



MINISTRY OF HUMAN RESOURCES MALAYSIA  
DEPARTMENT OF OCCUPATIONAL SAFETY AND HEALTH



# *Guidelines* On Gender Issues In Occupational Safety and Health





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# GUIDELINES ON GENDER IN OCCUPATIONAL SAFETY AND HEALTH

Occupational Safety and Health Institutional Capacity Building  
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## FOREWORD

Women have massively entered the labour market and can now be found in nearly all sectors. However job segregation and job concentration according to sex/ gender is still very much present. Women's and men's roles and responsibilities in the family are still different, this causes women to take more reproductive responsibilities than men and there is a chance of higher mental stress related diseases and accidents as a result .

From an occupational safety and health perspective this implies that women are exposed to the OSH risks and hazards that come with the job, but also that the standards for safety and health should be adapted to male and female norms. And that norms should be developed for the new sectors of the economy, especially the knowledge workers will be exposed to a whole new set of diseases. This is however not being taken up so far. Most standards for chemical, ergonomic etc health risks are as yet not adapted to the Malaysian population but still based on male European norms. Some norms are specific for women but these are based on assumptions about women's physical strength and physiological make-up that need to be reassessed for their validity because they are based on assumptions that are culturally determined and not based on facts about female and males strength and susceptibility to external influences. Also male reproductive health needs much more attention than it has received until now.

This booklet is design to provide some information about Gender issues on OSH and advice about doing so. From time to time this booklet will be reviewed and we at DOSH would welcome written comment to help make the booklet more comprehensive and informative.

Director General  
Department of Occupational Safety and Health  
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## GLOSARRY

*Sex* : Refers to the universal biological differences between women and men. These differences do not change. Men are universally the same and women are universally the same, men and women all over the world are different from each other in the same manner.

*Gender* : Refers to the social differences between women and men which express themselves in roles, attitudes, behaviours and activities. Gender is learned behaviour, is changeable over time and is widely varied within and between cultures. It is what women and men are or ideally should be in a certain society. This is influenced by social, cultural, political and religious influences.

Changes in gender roles often occur in response to changing economic, natural or political circumstances including development efforts.

*Gender equality* : Refers to equal rights, responsibilities and opportunities for women and men, girls and boys.

This does not imply sameness, but that women and men will not have more or less opportunities, rights and responsibilities depending on the biological sex somebody has.

*Gender inequality* : In many societies we see that women's roles, opportunities and responsibilities are considered less important and are valued less than what is seen as the masculine role. This is not only so

at the individual level but also often anchored in societal practices, religious practices and in the legal systems because these are often based on the idea of male dominance and priority which leads to discrimination of women in all spheres of life.

*Gender division of labour* : Gender expresses itself most clearly in the division of activities that are considered male or female. This we see in the role of women as caress for the children and men as the breadwinner for their family, as a division of labour agriculture and in other sectors of the economy.

The gender division of labour is based on assumptions of what is right for women to do and on what is right for men to do, and on assumptions about what women and men are better able to do based on perceived biological or natural differences.

In development we often see a slow process of change towards a new division of labour, that is less rigid and in which women as well as men can acquire new skills, roles and responsibilities and gain new opportunities.

*Sex and health* : The biological differences between women and men are reflected in the health problems they experience. Some of them stem from male and female reproductive functioning, with women facing major hazards as a result of their capacity for pregnancy and childbearing. Other diseases or risks are based on the differences in fatty tissues, the thickness of the skin, the renal functions etc. Men and women do seem to be more vulnerable to certain diseases based on their physiological make up.

*Gender and health* : Men and women often lead very different lives and engage in different activities. Differences in their living and working conditions and in the nature of their duties and their entitlements to resources will put women and men at differential risks on developing some health problems while protecting them from

others. Women also have generally less say concerning their reproductive and sexual health than men and will be in some societies more hesitant to share their health concerns related to reproductive or sexual health with male health workers. This is because in the “definition of gender roles” it is not decent for a woman to talk about these private issues. This will make it for example more difficult for a woman to get diagnosed as HIV infected than a man.

*Gender Mainstreaming* : The process of assessing the implications for women and men of any planned action, including legislation, policies, programmes in any area and at all levels. It is also a strategy for making the concerns and experiences of women as well as men an integral part of the design, implementation, monitoring and evaluation of policies, programmes and activities. The final aim is gender equality.

*Gender analysis* : Gender mainstreaming starts with gender analysis: the systematic collection of data in a manner that differentiates women from men: gender disaggregated data collection. It implies looking at the existing division of labour, the division of resources and benefits (profits) for and from activities, the role women and men play in decision making in the household, the community, in companies and society at large.

*Gender in OSH* : Determining the effects that the existing division of labour in the workplace and in the family has for the health hazards, safety risks and diseases of women and men. As women and men experience differences in their working and living conditions they are exposed to different health hazards. Promoting OSH that takes these into consideration and aims to counter the health hazards through targeted measures is gender sensitive OSH.

This requires that OSH will become more people focused than it is right now due to its background in industrial safety linked to machinery and boilers. It will also have to pay attention



to aspects related to ergonomics, mental health and stress, reproductive health in addition to physiological stress, intoxication and accidents prevention.

In a gender in OSH approach biological (sex) as well as social (gender) differences between women and men in the workplace will have to be taken into consideration.

*Gender Discrimination* : Any distinction, exclusion or preference made on the basis of of real or perceived gender differences that has the effect of nullifying or impairing equality of opportunity and treatment in employment or occupation. It covers access to training, to employment and job security, and terms and conditions and employment.

*Sexual Harassment* : Any unwanted conduct of a sexual nature having the effect of verbal, non-verbal, visual, psychological or physical harassment:

(i) *that might, on reasonable grounds, be perceived by the recipient as placing a condition of a sexual nature on his/ her employment; or*

(ii) *that might on reasonable grounds, be perceived as an offence or humiliation, or a threat to his/ her well-being, but has no direct links to his/her employment*

It can be divided into two categories namely sexual coercion and sexual annoyance.

*Occupational Segregation* : Women and men are doing specific tasks or jobs in one overall production process e.g: women the assembly line and men the maintenance. Also women are often mainly to be found in the lower salary scales/ grades

*Occupational Concentration* : Women and men are employed in specific professions or occupations: Women in nursing, men are truck drivers.

## INTRODUCTION

What is gender? How can we aspects to integrate gender issues and the workplace? Why it is important to consider gender on occupational safety and health? The concept of gender is, for many people, a new idea. Basically it is simple: it is about women and men, about what they do and feel and how they relate to each other in their own societies, whereas sex refers to the biological nature of being male and female. Gender is about Roles, Responsibilities, Rights, Relationships and Identities of women and men that are ascribed to them within a given society and context. Gender is about how all these affect and influence each other, they are changeable over time, between places and within places. Gender is to a certain extent visible: we can see what women and men are doing, but it becomes more difficult to see how people value their actions. It is not an easy task to observe who has access and control over certain resources and processes. Even more complicated is to find out what factors are underlying these observations and processes- these are the traditions, norms, assumptions, and values of individuals and societies.

In relation to work and workplace, both women and men have roles in the spheres of production (of goods and services) and public life, from the community to the governmental level. However the tasks associated with the reproduction of society fall almost entirely on women's shoulder. One of the results of this is that, the world over, women have longer working days than men. Many women suffer from this excessively long hours of work and they usually have to do the predominant share of the housework as well. Special health problems can arise from this situation including stress, chronic fatigue, premature aging and other psycho-social and health effects..

The main function of Department of Occupational Safety and Health is to protect worker's health, to prevent and reduce accidents, injuries, occupational and work-related diseases, through the improvement of their working conditions and working environment. Conceiving the working conditions and the working environment as a whole, the prevention and control of work-related factors and their multiple and cumulative effects are taken into account including psycho-social and organisational aspects. The promotion of an integrated multidisciplinary approach shall take into account the physical, mental and social well-being of women and men workers. Special attention shall be given to particularly hazardous sectors, industries and occupations in which occupational health problems are either particularly wide-spread or particularly severe, such as: occupational cancer, respiratory diseases, neurotoxic effects and other illnesses caused by chemical agents, work-related diseases of a complex multifactorial nature such as musculoskeletal disorders and stress, etc., Specific categories of workers who may be in a vulnerable situation due to gender or age and who lack fundamental social and health protection. In Asia women are half of the labour force. In Malaysia, women are XX % of the workforce. It can be noted that there exists occupational segregation and occupational concentration along the gender lines. This implies that men and women expose to specific health and accidents risk due to the type of work that they are doing. This is the basis for the necessity of gender approach in occupational safety and health.

## **1. OBJECTIVE**

The objectives of these guidelines are:

1. To reduce the number and seriousness of occupational accidents and diseases for men and women;
2. To adapt the working environment, the working conditions, equipment and work processes to the physical and mental capacity of male and female workers;
3. To enhance the physical, mental and social well-being of men and women workers in all occupations;
4. To encourage gender responsive national policies and preventive programmes on occupational safety and health and supplying appropriate assistance to implement them to governments and employers' and workers' organizations.

## **2. SCOPE AND APPLICATION**

These Guidelines apply to all employers and employees.

## **3. GENDER ISSUES IN THE FIELD OF OCCUPATIONAL SAFETY AND HEALTH**

### **3.1 Are there special occupational hazards for women workers?**

Women around the world have moved into industry and the service sector in increasing numbers. In the past 15 years, they have become almost 50% of the workforce in many countries. While women are entering occupations previously closed to them, the labour force is still highly segregated and concentrated on the basis of gender. A significant proportion of women is found in certain types of occupations in the services

sector, in the informal sector and particularly in agriculture. In industry, they predominate in micro-electronics, food production, textile and footwear, chemical and pharmaceutical industries and handicraft workshops. In the service sector they are mainly engaged in teaching, office work, hospitals, banks, commerce, hotels, domestic work.

Women in agriculture, like many other rural workers, have a high incidence of injuries and diseases and are insufficiently reached by health services. Women's role in agriculture has been traditionally under-estimated. The average earnings of rural women engaged in plantation work are less than those of men. Many women in the agricultural labour end up doing jobs that nobody else would do, such in the mixing or application of harmful pesticides without adequate protection and information, suffering from intoxication and in some cases death. Heavy work during crop cultivation and harvesting can have a high incidence of still-births, premature births and death of the child or the mother. Some studies have showed that the workload of traditional "female" tasks, such as sowing out, picking out, and clearing, is a little higher than the workload of males due to the fact that the latter are assisted by mechanical means during irrigation, ridging and farming.

Women also represent a large proportion of workers employed in health care services. Health care workers receive low remuneration and face difficult working conditions and numerous occupational safety and health hazards including work-related diseases of a complex multifactorial nature such as musculoskeletal disorders, cardiovascular diseases, psychosomatic and mental health disorders, occupational cancer, respiratory diseases, neurotoxic effects and other illnesses caused by chemical agents. Radiation exposure can result from portable x-rays, other diagnostic tests or therapies using radioactive sources or waste; they can provoke mutagenic and teratogenic effects including occupational cancer.

Women, as health workers, are also in a special situation concerning work overload as most of the time they are taking care not only of their full-time jobs, but also of a large share of housework. Often nurses and hospital helpers are found in precarious forms of employment.

Most women have few choices as to where they can work. They end up doing work that can be heavy, dirty, monotonous, low paid and which involves long hours of work with no access to health services. This is particularly the case of those working in the informal sector where women represent a great proportion. Women are caught in a vicious circle whereby the majority lack opportunities for education or have few qualifications, especially those from the lower economic levels.

### **3.2 Male and Female Workers' Health and Human Variability**

Working conditions and the working environment are sources of health hazards for both men and women. In general terms there is no great difference between men's and women's biological response to physical, biological or chemical hazards. The average strength of men is not so different from that of women, some women can be even stronger than men.

Gender-based criteria for the division of work are supported by traditional cultural assumptions. The approach to women's health is based on a biomedical model and conventional postulates on health and human capabilities. Consequently, very little attention has been paid to the social or environmental aspects of women's ill health.

Health hazards of women workers have been traditionally under-estimated because occupational safety and health standards and exposure limits to hazardous substances are based on male populations and laboratory tests.

When sex differences have been explored, the focus has been on the physical differences between the male and female reproductive systems, or on assumed differences between men's and women's psychology. Only in the last 15 years gender-oriented research on health aspects has been developed, demonstrating that differences among working populations are mainly based on individual human variability rather than on biological differences between sexes.

The differential response of women to health hazards is essentially due to the various work-related risks that women face according to the specific type of work they do and on the multiple roles they have in society.

Segregation by occupation leads to exposure to particular occupational health and safety hazards. The type of health risks men and women face are associated with their specific working conditions. Certain health disorders are related to occupations or industries which employ large numbers of women workers. For example, a high proportion of back injuries of women working in the health sector is related to the nature of the work and the concentration of women workers in nursing.

Due to the multiple roles they have in society, women workers have special needs concerning nutrition, lifestyle and reproductive health. Women have a dual reproductive and economic role as unpaid workers at home and in the fields, and as paid workers outside the household. A woman works an average of one to three hours per day longer than a man in the same society. Many women suffer from excessively long hours of work and they usually have to do the predominant share of the housework as well. Special health problems can arise from this situation including stress, chronic fatigue, premature aging and other psycho-social and health effects.

### **3.3 Ergonomic Factors and Human Variability**

Manual handling injuries represent one of the main source of back injury and musculoskeletal disorders for workers. In the 1960s the maximum permissible load to be carried by a woman was suggested to be fixed between 15 and 20 kgs which was approximately half of the recommended limit for male workers. These specifications are still used in the legislation of a number of countries. However, it is not clear based on which scientific assumption it was decided that the maximum permissible load for women should be half of that established for male workers. The presumption may have been based on the perceived weakness of women at the time. Later studies which estimated the predicted limits for lifting and carrying in female and male working populations, based on anthropometric data of white Anglo-Saxon workers, have shown that the capacity range for both groups was very similar.

Mechanical equipment injuries account for a high proportion of all work-related injuries in all occupations. The design of machinery and equipment has demonstrated to be a major cause of injury when is not conceived or not used properly, particularly in the manufacturing industry. In the design of equipment and tools the anthropometric data used do not always reflect the characteristics of the working population who will use it. Most of the personal protective equipment and tools used worldwide are designed based on male populations from Germany and the United States. Significant variability exists among these two working populations and those from other countries, this means that many workers cannot perform their duties adequately. Women workers and those workers who are not in the upper levels of height and weight, as for example Asian workers, are therefore not properly equipped for their protection.

### **3.4 Working Environment and Work-Related Hazards**

#### **3.4.1 Reproductive Hazards**

Ionizing radiations have teratogenic and mutagenic effects and can provoke harm to both men and women. Male exposure to radioactive sources can lead to sterility and mutagenic effects. There is an even greater danger to the foetus as female exposure can have teratogenic and other harmful consequence. Most protective legislation has oriented protection to women during reproductive age and pregnancy. However, not enough concern has been paid to the effects of exposure on the genital organs and reproductive faculties of men during the period prior to conception.

#### **3.4.2 Stress**

Stress is a work-related disease of multicausal origin. It can be defined as a physical or physiological stimulus which produces strain or disruption of the individual's normal physiological equilibrium. The most frequent disorders range from chronic fatigue to depression by way of insomnia, anxiety, migraine, emotional upsets, stomach ulcers, allergies, skin disorders, lumbago and rheumatic attacks, tobacco and alcohol abuse, heart attacks and even suicide.



One of the major causes of stress is fear of unknown situations and lack of control over the duties to be carried out and over the organization of work. Occupational stress affects those workers whose duties are modified or phased out by the introduction of new technologies; those workers who are deprived of personal initiative and doomed to monotonous and repetitive tasks. Stress can be aggravated by the fear of losing a job, relationship problems, sexual harassment, discrimination, or other non-occupational factors, such as family problems, multiple roles, health anxieties, commuting and financial worries.

Women often hold less qualified jobs, at lower wages than their male counterparts, in activities not linked to decision-making. Typical women's jobs have much less control over decision making than typical men's jobs. The type of job that women perform in many cases is an extension of those tasks that they develop at home, for example caring for others such as teaching, nursing, social work, food production, etc. In various occasions they are oriented to tasks which require less strength, more agility, more speed, attention and precision; characteristics socially associated with a female personality.

The concentration of women in these types of jobs, their specific working conditions, including being more frequently subjects of sexual harassment and discrimination, as well as their major responsibility for family care and household work might determine the higher prevalence of stress-related disorders in women.

### **3.4.3 New Technologies**

New changes in economic structures and technologies have created new hazards and needs for different working populations. In industrial work, a large number of comparatively well-paid manual jobs held by men in industrialized countries have become low-paid, exploitative jobs for women in developing countries. This is particularly evident in the case of the micro-electronics industry where women are over represented. These women are exposed to hazardous chemicals which have carcinogenic and mutagenic effects in the semi-conductor

manufacture; many electronic assembly processes involve rapid, repetitive motions of the wrist, hand and arms which can provoke repetitive trauma disorders and other musculoskeletal health impairments.

#### **4. RECOMMENDATION ON HOW TO INTEGRATE THE GENDER PERSPECTIVE IN THE FIELD OF OCCUPATIONAL SAFETY AND HEALTH**

##### **4.1 A Gender Responsive Occupational Safety and Health Policy**

If health promotion policies are to be effective for women and for men, they must be based on more accurate information about the relationship between health and gender roles. Women workers are particularly disadvantaged by out of date workforce structures, workplace arrangements and attitudes. Health promotion policies for working women need to take into account all their three roles: as housewives, as mothers and as workers. The effects on health of each role have to be looked at separately and the potential conflicts and contradictions between them need to be examined. A broad strategy for the improvement of women workers safety and health has to be built up within a National Policy on Occupational Safety and Health, particularly in those areas where many women are concentrated.

A coherent framework should be developed to ensure a coordinated national approach. The concentration of women workers in particular occupations leads to a specific pattern of injury and disease. General measures directed to all workers not necessarily achieve the desired benefits for women workers. The effects of gender on health needs to be more carefully explored to develop a better understanding of the relationship between women 's health and the social and economic roles of women. The findings need to be incorporated into policy-making.

The Policy should include the specific protection of women workers' safety and health as a goal. Providing guidance to enable employers, trade unions and national authorities to identify problems, make the appropriate links with general safety and health activities for all workers and develop specific programmes to ensure

restructuring processes at the national level, particularly in the areas of legislation, information and training, workers participation and applied research.

#### **4.2 Responsibilities of Employers**

Industries and occupations which have a differential impact on the health of men and women workers should be key targets for change. Therefore specific preventive programmes should be implemented. At the level of the enterprise, measures should be taken to control specific occupational hazards to which men and women workers are exposed. For the effective prevention and control of these hazards, special action programmes should be developed for work-related hazards within each occupation, including psycho-social and organizational factors, taking into consideration the physical, mental and social well-being of women workers. Revision of work practices and job redesign to eliminate or minimize hazards.

#### **4.3 The role of the Occupational Safety Health Committee and Occupational Safety and Health Officer**

Currently safety and health committee and safety and health officer are obligatory in company that have more than 40 employee. Their focus is basically on safety issues and much less a health issues related to occupational hygiene, ergonomics and preventive health measure also other on reproductive health.

It is recommended that safety and health committee and safety and health officer will receive diversity on gender issues in occupational safety and health to enable them to work in a gender responsive measures i.e. taking into account the diverse health and safety risks of male and female employees.

#### **4.4 Occupational Health Doctor (OHD)**

Many enterprises use the service of OHD's to provide occupational health service. SOCSO is in the process of training panel doctors and nurses in occupational safety and health. This training should also include module on gender related occupational safety and health issues.

Registrations and data collection and eventually research should be done in

gender disaggregated manner. Occupational and safety care should also pay attention to indirect health risk like abortion, disability and health defects of new-born baby and other reproductive health diseases.

#### **4.5 Targeting at the Individual Level**

There is a need to focus on women's and men's occupational safety and health protecting their well-being through occupational health services. Preventive programmes need to be established to maintain a safe and healthy working environment. Work should be adapted to the capabilities of women and men workers in the light of their state of physical and mental health, for example by reducing women's workload by promoting appropriate technology, by reassignment to another job according to the worker needs and by providing rehabilitation when necessary.

Special measures for performance of physical tasks during pregnancy and child-bearing are still necessary; in particular, the protection of pregnant women for whom night-work, arduous work and exposure to radiation might present unacceptable health risks. However, the approach should be the equal protection from hazards in the workplace to all workers, encouraging more equal-sharing of the workload between women and men in all spheres, including child care, domestic chores and work outside the home.

#### **4.6 Ergonomic Considerations**

The concept of maximum weight to be manually handled by women and the design of personal protective equipment need to be revised in the context of current technical knowledge and socio-medical trends. Intra-sex variations need to be taken into account.

National standards for manual handling should move away from regulating weight limits which differ between women and men workers and adopt a non discriminatory approach based on individual risk assessment and control. Australia, Canada, and the USA are some of the countries which have introduced these criteria in their own standards.

that the needs of women workers are taken into account in occupational and industrial

With the worldwide massive migration, it is becoming more and more evident that anthropometric standards need to be based on human variability more than on “model” populations, as different racial and ethnical morphological characteristics can be found among the workers of any single country.

#### **4.7 Planning for Human Variability**

Broad generalizations about women’s physical capacities should be avoided and the vulnerability and needs of male workers should be realistically taken into account as well. Individual capability of workers independently of age and sex should be the parameter for the performance and demands to be placed on the individual worker. Therefore, standards at national level should be developed to provide adequate protection (for any hazard) for the most susceptible or vulnerable workers of any age or sex.

Single standards of exposure to physical, chemical or biological agents would avoid discrimination and guarantee protection of all workers health. Special legal protection for women should be extended to male workers where appropriate; for example, in the case of radiation protection and reproductive health.

#### **4.8 Research**

Existing epidemiological research must be critically assessed to find any systematic bias in the way investigation is done when studying women’s and men’s health and illness patterns, to avoid assumptions based on traditional cultural values. Evaluating real differences between sexes and avoiding erroneous judgements about women’s lives is the only way to succeed in producing knowledge beneficial to women’s health. Research should always be sex/ gender disaggregated.

#### **4.9 Data Collection**

Similarly, national statistics on occupational accidents and diseases of women and men are deficient, knowledge about women’s and men’s health is still insufficient.

Most countries continue to emphasise official statistics on maternal mortality, which is still a very important indicator of the general health of women in developing countries. Work in export processing zone (EPZ) located industry, domestic and household work is also unlikely to be recorded in any statistics. Women's occupations are often missing from medical reports or death certificates as in the case of many workers. This situation excludes them from statistics on injury compensation or on absence from work because of illness.

The development of national statistics on occupational accidents and diseases disaggregated by sex would contribute: to determine priorities for action through preventive programmes; to the development of a national information strategy to collect and disseminate information on occupational health and safety of men and women workers; to the development of national standards, national codes of practice and other guidelines on specific hazards faced by women workers.

#### **4.10 Women's Participation**

Women should be better represented and more directly involved in the decision-making process concerning the protection of their health. Women's views as users, care givers and workers; their own experiences, knowledge and skills should be reflected in formulating and implementing health promotion strategies. They should have a greater participation in the improvement of their working conditions, particularly through programme development, provision of occupational health services, access to more and better information, training and health education. The support of women workers to organize themselves and participate in the improvement of their working conditions should be reinforced at the national and enterprise level.

Women should be member of occupational safety and health committee congruent with their presentation in the enterprise. Women workers are under represented in decision-making bodies such as national safety councils, occupational health services and enterprise level safety and health committees. There are instances in which the priority afforded to certain hazards or workplace changes is often decided, and where there is frequently little awareness of the working and living conditions of women for whom decisions are being made. Access to training and skill development is also limited as compared to male workers.

## 5. PROGRESS IN ADDRESSING GENDER ISSUES IN THE FIELD OF OCCUPATIONAL SAFETY AND HEALTH

### 5.1 Protective Legislation

Out of concern to protect working women, many countries adopted special measures of protection, which included prohibition of night-work, underground work, and other activities considered dangerous to women and their reproductive health including exposure to certain agents. Other measures limited the weekly number of hours of work and overtime work and were oriented to protect women's role as mothers and wives.

In recent years, such measures have been increasingly questioned because in some cases protective legislation has had discriminatory consequences reducing women's opportunities in access to employment; but even worse, women have been excluded from hazardous occupations as a working group, instead of removing the risk from the workplace for the protection of all workers health. An example of this approach is the prohibition of women to work with lead, at the beginning of the century. There is no significant difference in the toxicological response between the sexes, women were more exposed because of the type of work they undertook. With this measure women were excluded and men remained unprotected.

As regards protective legislation, the measures should include: -

- (a) women and men should be protected from risks inherent in their employment and occupation in the light of advances in scientific and technological knowledge;
- (b) measures should be taken to review all protective legislation applying to women in the light of up-to-date scientific knowledge and technological changes and to revise, supplement, extend, retain, or repeal such legislation according to national circumstances, these measures being aimed at the improvement of the quality of life and at promoting equality in employment between men and women;

- (c) measures should be taken to extend special protection to women and men for types of work proved to be harmful for them, particularly from the standpoint of their function of reproduction, and such measures should be reviewed and brought up to date periodically in the light of advances in scientific and technological knowledge;
- (d) studies and research should be undertaken into processes which might have a harmful effect on women and men from the standpoint of their function of reproduction, and appropriate measures, based on that research, should be taken to provide such protection as may be necessary.

## **5.2 Enforcement**

Occupational safety and health inspection are mainly “material” focus. An important change is required in changing this focus to a people-centred and gender sensitive focus. This change of focus should be reflected in Occupational safety and health inspection and audit that would take a broad starting point including safety but also an extending the inspection to hygiene, chemical, ergonomic, reproductive and mental health issue and disorders.

## **5.3 Capacity building**

In order to be able to incorporate the people-centred gender perspective in occupational safety and health, it is required that training on gender issues in occupational safety and health will be included as a regular components in occupational safety and health related training programme for:

- DOSH officer
- Safety and Health Officer
- Occupational Health Doctor and Nurse
- Panel Doctors
- Ergonomics Experts
- Assessors
- Industrial Hygienist



## **6. BENEFIT OF MANAGING GENDER ISSUES IN THE FIELD OF OCCUPATIONAL SAFETY AND HEALTH**

The government of Malaysia has recently approved an amendment to the constitution disavowing discrimination based on sex. This amendment has consequences for assuring equal participation of men and women in the labour force and therefore also for assuring equal occupational safety and health of men and women in the work that they are doing. So that Malaysia will develop and maintain a healthy, productive and efficient workforce, capable of facing the new challenge put to them by the rapid and profound changes in Malaysian society and economy.

Malaysia needs healthy men and women to realise its ambition. Occupational safety and health that is gender responsive is a contribution to this wider aim.

