Methods Understand the factors leading to migration. Examine global evidence on initiatives to retain a competent and motivated health workforce, whether from North to South and vice versa or East to west and vice versa. The review draws on literature and information gathered through a targeted search of websites and databases regarding migration of health care workers.

Results Decision-making factors and responses to financial and non-financial incentives have not been adequately monitored and evaluated.

Conclusion Efforts must be made to build evidence base so that countries can develop appropriate workforce strategies and incentive packages.

1739a ANALYSING THE MIGRATION CORRIDORS OF WOMEN IN LATIN AMERICA

I. Bello, University of Carabobo, Valencia, Venezuela

10.1136/oemed-2018-ICOHabstracts.1513

The challenges of the globalised economy, the increase of international transportation and other technological developments should make migration an easy move for those interested in moving to and from other countries. However, this is not the common scenario of migrant workers, particularly women. Globalisation, economic crises, unemployment and increasing poverty have prompted many workers in low income countries of the Americas to seek work out of their country of origin. Women have done so but mostly reaching low-skilled-labour.

The phenomenon of migration affects Latin America and the Caribbean, just as the rest of the world. It continues to increase in volume, dynamic s and complexity since several decades; and is strongly linked to people chasing better opportunities of employment, income and work. Most of the countries are involved either as destination, transit or origin for migrants. The United States is by far the most attractive destination for most migrant workers of Latin America (ILO, 2016). However, there are also many intra-regional destinations such as Argentina, Barbados, Brazil, Costa Rica, Chile, Dominican Republic, Panama, Canada and Trinidad and Tobago; as well as other trans-continental destinations including Spain, Italy and Portugal.

This presentation will make an overview of the recommendations of ILO Regional Report, the Organisation of American States OAS, the Pan-American Health Organisation PAHO, and the Economic Commission for Latin America and the Caribbean ECLAC, within others. It will highlight the challenges migrant workers face for achieving better working, equitable and fair migration, often worst for women than for men. It also illustrates critical cases of inequities between and within countries, trying to understand the needs of the ever-changing migration movements, and the concentration of migration in low-skilled work such as construction, agriculture, domestic servers and homecare, within other occupations. And the conditions under which workers are integrated to the labour market (salaries, working conditions, health and safety, social protection, etc.).

In conclusion, although the phenomenon is now more visible due to research, social media and communication technologies reaching all corners of the world, policy and governance challenges remain to be a target for improving the conditions of working migrants, particularly women, in the Americas. This is an invitation to maintain research of this phenomena as a priority.

1739c GLOBAL HEALTH CHALLENGES AND ILO POLICY RESPONSES FOR MIGRANT WORKERS

N. Lippink. International Labour Organisation, Geneva, Switzerland

10.1136/oemed-2018-ICOHabstracts.1514

The estimated number of migrant workers has reached 150.3 million, of these 66.6 million are women. 11.5 million are domestic workers with the vast majority of domestic workers, 8.5 million, being women. Migrant workers are at a significantly greater risk of being injured or becoming ill due to work in large part because they are engaged in 3D jobs. When they are injured or become ill due to work, few are covered by the social protection laws of the countries where they are working and even if covered face significant barriers to accessing needed assistance and services.

The ILO promulgated international standards and related instruments which address many of these challenges including conventions and recommendations on Migrant Workers (C. 97, C.143, R. 86, R. 151), Social Protections (C. 118, C. 157, R. 167) and Domestic Workers (C. 189, R. 201). Domestic work is one of the least regulated sectors of the economy and, as such, is of particular concern to the ILO due to its concentration of migrant women workers and relatively low visibility of the workforce.

More recently the ILO has launched a fair recruitment initiative in response to concerns about the growing role of unscrupulous employment agencies, informal labour intermediaries and other operators acting outside the legal and regulatory framework that prey especially on low-skilled workers. The ILO is also playing a leading role in development of the Compact for Migration and the inclusion of provisions addressing migrant worker health along with the IOM and WHO. The global compact is a significant opportunity to improve the governance on migration, to address the challenges associated with today’s migration, and to strengthen the contribution of migrants and migration to sustainable development.

1529 WOMEN HISTORY AND CHALLENGES WORKING IN THE ARMED FORCE

Marta Prado, 1Claudio García, 2Oswaldo Bienes. 1Head of the Occupational Health Service of Laboratories Elea Argentina; 2Chief of Occupational Medicine of the Atucha Nuclear Power Plant of Argentina; 3Doctor of Preventive Medicine of the Aeronautical Direction of Argentina

10.1136/oemed-2018-ICOHabstracts.1515

Introduction The Argentine Republic is a nation where women workers have struggled exhaustively to insert themselves in the working field, having achieved a relatively positive change during the last decades. Beyond this new and prosperous paradigm for women, it must be acknowledged that one of the places where a substantial change is observed is in the armed forces, where historically the role of women has been relegated to a secondary plane, fulfilling tasks of support to complement the tasks of male workers. Nowadays, it is a fact that
this previous role has deeply changed in an unthinkable way, where women have the possibility to actively participate in areas that involve decision-making and conducting teams. Furthermore, a development must be done to prevent actions of how the occupational risks inherent of this new function will impact, taking into account the primary role of women within the family, helping to make both tasks possible.

Methods An analysis of the assignments performed by women within the Armed Forces of Argentina was carried out during the last 20 years. The main objective of this study was to examine the physical and psychological impacts these new tasks had on women.

Results Although the statistics available are quite limited, it must be observed that nearly 40% of the population analyzed showed psychic manifestations such as high pressure and family problems, and 20% have had physical manifestations just as their endocrine system (altered menstrual rhythm, thyroid disorders, infertility, among others), or cardiac or gastrointestinal issues like arterial hypertension, arrhythmias, irritable colon, and gastritis.

Conclusion To conclude with, it must be said that changes are relatively recent and statistics available are limited. However, the observed data showed that a remarkable emphasis should be placed on the development of a Preventive Program held by the Occupational Health Services of the Armed Forces to identify an early and effective way of the signs and symptoms that show alterations in the health of women workers, which will result from not being treated in time, causing in most of the cases a detriment of their health and a poor standard of living.

806 RELATIONSHIP BETWEEN WORK-FAMILY CONFLICT AND EMOTIONAL MENTAL DISORDER AMONG FEMALE NURSES AT UNIVERSITY-BASED TERTIARY GENERAL HOSPITAL IN JAKARTA

Fitriani Dewi Yunia*, Hardjono Indra, Soemarko Dewi Sumaryani. Occupational Medicine Program, Faculty of Medicine, Universitas Indonesia, Jakarta, Indonesia

Introduction Emotional mental disorder is a state of psychological distress that, if not handled properly, can lead to severe mental disorders and disabilities. One potential psychosocial hazard thought to be related to mental health disorders is the work-family conflict. Women who undertake dual roles, as housewives and workers, may potentially experience work-family conflict. The objectives of this research were to determine the prevalence of emotional mental disorder among female nurses in the university-based tertiary general hospital in Central Jakarta in 2016 and to determine its relationship with work-family conflict.

Methods This was a cross-sectional study by looking for the relationship between the work-family conflict, individual factors and work factors with emotional mental disorder. The instruments used in this study were work-family conflict questionnaire and SRQ 20. The study population was 264 randomly chosen female nurses who were working at university-based tertiary General hospital in Central Jakarta.

Result The prevalence of emotional mental disorder among female nurses was 23.5% with somatoform disorder as the most frequent disorders. The prevalence of work-family conflict was 45.1%, which 63% of them experiencing time-based conflict. The most dominant factors associated with emotional mental disorder were work-family conflict (OR 2.59, 95% CI: 1.44 to 4.65, p<0.001) and level of education (OR 0.07, 95% CI: 0.01 to 0.62, p:0.010).

Conclusion Compare with the previous results from 1998, the prevalence of mental-emotional disorders among female nurses has increased from 17.7% to 23.5% in 2016. Female nurses who have work-family conflicts are 2.59 times higher risk of experiencing emotional mental disorders than nurses without work-family conflicts. It is urgent to develop a prevention program to protect female nurses from adverse health effect which can lead to decrease in productivity.