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SAN FRANCISCO GENDER EQUALITY PRINCIPLES (GEP)

HEALTH, SAFETY, AND FREEDOM FROM VIOLENCE: FREQUENTLY ASKED QUESTIONS

This document is a compilation of frequently asked questions for Principle 3: Health, Safety, And Freedom from Violence, created by the Gender Equality Principle Initiative with assistance from the Extending Service Delivery Project.

QUESTIONS AND ANSWERS

1. GENERAL HEALTH

What business issues related to limited access to health services are typically seen in the US and global supply chain, and how can enhancing access to health services benefit your business?

There is a substantial business benefit in minimizing poor employee health. Employees who are ill can have higher levels of stress, suffer from increased fatigue, and become more susceptible to other diseases and workplace injuries than healthy workers. Studies have documented that investing in employee health reduces worker absenteeism, improves worker morale and increases employee commitment to their job. When employees and their families have access to health services they are more likely to be productive when they are at work and take less time off of work to attend to a sick spouse or child. Workers that are healthy and have access to health services that prevent and treat illness can have higher levels of concentration when they are at work, increased job satisfaction and morale as well as improved relationships with their co-workers and supervisors.

Some of the negative impacts on companies that do not invest in employee health, particularly the health of female employees include:

- **High absenteeism:** Female employees often take time off to care for a sick child or another family member, in addition to times when they may themselves be ill.
- **Lower efficiency and productivity:** Higher levels of stress and fatigue and chronic illness can have a detrimental effect on efficiency and productivity. Workers who are healthy and work in safe conditions are more likely to be productive, and to produce high quality products.
- **High worker turnover:** Studies suggest that companies that invest in the health of their employees have a lower worker turnover since workers often feel like they are being provided with benefits that would not be available to obtain elsewhere.
- **Negative Brand Image:** Factories with unsafe working conditions and poor health of workers have been subject to negative publicity campaigns in the media. Unsafe working conditions and outbreaks of contagious illnesses that could be attributed to employer neglect can be sensationalized by the media, causing public backlash against brands that source from that factory, even if the amount of product sourced may be small or if the brand is no longer sourcing from that factory.
- **Additional Costs:** When workers are injured or ill, factories incur additional costs related to sick pay, production delays, and overtime payments to other workers assuming the workload, time/pay to train new workers to fill the vacancy, investigation time and, in the case of injuries, damage to raw materials, products, tools or equipment.

Finally, what constitutes good reproductive health services

defines overall health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity^[ii]. Good reproductive health, according to a consensus statement agreed upon at the 1994 International Conference on Population and Development, should include freedom from the risk of sexual diseases; the right to regulate one's own fertility with full knowledge of contraceptive choices; and the ability to control sexuality without being discriminated against because of age, marital status, income, or similar considerations.^[iii]

Women across the globe have different health needs and expectations, influenced by their individual culture and norms. All women face the problem of limited access caused by long working hours and family obligations. In the West, women may work or live near health services, but do not have the flexibility in their job or personal life to access those services when they need them. In developing nations, women may not have access to clinical services at all. They may have to travel long distances or depend on mobile health clinics that may or may not be available when they are needed. Women in developing nations also face health complications caused by menstruation. Lack of information about feminine hygiene and access to hygienic materials can cause ongoing health problems that impair a woman's ability to complete her job. When developing a health strategy for your workers, it is important to consider these contextual issues. It also helps to keep in mind the following traits set forth by UNFPA to ensure quality reproductive health services:

- Access to services
- Adequate supplies and equipment
- Application of evidence-based clinical protocols
- Technical, managerial and interpersonal skills of health staff^[iii]

To help employees achieve optimal health, including reproductive health, employers must enact specific policies that address these four components. This includes providing health insurance plans which offer reproductive health services and include coverage of birth control, putting policies in place that support workers' rights to take accrued sick leave to seek these services, and establishing a corporate culture of health and wellness which encourages preventative and primary health care.

What are the health service needs of women and men?

Male and female workers have distinctive health needs, many of which are unrelated to reproductive health. In order for your business to equitably enhance access to health services, it is important for you to understand these differences and address them individually in your policies.

The U.S. Department of Health and Human Services reports that despite an increase in life expectancy, men in the U.S. still experience gender-specific health disparities, due to behaviors such as smoking, consuming alcohol, ignoring health symptoms, postponing routine health check ups and engaging in risky behavior. Men in the workforce are less likely to have health insurance, and are less likely to have a primary care physician than their female counterparts.^[iv]

The top 3 causes of death among adult males in the U.S. are heart disease, cancer and accidents.^[v] Regarding heart disease and cancer, it is important that men have access to information about prevention, education about symptoms, and access to diagnosis and early treatment. They must also have sufficient health insurance to access diagnosis and treatment services in order to remain healthy and able to work. Accidental deaths are a major concern for employers, for if they occur in the workplace they can lead to serious financial liability and potential penalties for violating occupational health and safety standards. Therefore it is crucial for employers to provide employees with proper safety training and implement safety protocols in the workplace.

A study conducted by the European Agency for Safety and Health at Work found that female employees had higher rates of absenteeism than male employees (except for absences due to workplace accidents). The agency postulates that, "Some of this gender difference is probably related to gynecological conditions but it is also because some workplace-related health problems may be particularly prevalent in certain female dominated occupations, such as among nurses or childcare workers, but they are not recognized as real problems in traditional health and safety legislation."^[vi]

productive health needs that must be addressed. The Centers for Disease Control and Prevention (CDC) has published *The Effects of Workplace Hazards on Female Reproductive Health* + <http://www.cdc.gov/niosh/99-104.html> which explains these dangers in detail. To summarize, there are many ways in which a woman's reproductive health can be damaged in the workplace, impacting both the woman and her unborn children. The CDC has declared that employers are responsible for training and protecting their workers. Employees are responsible for learning about the hazards in their workplace, using personal protective equipment, and following proper work practices. +

How have companies enhanced access to health services in company policies and/or programs for female employees and their families?

Traditionally in the United States and other Western nations, health services for female employees and their families were provided for under private employer-based health insurance. In the past decade, however, the rising cost of health insurance has led many employers to drop health insurance coverage or has driven workers to discontinue coverage because they could not afford premiums and co-payments. It is too soon to determine the health impact of this new trend, but it is not unreasonable to assume that a decrease in health insurance coverage will lead to lower utilization of health services by female workers and their dependents.

In developing nations, new workplace programs have been implemented in recent years to enhance the health of workers. The Extending Service Delivery Project (ESD), a global reproductive health/family planning project funded by USAID maximizes the effectiveness and efficiency of RH/FP programs and places them at the forefront of health, social and economic development. ESD is working with companies, business associations, and Non-Governmental Organizations (NGOs) to extend access to reproductive health and family planning (RH/FP) services to the poor and underserved in developing countries. ESD has conducted a Return on Investment (ROI) Study in Bangladesh and provides technical assistance to organizations that measure the financial impact of these programs on businesses through an ROI. The 2004-2006 study entitled *The Effect of a Workplace Health Program on Absenteeism, Turnover, and worker attitudes in a Bangladesh garment factory* + examined the effect of workplace on-site health services on workers' absenteeism and turnover, perceptions of the quality of on-site clinic services, and attitudes toward their employer. After conducting a health needs assessment, factory management agreed to the installation of an on-site health clinic, staffed by an Ob/GYN, a nurse-counselor, and an attendant. During consultations, general health issues were highlighted, and then workers were counseled on their RH/FP status and concerns. Both male and female patients were counseled on sexually transmitted infections (STI), including HIV/AIDS. Antenatal care and post-natal care were also available. Employee use of the clinic was high, and an audit found an 18% decrease in absenteeism and 46% decrease in turnover in the first 18 months. ^[vii]

In 2007, Business for Social Responsibility (BSR) launched HERproject, (Health Enables Returns), which links global companies, factories and local NGOs in partnerships to improve women's reproductive health awareness and access to services. ^[viii] To date, the HERproject has been implemented in factories throughout China, Vietnam, Pakistan, Mexico and India. The essential elements of this project are: needs assessment, peer health educator training, onsite health services improvements, exit surveys, audits, and male worker training. Programs are designed to meet the following objectives:

- Improve health awareness among female factory workers
- Enhance access to critical women's general and reproductive health services
- Increased worker engagement

Despite being a relatively new program, HERproject has already demonstrated improvements in the health of female workers and their families and positive changes in attitudes towards health programs for women. ^[ix] During the pilot program in China, three out of the five factory managers said that they valued the program so much that they intended to continue funding it once the pilot period was complete. ^[x] In India, three out of five factories in the pilot study reported reduced absenteeism and one reported a reduction in workplace injuries as a result of the newly implemented health programs. ^[xi]

In Indonesia, garment manufacturer PT Dewhirst experimented with reinvestment of required health payments into the establishment of private off-site services. In 2001 the company realized it needed to address the poor standard of living for workers and the extremely poor quality of public health services available to them, PT Dewhirst operations were suffering from high absenteeism and high turnover. Workers faced many health problems, including high infant mortality. The company recognized the urgency needed

services in Rancaekek were not likely to be part of the solution. e to get a better return on its social security payments by taking ality, private clinic next door to the factory.

PT Dewhirst partnered with a local non-profit agency called YKB and agreed to establish a new private clinic, which would serve the factory workers but open to the general community as well. YKB would manage the clinic on a fee-for-service basis from payments through the company's private health insurer. The clinic provides maternal and child health services (antenatal care, family planning, immunizations, pap smears), general health services, dental health and minor surgery for accidents as well as weekly health education classes and community outreach activities. As a result, PT Dewhirst has seen a reduction in absenteeism due to sickness through 2006. The clinic has been successful at increasing the number of women who practiced some form of family planning, and the company credits the clinic for a significant decrease in absenteeism, turnover and production of rejected garments.

How have other companies ensured that they provide gender equitable health services and insurance in company policies and/or programs?

Many businesses have already recognized the value of investing in the health of their female employees. Companies that depend on a largely female workforce conducting manual labor, such as garment factories, have been on the forefront of workplace health equality.

In Guatemala in 2003, a local NGO recognized a need for workplace health services for female garment factory workers and decided to experiment by providing fee-for-service delivery of RH/FP services in the workplace. Cervical cancer is the leading cause of death among women in Guatemala and the fertility rate was 4.4, however female workers did not have access to cancer screenings or family planning services.^[xiii] To address this unmet need, APROFAM established permanent, on-site health clinics at two factories.

The first factory contracted with APROFAM to open an OB/GYN clinic, which included GYN consultations, RH/FP counseling, pap smears, ultrasounds for expectant mothers, and birth control. The second factory contracted APROFAM to provide a GYN and general practitioner two days a week. Both clinics were used heavily by female workers. The first factory reported that over 40% of services were for family planning consultations. Both factories reported satisfaction on the part of workers and management due to the quality of service and the decreased absenteeism. APROFAM was confident that the factories involved were satisfied with the economic benefits of having on-site factory clinics.

The Reebok Human Rights Foundation developed the Women Health Express, which provides mobile health services to migrant workers in the Pearl River Delta region of China. These services give women who live in hard to reach areas access to needed health services. Services include education about occupational safety, disease prevention, and reproductive health, physical examinations and medical referrals, and support groups which reinforce workers' awareness of labor rights and women's health. To date, the mobile health services have reached tens of thousands of female workers in southern China.^[xiii]

What revisions to company policies and/or programs can enhance access to health services for employees and their families?

Businesses can offer several ways to combat these conditions and improve employee health, through partnering with existing in-house clinics, doctors or nurses to:

- Educate management and employees about available health services
- Educate management and employees about the benefit of accessing services
- Conduct regular health exams of staff
- Identify and treat illnesses
- Raise awareness about these conditions, impacts and possibilities for treatment
- Identify options for testing/diagnosis
- Identify options for and benefits of treatment
- Ensure that clinic staff is trained in the services they provide; including family planning and reproductive health and that they participate in refresher trainings to update their skills.

Discrimination against candidates for employment, and current employees

Issue?

protected by The Universal Declaration of Human Rights since it was ratified by the United Nations in 1948. This document expressly protects all workers against employment discrimination:

Article 23.

- (1) Everyone has the right to work, to free choice of employment, to just and favourable conditions of work and to protection against unemployment.
- (2) Everyone, without any discrimination, has the right to equal pay for equal work. [\[xiv\]](#)

In the United States it is illegal to discriminate against employees based on their health status. There are federal laws in place which protect workers' rights. Non compliance with these can result in civil lawsuits by the Department of Justice.

The United States Civil Rights Act of 1964 protects women from sex discrimination on the basis of pregnancy, childbirth, or related medical conditions. The law protects pregnant women in the course of hiring, pregnancy and maternity leave, and in the provision of health insurance and fringe benefits. [\[xv\]](#)

The Americans with Disabilities Act of 1990 prohibits employers from discriminating against qualified individuals with disabilities in job application procedures, hiring, firing, advancement, compensation, job training, and other terms, conditions, and privileges of employment. [\[xvi\]](#)

If you employ people in the United States, it is important for you to know which conditions are protected under the ADA and which are not. Protected "physical impairments" include: orthopedic, visual, hearing and speech impairments; cerebral palsy; epilepsy; muscular dystrophy; heart disease; cancer; diabetes; HIV, whether symptomatic or non-symptomatic; tuberculosis; drug addiction; and alcoholism. Protected "mental impairments" include mental retardation, emotional or mental illness, and specific learning disabilities. Certain mental impairments are explicitly excluded from ADA protections, including sexual behavior disorders, compulsive gambling, kleptomania, and pyromania. [\[xvii\]](#)

For specific information about ADA guidelines pertaining to people with HIV/AIDS, refer to this document: <http://www.ada.gov/pubs/hivqanda.txt>.

It is important for businesses to note that advances in technology have not been overlooked by U.S. federal nondiscrimination laws. In 2008, Congress passed the Genetic Information Nondiscrimination Act (GINA), which prohibits employers from discriminating against employees or job applicants based upon genetic information, prohibits health insurers from denying coverage or setting group premiums based on genetic information and requires confidentiality of genetic information. [\[xviii\]](#) Any violation of these laws opens your business to potential lawsuits and negative publicity.

What forms of discrimination against candidates for employment, and employees based on their health status are typically seen in the U.S. and the global supply chain?

The U.S. Equal Employment Opportunity Commission identifies ten primary forms of discrimination that American workers are legally protected against: age, disability, equal compensation, national origin, pregnancy, race, religion, retaliation, sex and sexual harassment. [\[xix\]](#) For example, employees cannot be discriminated against because they are too old+ or too young+, female instead of male, foreign-born, practice a particular religion, or because they have filed a complaint against their employer for a violation of their rights as protected under the law. The Commission enforces federal employee protection laws and acts as the point of contact for filing a charge of discrimination. In 2008 the Commission reported over 95,000 charges of discrimination. Nearly 1 in 3 charges were on the basis of sex discrimination, and 20% were on the basis of disability discrimination. [\[xx\]](#)

Women around the world are discriminated against based on their gender and for exercising their reproductive rights. The 10th National Women's Congress held in China in 2008 revealed that despite women's overwhelming presence in the workforce, female employees often suffer gender discrimination at work and face the dilemma of losing their jobs when they get pregnant. Even though it violates federal labor

women largely because they might later demand paid maternity leave to compensate employees for birth-related medical fees.^[xxi]

American-owned businesses which depend on goods and services from the global supply chain must recognize that foreign business partners do not operate under the same laws as U.S.-based businesses, and that it may be difficult to enforce health policies in places where the necessary infrastructure does not exist. Many countries do not have anti-discrimination laws, and even those that do may not enforce the laws. The stigmatization of HIV, for example, is so extreme in some places that federal laws prohibiting discrimination are not enforced. Therefore, it is vital that your company institute not only policies, but also a culture of anti-discrimination to protect the rights of workers with certain health conditions.

How have other companies implemented policies and/or programs that address health related discrimination?

Despite federal laws that prohibit health-related discrimination, few businesses in the U.S. have established health-specific anti-discrimination policies. In the few instances where corporations have established these policies, they tend to pertain solely to HIV/AIDS in the workplace.

An exemplary model for workplace policy and programming which addresses HIV discrimination is Standard Bank of South Africa, which was awarded the Global Business Council's Comprehensive Workplace Programs Award in 2008. Standard Bank of South Africa tackled the stigma of HIV by integrating it into a larger workplace wellness program. Rather than initiating a new policy for HIV/AIDS, they decided to incorporate it into a pre-existing policy which protects employees with life-threatening diseases from discrimination. Standard Bank has created a culture of acceptance through the establishment of on-site clinics, VCT services, education of managers, and promotion of health education through Wellness Champions.^[xxii]

2. SAFETY AND VIOLENCE

Why is the prohibition of violence and harassment and ensuring safety of female workers a business issue?

Workplace violence is now recognized as a specific category of violent crime that requires specific responses from employers, law enforcement agencies and the community at large^[xxiii]. International declarations and conventions address the violence and harassment of women at the policy level. They include but are not limited to the United Nations General Assembly's Convention on all forms of Discrimination against Women, International Labor Organization conventions, and the 1995 Beijing Declaration.

In Article 1 of the United Nations *Declaration on the Elimination of Violence Against Women*, violence against women is defined as

any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.^[xxiv]

Article 2 of the declaration describes violence against women as

physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, **sexual harassment and intimidation at work**, in educational institutions and elsewhere, trafficking in women and forced prostitution.^[xxv]

In over 50 countries in Africa, Asia, Europe and Latin America, workplace sexual harassment is against the law^[xxvi].

Companies that have not addressed violence and harassment of women in the workplace have paid the price. Kellogg, Brown & Root, a private military contractor in Iraq^[xxvii], received negative media attention after an American woman charged that she was raped by her fellow KBR employees. The victim, alongside human rights advocates, is suing the company and exposing using every means to attack the company's reputation. In India, the rape and murder of two female call center employees became a national scandal. BPO, the women's former employer, was forced to undertake measures to ensure the safety of its female employees^[xxviii].

business issue?

on Fund there are 7 reasons why employers should address

Reason 1. Domestic violence affects many employees.

- Nearly one-third of American women (31 percent) report being physically or sexually abused by a husband or boyfriend at some point in their lives.
- More than one million people report a violent assault by an intimate partner every year in the U.S.
- At least one million women and 371,000 men are victims of stalking in the U.S. each year. Stalkers often follow the victim to the workplace.

Reason 2. Domestic violence is a security and liability concern.

- Ninety-four percent of corporate security directors surveyed rank domestic violence as a high security problem at their company.
- Employers who fail to protect their employees from violence at work may be liable. Jury awards for inadequate security suits average \$1.2 million nationwide and settlements average \$600,000.
- In the case of *La Rose v. State Mutual Life Assurance Co.*, Francesia La Rose's family filed a wrongful-death action against her employer when she was murdered by a former boyfriend at the work site. The employer paid a settlement of \$850,000 for failing to protect her after being notified of a specific threat.

Reason 3. Domestic violence is a performance and productivity concern.

- In one study of batterers, 41 percent had job performance problems and 48 percent had difficulty concentrating on the job as a result of their abusive behaviors.
- Thirty-seven percent of women who experienced domestic violence reported that the abuse had an impact on their work in the form of lateness, missed work, keeping a job, or career promotions.
- The Centers for Disease Control and Prevention estimates that the annual cost of lost productivity due to domestic violence equals \$727.8 million, with more than 7.9 million paid workdays lost each year.

Reason 4. Domestic violence is a health care concern.

- The national health care costs of domestic violence are high, with direct medical and mental health care services for victims amounting to nearly \$4.1 billion.
- Among women admitted to an emergency room for violence-related injuries, 37 percent were abused by an intimate partner.
- In a study on the effects of violence, women who experienced any type of violence or abuse were significantly more likely to report being in fair or poor health, and were almost twice as likely to be coping with some form of depression.

Reason 5. Domestic violence is a management issue.

- In a 2002 survey of senior corporate executives, 91 percent said that domestic violence affects both the private and working lives of their employees.
- In addition, more than half (56 percent) of those surveyed were aware of employees who have been affected by domestic violence.
- In a 1994 survey, 66 percent of executives said their companies' financial performance would benefit from addressing the issue of domestic violence among their employees.

Reason 6. Taking action in response to domestic violence works.

- After participating in domestic violence training at a factory, the rate of employees asking for workplace counseling services for domestic abuse problems was 14 times what it had been prior to the training.
- When a sample group of 40 abused employees at the factory began using the domestic abuse counseling services, their average absence rate was higher than the factory's average absence rate. After using counseling services, the abused employees reduced their absenteeism rates to normal.

ent agencies and domestic violence experts are already
great success. You can make a difference in your workplace and
in the lives of employees who are facing abuse.

What should companies know about the violence and harassment that take place in their workplaces and supply chains, and what practical steps can companies take to prohibit and address violence and harassment and ensure the safety of female employees?

There are typical four categories of violence and harassment that harm women at the workplace

- violence/harassment committed by clients or patients
- violence/harassment associated with robbery or other crimes,
- violence/harassment among co-workers or managers, and
- Domestic violence that spills over into the workplace ^[xxix].

Companies should understand how these four categories of violence and harassment are expressed and the specific kinds of risks women in each workplace face.

- *Threatening Behavior*
 - Physical threats . such as shaking fists, destroying property, or throwing objects.
 - *Verbal or Written Threats* - any expression of an intent to inflict harm or a cause a woman employee to perform sexual favors or unethical acts.
- *Harassment* - any behavior that demeans, embarrasses, humiliates, annoys, alarms or abuses a person and that is known or would be expected to be unwelcome. This includes words, gestures, intimidation, bullying, or other inappropriate activities.
 - *Verbal Abuse* - swearing, insults or condescending language.
 - *Sexual Harassment* - any unwanted touch or comments of a sexual nature that would be expect to be unwelcome [need to get language also maybe a footnote saying that as a legal matter different jurisdictions will have different legal definitions]
- *Physical Attacks* - hitting, shoving, pushing or kicking ^[xxx]; sexual assaults and rape; and any other violent or life-threatening assaults.

My company already has anti-discrimination policies. What more can we do to prevent sexual harassment and violence in our workplace?

Even companies with strong policies and workplace programs on sexual harassment and violence may not be addressing the risks adequately in the supply chains or in their international operations. Examples of risks of violence from external sources that are particularly heightened for women employees include:

- Having contact and/or exchanging money with the public
- Working late night or early morning
- Working alone or in small groups
- Workspaces with uncontrolled access
- Mobile workplaces (for example, meter readers and ambulance drivers)
- Working in the presence of or near handguns or weapons
- Worksites in high-crime areas
- Poorly-lit parking areas and sidewalks ^[xxxii]

Women employees also face internal workplace risks, such as:

- Lack of explicit policies and training about sexual harassment and supervisor-worker codes of conduct;
- Lack of process or system for reporting violence or harassment and enforcement
- Lack of internal security systems
- Small numbers of women in a largely male workforce
- Cultural tensions between women's role in the workplace and prevailing norms of women's societal role.

providing guidance on workplace policies and programs, which are included in the Principle 3 indicator list for further ideas on programs and

Why is eliminating unsafe working conditions a business issue?

Eliminating unsafe working conditions should be a top priority of any company that cares about the health and wellbeing of its workers. Safety is a good business practice as well since it prevents work-related diseases and injuries that can affect worker absenteeism and productivity. According to the International Labor Organization, approximately 4 percent of the world's GDP was lost in 2002 because of work-related diseases and injuries^[xxxiii]. Companies can reduce financial losses by protecting female workers from exposure to hazardous and toxic chemicals that have adverse effects on their health.

Which chemicals and contaminants that affect women's health are typically seen in the US and global supply chain?

Companies should identify those chemicals that harm the overall and the reproductive health of their female employees. Companies should prevent female (and male) employees' exposure to hazardous and toxic chemicals.

The table below highlights chemicals that are commonly used in factories and identifies the specific risks to women's health.

Chemical	What Chemical is the used for?	What risk does the chemical have to women's overall and reproductive health?
Acetone	Solvents, lacquers, finishes in shoe-making	Miscarriage, newborn infection, cancer
Benzene	Miscellaneous consumer product processes including dry/spot cleaning and other solvents; lacquers, adhesives, paints	Chromosome damage, low birth weight, menstrual abnormalities, birth defects
Cadmium	Dyeing, apparel finishing, plastics, electronics, welding	Reduced fertility/sterility, miscarriage, fetal death, birth defects, mutations, fetal damage, cancer of reproductive organ
Cellosolves (miscellaneous kinds)	Lacquers, finishes in shoe-making and electronics	Birth defects, mutations, fetal damage
Glycol ethers	Lacquers, finishes in shoe-making	Birth defects, miscarriage, infertility, sterility, low birth weight
Lead	Electronics, semi-conductors	Miscarriage, premature birth
Mercury	Additive in batteries, other chemical and laboratory environments	Reduced fertility/sterility, miscarriage, fetal death, birth defects, mutations, fetal damage
Methyl ethyl ketone (MEK)	Solvents in shoemaking	Birth defects, mutations, fetal damage
Methylene chloride	Treatment of metal surfaces in semi-conductor production; solvents and molding in shoe-making	Birth defects, mutations, fetal damage
Perchloroethylene	Printing, plastics, dry/spot cleaning, electronics	Infertility, sterility, miscarriage, infant jaundice
Toluene	Solvents in shoemaking	Menstrual problems
Trichloroethylene	Solvents in shoemaking; printing, electronics, dry/spot cleaning	Reduced fertility or sterility; miscarriage, fetal death, birth defects, mutations, fetal damage

Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.

[ii] <http://www.un-documents.net/ac171-13.htm>

[iii] <http://www.unfpa.org/rh/care.htm>

[iv] <http://www.womenshealth.gov/mens/>

[v] <http://www.womenshealth.gov/mens/health/>

[vi] http://osha.europa.eu/en/riskobservatory/absenteeism/eu/by_gender.htm

[vii] http://www.esdproj.org/site/DocServer/CSR_Bangladesh.pdf?docID=502

[viii] <http://www.herproject.org/about/index.php>

[ix] <http://www.herproject.org/about/pilot-projects.php>

[x] http://www.herproject.org/files/bsr_herproject.pdf

[xi] http://www.herproject.org/files/her_india-chapter-2006-report.pdf

[xii] *Increasing Access through Public-Private Partnerships in Guatemala*. The CATALYST Consortium. August 22, 2005.

[xiii] <http://www.reebok.com/Static/global/initiatives/rights/pdf/HRFromPain.pdf>

[xiv] <http://www.un.org/Overview/rights.html>

[xv] <http://www.eeoc.gov/types/pregnancy.html>

[xvi] <http://www.eeoc.gov/types/ada.html>

[xvii] <http://www.adoptioninstitute.org/policy/ada.html>

[xviii] http://www.bracewellgiuliani.com/index.cfm/fa/news/advisory/item/3de69270-aae7-4d8f-bc51-fa4316a9d81b/Congress_Bans_Employment_and_Health_Insurance_Discrimination_Based_on_Genetic_Information.cfm

[xix] <http://www.eeoc.gov/>

[xx] <http://www.eeoc.gov/stats/charges.html>

[xxi] http://www.bjreview.com.cn/nation/txt/2008-11/10/content_163308.htm

[xxii] http://www.gbciimpact.org/itsc_node/10/530/award/707

[xxiii] <http://www.fbi.gov/publications/violence.pdf>

[xxiv] <http://www.un.org/documents/ga/res/48/a48r104.htm>

[xxv] <http://www.un.org/documents/ga/res/48/a48r104.htm>

[xxvi] http://www.ituc-csi.org/IMG/pdf/Harcelement_ENG_12pgs_BR.pdf

[xxvii] <http://www.alternet.org/story/71565/>

[xxviii] <http://ibnlive.in.com/news/rapemurder-of-bpo-employee-shocks-pune/51663-3-p0.html>

[xxix] <http://www.aflcio.org/issues/jobseconomy/women/violence.cfm>

[xxx] http://www.ccohs.ca/oshanswers/psychosocial/violence.html#_1_1

[xxxi] <http://www.globalcompliance.com/knowledge-center/articles-and-editorial/authored-by-global-compliance/workplace-violence-incidents.html>

[xxxii] <http://www.dcp2.org/pubs/DCP/60/Section/8964>