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FISHERMEN OF THE CARIBBEAN: INFORMALITY, THE RIGHT TO OCCUPATIONAL HEALTH AND THE INTERVENTION OF PUBLIC POLICIES

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10.1136/oemed-2018-ICOHabstracts.1419

Introduction The right to life and health of fishermen is enshrined in the Constitution and labour laws, but in practice this right is not exercised effectively, since there is no formal employee-employer relationship. This study sought to establish the health conditions of this population, to characterise the mechanisms through which their rights can be realised and to propose interventions in the public policies that can facilitate their execution.

Methods The first part was based on a sampling of four fishing zones of the Venezuelan Caribbean, with a total sample of 455 active fishermen, characterising labour risks and health conditions. The second part consisted of a description of the normative set, from the Constitution, the Law of Occupational Health and the Law of Fishing, complemented with interviews with authorities of National Fishing Institute.

Results The most prevalent health conditions were musculoskeletal upper limb disorders and left unilateral hearing loss. In reference to the occupational health system, there was a total lack of application of the rights enshrined in the regulation, but it cannot be applied due to the absence of a formal working relationship, with the consequent lack of coercive regime and the inapplicability of fines or infringements for breach.

Conclusion Fishermen in the region are not protected by national regulations on occupational health and safety, which is why they have a high rate of involvement due to pathologies of occupational origin. There is a great opportunity to positively influence this situation, including postulates related to occupational health and safety in the regulations of the Fisheries Act, and incorporating items of protection to the health of fishermen in the fishery inspection procedure, in charge of granting the territorial catch concessions to the shipowners.

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WORKPLACE INTERVENTION AND RESEARCH IN CONTRACT WOMEN WORKERS

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10.1136/oemed-2018-ICOHabstracts.1420

Introduction Iron deficiency anaemia in working women is common and is more prevalent in women contract workers. Work place intervention with participatory approach to contract workers' health and well-being gives a positive outcome as seen in this study.

Methods Consent was obtained from company management and volunteers. Duration of study was six months. 100 women contract workers were selected in age group 20–45. In the first month clinical history, baseline haemoglobin estimation, dispensation of 30 tablets each of iron with folic acid and multivitamins and diet education was done. 2nd to 6th month, tablets dispensation and diet education was continued. Tablet albendazole for deworming given in first and fourth month. Diet education conducted with charts/posters with details of food containing iron and vit.c. After six months, haemoglobin estimation was done and results were compared.

Results Base line haemoglobin findings showed 9%-not anaemic, 27%-mildly anaemic, 53%-moderately anaemic and 11%-severely anaemic. Hb% above 11 g/dl was taken as not anaemic. Results at the end of study showed increase in Hb% level, 31%-not anaemic, 48%-mildly anaemic, 19%-moderately anaemic, and 2%-severely anaemic. Hb% above 12 g/dl was not observed in anyone in 1st month and after 6 months intervention 7% were above 12 g/dl. At the end of study period overall improvement in health was noted. Health complaints like tiredness, myalgia, gynaecological problems were less. General health and well-being improved, absenteeism decreased and few persons increased in weight.

Conclusion Contract workers have lower income and fewer benefits like leave and facilities. They continue working at the cost of their health, especially when they have to support their family. Malnourishment and anaemia in reproductive age group leads to increased maternal and infant mortality and morbidity. Workplace interventions as welfare measures in informal sector workers will produce healthy workforce with good physical capacity and thereby productivity of company will increase.

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NON-COMMUNICABLE DISEASE PREVENTION THROUGH SELF-MANAGEMENT APPROACH AMONG INFORMAL WORKERS: A CASE STUDY IN BANGKOK, THAILAND

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10.1136/oemed-2018-ICOHabstracts.1421

Introduction The informal workers in Bangkok had inequity in social welfare and employment security, and they were the lowest group of happiness level than another area. Some of them were living with Non-Communicable Diseases (NCD). Therefore, this study aims to improve health status of the NCD informal workers by applying self-management method.

Method This study composed of quantitative and qualitative studies. The 15 informal workers were included by criteria. They were participated in the Mental health improvement project, had NCD risks or NCD patients, living in Bangkok, and willing to improve health status. The Participatory-action research was applied in this study by giving the knowledge of self-management (composed of 1) appropriate sleep 2) long breathing 3) reduce dessert consumption 4) do light physical activity) and relevant knowledge (including environmental improvement, finding assistant, finding more knowledge, making inspiring sentence, and self-rewarding). The progressive of health status were collected by in-depth interview and self-administrative questionnaire during June, 2015–October, 2016. The nonparametric statistics was applied in data analysis.

Results After all subjects were trained in self-management, they set up their target plan and followed it periodically. The results showed that 4 Diabetes Mellitus workers succeed in control of weight and blood sugar and 1 could maintain her weight. One worker with Diabetes Mellitus and Hyperlipidemia, 3 workers with Hypertension, and 3 Over-weight adults succeed in weight control, 2 workers with Cancer could live without any progressive of cancer, 1 worker with Coronary Heart disease succeed in weight control and had better health check up. Their stress score were reduced significantly (p -value=0.01), and their happiness score become increased.