throughout the 12 months covered by text messages. The variation in work capacity over time seemed to be more pronounced in case groups.

In conclusion, classifying respondents as cases and non-cases based on self-reported musculoskeletal complaints of the neck, shoulders and lower back at baseline seems to be a good predictor of persistent differences in self-reported work capacity due to neck, shoulder and low back pain during the following year.

Precarious Employment/Migrant Workers

04C.1 FEMALE LANDFILL WASTE PICKERS AND THEIR HEALTH

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Informal waste pickers and employees working on a landfill site are exposed to multiple risks such as noise, toxic chemicals, metals, dust and ergonomic hazards. How these hazards affect the health of workers may differ by sex.

Methods A cross-sectional study was conducted among waste pickers aged 18 years or older, working in major landfill sites in Johannesburg. Information on health, work hazards and health care access were collected in interviews in the workers own language.

Results A third (27%) of the 363 waste-pickers interviewed in this study were female. These women were on average older and less educated than the men and a significantly larger proportion were born in neighbouring countries. Women waste pickers had a higher prevalence of hypertension (30.9% vs 18.4%) and HIV (24% vs 7.0%) than men. This is unlikely to be a reporting bias as women had higher BMI's ($p=0.0002$), glucose blood levels ($p=0.022$), cholesterol ($p=0.0014$) and diastolic blood pressure ($p=0.0081$).

Discussion The factors driving women to work as waste pickers appear different to men and women's health is worse than that of the men in terms of lifestyle diseases and HIV. Although in general waste pickers have a lower prevalence than the general population. This follows the pattern of the South African Demographic and Health Survey 2016.

04C.2 IMPACT OF PRECARIOUS WORK ON THE WELLBEING OF WOMEN AND MIGRANTS IN AUSTRALIA

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Introduction Women and migrants are more likely to be in precarious work than men and native-born workers. Precarious work impacts adversely on work-related injuries, fatalities and health but little is known about how it affects the wellbeing of women and migrant workers. The aims of this study are; (1) to examine whether precarious work differs by migration status and sex and 2) to determine whether the impact of

precarious work on the wellbeing of women and migrants differs to that of males and native-born workers.

Methods In 2016/17 a national telephone survey examined psychosocial workplace hazards among 1630 migrant and 1051 Australian-born workers. Precarious work (vulnerability and job insecurity) and wellbeing were collected with sociodemographic and employment variables. Higher scores indicate greater vulnerability/insecurity/less wellbeing. Univariate statistics examined the association between precarious work and wellbeing by sex and country of birth. Stratified linear regression modelled the relationship between precarious work and wellbeing by sex.

Results Independent of country of birth, females had higher vulnerability ($\mu=6.5$, $\sigma=3.4$) than males ($\mu=5.5$, $\sigma=3.6$), in contrast to job insecurity (Women $\mu=8.2$, $\sigma=4.0$; Men $\mu=8.2$, $\sigma=3.9$). Workers born in the Philippines had higher vulnerability compared with other migrant workers ($\mu=6.6$, $\sigma=3.4$ vs $\mu=5.9$, $\sigma=3.6$) whereas workers born in India had higher employment insecurity compared with other migrant workers ($\mu=8.8$, $\sigma=4.1$ vs $\mu=8.1$, $\sigma=3.9$). Increasing vulnerability and insecurity adversely impacted wellbeing most in Australian workers. Compared with men, vulnerability had a greater adverse impact on the wellbeing of women.

Discussion Two dimensions of precarious work impact the wellbeing of men and women differently. Vulnerability impacts women most whereas work insecurity impacts men. For Australian born, the impact of either dimension on wellbeing is greater than for migrant workers.

04C.3 JOB STRAIN, EXPOSURE TO CARCINOGENS AND THE WELLBEING OF MIGRANT WORKERS

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Introduction Job strain adversely affects wellbeing. It is unclear if job strain increases the risk of exposure to carcinogens. The aim of this study is to examine how high strain jobs influence exposure to carcinogens and wellbeing and whether this varies by migration status.

Methods A national telephone survey conducted in 2016/17 examined exposure to workplace hazards among 1630 migrant workers (born in India, New Zealand and the Philippines). Exposure to carcinogens was assessed an online platform that automates exposure assessment. High job strain and wellbeing was measured using standardised questionnaires. Univariate statistics examined high job strain and exposure to carcinogens by country of birth. Models were developed to explore these associations.

Results There were no differences in prevalence of job strain by country of birth with percents ranging from 23.8% [95% CI 18.6,30.0] for India-born workers to 26.5% [95% CI 21.7,31.8] for New Zealand-born. A lower percent of migrants born in India or the Philippines were exposed to any carcinogens at work 55.2% [95% CI 51.2,59.0] compared New Zealand workers (68.8% [95% CI 63.9,73.4] vs 55.2% [95% CI 51.2,59.0]). Wellness means ranged from 13.6 [95% CI 13.1,14.1] for Philippines-born workers to 14.3 [95% CI 13.9,14.7] for New Zealand-born. Wellbeing was adversely impacted by high job strain (Coef=2.1 95% CI 1.7,2.6). There was no difference by country of birth. Job strain was not associated with exposure to carcinogens but country of birth was