**Request for inputs for the thematic report of the UN Special Rapporteur (SR) on the implications for human rights of the environmentally sound management and disposal of hazardous substances and wastes**

**“Gender and Toxics”**

| **NO.** | **KEY QUESTIONS AND INPUTS SOUGHT** | **INPUTS BY LINE AGENCIES** |
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|  | Are toxics and harmful substances, including at work, in or near communities or in the home, harming the health and/or wellbeing of women, girls, men and boys and other people in gendered ways? Health impacts could be on fertility, pregnancy health, timing of menarche and menopause, fibroids, sperm quality, mental health, obesity, cancers, among others. Wellbeing could include economic or cultural factors, for example. | Within the purview of the Department of Occupational Safety and Health (DOSH), there are seven documents consisting of acts, regulations and guidelines pertaining to workers, human rights, and harmful substances irrespective of gender, as the following:   1. Occupational Safety and Health (Use and Standard of Exposure Chemical Hazardous to Health) Regulations 2000 (USECHH Regulations) 2. Occupational Safety and Health (Classification, Labelling and Safety Data Sheet of Hazardous Chemicals) Regulations 2013 (CLASS Regulations) 3. Industry Code of Practice on Chemicals Classification and Hazard Communication 2014 (ICOP CHC 2014) 4. Draft OSH (Safety, Health and Welfare Regulations) 202X 5. Guidelines on Reproductive Health Policy & Programmes at the Workplace, 2002 6. Guidelines on Medical Surveillance Programme at The Workplace 2023 7. Occupational Safety and Health (OSHA) (Amendment) Act 2022, Section 26A - The right of employees to remove themselves from the danger or the work if the employer fails to take any action to remove the danger.   Malaysia has ratified the International Labor Organisation (ILO) C187 -Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187) in 2012 and is going to ratify the ILO C155 - Occupational Safety and Health Convention, 1981 (No. 155) soon. Under the promotional framework for OSH Convention, Malaysia is promoting the right of workers to a safe and healthy environment. In its national policy, Malaysia encourages the organization of employers and workers to promote basic principles such as risk assessment, evaluation and control of the risks as well as taking or developing preventive measures from technical control, and organisational control including training, consultation, and information.  Under the CLASS Regulations, chemicals which can cause harm to breast-feeding women and foetus are considered in the classification of hazardous chemical. The United Nations GHS classification is integrated into the CLASS Regulations taking into consideration all hazard classifications which can affect women and foetus such as reproductive toxicity, carcinogenic, mutagenic, and teratogenic. Risk assessment requirements under the USECHH Regulations also consider susceptible persons such as women and elderly persons.  Following a recent chemical incident, the MOH conducted a descriptive study on adverse pregnancy outcome and found that there was no significant increasing trend of adverse pregnancy outcome. |
|  | Examples of how governments have increased gendered harms of toxics and harmful substances by failing to meet their human rights obligations. | Under the Occupational Safety and Health Act (OSHA) amendment 2022, there is a provision to remove oneself from the workplace if the workplace is likely to cause significant risk arising from chemicals used at work and if an employer fails to remove the risk from the workplace. |
|  | If and how gender creates greater exposure or vulnerability to toxics or harmful substances, perhaps because of gendered restrictions access to protections like political power, regulations, safer work, or education/information (because of forced or early marriage or restrictions on girl child education, for example). | The Guidelines on Medical Surveillance Programme at The Workplace 2023 emphasises on the removal of workers exposed to harmful chemicals which can cause damage to breast-feeding workers and foetus; and placement at other workstation which are free from harmful chemical substances. The worker can be returned to the respective workstation upon cessation of pregnancy and breastfeeding.  Regulation of workplace or education does not differentiate between genders. However, there are certain policies that protect pregnant ladies (and foetuses) from being exposed to a certain level of harmful substances.  Activities such as vector control activities, laboratory procedures and cleaning activities require chemical use, whereby exposure to the chemicals such as organophosphates can cause abnormal primitive reflexes in new-borns, mental and motor delays in pre-schoolers and some other neurodevelopmental effects in later life. To ensure the safety and health of female workers involved, a Medical Surveillance programme has been implemented under the Use and Standard of Exposure Chemical Hazardous to Health Regulations 2000 (USECHH Regulations). This regulation was made to provide a legal framework to control exposure of chemical hazardous to health at workplace. Females who are pregnant and lactating will be temporarily removed from work (Medical Removal Protection – MRP) to ensure the safety and health of the newborns.  Ionising radiation is used commonly in diagnostic imaging, radiotherapy, nuclear medicine, forensic and medical research. For those who are working in these fraternities, they are included in a Radiation Protection Programme implemented under Atomic Energy Licensing Act 1984 (Act 304). Special consideration is given to pregnant female workers to ensure safety and minimise radiation exposure. Significant effects of exposure to ionising radiation during pregnancy include miscarriage, stillbirth, malformation of the foetus, mutagenic and carcinogenic effects. |
|  | Have failures to include environmental health in sexual and reproductive health education at schools and in public health eroded progress on gendered harms of toxics and harmful substances and the right to information and quality education? If so, how? | The Ministry of Education Malaysia has revised the Health Education curriculum which consists of sexual and reproductive health education since 1989. In 2011, Reproductive and Social Health Education (*Pendidikan Kesihatan Reproduktif dan Sosial* / PEERS) is taught through the Health Education curriculum in primary and secondary schools under Ministry of Education Malaysia.  PEERS is a curriculum-based process of teaching and learning about the cognitive, emotional, physical, spiritual and social aspects of sexuality emphasizing psychosocial competence. PEERS is incremental, age- and developmentally-appropriate, curriculum-based, comprehensive, culturally relevant and context appropriate which contribute to safe, healthy, positive relationships.  The inclusion of environmental health in sexual and reproductive health education is crucial for addressing gendered harms of toxics and harmful substances, as well as promoting the right to information and quality education. Thus, environmental health is integrated into various disciplines such as **Health Education curriculum** which can contribute to progress in several ways:   1. **Empowerment and informed choices:** Environmental health education empowers individuals, especially women, to make informed choices about their reproductive health. This knowledge enables them to identify and mitigate potential risks associated with exposure to harmful substances. 2. **Advocacy for environmental justice:** Education on the intersection of environmental health and reproductive rights encourages individuals to advocate for environmental justice. This is essential for addressing gendered harms, especially in marginalized communities where the impact of toxins may be more pronounced. 3. **Holistic understanding of health:** Integrating environmental health into sexual and reproductive health education promotes a holistic understanding of health. This approach recognizes the interconnectedness of environmental factors, reproductive health, and overall well-being. 4. **Support for Sustainable Development Goals (SDGs):** By incorporating environmental health, educational programs contribute to the achievement of Sustainable Development Goals, particularly Goal 3 (Good Health and Well-Being) and Goal 5 (Gender Equality). Addressing gendered harms of toxics requires a comprehensive approach that considers both health and environmental factors. 5. **Prevention of reproductive health issues:** Education about environmental hazards and harmful substances can contribute to the prevention of reproductive health issues. This proactive approach helps reduce the incidence of gendered harms associated with exposure to toxins. 6. **Reduction of disparities:** Inclusion of environmental health in education helps bridge information gaps and reduces disparities in knowledge about the impact of harmful substances. This is particularly important in ensuring that marginalized groups have access to the necessary information and resources to protect their reproductive health. 7. **Promotion of sustainable practices:** Environmental health education encourages responsible and sustainable practices that benefit both reproductive health and the environment. This can contribute to long-term progress in mitigating the adverse effects of harmful substances.   In conclusion, the inclusion of environmental health in *PEERS* through Health Education curriculum by the Ministry of Education Malaysia plays a vital role in advancing progress on gendered harms of toxics, protecting the right to information, and promoting quality education. It empowers individuals, fosters advocacy, and contributes to a more comprehensive and sustainable approach to health education. |
|  | Is uncertainty about potential harms or a lack of information about the impacts of a particular industry or producer of toxics or harmful substances causing harms? If so, how? | Uncertainty can arise due to various factors such as incomplete information, variability, complexity or unpredictability of a situation. Health education in this matter shall be optimised to elucidate uncertainty on potential harms which in turn increases literacy on toxics harms. There is more room to garner information based on research and insights related to be strategically used for developing programmes and activities aiming to reduce uncertainty.  Lack of information about health impacts of a particular industry may cause occupational health diseases, regardless of gender.  Under the Use and Standard of Exposure Chemical Hazardous to Health (USECHH) regulation, the employers at the workplace (industries) need to conduct risk assessment if chemical hazardous to health (CHTH) are being used. From the report of the risk assessment, employers must take action to control exposures to CHTH. The control measures could range from organisational control, technical control, emergency response preparedness, medical removal and training. Industries need to comply to both the USECHH and CLASS Regulations to identify risk arising from harmful substance or CHTH. |
|  | Is a lack of (scientific or community-created) information, generally and in specific locations, holding back progress in protecting people from gendered harms from toxics or harmful substances? If so, how? | In complying to the USECHH Regulations, industries among others, need to conduct risk assessment at work, to prepare and provide safety data sheets of chemicals at the workplace. These will enable industries in protecting people from toxics or harmful substances. On top of that, Malaysia encourage consultation among employers, employers’ organisation and non-governmental associations to promote basic occupational safety and health principles in parallel with the ILO C187.  Generally, there is a need to deepen scientific/ community-created information to retrieve insights, diagnose, as well as develop health campaigns to increase the awareness and encourage behavioural change in the community towards the effects of gendered harms from toxics and harmful substances.  Information on the harms from toxics or harmful substance is disseminated to the public with no particular focus given on the effects of the gendered harm. This is to make sure that the public can take the necessary precaution to ensure their safety and health regardless of their gender. |
|  | Are there examples of how the status of individuals of particular assigned or identified gender intersect with other factors such as income, race, caste, immigration, Indigenous status, migratory status, nationality, membership of a minority group among others, may make them more vulnerable to toxics and harmful substances? | Under Article 5 and Article 8 of the Federal Constitution of Malaysia, basic fundamental of human rights are outlined focussing on equal protection of the law (no discrimination on the ground of gender, race, religion etc).  Certain genders, along with other factors may make them more vulnerable to toxics and harmful substances. For example, indigenous children may be exposed to certain harmful substances when they consume contaminated river water. However, health officials often engage with their community to inform about the dangers whenever required/ needed. |
|  | Is the climate crisis worsening gendered harms from toxics and harmful substances? If so, how? | Climate crisis by means of extreme weather events, may increase harms from toxics and harmful substances, via aggravating the risk of health impacts. The harms may increase towards vulnerable population such as women, pregnant ladies, children and the elderly.  In this regard, to ensure that development does not impact the environment negatively, close monitoring of river water/ bodies of water located in the development area is continuously done before, during, and after project development by the project proponent. |
|  | Is industry action, such as advertising campaigns, lobbying, or corruption worsening gendered harms from toxics and harmful substances? If so, how? | No relevant evidence/ information is available |
|  | Is activism and investigative journalism regarding the harmful toxic makeup of products gendered? How may have the consequences of involvement in activism and investigative journalism differed for men and boys,women and girls or one’s gender identity or sexual orientation? | No relevant evidence/ information is available |
|  | How have retrogression or backlashes on the rights of women and girls and the rights of LGBTIQ+ people at national, regional and international levels, impacted the gendered harms from toxics? | Retrogression or backlashes if any had insofar unrelated to impact gendered harm from toxic and its health effects. |
|  | Examples of how community-based organizations or solidarity movements have successfully worked to reduce gendered harms from toxics or harmful substances, through building power, legislation, pressure on companies or community education, for example. | Irrespective of gender, Malaysia encourages movements or non-governmental associations to promote basic occupational safety and health principles in parallel with the ILO C187.  Community based organisations/ solidarity movements are not restricted to provide the public on the information on gendered harms from toxics or harmful substance to increase awareness.  The government conducts Community Based Disaster Risk Management (CBDRM) to provide insight, knowledge, and awareness to the community and prepare them to respond towards exposure to harmful substances. |
|  | Examples of how governments have addressed gendered harms of toxics and harmful substances, through regulations, training of medical and/or other public health practitioners or grant making, for example. | Under the USECHH regulations, there is a provision which requires employers to give information, instructions and training to all workers pertaining to chemicals once in two years. The Guidelines on Medical Surveillance Programme at The Workplace 2023 is published to guide employers and medical practitioners especially Occupational Health Doctors in complying to the USECHH Regulations. This guideline emphasises on the removal of workers exposed to harmful chemicals which can cause damage to breast-feeding workers and foetus; and placement at other workstation which are free from harmful chemical substances. The worker can be returned to the respective workstation upon cessation of pregnancy and breastfeeding.  The government, from time to time, improves guidelines and protocols for government agencies in management of chemical incidents and increase the numbers of trainings and simulations for public health specialists, which include trainings on mercury related issues and subspecialty of toxicology. There is also capacity building of Environmental Health Officers (EHO), who are trained in the knowledge of environment and toxic substances. |
|  | **Suggestion from DOSH:** | **To collaborate and integrate these issues with the working groups under United Nations Economic and Social Council’s Sub-Committee of Experts on the Globally Harmonized System of Classification and Labelling of Chemicals (UNSCEGHS).** |

Note:

* Reports, academic studies, and other types of background materials can be attached as an annex to the input.
* Please limit your contributions to a maximum of 2,500 words.