple effect over the labour force, increasing it by 204 million by 2025, it could also unlock an additional \$1.5 trillion in global tax revenue, positively impacting government revenue available for strategic public spending (ILO, 2017a, 2017b).

Since women comprise an average of 43% of the agricultural labour force of developing countries, the Food and Agriculture Organization (FAO, 2011) estimates that if female farmers had equal access to productive assets such as land and fertilizers, agricultural output in developing countries could increase between 2.4 and 4%. Moreover, should women farmers have the same access to productive resources as men, they could increase yields on their farms by 20–30%, lifting 100–150 million people out of hunger (FAO, 2012).

Females savings and spending on consumption are usually overlooked, though it also has a potential to bring substantial benefits for increasing well-being in society. It is estimated 65% of household spending globally is managed by women, around \$20 trillion annually (Silverstein & Sayre, 2009). Since in general women buy on behalf of their households, and thanks to their relatively greater saving capacity and consuming power, having more women earning wages could have a positive effect on the communities in which they live. It could also mean more investments in health and education, generating positive spill-over effects on human capital enhancement, mobility and economic growth.

Recent research conducted by BNY Mellon and the United Nations Foundation established that financial services firms could grow their share in annual revenue contributed to the retail investment market by women to \$120 billion. Likewise, if more women could have access to insurance and retail banking, the industry could generate an additional \$290 billion and \$40 million in global revenue respectively (BNY Mellon and United Nations Foundation, 2018).

A correlation between the Global Gender Gap Index and the Global Competitiveness Index, shows that the more equal the country the higher its degree of competitiveness. For instance, the group of countries with a gender gap index above 0.7 and a competitiveness level above 5 (with competitiveness measured from 1 to 7) include Finland, Switzerland, Germany, United Kingdom, United States and Singapore (WEF, 2015).

Making use of the potential of women's capabilities maximises available human capital, by bringing additional benefits to the society. There is also a multiplier effect derived from a more efficient use of this productive potential. For instance, the mortality rate of children under-five could be halved if all girls completed secondary school (UNDP, 2015). This multiplier effect is greater when female education is enhanced, which is associated with the reduction of fertility rates as well as the reduction of child and maternal mortality rates. Advancing women's education is a critical factor to make this scenario plausible, having additional impacts on earning increasing, productivity and competitiveness and subsequent poverty reduction.

Recent estimates show that gender inequality in earnings represented losses in human capital wealth of \$23,620 per person, or \$160 trillion globally between 1995 and 2014 (Wodon & De la Briere, 2018). An economic model run by Cavalcanti and Tavares (2016) found that wage inequality leads to gender gaps in employment, indirectly reducing growth through higher fertility and lower investments.

6.5 Gender Equality as a Driver of Labour Market Policies

As mentioned previously, higher degrees of gender equality yield important social and economic benefits to societies. However, the extent of these effects depends on the structure of the economy, the occupational segregation and the policy mix supporting growth (Kabeer & Natali, 2013). Economic growth on its own does not necessarily translate into equality without supporting policies addressing failures in

the functioning of labour markets. A mix of policies promoting both inclusive growth and decent employment at the same time is therefore needed.

Advancing equality requires a robust policy framework facilitating the disruption of gender stereotypes that reinforce occupational segregation, differences in remuneration, reducing disparities in the use of time and the distribution of care responsibilities, as well as the elimination of discriminatory practices affecting the professional trajectories of both men and women.

There is a solid body of international frameworks based on legislation on human rights, women's rights, gender equality, non-discrimination and conventions on labour law. Including the Convention for the Elimination of all forms of Discrimination Against Women (CEDAW) adopted in 1979 which mandates protection for women in both public and private spheres and the elimination of all forms of discrimination, with a view to achieving *de jure* and *de facto* equality in the enjoyment of human rights and fundamental freedoms (United Nations General Assembly, 1979). Added to this is the Beijing Platform for Action adopted in 1995 based on two strategies: first, fairness through affirmative action, and second, gender mainstreaming in policies and public programmes (United Nations (UN), 1995), as well as the United Nations Commission on the Legal and Social Status for Women of 2004 (UN, 2004).

Regarding international labour law, Conventions 100, 111, 122, 156 and the recently approved 190 are of special relevance for domestic policies aimed at advancing equality in the labour market. Convention 100 addresses the principle of equal remuneration between men and women for work of equal value, while 111 fights discrimination in employment and occupation, recognising the importance of special protection or assistance measures to ensure equal opportunity and treatment. Convention 122 recognises freedom of choice of employment for all workers regardless of sex, and the importance of full and productive employment. Whereas Convention 156 promotes balance between work and family responsibilities of male and female workers, ensuring adequate protection measures from the State, and Convention 190 protects workers and other persons against violence and harassment in the world of work. Conventions on maternity protection 3, 103 and 183 also play a key role in the promotion of equality in the labour market and in improving its performance.

The Women's Empowerment Principles, promoted by UN Women and UN Global Compact, also provide a framework for commitment and action of the business sector at the highest level. The Principles, which seek to empower women in the workplace, the marketplace and the community, recognise that doing so is not only necessary to building stronger economies, as well as more just and stable societies, but also to achieving important business objectives.

Besides the international frameworks, there is a varied array of policy responses that could be mobilised to address gender gaps and promoting decent work in the labour market. This includes policies aimed at raising equality in labour market conditions, such as those interventions deployed to promote equality of treatment and opportunity or those aimed at eliminating sexual harassment and gender-based violence, as well as policies aimed at addressing socio-economic constraints, such as

those promoting work-life balance with shared social responsibility, those creating or protecting quality jobs in the care economy, gender-sensitive macroeconomic policies or policies to promote formalisation of employment. It may also include policies designed to challenge gender role conformity such as those aimed at increasing participation in the labour force or those tackling occupational or sectoral segregation.

The implementation of gender-sensitive pro-poor policies will help to: generate the conditions to create employment in highly male-dominated or female-dominated industries; facilitate access to productive assets such as credit, land or technology; invest in job creation policies aimed at developing skills specially of those segments left behind; and ensure a solid regulatory environment (ILO, 2017a, 2017b).

Affirmative action plays an important role correcting discriminatory patterns affecting equality outcomes of the labour market. These actions are temporary measures aimed at compensating the disadvantage suffered by persons of any gender. For instance, establishing obligations by law to hire a percentage of women with disabilities as a share of the total workforce or setting up economic incentives such as a tax deduction to the creation of women owned businesses.

In addition, given the gaps associated with care responsibilities, social protection measures also play a key role in correcting gender-imbalances affecting the functioning of the labour market. Several measures have been designed and implemented, including cash transfers, social insurances, child benefits, care systems, and others, help to reduce inequalities and vulnerability throughout the lifecycle. Other investments related to ease the care burden can be adopted by policy-responses such as roads or sanitation, reducing time poverty experienced by women by improving access to participation in remunerated activities (Kring, 2017).

Active Labour Market Policies, or the set of policies to support unemployed or underemployed persons to find a job, play a significant role in gender-sensitive policymaking. These policies are varied in nature and include wage subsidies, vocational training, support for job search and job creation programmes, most of them linked to public employment services, among others. They can be powerful policy tools to address gender imbalances when the gender perspective is included in their design and implementation. Such policies can help women and men to develop the required skills to access certain industries or gain job experience, as well as facilitate re-entry to the labour market following unemployment.

The implementation of pro-poor policies and gender-sensitive employment generation policies require a close coordination with the business sector. As employment generator, the private sector can make a critical contribution to eradicating gender inequalities and driving the achievement of sustainable development. By adopting gender equality as a driver of their own performance, the private sector can ensure equal opportunities for women, create inclusive work environments and help achieve Sustainable Development Goals focused on gender equality (Goal 5), decent work and economic growth (Goal 8) and reduced inequalities (Goal 10).

6.6 The Gender Equality Seal as a Concrete Policy Tool to Advance Gender Equality in the Business Sector

Considering the critical importance of advancing gender equality in the labour market, UNDP has for over a decade supported national governments in the creation of the Gender Equality Seal, a national certification programme that supports the private sector to address gender gaps in critical areas of their operations through the adoption of excellency standards in their management. The Seal is a tool for public and private enterprises to come together and contribute towards the achievement of the Sustainable Development Goals (in particular, SDGs 5, 8, 10 and 17) by reducing gender gaps and promoting gender equality and competitiveness simultaneously, for a fair, inclusive and sustainable growth.

More than 16 national certification programmes in Latin America and the Caribbean and Africa have been created over the last decade, through which more than 750 companies have been certified, including over 1900 branches in varied industries such as telecommunications, energy, finance, and others, impacting more than 1.5 million female and male workers. Since 2016, this initiative has been undergoing a globalisation process, with implementation underway in Africa, Asia-Pacific, Eastern Europe and CIS and the Arab States.

Box 6.1 Gender Equality Seals Supported by UNDP

- **Brazil:** Pro-Gender and Race Equity Programme, under the Pro-Woman and Race Secretariats (programme closed).
- **Chile:** Standard NCh3262, Iguala Work-life Balance Seal.
- **Colombia:** *Equipares* Labour Equity Seal, under the Ministry of Labour and the Counsellor's Office for the Equality of Women.
- **Costa Rica:** Gender Equality and Equity Management System (SIGIEG), under the National Women's Institute (INAMU).
- **Cuba:** Gender Equality for Food Security Quality Management (IGECSA), under the Ministry of Agriculture, the Federation of Cuban Women and the National Association of Small Farmers.
- **Dominican Republic:** *Igualando* RD—Gender Equality Management System NORDOM 775, led by the Women's Affairs Ministry, the Ministry of Labour, the National Competitiveness Council CNC and INDOCAL
- **Ecuador:** *Equilaboral*, Ecuador with Labour Equity led by the Ministry of Labour and the Ecuadorian Business Council
- **El Salvador:** Equality Seal (*Igual-Es*), under the Ministry of Labour, the Ministry of Economy and the Salvadoran Institute for Women's Development (ISDEMU)
- **Honduras:** Gender Equity Seal, Standard for the Gender Equity Management System, under the Ministry of Social Inclusion.

(continued)

Box 6.1 (continued)

- **Jamaica:** Gender Equality Seal Certification Programme, under the Bureau of Gender Affairs (BGA), the Planning Institute of Jamaica (PIOJ) and the Jamaican Chamber of Commerce (JCC) (under development).
- **Mexico:** Gender Equity Model (MEG) and Ministry of Labour regulations. And the Mexican Standard NMX-R025-SCFI-2015 on Labour Equality and Non-discrimination led by the National Institute for Women (INMUJERES), the Ministry of Labour and Social Welfare and the Ministry of Economics.
- **Nicaragua:** Good Business Practices Management Model with Gender Equality (programme closed).
- **Panama:** *SIGénero* Panama Gender Equality Seal Certification programme for private sector companies, under the Ministry of Labour, the National Women's Institute (INAMU) and the Ministry of Trade.
- **Rwanda:** Gender Equality Seal Certification Programme for the Private Sector in Rwanda, led by the Gender Monitoring Office and the Private Sector Federation of Rwanda (PSF)
- **Uganda:** Gender Equality Seal Certification Programme, under the Ministry of Finance, Planning and Economic Development and Private Sector Foundation PSFU
- **Uruguay:** Quality Management Model with Gender Equity, under the National Women's Institute (INMUJERES).

Considering that the private sector plays a key role in addressing gender disparities in the business world, the Gender Equality Seal creates a dynamic partnership between the private sector, public sector, trade unions and UNDP to develop public policy, foster constructive dialogue, invite companies to go from commitment to action and provide hard-evidence of gender mainstreaming efforts to tackle the most pressing gender inequalities.

The Gender Equality Seal seeks to create a more egalitarian work environment, close persistent gender gaps, and promote the empowerment of women in the workplace, while at the same time promoting productivity and competitiveness along with sustainability and social justice. To achieve this, organisational changes and cultural transformations leading to the full exercise of the labour rights of men and women will have to take place.

Gender Equality Seals are typically embedded in national public policies promoting either labour equality or gender equality or both. National standards containing the requirements companies will have to comply with are agreed through consultation with public and private actors, trade unions and social organisations. These standards are either adopted through a national standardisation process or through a public policy instrument. South-South cooperation has played a key role between governments and companies which have integrated the Gender Equality Seal Community of practice. This platform allows the exchange of learnings and knowledge and promotes cross-fertilisation among governments and companies.

Consequently, the Gender Equality Seal is incorporated into a company's overall management system, allowing businesses to integrate a gender perspective and comprehensive measures to transform their regulations, processes, operations, culture and corporate DNA, creating more fair and decent conditions for workers. The aim is to develop a transformative company strategy in which companies commit to:

- Detect and eliminate gender-based wage gaps;
- Increase women's decision-making role in leadership positions;
- Develop and implement policies to improve work-life balance with shared social responsibility;
- Increase women's presence in occupational areas that are traditionally male-dominated, and men's presence in female-dominated areas;
- Eradicate sexual and sex-based harassment in the workplace;
- Use inclusive and non-sexist communication inside and outside the company; and,
- Promote women in business and cross-cutting gender equality along value chains.

The Gender Equality Seal is based on the implementation of a Gender Equality Management System. To implement this system, companies conduct a self-assessment, develop gender-sensitive capacities, adopt a gender equality policy and execute an action plan to eliminate inequalities in the workplace. Once companies implement these measures and actions, and the level of compliance and results are verified by a third-party, a Gender Equality Seal is awarded.

Achieving recognition under the Gender Equality Seal requires a serious commitment on the part of the business, one that takes time to achieve the necessary changes in their organisational structure and culture. Consequently, the Seal certifies that a company actively promotes equality in their operations and among their workers, and that it does so according to the requirements of a Gender Equality Management System.

Box 6.2 Ten Steps to Earning a Gender Equality Seal

1. Formulate the company's written commitment to gender equality
2. Establish a gender equality committee
3. Train senior management and staff on gender equality
4. Undertake an internal organisational assessment of the company's policies and practices
5. Develop a company-wide policy and plan of action for gender equality
6. Implement the gender equality plan of action
7. Conduct an external audit or verification process and obtain the certification or the award
8. Achieve the Gender Equality Seal
9. Monitor ongoing progress and audit for quality assurance
10. Take actions to improve the programme and maintain the Seal

Source: UNDP (2016a, 2016b)

With the support of the Gender Equality Seal, companies implement a diverse and tailored range of business practices in order to close gender gaps across several dimensions and create a workplace centered on gender equality.

For instance, companies can close the gender wage gap through the use of standardised and objective methods to assign wages, and by creating mechanisms to progressively close existing gender pay gaps. Alongside this, they are using communication mechanisms to inform personnel about the policy and are using mechanisms to receive claims, among others.

Companies are taking several important steps to enhance the access of women to leadership positions. For instance, executive training programmes with female talents in the pipeline, screening opportunities for female mobility connected to the career plans, establishing specific targets to correct gender imbalances in boards and other decision making bodies, aligning their training plans to their career plans, removing discriminatory practices in performance review exercises, and implementing specific programmes including training, mentorship, peer support and sponsorship, among others.

Similarly, companies are adopting flexible working arrangements applicable to both female and male workers to promote work-life balance with shared social responsibility, such as flexi-time, part-time, telecommuting or compressed work schedules, as well as extending maternity and paternity leave periods, or adopting gradual return models after leave. They are providing care and support services, whether direct or through partnerships, for the care of children and other dependants, and putting in place nurseries, *lactoriums* or breastfeeding rooms.

To increase the participation of women in male-dominated occupations, and vice versa, companies are undertaking huge efforts to remove discriminatory patterns in recruitment and selection practices. For example, they are establishing specific targets to correct imbalances in specific positions, ensuring the use of an inclusive language in the description of vacancies, using standardised methods of selection, tailoring training for developing specific skills required, and implementing peer support groups during onboarding processes, among others.

To eliminate sexual harassment and gender-based violence, companies are establishing mechanisms, procedures and protocols to prevent incidences, raise awareness and address claims, and are creating derivative channels to local authorities and giving support to the victims, including psychological support when required.

The multidimensional and multi-stakeholder approach of the Gender Equality Seals makes them a concrete tool for those seeking to promote decent employment and inclusive growth. This is because they have shown to genuinely and sustainably transform organisational practices and mainstream gender equality in organisational management, ensuring equal opportunity for men and women in the workplace and removing discriminatory practices while compensating for the most vulnerable groups. By correcting for gender imbalances in the labour market they also help to reduce occupational segregation and inequality of remuneration, while increasing participation of women in leadership positions.

6.7 The Gender Equality Seal: Key Driver of Business Performance

Companies report business performance benefits with the support of the Gender Equality Seal. In general, companies agree on the benefits derived from having a more egalitarian and gender-diverse work environment, as it maximises the potential and creativity of all workers and generates stronger bonds of engagement and trust. It also helps to shape a new collective mindset that breaks cultural norms about the roles of men and women, which in turn facilitates a better use of the productive potential of the company, impacting the way female contributions are valued and how talents are attracted and retained.

Companies also agree on the benefits to productivity and competitiveness gained through the Gender Equality Seal. For example, equal participation and higher levels of engagement from workers helps to reduce absenteeism and turnover, increasing retention and workplace satisfaction, boosting productivity. There is also an increased cost-savings potential due to the reduction of turnover and absenteeism.

It also helps to enhance public image, helping companies to place themselves as corporate social responsibility leaders and improve brand recognition. This increases the reputational value of the company, creating a higher potential for growth of its shareholder value, as well as improved customer satisfaction of those clients that value diversity, inclusion and equality. There is also a correlation between having more satisfied employees and more satisfied customers thanks to improvements in customer service.

Due to the evidence-based nature of the Gender Equality Seal, companies also report benefits to accountability arising from having data and hard evidence, particularly for those companies reporting to its shareholders or those listed in sustainability indexes or following standards for reporting.

We have selected two case studies of businesses to further illustrate the relevance of the Gender Equality Seal as a key driver of business performance. The cases were selected based on their diverse sizes, different industries (one of which being highly male dominated), and the scale of effects reported after implementing the certification. The first is Codelco, one of the largest mining companies in the world. It is located in Chile and was certified in 2015. The second is Travel Excellence, a medium-size tourism company and the first to be certified in Costa Rica in 2017.

6.8 Codelco: Mining Can Be a Women's World

6.8.1 Context

It wasn't until 1993 that restrictions for women to work in underground mining activities were removed from the labour code in Chile. For decades, women had a very limited participation in this industry, limited exclusively to clerical occupations.

Indeed, some popular myths even considered that having women inside the mines brought bad luck. Yet while the mining industry is still largely considered to be a man's world, the reality is beginning to change and Codelco has played a substantial role in the transformation of this sector and the cultural framework that surrounds it.

An autonomous company owned by the Chilean state, Codelco (in Spanish: *Corporación Nacional del Cobre de Chile*) is the world's largest copper producer and controls about 20% of world reserves. It explores, develops mines and processes copper mineral resources and by-products in markets across Asia, Europe, North America and South America. Codelco had an output production of 1.8 million fine metric tons of copper in 2018, equivalent to 9% of global copper production, and total sales of US\$14,253 million representing almost 15% of Chilean exports (Codelco, 2018a, 2018b). Codelco also produces or mines gold, silver, anode sludges, sulfuric acid and wire rods, and is the second largest producer of molybdenum in the world. It develops its operations through eight mining divisions (Andina, Chuquicamata, El Teniente, Gabriela Mistral, Ministro Hales, Radomiro Tomic and Salvador), including smelting and refining.

Without doubt, Codelco is one of the engines of the Chilean economy. Between 2014 and 2017, they invested more than US\$12,000 million, and for the next 10 years they have projected investments totalling over US\$39,000 million in structural projects aimed at extending the life of the mines, improving environmental standards compliance, and increasing productivity. As a state-owned mining company with over 18,600 employees and 47,000 contractors, Codelco is influential in the promotion of gender equality in Chile and contributes to SDG 5.

Since 1993, when restrictions for women were removed, women's penetration in the company has increased gradually; from 17,401 employees with permanent contracts in 2018, women represent 9.4% of the total workforce. In 2013 they embarked on the journey to achieve the Seal, "*Iguala Conciliación*" Seal in Chile, led by the Ministry of Women's Affairs and the National Service for Women SernamEG. Since then, they have turned the incorporation of female talent, visions and skills into the mining industry one of the strategic pillars of the business. In 2018, they committed to certify all their business units with the Gender Equality Seal and have 80% of their work centres already certified by mid-2019.

This strong commitment towards diversity and inclusion has ensured that between 2013 and 2018 the increasing number of women in the company has accelerated to 9.4% of the total workforce, around 1780 women (Codelco, 2018a, 2018b). Moreover, the number of women in the succession talent pipeline has tripled from 2005, to 6.5% of women. Compared to other players, Codelco surpasses the average participation of women in the industry.

6.8.2 Actions and Challenges

Many organisational transformations have been implemented to make the principle of equality a priority. For instance, in 2015 Codelco created the Department of

Gender Diversity, which mainstreams the principle of equality between men and women throughout the organisation. They adopted in 2016 a policy covering Gender diversity and work, family and personal life conciliation, which was developed through roundtables formed to put in place Codelco's Strategic Pact for Chile in partnership with the Federation of Copper Workers (or FTC for its acronym in Spanish). After this process, the Council of Diversity Policies was created in 2018.

The diversity policy is integrated by four instruments: the policy of people management, the principles and guidelines on gender diversity, the corporate guidelines on maternity protection, and the prevention of sexual harassment, workplace harassment and domestic violence. The policy is implemented through seven areas of work including institutional support, attraction, recruitment and selection processes, training and professional development, remuneration, work-life balance with shared social responsibility, prevention of harassment and domestic violence, and communication.

In Codelco, gender diversity, respect for disability, different ways of thinking and inclusive work environments are all fundamental principles. These principles are based on the conviction that diversity contributes to the business, its productivity and sustainability.—
(Irene Schlechter Kutscher, Corporate Director of Diversity and Inclusion, 2019)

Codelco has 'mainstreamed' gender in the corporation through the inclusion of specific gender KPIs in annual performance requirements. For instance, they aim to increase women's share in the workforce, and in particular male-dominated positions, from 6% in 2015 to 11% by 2020, as well as increase women's share in management positions from a baseline of 9% in 2015 to 20% by 2020.

Infrastructure modifications have also been made to provide optimal conditions of safety, hygiene and comfort for both men and women, including separate changing rooms and bathrooms, rooms for expressing and storing breast milk, and suitable personal protective equipment such as women's sizes in safety shoes, two-piece overalls, and overalls for pregnant women.

Codelco have also implemented leadership programmes, mentoring networks and designed training programmes to facilitate the transfer of knowledge and experience from senior executives to employees with high potential to become leaders. They also put in place a programme to attract female talent through a group of women advisers that provide vocational counselling services to potential employees and the Graduates Programme through which more than 500 young professionals have so far taken part. This programme is based on the transfer of knowledge, hands-on training and the development of core skills such as leadership, business competencies, innovation and creativity. In 2018, 49% out of the 57 young professionals participating in the programme were women (Codelco, 2018a, 2018b).

In order to promote work-life balance and protect maternity, the company has adopted a parental leave that can be used in two ways after the legal maternity leave period of 12 weeks has ended. Employees may either take a full time leave period of 12 weeks receiving 100% of their remuneration as a subsidy or take a part-time leave period of 18 weeks receiving a 50% subsidy (Codelco, 2015). Working mothers can also make use of a childcare service paid by the company within the first 2 years of

life of the new-born. The mother can decide to either receive the reimbursement of the ticket paid in a childcare centre, or the reimbursement of the fee paid to a private caretaker.

6.8.3 *Benefits*

Codelco recognises that the certification has helped them to make concrete progress, both in terms of the inclusion of women in the workplace and in having a positive effect on the bottom-line. Although a direct correlation between financial and other key business metrics cannot be made with measures and outcomes on gender equality, there is a clear trend of positive outcomes after the implementation of the certification in at least three key measures. First, a work climate survey conducted across divisions and work units revealed that having more women has a positive impact overall in employee perception. Of particular note is a difference of 11 percentage points between a positive perception of 73% in the *Gabriela Mistral* division, which has the highest share of women workers, and 62% for the rest of the divisions, which exhibits a positive correlation of equality policies and perception on the work environment (Codelco, 2018a, 2018b).

Second, following implementation of the actions to achieve the certification in 2013, the level of productivity has also increased from 43 metric tons per person in 2014 to 51.7 metric tons per person, a 20.2% increase. And third, a 14.6% reduction on the cash cost from 163 c/lb in 2013 to 139.1 c/lb in 2018 (Codelco, 2018a, 2018b). It is important to note that these outcomes have been driven by the 2020 Productivity and Cost Agenda, which is a corporate vehicle to increase labour productivity and control costs.

Codelco acknowledges that the path to equality is not easy or quick. Currently, despite the series of measures that have been taken to increase the proportion of women in the C-suite, there are no women on the board of directors or in senior management.² Another challenge relates to the elimination of gender wage gaps. By the end of 2018, female managers were earning 85% of the average wage of their male counterparts, while female area directors were earning 87% of average male wages (Codelco, 2018a, 2018b). The company is aware of this challenge and has adopted an objective methodology for job profiling, a band system to assign wages, and has reinforced the principle of equal remuneration for work of equal value in their policy.

According to the company, the certification initially seemed an impossible target due to the rigour of the standard and the many pre-conceptions and barriers surrounding the adoption of gender equal practices in a traditionally masculine sector. Some of those barriers were overcome thanks to an open dialogue with the

²Laura Elvira Albornoz Pollman the first female director of Codelco made part of the board from May 2014 to May 2018.

employees about the future of the mining industry and the role of women in it. Codelco has become convinced that gender equality contributes to the business, and without it the company would not be sustainable.

6.9 Travel Excellence: Revolutionising the Tourism Industry with Sustainability and Equality

6.9.1 Context

Travel Excellence is a Costa Rican company founded in 1996 by two men and two women. The company has specialised in a differentiated segment of sustainable tourism, which attracts clients mainly from the United States, Argentina, Germany, England, Colombia, the Netherlands, Belgium and Portugal. The company understands that meeting standards is key to improving outcomes, complying therefore with the Certificate for Sustainable Tourism (CST) of Costa Rica, as well as the Carbon Neutral Certification and the Gender Equality Seal, led by the National Women's Institute (INAMU).

Travel Excellence is a medium size company with 72 employees, 60% of whom are women. The board of directors retains gender balance as it is integrated by the four founding members. They also keep parity in the representation of men and women in the middle management of the company through their 10 heads of department.

They embarked on the journey to achieve the Gender Equality Seal and obtained the certification in 2017, becoming the first company to be certified in Costa Rica. Gender equality has been a key priority for the senior management, and the certification was viewed as a means to foster progress and identify new improvement areas for gender-gap closure which have not been addressed in the past, such as the promotion of work-life balance with shared responsibility and the prevention of sexual harassment, gender-based harassment and domestic violence.

Although parity has been achieved in the top management of the company, occupational segregation persists in the operations in areas such as driving and tour-guiding, which are male-dominated jobs. With support of the Gender Equality Seal, the company began to implement specific actions to address this gap and bring more women to the workforce.

6.9.2 Actions and Challenges

The company implemented a gender equality management system that entailed not only regulatory adjustments in their corporate policies, but also organisational transformations in their processes and operations, as well as permanent gender

sensitisation to their employees in order to achieve the desired cultural transformations. This management system was harmonised with the existing quality management system and the system on carbon neutrality, facilitating the gender mainstreaming process in the standing policies and processes. “It was a matter of doing the same with a different perspective, one that enhanced the company’s core values and promoted the efficiency” (Travel Excellence, 2019).

As part of this process Travel Excellence adopted a gender equality policy, which revolves around three areas of work: labour relations ensuring equal access to opportunity, benefits and incentives to both male and female employees; integral health considering workplace satisfaction, work-life balance and professional development; and pro-equality actions towards the customers, commercial partners and families of the employees.

The company implemented a varied array of measures they classify in three categories. First, they ensured all gender-based discriminatory patterns were removed from documents, processes and policies including adjustments to their wage policy, recruitment and selection policy and the work-life balance policy. Second, they placed a special focus on cultural transformation through training, campaigns and the creation of a peer support network for women. And third, the adoption of affirmative action to compensate for the disadvantages suffered either for female or male workers.

Specific practices put in place to remove inequalities include the adoption of a wage band system to assign wages, ensuring that all employees are paid according to their position inside the band. Although there was no wage difference between men and women, employees perceived a difference in the level of remuneration. Consequently, the company implemented mechanisms to communicate transparently the adoption of the wage band system and the methods used to assign salaries, which helped change perceptions of the wage gap.

Bringing more women to operations has been a challenge, as hires must be able to drive and act as tour guide and this combination of skills is uncommon amongst women in Costa Rica. In response to this challenge, Travel Excellence adopted an affirmative action policy to fill open positions in operations with only women. They identified women with at least one of the required skills, and the company ensured a hands-on training to support the development of the other skills according to the specific requirements of the company. In the case of women with guiding tour experience, the company also provided support to process the driving license for public transport. Things are beginning to change, and the company realised that it was not enough to have an open position, they also had to proactively seek women and support the process to fill the desired requirements.

Another set of measures was put in place to promote work-life balance with shared social responsibility. They adopted a paternity leave consists of a 15 days period after the child is born in order to support the creation of a bond between the working father and the baby and give the father time to fulfil care responsibilities.³

³Costa Rica still does not have a legislative framework on paternity leaves.

Also approved was a “baby hour”, which consists of a parental break of 1 h per day during the first year of age of the new-born which can be used both by working mothers and fathers.

Travel Excellence realised that a big part of sales work is done either online or by phone. Thus, they adopted a flexible working arrangement based on telecommuting for sales personnel, who can telecommute 3–4 days a week with 1 day a week to hold meetings and report back to the supervisor. This measure has reported diverse benefits to both the workers and the company. They found the employees are more productive at home since they are not wasting a significant amount of time and effort commuting to the office, which took in average 60–90 min, and feel more motivated and engaged. The company is also saving some costs and reducing the carbon footprint.

To promote a cultural transformation, the company put in place a training cycle on masculinities, sexual harassment, time use, and gender-based violence and domestic violence. They also shared public health campaign materials on sexual and reproductive health. One exercise compared the time employees spent in remunerated activities and care activities with national time use surveys results. These activities have been instrumental in the generation of cultural changes, which have been critical in creating an open and fair environment where women’s contributions are valued equally.

In addition to bringing about a cultural transformation in their own company, Travel Excellence also work with their supply chain by encouraging suppliers to adopt policies and practices to promote gender equality. New contracts are awarded only to suppliers with consistent anti-discrimination policies and practices to prevent sexual harassment and gender-based harassment.

6.9.3 Benefits

Thanks to the Gender Equality Seal, the company has seen real improvements in their work environment. The level of employee satisfaction measured by the organisational climate survey has increased from 78 to 87%, which has translated into higher levels of productivity and better customer service, and consequently higher sales.

The benefits we received in terms of commitment, personnel motivation, performance and outcomes is our reward. And is just a small amount what you have to invest in relation to what you win. Certainly, it has been a good business, because in a company like ours in the services industry we keep operating thanks to a customer service of high quality. Our value added is having employees that feel proud to sell our services.—(Luis Alberto Blanco, Human Resources Manager, Travel Excellence, 2019)

Having a gender equality policy that harmonises with Travel Excellence’s sustainability policy has become a competitive advantage highly valued by their customers. The company is reducing its carbon footprint, undertakes conservation activities, manages their waste properly, limiting the size of the groups of travellers

in order to reduce environmental impacts in protected areas, promoting sustainability practices in their supply chain, guaranteeing equal opportunities for their employees, respecting women's and men's contributions and empowering women in the workplace.

It has not always been easy. The company has faced many challenges during this journey. For instance, some cultural barriers emerged in male-dominated teams when women were hired for the first time. Some sexist jokes were frequent and seen as a mechanism of defence when some challenges were faced by these women performing their tasks. The company had to intervene to ensure that the principles of equality prevailed and understanding reinforced, and to establish an open dialogue with team members. A dynamic based on respect for colleagues regardless of sex was established and male colleagues even became mentors.

The company is aware that this is a gradual process of transformation, especially because cultural change at a personal level is slow yet necessary in achieving sustained gender equality. The internalisation of equality not only as a value but also as a way of working has been instrumental in overcoming these cultural barriers, and employees become multipliers that help not only to spread the message but also to lead by example that correcting discriminatory business practices is possible and desirable.

As a medium-sized company, capacity and knowledge at the beginning of the process was low. Despite having a solid foundation of management systems, embedding gender equality into an existing system was challenging and they had to bring in people with gender expertise. Today, the company sees a substantial value in all the actions and measures they took and know that they are revolutionising the tourism industry with a combined approach of sustainability and equality.

6.10 Concluding Remarks

Widespread inequality in the labour market, especially that which limits the progress of half of humanity, not only limits the possibility of justice, but also puts at severe risk the likelihood of achieving sustainable development by 2030. The achievement of gender equality and women's empowerment is not limited to SDG 5, as dimensions of well-being and deprivation are intertwined with goals covering other aims, such as poverty, education, health, growth and employment. This means that gender equality is an accelerator in the achievement of human development, decent employment and inclusive growth.

Extensive research has proven that gender equality is a key contributing factor of developmental trajectories of countries. Wasted human capital associated with reduced female labour market participation produces a negative impact on economic growth and social outcomes, hindering human development. That wasted potential also generates a negative impact on business sustainability, given the increasingly competitive global markets in which business operate. Those who do not adapt to

changing consumer expectations, or who fail to generate the conditions to attract, retain and engage their workforce, risk losing out.

Gender-sensitive pro-poor policies connected to a better functioning labour market become a key driver of better outcomes in terms of decent employment and inclusive growth. Yet implementation of policy measures at a macro level is not enough. It must be accompanied by policies, procedures and organisational changes at the company level. The Gender Equality Seal supported by UNDP has proved to be a successful policy response connecting gender equality priorities and promoting a better functioning labour market, as well as a concrete tool for the business community based on standards to advance gender outcomes, remove discriminatory practices, strengthen human capital, enhance the work environment, improve productivity and competitiveness, and contributing to wider sustainable development objectives.

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Chapter 7

Gender-Sensitive Interventions in the Workplace: Examples from Practice

Roxane L. Gervais

7.1 Introduction

Gender mainstreaming, although gaining prominence as a concept that supports addressing the gender imbalance in respect of occupational safety and health (OSH), remains a practice that has not generated the momentum that is necessary to ensure that it is embedded fully into organisational practices, thereby ensuring permanence in gender equality in the workplace. There is ample evidence that countries and organisations have implemented it as policy and supported various initiatives aimed at getting a more gender balanced work environment in terms of for example, resources, tools, and ways of working (see Meier & Celis, 2011; Scala & Paterson, 2017; Woodward, 2005). Analyses by True and Mintrom in 2001 showed that 110 countries had adopted gender mainstreaming as a process between the period from 1975 to 1998. Despite this, there is limited evidence of its efficacy as a policy, when turned into practice, of attaining gender equity and thereby ensuring that the commitment to this process has resulted in action within organisations (Caglar, 2013).

Various researchers have noted its inability to achieve the impact that it was meant to achieve since its theoretical benefits and its promotion were advocated (Meier & Celis, 2011; Mukhopadhyay, 2014; Woodward, 2005), and in respect of the European Union (EU), this was more than 20 years ago. The EU adopted gender equality practices (gender mainstreaming) in 1997 with the Treaty of Amsterdam (as shown in Articles 2 and 3), which then came into force in 1999 (EU, 1997). Gender mainstreaming in Europe was based along three principles: treating the

R. L. Gervais (✉)
Practical Psychology Consultancy Ltd, Hull, UK
e-mail: roxane_gervais@alumni.fdu.edu

individual as a whole person; democracy; and justice, fairness and equity (Rees, 2005).

Despite its widespread acceptance as a process, questions remain on its ability to be easily transferred to the EU context, e.g., its structure. Weiner and MacRae (2014) discuss its nonconformity to the EU's perceived macroeconomic policy structure, enhanced by male power and masculine interests that may not inherently be a process in which gender mainstreaming would fit. In this respect it is a process that has to occur at the institutional level in order to address those gender-blind and male-focused policies and practices that are inherent in organisational structures, thereby supporting and maintaining inequalities (Acker, 2006; Roggeband & Verloo, 2006).

In order to assess adequately its successes or challenges, it is useful to process what it means. However, as Walby (2005) has outlined, there are many different definitions of gender mainstreaming, which is compounded by the many ways it is implemented in practice. Another issue that adds complexity to a definitive interpretation of the theory is that 'gender' and 'mainstreaming' are conceptual terms, which have not proved to be easy to interpret or provide clear context in respect of EU equality policies (Stratigaki, 2005). One definition of gender mainstreaming, as proposed by the World Health Organization (WHO, 1998) is the "[I]ntegration of gender concerns into the analyses, formulation and monitoring of policies, programmes and projects, with the objective of ensuring that these reduce inequalities between women and men." Other definitions have focused on the policies involved to move the process forward involving "...the (re)organisation, improvement, development and evaluation of policy processes, so that a gender equality perspective is incorporated in all policies at all levels and at all stages, by the actors normally involved in policy-making" (Council of Europe, 1998, p. 15). This definition has gender equality at its core thereby strengthening what the process is meant to achieve ultimately. The United Nations' definition (UN, 1997, p. 24) is more detailed covering the many aspects of the expected outcomes: "Mainstreaming a gender perspective is the process of assessing the implications for women and men of any planned action, including legislation, policies or programmes, in all areas and at all levels. It is a strategy for making women's as well as men's concerns and experiences an integral dimension of the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and societal spheres so that women and men benefit equally and inequality is not perpetuated. The ultimate goal is to achieve gender equality".

The definitions as outlined were devised by international organisations/agencies, perhaps functioning as nongovernmental organisations (NGOs), which would have had macro issues at their core. Notwithstanding these, one succinct definition is by True and Mintrom (2001, p. 28), who describe it as "efforts to scrutinize and reinvent processes of policy formulation and implementation across all issue areas to address and rectify persistent and emerging disparities between men and women". These definitions, while similar, with comparable outcomes, highlight one of the challenges of gender mainstreaming. This is that due to similar, but slightly differing perceptions of the concept, it is a process that is open to interpretation.

Over the past few decades, researchers have promoted the benefits that gender mainstreaming brings to the workplace. This is especially pertinent within those traditionally male-dominated occupations, such as the mining, construction, and manufacturing, and in which more women are seeking roles. Despite the promotion of gender mainstreaming as a useful policy and as a practical aspect of ensuring a more equitable workplace, it has not gained prominence as an established element of the work environment. This is substantiated in the lack of evidence that it is a policy and or process from which organisations learn how to proceed in ensuring a gender-neutral environment (Woodward, 2005). As Woodward highlighted in 2005, the focus on the concept has been mainly at a definitional and theoretical level, rather than one involving evaluating effective practice. Moser and Moser (2005) in their review of the concept supported Woodward's view (2005), in acknowledging that while international institutions have put policies in place, they are less likely to implement these. Some of the other challenges that Woodward raised included its inability to evaluate effective practice and to learn from the gender mainstreaming experience.

There remains an awareness that the institutionalisation of gender may not have generated the required changes to ensure that women are perceived and treated differently, e.g. equally (Mukhopadhyay, 2014). As such, while countries and organisations support gender equality, but do not address those structural inequalities that exist and continue to perpetuate (Mukhopadhyay, 2014), gender mainstreaming will remain a concept that will not achieve its full potential. It could be reasoned that the gendered organisation as detailed by Acker (1990), continues to advantage men. Or it may be that there is a lack of support for gender mainstreaming (Weiner & MacRae, 2014); this could include at the organisational level. In order for gender mainstreaming to be successful within an organisation, those responsible for implementing it and putting in place the respective policies and practices have to receive the required hierarchical backing, resources, time, personnel decision-making power along with adequate knowledge and training to perform their remit; if these are not in place, this enhances institutional resistance thereby obstructing gender equality initiatives (Lut & Lombardo, 2014). However, the resistance against gender mainstreaming at an organisational level does not occur solely from any gender-specific bias, but emerges rather from its institutional context (Rawluszko, 2019).

While some organisations may understand and realise the need for gender equality, others may not have this understanding. In addition to providing context of what constitutes gender mainstreaming, researchers have outlined different ways in which equal opportunities can exist within organisations, and thereby more fully support gender mainstreaming. For example, Dickens (1999) hypothesised a three-way approach, which takes into account the limitations of the business case strategy, which may resonate more with some organisations, than others. She recommends therefore that organisations should be advised to use the business case strategy in conjunction with the required legal strategy, as well as the social regulation strategy. These three strategies complement and support each other to achieve equal opportunities and as a result gender mainstreaming. Dickens (1999) recommended

approach is not one proposed in isolation. Great Britain's health and safety regulator, the Health and Safety Executive (HSE, [n.d.-a](#)) has outlined a comparable method when working to securing commitment from senior leaders when addressing any particular issues. The regulator notes that all three cases, when combined, e.g. the business case (the current cost, the costs to deal with the issue and the financial benefits), the moral case (work is not healthy or beneficial for the workers), legal case (a clear legal requirement), show that organisations do not have an alternative, but to address the respective issue. This triad technique supports a more holistic understanding of the relevance to the workplace, as the lack of its presence as a process inherent in the work environment, is its limited introduction into organisations' corporate social responsibility (CSR) agenda (Grosser & Moon, [2004](#)).

7.2 Basic Principles of Mainstreaming

Various international agencies have provided principles and components of the gender mainstreaming approach. These are detailed, as shown, and reflect the various elements that organisations need to consider when wishing to incorporate gender mainstreaming into their policy framework and establish good practices. These reflect the overview of the perceptions and systems that should be in place, as highlighted by Lut and Lombardo ([2014](#)), earlier in this chapter.

The International Labour Organization's (ILO, [2017](#)) provides the actions and change in perceptions that organisations require in order to bring gender mainstreaming to reality. These include taking into account that:

- Adequate accountability mechanisms for monitoring progress need to be established.
- The initial identification of issues and problems across all area(s) of activity should be such that gender differences and disparities can be diagnosed.
- Assumptions that issues or problems are neutral from a gender-equality perspective should never be made.
- Gender analysis should always be carried out.
- Clear political will and allocation of adequate resources for mainstreaming, including additional financial and human resources if necessary, are important for translation of the concept into practice.
- Gender mainstreaming requires that efforts be made to broaden women's equitable participation at all levels of decision-making.
- Mainstreaming does not replace the need for targeted, women-specific policies and programmes, and positive legislation; nor does it do away with the need for gender units or focal points.

In respect of OSH, the ILO ([2013](#)) outlined various aspects to consider when working to reduce inequalities between men and women in OSH. These are to:

- Carefully explore the effects of gender roles on safety and health;
- Analyse risks in both male and female dominated occupations;
- Develop sex-disaggregated OSH data;
- Incorporate the findings from OSH research into policy making and workplace action; and
- Fully involve both men and women workers in the decisions that affect their safety and health at all levels, from bodies such as national safety councils to occupational health services and workplace-level safety committees.

While these are similar to the ILO's (2017) principles, they focus more clearly on the OSH aspects of gender mainstreaming. Overall, OSH is based on three basic principles: (1) hazard identification, e.g., knowing those things that may cause harm; (2) risk assessment e.g., understanding how the hazards may harm people; and (3) having in place those actions and procedures to minimize risk, e.g., what you are already doing to control the risks (HSE, [n.d.-b](#)).

In addition, the European Institute for Gender Equality (EIGE, [2019a](#)), provided an overview of the different elements of gender mainstreaming. See Fig. [7.1](#).

7.3 Challenges to the Concept

There is a perception that gender mainstreaming has become established (Woodward, [2005](#)); however, this perception has not diminished one of the challenges of gender mainstreaming, which is that as a concept it is not clear (Caglar, [2013](#)). This implies that it is open to interpretation from those who wish to implement it. Furthermore, it is a process that remains cost intensive. Woodward ([2005](#)) identified various factors that are needed to ensure that gender mainstreaming becomes a reality. These include gaining political commitment; having the required expertise in place; securing functioning public and private policy networks; having permanent staff; supporting organisational as well as cultural change; and having the time to implement gender mainstreaming policies or practices. All of these come at a cost, and a cost that not all organisations, or other bodies, may be able to meet. As such, it is not inconceivable to note that mainstreaming tends to be under-resourced; to have an initial lack of clarity; to not have the required instruments to support its implementation, and to experience resistance as a practice, which may be due to its dual focus of openness and vagueness (Woodward, [2005](#)); and further confounded as a practice that should be sustained. Other challenges include dealing with an organisational culture that is biased in favour of male practices and procedures, such as recruitment, attitudes and working conditions; male resistance to these changes; and a lack of consistent and effective monitoring and evaluating of the outcomes and impacts that are achieved when gender mainstreaming has been put into effect (Moser & Moser, [2005](#)). One of the ways to address some of these challenges is to have more gender training sessions as well as improved gender training at all levels. Overall, there seems to be a resistance to gender training (Lombardo & Mergaert,

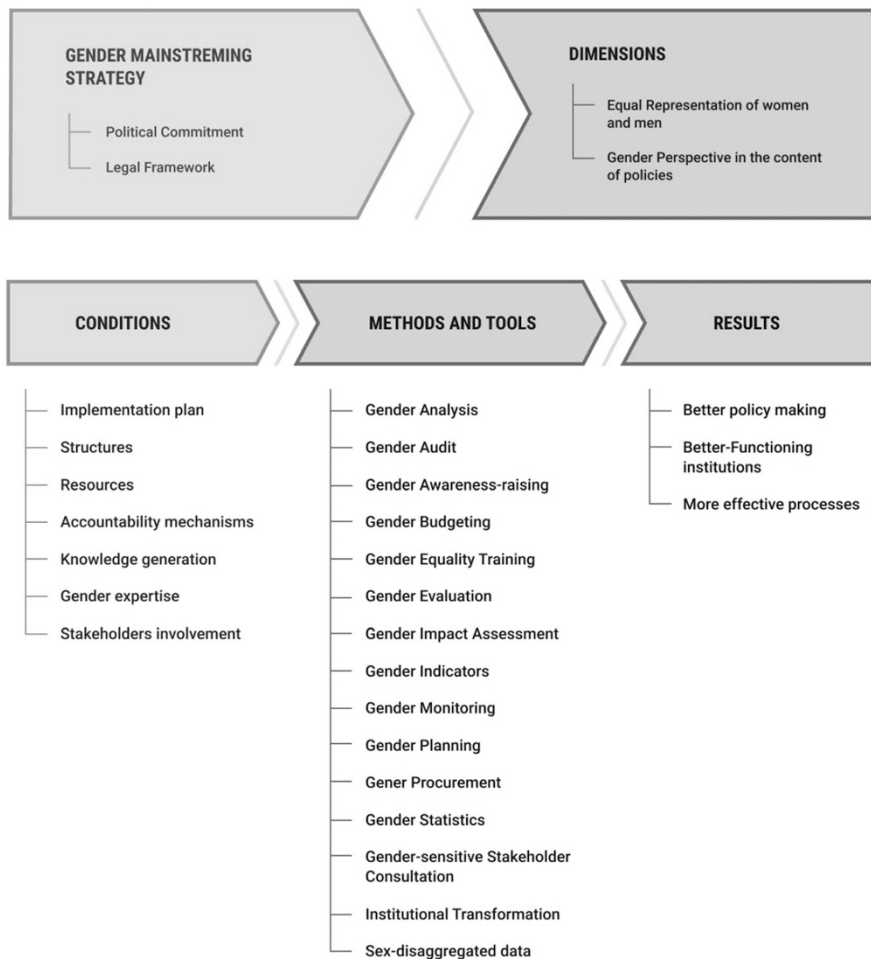


Fig. 7.1 Overview of the different components of gender mainstreaming. Source: EIGE (2019a)

2013). Despite this reluctance, an increase in gender training would help to address the resistance and negative attitudes towards gender issues, and improve on a lack of staff’s understanding about basic concepts, the relevance to their work, and how to mainstream gender into their work (Moser & Moser, 2005; Scala & Paterson, 2017). This lack of understanding continues across the spectrum, as policy makers tend not to be gender experts and as such may not have a high level of gender awareness (Rawluszko, 2019; Roggeband & Verloo, 2006).

Overall, questions remain still on its procedural nature and its similarity with and or differences to gender equality, which may have hindered what it was meant to achieve when promoted as a model (Bendl & Schmidt, 2013; Meier & Celis, 2011; Woodward, 2005). However, while gender inequality tends to operate in an informal

manner (Davies, Harman, Manjoo, Tanyag, & Wenham, 2019), the gender mainstreaming process was developed within a formal framework, with specific requirements to be carried out at an operational level. This may be challenging still as women should not be seen as a homogenous group (Crenshaw, 1989), but rather treated as individuals within the work environment, taking account of the use of an intersectional approach (Crenshaw, 1989; Davies et al., 2019). Unfortunately, the intersectionality aspect of gender in the context of gender mainstreaming is not covered in the definitions (e.g., Council of Europe, 1998; True & Mintrom, 2001; UN, 1997; WHO, 1998) as previously stated above, and has been identified as a major issue of the concept (Walby, 2005). The World Health Organization (WHO) having recognised the lack of inclusivity in the gender mainstreaming format adjusted its equality focus to include those other characteristics, e.g. poverty, age, sexuality, ethnicity, and disability, which could impact adversely on risk factors, health outcomes and increased vulnerability (Magar et al., 2019). There is increasing momentum to acknowledge that addressing inequality has to be more holistic and utilise intersectionality within any process. Equality has to be inclusive and take account of any relevant factors, especially in the context of achieving viable health outcomes (Hawkes & Buse, 2013). In this respect, gender mainstreaming has been posited as a process to address institutionalised sexism, rather than concentrating on individuals and their rights (equal treatment), as well as on groups and their ‘special needs’ (positive action) (Rees, 2005).

The intersectionality approach must be included throughout the research process (Davies et al., 2019), and is especially relevant in the context of OSH. Generally, a focus on gender tends not to include those other characteristics that should be assessed at the same time as gender, such as race, sexuality and age. For example, when face fitting for respiratory protective equipment (RPE), race as a variable has rarely been considered, but is a key characteristic of ensuring a correct face fit of any worker (European Agency for Safety and Health at Work (EU-OSHA), 2014; Trades Union Congress (TUC), 2017), as the RPE should reflect all of the facial characteristics of the person wearing it. This stipulation ensures that the RPE will protect the person, rather than using generic RPE that does not reflect the individual. This non-gender characteristic, but one that would be relevant to women due to intersectionality, has led some researchers to query if the focus should be less on ‘gender mainstreaming’, but rather on ‘diversity mainstreaming’ (Eveline, Bacchi, & Binns, 2010).

Another challenge of gender mainstreaming is its dual focus of wishing to achieve gender equality as well as setting in place a mainstream agenda (Walby, 2005), which may require a more holistic interpretation of the workplace than is in place in some organisations, or may not be possible in others. In 2005, Rees noted the lack of instances in which a gender mainstreaming approach was used to promote gender equality as the main policy goal. Rather, she highlighted its confinement when placed as part of another policy. Such an approach could detract from what gender mainstreaming could achieve if it is allowed to stand on its own.

The transferability of gender mainstreaming across different countries in having a comparable understanding of the term is another issue that has arisen. In the context

of the EU, it is not a term that translates smoothly from English into other European languages (Rees, 2005). This is especially difficult in those languages that do not have a word for gender (see European Commission (EC), 1998).

In respect of data collection, this is paramount, with methodologies needing to be more holistic with a lower focus on those hierarchical binaries of formal/academic and local/activist knowledge (Mukhopadhyay, 2014), which perpetuate the status quo on how gender and gender equality are perceived in the research process. The method to assess gender mainstreaming should not be restricted to one format, but should include qualitative as well as quantitative approaches, in addition to using formal and informal approaches (Davies et al., 2019).

It is to be expected that collating information is an essential first step in addressing gender equality, and some of the technical tools that should be considered are gender disaggregated statistics, gender impact assessment, gender proofing, gender equality training, and to develop equality indicators (Grosser & Moon, 2004). The success of gender mainstreaming requires the re-examination of the choice, the interpretation and the use of data; this would include understanding how the data are used to interpret trends, to design policies and to evaluate outcomes (Rubery et al., 1998).

7.4 The Benefits when Gender Equality Ensues

The evidence on the benefits that women can offer to the workplace at a strategic level, may be mixed, as research in this area needs to increase. There is acknowledgement that in order for equal opportunity and gender mainstreaming to be implemented more widely, the evidence on the benefits that women can bring in terms of organisational performance has to be available (D'Agostino, 2015). D'Agostino (2015) stresses the importance of this due to the perceptions that women are seen as having achieved equality already, and as such they are made to feel that they should work harder to advance in organisations and to overcome barriers, or accept that they cannot have it all. Despite these perceptions, there is acknowledgment of women's increasing contributions to the workplace: in improving organisational performance (US based studies—Barsh & Yee, 2011; D'Agostino, 2015); and in realising a high profitability when promoting women into senior executive positions (19-year study of 215 Fortune 500 firms—Adler, 2001).

Within the EU, there is an edict to raise women's employment rate, which is supported by recommendations on childcare; however such outcomes and activities have failed to take into account how to change men's behaviour in terms of childcare (Rubery, 2002), and other care obligations, such as elder care. The reality exists still that in terms of care, regardless of the type of care (i.e. child, parent, relative, in-law), as well as in terms of housework, women, rather than men, are the ones who take on the majority of these tasks (Office for National Statistics (ONS), 2015, 2016). The means to ensure gender equality has to exist at the macro level, but this may not be as easy to achieve according to Rao and Kelleher (2005). They propose that at a macro

level, gender mainstreaming operates in a policy environment which is increasingly hostile towards justice and equity, and which continues to feminise poverty. They suggest that when explored at a meso level, e.g. at an organisational level, gender mainstreaming involves a random collection of diverse strategies and activities, which should allow the process to move forward towards a gender equality agenda. In reality, this has not materialised as much as it should. They advocate that at this meso level, active resistance to the value of women's rights and gender equality goals continues to exist. Furthermore, where allies exist, their hands are restricted by policy priorities, poor infrastructure, and decreased funding levels. In assessing gender mainstreaming at a micro level, they note that the first-generation development objectives are linked too closely to the United Nations Millennium Development Goals (MDGs) (WHO, 2019). So, while the MDGs do incorporate measurable indicators for women's empowerment, such as goal 3: to promote gender equality and empower women, this may in fact work to reduce the impact that it should have, as it has excluded other elements, such as violence against women.

7.5 Factors Contributing to the Success of OSH Gender-Sensitive Interventions

In a review of those factors that contributed to driving gender equality within public sector organisations in the United Kingdom, Page (2011) found that attaching meaning to what the organisation wanted to achieve could benefit such changes. This was due to the perceptions of an emptiness of meaning in the processes to achieve certain targets and standards. Other factors included embedding gender equality into the system, while taking account of all the other processes in place; changing the discourse to allow changes regarding gender to be accepted as the norm, e.g., through a reference of improving service quality; using independent organisations, such as trade unions or expert consultancies to advance the gender equality agenda within the organisation; building and using networks to support, learn and promote women's equality; acting as a coach to encourage equality discussions and allowing the sharing of knowledge. All of these actions served to embed the changes and support future processes.

7.6 Measuring the Impact of Gender Mainstreaming

There is evidence that researchers and/or policy personnel have measured the impact of gender mainstreaming. Meier and Celis (2011) used two kinds of policy evaluation instruments to screen (equality) policies: gender impact assessment tools, more specifically the Dutch and Flemish Emancipatie Effect Rapportage (EER; gender impact assessment), and Critical Frame Analysis (CFA). These were used to assess if

a gender-mainstreaming policy should be seen as ‘substantive’ or as ‘procedural’. However, the authors acknowledge that there is limited consistency in how and when policies are evaluated.

Despite the creation of tools to aid in evaluating gender mainstreaming, there are some industries that move ahead with practices, but not others. For example, in the manufacturing industry while steps were taken to address pregnancy and breastfeeding, very little was done to include those other female issues, such as menstrual problems and the menopause, while for men, reproductive hazards have been largely ignored. These gender focused steps could be further aggravated by the risks of ignoring gender (Grosser & Moon, 2004), e.g. having in place gender neutrality systems.

While there are a lot more acceptances that there are differences in the OSH procedures and practices that exist between men and women (EU-OSHA, 2013, 2014; Masike, Bupe, & Masiyazi, 2014), this perception does not seem to have been translated to ensuring a more holistic focus of gender equality. It is essential to remember that the relative importance of pursuing gender mainstreaming is due to inequalities that continue to exist between the genders within the work environment. Further, gender mainstreaming supports overall good practice from which both workers and organisations benefit. Research has shown that work is good for individuals (Waddell & Burton, 2006), with ‘good’ or ‘decent’ work providing even more benefits (Blustein, Olle, Connors-Kellgren, & Diamonti, 2016; Ghai, 2003) especially in ensuring that individuals maintain their well-being. The positive benefits of work may be even more relevant for women, as previous research has shown, such as Nylén, Voss, and Floderus’s (2001) Swedish study, of the increase in women’s mortality rate due to unemployment. One aspect to be considered when deciding what is ‘decent’ or ‘good’ work, are an organisation’s values. Values are essential elements of an organisation’s culture and promote a safe and healthy working environment. Some of the values that support health, safety, and well-being within the workplace are interconnectedness, participation, trust, justice, responsibility, growth and resilience (Zwetsloot, van Scheppingen, Bos, Dijkman, & Starren, 2013). It can be reasoned that when poor work practices are in place, such as the lack of tools and other resources, every worker will eventually suffer.

The literature on poor health outcomes outlines the listed factors as strong contributors to these: a lack of recognition (usually through low pay and a lack of respect from colleagues), job insecurity, restricted autonomy, limited possibility for advancement or having the ability to develop one’s abilities, a lack of work support, and the intensification of work (Benach et al., 2014; Malenfant, LaRue, & Vézina, 2007).

7.7 Gender Mainstreaming in Practice

Various gender mainstreaming initiatives have occurred since its introduction. These have included: having in place gender budgets that sit alongside national budgets, which serve to highlight the amount that governments spend for women and for men

(True & Mintrom, 2001). Some of the countries that have implemented this initiative are Australia, the United Kingdom, Switzerland, Sweden, Norway, South Africa (True & Mintrom, 2001). Extended amounts of gender training were undertaken in Poland (Rawluszko, 2019). In Wales (Parken & Ashworth, 2018), a new range of gender-neutral 'Campus Services' positions were created, which contained a mixture of gender-typed activities and flexible working practices for everyone doing these roles. These new roles facilitated a higher proportion of women being recruited into positions, particularly as team leaders. The creation of these roles were to tackle the gender disparity of salary and of gender specific roles. Parken and Ashworth (2018) highlighted that three main elements allowed these changes to occur and to be successful: collective buy-in, an active and visible leader, and phased objective setting.

The European Institute for Gender Equality (EIGE, 2019b) provides good practice overviews of gender mainstreaming. While good practice is one of the elements of gender mainstreaming, it is useful to understand what this means. For an action or process to be considered as good practice, it should, (1) Work well, (2) Be replicated elsewhere (transferability) and/or (3) Is good for learning how to think and act appropriately (EIGE, 2011). The UN's (1999) definition of good practice is more detailed, and requires that the action or process meets at least two of the following criteria: leads to an actual change that contributes to gender equality or breaks new ground in non-traditional areas for women; has an impact on the policy environment, to create a more conducive or enabling environment for gender equality; demonstrates an innovative or replicable approach; or demonstrates sustainability.

The 97 overviews of good practice examples of gender mainstreaming projects (EIGE, 2019b) are very gender equality focused, such as how to achieve work-life balance, getting more women employed, getting more girls involved in information technology and getting more funding for women entrepreneurs. These are all laudable good practices but seem to centre more on white collar and perhaps 'safe' jobs that would lead to decent work. However, many of the concerns in respect of gender mainstreaming and OSH that require more input are those tasks and roles that are less visible, and therefore less safe (see Kosny & MacEachen, 2010).

Previous projects/actions/practices have shown that gender mainstreaming can be successful. These include the Olympic Park, specifically construction in London for the 2012 Olympic Games. Over the years of the build and of the project, there were zero fatalities and an increase in women into the workforce. The construction industry is essential to economies generally, with various issues having been highlighted as existing within the construction industry, such as its perpetuating view as a highly gendered activity, and one that did not encourage the recruitment of women (Ginige, Amaratunga, & Haigh, 2007). It is one that has failed to attract and retain women, but was an industry that could not overlook any part of the workforce (Gurjao, 2006).

Other successful practices have focused on training teachers, adjusting work practices and providing PPE and RPE that fit (see EU-OSHA, 2012, 2014).

7.8 Discussion

The literature shows that there is continuous support at a governmental level and at an organisational level in continuing with gender mainstreaming. However, challenges exist with gender mainstreaming's conceptual and procedural nature. As a concept it remains open to interpretation from countries, organisations, and policy makers. This makes it less suitable to compare actions across countries and organisations and may even work to reduce the transferability of good practice. The literature contains reviews of gender mainstreaming in terms of successes regarding 'gender', less so on successes in respect of 'gender within the context of OSH policies and practices'. It is necessary to reduce the gender pay gap, get more women into the workforce and ensure that policies and practices are in place to allow them to work safely and stay healthy.

The triad approach (e.g., the business case, the legal case and the social case) to support equal opportunity and thereby gender mainstreaming is one of the ways to get organisations on board. These focus senior managers, as well as the workforce, into understanding that the reasons and benefits for engaging in any one task is not unidimensional.

It seems that one of the main challenges on progressing with gender mainstreaming in the OSH context is the lack of appropriate instruments to measure gender mainstreaming—at a policy level, at a practical level and to assess longitudinal effects of gender mainstreaming within the work environment. As well, related to this, is the lack of the segregation of statistics (collection, analysis) for men and women. If it is not known how different policies, practices and actions impact on men and on women, then suitable good practices cannot be developed, nor can they be improved or suitably evaluated. From the literature reviewed, it would seem that the evaluation of gender mainstreaming could be made more consistent and be clearer in its purpose.

Researchers and practitioners have noted the lack of resources to ensure the successful implementation and sustainability of gender mainstreaming (Meier & Celis, 2011; Woodward, 2005). While the availability of resources is inconsistent, much more investment is needed to cement gender mainstreaming within organisations' policies and procedures, as well as their processes and practices.

From the evidence it is unclear if the institutional changes as advocated by Rao and Kelleher (2005), to allow gender mainstreaming to occur when those unequal social systems and institutions have been removed.

7.8.1 Factors and Practices that Could Support Organisations in Improving OSH for a Gender Diverse Workforce

- Secure senior management commitment. This commits senior management to take an interest in the process and support it from beginning to end.

- Have gender expertise in place. If there is not an adequate understanding of why gender equality is essential to the work environment, then this limits the commitment to the process.
- Develop and facilitate gender training. Those involved in the development and delivery of gender mainstreaming good practices have to understand why these practices are essential to the organisation.
- Consider including diversity mainstreaming. Gender is not a person characteristic that operates in isolation. Women and men have other characteristics that impact on how best to design OSH practices that will work.
- Conduct robust evaluation of the process and feedback to those involved. The evaluation of any process is essential as it shows areas that can improve and as well shows those areas that made a positive impact. This essential step obtains further buy-in from those involved in the process.

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Chapter 8

Addressing Gender Inequality Through Corporate Social Responsibility: A Review of Public Governance in Latin America

Luis D. Torres, Aditya Jain, and Stavroula Leka

8.1 Introduction

Latin America is a region of contrasts. The region has made significant progress in promoting gender equality over the past 20 years. Major progress has been made in female labour participation (World Bank, 2014). The contribution of female labour earnings has had a substantial impact on long-run growth (Agenor & Canuto, 2015), and on the decline of extreme poverty (World Bank, 2012a). Despite this apparently favourable state of affairs, the region has historically suffered from inequality, social exclusion, corruption and reduced institutional capacity (Grassi & Memoli, 2016; Prados de la Escosura, 2015; Stampini, Robles, Sáenz, Ibararán, & Medellín, 2016; Székely & Mendoza, 2015).

Lupica (2015) suggests that public policies have had at least two weaknesses. On the one hand, patriarchal materialism is still at the core of Latin America's social policies. These policies have seen women as a vulnerable group and, as such, their focus has been on reducing poverty rather than improving economic autonomy. On the other hand, policies have been designed as if they do not reflect and reproduce social norms, biases and gender values. As such, labour institutions have not addressed the fundamental barriers for women's participation in the labour market. Forstner (2013) adds that State's interventions have been based on a male household head and breadwinner and female housewife model.

Franceschet (2011) indicates that the biggest obstacle to women's rights is the ineffective implementation of existing laws and policies because of weak state

L. D. Torres (✉) · A. Jain
Nottingham University Business School, University of Nottingham, Nottingham, UK
e-mail: luis.torres@nottingham.ac.uk

S. Leka
Cork University Business School, Cork, Ireland

capacity, insufficient resources and a lack of political will. From a historical perspective, this can be explained to some extent by the aggressive implementation of neoliberal systems in the late 1980s and early 1990s (Dobrusin, 2015). State-oriented administrations progressively returned in the 2000s (Daeren, 2001; Rozenwurcel, 2006). However, the neoliberal heritage left labour rights and labour institutions deteriorated. Although formal State-led institutions for gender equality were created at the time, reduced political will and insufficient allocation of resources have restricted their capacity to advance gender equality to the extent that is needed (Fernós, 2010).

In this context, a public governance role based on a pure law compliance-based perspective is likely to be insufficient (Grassi & Memoli, 2016). The role of public governance institutions has been largely associated with the enactment of laws regulating business behaviour. However, the State capacity to enforce those laws is limited across the region (Cárdenas, 2010). Public governance has therefore evolved to include policy tools and standards for promoting responsible business conduct that go beyond traditional legislation (Fox, Ward, & Howard, 2002; Moreno, 2010; Nelson, 2008; Steurer, 2010). Those tools are frequently referred as corporate social responsibility or CSR. While CSR involves the commitment of business to contribute to sustainable development in a win-win relationship with society (Ward, 2004), building optimal enabling conditions for business involvement is one of the main challenges of global and domestic governance institutions.

From a CSR perspective, governance institutions can design a multiplicity of policy instruments to engage businesses in social issues. For example, the OECD identified policy instruments used by governments to give shape and direction to corporate initiatives. They classify these instruments as enforcement strategies and legal and regulatory risk management, taxes, direct participation in sector initiatives, and contributions to specialised human and intangible capital (OECD, 2001). Similarly, Steurer (2010) and Steurer, Martinuzzi, and Margula (2012) suggested a typology of CSR policies used in Europe that distinguishes five types of policy instruments: legal (e.g. laws, directives, and regulations), economic or financial (e.g. subsidies and awards), informational (e.g. guidelines, training, and websites), partnering (e.g. public-private partnerships, negotiated agreements, stakeholder forums), and hybrid (e.g. platforms/centres and CSR national strategies).

The purpose of this chapter is therefore to explore what public governance strategies have been used in Latin America to engage the private sector in gender equality issues. We focus on identifying international public governance initiatives seeking to engage the private sector in gender equality. We map international public policy efforts with emphasis in Latin America by analysing the data gathered from 115 reports published between January 2010 to October 2014 by 19 international (worldwide), regional (Latin America), and sub-regional (groups of countries) organisations. Furthermore, this chapter explores the role of local governments at engaging the private sector in gender equality issues. Through ten semi-structured interviews with stakeholders from multilateral organisational and employers' associations, the role of governments and the involvements of the private sector are identified and discussed. Reports and interviews were analysed using framework

analysis (Richie & Spencer, 1994; Spencer, Ritchie, & O'Connor, 2003; Srivastava & Thomson, 2009).

It is important to note that none of the analyses targets individual countries or individual policy initiatives. Instead, we seek to classify regional and international initiatives implemented by countries in the region, as well identifying the role of local governments in the implementation of those initiatives and within a CSR policy framework.

8.2 Gendering CSR in Latin America: The Public-Private Divide

Several factors have determined the nature of public-private relationships in Latin America including the focus of the development policy, the role of the State, the international agenda, and regional challenges regarding poverty and inequality.

During the 1980s the Latin American region experienced an important debt crisis accompanied by the prevailing perception by global business leaders and investors that the region was corrupted by drugs, debts and dictators (Martinez, Quelch, & Ganitsky, 1992). This crisis made public policy drastically change. After four decades of state-led protectionism, neoliberal policies promoting industrial development, privatisation, trade openness and financial liberalisation took over (Roseblatt, 2013). In the 1990s these policies were incorporated under what was called the Washington Consensus (Williamson, 1993, 2008). Under this development strategy the role of the state was reduced to the minimum. Markets became largely free and unregulated, and the private sector became the key driver of development (Ramos, Sehnbruch, & Weller, 2015).

This strategy was successful in bringing down inflation and attracting foreign investment. However, the structural transformation had critical and negative consequences on employment, income distribution and social welfare (Rozenwurcel, 2006). The CSR movement became more active in the late 1990s, when the market and the state required more ethics and transparency from business (Arruda, 2009; Casanova & Dumas, 2010). In early 2000, government institutions took over social issues once again, although less drastically than before (Cornia & Uvalic, 2012). It is therefore not surprising that CSR originated from the mobilisation of the business community and an organised civil society, but with little public sector participation (Beckman, Colwell, & Cunningham, 2009; Louette, 2007). Today, practically all Latin American countries have and rely on civil society organisations and employers' associations that promote and foster CSR (Fundacion AVINA & Korin, 2011).

CSR has focused at reducing conflict and securing a social license to operate (Suescun-Pozas, Lindsay, & du Monceau, 2015). This external orientation is to some extent reinforced by a society highly influenced by its religious background (Reficco & Ogliastri, 2009; Vives, 2006; Vives, Corral, & Isusi, 2005). As such, CSR has

been characterised by the use of more informal policies with emphasis on external stakeholders such as the community and the environment (Blowfield, 2007; Carlier, Llorente, & Grau, 2012; Dobers & Halme, 2009; Kowszyk, Covarubias, & García, 2011; Maxfield, 2007), and expressed in eco-friendly initiatives, philanthropy and social investment (Paul et al., 2006; Pezoa-Bissières & Riumalló-Herl, 2011). Currently, the practice of CSR in the region is largely influenced by the international agenda and local social challenges. Companies are increasingly engaging in the type of CSR activities commonly associated with CSR in developed countries such as sustainable reporting and public commitment with internationally agreed guidelines and principles (Muller & Kolk, 2008).

8.3 CSR and the Role of Governments: Stakeholder's Views

Globally, the debate on the role of governments within the CSR agenda initially focused on the question of whether governments should enact hard regulation (Albareda, Lozano, Tencati, Midttun, & Perrini, 2008). This debate is based on the traditional role of governments where decision-making is hierarchical and related with a mandating role (Fox et al., 2002). In Latin America the opinion is not different. There is a general agreement among interviewees in this study that the role of government should be to set the minimum standards (labour laws, minimum wage, etc.). With more availability of women in the labour market, the private sector is gaining in accessibility to a wider and diverse workforce. However, benefiting from this trend should be accompanied with a framework that promoted a higher business responsibility regarding gender issues.

The existence of a legal framework is a fundamental component of a rule of law system supporting women's rights. In this respect, governments have a mandating and protecting role in terms of gender equality and women's rights at work. This is agreed not only by interviewees from multilateral organisations, but also by those from employers' associations. For the latter, one interviewee points out "[governments] must strengthen all the mechanism to inspect and enforce the law, because when we talk about CSR, law compliance is the baseline".

However, an over reliance on compliance-based mechanisms can lead to governance failures that make governments inefficient, expensive and/or inadequate (Lepoutre, Dentchev, & Heene, 2007). Interviewees agreed that legislative initiatives have not been as successful as intended. Current legislation and constitutional guarantees for women are not strong enough to see them fully implemented on the ground as state capacity is still weak. In this respect, one interviewee indicates that "there are countries very much committed with gender equality, for example, equal pay; however, the mechanisms to enforce regulations are not in place yet".

The debate has therefore evolved from the purely legal role of governments to a broader role as mediators, facilitators and partners (European Commission, 2011). States are expected to act as sponsors of CSR initiatives and enablers of private sector engagement (Simon & Tang, 2012). Private sector involvement in social

issues is seen by interviewees as something that does not occur naturally unless States create suitable conditions, particularly considering the level of development of the region: "...so governments need to incentivise CSR because it is not necessarily something that comes naturally at the level of development that Latin America is currently at".

A common proposal among interviewees is the development of fiscal policies that recognise gender issues in companies: "governments must find suitable incentives for responsible corporate behaviour in terms of gender equality practices. It is necessary to recognise and to put the incentives in the right place for companies to integrate gender equality and that this integration make business sense". This includes a set of economic incentives such as access to funding, tax reduction, and public procurement options for companies that fulfil expected CSR standards for gender equality.

Midttun (2008) proposes that CSR initiatives should be systematically integrated with the governmental agenda in a "joint partnered governance" (pp. 409). Partnered governance implies "the cooperation of diverse social actors in regulation—in particular various private agents and sometimes, public agents" (Nikoloyuk, Burns, & de Man, 2010, p. 60). This perspective moves beyond private sector self-regulation to include states in a co-regulation basis. The legal and CSR governmental role are therefore complementary and mutually reinforcing. Without this complementary view neither sole legislation nor self-regulation will succeed: "...the stick does not solve everything because what [companies] are then doing is hiding and outsourcing, but the incentive does not solve everything either".

CSR is seen as an opportunity for local governments. The opportunity rises only if governments are able to link CSR with their local development challenges: "CSR is an opportunity to governments across the region as long as they see it as a part of the development strategy". In this respect, joint action is particularly recognised as key to address the limitations of the social protection system across the region. Governments do not have enough resources for a universal coverage system so the private sector should assume a more proactive role in this respect: "... if we do not work with the private sector, it is not possible to guarantee social protection systems fully funded by the states. ... then the private sector have to give back and realised its co-responsibility with the care system".

Governments should assume a new governance role in order to support private sector involvement in gender issues at work. However, the role of governments in this matter is still weak. Governments have largely assumed a more passive stance towards CSR, showed difficulties to identify the right incentives, and failed at generating constructive dialogue with the private sector: "...a big challenge for the states is to solve this, let's say, broken communication crisis between the estate and the private sector". Without a public sector signaling the path of what is expected, self-regulated markets will frequently fail, and, in turn, corporate action may end up causing more harm than good to individuals (Wettstein, 2010).

8.4 CSR Governance: From Local to “Glocal”

Governments are not always able to exercise the level of governance that is expected or needed. The UN Secretary-General’s Special Representative on Business and Human Rights recognised this by indicating that “the debate about business and human rights would be far less pressing if all Governments faithfully executed their own laws and fulfilled their international obligations” (UN, 2006, p. 20). Detomasi (2007) proposes that effective governance systems share at least four characteristics: legitimacy, accountability, capacity, and enforcement. Legitimacy implies that those who exercise authority, possess the acknowledged right to do so, by those who are subject to that authority. Accountability depends on the existence of mechanisms whereby those who exercise power are accountable for the consequences of what they do. Capacity suggests that the institutions entrusted with the governance function possess the resources, administrative capacity, and specialised technical knowledge. Finally, enforcement covers the normative and/or non-punitive sanctions for those transgressing established rules.

Castells (2008) proposes that governments have transformed themselves to be more effective by three main mechanisms. Firstly, states associate with each other forming networks of states. Some of these networks are multipurpose and constitutionally defined (e.g. the Organisation of American States or OAS); others focus on a set of issues generally related to trade (e.g., Mercosur); while still others are spaces of coordination and debate (e.g., the Asia-Pacific Economic Cooperation or APEC). Secondly, states may build an increasingly dense network of international institutions and supra-national organisations to deal with global issues. Examples of these are the United Nations (UN), the Organisation for Economic Co-operation and Development (OECD), and the World Bank. Finally, states may also decentralise power and resources through local or regional government institutions and to local civil society organisations in order to extend the decision-making process in society.

The decreased ability of national governments to exercise effective governance has prompted the emergence of a global multi-stakeholder system (Lepoutre et al., 2007). A great deal of governance in specific areas related to CSR and gender equality is exercised through the action of these multi-stakeholder mechanisms.

Concerns about women’s position in society have led to both the development of international treaties and conventions, the inclusion of non-discriminatory clauses in economic agreements, and the creation of women departments and offices within countries and international organisations. Intergovernmental bodies such as the European Union (EU), the OAS, and the OECD have established gender issues as a priority among their member states through gender mainstreaming policies and recommendations (European Commission, 2016; OAS, 2000; OECD, 2013). A common characteristic of these international initiatives is the design, development, and implementation of policies that transcend national borders without having sovereign authority (Finkelstein, 1995). This global system sees governments as engaged in a horizontal inter-organisational network of societal actors, where public

policy is both formed and executed by the interacting and voluntary efforts from a multitude of stakeholders (Kooiman, 1993).

We map multi-stakeholder policy initiatives with focus in Latin America by analysing the data gathered from 115 reports published between January 2010 to October 2014 by 19 international (worldwide), regional (Latin America), and sub-regional (groups of countries) organisations. The aim is to identify global governance initiatives seeking to engage the private sector in gender equality. To identify policy initiatives, public policy is understood in terms of a continuum from hard to soft regulation. Hard regulation refers to legally binding obligations that are precise and that delegate authority for interpreting and implementing the law (Abbott, Keohane, Moravcsik, Slaughter, & Snidal, 2000). Examples of hard regulation is legislation with national, regional or international application. While, soft regulation begins once legal arrangements are not effectively implemented, are unclear, or are of interest for key stakeholders (Abbott & Snidal, 2000). Examples of soft regulation are recommendations, declarations, statements and agreements. A key distinction between soft and hard regulation is in terms of enforcement (Kuruvilla & Verman, 2006). While in hard regulation enforcement is implemented via sanctions, in soft regulation enforcement can be, for instance, monitoring and feedback, transparency, peer group audits, benchmarking, joint studies, etc.

By applying this definitions to the analysed reports, the thematic framework presented in Table 8.1 was identified. A summary of findings is discussed in the next three sections.

Table 8.1 Thematic framework

Theme	Subtheme	Description
Protective instruments	International/regional law	Internationally agreed formal rules recognised by Latin American nations as binding in their relations with one another
	International/regional agreements	Latin American states voluntary commitment with a particular international/regional agenda. Not legally binding
Promoting instruments	International/regional economic incentives	Subsidies and awards provided by an international and/or regional organisation and including Latin American countries
	International/regional informational initiatives	Awareness rising initiatives such as guidelines, training, and websites, among others
Commitment instruments	International/regional partnerships	Agreements between international/regional organisations and the private/civil society sector including formal partnerships, negotiated agreements, and stakeholder forums
	International/regional hybrid initiatives	Initiatives based on more than one instrument equally including CSR/gender platforms, centres, and networks
	International/regional public policy networks	Alliances of government agencies, international organisations, corporations, and civil society representatives

8.4.1 Within the Law: Protecting Women's Rights

At the international level, multilateral organisations have played a key role in the development and enactment of policies with binding and non-binding nature among their member states. Powerful binding mechanisms are related with existing international human rights treaties and conventions. Although their effectiveness mostly depends on the governmental capacity, these instruments represent the minimum international requirements for countries.

The Universal Declaration of Human Rights is the starting point of any international, regional, and local public policy initiative. This declaration, which became enforceable through the International Bill of Human Rights (including also the International Covenant on Economic, Social and Cultural Rights; and the International Covenant on Civil and Political Rights and its two Optional Protocols), has largely recognised gender equality as a human right. Although mandatory, voluntary State's commitment has been also ratified in non-binding declarations such as the Vienna Declaration and Programme of Action and the ILO Declaration on Fundamental Principles and Rights at Work, among others.

International legal instruments dealing with gender discriminations are also widely used and ratified by countries across the region. The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and its optional protocol are the basic instruments for protecting women's rights from an international law perspective. These documents have also provided the basis for more specific declarations and protocols on gender and related issues affecting women such as violence (Declaration on the Elimination of Violence against Women), human trafficking (Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children), and women's empowerment and development (Beijing Declaration and Platform for Action). Furthermore, these instruments have been a source for reference and consideration in broader voluntary commitments for sustainable development (e.g. Agenda 21 and Rio+20) acknowledging gender equality as a crosscutting issue. This commitment with gender has been reinforced by the work of the UN Women and the gender mainstream approach. The latter is part of the work of development organisations since the adoption of the Declaration and Platform for Action of the Fourth World Conference on Women, Beijing 1995.

In the employment arena, at least four ILO conventions are recognised as fundamental instruments for gender equality. These conventions address the traditional difficulties that women face when entering the labour market. These conventions are the Discrimination (Employment and Occupation) Convention (No. 111), Equal Remuneration Convention (No. 100), Maternity Protection Convention (No. 183), Workers with Family Responsibilities Convention (No. 156), and their related recommendations (No. 111, No. 90, No. 191, No. 165). From this group of conventions, Convention No. 156 has been the lesser ratified in Latin America. This convention asks States to enable people with family responsibilities (including care for children and other family members) to engage in economic activities without

having to choose between both. Countries are therefore requested to provide child-care and family services and facilities. States across the region have a reduced institutional capacity to provide these services which explain to some extent their low level of ratification (ECLAC, 2014).

At the regional level, the OAS is the main organisation in charge of enforceable treaties and agreements. Within the institution, two commissions work on human rights and gender, respectively: The Inter-American Commission on Human Rights (IACHR) and The Inter-American Commission of Women (CIM). In the area of human rights, the IACHR is responsible for regional treaties such as the American Declaration of the Rights and Duties of Man, the American Convention on Human Rights, and the Inter-American Convention against All Forms of Discrimination and Intolerance. In the arena of gender, several inter-American conventions and voluntary commitments are frequently mentioned in the reports. Conventions have been largely related with issues such as women's civil rights (A-45), political rights (A-44), and violence against women (A-61). Similarly, the Regional Conference on Women in Latin America and the Caribbean, a subsidiary body of the Economic Commission for Latin America and the Caribbean (ECLAC), is the primary source for voluntary agreements among member states in this regard. These non-binding consensuses focus on gender issues across the region with interest in supporting international development efforts.

The identified instruments are not necessarily specific for CSR or for gender equality alone, but in each case, they represent a set of international initiatives which set the minimum standard for international, regional and domestic governance on gender issues and, to some extent, corporate behaviour.

8.4.2 Beyond the Law: Promoting Awareness

Unlike protective measures, promoting instruments target a broader number of stakeholders as they are not subjected to sovereignty restrictions. Promoting instruments are those seeking to engage stakeholders through awareness rising and incentives. Within this category, informational instruments including research and guidelines are the most developed in our review. Research implemented by international and regional organisations has been key to understand gender inequalities and to facilitate the design of policies. Thanks to these efforts the level of awareness regarding the potential contribution of the private sector in addressing gender issues has significantly increased.

Research has been largely carried out in the international arena aiming at evaluating countries' progress on gender equality. One of the most important efforts to link development and gender equality was made by the World Bank on the World Development report 2012 (World Bank, 2012b). This report is largely cited in most of the reports consulted. Similarly, reports around comparative country indexes are periodically published. For example, the UNDP Gender Inequality Index, the OECD

Social Institutions and Gender Index (SIGI), the World Bank Women's Legal Rights database, and the World Economic Forum Gender Gap, among others.

Furthermore, informational initiatives are also encouraged at the regional level. Organisations such as the OAS, ECLAC and the UNDP are the main promoters of these initiatives. For example, the Gender Equality Observatory for Latin America and the Caribbean coordinated by the ECLAC gender division is the main regional centre regarding gender research and indicators on the situation of women (ECLAC, 2013a). Similarly, the Economist Intelligence Unit in collaboration with the Inter-American Development Bank (IDB) published in 2013 an index which assesses the environment for supporting and growing women's micro, small, and medium-sized businesses (WEVentureScope; World Bank, 2014). Although these efforts are specific for gender equality at the country level, they include dimensions related with the organisational arena as expressed by economic empowerment and labour market indicators.

In terms of business guidelines, international organisations have developed their own standards of expected corporate behaviour. In most cases, these efforts are based on broad guidelines for reporting, human rights, and CSR in general. There is almost no initiative which does not refer to the OECD Guidelines for Multinational Enterprises, the ISO 26000, the UN Guiding Principles on Business and Human Rights, the ten principles of the Global Compact, and the GRI guidelines for sustainable reporting. Although these standards represent fundamental principles of corporate behaviour in areas beyond gender issues, the promotion of gender diversity is explicitly included as expected corporate behaviour. This commitment is reinforced by the Women's Empowerment Principles designed by a collaboration between UN Women and the UN Global Compact.

Likewise, a number of efforts have been made at the regional level to improve gender awareness among government institutions and the private sector. For governmental institutions, initiatives have aimed at strengthening institutional capacity. Several training programmes have been implemented by the Central American Integration System (SICA) in order to underline the link between gender, economic integration and development. Similarly, the ECLAC has been an important promoter of distance-learning courses on gender issues, and the OAS has focused on strengthening gender specialised units within labour ministries. The private sector has also been a target of these training programmes. For example, the OAS has implemented a training module on CSR and gender equality for small and medium enterprises. Also, the IDB has focused on the development of training programmes to support companies' solutions for disadvantaged groups, including poor and aboriginal women.

Unlike the wide use of informational resources, economic incentives are still few in number according to this analysis. This is not only common at the international and regional level as represented by global initiatives, but also at the country level. Governments in the region have developed plans and policies for gender equality with specific objectives aimed at promoting women's economic participation. However, these plans do not form part of the State economic and business agendas (WEF, 2014). Similarly, the analysed reports do not present national examples beyond

conditional cash transfer programmes which do not target the private sector. At the international level the UNIDO and the UN Women have designed the SEED Gender Equality Award which gives a financial contribution of US\$5000 to women entrepreneurs tackling poverty and social exclusion. At the regional level the IDB have also designed a financial programme called Opportunities for the Majority Initiative for companies addressing social issues for disadvantaged groups in the market.

8.4.3 Working Together: Commitment with a Common Agenda

Commitment instruments including partnerships, hybrid initiatives and policy networks are also being integrated across the region. Most of these initiatives are promoted by international organisations. The lack of examples of regional initiatives cannot be taken as an accurate description of the regional context; however, it can be an expression of the public-private divide discussed in a previous section. Regarding this, the ECLAC (2012) indicated that public sector institutions, civil society and the private sector have shown little cooperation across the region. What is more, policy agreements between government and the private sector have been largely unreliable. The general perception is that when the time comes for the public sector to release funds or for the private sector to make matching investment, the cooperation is broken or weakened.

Examples of public-private partnerships can be found at the international level. Some of them are based on membership and led by a multilateral organisation such as the World Bank and its WINvest initiative, and the UN with the Rio+20 Corporate Sustainability Forum. Some others are specific cooperation between a multinational corporation and an international body such as the partnerships between L'Oréal and the UNESCO to promote women in science, or the partnership between the UN Foundation and Exxon Mobile to develop a roadmap for women's economic empowerment, and the Forum on Human Rights and Business Dilemmas developed by the UN Global Compact and Verisk Maplecroft. There are also some examples of jointly initiated initiatives led entirely by the private sector. They take the form of alliances such as the Global Banking Alliance for Women, and coalitions such as the AVIVA Corporate Sustainability Reporting Coalition. These initiatives are led by companies and in most of the cases include only business leaders.

In Latin America few examples of partnerships were found and with limited public-private collaboration. They are not necessarily specific for Latin American countries, but they are included as members. In this respect, the Asian-Pacific Economic Cooperation (APEC) has established a partnership to promote women's economic empowerment across their members, this initiative included countries such as Chile, Mexico, and Peru. The initiative hosted the High-level Policy Dialogue on Women and the Economy forum in 2015 where the role of women in the economy was again acknowledged. Another partnership between the European

Union and the Oxfam called “Opening Worlds” initiative addresses migrant women’s rights in Colombia, Ecuador, Bolivia, Peru and Spain.

Hybrid policy initiatives combine several instruments to achieve their outcomes. They can take several forms and be led by public institutions, civil society, and/or the private sector. Several examples of these initiatives can be found at the international level. For instance, the UN programme Every Woman Every Child combines states commitments, informational resources, and partnerships to promote women and children’s health around the world. Although in a less extent, the programme also includes private sector cases of successful partnerships.

Similarly, global alliances have helped states to overcome specific issues affecting women. For example, the Global Alliance for Clean Cookstoves gathers public, private and non-profit organisations, information, and even financial incentives to facilitate the use and development of clean cook stoves solutions in developing countries. The initiative is coordinated by the UN Foundation and has being implemented in eight countries including one in Latin America, Guatemala. With a different focus, the Sustainable Stock Exchanges (SSE) Initiative also promotes partnerships with the private sector, forums and informational resources to encourage sustainable investment. Different from the others, the SSE includes gender issues but in a lesser extent and only with more strength in recent years.

Civil society organisations have also developed networks to facilitate women’s economic empowerment. These initiatives based their work not only on research and informational resources, but also on partnerships and forums. For example, WIEGO (Women in Informal Employment) is a global research-policy network that seeks to improve the status of women in the informal economy. Focal countries in Latin American have been Chile, Uruguay, Argentina, Peru, Brazil, Ecuador, Colombia, and Nicaragua. Similarly, in Central America 27 feminist and women civil society organisations conform the network of documentation centres on the rights of women or CDMujeres. They promote women’s rights by developing partnerships and informational resources. In the organisational arena a similar experience has been the Women in Management network. This network is based in membership and is an important platform to share experiences and disseminate information relevant for the private sector.

Although useful at combining policy instruments, most hybrid initiatives lack of effective guidelines, enforcement mechanisms, and ongoing review. Global public policy networks (GPPN) can be suitable tools to overcome these limitations. These networks are loose alliances of government agencies, international organisations, corporations, and civil society representatives such as nongovernmental organisations, professional associations, or religious groups that join together to achieve what none can accomplish on its own (McNutt & Pal, 2011; Reinicke, 1999). Well-known GPPN are the Global Reporting Initiative (GRI), the UN Global Compact (UNGC), the Women’s Empowerment Principles, and the ILO Better Work programme. These networks include guidance and standards for corporate behaviour. Compliance with these standards is a requirement for companies that wish to be part of the network. As these networks are based on voluntary commitments, enforcement mechanisms are based mainly on corporate reputation and membership status. Ongoing

evaluation of progress in the implementation of the network's recommendations is the key mechanism to assure compliance and further action.

In Latin America there is also one regional example of public policy networks working on gender equity at work. The UNDP launched in 2006 the platform called *America Latina Genera* which offers support for governments and the private sector on the implementation of standards, training, key performance indicators, and forums on gender equality at work. One of the most widespread mechanisms has been represented by Gender Equality Seal, a certification programmes for gender equality management systems (Rodríguez-Gusta, 2010). These programmes are designed in the form of standards by which companies can receive a certification after their management system has been externally audited (as discussed in Chap. 6).

8.5 Conclusion and the Way Forward

Governments and business working separately will not advance gender issues to the extent that is needed. Governments are responsible for creating the conditions in which businesses can participate (UNIDO & UN Global Compact, 2014). Public sector action is key in fostering and developing CSR and linking corporate action with local development. However, the role of governments in this respect is still underdeveloped in the Latin American region. The key conclusion is that although businesses can do more especially for gender equality, governments have not done enough to boost CSR and to link gender issues with this agenda.

One of the main conclusions of this chapter is that there is still a need for complementary policy actions to promote the engagement of the private sector in gender equality issues. Although this affirmation is not new (e.g., KPMG, GRI, UNEP, & Centre for Corporate Governance, 2013; Thompson, 2008; Utting, 2007), we extend this claim by offering empirical evidence in Latin America and a systematic analysis of the policy tools available for business engagement at the time of the review. In particular, the documentary analysis underlines the need of designing economic incentives as well as developing multi-stakeholder partnerships. Economic incentives for companies tackling gender equality could be a successful strategy to signal what is expected in terms of CSR. These incentives can range from financial subsidies to public procurement opportunities (Moon et al., 2012). A key element here is to link those incentives to relevant development priorities.

Multi-stakeholder partnership should also be promoted by governance institutions at all levels. These partnerships could focus on advancing gender equality in its different dimensions. There is still much to do in terms of female labour participation, working conditions, income inequality, and household responsibilities (CIM, 2011). Addressing some of these challenges calls for multi-stakeholder mechanisms aiming at facilitating the conciliation of paid and non-paid work, providing networking and training opportunities; promoting female entrepreneurship; and combating cultural barriers, among others (ECLAC, 2013b).

Gendering CSR at the public policy levels requires a new public sector role. Besides enacting and enforcing laws, governments define the scope of CSR by setting the priorities, and promoting specific responsible practices by soft regulation instruments (Aguilera, Rupp, Williams, & Ganapathi, 2007; Albareda, Lozano, & Ysa, 2007; Moreno, 2010; Porter & Kramer, 2006). States can also join other stakeholders in assuming a relevant role for CSR, working together with intergovernmental organisations, and recognising that public policies are key in encouraging a greater sense of CSR across the private sector (Albareda et al., 2008).

Public policy taking a CSR approach can complement hard regulation. Gond, Kang, and Moon (2011) argue that CSR is not exclusively about what occurs beyond the requirements of government and the law. The CSR-government relationships range from being fully regulated by governments to being fully self-regulated. Hart (2010) indicates that self-regulation is synonym of deregulation and that this perspective has little impact on the reduction of workplace inequality. The main limitation is that employers are less likely to initiate the structural remedies needed for real change (Kolk & van Tulder, 2002).

Besides setting the minimum requirements, local governments can improve the labour conditions and market opportunities of women by establishing, for example, meaningful dialogue and collaboration with employers. The role of public sector institutions is then to facilitate the conditions for multi-stakeholder dialogue. When these conditions exist, the business community can engage in dialogue with the government to develop a shared understanding of gender related needs and solutions.

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Chapter 9

Menstrual Leave: Good Intention, Poor Solution



Sally King

9.1 Introduction

Menstrual leave is an employment policy that allows individuals to take additional paid or unpaid leave from work during menstruation. In recent years, it has been attracting increasing global media and public attention (Barnack-Tavlaris, Hansen, Levitt, & Reno, 2019). The motivation behind the promotion of the policy is typically benign, and it is often positioned as being a progressive development in women's health and rights in the workplace (e.g. Melican & Mountford, 2017; Shipley, 2016). This chapter argues that the rationale behind this policy makes several exaggerated and incorrect assumptions about the nature, and prevalence of menstrual cycle-related symptoms in the working population. Moreover, menstrual leave policies could reflect, and contribute to, unhealthy and discriminatory practices against women in the workforce. Indeed, sex-specific employment policies such as menstrual leave can easily, albeit unintentionally, reinforce unhelpful and inaccurate societal myths that position 'all women' as weaker, less reliable, or more expensive employees than men (Mandel & Semyonov, 2005; Misra, Budig, & Moller, 2007). The chapter thus concludes that in order to support and improve menstrual health and gender equality in the workplace, it is better to focus on the working conditions and rights of all employees, plus access to good quality reproductive health information and medical treatment, if required.

S. King (✉)
Menstrual Matters, London, UK

9.2 Menstrual Leave: Origins and Current Trends

This section aims to provide an overview of the historical development of menstrual leave, and to situate this relatively obscure employment policy within a wider social and political context. Much of what is understood about the origins of menstrual leave is thanks to the work of Izumi Nakayama (2007), which will soon be published as part of a larger study on the cultures of menstruation in modern Japan and East Asia. Indeed, much of this chapter is informed by Nakayama's comprehensive analysis of the Japanese policy context, since it is one of only two national-level menstrual leave evaluations in existence, the other being a short preliminary review from Taiwan (Chang, Chen, Chang, & Hsu, 2011). Information about the more recent global trend in employer-based menstrual leave policies comes mainly from media and company reports. So far, there is only one published academic evaluation of such a policy, as implemented by a small UK company (Owen, 2018). Documented examples of formally proposed or enacted menstrual leave policies are summarised in the tables below.

9.2.1 Historical Origins

Menstrual leave was first described in Russia at the turn of the twentieth Century (Ilic, 1994). At this time, the policy was largely positioned to 'protect' the reproductive function of women workers during a time of rapid industrialisation. Strenuous physical labour was known to sometimes result in delayed or absent menstruation (*amenorrhoea*), which was seen as a risk to national-level fertility (Ilic, 1994). In the context of post-revolutionary Russia, such a threat was taken extremely seriously; population losses incurred during World War I and the subsequent civil wars, resulted in the adoption of various *pronatalist* policies e.g. those encouraging the bearing of children (Ilic, 1994).

Japan became the first country to formally enshrine menstrual leave within national law in 1947 (Nakayama, 2007). After suffering significant population losses during World War II, Japan was highly concerned about protecting women's reproductive health for the sake of ensuring future (working) generations. Indeed, Japan's formal uptake of menstrual leave was strongly influenced by earlier Russian discourses about the perceived link between work, menstruation, and fertility (Nakayama, 2007). Upon their independence from Japan, Indonesia and Korea also implemented similar national-level menstrual leave policies in 1951 and 1953, respectively (Nakayama, 2007).

At this time, the provision of menstrual leave in Japan and its former colonies was just one of several motherhood 'protectionist' employment policies, such as: forced retirement upon marriage, a ban on working night shifts, and restrictions on dangerous or unhealthy occupations (Nakayama, 2007). Such policies were not unique to East Asia, indeed several European countries and the US also implemented protectionist policies at this time (Bacchi, 1990; Berggren, 2008). These restrictions

Table 9.1 The origins of menstrual leave as an ‘East Asian’ policy

Year	Scope	Location	Current?	Impact
1880–1927	Sectoral	Russia	No	Menstrual leave is first introduced within certain job sectors in Russia. It is retracted in 1927 due to its role in increased discrimination against women workers (Ilic, 1994)
1947	National	Japan	Yes	Menstrual leave is introduced in Japan. Despite on-going opposition from various employer, worker, and labour rights groups, it remains a current national policy (Nakayama, 2007)
1951	National	Indonesia	Yes	After independence from Japan, Indonesia implements its own menstrual leave policy. It is later associated with sweatshop labour conditions (Kretsu, 2000)
1953	National	South Korea	Yes	After independence from Japan, (South) Korea implements its own menstrual leave policy. The policy continues to have low uptake and is highly contested (Min-ho, Bo-eun, & Eun-ji, 2012)
1993	Regional	Hainan in China	Yes	Menstrual leave is introduced to a rapidly industrialising region of China. It is associated with sweatshop labour conditions (Chen, 2016)
2002	National	Taiwan	Yes	Taiwan introduces menstrual leave. In contrast to other menstrual leave policies, time off work is counted as sick leave. Uptake is very low (Chang et al., 2011)
2009	Regional	Hubei in China	Yes	Optional menstrual leave (decided by individual employers) is introduced to another rapidly industrialising region of China. It is also associated with sweatshop labour conditions (Chen, 2016)
2016	Regional	Anhui in China	Yes	Menstrual leave is introduced to another rapidly industrialising region of China. Concerns are raised about the cost and potential negative impacts of menstrual leave by workers, employers and medical experts (Chen, 2016)

prevented women from accessing certain work environments and occupational roles, limiting their paid employment opportunities. Crucially, menstrual leave was first formally enacted at a time when tens of thousands of women were already being fired from their wartime jobs (suddenly deemed too dangerous or unhealthy), in order to make way for returning servicemen in need of employment (Nakayama, 2007).

It is worth highlighting that menstrual leave has always been highly controversial. Historically, opposition came mainly from employers who saw it as an unnecessary expense; but also, from women workers or activists trying to improve industrial working conditions. For example, we know that one Russian menstrual leave policy was formally retracted in 1927, just 5 years after it was first implemented; because women workers felt it had increased workplace discrimination (Ilic, 1994).

Similarly, in 1951, an increased demand for goods and services during the Korean War led several Japanese business associations to lobby against all forms of sex-specific employment policies (Nakayama, 2007). Their requests were not granted and despite repeated attempts to abolish menstrual leave, it remains part of current Japanese employment legislation.

Significantly, the explicit purpose of menstrual leave evolved during the 1970s. As scientific understanding of ovulation improved, it was no longer presented as being about the protection of women's fertility, but as an additional benefit for those experiencing severe period pain or other menstrual symptoms (Nakayama, 2007). As a result, much more recent menstrual leave policies have also been enacted in the region; in three rapidly industrialising provinces of China (Chen, 2016), and at a national level in Taiwan (Chang et al., 2011). An evaluation of the 2002 Taiwan policy describes it as a form of "policy expansion" from its neighbouring countries (Chang et al., 2011, p. 445) (Table 9.1).

9.2.2 *Current Trends: The Global Picture*

Recent global discourses around menstrual leave (especially in Europe and the Americas) appear to have been heavily influenced by the publication of a report on the use of Indonesian sweatshop labour by NIKE, a multinational sportswear manufacturer. The report cited "*...evidence of intimidating and humiliating physical examinations that women working in NIKE factories are routinely put through in order to claim the menstrual leave to which they are legally entitled*" (Kretsu, 2000, p. 1). Publicity around the report and NIKE's subsequent implementation of a code of conduct for its international factories, which mentioned menstrual leave as a potentially applicable local government regulation in East Asia (NIKE, 2005), drew media attention to this previously little-known employment policy. The code's reference to menstrual leave was misinterpreted by the media as meaning 'all female NIKE employees are entitled to paid time off work for menstruation' (e.g. Shipley, 2016). As a result, NIKE has somewhat ironically garnered positive publicity as a supposedly progressive employer, for simply ratifying the existing and very basic legal entitlements of its East Asian factory workers.

Certainly, over the past decade, menstrual leave has increasingly been positioned as an employer-based benefit, despite its origins as a high-level labour policy. Indeed, outside East Asia, most state-level proposals have been unsuccessful (see Table 9.2). Of the four national menstrual leave policies to be proposed (Canada, Russia, Zambia, and Italy), only one was implemented (Zambia). In contrast, at least five employer-based menstrual leave policies have been instigated since 2016. Beyond the problematic NIKE publicity described above, this shift is also likely due to other factors; it is simply much easier to develop and execute a workplace policy; there has been a recent rise in global menstrual health activism (Weiss-Wolf, 2017); and there is currently significant marketing potential in branding a company

as more gender equitable (both in terms of customer sales and employee retention) (Amaram, 2019).

These contributing factors are apparent in the shifting rhetoric surrounding the *purpose* of menstrual leave. While all recent policy proposals primarily claim to support those with problematic menstrual symptoms, many also imply that they bring additional social, workplace, and health benefits (see Table 9.2 for details). This includes reducing menstrual stigma (e.g. Canada, UK, and India); raising awareness of reproductive health issues (e.g. Russia, Italy, Mexico, and Chile); improving gender equality (e.g. Australia, UK, and Chile); improving productivity (e.g. Italy and UK); encouraging employees to take time off if feeling unwell (e.g. Australia and UK); and attracting more women into the workforce (e.g. Zambia). Unfortunately, extremely few empirical evaluations of menstrual leave policy interventions have ever been conducted, and so most of these good intentions remain untested.

In some cases, employers self-report the (positive) impacts of their interventions. For instance, an Australian women’s rights organisation introduced menstrual leave in response to an employee’s experience of debilitating period pain (Melican & Mountford, 2017). The policy was described as a great success (even encouraging other employers to copy it) despite there being no mention of whether this individual ever received treatment for their severe symptoms. This particular review could thus be seen as problematic due to its normalisation of extreme experiences of pain, indicative of an underlying health issue; “*We all know that menstruation is not a sickness, so it made no sense for her to take sick leave*” (Melican & Mountford, 2017, p. 1). The following section will examine this common tendency to normalise severe menstrual experiences in more detail but suffice to say that self-reported data tend to lack the rigor of external policy evaluations.

The only academically published evaluation of an employer-based policy relates to a small social enterprise in the UK (Owen, 2018). The company publicly announced a plan to implement ‘menstrual leave’ before actually developing or implementing a policy (Morris, 2016). The premise was to “*challenge the norm of women feeling like they had to work when they were in menstrual pain*” (Owen, 2018, p. 25). The announcement was met with considerable media interest, invariably perpetuating the myth that this type of corporate policy was already implemented by NIKE (e.g. Perlman, 2016; Shipley, 2016). It then took the company about a year to develop and test a pilot policy, with the revised version being more akin to flexible working practices, rather than menstrual leave, as such (Owen, 2018).

In summary, menstrual leave is typically defined as a sex-specific employment policy that is distinct from sick leave or flexible working practices and has been highly contested throughout its history. It originated in post-conflict states that were struggling to simultaneously rebuild their economies and populations. The main nominal purpose of menstrual leave has shifted over the past century, from the protection of female fertility, to providing time off from work for those experiencing severe menstrual symptoms. While it remains predominantly an East Asian regional or national-level labour concern (Japan, Indonesia, South Korea, Taiwan, parts of

Table 9.2 The globalisation of menstrual leave policies

Year	Scope	Location	Current?	Impact
2005	Employer	NIKE factories in East Asia	Yes	In response to reports of human rights abuses in its factories (Kretsu, 2000), NIKE introduces a code of conduct that mentions menstrual leave. Western media misinterpret this as a new global benefit for all NIKE staff (NIKE, 2005)
2010	National	Canada	No	An unsuccessful campaign for menstrual leave is launched in Canada, principally to try to reduce the social stigma attached to menstruation (Prunskus, 2010)
2013	National	Russia	No	A politician proposes a menstrual leave policy based on the (erroneous) idea that period pain is extremely severe for most women. The proposal is unsuccessful (Gayle, 2013)
2015	National	Zambia	Yes	Zambia introduces menstrual leave. So far there has been no evaluation of its impact on the rights and experiences of workers (Gondwe, 2017)
2016	Employer	<i>Victorian Women's Trust</i> in Australia	Yes	A women's rights organisation introduces menstrual leave in response to an employee's experience of debilitating period pain. The policy is described as being a success but without proper evaluation (Melican & Mountford, 2017)
2016	Employer	<i>Coexist</i> in UK	Yes	A small social enterprise plans to implement a menstrual leave policy (Morris, 2016). The subsequent policy is more akin to flexible working and sick leave, but is considered to be a success in that employees feel better able to take sick leave when needed (Owen, 2018)
2017	National	Italy	No	Draft legislation for menstrual leave is debated by the Italian government, but fails to pass (Momigliano, 2017)
2017	Employer	Mexico	Yes	A Mexican federal department implements a form of leave for staff experiencing 'physical complications', primarily for those associated with menstruation but also menopause and even 'male menopause'. No policy evaluation is available (Navas Alvarez, 2017)
2017	Employer	<i>Culture Machine & Gozoop</i> in India	Yes	In July, two Indian marketing companies instigate menstrual leave policies to support employees who experience severe period pain, and to destigmatise menstruation. National debate is sparked but so far, no policy evaluation has been carried out (Cox, 2017)
2017	City district	Santiago in Chile	No	Menstrual leave is proposed by a Chilean district government candidate (as part of an unsuccessful election campaign) (Braga, 2017)

China, and Zambia), increasing numbers of employers around the world are implementing their own menstrual leave policies (although this is not actually the case for NIKE) and presenting them as a progressive move for improved gender equality in the workplace.

9.3 Menstrual Leave and Menstrual Health Myths

On an intuitive level, menstrual leave may seem like a ‘good’ idea. The stated motivations for its implementation are typically well-intentioned, with the explicit aim of supporting female reproductive health. However, there is a striking disconnect between the good intentions of menstrual leave and the lived experiences of working women. As a gendered and stigmatised phenomenon, discourses about menstruation are never politically neutral and most people remain ill-informed about its nature or impact on health. Thus, as is good practice in any policy evaluation, it is crucial to “...begin with the postulated solution and identify the problem representation implicit within it” (Bacchi, 2016, p. 11). In the case of menstrual leave, which is essentially an additional sick leave benefit available to ‘all women’, the implied problem represented is that even the ‘normal’ female reproductive system is debilitating (and untreatable). Otherwise, non-sex-specific sick leave (plus medical intervention) would suffice. This section exposes some of the menstrual health myths that underpin the presumption that taking time off work during menstruation is a necessary or beneficial intervention for women’s reproductive health.

9.3.1 *Menstrual Myth # 1: Rest During Menstruation Protects Fertility*

This ancient myth was the original motivation for menstrual leave (Ilic, 1994; Nakayama, 2007). Rest during the first couple of days of menstruation has no effect on female fertility, however, since this depends upon ovulation, which happens 12–16 days *prior* to menstruation (Cole et al., 2009). Mid-twentieth Century developments in scientific knowledge led to the gradual repositioning of menstrual leave as a benefit for those experiencing severe menstrual symptoms, instead (Nakayama, 2007). Interestingly, Zambian menstrual leave, enacted in 2015, is commonly known as ‘*Mother’s Day*’, despite legally applying to all working women, regardless of whether they have children (Gondwe, 2017). While its explicit purpose is to support menstrual health, it is intriguing that this perceived association between rest during menstruation and female fertility persists.

Moving on to the current rationale for the provision of menstrual leave, it makes sense that a person with severe period pain or heavy blood loss should not be obliged

to continue working. What is less clear is why being at home in severe pain, or bleeding heavily, is thought to be an effective solution (e.g. rather than treating the underlying health issue). Indeed, at least in East Asia, menstrual leave is often unpaid, so not only do affected employees continue to suffer physically each month, but financially, too. In this way, menstrual leave policies *normalise* severe symptoms that can be significantly improved or even resolved by simple lifestyle or medical interventions (NICE, 2018). There are several interrelated menstrual myths and assumptions involved in this premise, as outlined below.

9.3.2 Menstrual Myth # 2: Severe Menstrual Symptoms Are Widespread

The prevalence of menstrual symptoms is often highly exaggerated; usually due to population studies failing to differentiate between mild, moderate, or debilitating menstrual experiences; or take into account the high proportion of people who use hormonal contraceptive medication (which typically alleviates menstrual symptoms) (Ju, Jones, & Mishra, 2014). There is also some confusion around the difference between the ‘occurrence’ and ‘prevalence’ of menstrual experiences. For example, although most people who menstruate are likely to experience severe period pain at some point in their reproductive lives (occurrence), only a small minority ever experience it on a regular basis (prevalence). Population-based research is further limited by the fact that participants are more likely to recall severe menstrual symptoms (Marván & Cortés-Iniestra, 2001). This means that *prospective* studies (when people track their symptoms every day over a minimum of two cycles) are the best way to accurately diagnose or calculate the prevalence of menstrual symptoms in any given population (O’Brien, Rapkin, Dennerstein, & Nevatte, 2011). However, due to high participant dropout rates, and the expense involved in conducting such methods, prospective studies of menstrual health remain relatively rare.

With these caveats in mind, a World Health Organisation (WHO) review of 106 community population studies estimated the prevalence of *severe* period pain to be approximately 12–14% in most European countries (the data from other regions was not of high enough quality to synthesise) (Latthe, Latthe, Say, Gülmezoglu, & Khan, 2006, p. 177). Unfortunately, hardly any of the included studies were prospective and most had measured ‘any single occurrence’ of period pain over a wide range of time periods (from 1 to 72 months). This means that all we can reliably conclude is that the vast majority (86–88%) of the women involved in these studies did not report debilitating period pain at all. As for heavy menstrual bleeding, despite being technically defined as blood loss over 80 ml per period, most population studies rely upon subjective self-reporting, instead. One high quality study that actually measured the average blood loss of several hundred menstruating women found that only 10% of participants produced over 80 ml of blood during

menstruation (Scambler & Scambler, 1985, p. 4). Again, this suggests that the vast majority of women surveyed (90%) did not experience heavy menstrual bleeding.

If only a small minority of menstruating women are likely to experience severe menstrual symptoms on a regular basis, there is no demonstrable need for a menstruation-specific form of sick leave. Just as other more prevalent health issues do not inspire condition-specific benefits e.g. migraine affects approximately 15% of UK adults yet nobody is calling for migraine leave (Stovner et al., 2007). Plus, those that do suffer from severe menstrual symptoms require medical advice and treatment, not just time off from paid employment each cycle.

9.3.3 Menstrual Myth # 3: Severe Menstrual Symptoms Are Normal/Natural/Inevitable

There is a common misconception that even severe menstrual symptoms are somehow normal, natural, or inevitable: “A new staff member. . . was doubled over in pain and couldn’t stay at work. . . We all know that menstruation is not a sickness, so it made no sense for her to take sick leave” (Melican & Mountford, 2017, p. 1). This is partly because mild-moderate symptoms, including period pain and blood loss are typical and non-pathological ‘normal’ menstrual changes. However, if symptoms are severe enough to be preventing an individual’s ability to work on a regular basis, they are nearly always a sign of an underlying health issue, such as iron-deficiency anaemia, fibroids, endometriosis, or physiological problems associated with FGM (Female Genital Mutilation) (Ju et al., 2014). Symptoms may also be worsened by environmental stressors such as poor living or working conditions (Ju et al., 2014). Either way, action needs to be taken to resolve the problem, either through medical intervention, or by mitigating any external stress factors. What is certain is that simply resting during menstruation cannot prevent the recurrence of severe cyclical symptoms, and so taking menstrual leave is not an effective long-term solution.

9.3.4 Menstrual Myth # 4: Severe Menstrual Symptoms Are Untreatable

Unfortunately, severe menstrual symptoms are sometimes also normalised or dismissed by physicians, simply due to ignorance (e.g. Denny & Mann, 2008). This is partly because menstrual health is not adequately covered in most medical training curricula. The idea that ‘there is nothing that can be done to help menstrual symptoms’ is simply not true, and is only reinforced by menstrual leave policies, which encourage individuals to cope alone at home, rather than to access good quality professional support. For example, systematic reviews have concluded that both period pain and heavy bleeding can be alleviated by the use of easily available

and cheap non-steroidal anti-inflammatory drugs (NSAIDs) (Lethaby, Duckitt, & Farquhar, 2013; Marjoribanks, Ayeleke, Farquhar, & Proctor, 2015). As well as reducing pain, these medications also reduce blood loss (NHS, 2018), especially if taken 2–4 days before a period is due. Alternative treatment options include hormonal medications or devices, tranexamic acid, iron supplements, other dietary and lifestyle changes, or surgery (in the case of severe fibroids, endometriosis, or genital injury) (NICE, 2018).

There is no need for anyone to experience debilitating symptoms on a regular basis when it is entirely possible to successfully treat them. Menstrual health issues cannot be solved by an employment policy, or rest, alone, they require access to knowledgeable and effective professional advice and treatment options.

9.3.5 Menstrual Myth # 5: Severe Menstrual Symptoms Do Not Qualify for Sick Leave

In some instances, sick leave policies already cover *any* health issue that affects an individual's ability to work, so why is a separate menstrual leave policy required to cover these particular symptoms? Aside from technical limitations, such as the fact that sick leave entitlements can sometimes be restricted, unpaid, or otherwise penalised (Miraglia & Johns, 2016); the answer probably lies in social stigma. Throughout human history, the human reproductive system has been *the* defining feature of 'sex'. Menstruation provides a visible and regular reminder of sexual difference, which allows patriarchal gender norms to position women as naturally 'other', and typically 'inferior', to men (Ussher, 2005). This problematic ideology of a fundamental embodied difference between the sexes, has resulted in menstruation being thought of as dirty, shameful, or even an illness, in itself (despite it being a healthy and crucial part of human fertility) (Johnston-Robledo & Chrisler, 2013). As a result, it may be that menstrual symptoms are thought of as somehow *categorically* different to any that can also affect men or menopausal women. Yet this is obviously not the case, as all humans can experience muscle cramps, and various digestive, energy level, or mood changes caused by blood loss, fatigue, low blood sugar, or pain.

9.3.6 Menstrual Myth # 6: Women Take More Sick Days than Men (Due to the Female Reproductive System)

Another pervasive myth is that women are inherently and significantly more prone to illness than men, and so take more time off from work in the form of sick leave (e.g. Swinford, 2014). While it is true that in most countries, women do take slightly more sick leave than men, it is usually not a large difference. For example, in 2016,

the UK average sick leave rate for working women was only 0.9% higher than for men (ONS, 2017). This disparity is wholly explained by gender differences in employment sectors e.g. healthcare and care work involves greater risk of catching coughs and colds; average hourly wages (more women are in low paid jobs and sick leave absences reduce as wages increase); and unequal childcare responsibilities—women still bear most of the reproductive care burden (Ercolani, 2006).

One Italian study of bank employees claimed that a gender difference in sick leave may be due to the menstrual cycle, and that this could also help to explain the bank’s gender pay gap (Ichino & Moretti, 2009). The study observed that “relative to same-aged men, women younger than age 45 exhibited a high rate of absence spells initiating at 28-day intervals, but women older than 45 did not” (Herrmann & Rockoff, 2012, p. 494), and interpreted such differences to be explained by the menstrual cycle. Increased absenteeism was then positioned as a possible explanation for why women employees earned less than men. This was a highly provocative suggestion, since it implied a biological rationale for something that is typically explained by institutionalised gender discrimination. As a result, their analysis was later scrutinised by statisticians, who found no such correlation in the data. In fact, the identified ‘pattern’ was actually an issue relating to the 5 day work week, “that can cause misleading group differences. . . initiating at intervals that are multiples of seven, including 28” (Herrmann & Rockoff, 2012, p. 25).

If the authors of the original study had spoken to someone working in menstrual health, they could have saved themselves a lot of time, effort, and public embarrassment: Menstrual cycle length is inherently variable and nobody has a ‘clockwork’ cycle of 28 days exactly (Cole et al., 2009). It would be incredibly unlikely to observe any general pattern in sick leave data, even if several employees were suffering from menstrual symptoms. In fact, the ‘28-day cycle’ is just another menstrual myth, the normal range of cycle length being between 21 and 35 days, and usually shifting by 2–4 days each cycle (Cole et al., 2009).

9.3.7 Menstrual Myths # 7 and 8: All (Working) Women Menstruate and Menstruation Is Shameful/an Illness

Menstrual leave policies are typically applied to *all women* employees, regardless of their reproductive status. This is curious when a substantial proportion of working women are not of reproductive age (e.g. about a quarter in the UK¹). Plus, even of those that are, a significant proportion will not menstruate due to pregnancy, breastfeeding, long acting contraceptive medications or devices, various health

¹Approximately 26% based on UK population statistics—taking working age to be 16–65 years old, and reproductive age to be 12–52 years old. Source: UK Office for National Statistics, mid-2016 population dataset- <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesanalysisistool>

reasons, or early menopause. There are also a range of genetic, physiological, or hormonal conditions that result in a small number of women being physically unable to menstruate, as is the case for transgender women, too. Similarly, not all people who menstruate may identify as women, including some non-binary people, or transgender men. In short, menstruation is simply not an ‘all women’ thing.

Taken together with the fact that only a minority of women experience severe menstrual symptoms on a regular basis (and should seek medical treatment if so), this gender-based policy seems far too generalised. One explanation for this relates to *menstrual shame* (Johnston-Robledo & Chrisler, 2013). The idea that it is best to apply an ‘all women’ policy, so that individuals are spared the humiliation of having to reveal their reproductive status to colleagues. The problem with this approach is that it reinforces menstrual (or menopausal) shame by implying that these experiences are not to be spoken about in public, and that menstrual symptoms hold a separate status to all others that are covered by sick leave. As discussed in more detail below, menstrual leave policies can also involve some (sometimes humiliating, often intrusive) form of verifying the menstrual status of an employee, anyway.

The only other explanation for taking a sex-specific policy approach is that menstruation (or perhaps the entire female reproductive system) is itself seen as a form of illness or debility, requiring some form of compensation or special allowance. Such a belief is probably partly due to the widespread lack of knowledge about the prevalence, and treatment options available for severe menstrual symptoms. However, it is almost certainly also influenced by the fact that menstruation, as a defining aspect of femininity, is highly stigmatised in virtually every culture (Johnston-Robledo & Chrisler, 2013). Feminist scholars have persuasively argued that menstruation has become socially constructed as an illness in itself, a process known as the *medicalisation* of menstruation. The normal changes associated with the menstrual cycle (e.g. for the maintenance of good reproductive health) are made pathological, in order to *justify* gender inequalities (e.g. Chrisler & Gorman, 2015). Certainly, this erroneous belief seems to underpin many of the above menstrual myths and is well illustrated by the Italian study that tried to justify salary inequalities with direct reference to menstruation.

In summary, despite good intentions, menstrual leave policies are based on fundamentally flawed assumptions about menstrual health. Resting during menstruation has no effect on fertility and is not an effective solution for the minority of working women who experience severe menstrual symptoms on a regular basis. Where present, sick leave policies should already cover menstrual symptoms, and expert advice and treatment is a far better option than simply taking a day off work, for any acute experiences of pain or heavy bleeding, whether regular or infrequent. As a sex-specific policy, menstrual leave reinforces unhelpful and inaccurate myths about the nature and prevalence of menstrual health issues; which can be used as justification for gender inequalities in the workplace, and beyond.

9.4 Menstrual Leave and Poor Working Conditions

The main reason why national menstrual leave policies still exist (despite opposition from various business associations, medical experts, employers and employees) is that they are promoted as a positive and necessary employment benefit by some women's rights activists and labour unions (e.g. Chang et al., 2011; Chen, 2016; Min-ho et al., 2012; Nakayama, 2007). Obviously, there must be good reasons why such groups remain convinced of the necessity and value of menstrual leave, even if it is technically unable to protect fertility or improve menstrual health. This section, therefore, looks at the working conditions under which a menstrual leave policy may make sense. While data are extremely limited on this topic, a few themes have emerged by comparing what is known about the labour contexts of the countries that have implemented national-level menstrual leave policies.

9.4.1 *Precarious Working Conditions*

One common factor across 'menstrual leave' countries is the kind of exploitative and abusive labour conditions that are typically found in sweatshop factories. In fact, it could be that the very concept of menstrual leave originated in the need for workers to somehow attend to this natural and uncontrollable process, amidst incredibly intense and extreme working conditions.

Early Russian discourses about menstrual leave had a particular focus on textile and other manufacturing industries, since it was found that these workers were more likely to experience severe menstrual symptoms (Ilic, 1994). Interestingly, the first person to formally propose menstrual leave in Japan, Yamakawa Kikue, did so after visiting a garment factory in the early 1920s '*...to experience the life of a textile girl*' (Nakayama, 2007, p. 278). Although, according to Nakayama, 'in her memoirs, [she] indirectly confessed that, from the outset, she did not believe menstruation leave to be beneficial to women' (2007, p. 188). This suggests that Kikue may have simply used the concept of menstrual leave as a more palatable, or pragmatic, strategy for dealing with the impacts of sweatshop labour conditions, at a time when wider improvements might have seemed impossible.

Research on Indonesian menstrual leave further suggests that the policy is specifically associated with those forced to endure extreme working conditions (Kretsu, 2000);

I posed the question to several female and male workers, labour organisers, and student activists. The consensus was that the menstrual leave legislation wasn't necessarily drafted for women with office jobs or other positions that are not physically demanding. The two optional menstrual leave days are believed to be aimed at the tens of thousands of factory workers who cannot freely go to the restroom throughout the day, cannot afford pads and pain medication, have mandatory overtime, and work 10–15 hour days on a regular basis, sometimes standing for the duration, just to survive. (p. 1)

9.4.2 Lack of Rest or Toilet Breaks

An issue that nearly always comes up in demands for national-level menstrual leave, is a lack of rest breaks, or time to go to the toilet. While this is a problem for many industrial workers, it is even more critical for those who menstruate. Since menstrual cycle length is inherently variable, it is difficult to know exactly when a period might start. Also, the first day of menstruation may be accompanied by an upset digestive system, making the need for toilet access even more pressing.

As far back as 1928, Tokyo bus conductors pushed for paid menstrual leave because they found it difficult to work while menstruating due to restrictive uniforms, a lack of access to toilets, and long uncomfortable shifts without any rest breaks (Nakayama, 2007, p. 168). While these were undoubtedly issues all the time, they became intolerable during menstruation. Even beyond the factory setting, workplace conditions can negatively impact on menstrual health. In a review of menstrual leave in Taiwan, a department store clerk described how she is forced to stand all day; ‘Sometimes the lower limbs will swell during the period, that is, you need to sit. Sometimes, I can’t stand it, but I can only sit on the toilet to rest’ (Chang et al., 2011, p. 444). Interestingly, the beneficial effect of even the shortest of rest breaks on menstrual symptoms was first identified in 1936 (Ilic, 1994), yet seemingly not pursued as an alternative workplace intervention to menstrual leave.

9.4.3 Inadequate or Penalised Sick Leave Provision

In the UK, unless self-employed, on a temporary, or zero-hours contract, we perhaps take it for granted that if we are too ill to work, we will be eligible for short term sick pay. All workers are also eligible for statutory sick pay for longer illness absences (Schliwen, Earle, Hayes, & Heymann, 2011). This is the same for most European countries, but it is far less common in other parts of the world, such as East Asia, where sick leave provision is typically up to the discretion of the employer (Schliwen et al., 2011). Without paid sick leave, low paid workers experiencing severe menstrual symptoms were forced to take unpaid leave or continue working despite their extreme discomfort. Demands for paid menstrual leave make a lot more sense in this context.

Some countries or companies may provide sick leave but penalise its use, either by limiting the number of sick leave days available per year; not providing any sick pay, or only half pay; or incentivising workers to never miss a day’s work (e.g. through bonus cash payments) (Schliwen et al., 2011). Another common complaint is that it is impossible to provide short notice cover for sick leave, and so even if experiencing severe symptoms (of any sort) it is better to work through them, since this is less disruptive for colleagues. The employer’s inadequate sick leave provision or inability to source temporary work cover, is never mentioned, and the employee assumes personal responsibility, instead (Chang et al., 2011; Min-ho

et al., 2012). Plus, if leave is unpaid, then the employee must decide whether they can even afford to take it.

9.4.4 ‘Motherhood’ Protectionist Policies/Cultures

One contributing factor in the continued use of the ‘fertility protection’ rhetoric for menstrual leave, was its co-option by Japanese unions demanding improved working conditions for women workers. Prior to the formal establishment of menstrual leave in 1947, it had been included as a workers’ demand in previous strikes. Most notably, in a famous yet unsuccessful strike of female bus conductors in Tokyo (Nakayama, 2007);

In personal accounts of female bus conductors, the issue of segregating bathrooms and changing rooms, issuance of more uniforms, complete elimination of body searches, forced baths at the garages, and spying systems emerged first as practical concerns. However, in the Tokyo Municipal Bus struggle of 1928, none of these were even mentioned. . . only the demands of menstruation leave and stillbirth mourning leave. . . What these female bus conductors were aware of was the price [e.g. value] of reproduction. (p. 170-1, my emphasis)

What is striking here, is the use of a culturally valid (and powerful) narrative around fertility to escape some fairly abusive aspects of their work lives, at least during menstruation. Rather than asking for better conditions based on the right to a safe and respectful working environment, a decision was made to simply argue for paid time away from work when such conditions were intolerable. The argument used contemporary discourses about the ‘protection of motherhood’, to argue for a change that was more about unsafe working conditions.

Japanese and South Korean women’s rights groups and labour unions have continued to back a range of ‘motherhood’ protectionist policies, including menstrual leave, despite increasing internal and international pressure to move towards gender equality approaches, instead (Nakayama, 2007, p. 265). Resistance to change is thought to be due to persistent gender norms that firmly divide reproductive (unpaid) and productive (paid) labour between women and men, regardless of the fact that the majority of men’s salaries are not enough to support a non-earning wife and children (and increasingly, aging parents, too) (Macnaughtan, 2015, p. 3).

No matter what their intentions, ‘motherhood’ protectionist policies do not tend to work out well for women (Misra et al., 2007). For example, although enforced retirement upon marriage or pregnancy is *no longer* an actual policy in Japan and South Korea, both countries continue to have comparatively low workforce participation rates for women, especially between 25 and 35 years of age, and, in Japan, “recent survey data also recorded that one in four women have been a victim of *maternity harassment*”; e.g. pressure to resign or other forms of workplace discrimination while pregnant (Macnaughtan, 2015, pp. 6–14). Somewhat ironically, motherhood protectionist policies have also significantly contributed to national fertility crises in both of these countries, so rather than protecting motherhood they seem to have fundamentally undermined it (Eun, 2007; Michel & Mahon, 2002).

In summary, menstrual leave policies have arisen from, and continue to occur within, socio-economic contexts of exploitative labour and unhealthy working conditions. The wider set of challenges and problems faced by women working in such conditions are reframed as being caused by their menstruating bodies; rather than the lack of adequate rest breaks, access to toilet facilities, paid sick leave or medical care. Arguably, this shifts responsibility from ‘employer’ to ‘*female* employee’. To provide some sort of support to women who find these conditions unbearable during menstruation (as opposed to just deeply uncomfortable most of the time), workers, labour unions, and women’s rights activists may view menstrual leave as a positive intervention in such contexts. However, while it is certainly better than nothing, the policy fails to address the underlying issue of poor working conditions.

9.5 Menstrual Leave and Gender Equality

The impact of menstrual leave has never been formally evaluated, but some unsettling themes emerge from the limited literature available on this topic. The previous sections have argued that it is unlikely that menstrual leave can have a positive impact on menstrual health (since it merely provides time off work and reinforces several menstrual health myths), or working conditions (since it reframes inadequate working conditions as a problem of the menstruating body). This section, therefore, aims to look more closely at the potential impact of menstrual leave on gender relations in the workplace.

9.5.1 *Enhancing Gender Discrimination*

As an additional and female-exclusive benefit, menstrual leave is known to cause resentment in employers, and male colleagues, who may feel it is an unnecessary or unjust expense (Barnack-Tavlaris et al., 2019; Min-ho et al., 2012). The implementation of menstrual leave policies has directly resulted in the reluctance of employers to hire or retain female staff, in several countries, for example; Russia (Goldman, 1993, p. 115), Taiwan (Chang et al., 2011, p. 445), China (Chen, 2016), and South Korea (Min-ho et al., 2012). This is also the case for protectionist policies in general. In a comparison of 20 countries, Mandel and Semyonov (2005) found that the gender pay gap for all women (not just mothers) is higher in countries with policies that aim to protect ‘motherhood’.

In Korea, where there is often no sick leave provision, the menstrual leave entitlement has been met with considerable resentment (Min-ho et al., 2012). Some people view menstrual leave as an undeserved monthly holiday for ‘all women’, even if very few women are actually taking it (Min-ho et al., 2012). Retaliation often takes the form of implying that the system is easily abused: “. . .

there are always people who find loopholes to take advantage of systems, while non-recipients of the leave have to do additional work for nothing” (a male employee quoted in Min-ho et al., 2012, p. 1); and “. . . it’s difficult to judge if the employee is really sick or just cashing in on being a woman” (a male hotel owner quoted in Chen, 2016, p. 1).

A recent opinion-seeking survey from the US found similar themes of resentment; 20% of respondents felt that menstrual leave ‘. . . would be unfair to men because women would get extra leave days’ (Barnack-Tavlaris et al., 2019, p. 10). In Japan, menstrual leave has also been used to depict female workers as unreliable and lacking commitment, sometimes in order to justify workplace discrimination (Nakayama, 2007). In this way, menstrual leave policies have unintentionally reinforced gender stereotypes that position women as inherently unreliable workers, prone to taking unnecessary time off, or unwilling to work as hard as men.

9.5.2 ‘Menstrual Shaming’ as Gender Abuse

All national-level and even some employer-based menstrual leave policies require some form of verification, either a medical certificate, the assurance of a colleague, and/or visual proof of menstrual status. Obtaining a medical certificate may be a difficult or costly process, and proving menstruation is fraught with social stigma. In some factories, the formal process for requesting menstrual leave, or even a toilet break, can involve significant public humiliation or abuse. This is graphically depicted in these shocking accounts of the experiences of Indonesian NIKE factory workers (Kretsu, 2000);

[To request menstrual leave] First, the worker approaches her line chief. If the line chief gives permission, she can approach the foreman. If the foreman gives permission, she can approach the management. After making her way through this management hierarchy, the worker must go to the factory clinic and prove that she is menstruating. She must do this by pulling down her pants and showing blood to the clinic staff. (p. 1)

Workers know that simply asking permission to use the bathroom will usually result in their supervisor yelling at them even more. Some insults that workers reported were shouted at them include “bitch”, “cow”, or “pig”. . . This intimidating humiliation combined with the workers’ apprehension, commonly results in women bleeding through their clothes every month. . . They wear dark pants and a long blouse so the stain on their clothes is less noticeable when they walk home from the factory. (p. 1)

Sometimes, women are forced to accept exploitative or abusive working conditions since they are the only, or best paid, employment opportunities available to them (Arnold & Hartman, 2006). It is no coincidence that sweatshop industries predominantly employ young women. They are often the cheapest labour force, especially in rapidly industrialising economies that encourage the gendered division of (unpaid) reproductive versus (paid) productive labour. In summary, it seems as though menstrual leave may even be a sign of societal gender inequalities, rather than a progressive step for gender relations in the workplace.

9.6 What Interventions Would Actually Support Working Women?

The ‘good intentions’ of menstrual leave typically aspire to three main outcomes: improved menstrual health, improved working conditions for women, and improved gender equality in the workplace (see Box 9.1). It is unfortunate that the implementation of the policy does little, if anything, to contribute to such admirable goals.

Box 9.1 The ‘Good Intentions’ of Menstrual Leave (Not Realised by Its Implementation)

1. Improved reproductive/menstrual health
 - To support those with severe menstrual symptoms
 - To raise awareness of menstrual health issues
2. Improved working conditions for women
 - To enable women’s participation in the workforce
 - To counter a culture that encourages employees to work despite feeling unwell
 - To improve productivity and efficiency
3. Improved gender equality in the workplace
 - To share the economic/social cost of reproductive labour
 - To reduce the universal stigma attached to menstruation/female bodies

The reason menstrual leave cannot deliver these benefits is because it reframes the problem as being one of the female body; rather than poor working conditions and/or gender inequality. Taking time off work to be in pain or bleed heavily at home is no solution for poor menstrual health. Neither does it solve the problem of working conditions that become extremely difficult, if not intolerable, during menstruation. It also reinforces, rather than counters, problematic assumptions that position ‘all women’ as necessarily debilitated by menstruation, a perfectly normal and healthy human experience.

So, what sort of interventions would actually contribute to positive change? These ten recommendations are based on the above analysis of the (often inadequate and exploitative) working conditions that have fuelled demands for menstrual leave, plus the recommendations from an evaluation of Taiwan’s menstrual leave policy (Chang et al., 2011), and the published review of a UK company’s ‘menstrual flexibility’ policy (Owen, 2018).

9.6.1 Menstrual Health-Specific Workplace Interventions

The rationale for menstrual leave takes the experiences of a minority and erroneously applies them to a large population (an entire sex/gender), in a way that does not happen with any other health condition. The concept of menstrual leave continues to be portrayed as a positive and necessary policy partly because so few people know enough about the nature, prevalence, or effective treatment of menstrual symptoms. Such widespread ignorance is not accidental (since high quality research *is* available), and neither is it restricted to just a few East Asian countries. Such global menstrual health ignorance is perhaps best described as *strategic*, in that it serves to maintain gender inequality, by preventing established myths from being challenged by empirical data. This means that effective menstrual health interventions necessarily include an educational component.

9.6.1.1 Menstrual Health Literacy

First, physicians need to be trained in evidence-based menstrual health and effective treatment options. They also need to be made aware of any unconscious gender bias that may affect their practice; research suggests that female-prevalent health conditions in general are more likely to be dismissed, or categorised as ‘psychosomatic’, by medical professionals (e.g. Asbring & Närvänen, 2002; Hoffmann & Tarzian, 2001; Letson & Dancey, 1996). Similarly, schools and workplaces could play a role in providing much needed evidence-based menstrual health information. Simple visual posters could be displayed in schools, workplaces and medical centres to allow individuals to easily access information and to counter the silencing effect of menstruation taboos.

9.6.1.2 Access to Treatment

Schools, workplaces, and public buildings could easily provide free ‘emergency’ menstrual management products, painkillers, hot water bottles, hot drinks, healthy snacks and ideally, a space to rest until symptoms have reduced. Such a resource would also be of benefit to non-menstruating colleagues who may also occasionally require rest and recuperation. In the case of severe symptoms, schools and workplaces should encourage and support individuals to access quality medical advice. Access to clean toilet facilities should be a minimum requirement for all schools and workplaces. If a high or growing proportion of workers are experiencing menstrual health problems, it should be taken as a sign of unsafe working conditions. If a job is so strenuous, or stressful, that it prevents menstruation, or makes menstrual symptoms significantly worse, it is unlikely to be suitable for any worker, regardless of sex or reproductive status.

9.6.2 Supporting Menstrual Health Through Employment Policies and Working Conditions

In addition to menstrual health-specific interventions, there are four relevant employment policies that can improve the working conditions and health of women (and men, too). As neatly expressed by Ann Oakley (quoted in Bacchi, 1990, p. 135): “...*the question shouldn't be how you fit the worker to the work, but how you change the work to fit the worker*”.

9.6.2.1 Adequate Rest Breaks

All workers benefit from having adequate rest and toilet breaks. Working long hours on physically and/or mentally demanding tasks increases the likelihood of injuries, inaccuracies, and illnesses (Lombardi et al., 2014). Ultimately, productivity and efficiency are negatively impacted if workers are tired or uncomfortable (Lombardi et al., 2014). For workers who menstruate, access to toilets and clean water is especially important, but this is also crucial for the health of all employees (Linder & Nygaard, 1998). Many contagious illnesses are spread by unwashed hands; by providing adequate toilet facilities, the risk of widespread workforce sickness could be mitigated.

9.6.2.2 Paid Sick Leave

Paid short term sick leave, without penalty, available to all employees would cover severe menstrual symptoms without sparking any gender-based resentment or subsequent discriminatory workplace practices. Not only is this policy good for employees, but “...*research has shown that... paid sick leave policies are associated with economic benefits for employers, specifically in terms of improved employee productivity, reduced turnover and lower associated hiring and training costs, as well as improved employee morale and loyalty*” (Schliwen et al., 2011, p. 44). Obviously, this is only really a solution for infrequent severe symptoms and not more chronic (menstrual) health conditions, which require medical intervention.

9.6.2.3 Flexible Working and Leave

Both the Taiwanese menstrual leave evaluation and the UK company policy review found that most employees did not require more than an hour or two of time away from work to manage moderate to severe menstrual symptoms (Chang et al., 2011; Owen, 2018). Flexible working hours, or the ability to work from home, could reduce the need for individuals to take any sick leave. Alternatively, if sick leave could be taken by the hour rather than whole or half days, employees could more

easily return to work once feeling better (e.g. after painkillers have taken effect). This provision also requires a ‘well-being’ room or similar comfortable space to allow employees to access medication or simply to rest.

9.6.2.4 Contingency Cover Planning

Another shared finding of the UK and Taiwan studies, was that a lack of cover for roles prevented workers from taking leave, even if experiencing severe symptoms (Chang et al., 2011; Owen, 2018). Individuals felt compelled to continue working, simply because nobody was available to cover their work. Taking time off also created resentment in some colleagues who felt it unfair to have to take on additional work due to an individual’s absence (Chang et al., 2011). This is a management issue and the responsibility of the employer, not the employee. The UK company found that contingency cover planning enabled workers to take time off when feeling ill, without creating resentment in their colleagues (who also stood to benefit if requiring leave for any reason) (Owen, 2018, p. 28).

9.6.3 Effective Gender Equality Interventions

By exaggerating the nature and prevalence of severe menstrual symptoms in the working population, well-intentioned calls for menstrual leave may cause more harm than good. Women’s rights advocates must avoid accidentally reinforcing patriarchal myths about the inherent debility of the female (reproductive) body, simply to secure counter-productive and inadequate concessions for workers subject to inhumane, exploitative, unsafe, or otherwise uncomfortable conditions. The following four recommendations reflect this need to consider the wider social context.

9.6.3.1 Avoid Gender-Based Policies

Menstrual leave is just one of a range of motherhood protectionist policies that try to ‘justify’ additional paid employment benefits for women, to help redress gender inequalities in (unpaid) reproductive labour. However, protectionist policies have typically reinforced gender inequalities, in both the productive and reproductive work spheres (Berggren, 2008). For example, the gender wage gap is broadened (e.g. Mandel & Semyonov, 2005), childcare tends to be viewed as the sole responsibility of mothers (e.g. Macnaughtan, 2015), national fertility rates may plummet to unsustainable levels (Eun, 2007), and gender inequality levels remain relatively high (WEF, 2018). The reasons for these slightly counterintuitive effects are neatly summarised by Wharton (2005);

Although women in these countries [with protectionist policies] participate in the labour force at high rates, they are more likely to be hired into lower paying, predominantly female jobs, with fewer opportunities for advancement. Employers view all women as “potential” mothers and exclude them from jobs with the most earning potential and opportunities. (p. 220)

Rather than creating gender or sex-based policies, it is thus better to simply ensure that the needs of all workers (including women) are considered when implementing workplace interventions or employment policies. If an environment is intolerable or unsafe for a menstruating worker, then it is also likely to be harmful for all workers. It is an employer’s obligation to ensure a safe working environment for their employees (Bacchi, 1990, p. 152): *“If the workplace provided safe and healthy conditions for all workers, women’s sex-specific needs would be catered for. They are labelled women’s ‘difference’ in order to avoid this responsibility”*.

9.6.3.2 Fair Wages

A recent OECD report (Organisation for Economic Cooperation and Development), analysed data from 2014 and found that the gender pay gap was extremely large in several Asian countries (OECD, 2017). What is striking is the overlap with countries that already have or are considering menstrual leave policies. The known pay gaps in descending order are; India (56%); Korea (37%); Indonesia (34%); and Japan (26%) [the OECD average is 15%] (OECD, 2017, Fig. 1.15).

Large gender pay gaps typically reflect both horizontal and vertical gender segregation, referring to the fact that women and men tend to work in different jobs, and those associated with women are paid less (Wharton, 2005, p. 218). This puts women in a weaker bargaining position with employers and may explain why menstrual leave is seen as a positive (compensatory) benefit in such contexts. A fair and sufficient wage for all workers would go a lot further in improving gender inequality in the workplace, without reinforcing any menstrual myths.

9.6.3.3 Fair Working Hours

Globally, ‘women earn significantly less than men and work more hours than men overall’ (ILO & Eurofound, 2019). This finding relates to the fact that women continue to shoulder an unequal share of unpaid reproductive labour, often on top of waged work. Indeed, if only waged work is taken into account, then in many countries, men work more hours than women (ILO, 2018, p. 69). The greater the gender disparity in paid and unpaid working hours, the greater the risk of everyone having to work extremely long hours (paid or unpaid).

Again, it is no coincidence that menstrual leave policies tend to be enacted in countries that have a culture of excessive (paid and unpaid) working hours. A recent International Labour Organisation (ILO) report found that ‘close to half of men and women work long hours’ (over 48 h per week) in Eastern, Western and Central Asia

(ILO, 2018). Having to manage menstruation, albeit a perfectly normal and healthy experience, under such intense and tiring working conditions is no doubt a contributing factor in demands for menstrual leave.

9.6.3.4 Safe Working Conditions

Some people think that precarious and exploitative labour conditions are a regretful but necessary component of developing industrial economies (Arnold & Hartman, 2006, p. 678). However, such arguments are based on assumptions, not robust empirical data, and disregard legal obligations that most countries have in place to protect the basic rights of workers (Arnold & Hartman, 2006, p. 687). What is more, they assume that any improvement in working conditions will necessarily result in widespread job losses, whereas it is entirely possible for highly profitable multinational corporations to ‘voluntarily opt to improve the conditions in their global factories, without laying off workers, [and] remain competitive within their industry’ (Arnold & Hartman, 2006, p. 686).

9.7 Conclusion

Menstrual leave is not a policy that can be properly understood outside its historical and wider economic or cultural contexts. Once these *are* taken into account, it no longer seems beneficial for the health or status of women workers. In fact, it may be better described as an inadequate coping strategy for exploitative or otherwise harmful working conditions, and a sign of entrenched gender inequality. By framing the problem as one of menstrual health, rather than poor or inadequate working conditions, menstrual leave policies reinforce inaccurate beliefs used to justify gender inequality by positioning the female body as abnormal, inferior, or disproportionately prone to illness. Existing research on the implementation or impacts of menstrual leave policies is extremely scarce, especially in the English language. To date, there has been no formal evaluation of the impact of menstrual leave on health outcomes, or gender equality in the workplace or beyond. Further research is urgently needed on this topic, in order to help improve the menstrual health, working conditions and status of women in the workplace.

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Chapter 10

Transgender Employees: Workplace Impacts on Health and Well-Being



T. Alexandra Beauregard, Jonathan E. Booth, and Lilith A. Whiley

10.1 Introduction

Transgender individuals sustain worse health outcomes than cisgender persons (e.g., depression, anxiety, alcohol abuse, smoking, self-injury, suicidal intentions, urinary tract and kidney infections; Bockting, Miner, Swinburne Romine, Hamilton, & Coleman, 2013; Budge, Thai, Tebbe, & Howard, 2016; Davey, Arcelus, Meyer, & Bouman, 2016; Harrison, Grant, & Herman, 2012; Miller & Grollman, 2015). It is therefore important to further understand the health, safety, and well-being experiences of trans employees in order to develop and support trans-sensitive policies and interventions in line with the 2030 Agenda for Sustainable Development and minimize the gaps between policy and practice. In this chapter, we focus on the work environment and take an employee journey perspective to explore the experiences of trans individuals as they navigate organisational processes such as recruitment and selection, managing change, co-worker relationships, performance, and termination. Reviewing the extant literature, we seek to identify how these workplace experiences impact the health, safety, and well-being of trans employees. We also theorize the implications of variation among trans persons in gender identity and disclosure for employee voice and well-being, with a particular focus on the role of constructing façades in the workplace.

T. A. Beauregard (✉)
Birkbeck, University of London, London, UK
e-mail: a.beauregard@bbk.ac.uk

J. E. Booth
London School of Economics and Political Science, London, UK

L. A. Whiley
Kingston Business School, Kingston, UK

10.2 Sex, Gender, and Being Trans

Although sex and gender are used interchangeably, they are very different concepts. Chromosomes, anatomy, and hormones determine sex. Gender on the other hand is a complex social construction relating to behaviours and characteristics that we, as a society, attribute as ‘masculine’ and ‘feminine’ (Office for National Statistics, 2019). A person’s gender identity (e.g., how they feel inside) does not always conform to what society expects from people with that anatomy, and increasingly, we are beginning to recognise that gender identity is a spectrum and not a strict binary of masculine/feminine. Some people may choose to alter their anatomy to better correspond to their gender identity via medical gender reassignment (e.g., transsexual), some prefer to socially transition and live authentically according to their gender identity irrespective of their anatomy (e.g., transgender), others may simply express a continuum of gender identities regardless of societal expectations (e.g., gender-variant). There is a growing recognition that transitioning from one gender binary to another is largely a social process and ‘only sometimes’ a medical process (Whittle, 2017). Trans is an umbrella term that encompasses a spectrum of identities and is currently the proposed inclusive term (Collins, McFadden, Rocco, & Mathis, 2015).

The 2030 Agenda for Sustainable Development highlights universal goals to eradicate inequalities and identifies gender as an imperative to providing a “safe, nonviolent, inclusive and effective” world for all (United Nations Women, 2018). Despite this, expressing a gender identity that conflicts with what society expects can be risky because numerous legal, religious, and cultural institutions ‘shepherd’ people into, and enforce, binary masculine/feminine gender categories (Connell, 2002). Gagne, Tewksbury, and McGaughey (1997, p. 479) propose that gender identity is:

learned and achieved at the interactional level, reified at the cultural level, and institutionally enforced via the family, law, religion, politics, economy, medicine, and the media.

These institutions are important components of our social environment; they shape the order of social relationships and determine which groups have legitimacy and access to power (DiMaggio & Powell, 1983). Dominant essentialist discourses based on biology and sex are normalised through stigma—by identifying, demeaning, and rejecting human difference as ‘other’ (Link & Phelan, 2001). Goffman (1963) defines stigma as a marker of an undesirable characteristic and Bornstein (2013) described trans persons as ‘gender outlaws’ for violating social essentialist gender stereotypes. Broader, macro forms of stigma are called ‘structural stigma’, which has been defined as “societal-level conditions, cultural norms, and institutional policies that constrain the opportunities, resources, and well-being of the stigmatized” (Hatzenbuehler & Link, 2014, p. 2). Structural stigma becomes another form of social control by awarding power to those who conform and excluding those who differ.

There are four notable challenges to accurately calculating the number of trans persons in any country. First, some countries, such as the UK, do not formally collect the data at present; estimates suggest that up to 500,000 people do not identify with the gender that they were assigned at birth (Government Equalities Office, 2018). Second, some countries, such as Australia, collect incomplete data where the available figures are only for inter-sex persons (e.g., persons with both male and female anatomy); estimates range at 1.7% of the population (Australian Human Rights Commission, 2014). Third, many countries, in fact most, do not recognise trans persons and/or criminalise transgender status; trans persons therefore remain hidden out of fear. Fourth, measuring trans identity begs the question of whether gender identity *can* be measured. Critical perspectives would argue that gender identity is fluid and mutable and therefore any measurement, if even possible, would only reflect an individual's identity at that specific point in time.

In Europe, it is estimated that between 30,000 and 1.5 million persons do not identify with the gender that they were assigned at birth (Amnesty International, 2014). In the United States (US) (Gates, 2011) and in Asia (Health Policy Project, Asia Pacific Transgender Network, & United Nations Development Programme, 2015), the figure is an estimated 0.3% of the population. We could not find robust estimates for Africa nor South America. Overall, it is estimated that up to 1% of the global population has a “desire to live and be accepted as a member of the opposite sex” (Olyslager & Conway, 2007, p. 3).

10.3 Being Trans in the Workplace

The International Labour Organisation (ILO) (2017), a specialised United Nations agency, proposes that trans individuals face the highest discrimination in employment. We know from Meyer's (2015) minority stress model that stigmatised groups are often confronted with higher stressors than other non-stigmatised groups. Indeed, many studies show that discrimination leads to a myriad of physical and mental health problems (Hughto, Reisner, & Pachankis, 2015; Steffens, Niedlich, & Ehrke, 2016), especially for Lesbian, Gay, Bisexual, and Trans (LGBT) persons (Webster, Adams, Maranto, Sawyer, & Thoroughgood, 2018). Although trans employees are not the only minority group to experience structural stigma for ‘failing’ to meet societal expectations—for example overweight persons (Roehling, 2006) or those with facial disfigurement (Madera & Hebl, 2012) also face systemic discrimination for these reasons—trans individuals are the most violently, physically, and psychologically targeted group (Witten, 2007). In Europe, 46% of trans employees hide their gender identity in the workplace out of fear of harassment (European Union Agency for Fundamental Rights, 2015). Hiding one's gender identity (read gender suppression) requires constant monitoring and guarding of the self (Goffman, 2009); it uses up psychological resources (Hamilton, Park, Carsey, & Martinez, 2019), leads to social isolation (Newheiser & Barreto, 2014), and generates greater

emotional exhaustion (Thoroughgood, Sawyer, & Webster, 2019). In contrast, authentic gender expression signifies being comfortable in oneself (Levitt & Hiestand, 2004).

In the US, 90% of trans employees are reported to be harassed, discriminated against and mistreated in the workplace (Grant et al., 2011). A high prevalence of mistreatment is also reported in other parts of the world such as New Zealand (New Zealand Human Rights Commission, 2008), Australia (Jones, del Pozo de Bolger, Dune, Lykins, & Hawkes, 2015) and Brazil (INESC, 2016). In the UK, despite gender reassignment being a protected characteristic and the Sex Discrimination (Gender Reassignment) Regulations 1999, Gender Recognition Act 2004, and UK Equality Act 2010, trans employees still experience overt discrimination, stigma, harassment (Budge, Tebbe, & Howard, 2010), and covert micro-aggressions—brief, everyday verbal or behavioural actions that communicate (either intentionally or unintentionally) bias, prejudice, hostility or derogation toward members of minority and/or oppressed groups (Dispenza, Watson, Chung, & Brack, 2012; Sue, 2010). Eighty one percent of trans persons report having experienced silent harassment, such as being stared at and whispered about, and 38% actual physical intimidation and threats (McNeil, Bailey, Ellis, Morton, & Regan, 2012). Stonewall (2018) reports that out of 871 trans people surveyed, 51% continue to hide their gender identity at work due to fear, 35% face abuse, and 12% have been physically attacked by colleagues or customers.

Indeed, the workplace is seen as a traditionally heteronormative (Butler, 2006) and heterogendered (Pringle, 2008) space, where women and men are expected to ‘do’ gender correctly by constructing, expressing, and maintaining binary gender categories (Thanem & Wallenberg, 2016). In doing so, employees reinforce unequal power relationships between the heteronormative and heterogendered majority and the trans minorities. For example, many workplaces have gender-specific dress codes. These might be explicitly written down in contracts or implicitly monitored by managers; regardless, they serve to usher workers into strict binary gender roles and can cause difficulty for trans employees. When trans individuals comply with such dress codes, they are wearing clothes that present them in a manner inconsistent with their identity; when they do not comply, they risk losing their jobs (Levi, 2007). Currently, British law is on the side of employers and allows organisational policies to promote and enforce gendered dress codes (Whittle, 2017); certainly, trans employees do report gendered uniforms as a barrier (Brewster, Velez, Mennicke, & Tebbe, 2014)—something as simple as getting dressed in the morning can be a stressor.

Furthermore, gender suppression decreases trans employees’ sense of belonging (Newheiser & Barreto, 2014). Being able to express one’s authentic identity is important for successfully building relationships with co-workers (Pringle, 2008). Research demonstrates that colleagues gossip about trans individuals (Barclay & Scott, 2006), ask offensive and intrusive questions (Ozturk & Tatli, 2016), and refuse to sit next to them at lunch (Falconi, 2014). Trans employees can also be excluded from social gatherings (Brewster et al., 2014), which can have profound

impacts on access to social support and the ability to make friends and meet romantic partners (Steffens et al., 2016).

Despite the great strides that we have taken in legislative protection over the last few decades, many workplaces are still lagging behind when it comes to genuinely inclusive trans voice (Beauregard, Arevshatian, Booth, & Whittle, 2018) and the lived experience of many trans employees is still characterised by employment discrimination (House of Commons Women and Equalities Committee, 2016). In the UK, we have a plethora of guidance and regulations, most notably from the Equal Opportunities Commission (2007), a-Gender (2016), and ACAS (2017); however, there remain many gaps between these policies and their effective implementation in organisations. There are many points in trans persons' employment journey that are critical for their health, safety, and well-being, most notably the point of entry into the organisation, general workplace experiences while employed, and during gender transition.

10.4 Recruitment and Selection: Impact on Health, Safety, and Well-Being

I did not intend to change my employment but because of bullying and discrimination directly related to my transition I eventually felt compelled to resign. I have been looking for alternative employment since that time. (Whittle, Turner, Al-Alami, Rundall, & Thom, 2007, p. 38)

In terms of recruitment and selection, there are three critical points that we identify as important for the health, safety, and well-being of trans persons. First, as prospective job applicants, trans persons might scour job sites, company websites, recruitment portals, and social media in search of vacancies while experiencing anticipated stigma and noting a lack of representation. Second, as job applicants, trans individuals have to contend with being 'outed' while completing application forms, explaining mismatches on their CV, and sourcing references. Third, as candidates, trans persons have to manage the conflict between 'going stealth' and 'passing' while navigating the already challenging process of interviews, assessments centres, and other selection tools. We discuss each of these briefly in this section.

Recruitment and selection experiences will depend largely on individual country laws and LGBT applicants are more likely to face discrimination in less liberal countries (e.g., Greece) than in more liberal ones (e.g., Belgium) (Steffens et al., 2016). Across Europe, 37% of trans applicants feel discriminated against while searching for work because of their gender identity; trans women experience the highest proportion of this at 60% (European Union Agency for Fundamental Rights, 2016). Indeed, trans women tend to have worse employment experiences in general (Drydakakis, 2017), consistent with being at the intersection of two stigmatised identities—trans and woman.

We currently do not have robust data on the number of trans persons employed in the UK, but we do know that trans persons are less likely to be in paid employment (Government Equalities Office, 2019) and might have to change jobs, or even careers, to authentically express their gender identity (MacDonnell & Grigorovich, 2012). In Europe, 13% of trans persons are believed to be unemployed (European Union Agency for Fundamental Rights, 2016) and in the US trans persons are twice as likely to be unemployed than cisgender persons (Drydakis, 2017). The National Center for Transgender Equality (James et al., 2016) reports that trans individuals who belong to racial/ethnic minority groups face even steeper rates of unemployment, with Blacks and Hispanics experiencing approximately 20% unemployment compared to 12% unemployment for Caucasian trans individuals. Of this same study's respondents, 30% are living in poverty, a figure twice that of cisgender individuals; trans employees are more than three times as likely as their cisgender colleagues to have an annual income under \$10,000. In this same report, 27% of respondents who either applied for a job or were working in a job during the past year indicated that they had been fired, turned down for promotion, or simply just not hired due to their gender identity or expression, and this rate was highest for trans people of colour. These statistics are worrying because unemployment and low incomes are linked with poor health (Drydakis, 2015), and trans individuals in the USA are especially vulnerable due to the Trump administration's proposal to allow health care providers and insurers to refuse care to trans individuals on the basis of their gender identity (North, 2019).

As suggested above, some trans individuals are entering the labour market having been dismissed from a previous job because of their gender identity; the risk of a trans employee losing their job is estimated as three times higher than for LGB persons (Sears & Mallory, 2011), which can lead to anxiety (Waite, 2012). Having experienced or observed discrimination, trans job applicants may come to expect discrimination in the labour market—many would have already experienced bullying and harassment at school (Witcomb et al., 2019). The degree to which stigmatised persons anticipate discrimination if they reveal their gender identity is known as 'anticipated stigma' (Quinn & Chaudoir, 2009) and can result in a loss of confidence and self-esteem (Thornicroft, Brohan, Rose, Sartorius, & Leese, 2009). In turn, trans job applicants may not apply for certain jobs because they expect to be rejected. We know that anticipated stigma prevents other stigmatised groups from participating; for example, women are less likely to apply for managerial roles than men because they expect discriminatory treatment (Storvik & Schone, 2008). Anticipated stigma can also lower career expectations. Research shows that LGBT individuals have lower salary expectations than heterosexual persons (Ng, Schweitzer, & Lyons, 2012) and trans employees may work at lower levels than their competency (Equality and Human Rights Commission, 2009). Ultimately, anticipated stigma can lead to trans individuals taking lower-skilled and lower-paid positions (Gagne et al., 1997) or remaining unemployed (Equality and Human Rights Commission, 2010).

A second issue preventing trans job applicants from applying to appropriate roles is a lack of visible representation. Prospective applicants self-select roles and

organisations where they perceive the highest level of ‘fit’ and shared values (De Cooman et al., 2009; Schneider, 1987). Results from Out & Equal, Harris Interactive, and Witeck Combs Communications indicate that 89% of LGBT job seekers find it important that the company they work for has an inclusive diversity policy (Badgett, Durso, Kastanis, & Mallory, 2013). Trans applicants in particular look at company websites to learn about how the transition process was for other trans employees (Budge et al., 2010); however, only 17% of FTSE 100 companies’ websites directly refer to trans employees (Beauregard et al., 2018). According to signalling theory (Spence, 1973), organisations send signals about which behaviours are condoned via their formal expressions—for instance, by formally referring to trans individuals on their websites. Companies may therefore be losing out on potential trans talent when applicants self-select out of applying due to poor perceived representation.

If a trans applicant overcomes the above two hurdles and starts the application process, they are almost immediately faced with the decision of disclosing their gender identity or risk being ‘outed’ later, despite these decisions not being binary opposites and in reality, requiring constant renegotiations. If they do not disclose their gender history at the application stage and it comes out later, it can be construed as being misleading (Budge et al., 2010). If they do disclose, it can endanger their credibility as a professional candidate, their mental health, and even their perceived fitness for the profession (MacDonnell & Grigorovich, 2012). For example, stating membership of transgender organisations on one’s application can lower positive callbacks by up to 35% (Bardales, 2013). Discrepancies in documents such as birth certificates, driving licenses, and qualifications are also stressful to manage (Sangganjanavanich, 2005). A trans participant from Levitt and Ippolito’s (2014, p. 55) study explained:

No matter how far we go to change our ID card, birth certificate, all stuff like that . . . everybody goes on the Internet. If you have a [social media] page, you know, they [potential employers] look at all that stuff!

Providing references or a work history can also be problematic (Pepper & Lorah, 2008). For example, in Ireland, up to 7% of trans candidates in a sample of 103 did not provide references from a previous job to hide their gender history (Transgender Equality Network Ireland, 2013). Sharing one’s trans identity (e.g., coming out) can be one of the most difficult announcements that a trans person makes (Maguen, Shipherd, & Harris, 2007); it is not simply a flippant comment made during a job interview (a situation where you are already vulnerable) to a complete stranger (who holds power over you). In the UK, although it is illegal to ask about applicants’ gender status, employers can still ask in a roundabout way, for example, by asking if the person has had any other names (Budge et al., 2010).

Interviewing for a new job is inherently a stressful experience; interviewing for a new job in a new and unpractised gender is even more so (Taranowski, 2008). Trans applicants who are presenting in a gender other than that they were assigned at birth may be in the process of developing self-confidence in their physical appearance and may struggle to portray confidence (Pepper & Lorah, 2008) or worry about how they

are perceived (Waite, 2012). For example, the trans candidate may be thinking about how their voice sounds and whether it is too high or too low, whether the interviewer can see a beard shadow or whether their beard is thick enough, whether they are adopting the appropriate gendered mannerisms and sufficiently 'passing'. In the US, Make the Road New York (2010) sent out carefully matched candidates who had undergone extensive training to adopt similar interview styles to 24 Manhattan employers, with the only difference being that the experimental group was trans. They found that in 11 cases, the trans candidate did not receive a job offer while the cisgender candidate did.

10.5 Workplace Experiences for Trans Employees

Given the variation in gender identity within the trans community, different sub-groups of transgender individuals (e.g., trans men; trans women; non-binary) can have very different workplace experiences. Although Northern and Western Europeans report being more comfortable with having LGBT colleagues than Eastern or Southern ones, across Europe, all countries report more discomfort with having a transgender colleague than an LGB colleague (European Union, 2015). Transgender employees who resist the binary gender classifications upon which organisations are structured (e.g., genderfluid or genderqueer employees) may face even greater difficulties in the workplace (Budge et al., 2010). Current research suggests that workplace stress originates, for example, from hostile co-workers, gendered space, and lack of employee protection policies (Brewster et al., 2014). Given variation in gender identity, future work must further explore the nuances of transgender sub-groups as they relate to Human Resource (HR) policy and practice and implications for well-being.

The most common form of discrimination that trans employees experience at work is harassment (Bender-Baird, 2011). Additionally, stress and anxiety can arise from anticipated discrimination, in which previously mistreated trans employees deplete their cognitive and emotional resources by focusing on the potential of being victimized in the future. The National Center for Transgender Equality (James et al., 2016) reported that 15% of their employed respondents indicated being verbally, physically, or sexually assaulted during the past year as a result of being transgender. Further, the same survey reported that nearly 25% of employed respondents were asked by their employer to hide their identity by presenting as the wrong gender, removed from client contact, or had their private information shared without their permission. Budge et al.'s (2010) research provides an example of blatant mistreatment, in which one participant indicated that male co-workers were persistently abusive to the point where the participant was physically attacked and sexually assaulted. This account not only emphasizes the potential physical harm that trans employees can face at work but also the years of emotional trauma that can follow extreme mistreatment.

Trans employees can be told by cisgender colleagues that they have never seen a “thing like me before” (Dietert & Dentice, 2009, p. 134) or that the trans colleague is an “embarrassment to the organisation” (Barclay & Scott, 2006, p. 494). This is psychologically harmful as this type of treatment belittles the trans employee, equating them to something grotesque or monstrous, something less than human. Other examples in the literature discuss how cisgender employees engage in malicious gossip (Sangganjanavanich, 2009), ask awkward questions related to their confusion between gender identity and sexual orientation (Brewster et al., 2014), offensively question what a trans colleague would be considered legally (Dispenza et al., 2012), and suggest that trans employees should permanently leave the workplace (Falconi, 2014). Researchers have also discussed more subtle forms of mistreatment that can be just as hurtful, such as cisgender employees not sitting next to trans individuals during lunch (Falconi, 2014) and excluding trans co-workers from social gatherings (Brewster et al., 2014). Even in climates that foster acceptance, trans employees can still face poor treatment from cisgender colleagues. Bonilla-Silva (2006) relates how co-workers assumed that a trans colleague was receiving more preferential treatment from the HR department due to her identity and accused the trans employee of “playing the transgender card”. Cisgender colleagues may worry about interacting with trans employees and remain distant out of fear of saying the wrong thing, being accused of discrimination, and ultimately disciplined (Barclay & Scott, 2006; Falconi, 2014). Social exclusion of this kind may lead to trans employees experiencing psychosomatic consequences that exacerbate pre-existing health conditions and that could develop into chronic conditions or learned helplessness. Research shows that many trans employees do not complain or report mistreatment for fear of retaliation or of being told that they are neurotic or just imagining things (Barclay & Scott, 2006).

Another potential source of difficulty for trans employees is access to appropriate bathroom facilities. In workplaces without unisex or individual, gender neutral bathrooms, trans individuals may find themselves discouraged from using the facilities aligned with their affirmed gender. This places trans employees in an awkward situation where, for example, a trans woman is not seen as sufficiently “female” to use the women’s bathroom, but she is not overtly “male” enough to use the men’s bathroom without attracting unwanted attention. To determine which toilets can be used, trans workers are asked uncomfortable and intrusive questions by managers (Ozturk & Tatli, 2016). Co-workers can also use it as a form of stigmatisation and othering: “I don’t use that booth because that’s the one she uses” (Falconi, 2014, p. 71). Some workplaces go so far as to have a policy that if a cisgender employee is occupying a multi-stalled bathroom and does not feel comfortable sharing with a trans individual, the cisgender employee can indicate on the bathroom door slider that the entire room is “occupied” (Bender-Baird, 2011).

Many trans employees are refused access to bathrooms altogether or are verbally or physically attacked when they use them (Fernandez, Gibson, & Twist, 2017; Herman, 2013; Nadal, Skolnik, & Wong, 2012). As a solution to this dilemma, some employers instruct trans employees to use accessible bathrooms designed for disabled staff, but this can result in trans individuals feeling as though their affirmed

gender has been invalidated and that they are not accepted at work for who they are (Marvell, Broughton, Breese, & Tyler, 2017). From a physical health perspective, a lack of safe and appropriate restrooms can cause transgender persons to experience dehydration and places them at risk of urinary tract and kidney infections (Herman, 2013). Bathrooms remain a place of fear and vulnerability for trans persons (Kade, 2016); institutional toilet segregations reinforce power inequalities and binary gender norms.

10.6 Transitioning at Work

During their tenure with an employer, some trans workers will “transition”: They will move from presenting as their assigned sex at birth to expressing a different gender identity (Budge et al., 2010). Gender expression, or presentation, refers to the extent to which an individual expresses masculinity, femininity, both, or neither in their physical appearance, communication styles, or other attributes (Davidson, 2016). Transitioning is both a legal and a physical process. In many countries, such as the UK and the USA, individuals transitioning from male to female (MtF) and from female to male (FtM) are required to undergo a “real life experience” before gender affirmation surgery can be performed (Collins et al., 2015). During this period, individuals begin to fully present as their affirmed gender in all areas of their life, including the workplace. Similarly, the Gender Recognition Act (2004) in the UK enables trans individuals to obtain a gender recognition certificate confirming their affirmed gender provided they have adhered to certain conditions, such as living in their affirmed gender for a minimum of 2 years and intending to do so permanently.

Other trans workers may never transition; some may perceive themselves as “non-binary”, identifying neither as primarily male nor female, and thus have little desire to present exclusively as one gender. These workers may still undergo medical or cosmetic procedures to remove or downplay overt sex characteristics, however, in an effort to present a more androgynous or gender-neutral appearance, or they may wish to combine these physical characteristics (Richards et al., 2016). They may therefore experience many of the health and well-being outcomes associated with transitioning that we discuss here.

Changing one’s gender presentation is a slow and difficult process, with consequences for both physical and mental well-being (Jones, 2013). As trans workers journey from one gender binary to the other, their physical appearance gradually changes with regard to gender markers such as clothing, facial hair, length and style of hair, and sex characteristics such as breasts and genitalia. These changes may begin with efforts such as breast binding and packing of the genital area to achieve a more masculine physique, for example, and go on to involve interventions such as hormone therapy, surgery, and cosmetic procedures like laser hair removal. Each of these can result in physical discomfort at best and potentially serious complications at worst. For instance, hair removal can be more extensive and time consuming for

an MtF trans individual than for a cisgender woman, and major surgical procedures can make it painful to sit for extended periods of time or to walk.

Gender presentation does not change overnight. For example, a trans worker may be taking hormones to deepen their voice, but it takes time for the vocal cords and larynx to change. During this time, there will be a transition period where the trans employee's voice is neither deep enough to be considered obviously masculine nor high enough to be considered obviously feminine. Similarly, the development of breasts, the growth of facial hair, and the reduction of Adam's apples are gradual processes during which there may be a great deal of variation in gender presentation as the trans employee journeys from one gender binary to the other. This middle ground of the transition process can be uncomfortable and embarrassing for some individuals (MacDonnell & Grigorovich, 2012), and can be exacerbated in organisations that require staff photos on their websites (Marvell et al., 2017).

Gender-specific dress codes in the workplace can cause trans employees difficulty during the transition period, because they require individuals to wear clothes and hairstyles that are often inconsistent with their affirmed gender identity and because gender expression changes gradually during transition rather than all at once. Research suggests that trans men find greater support and acceptance on the job than trans women, particularly when uniforms and dress codes are involved (Schilt, 2006); this may be attributable in part to the relative ease of change in appearance of FtM individuals compared to their MtF counterparts (Rundall & Vecchietti, 2010). However, there are examples where trans men have been required by their employer to wear form-fitting women's uniform, resulting in customers referring to them as 'her'; this is experienced by trans employees as a lack of respect from the employer (Bender-Baird, 2011). In some cases, trans employees have reported losing their jobs for failing to observe workplace dress codes to their employers' satisfaction (Levi, 2007).

Transitioning in the workplace is acknowledged by trans individuals as being potentially a highly stressful period of time and renders trans employees vulnerable to workplace harassment and bullying by colleagues, managers and customers (Jones, 2013; Marvell et al., 2017). During and after gender transition, trans individuals must negotiate new gender boundaries and change typically gendered speech, communication, and behavioural patterns (Schilt & Connell, 2007). As others in the organisation begin to see trans individuals differently and behave toward them in a different way, social relationships can change, and these changes may in some cases produce negative outcomes. Many trans individuals experience severe rejection from colleagues, friends, and family members during and after transition and are therefore more likely to suffer depression, anxiety, or suicidal ideation (Sawyer & Thoroughgood, 2017).

Using a different pronoun (e.g., 'she' rather than 'he') is an important step in the transition process and being referred to by the correct pronoun by others in the workplace is a crucial acknowledgement of the trans employee's gender identity and expression that shows respect and acceptance (Dietert & Dentice, 2009). However, co-workers often continue to use incorrect pronouns either out of habit (Brewster et al., 2014) or out of malice (Dispenza et al., 2012). Fernandez et al. (2017) report

trans employees experiencing frequent and intentional misgendering of this kind at work, as well as continued use of transphobic language, despite repeated requests for it to stop. Some co-workers can be supportive, but others find it difficult to alter their perceptions of their trans colleagues following transition: “*she will always be a man dressing as a woman*” (Falconi, 2014, p. 88). These types of micro-aggression are a key component of workplace discrimination for trans employees.

In addition to dealing with changes to social relationships in the workplace, trans employees may find themselves facing changes to their performance evaluation. Although trans workers report that their job satisfaction increased and they felt more comfortable at work post-transition (Drydakis, 2016), others’ perceptions of their job performance can alter. Gender is often used as a proxy for competence at work and research has consistently found that FtM individuals are afforded greater authority and respect from others once they present as male rather than female (Griggs, 1998; Levitt & Ippolito, 2014; Waite, 2012). Conversely, MtF individuals report that their competence was devalued after they transitioned; trans women were assumed to be less skilled and less knowledgeable (Schilt & Connell, 2007; Yavorsky, 2012). This change in perception of work-related competence can have financial as well as psychological repercussions for trans employees. Following transition, FtM individuals have been found to experience no change or a slight increase in pay while MtF individuals suffer a statistically significant decrease in pay and status (Schilt & Wiswall, 2008). There is also considerable evidence that many trans employees are dismissed after transitioning, purportedly for competence-related reasons but more likely due to prejudice and discomfort on the part of employers (Budge et al., 2010; Gut, Arevshatian, & Beauregard, 2018).

10.7 Identity Disclosure and Well-Being at Work

While the process of coming out has been extensively researched in the LGB literature, less is known about the trans coming out experience (Zimman, 2009). Compared to the wider LGB community, trans individuals have a lower disclosure rate (Maguen et al., 2007). Zimman (2009) distinguishes between two key stages of disclosure: pre and post transition. In the former, disclosure is about identity management and expressing incongruence between one’s gender identity and one’s gender assigned at birth; in the latter, it is about sharing a previous incongruence, a sort of identity history. Usually, employees reveal their intent to transition to a small group of people before making a wider announcement (Tan, 2007). Close family and friends are usually the first point of disclosure, followed by work peers. Coming out is a complex multi-faceted process. For example, studies show that trans employees may come out to their manager and HR but choose not to come out to their co-workers or they may want to but are held back by their managers’ prejudice (Dietert & Dentice, 2009). Bender-Baird (2011) stresses that better workplace outcomes can happen when the trans employee work with management and HR to control the narrative. The decision might also be removed from their control, as they

might be outed in the workplace before they are ready to share their gender identity or history (Budge et al., 2010). Bender-Baird (2011) provides several examples of trans employees in her sample maliciously being outed by close others or co-workers at work and how detrimental this was for the trans individual emotionally, physically, and financially, as ultimately the trans person left the organisation or was fired.

To discuss trans employee disclosure and well-being, we anchor our approach in the theoretical frameworks of invisible stigma disclosure (Ragins, 2008) and identity transition (Ladge, Clair, & Greenberg, 2012) across life domains. Disclosing one's identity in work and nonwork domains is dependent on perceived disclosure consequences, supportive contextual factors, and individual differences (Ragins, 2008). If a transgender individual is 'out' with their stigmatized identity in both work and nonwork domains, then they have complete identity integration and may have greater ease in navigating their employer's HR policies and workplace relationships, which are ultimately likely to produce better personal identity and psychosomatic outcomes (Corrigan et al., 2010; Pringle, 2008) and workplace attitudes (Law, Martinez, Ruggs, Hebl, & Akers, 2011). If there is disclosure discrepancy across domains, this disconnect can incur harm (Ragins, 2008). As a survival mechanism, stigmatized employees may create a façade to conform to organisational practices (e.g., HR policies). Employees who deviate from their authentic self to fit with organisational values tend to experience burnout and eventually exit the organisation (Hewlin, 2003, 2009). According to the National Center for Transgender Equality (James et al., 2016), 77% of their study's respondents who were in work in the past year took action to escape workplace mistreatment, such as hiding their identities or choosing to leave their job. Engaging in protective mechanisms to cover one's true identity can also lead to social isolation and decrease one's sense of belonging (Newheiser & Barreto, 2014).

In contrast, some trans employees do not wish to come out or share stories of their history, as they do not want to be associated with their previous gender identity. These individuals thus 'go stealth' and 'pass' in the workplace as their affirmed gender. Some trans employees have suggested that going stealth fulfils a childhood dream of being who they really are (Budge et al., 2010), while others have suggested they do not feel the need to be open about their trans status as it is not their most defining attribute (Kade, 2016) or they consider it a private matter (Woods & Lucas, 1993). Stealth or 'passing' appears to originate from individual choice instead of from external pressures to conform to organisational values and norms, and thus, potentially, has different well-being and health outcomes for trans employees. Despite this, going stealth does not guarantee protection and some trans employees will still experience discrimination if they do not comfortably pass in their gender presentation (Bocking et al., 2013).

10.8 Conclusion

As can be seen from the research reviewed in this chapter, trans employees face many barriers to physical and psychological health, safety and well-being in the workplace. In this, they are being let down by employers' HR departments. Although HR should be the first point of contact for trans employees to develop their plans for coming out and for transition, a number of scholarly investigations suggest that in many cases, HR may not know how to initially or adequately respond. Budge et al. (2010) reported several HR departments indicating that they had never had a transgender individual transition in their organisation, while others studies have shown that many HR departments lack knowledge and training on this and other issues relevant to trans employees (Gut et al., 2018; Ozturk & Tatli, 2016; Whittle et al., 2007; Whittle, Turner, Combs, & Rhodes, 2008). Given this context of widespread ignorance, it comes as little surprise that Marvell et al.'s (2017) research finds trans employees experiencing tension regarding the burden of responsibility on them to educate their managers and co-workers about transgender issues and how best to manage gender transition processes. Being a trans employee is difficult enough without the additional work of coaching organisational members on how they should behave. Organisations need to do better to ensure that trans employees do not suffer negative outcomes at work simply from being themselves.

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Chapter 11

Aligning Perspectives and Mainstreaming Gender at Work



Luis D. Torres and Juliet Hassard

11.1 Introduction

Growing evidence suggests that structural gender differences and gender relations can and do directly and indirectly influence men's and women's health and safety in (and beyond) the workplace. Understanding such structural differences in socially constructed roles and contexts will further our understanding of observed health inequalities across the gender identity spectrum, and how such issues can be actively and sensitively managed by managers, employers, and governments. This book has sought to bring together various lines of empirical and practice-based discussions to better understand and address gendered health inequalities through organisational practices and policy.

We started this book by recognising the growing criticism of gender neutrality where equality is actively promoted as the norm, and explicit gender differences—with the exception of sex differences (e.g., reproductive health issues)—are not acknowledged or directly addressed as an effective policy approach. Many policy decisions, which appear to be gender neutral, may have a differential impact across the gender identity spectrum. By understanding this difference, gender mainstreaming has become a central component to public policy design and implementation. However, there continues to be limited gender mainstreaming in the workplace, and efforts to examine its direct and indirect association to issues like health, safety, and well-being. As a result, a limited, but growing, number of

L. D. Torres (✉)

Nottingham University Business School, University of Nottingham, Nottingham, UK
e-mail: luis.torres@nottingham.ac.uk

J. Hassard

Centre for Organisational Health and Development, University of Nottingham, Nottingham, UK

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practitioners and organisations are addressing the issue of gender in their internal policies and workplace practices.

This book has identified policy and legal frameworks as well as organisational practices and perspectives, that support ways to achieve gender mainstreaming goals. We hope this diverse collection of perspectives may inform the further development and wider implementation of such policies and practices; and, furthermore, inspire new lines of occupational health and safety research and academic discourse that seek to better understand and prevent such health inequalities. This final chapter will align those perspectives by revisiting the concept of gender in the context of mainstreaming initiatives, as well as its practical implications for governance institutions, organisations and individuals.

11.2 Mainstreaming Gender into Health, Safety, and Well-Being

The disadvantageous position in which women and the transgender community find themselves is not a function of their inability to gain equal remuneration or to develop their own abilities; instead, it is a direct result of social interaction and gendered social structures. This implies that people's chances of realising their own goals will be different as a direct result of preferences, desires, aspirations, and attitudes; not only of their own, but also of others.

Gender equality is a key transversal issue for achieving the Sustainable Development Goals (SDGs). The UN General Assembly recognised the central role of gender equality by stating that “the achievement of full human potential and of sustainable development is not possible if one half of humanity continues to be denied its full human rights and opportunities” (UN, 2015, p. 6). This claim is because despite reducing the gender gap in areas such as education, health, and political participation, women continue to lag behind men in economic opportunities including participation in the labour market.

The idea of equality presents an additional challenge to policy and practices that seek to mainstream gender. The issue of whether equality requires, for example, all individuals to be treated the same across the gender identity spectrum (e.g., women the same as men), irrespective of their differences and needs; or whether equality requires that those differences be recognised. Chapter 2 invited us to look beyond this discussion to emphasise the importance of recognising and valuing the unique contribution of individuals; and to consider gender within a wider framework centred on diversity and underpinned by inclusive workplace practices. Organisations cannot benefit from increasing workforce diversity and greater equality without fostering an inclusive environment. Individual's feelings of being accepted as members of a society or an organisation and that their authenticity is valued is the fundamental outcome of an effective gender mainstreaming process.

11.2.1 Revisiting the Concept of Gender

We have treated gender as an intersection between biology, social norms, and personal identity. Gender is not simply an aspect of what a person is, but, more essentially, it is something that a person does in interaction with others in a given society (Kelan, 2010; Messerschmidt, 2009; Nentwich & Kelan, 2014). This idea frequently underlines the socially constructed differences and divisions related with being male or female (a traditionally binary-view of gender). The gender binary relates to a person whose sense of personal identity and gender corresponds with their birth sex, while neglecting other possibilities.

There is a growing movement challenging this binary understanding of gender and gender identity (e.g., male or female; Monro, 2005). Highlighting the importance of the fluidity of gender in both its social construction and personal expression. Consequently, many view and understand gender, not binary in terms; but rather as a spectrum of identities (Schilt & Westbrook, 2009; Westbrook & Schilt, 2014).

Understanding gender in a broader sense is key to advancing gender equality. For example, Chap. 10 discussed gender regarding transgender employees. By further exploring gender in these terms, we can understand why transgender individuals experience worse health and well-being outcomes than cisgender individuals (gender binary). This is a precondition for the development of trans-sensitive policies and interventions.

11.2.2 Challenging the Notion of “Gender Issues as Women’s Issues”

By emphasising the gender binary, the concept of gender itself supports a system of inequality and exclusionary practices. For example, gender issues in the public debate tend to be regarded as “women’s business” (Connell, 2005: 1805). Even though policies have been widened to include men, their focus at the level of implementation remains limited in scope. This is the case of the Gender and Development (GAD) agenda, which replaced the former Woman and Development (WAD) perspective. In this respect, Chap. 3 considered why work-life balance has been traditionally viewed as a ‘women’s issue’ and has challenged the view on whether this is helpful or warranted. This chapter examines evidence showing how domestic responsibilities and balancing work-life can be challenging when gender roles are not broken, but reinforced.

The role of men and masculinities are receiving increasing attention over the past decade (Flood, 2019; Scambor et al., 2014; Sweetman, 2013), but this attention has not been always positive. Generally, men tended to be perceived as oppressors, gatekeepers, perpetrators of male domination, and as obstacles for equality (Connell, 2005; Cornwall, 2000). We do not ignore the negative impact of culturally dominant or hegemonic forms of masculinity (Connell & Messerschmidt, 2005). However,

breaking these social structures requires that any efforts to bring equality provide the basis to question the broader status-quo, without, for instance, criticising one group while victimising the other.

The key message here is that gender inequalities affect everybody, although causes and consequences may vary for different groups (men, women, transgender individuals, etc.; Scott-Samuel, Stanistreet, & Crawshaw, 2009). Efforts to make human beings truly equal should, therefore, seek to deconstruct restricted (arguably binary) understandings of gender and gender roles, reinforce a wider spectrum of gender identities, and actively challenge the social value disproportionality ascribed to certain roles (e.g., men are better leaders, women are better carers). This can be achieved by increasing awareness, building a network of social and policy support for individuals to explore alternatives to existing practices, and ensuring that we do not devalue or stigmatise certain gender identities.

11.2.3 Intersectionality and Health Inequalities

Another limitation of the traditional understanding of gender, as discussed in the previous two sections, is the view of human beings as homogenous members of a gender group. We acknowledge, that diversity exists both across, but also, within gender identities. Intersectionality is a theoretical framework for understanding how aspects of one's social and political identities (e.g., gender, race, class, sexuality, ability, height etc.) might combine to create unique modes of discrimination (Nash, 2008; Shields, 2008). In this respect, Chap. 5 explores such issues. This chapter examined the intersection of work identities, pregnancy (reproductive status) and gender; and explored how this relates to forms of anticipated and experienced stigma among expectant mothers and, in turn, their work-related well-being.

Chapter 7 highlighted that the intersectionality aspect of gender (e.g., gender, age and race) in the context of gender mainstreaming is a major limitation in the concept. Gender mainstreaming deals with institutionalised gendered structures, rather than individual differences and experiences. Gender mainstreaming policies that seek to address gender issues typically do not actively consider how it is influenced and shaped by other forms of diversity, such as: age, gender, race, socio-economic status, and so on. Chapters 1 and 4 underlined how the nature and prevalence of health inequalities are influenced by the intersection and interaction between a wide range of personal and social factors. Chapter 2 sought to understand how the intersection of diversity shapes the work context in organisations, and how this knowledge can be translated into the development of an inclusive climate that fosters employees' performance and well-being.

Therefore, one of the key conclusions of this book is that gender mainstreaming approaches must be embedded within a wider diversity management framework. From a gender perspective, this means moving away from dealing with institutionalised gender structures (a gender-centred approach) exclusively to

adopting a person-centred or diversity-centred approach underpinned by inclusive practices and policies.

11.2.4 How Might We Adopt a Person-Centred Approach?

In recent years, business ethics scholars have started to integrate development economic theory into organisation and management studies, with specific focus on corporate social responsibility (CSR; Garriga, 2014; González-Cantón, Boulos, & Sánchez-Garrido, 2018; Renouard & Ezvan, 2018). These efforts integrate the work of Amartya Sen (1997, 1999, 2013) and Martha Nussbaum (1999, 2011) on the so-called capability approach (hereinafter CA) for human development. The core claim of the CA is that the assessment of policy initiatives at all levels should focus on the effective opportunities or freedoms people have to live the lives they value. This is aligned with the latest calls for a more humanistic approach to management in which what matters is how well businesses contribute to enhance their stakeholders' dignity and well-being (Pirson, 2017).

The concept of stakeholders in this approach identifies the specific groups organisations should consider when designing their strategies (Freeman, 1984). Stakeholders are groups or individuals who are or may be benefiting or affected by the accomplishment of organisational objectives (Donaldson & Preston, 1995). Commonly, they include owners, creditors, workers, employees, suppliers, distributors, local communities, and customers (Armstrong & Green, 2013).

A person-centred perspective takes the concept of stakeholder one step further by identifying them as any group or individual experiencing any kind of deprivation. Effective interventions and evaluations should not overlook the differences between and within distinct groups of people, as well as the disparities between and within different genders, classes, racial groups, regional populations, among others (Anand & Sen, 1996). This is challenging for research and practice. However, it is a necessary step forward in the fight against inequalities.

For example, the focus on stakeholders helps to differentiate between formal and informal workers, their expectations and needs. Frequently, public policy and business initiatives have addressed gender inequalities in formal employment. It is, therefore, common to see in the public debate issues such as equal pay, sexual harassment, equal opportunity, and diversity. Although essential, addressing only formal workers' issues are limited in promoting gender equality in society at large, especially when gender inequality is so pervasive. Informal workers should also be considered as stakeholders of policies aiming at mainstreaming gender into health, safety, and well-being.

11.3 Aligning Perspectives and Interventions

The research community has, at times, simplified or over generalised gender differences in health; and numerous experts in the field have highlighted the imperative need for more complex analyses that examine the interaction between gender and other forms of biological and psychosocial variables (Vlassoff & Moreno, 2002). Placing gender at heart of health and safety planning requires the need to move beyond the identification of gender-related issues and problems to development of responses and interventions to address a broader spectrum of diversity-related issues: at both the level of policy and practice (Vlassoff & Moreno, 2002).

The development of a critical mass of knowledge in the field of health and safety regarding key gender issues will, without question, aid in the development of evidenced-based interventions underpinned by a gender sensitive perspective. Furthermore, understanding, and moreover, mapping the intersection of various forms of diversity will aid in the development of gender sensitive interventions underpinned by a diversity framework.

This book sought to bring together a wide range of perspectives examining gender, work, health, and safety. What can be clearly observed is that the nature of this topic area is inherently trans-disciplinary. The following two sections seek to draw together some key conclusions across this diverse body of research and practice at the public policy and organisational levels.

11.3.1 *The Public Policy Level*

Advancing equality requires a robust policy framework. This framework should facilitate the disruption of gender stereotypes that reinforce occupational segregation, differences in remuneration, disparities in care responsibilities, as well as discriminatory practices in general. For example, Chap. 9 argues that the rationale behind menstrual leave policies makes several exaggerated and incorrect assumptions about the nature, and prevalence of menstrual cycle-related symptoms in the working population; and may contribute to, unhealthy and discriminatory practices against women in the workforce.

As underlined by Chap. 6, ensuring that action is taken to end poverty, inequalities, discrimination and fast-track progress for those lagging, is peremptory to achieve sustainable development. Gender-responsive and rights-based governance systems have been central in enabling the realisation of rights and opportunities (UN Development Group, 2013). The national system of governance includes not only formal institutions of government but also regulatory frameworks, market arrangements, economic conditions, and mechanisms for the delivery of services that the state provides (Campbell, 2007; Matten & Moon, 2008; Wood, 1991; World Bank, 2012). Governments can promote public policies with a direct impact on

people's lives. This is the case of, for example, direct or conditional cash transfers or microcredits aimed at supporting the poorest families in a country.

Governments can also enact policies aimed at encouraging participation and/or defining roles for other market and non-market institutions. Public sector structures and policies (such as, the political, labour, education, and cultural systems) have an important impact on, for example, multi-stakeholder involvement in addressing issues of public interest (Ioannou & Serafeim, 2012). In both cases the role of governments goes beyond simply enacting laws, facilitating economic growth and expanding goods and services.

Global public policy networks (GPPN) have emerged as an aid in this respect. These networks are loose alliances of government agencies, international organisations, corporations, and civil society representatives such as nongovernmental organisations, professional associations, or religious groups that join together to achieve what none can accomplish on its own (McNutt & Pal, 2011). GPPNs show advantage in three essential areas of global policy making (Reinicke, 1999). First, by connecting groups that might not otherwise deal with one another, they promote learning and collaboration. Second, GPPNs have the potential to fill the “governance gap” (Hirschland, 2006) characterised by, for instance, weak local governments and a lack of clarity and local implementation of global regulation. Finally, their broad membership allows them to benefit from information and expertise from a variety of backgrounds, providing them with a more complete picture of policy issues and giving voice to previously unheard groups.

A common characteristic of these global governance initiatives are the design, development, and implementation of rules that transcend national borders without having sovereign authority (Finkelstein, 1995). This global system sees governments as engaged in a horizontal inter-organisational network of societal actors, where public policy is both formed and executed by the interacting and voluntary efforts from a multitude of stakeholders (Kooiman, 1993).

As mentioned in Chap. 8, gender mainstreaming policies have been largely promoted by the international community including multilateral organisations, their specific programmes or committees, as well as global multi-stakeholder membership organisations. They have been key at promoting hard and soft regulation initiatives at the country, industry, and company level. A great example of this has been presented in Chap. 6 with the Gender Equality Seal promoted by the United Nations Development Programme (UNDP) for over a decade now.

11.3.2 The Organisational Level

Governance institutions play an important role encouraging multi-stakeholder collaboration at addressing gender issues in the labour market. However, public policy action alone will not be enough if gender mainstreaming efforts are not made at both the macro and micro levels. Promoting change within the organisational boundaries seems particularly achievable compared to the broad policy environment (Cortina,

2008) and, therefore, is an important context in which to address key health inequalities. While business may not see themselves in the role of social change agents, they certainly are key places through which gender inequities can either be perpetuated or diminished.

A key conclusion from this book is for organisations to be aware of social expectations regarding gender, while working to change their internal working environment. Work is frequently organised on the image of a man (frequently white) who is totally dedicated to work (Acker, 2006, 2009; often referred to as the 'ideal worker' stereotype). This image of appropriate gendered (and racialized) bodies influence perceptions, hiring, and everyday interactions. This has resulted in, for instance, an underrepresentation of women in certain sectors and occupations feeding discriminatory beliefs among employers that women are not suitable workers or good candidates (UNDP, 2013; World Bank, 2012). By internally targeting those discriminatory beliefs, organisations have a key role to play at enabling or inhibiting gender equality.

Mainstreaming gender implies that managers must consider the gender impact of their decisions. However, managers tend to have a traditional view of the firm's social responsibilities. Even when managers can express broad societal responsibilities, they tend to focus primarily on issues concerning the external environment, employees' well-being, and the quality of products. Of those employee issues, diversity management, equal opportunities and work/life balance do not seem to attract much attention compared with issues such as health and safety (Pedersen, 2010).

We, therefore, propose that applying a gender mainstreaming perspective suggests that organisations should consider intervening in at least five key areas (Benschop & Verloo, 2012; Ely & Meyerson, 2000; Martin, 2003; Meyerson & Kolb, 2000): (1) assuring equal opportunities, (2) providing training opportunities, (3) valuing diversity, (4) implementing a gender infrastructure, and (5) and facilitating collaboration.

Assuring equal opportunities aims at breaking structural barriers in recruitment and career development. The goal is to create equal opportunities across the gender identity spectrum in the organisation by dismantling these structural barriers to equality (Bacchi, 2000; Boeckmann & Feather, 2007; Mavin & Girling, 2000). Men and women's opportunities can be widened here by putting in place affirmative/positive action, transparent promotion policies, alternative careers paths, and work and family benefits, among others.

Providing training opportunities focuses particularly on women and minority groups' skills to compete in the labour market. It argues that socialised gender differences have made women to have a lack of skills or attributes that are valuable to compete in the world of businesses (Meyerson & Kolb, 2000). Their opportunities in the labour market can be strengthened by any intervention that focus on helping them to develop the skills and styles considered as requisite for success. They can include executive training programs, leadership development courses, empowerment workshops and networking opportunities.

Valuing diversity refers to the chance that everyone is valued in terms of their unique skills, knowledge and experiences. In this respect, this strategy shifts the focus from eliminating difference to valuing difference and diversity (Ely & Meyerson, 2000). Particularly, women have been disadvantaged because organisations place a higher value on behaviours traditionally associated with men, while devaluing those traditionally associated with women. This strategy recognises that organisations cannot benefit from rising workforce diversity and greater equality without fostering an inclusive environment. Interventions suggested by this strategy include consciousness-raising aiming at making people aware of the differences, and related benefits, between gender styles, skills, and perspectives.

Implementing a gender infrastructure implies formalising an organisational commitment with gender equality. It focuses on implementing formal policies and procedures aiming at changing informal patterns of everyday social interaction (Ely & Meyerson, 2000; Meyerson & Kolb, 2000). It suggests that organisations should put in place a basic infrastructure for gender equality typically including an organisational gender policy, a gender unit of technically skilled change agents to work on organisational gender initiatives (Rao & Kelleher, 2003).

Facilitating collaboration refers to the opportunity that individuals outside the organisation can benefit from the organisational efforts for gender equality. This perspective links internal organisational commitment and actions relating to gender equality to the broader range of efforts aimed at enabling mobilisation, citizenship, and voice (Benschop & Verloo, 2012; Rao & Kelleher, 2003). Typical initiatives include the integration of the family in the company activities, financing gender related projects in the community, working with suppliers, and partnering with local governments and NGOs.

In practice, companies are likely to implement a combination of initiatives in each category in a formal strategy/agenda or informal ad-hoc activities.

11.4 Conclusions

Gender gaps have narrowed over recent decades. However, inequality continues to be a world challenge and it is particularly expressed in gender differences and discrimination against women and the trans community in the labour market. In this respect, the 2030 development agenda and its 17 SDGs are an explicit call for a more proactive role of private and public institutions (Bhattacharya & Ali, 2014). It has been acknowledged that the SDGs will not be achieved unless avenues to facilitate the contribution of the private sector are strengthened (Sachs, 2012), and unless businesses integrate these development priorities into their core business agendas (Bule & Tebar-Less, 2016; Jones, Hillier, & Comfort, 2016; Scheyvens, Banks, & Hughes, 2016).

By implementing equality policies within their companies and measuring their impact, the private sector can ensure equal opportunities for individuals across gender identities. By doing so, they can create more inclusive and egalitarian

workplaces advancing the achievement of the SDGs related to gender equality (Goal 5), decent work and economic growth (Goal 8), and reduction of inequality in general (Goal 10). However, this is not an individual quest. International organisations and civil society should support this process as well as emphasise social priorities when they have not received enough attention. Similarly, while companies must engage in gender equality issues, governments must create the conditions for this to happen.

To achieve gender equality, the world still needs to ensure that individuals across the gender identity spectrum have equal freedom to achieve what they value. Also, they must understand that all stakeholders, including the private sector, have a role to play for enabling this process. Business organisations must recognise that they have a social responsibility for gender equality and, as such, the prime focus should not only be on managers accepting gender issues as a moral obligation but on the degree and kind of action. The business community is, therefore, called to not only fund development projects, but also engage in social dialogue, public-private partnerships and integrating gender issues within their strategies.

On the other hand, the public governance challenge is twofold. They must facilitate the process of engagement by creating appropriate conditions. At the same time, they need to create an effective regulatory framework. In the absence of this framework, the actual chance of people having control over their lives and resources is vague, and inequalities become inevitable.

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