



Asian Journal of Science and Technology Vol.07, Issue, 05, pp.2857-2863, May, 2016

RESEARCH ARTICLE

PREVALENCE AND PATTERN OF SEXUAL HARASSMENT AS PSYCHOSOCIAL HAZARDS AMONG WORKERS AT THE UNIVERSITY OF PORT HARCOURT, NIGERIA

1, *Nkporbu, A. K. and ²Douglas, K. E.

- ¹Department of Neuropsychiatry, University of Port Harcourt Teaching Hospital, Port Harcourt
- ²Department of Preventive and Social Medicine, University of Port Harcourt Teaching Hospital,
 Port Harcourt

ARTICLE INFO

Article History:

Received 11th February, 2016 Received in revised form 27th March, 2016 Accepted 10th April, 2016 Published online 30th May, 2016

Key words:

Sexual Harassment, Psychosocial Hazards, Workers.

ABSTRACT

Background: Work and work environment are important influences on both health and production. Psychosocial hazards, including work place sexual harassment, may be assuming a major place in occupational health and safety, especially in developing countries like Nigeria. Work place sexual harassment though appears latent, equally appears to receive little attention in workplaces.

Aim: The study was to assess the prevalence and pattern of work place sexual harassment among Workers at the University of Port Harcourt.

Methodology: Following approval from the Ethical Committee of the University of Port Harcourt, 600 consenting staffers of the University of Port Harcourt were recruited by systematic random sampling and pretested structured closed ended self administered questionnaires were distributed among respondents. Results were presented via descriptive and analytical methods.

Results: Work place sexual harassment was common and unwanted sexual attention was the most prevalent work place sexual harassment with 6.1%, followed by Gender-based hostility (3.8%), A number of risk factors were identified in the study as being capable of making a worker vulnerable to workplace sexual harassment. They included work load (98.2%), home - work interface (82.0%), lack of possibilities to advance (70.1%), interpersonal relationship (64.0%) changes in working population (56%), work schedule (53%), lack of career development (58.7%), too high expectation or goals 46.2%, uncertainty of employment (20.1%), working alone or night work (21.7%), as the most prevalent risk factors perceived by the respondents. From the study, respondents identified periodic in-service training (PIT)(76.7%), as the most effective possible remedies among others that could be put in place by the University to tackle and reduce the prevalence and burden of psychosocial hazards in the University.

Conclusion: Work place sexual harassment among workers at the University of Port Harcourt is common occasioned by preventable risk factors. There is need for the University to institute appropriate occupational health and safety measures to reduce the harmful occurrences of workplace sexual harassment in the institution in other to improve the working environment.

Copyright © 2016 Nkporbu and Douglas. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

INTRODUCTION

There is no doubt that rapid technological advancement and accelerated international trade have jointly intensified the pressures of competitions among organizations. They aim to maximize profit and minimize costs. This however places on the employees increased demand for higher productivity and greater accountability in the public sector, including public educational institutions, and greater profitability in the private sector. Nowadays, workplace environments in both sectors have been increasingly characterized by heightened pressure on employees to perform at consistently higher levels,

*Corresponding author: Nkporbu A. K.,

Department of Neuropsychiatry, University of Port Harcourt Teaching Hospital, Port Harcourt.

sometimes with longer hours, reduced staff numbers, insecure employment patterns and employer empowerment, with unmatched reward system (Caulfield *et al.*, 2014; Dollard, 2006; Dollard and Knott, 2004; Polanyi and Tompa, 2004; Stebbins *et al.*, 2005). All these factors have been identified to invariably contribute to creating a stressful and an unfriendly work environment and hence increase the risks of psychological problems. Stress is now recognized in health and safety legislation as a workplace hazard, namely a 'psychosocial hazard' (Dollard and Walsh, 1990; Rydstedt *et al.*, 2006). This has made workplace stress and employee's optimal functionality, performance and wellbeing, areas of growing importance for organizations, regulators and indeed occupational health and safety (Stebbins *et al.*, 2005). Psychosocial hazards also refer to the mental stresses of work

which can result from work place sexual harassment. It equally includes the generally known sources and areas of fatigue and stress that are present in nearly all work places. Psychosocial hazards are inherent in the total stress caused by work, work structure, design and regulation, and therefore is an integral part of an overall assessment of risks at work places. Broadly term 'psychosocial' refers speaking, the interrelationships between individuals' thoughts and behaviours, and their social environment. In most literatures outside the Occupational Health and Safety (OHS) field, this term is often narrowly but diffusely viewed and refers to social environments such as family of origin, socioeconomic status and level of education. Whilst it is important to take cognizance of individual and non-work psychosocial factors and environment, in the OHS context, psychosocial hazards have come to refer only to hazards created by work, work design, work structure and regulation and the entire work environment. Sexual harassment is another form of psychosocial hazards common in work places. It is equally prevalent in the educational sector. Sexual harassment at work in the past year was reported by 26 percent of the women and 22 percent of the men, with values of 20 percent or more in all racial/ethnic-gender groups other than Latinas and white men (Schneider et al., 1997). To measure experiences of sexual harassment in the worksite, a five- items tool adapted from two validated instruments which focused on the three major domains of sexual harassment: sexual coercion, unwanted sexual attention and gender-based hostility is adopted (Fitzgerald et al., 1995). All three domains have to do with legal construct of sexual harassment, whereby the first corresponds to the most explicit "quid pro quo" form of sexual harassment (i.e., get rewarded if you do and punished if do not have sex with the harasser), and the latter two constitute elements of a gender-specific "hostile environment" (Fitzgerald et al., 1995; Paludi and Paludi, 2003).

Issues such as work place sexual harassment, work-related stress and work place violence are now widely recognised as major challenges to and in occupational health and safety. Bosses and employers with inordinate sexual desires often may want to negotiate sex from the employee for offer of job placement, employment and promotion. This desire can also be heralded by unnecessary intimidation, marginalization, frustration of employee by employers. Also, subordinates and employees often make obvious or silent sexual advancement to their bosses through indecent dressing. Working conditions and the physical and psychosocial hazards they may pose, therefore, have the potential to affect workers' health also in developing countries. Although, there is currently dearth of research data, the changing nature of work and the impact of globalization increase the importance of addressing psychosocial risk factors and work place sexual harassment particularly in developing countries (WHO, 2007a). The impact of these hazards are far enormous on the worker as well as the workplace. They impact negatively on the health and safety of employees and the healthiness and vibrancy of organizations in terms of, among other things, productivity, quality of products and services and general organizational climate. Psychosocial hazards go hand in hand with the experience of work-related stress. Work-related stress has equally been looked at as the response people may have when presented with work demands and pressures that are not matched to their knowledge and abilities and which challenge

their ability to cope and function effectively and productively at work (World Health Organization, 2001a). Psychosocial hazards consistently show enormous impact at the level of workers' health, public health and business health. The health impact from psychosocial risks and work-related stress affects workers and their families, as well as businesses, since workers' illness is related to outcomes that can have financial impact on businesses. These variables include sickness absences, the hidden cost of presenteism when a sick worker is present at work and not fully productive, and also unemployment. Effects are also visible at national and even global economic levels. Indeed, the cost of the work-related health loss and associated productivity loss represents around 4-5% of the GDP of most countries (Takala, 2002). There is currently lack of awareness and this makes most occurrences of psychosocial hazards in work places unnoticed or unattended to (Awoyemi and Kabir, 1997). Every worker seeks to work in a conducive environment. The findings and knowledge from this study will help to create the awareness about psychosocial hazards among workers of the University, and equally afford them the ability to avoid them where and when necessary. Findings from this study will also help to create a healthy and conducive working environment, enhance interpersonal working relationship among workers in the University of Port Harcourt. No doubt, the findings in this study will also add to body of knowledge, and equally add to the scanty data on workplace psychosocial hazards in this environment, particularly in the tertiary learning institutions. The study will also attempt to identify the possible risk factors or predispositions to psychosocial hazards and help proffer solutions.

Aim

The aim of this study therefore was to assess the prevalence and pattern of sexual harassment as psychosocial hazards among Workers at the University of Port Harcourt.

MATERIALS AND METHODS

Study Design: This is a descriptive cross-sectional study.

Study Area and Population

This study was conducted among 600 workers of the University of Port Harcourt (UNIPORT). Participants were drawn from both academic and non-academic staff of the Colleges, institution, across Faculties, Schools Departments. The University of Port Harcourt, formally known as University College Port Harcourt, is a federal tertiary institution of learning. It was established in 1975 by the Federal Government of Nigeria headed by General Olusegun Obasanjo and was given full University status in 1977. The Motto of the University is Self-reliance and Discipline. The University of Port Harcourt is located along the East-West Road, Choba Town in Obio-Akpor Local Government Area, adjacent the University of Port Harcourt Teaching Hospital, all in Rivers State of Niger Delta Region of Nigeria. Port Harcourt. Being the capital of Rivers State, the hub of oil exploration is highly industrialized and cosmopolitan in nature, harbouring people of different ethnic backgrounds. The University of Port Harcourt, located within the outskirt of Port Harcourt metropolis, serves as a centre

covering a large catchment area including the neighbouring The University changed from school system to faculties in 1982. From the time the University was established as University College of Port Harcourt, it has grown from the status of six schools to four Colleges, nine Faculties and four Schools. The Colleges include health sciences, natural and applied sciences, engineering and continuous education while the faculties include those of humanities, pharmaceutical sciences, management sciences, social sciences, law, agriculture, basic medical sciences, clinical sciences and education. The University of Port Harcourt has the schools of basics studies, science laboratory, business school of management and graduate studies. In addition to these, the University also has a number of functional and high performing institutes and centres. Among them are institutes of Petroleum studies, maternal and child health, centres for malaria and phytomedicine, health and disease prevention, research and development and conflict resolution. The University runs the Regular programme, Part-time programme as well as the Sandwich programme. The University currently has staff strength of about four thousand six hundred and fifty five (4655) workers catering for a student's capacity of between 60,000 to 70,000. The University of Port Harcourt, being a federal public educational institution, its work force has been made to as much as possible reflect federal character. The staff categories are along academic and non-academic The academic staff included graduate assistants, assistant lecturers, lecturers 1 and 2, senior lecturers, readers and professors, academic contract staff and those on sabbatical leave. The non-academic Departments/Units include those of Central Administration, Bursary, Library, Works, Security, Transport, Cleaners and Dispatchers. All academic staff are Senior staff while the non-academic staff are made up of both Junior and Senior staff. Majority of the study population were enlightened individuals with at least basic educational qualifications. Only bonafide staff of the University of Port Harcourt, Staff who have given their informed consent, Adults aged between 18 years and 70 years and those who had worked not less than 2 years in the University were included while casual staff and less than two years in employment were excluded.

Sample Size and Sampling Methods

The sample size was calculated using the formula for comparism of proportions by Araoye. They consisted of randomly selected staff of all cadres in the work places, made up of both junior and senior staff. A stratified method of sampling was used first and later followed by a systematic random sampling to identify each subject from the various Departments of University of Port Harcourt.

Study Instruments

A well-structured open ended socio-demographic and study questionnaire was used. The structured questionnaire, which was self-administered, was written in simple English and contained sections on socio-demography, psychosocial hazards, possible risk factors and suggested solutions. A Walk through Survey which is an on the spot, impromptu, unannounced, uninformed, immediate assessment of any work place was also used. A pilot study was conducted using sampled population in the Rivers State University of Science

and Technology, Port Harcourt, who satisfied the inclusion criteria, and these were not included in the main study.

Data Management, Presentation and Analysis

Analysis of results involved the use of the twentieth edition of the statistical package for social sciences (SPSS-20, 2014) software. Descriptive statistics was calculated for all variables. For continuous variables, means and standard deviations (SD) and analysis of variance were computed. For categorical variables, descriptive statistics included the numbers and proportions in each category. Frequency distributions and cross tabulations were generated and chi-square test of significance was calculated. The conventional 5% of level of significance was set. Confidence interval was set at 95% and P-value of less than 0.05 was considered statistically significant.

Ethical Considerations

Approval for the study was obtained from the Ethical Committee of the University of Port Harcourt. Consent was equally obtained from all participants. Health education and awareness was carried out for the participants after completing the questionnaires. Meetings were held with staff, management and both staff and management in that other, after the Walk Through Survey to intimate them of the outcome.

Study Limitations

The study was limited by the inability to use a walk through survey guide during the walk through survey and the risk matrix in the assessment of risk factors may have undermined the quality of this research work.

RESULTS

The study found out that among workers at the university of Port Harcourt, for Work place sexual harassment, unwanted sexual attention was (6.1%), followed by Gender-based hostility (3.8%). See table 1 below. Unwanted sexual attention was the highest in regularity with 0.5% regular and 5.6% occasional in occurrence. See table 2 below. Non-Academic staff have experienced sexual harassment more (73.32%) than the academic staff (56.76%). See table 3 below.

DISCUSSION

From the study, the age group that had the highest prevalence of psychosocial hazards was age of 36-45 years, followed by that of 26-35 years. This are also the age groups that were most represented in the study. This is expected because this age ranges from the most active age of labour with possibly the highest experience and as such, they may be under active pressure to perform and deliver. Suffices to mention that most employers make this age range a criteria for employment (Wegman, 2006). There was a statistically significant relationship between age and experience of psychosocial hazards (p=0.041). Despite the fact that majority of the respondents were married, the single appeared to have recorded the highest prevalence of experiences of psychosocial hazards. This may reflect the fact that singlehood may offer some subtle higher vulnerability to exposure to the different

forms of psychosocial hazards (Nilvarangkul *et al.*, 2006). However, the relationship between marital status and experience of psychosocial hazards was not statistically significant (p=0.740).

adding that indeed, the lower the socioeconomic position, the higher the risk of exposure to adverse and stressful working conditions (Siegrist and Marmot, 2004). and also more vulnerable to poorer health (Jenkinson, 2000).

Table 1. Showing the Prevalence of Psychosocial Hazards among Workers at University of Port Harcourt

S/N	Psychosocial hazards	Total	% of people who have experienced psychosocial hazards	% who have not experienced psychosocial hazards
1.	Sexual Harassment			
	 Sexual coercion. 	558	16 (2.9)	542(97.1)
	 b. Unwanted sexual attention. 	558	34 (6.1)	524(93.9)
	 Gender-based hostility. 	558	21 (3.8)	537(96.2)

Table 2. Showing the frequency of occurrence of sexual harassment among workers of University of Port Harcourt

S/N	Sexual Harassment		Very Regula	Regular	Occasional	Rare (does not occur)
1.	Sexual Harassment					
	 Sexual coercion. 	558	0(0.0)	1(0.2)	15(2.7)	542(97.1)
	 b. Unwanted sexual attention. 	558	0(0.0)	3(0.5)	31(5.6)	524(93.9)
	 c. Gender-based hostility. 	558	0(0.0)	2(0.4)	19(3.4)	537(96.2)

Table 3. Showing percentage distribution of sexual harassmentmong academic and non-academic staff of the University of Port Harcourt

Category of Staff	Frequency	% who have experience	% not experience
Academic staff	481	273(56.76%)	208(43.24%)
Non Academic Staff	77	58(75.32%)	19(24.68%)

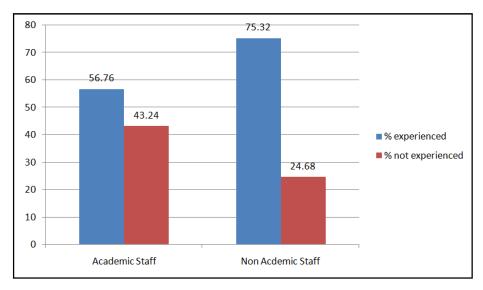


Figure 1. Showing percentage distribution of sexual harassment among academic and non-academic staff of the University of Port Harcourt

The study found that those with lower level of education (lower academic qualification) experience higher prevalent of psychosocial hazards compared to those who possess higher academic qualification. This may be a reflection of the fact those with higher level of education will naturally be placed at higher position and as such would play the role of bosses and have tendency to give order, command and possibly exert rulership which may sometime be unfriendly over their subordinates. The relationship between level of education and experience of psychosocial hazards was found to be statistically significant (p=0.001). This finding is consistent with previous studies which have noted that experience of psychosocial hazards is more prevalent in lower socioeconomic occupations and disadvantaged occupational classes, especially as it may have to do with sexual harassment (Schrijvers, et al., 1998; Chandola and Jenkinson, 2000),

Of the psychosocial hazards that make up sexual harassment, unwanted sexual attention has the highest prevalence, followed by gender-based hostility while sexual coercion was the least. Sexual coercion may actually be more than the prevalence found in this study. However, due to cultural reasons and stigma, a number of people may have reservation to divulge such information despite the promise of utmost confidentiality by the researcher. Secondly, is the fact that many workers naturally would like to exercise restrain knowing fully the consequences of such behavior (Ekore, 2007). More so, most cases of sexual coercion are likely to be perpetrated by the bosses, and some subordinates who are naïve and who are not fully informed of their right (Takala, 2002), may not want to expose their boss for fear of further victimization. A good number of studies have remarked that women are constantly vulnerable and exposed to these forms of psychosocial hazards

(Kortum, 2007). The Delphi results from a study to determine if men and women are equally vulnerable to psychosocial risks and work-related stress noted that the highest prevalence of issues affecting the female workforce pertains to work, family, social responsibilities and multi-tasking (Kortum, 2007; Premji, 2011). It has been noted that gender considerations play a significant role when studying working conditions. It equally been observe that women and men have different experiences when it comes to occupational health, as the women generally engage in other types of work, which also means they are exposed to different risks and work-related health problems (Premji, 2011). Women have suffered particularly badly from an increase in assembly line, lowquality and precarious jobs (Loewenson, 1999). Therefore, the vulnerable position of working women, and changing demographic patterns require particular attention (Wegman, Many are balancing responsibilities for paid and unpaid work which often leads to stress, depression and fatigue (Duxbury and Higgins, 2001). Experts perceived that male- dominated societies particularly affect women (Kortum, 2007; Baker, 2005). Vulnerability due to maternity- related leave reached equally close consensus and also issues of inequality and lower pay for equal work was an issue (Barling et al., 1996). Others were gender segregation, working in rural areas, competition with men, and lastly, lack of legislation against discrimination were also noted by some studies as part of women's vulnerabilities (Kortum, 2007; Premji, 2011). However, African participants in the Delphi study felt that competition with men for higher status jobs was a non-issue (Kortum, 2007). In the African setting, aspiring for a higher status job does not confer any extra vulnerability on a woman. Many a times, women who get to compete with men for same position often are as qualified as the men. This may probably follow many years of intensified campaigned for education of the female child and gender equality. However, this is not so for low status women, as studies have established that they are often under pressure of sexual harassment (Schneider, et al., 1997). A study identified six areas that make women central in the issue of workplace hazards (Kortum, 2007).

The first refers to social role vulnerabilities, the second to sexual harassment on women, the third to gender and occupational sector, the fourth to the work-life interface, the fifth on gender and general discrimination, particularly with respect to women's social and work positions, and lastly, strengths of each gender. Due to a number of different reasons, women were described as being more vulnerable than men. For example, women experience higher exposure to psychosocial risks (Premji, 2011). When the women get tired, they get fired, with no unemployment benefit (Kortum, 2007). Sexual harassment has severally been mentioned as a particular vulnerability affecting women and appears to be happening more with women than men in work places (Premji, 2011). A study had earlier identified high prevalence of sexual harassment and generalized workplace abuse among university employee (Richman et al., 1999) and generally in academic workplaces (Paludi et al., 2003; DeSouza and Solberg, 2003). In terms of women's vulnerability in certain jobs and occupational sectors, initially, there was a concept as femaledominated jobs particularly the service and the healthcare sector (Nilvarangkul et al., 2006; Loewenson, 1999; Smyre, 1992; Fuentes and Ehrenreich, 1994). Equally, women occupied simple and low rank service jobs and no managerial jobs (Premji, 2011). Furthermore, other typical sectors for women were in domestic services (Duxbury and Higgins, 2001; Heymann, 2006). but since societal roles are changing, women roles in society are equally changing. Women now have to work in jobs traditionally dominated by men, and they have to balance work and home life (Kortum, 2007; Duxbury and Higgins, 2001; Heymann, 2006; Demerouti et al., 2004; Eby et al., 2005). This often makes them more susceptible to work-related stress and psychosocial hazards at work places, because they have to plan their time and exert energy in many fronts. Sexual harassment at work places leave the victims with untold psychological stress and trauma (Schneider, et al., 1997), and may even result in post-traumatic stress disorder (Figley, 1985; Richman et al., 1999). It has also been argued that men equally have vulnerabilities due to social expectations and socially-enhanced behaviours, supporting it with the fact that men are also exposed to stress, but express it less and may act it out (Premji, 2011).

Men are suffering (because of a new law on gender equality), because they don't know how to deal with this (Joubert, 2002; Muchiri, 2003). Men are vulnerable by the way they are brought up. They do not want to accept their vulnerability. Often they self-medicate their stress with the use of alcohol (Östlin et al., 2006). Men experience role overload, job insecurity, issues with career development, the need for achievement, and high competition (Kortum, 2007). The outcomes of sexual harassment appear to be similar to those following bullying, including impairment of health and wellbeing, depression, anxiety, and loss of concentration (Schneider et al., 1997; Richman et al., 1999; Barling et al., 1996). Sexual harassment is a significant stressor for women. This may partly explain why depression and anxiety are traditionally more common in women than in men (Sadock, 2007), and this obviously may affect their performance at work, fueling other forms of work place hazards like bullying and abuse. Responses related to mental health include depression, anxiety and emotional problems, suicide or suicidal behaviours and general mental disorders (Warr, 1992; Lehtinen et al., 1997). They have all been found to have great negative impact on work performance and productivity (Cox and Griffiths, 2010). Psychosocial hazards including workplace stress equally affect the workers wellbeing and quality of life (Bin Nordin et al., 2008). Physical and other environmental hazards came also cause or worsen already existing psychological problem, for example environmental noise and pollution. In this instance, the activities of oil exploration that go on in the Niger Delta may probably not make the environment safe enough. However, the noise level within the university is relatively low.

Psychosocial hazards are more complex, and so they have the greater potential to harm. They can cause harm both to psychological and psychosomatic states. With traditional hazards you only have physical problems. A good psychological working environment can buffer the consequences of poor working conditions (Dollard and Karasek, 2010). Studies have confirmed the notion of the interrelationships of physical and psychosocial risks and their impact on workers' health (Cox and Griffiths, 2010). Psychosocial hazards can have an impact on physical wellness. You cannot address the one without the other.' It should however be noted that some psychosocial hazards with

reduced regularity in this study may actually be occurring with somewhat higher frequency. For instance, Sexual coercion may actually be more than the prevalence found in this study. This is because a number of people may have reservation to divulge such secretive information due to cultural reasons and stigma. From the study, most of the sexual harassments were perpetrated by bosses. It follows naturally that since bosses are at higher ranks and status compared to their subordinates, the latter are much more likely to be victims of these forms of psychosocial hazards.

However, the study found an interesting trend in the level of perpetration by subordinates sexual coercion, gender-based hostility, unwanted sexual attention, where equally somewhat high. This supports the fact that not only do bosses are culpable in the different forms of sexual harassments, but it goes to say that even subordinates may sexually harass their bosses especially unwanted sexual attention. The academic staff studied were more in proportion but they had lower prevalence of psychosocial hazards compared with non academic staff. This finding may be considered along the line that non academic staff most time battle to contain the pressures from both students and the academic staff as well. Some of them are junior staff and may even serve in the capacity of subordinate to bosses who most often may be an academic staff. As such, they may be bound to take directives from their bosses, even when such directives are not very pleasant to them, and in so doing may be prone to sexual harassment.

Conclusion

The findings from this study revealed that the occurrence of sexual harassment among the workers at the University of Port Harcourt is common. The results indicate that there is urgent need for the University to institute appropriate occupational health and safety measures to reduce the harmful occurrences of psychosocial hazards in the institution in other to improve the working environment, and consequently workers health and wellbeing as well as overall productivity.

REFERENCES

- Araoye, M. O. Research Methodology with Statistics for Health and Social Science. Nathadex publishers, 2004, Pg. 117-120.
- Awoyemi A. O. and Kabir M. 1997. Awareness about Occupational Hazards Among Doctors at a Hospital in Nigeria. *Bioscience Research Communication*. 9(2. Pg. 183 187.
- Baker, C. N. 2005. Blue-collar feminism: The link between male domination and sexual harassment. In The Company of Men: Male Dominance and Sexual Harassment, ed. J. E. Gruber and P. Morgan, pp. 242–270. Northeastern University Press, Boston.
- Barling, J., Dekker, I., Loughlin, C., Kelloway, E., Fullagar, C., and Johnson, D. 1996). Prediction and replication of the organizational and personal consequences of workplace sexual harassment. *Journal of Managerial Psychology*, 11, 4-25.
- Barling, J., Dekker, I., Loughlin, C., Kelloway, E., Fullagar, C., and Johnson, D. 1996. Prediction and replication of the organizational and personal consequences of workplace

- sexual harassment. *Journal of Managerial Psychology*, 11, 4-25.
- Bin Nordin, R., Bin Abdin, E., and Naing, L. 2008. Working conditions, self-perceived stress, anxiety, depression and quality of life: A structural equation modelling approach BioMed Central (BMC) Public Health, 8, 48.
- Caulfield, N., Chang, D., Dollard, M. F., and Elshaug, C. 2004. A review of occupational stress interventions in Australia. *International Journal of Stress Management*, 11(2), 149-166.
- Chandola, T., and Jenkinson, C. 2000. The new UK statistics Socio-economic Classification (NS-SEC); Investigating social class differences in self-reported health status. *Journal of Public Health Medicine*, 22, 182-190.
- Cox, T., and Griffiths, A. 2010. Work-related stress: A theoretical perspective. In S. Lekaand J. Houdmont (Eds.), Occupational Health Psychology (pp. 31-56. Chichester, UK: Wiley- Blackwell.
- Demerouti, E., Bakker, A.B., and Bulters, A. 2004. The loss spiral of work pressure, work-home interference and exhaustion: Reciprocal relations in a three-wave study. Journal of Vocational Behaviour, 64, 131–149.
- DeSouza, E. R., and Solberg, J. 2003. Incidence and dimensions of sexual harassment across cultures. In Academic and Workplace Sexual Harassment: A Handbook of Social Science, Legal, Cultural, And Management Perspectives, ed. M. Paludi and C. Paludi, pp. 1–30. Praeger, Westport, CT.
- Dollard, M. F. 2006. Throwaway workers. In Psych, 28(3), 8-12.
- Dollard, M. F., and Karasek, R. 2010. Building psychosocial safety climate: Evaluation of a socially coordinated PAR risk management stress prevention study. *In J. Houdmont*, and S. Leka (Eds.).Contemporary Occupational Health Psychology: Global Perspectives on Research and Practice (pp.208-234. Chichester, UK: Wiley Blackwell.
- Dollard, M. F., and Knott, V. 2004). Incorporating psychosocial issues into our conceptual models of OHS. *Journal of Occupational Health and Safety Australia and New Zealand*, 20(4), 345-358.
- Dollard, M. F., and Walsh, C. 1999. Illusory correlation: Is work stress really worse in the public sector? Journal of Occupational Health and Safety Australia and New Zealand, 15(3), 219-229.
- Duxbury, L., and Higgins, C. 2001. Work-life balance in the New Millenium: Where are we? Where do we need to go? Ottawa, Canadian Policy Research Network (CPRM Discussion paper No. W|12).
- Eby, L.T., Casper, W.J., Lockwood, A., Bordeaux, C., and Brinley, A. 2005. Work and family research in IO/OB: Content analysis and review of the literature (1980-2002. *Journal of Vocational Behaviour*, 66, 124-197.
- Ekore, J. O. 2007. Policy on Psychosocial hazards contributing to work-related stress: Awareness and implementation in Nigeria. WHO GOHNET Special Newsletter.
- Figley, C.R. 1985. Trauma and Its Wake: The Study of Treatment of Post Traumatic Stress Disorder. New York: Brunner/Mazel.
- Fitzgerald, L. F., Gelfand, M. J., and Drasgow, F. 1995). Measuring sexual harassment: Theoretical and psychometric advances. Basic Appl. Soc. Psychol. 17:425–445.

- Fuentes, A., and Ehrenreich, B. 1994). Women in the Global Factory. Boston MA: South End Press.
- Heymann, J. 2006. Forgotten Families: Ending the growing crisis confronting children and working parents in the global economy. New York: Oxford University Press.
- Joubert, D. M. 2002. Occupational health challenges and success in developing countries: A South African perspective. *International Journal of Occupational and Environmental Health*, 8, 119-124.
- Kortum, E. 2007. Work-related stress and psychosocial risks: Trends in developing and newly industrialized countries. The Global Occupational Health Network Newsletter, special issue (July), 3-6.
- Lehtinen, V., Riikonen, E., andLahtinen, E. 1997).Promotion of mental health on the European agenda. Finland: National Research and Development Centre for Welfare and Health.
- Loewenson, R. H. 1999. Women's Occupational Health in Globalization and Development. *American Journal of Industrial Medicine*, 36, 34-42.
- Muchiri, F. K. 2003. Occupational health and development in Africa: Challenges and the way forward. African *Newsletter on Occupational Health and Safety*, 13, 44-46.
- Nilvarangkul, K., Wongprom, J., Tumnong, C., Supornpun, A., Surit, P., and Srithongchai, N. 2006. Strengthening the self-care of women working in the informal sector: Local fabric weaving in Khon Kaen, Thailand (Phase I. Indian Health, 44 (1), 101-7.
- Östlin, P., Eckermann, E., Mishra, U.S., Nkowane, M., andWallstam, E. 2006. Gender and health promotion: A multisectoral policy approach. *Health Promotion International*, 21, 21-35.
- Paludi, M., and Paludi, C. 2003. eds.. Academic and Workplace Sexual Harassment: A Handbook of Social Science, Legal, Cultural, and Management Perspectives. Praeger, Westport, CT.
- Paludi, M., and Paludi, C. 2003. eds.. Academic and Workplace Sexual Harassment: A Handbook of Social Science, Legal, Cultural, and Management Perspectives. Praeger, Westport, CT.
- Polanyi, M., and Tompa, E. 2004). Rethinking work-health models for the new global economy: A qualitative analysis of emerging dimensions of work. Work: Journal of Prevention, Assessment and Rehabilitation, 23(1), 3-18.
- Premji, S. 2011). Building healthy and equitable workplaces for women and men: A resource for employers and workers representatives. Protecting Workers' Health series no. 11. Geneva: World Health Organization.

- Richman, J., Rospenda, K., Nawyn, S., Flatherty, J., Fendrich, M., Drum, M., and Johnson, T. 1999. Sexual harassment and generalized workplace abuse among university employees: Prevalence and mental health correlates. *American Journal of Public Health*, 89, 358-363.
- Rydstedt, L. W., Ferrie, J., and Head, J. 2006. Is there support for curvilinear relationships between psychosocial work characteristics and mental well-being? Crosssectional and long-term data from the Whitehall II study. Work and Stress, 20(1), 6-20.
- Sadock, V.J. and Sadock V.A., 2007. Kaplan and Sadock's Synopsis of Psychiatry.
- Schneider, K., Swan, S., and Fitzgerald, L. 1997). Job-related and psychological effects of sexual harassment in the workplace: Empirical evidence from two organisations. Journal of Applied Psychology, 82, 401-414.
- Schrijvers, C. T. M., van de Mheen, H. D., Stronks K., and Mackenbach, J. P. 1998. Socioeconomic inequalities in health in the working population: The contribution of working conditions. *International Journal of Epidemiology*, 27 (6), 1011-1018.
- Siegrist, J., and Marmot, M. 2004). Health inequalities and the psychosocial environment two scientific challenges. *Social Science and Medicine*, 58, 1463-1473.
- Smyre, P. 1992. Women and health. Women and World Development Series. Retrieved from http://www.ilo.org/public/libdoc/ilo/P/09708(2000-118-119)37-49.pdf.
- Stebbins, P., Thatcher, S., and King, R. Speakers. 2005. Work Related Stress: HR, OHandS and Legal Strategy (CD Recording. Brisbane: PsyHealth Media.
- Takala, J. 2002. Life and health are fundamental rights for workers (interview. Labour Education, 1, 1-7.
- Warr, P. B. 1992. Job features and excessive stress. In R. Jenkins and N. Coney (Eds.), Prevention of Mental Ill Health at Work (pp. 201-205. London: HMSO.
- Wegman, D H. 2006). Aging and globalization. Medicinadel Lavoro, 97 (2), 137-142.
- Wegman, D H. 2006. Aging and globalization. Medicinadel Lavoro, 97 (2), 137-142.
- WHO 2007a. Authored by I. Houtman, A., K. Jettinghoff, and L. Cedillo, Raising awareness of stress at work in developing countries: A modern hazard in a traditional working environment: advice to employers and worker representatives. Protecting Workers' Health Series, No. 6.Geneva: World Health Organization.
- World Health Organization 2001a Mental Health in Europe. Regional Office for Europe, Copenhagen, Denmark: WHO.