regression models. The dependent variables were: Work Injuries, Occupational Diseases and Healthcare visits. Separate analysis was performed by sex.

**Results** Major prevalence of Injuries were identified among men at Industry and Construction with 24.7% and 21.4% for non-qualified and qualified operators respectively, while for male professional workers prevalence was around 4%. Highest prevalence (8%) of occupational disease was observed among professional women in Services. 37% and 30% of female professional and non-qualified female operators had at least one healthcare visit. Among men that was around 25% and 15% respectively. In Industry, the highest injuries ratio in men was observed in the non-qualified operators (OR 2.7 CI 1.69 to 7.9) compared with the professional category. About reported occupational disease rates in male, non significance differences were observed among qualifications. In contrast, non-qualified/qualified female operators had 50% less ratio than the professional ones (OR 0.51, 0.25 to 0.91).

**Conclusions** For a comprehensive understanding of health outcomes in the working population, it is necessary to include variables from a socio-occupational status and gender point of view.

## SOCIO-OCCUPATIONAL STATUS, GENDER AND HEALTH OUTCOMES: THE FIRST NATIONAL SURVEY ON WORKING CONDITIONS AND HEALTH. ARGENTINA 2010

Cecilia Ines Cornelio, Maria Jose Itati Iñiguez, Alfredo Esteban, Maria Marta Sapoznik Superintendence of Labour Risk, Buenos Aires, Argentina

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**Objectives** To evaluate worker's health outcomes from a social-occupational perspective among sectors of the economy in Argentina.

Methods We use data from the First Employment, Working Conditions and Health Survey carried out in 2009: 7200 samples cases representative of 3 millions workers in different economic sectors across Argentina. To determine the association between health outcomes and professional qualification by economic sector, prevalence and ORs with 95% CIs were estimated using Answer Tree models and Logistic

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