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Editorial

Women at Work

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Travellers arriving late at night at Mumbai airport, driving toward the city, may notice a long line of women seated along the side of the highway. "What are they doing here at 2 a.m.?". The taxi driver replies: "Working on their handicrafts, Sir! Dealers will come in a couple of hours to pick the goods up and take them to the market." There are hundreds of them, figures in the dark, blending into the pavement. Do they have families? Children? Husbands? How much do they earn? When do they sleep, or who cares for them when they fall ill? Do they ever rest, or do they push through? Do they feel safe asking for a break?

In this second issue of *Work and Health,* Arasu et al. shed some light on the realities of women workers in India's garment industry [1]. For many of them, work—however demanding—is not only a source of modest income, but also a means of self-expression and a route out of social contexts that too often impose silence and invisibility. These women, the backbone of local economies and often the primary earners in their households, remain relegated to a marginal group. The experience described by Arasu et al. suggests that occupational health services providing grassroots psychological support could play a decisive role in restoring their well-being, dignity, and work ability [1]. We are aware that this is the condition of female workers in most low- and middle-income countries (LMIC); for instance, a large survey of the occupational health of agricultural working women, conducted in South Africa, showed an elevated risk of miscarriages and infant death among women spraying pesticides while pregnant [2].

Such studies are not unique in India and many low- and middle-income countries where women undertake hazardous work with little protection. In most cases, though often highly informative, occupational research involving female cohorts is limited in scale. An example is an early investigation of a historic cohort of female belt pickers exposed to silica in the lead and zinc mines of Sardinia, Italy. That study revealed an excess risk of lung cancer, thereby contributing to the scientific debate on silica carcinogenicity and reinforcing the positive associations previously reported in male cohorts [3].

Despite substantial progress, the female workforce in manufacturing and other industries remains under investigated even in high-income settings. Women are frequently excluded from occupational cohort studies due to their small numbers and from case-control studies owing to the lack of detailed work histories and specific exposure assessments. In this second issue, an analysis of occupational lung cancer mortality among women in the United States is presented [4]. Attention to female-specific occupational health is also reflected in a contribution on sleep deprivation that goes beyond shift work by Aamir M et al. [5], and Gaier S.'s narrative review of working in the extreme Antarctic environment [6].

The interventions provided by occupational health services have to take into consideration the triple role played by LMIC working women, especially in low-income households. Moser's framework refers to the *reproductive work* (childbearing and rearing responsibilities) required to guarantee the maintenance and reproduction of the labor force, *productive work*, often as secondary wage earners, and *community management work* in the communities they live in [7].

Additional attention is necessary towards emerging forms of employment, such as platform-based and digitally mediated labor, which carry both opportunities and risks and may either decrease or exacerbate gender-specific vulnerabilities. Such vulnerabilities are often tied to cultural expectations, infrastructural constraints, or unequal opportunities across different levels of the labor market. These dynamics can create either capacity for empowerment or, conversely, barriers such as unequal access to training and digital skills, difficulties in securing recognition of platform labor within formal systems, and the reproduction of structural inequalities under new guises shaped by sectoral expectations [7].

Addressing these dimensions at each level through targeted skills development and inclusive policy design is therefore essential. Platform work, if adequately supported, could help safeguard women from precarious street-based work and, at the same time, ensure their continued participation in the workforce through enhanced skills development. Without such measures, however, it might reinforce inequalities rather than achieve balance. In this context, occupational health and safety interventions may develop solutions that take into account gender-specific needs, opportunities, and differences [8].

Notably, most of the first authors in this issue are young female scientists. Although women now represent the majority of biomedical researchers, they continue to encounter barriers to full recognition, with respect to salary, rights, and career opportunities. Yet, their contributions open new perspectives, and this journal remains committed to acknowledging and promoting their work.

To contribute to better choices for women and society, a public health perspective that produces social solutions without losing sight of the individual aligns with the broad spectrum of Sustainable Development Goals (SDGs). Considered as a whole, this alignment applies not only to selected goals but to all SDGs, and within it, empowering women will make all targets, including decent work, more realistically achievable [8,9].

This second issue of *Work and Health* is dedicated to female workers worldwide. We look forward to receiving similar submissions in this area and strongly encourage our readers to undertake meta-analyses of the existing female sub-cohorts or to design exposure assessments specifically tailored to women. We aim to shed light on the occupational health of the long-neglected half of the global workforce.

Conflicts of Interest

The authors declare no conflict of interest.

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