

Workshop on Occupational Safety and Health for Women Workers' Educators



18-19 June, 2016
iResidence Hotel, Bangkok, Thailand

Asia Monitor Resource Centre

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Agenda

Day 1, 18 June 2016		
9:00-10:00am	Introductions of participants Introduction to the meeting and agenda setting	
10:00-11:00am	Icebreaker and communication ground rules What topics are difficult to talk about? Why? How can we overcome these obstacles?	Group activity
11:00am-12:00pm	Gender, sex, work and health <ul style="list-style-type: none"> • What's the difference between gender and sex? • How do gender and sex impact the work and health of women and men workers? 	Group discussions
1:00-2:00pm	Lunch	
2:00-5:00pm	The physical work environment: ergonomics, reproductive and chemical hazards <ul style="list-style-type: none"> • The differences between male and female bodies • The impact of different hazards on women and men • What protections are there and are they adequate? (e.g. special protections for women during menstruation, pregnancy, lactation, etc.) 	Hazard mapping in the workplace: Group activity Presentation by Juliana So (CLSN), China Group discussions
Day 2, 19 June 2016		
9:30-11:00am	Mapping of the OSH Situation for women workers in Asia <ul style="list-style-type: none"> • Mapping of health issues of women workers vs. male workers • Legal protections and policies to protect the health of women workers in your country 	Group discussions
11:00am-1:00pm	The psychosocial work environment: violence, discrimination, stress, work-life balance, etc. <ul style="list-style-type: none"> • How we can prevent it and address it more effectively • Definitions, protections in your countries, gaps in protection 	Role plays and discussions
1:00-2:00pm	Lunch	
2:00pm-3:30pm	Strategies to address women workers' health issues: <ul style="list-style-type: none"> • Empowering women workers in the electronics industry in the Philippines through research and advocacy • Campaign on breastfeeding and maternity protection in Malaysia 	Nadia De Leon, IOHSAD, Philippines Sarimah Binti Khairudin, EIEU Malaysia
4:00-5:00pm	Taking action-- What can we do? <ul style="list-style-type: none"> • Prioritisation of issues • Strategies 	Group discussions

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Day One Sessions

Introductions

This meeting is a follow-up to a large regional meeting held last year in Bangkok, where 55 women activists came to discuss the situation of women workers in their country. In terms of OSH, there is a lot of work to be done. Many participants at the regional meeting expressed a desire for more information, research, capacity building and training on OSH to better understand what is happening to women workers.

The purpose of this meeting is to address that stated need. Everyone here will share what is happening in their country in order that AMRC can learn about the type of support it can offer on the OSH issues women workers in each respective country are facing. Everyone here can link up and share information and expertise to collaborate and identify the most important issues on which to work together on.

Agenda Overview

Day one will start with mapping on how gender and sex impact a women worker's health at work, followed by mapping on the OSH situation for women workers across the Asia region. In the afternoon, physical work hazards and health problems will be discussed, followed by a presentation from Juliana So on work hazard issues in China.

Day two will start with a discussion on psycho-social hazards (discrimination, sexual harassment, stress), followed by strategies on how to work on these issues and what other groups are doing to address them. In the afternoon the final session will be a time to brainstorm which specific issues the group would like to focus on going forward, as well as a few strategies on how to advance work on the selected issues.

Need assessment and expectations

First, Participants selected the follow health issues that affect women workers as the most important issues that are currently being ignored:

- Access to health care in their work places
- Breastfeeding
- Contact with chemicals and the diseases that result from overexposure
- Fear or shyness in discussing issues that are considered taboo (menstruation, abortions, infections, pregnancy, STDs)
- Gender sensitivity in regard to OSH standards in the legal code, recognising that OSH affects both sexes differently
- Lack of regulation for existing reproductive health laws for women workers
- Long working hours, low wages, and overtime work
- Pre and post-pregnancy health care needs , including maternity leave
- Mental health
- Reproductive health— good regulation exists but too many companies ignore this regulation.

- Sexual harassment and sexual violence, specifically victim blaming
- Work-life balance and the physical illnesses that result from an improper balance

Next, participants were asked which topics they would like to discuss and learn about over the course of the two day workshop. Answers included:

- Challenges faced by unions and organisations in other countries working for women worker's rights, and how they address these issues
- Electronics industry: safety and health for women working in this specific sector
- Dealing with harassment
- Gender sensitivity: how gender shapes social roles
- OSH health policies and laws in other countries in the region
- Regional advocacy and working on behalf of all women workers
- Strategies for young women advocates to work with women who don't trust single women to advise them on reproductive health issues
- Strategies used to educate women workers on their health issues used in other countries
- Unions: how to start one and how women can participate
- Women's rights in the workplace

Group activity: Discussing difficult issues

A ball was tossed around a circle of participants; whenever someone received the ball, they had to say aloud a word they find difficult or taboo to speak out loud or discuss. After the word was said aloud, everyone else in the circle had to say the word in their own language.

Words shared by participants as difficult to speak about included: vagina, sexual abuse, molestation, menstruation, rape, penis, discharge, trauma, sex, peeing, birth defects, and children with special needs.

Additional issues brought to light included the difficulty of discussing sex and reproductive processes with members of the opposite sex. Many women shared that the women they often work with will describe rape as 'being harassed' to tone down the intensity of the word.

Communication Ground Rules

Workshop facilitators urged participant to use the words they felt were difficult to speak about, rather than euphemisms or slang terms, as a way to leave embarrassment and shame outside and discuss issues frankly. Participants were asked whether or not they felt comfortable with these rules and everyone agreed.

Gender, Sex, Work and Health

Gender was defined as a mentality, inner feeling, appearance and thought-based process that can be changed and is determined by the individual. Sex was defined as biological, decided at birth; the physical features that differentiate male from female. At first many participants stated that sex is unchangeable, but later the group agreed that both sex and gender can change.

Next, participants addressed how sex and gender influence and relate to health and work. Groups gave varied answers and debated whether or not the root of many women's challenges in the workplace and occupational segregation are the result of sex or gender.

For example, do women face sex or gender discrimination when they face harassment from male colleagues or a male boss? Is a woman worker who receives lower wages and a job role that is typically reserved for women experiencing discrimination based on sex or gender? The majority of participants agreed that these are examples of gender discrimination, because there is nothing inherent about a physical woman's body that makes her unable to perform certain tasks. A participant from China countered this argument by saying that Chinese law dictates that women may not work with certain chemicals because female bodies do react to hazards differently. However, do those same physical differences make women better at sewing than men, or is this a gender stereotype?

The lively debate continued throughout the session and brought to light the importance of recognising how social norms push men and women into different industries and roles in factories. Stereotypes about men being more outspoken and women less confrontational lead some factory owners to prefer women workers because they will be less likely to unionise.

In regard to sex, everyone agreed that sex influences work and health when chemicals affect women's reproductive organs in a different way compared to the way they affect male sex organs. Women have pregnancies and STDs affect their bodies differently. For women entertainment workers in Cambodia, lack of access to a female doctor means women will not seek treatment for STDs; these same workers are forced to use drugs and alcohol and women sex workers are often forced to have sex without condoms. Those are two examples of sex based discrimination.

Physical differences between the sexes were deemed responsible for the differences in official retirement age between men and women in many of the countries represented. Is it necessary for the age to be different? In the Philippines, the age is 65 for men and 60 for women; in China, men retire at 60 and women at 50. In India, the age for formal workers are 60 for men and 58 women 58, whereas some occupations have the same age for both (judges and government doctors retire 65 for both genders). In Cambodia men retire at 65 and women at 55; in Malaysia, retirement age is the same (60) for both. In Myanmar, it's also 60 for both. Participants agreed that the age should be the same both genders and that a low age for women often pushes women out of positions of power.

Finally, all groups emphasised the importance of both genders having equal participation and decision making opportunities, because many of the issues that women face are the result of sex or gender discrimination.

Mapping the OSH situation for women workers in different contexts

At the outset of the session, Juliana helped the group to mapping various hazards impacting reproductive health. These included:

- Alcohol and drugs → decreased fertility

- Ergonomic hazards→ strain, heavy lifting, miscarriage
- Heat stress/ high temperatures
- Lack of proper toilet time infections and kidney diseases
- Low pay → economic problems→ not enough money to buy nutritious food
- Low pay → longer working hours→ health problems, including stress and mental problems
- Metal detector used to check employees as they enter and exit people believe this leads to infertility
- No company transportation → long journey to work→ less rest
- Noise → stress and hearing loss
- Night shift → less rest
- Radiation and chemicals → affect infertility
- Stress → infertility
- Unsafe working conditions (not enough exits, no ventilation, locked doors)

Hazard Mapping: Garment, electronic, and service/ entertainment industries

Participants then split into groups to map out hazards for specific industries: garment, electronic, service/entertainment. Each group was given markers to draw their maps with: black: layout of factory, blue: hazards, red: hazards related to women’s health.

Workplace hazards to consider included: ergonomic (eyes, heavy load, strain, tiredness), biological (STD, bacterial), physical (chemical, noise, radiation, dust, machinery, fire risk, etc.)

1. Entertainment/service industry: Karaoke Bar

The karaoke bar is a building with ten floors in Phnom Penh. Once inside, there are service ladies welcoming men in the reception area. There’s a makeup room for workers inside as well. On every floor there are rooms (like a hotel) which each have a sofa, karaoke machine, TV, small table, and drinks and food are brought by another woman. There’s a toilet on each floor and disco balls are in each room.



Ergonomic hazards: loud speakers and disco balls in every room; low salaries require long working hours (4pm to 4am), woman pay \$15-20 for one missed day of work out of \$80-\$100 total per month, and Cambodian legal protections are ignored by employers.

Biological hazards: consumption of alcohol is required for tips and is very unhealthy, no free water and they cannot bring their own, high heels and makeup bad for skin and muscles, no clinics or first aid services, no maternity leave, and forced abortions.

Physical hazards: no emergency exits (only one elevator for 11 floors), women are alone with men in the rooms; angry men get violent if women don't give them what they want, and constant sexual harassment.

2. Garment Industry: Garment Factory

A garment factory in Myanmar has security, offices, a clinic, drinking water, machine area, cutting and packing and QC, sewing, storeroom, supervisor's room, canteen, reception, and restrooms.



Ergonomic hazards: security guards are men and 90% of workers are women who feel uncomfortable during security checks.

Biological hazards: clinic lacks enough proper medicine and experienced doctors, canteen food is low quality, and restrooms are cramped and unclean without properly cleaned toilets.

Physical hazards: improper ventilation and no air-conditioning where the workers are, workers don't know what chemicals are sprayed on the clothing,

raw materials and finished goods stored in the same room, dust and noise and long periods of sitting in the sewing room, and employees wear the same uniform to and from home (secondary exposure for people at home).

A garment factory in Cambodia has security and scanning checkpoints outside; two buildings comprise the factory. Cloth is first brought into the factory, where it is sent to the cutting factory and workers cut them with machines and by hand. Next is quality check, then to sewing, next buttons get put in, then to ironing, and then packing. There's an office for the admin and finance department and an employer's office.



Ergonomic hazards: seamstresses have to sit for long periods of time, ironing room is very hot, and all packing workers stand while packing.

Biological hazards: clinic is 'symbolic' and only open when the inspector comes, toilet is far outside the building and there aren't enough toilets for all of the workers, water or soap missing from the toilets, owners only clean the toilets when there's an inspector, drinking water is unhygienic, and there is no canteen.

Physical hazards: chemicals get on worker's hands when they are cutting the cloth, needles can break and hurt people sewing, buttons process is dangerous, doors are very small and there's only one exit and they never open the windows because they don't want the product to be taken out.

3. Electronics Industry: Electronic Factory

The first company manufactures chips and transistors; 80% of workers are women. The factory has a sewing room, assembly line, finishing section, plating, x-ray, QC x-ray, warehouse and office. There are four toilets and changing rooms in which you can drink water. This company uses robotics, so people can freely use restrooms.



Ergonomic hazards: employees stand for long periods of time, QA area is hazardous for the eyes, stress and strain at the warehouse and in the office, and the temperature is controlled for the product, not the employees.

Biological hazards: smell of chemicals at the plating section

Physical hazards: dust, masks are worn to protect the product (not the workers), loud noise at the finishing machine, radiation at the x-ray, and there is chemical waste at the water treatment plant.

Another electronics company does assembly for Panasonic, Nikon, and uses line production. Workers stand around 12 hours with 8am to 10pm shifts. Migrant workers receive the fewest rights and the factory employers treat them differently from the unionised local employees.

Ergonomic hazards: 500 people work during the overnight shift, testing 1000 units per day causes serious stress, management gives low quality chairs to office workers that back pain, and they use weak overhead lights and poor computer screens.

Biological hazards: clinic inside the factory is not open overnight

Physical hazards: employees have to use glue and they do it without masks or gloves, employees only wear masks during the inspections, one incident involved the warehouse at 48 degrees and management didn't do anything until the Indonesian union spoke up, and the QA area where they do sound testing is very loud.

Hazard Mapping Discussion

Participants shared dozens of examples of hazards experienced by themselves or women they've met in factories. For example, workers in every industry have strained eyes if they are looking into microscopes or working with small parts for long periods of time under improper lighting. Many times people in a

factory are given bottles to mix together and the bottles aren't labelled, despite this being required by law.

In one company, there's a safety and health officer who can call an industrial doctor to come and check the person's issue. Can you trust the doctor sent by the factory who tells you that it's your family history, not the factory that is causing your hearing loss? People need to have the knowledge to challenge the doctor. With cancer, employees have no ability or knowledge of how to sue management or a company for health and chemical caused illnesses.

Presentation: Occupational Poisoning of Women Workers in China

By Juliana So, China Labor Support Network (CLSN)

- Two women who died of chemical poisoning offer tragic examples of the high medical cost of treatment (not covered by the factory) and women not offered protection from their factory owners. In China, the Law on Prevention and Control of Occupational Diseases passed in 2002, but it is not applied uniformly and fairly.
- We need to identify the physical differences between male and female bodies, to be able to assess how chemicals affect them differently. For example on average, men can handle heavier physical loads easily due to larger skeletons and more muscle mass. Women's bodies may absorb toxic chemicals more easily as they have a higher proportion of body fat. Women have fewer red blood cells, a lower vital capacity, and their thoracic respiration and their reproductive system is more sensitive.
- Occupational poisoning and reproductive hazards:
 - Cadmium causes reproductive cell mutation cause genetic damage. Chemicals can cause infertility, spontaneous abortion, risk of pregnancy and childbirth complications.
 - Pregnancy-induced hypertension syndrome (preeclampsia) is common for women workers who contact benzene, toluene, gasoline, carbon di-sulfide, etc.
 - Toxicity on embryo (birth defects) during the first three months the effects of poison are the greatest, poison this early can lead to growth retardation. In the first six weeks, chemicals can cause problems with the central nervous system.
 - Hazards to the placenta: certain chemicals like lead, benzene, vinyl chloride, carbon monoxide can be transferred to the foetus through the placenta barrier. Certain chemicals can stop the transfer of amino acids through the placenta.
 - Hazards to breastfeeding: the chemical goes through the mother's milk to the baby.
 - Some chemicals like acids cause skin and lung problems but they don't cause problems for reproductive health.
- Regulations on occupational poisoning prevention for the '4 stages' of women workers in China include specific laws for women, labour contract laws, and regulations for the protection of female employees.
 - In China, the '4 stages' for women workers are defined as: menstruation, pregnancy, delivery, and breastfeeding. Each stage has different rules and regulations addressing what women can/cannot do and which protections they are entitled to during each period. During the

foetal development process, it takes 4-8 weeks for women to realize they are pregnant, at which point much damage could already have been done. The best way is to prevent exposure, for women who are expecting to have a baby should request to move from that position to another (in principle) but this isn't the reality because women fear getting fired.

- Countries that have regulations for female workers specifically: India (not a separate law but included), Indonesia, Malaysia, & China
- Countries that have regulations concerning the female employees and the areas they are prohibited from working in: China & India
- In China, pregnant female employees are prohibited to work in a place where the concentration of lead and mercury (among many others) in the atmosphere exceeds the national health standards. Women who are exposed to these hazards should have access to pre-service, in-service and occupational checkups. In reality, 30% of women still engage in dangerous jobs (listed as Level 3 or above on the regulations) during pregnancy, 18% still work overtime while heavily pregnant, and 10% still work night shifts while heavily pregnant (7 months or above).
- In Indonesia, women are restricted from working from 11pm-7am. In Cambodia, women are excluded from 10pm-5am. In Malaysia, 7pm-7am off limits. In the Philippines, no work for women from 10pm-6am plus 16 weeks total time off for pregnant women, in India night work is prohibited for women in certain sectors.
- Gender differences, social status, and rights defending for women workers
 - The proportion of men and women who have joined an injury insurance programme in China is not proportional to the percentage of men and women employed in urban areas. It's more difficult for women to fight for statutory insurance.
 - Women who receive maternity insurance will stay at their job if they become pregnant, rather than leave like women who do not have insurance. They will also not receive appropriate pre-birth care or discover possible hazards.
 - Reasons for men and women not joining the workforce are very different: more men study, whereas women stay home to do housework. Women have lower education standards, especially in the village, so it's more difficult for them to recognise occupational hazards. Traditional values in terms of the gender division of labour lead women to drop out rather defend their rights.
 - Pressure on women to be caregivers for children places a higher burden of labour on them. Women workers who are sick from chemical poisoning fear they will have fewer chances of getting married and having children if their condition is known. Women with children on the other hand, are more steadfast in fighting for medical checks for their children.
- Exploration of other aspects related to women workers' health issues:
 - Influence of marketization of medical services: this started after the 1980s, now it's more difficult for workers to get hospital services, women aged over 50 have more medical needs than men do.
 - Gender differences in drug efficacy: drugs are often only tested on male bodies, but some drugs may have different or adverse effects on women.

- What about demanding that all women are not exposed to hazards in the first place? This could empower women workers in knowing it is their right to be protected from hazardous chemicals.

Day Two Sessions

Overview from yesterday

Participants discussed barriers and challenges faced by educators when discussing health issues with women workers; men also experience the same kind of shame and shyness when discussing their own bodies. The differences between gender and sex were also discussed and how they impact the kind of work advocates do and the health problems that result. Women have different stages in their reproductive life and in some countries there are regulations and protections in law and policy that address and provide certain protections.

Mapping of legal protections on OSH for women workers in our countries

Participants mapped out the legal protections codified into the laws of their home countries in regard to the following three categories:

1. Protections related to maternity
2. Protections related to women workers' health in the work environment
3. Protections related to sexual harassment/work-life balance/ stress/ sexual violence

Participants from every country added their laws to the charts and additional information will be added after the workshop. Completed charts will be shared with all participants.

The psychosocial work environment: discrimination, violence, stress, and work-life balance

Discrimination

Discrimination is the unjust treatment of people based on sex, religion, gender, race, nationality, sexuality, or age, among others.

Participants shared dozens of examples of discrimination they have learned about or experienced themselves, including:

- Women fired once pregnant with the excuse of the employer not wanting to renew her contract
- Unfair treatment of union members and disabled people
- Call centre agents have their sanitary pads checked to make sure they are not pregnant in the Philippines and in Cambodia
- Employees have to sign a contract that they will not get married or pregnant (Philippines, migrant workers in Malaysia & Indonesia). Some cases of this recorded in China, despite being illegal.
- After maternity leave, it is difficult to get a promotion
- Married men get allowance and women don't receive it even if they are married in Indonesia

- Men get tax breaks and women don't in Indonesia
- Factory employers (Thai & Chinese) know that Burmese women don't speak up about harassment in Myanmar
- Factories prefer young girls from rural areas or women who've already married and had children,
- Informal workers have no protection and face all these forms of discrimination, pregnancy tests, inadequate breaks (India)
- Menstruation is listed as a type of sickness, so companies require certification from a doctor (Malaysia)

Strategies for combatting discrimination include empowering women to open up and share their experiences, can create a feeling of solidarity and comfort and then they stop fearing losing their job and can address the harassment.

Violence (harassment, sexual harassment, gender based violence)

Harassment is any verbal/non-verbal or mental abuse that makes the victim uncomfortable and includes their rights not being respected. Harassment takes place without the victim's consent.

If a behaviour is unwanted it is harassment. The intention of the person doesn't matter; the issue is how the woman feels. Harassment involves an abuse of power against a victim's consent. As a result, victims fear losing a promotion, being fired, losing face, or offending respected elders.

Sexual harassment is harassment of a sexual nature, can be verbal or physical (touching).

Gender based violence is a form of discrimination, and refers to all acts committed against women that cause physical, psychological, mental, or economic distress or suffering.

Participants shared many examples of violence they have experienced or hear other women workers as having experienced:

- A Chinese boss giving a physical greeting every morning to Filipino women workers. The same boss also made the women who worked at the front of the factory line sleep with him. They formed a union and fought back.
- Entertainment workers cannot refuse physical advances because they need tips and they face violence from customers and employers.

Strategies for combatting violence include educating women about the law, providing them a support network, getting workers talking about the issues and their rights, getting women working together and providing a space for everyone to advocate together.

NGOs can provide spaces for women to have free childcare and can provide counselling to couples and families as they learn to schedule their lives together. Women can share their stories of abuse together and stick up for each other when someone lodges a complaint.

There are many examples of women not being able to claim their rights and address stress, discrimination, sexual harassment, and violence because there are so many different reasons and factors involved in addressing these issues.

Stress

Stress is the result of strain from certain hazards, and can have serious physical and mental health effects. Physical stress can result from standing too long or straining your eyes in bad light. Mental stress comes from relationships and harassment. Stress can be caused by an infinite number of hazards, including long working hours in addition to overtime. In terms of reproductive health effects, stress causes women fertility problems or they may choose to postpone pregnancies. Stress negatively affects menstruation and can lead to irregular or painful periods. Women experience high levels of stress will have difficulty taking care of children, enjoying a romantic relationship, relaxing and enjoying life.

Work-life balance

Work-life balance refers to the concept of proper prioritisation between work and home (family and leisure time). Many women workers leave work to go home and take care of children after working 12-14 hours, which contributes to stress. Women are often expected to do housework once they are back home because many husbands assume that women are responsible for housework. Women often work more hours than they are legally allowed to because they want to earn more money. Without a healthy work life balance, there's no recreation or time to relax.

Taking action—What can we do?

This final session involved two guest speakers sharing how their organisations have been able to work on OSH issues for women in their specific context. These specific strategies will give participants an idea of how advocates have worked to improve women worker's rights and how their strategies could be adopted in another country context.

Strategies to address OSH issues of Women Workers in electronics factories, Philippines

By Nadia De Leon, from the institute for Occupational Health and Safety Development (IOHSAD, Philippines)

IOHSAD conducted a survey on reproductive health and sexual harassment issues of women workers in the Philippine Electronics sector. The objectives of the project were to identify the reproductive health concerns among women workers and how these issues are being addressed by individuals, the company, and workers organisations.

The survey was designed and conducted in the following way:

- IOHSAD recruited women leaders of the workers unions and active members of committees to design the survey, and conduct the interviews. The women workers from the electronics companies were the survey enumerators.
- The survey respondents that were chosen have been working in the companies for 16-20 years

- Survey respondents were engaged in actual production and produce sensors for automobiles, radar facilities, communication devices, main board for printers and USB flash-disks.

The survey covered the following issues: reproductive health issues during pre, during, and post pregnancy stages, hazards in the workplace, capacity of the women leaders to address reproductive health issues, and sexual harassment cases.

Survey Results: List of common reproductive health concerns:

- 61 out of 200 women had miscarriages,
- 101 out of 200 women had UTI infections,
- companies give little or no consideration to pregnant women workers,
- companies lack support for women workers during post-pregnancy state, breastfeeding programs and how to balance work and family,
- and reports of women getting varicose veins in the ovaries due to ergonomic factors.

Post Survey Women Workshops: Safety, Health, Organisation and Policies

They shared the results and invited medical professionals, policy makers, and advocates to analyse current issues. Women workers shared their working conditions and drafted plans on how to resolve OSH issues in their workplaces.

Participants created their own advocacy plans to conduct data gathering and social investigation on their own, build community and get to know their issues in a social and collaborative process. Next they would study the union's history and how it has confronted OSH issues in the past. Then they got new unions to partner with the more experienced ones, which provided assistance to the new union to deal with the challenges that they faced. Next, the women decided to hold regular meetings and troubleshooting sessions, use various social media platforms to keep union updated, ensure the workers are constantly aware of the concrete results and development in the project (keep morale high) and link up with medical professional, OSH advocates, and women advocators to have them be a part of the OSH advocacy campaign.

Initial gains

- The company was forced to set up a separate room for breastfeeding employees.
- Identified most urgent OSH issues, but still have many things to do like gather more data, consult with a toxicologist, paralegal training for women to learn about health compensation issues.
- The formation of health and safety committee in the companies.
- The women leaders more confident, equipped and determined to start working on addressing the OSH issues at their workplace.

Strategies to address women workers' needs at the workplace

By Sarimah Binti Khairudin, Women's Committee Member of EIEU-SR

In Malaysia, their union has different committees in different factories, made of women employees who work at said companies. Activities organised by the women's committees included a breastfeeding initiative, which asked for separate rooms and refrigerator for women employees, as well as hiking and fitness trips. Goals for 2016: create committees for the southern region and for each company, plan more activities for all women committees in each company, and increase learning and education and advocate to change maternity leave to 90 days maternity leave (currently at 60 days) through the local government.

Prioritisation of issues and strategies going forward

It is important to look at different countries and see if there are lessons to be learned in places that have implemented certain programming already. AMRC is going to do a very large mapping of the protections in terms of maternity, sexual harassment and working conditions and compare all of the laws and regulations across the countries.

Of course, every organisation and union has different priorities concerning OSH depending on their own context and their industry. AMRC recognises this reality, nonetheless it would like to get an idea of any common issues of interest or priority on which it could collaborate with partners, whether through research, through training or information sharing. Therefore next, issues everyone is interested in working on further need to be selected. Some issues were listed and groups voted on which they would choose to prioritise:

- **Studying work related mental stress on women (5 votes)**
- **Maternity leave /increasing length and related protections (3 votes)**
- Pregnancy discrimination (2 votes)
- Discrimination against union members (2 votes)
- Dangerous jobs (1 vote)

Participants then split into groups to discuss possible strategies to take in addressing these two issues, either within their own organisations or collaboratively with each other or with AMRC.

Planning strategies for working on *Maternity leave issues*

One strategy starts with an educational campaign and awareness-raising on why a long maternity leave is important, with a focus on breastfeeding. This approach focuses on the need of a child. The first step is information gathering and research: advocates can pool reasons why longer maternity leave is important and bring in examples of other countries that have longer maternity leave.

Next, women committees in the union form a network of unions who agree on the maternity issue and work to push for 6 months maternity leave. Unions that don't want to agree will be exposed as not being pro worker.

As a network, AMRC can come up with a list of common counter arguments and how counter arguments could be addressed, including for when people bring up examples about how increasing maternity leave had negative effects in other countries.

Participants can create an alliance to call for maternity leave, with a statement of unity and launch an awareness campaign together to unite membership and other workers. Women themselves can build up their democratic women's leadership; we are going to have to work with men, but we shouldn't wait for men to speak for us.

Notes: The number of days of leave is not important, and concerns were raised about 6 months being too long for Cambodia (the country is not ready for 100% for 6 months yet). Instead, it's important to educate women workers on why you're calling for a longer leave in the first place. Another idea would be to assess the strength and the capacity of the unions to go for 6 months; if the target seems too high, you could try and work for other demands, like maybe 100% instead of 50% pay in Cambodia. One step at a time. In collective bargaining, we start with 90 days, as to not shock the employer. There are different strategies here, either start high or start closer to what you're going to get.

Planning strategies for working on *Work related mental stress on women*

The biggest causes of stress are low wages and job insecurity, so participants can come up with suggestions for unions to run programmes to train people on how to handle work related stress. Medical experts can advise workers, so that members of health and safety committee could entertain workers' problems. When workers are stressed, they talk to co-workers, who also don't know what to do. Worker counsellors could alleviate this issue.

Companies should provide counselling at the workplace so that people don't have to be alone when they are stressed. For example, in Thailand, international companies have a yoga class after a long work day and the staff can go for free. Another company has its waitstaff do a small dance as entertainment for guests and stress relief for workers too.

Some countries have been doing work on mental stress and participants can learn from them to understand their strategies and how they are working on those issues. If there's an existing mental health law in other countries, it could be used an example in another country to help workers who are stressed. A law would be important because it would outline the responsibility of the employer if their worker is diagnosed with a mental illness.

Advocates could collect the stories of women, who were injured or stressed, through a workshop, and offer support to women who are sharing these difficult stories. The outcome of the workshop will be that workers will understand where the mental pain is coming from so that they can start to identify and address the cause. At the end of the workshop they encourage workers to present dramas of their experiences of what they have suffered.

Advocates need to define what mental stress means because everyone has a different idea or definition.

Next, they need to do scoping and talk to more women workers to identify the working conditions before they were injured to identify the causes of stress.

Mapping out the existing definitions of and policies for, in different countries, regarding compensation and legal protections for mental illnesses and stress, needs to be done first and AMRC can assist with this.

Conclusion

AMRC concluded by thanking all participants for participating and sharing their work, experiences and expertise on OSH issues for women workers. AMRC commits to following up on the issues and strategies suggested by participants. The initial step would be to produce the comparative study of OSH standards and protections in the different countries for women workers.

Charts

See [Chart on google sheets](#) (click to follow link).

Appendix

See shared [google folder](#) for powerpoints and other resources.