

framework which would incorporate employees' health factors into the risk assessment process which employers are familiar with.

**Methods** A literature review was conducted to gather the evidence for the association between chronic diseases and risk of injuries in the workplace. A health-based risk assessment framework was constructed that incorporates employees' health factors, giving examples on how this can be done, as well as highlighting some of the challenges.

**Results** Many recent studies found that increased body mass index was associated with higher risk of injuries, while older workers were at risk of more severe injuries. Diabetes mellitus was also associated with workplace injuries in some studies. There were fewer studies looking at other chronic diseases such as hypertension. We will share our health-based risk assessment framework incorporating employees' health into the risk assessment process, in a comparable way as that for occupational health and safety hazards.

**Discussion** Including a health-based risk assessment framework into the Risk Assessment matrix can improve the integration of workplace health and safety management.

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#### A FIELD TRIAL TO ASSESS THE EFFECTIVENESS OF SETTING UP MODEL OUTREACH STI/HIV CLINICS FOR FEMALE SEX WORKERS IN DELHI

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**Introduction** Sexually transmitted infections (STI) are associated with increased risk of HIV infection and represent a major public health problem in developing countries. The UNAIDS global guidance on HIV and sex work (2010) recommends comprehensive, accessible, acceptable, user friendly STI/HIV prevention and treatment based on local context and individual needs of female sex workers (FSWs).

**Methods** A field trial conducted to assess the effectiveness of specialised STI/HIV outreach clinic for FSWs. Pre and post intervention data were collected using semi-structured questionnaires (Cronbach's  $\alpha=0.74$ ) with health counselling (safe sex, condom promotion). Data obtained on demographic characteristics, knowledge, practices, morbidity profile and clinical treatment outcomes. The study done at sentinel STI/HIV clinic near to brothels for easy accessibility. Participant's baseline assessment and management done coupled with a counselling session. Participants were followed up after 7 days and 3 months and data analysed using Mc Nemars test.

**Result** Out of 200 participants 156 followed up in the study. The mean age was  $28.6 \pm 5.2$  years and 58.2% were illiterate. 48.0% participant's reported pathological discharge suggestive of STI. On lab testing, 18 subjects were HIV seropositive and referred to ART centre. Partner management for STIs done in only 35.4% cases due to noncompliance. In pre-intervention phase majority 76.0% were aware of but only 41.0% knew transmission routes correctly. 78% had ever undergone HIV testing and only 36% used condoms regularly. Significant clinical improvement and behaviour change reported in 84.3% ( $p=0.003$ ) and 82.2% ( $p=0.01$ ) cases respectively. There was an improved coverage, satisfaction for STI/HIV diagnostic and management services. The coverage of condom usage and

voluntary HIV testing escalated to 71.0% ( $p \leq 0.01$ ) and 96.0% ( $p=0.034$ ) respectively.

**Discussion** Creation of outreach clinics providing quality diagnostic and treatment aided by counselling services is an effective strategy for prevention and management of STI/HIV among high risk groups (FSWs).

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#### LIMITED FLUID AND RESTRICTED TOILETING ARE ASSOCIATED WITH REDUCED WORK PRODUCTIVITY IN WOMEN AT WORK

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**Introduction** Occupational demands influence workers' fluid intake and toileting behaviours. Access to fluids and toilets is necessary for bladder health and effective management of storage urinary symptoms, including urinary frequency, urgency and incontinence. These conditions are prevalent in women, yet little is known of the relationship between fluid intake, toileting and work productivity for those with storage urinary symptoms at work.

**Methods** A survey was distributed to 600 female nurses and midwives at three urban hospitals between June and November 2016. Logistic modelling was used to estimate the predictive association between limited fluid intake, restricted toileting and work impairment for those with storage urinary symptoms at work. A modified version of the Work Limitations Questionnaire was used to measure time management, mental concentration and physical demands. We adjusted the model for age, body mass index, back pain, anxiety, depression, storage urinary symptoms at any time (not just at work) and other pelvic floor dysfunctions.

**Results** Of the included sample ( $n=353$ ), 77.1% (95% CI: 73 to 81) delayed voiding at work, 22.4% (95% CI: 18 to 27) could not access the toilet when required, and 26.9% (95% CI: 22 to 32) reduced fluid intake to delay or avoid voiding at work. Almost half of the sample (46.7%; 95% CI: 42 to 52) reported storage urinary symptoms at work: those who limited fluids were more likely to have time management work impairment than those who didn't (OR: 3.87; 95% CI: 1.63 to 9.15). Those who delayed voiding were more likely to have concentration impairment than those who didn't (OR: 8.38; 95% CI: 1.03 to 68.45).

**Discussion** A worker's capacity to access fluids and toilets at work is modifiable, hence associated urinary symptoms and productivity loss may be preventable. Occupation-specific barriers to healthy bladder behaviours should be identified and redressed. Bladder health promotion should be considered for inclusion in occupational health programs.

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#### WHY DO FEMALE WORKERS HAVE A GREATER RISK OF LONG-TERM CHRONIC DISEASE COMPARED TO MEN?

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