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WOMEN: THE DRIVING FORCE OF HEALTHCARE

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WOMEN IN HEALTHCARE

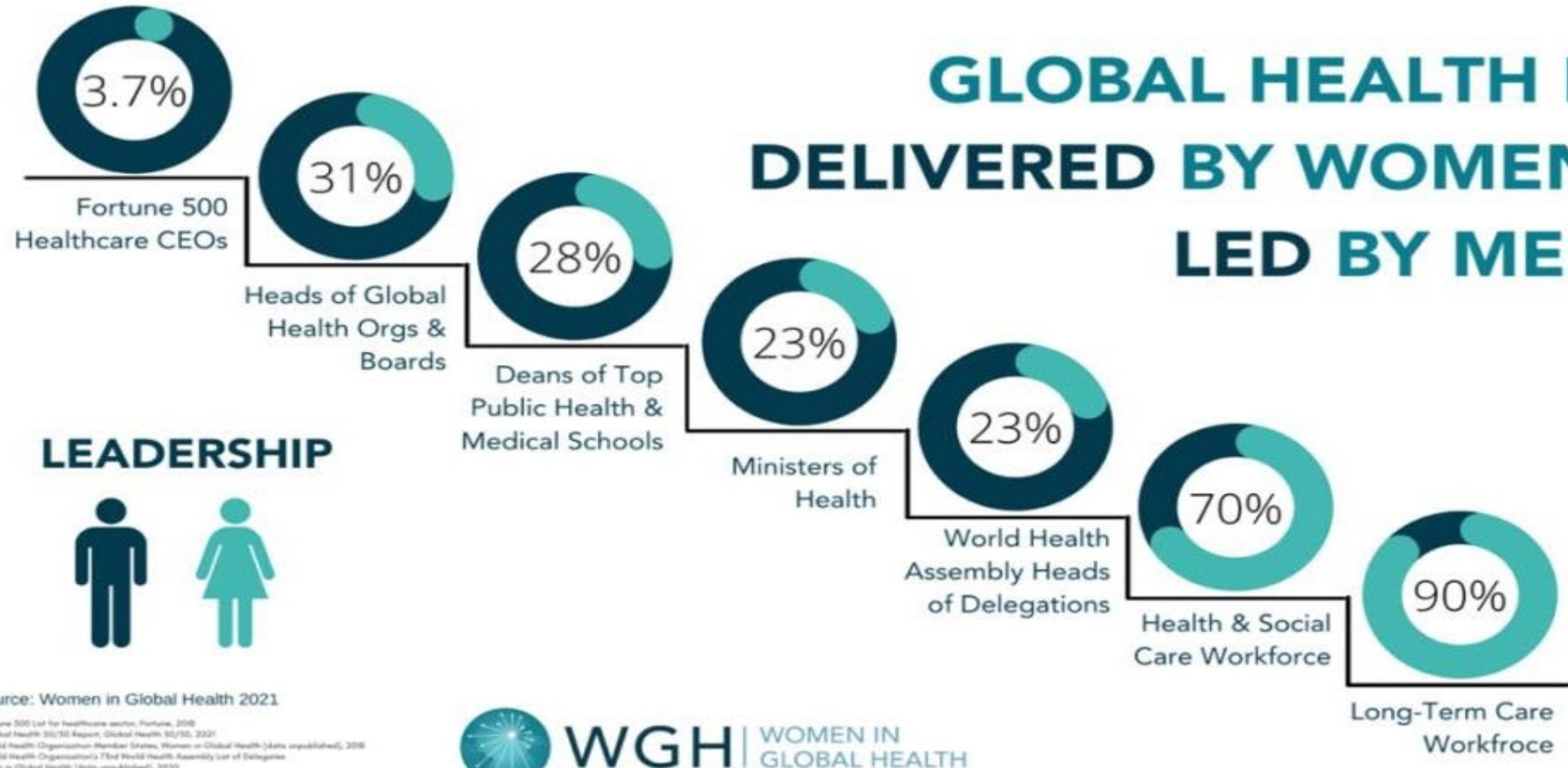


According to the World Health Organisation (WHO) :-

- Women account for 67% of the global health and social care workforce with 90% in patient-facing roles.
- Women are estimated to provide essential health services for around 5 billion people worldwide.
- The annual monetary value of women's input into health systems is estimated to be over USD3 trillion. (5% of Global GDP)



GLOBAL HEALTH IS DELIVERED BY WOMEN, LED BY MEN



LEADERSHIP



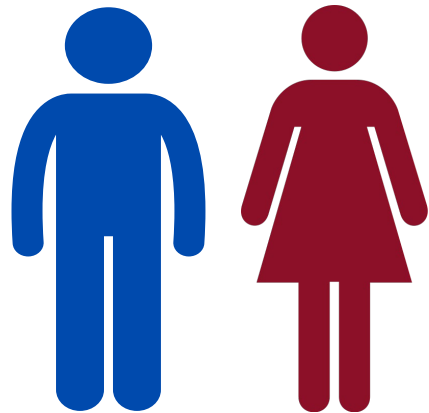
Source: Women in Global Health 2021

1 Fortune 500 List for Healthcare sector, Fortune, 2018
 2 Global Health 50/50 Report, Global Health, 50/50, 2021
 3 World Health Organization Member States, Women in Global Health [date unpublished], 2018
 4 World Health Organization's 73rd World Health Assembly List of Delegations, Women in Global Health [date unpublished], 2020
 5 QS World Ranking 2018: Top 25 Global Universities for Public Health and Medicine, 2018
 6 Improving employment and working conditions in health services, International Labour Organization, 2017





LABOUR FORCE PARTICIPATION RATES IN MALAYSIA



- Women make up 50% of Malaysia's population, yet the country has one of the lowest female labour force participation rates (LFPR) among upper middle income countries.
- Malaysia's female labour force participation rate stands at 56.5% (as at Nov 2023) while male labour force participation rate is 83%.

83%

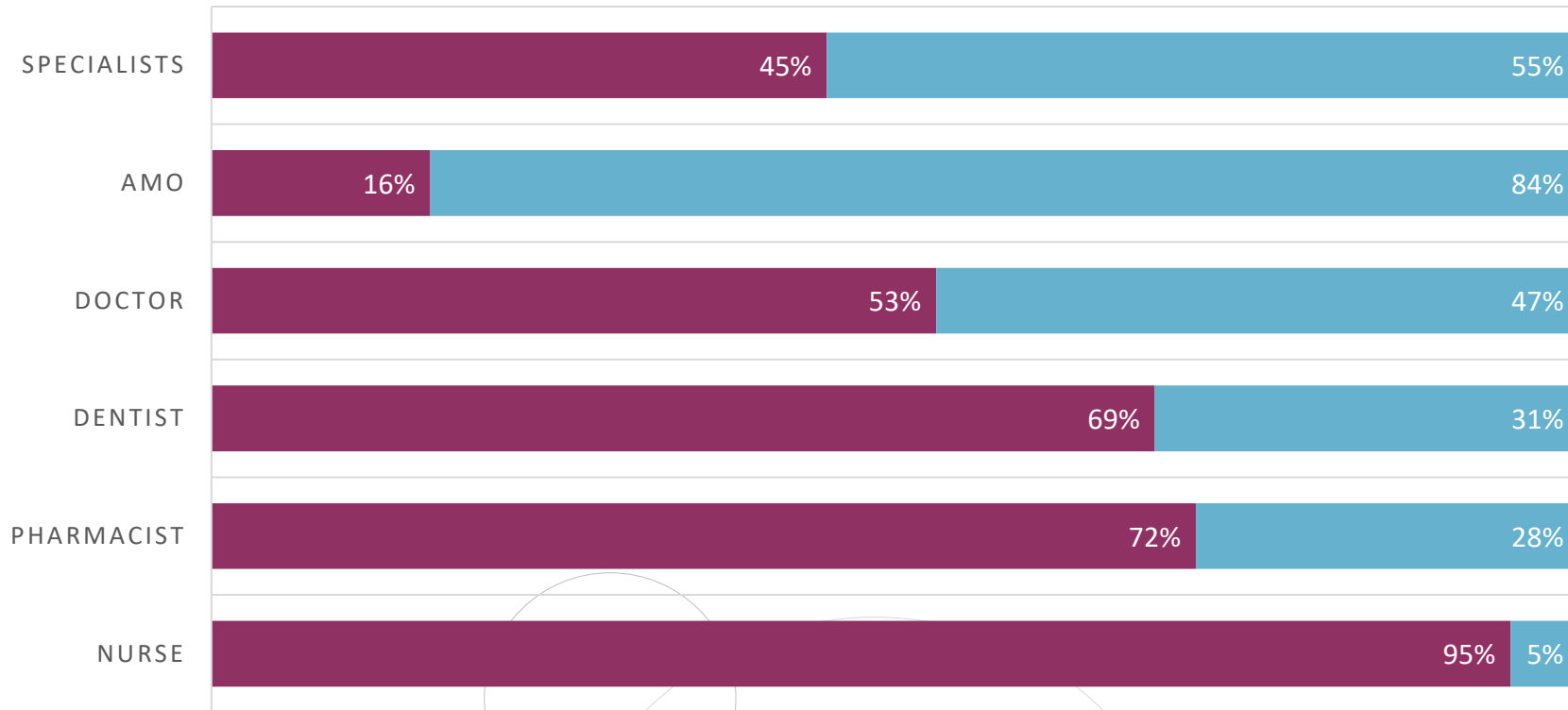
56.5%



IN MALAYSIA...



MALAYSIAN HEALTHCARE WORKFORCE BY GENDER

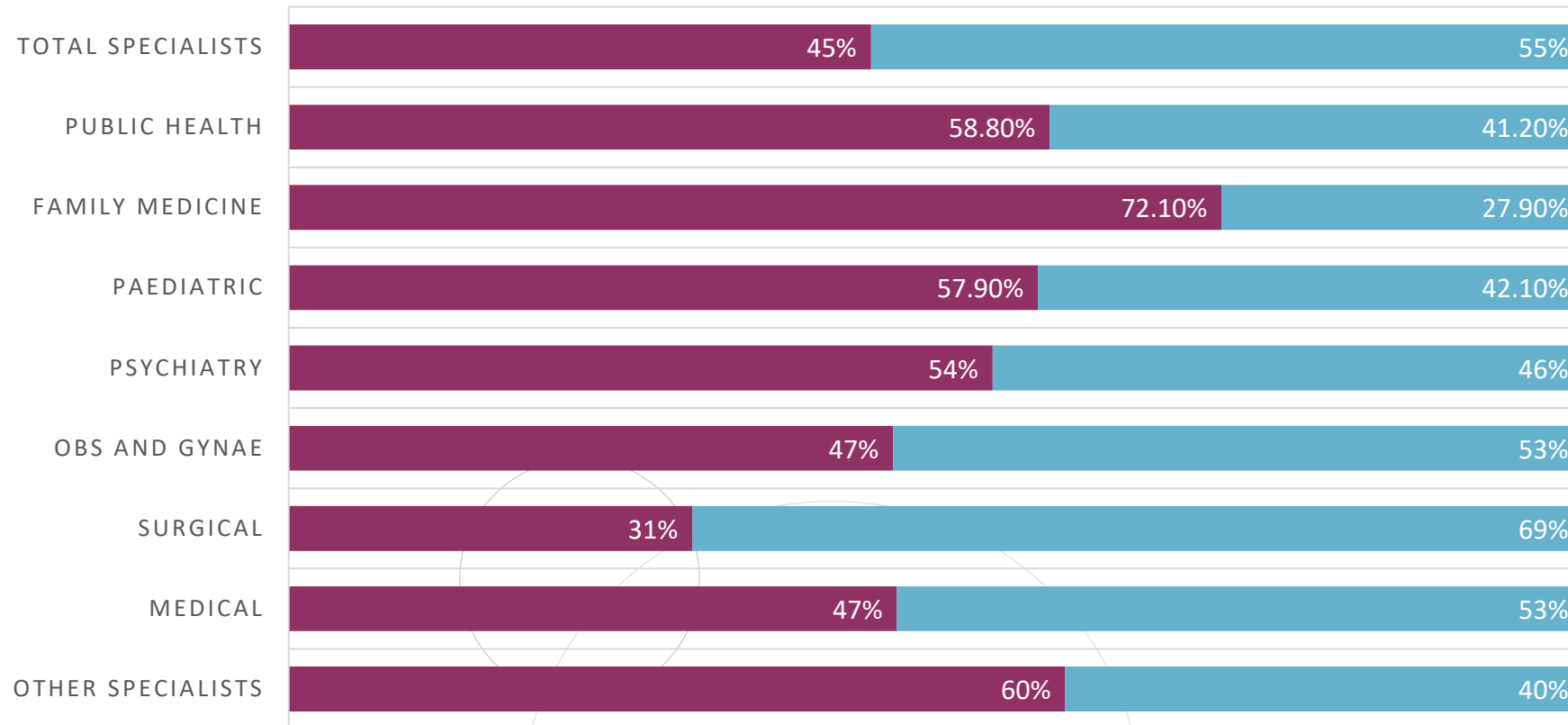


- The health workforce is predominantly female in most professions except Specialists and Assistant Medical Officers.
- Nurses are almost entirely female (95%), while 72% and 69% of pharmacists and dentists respectively are majority female.

IN MALAYSIA...



MALAYSIAN HEALTHCARE SPECIALISTS BY GENDER



- Although 53% of doctors are female, their subset, which is specialists, are mostly male.



There has been focus on WOMEN'S HEALTH and WOMEN'S ACCESS TO HEALTHCARE, but what about ***WOMEN IN THE HEALTHCARE WORKFORCE?***



IN THE MALAYSIAN CONTEXT

A study done in 2015 showed that the prevalence of job dissatisfaction among female healthcare workers who had left the public service was **three times higher** compared to their male counterparts. This is primarily due to work-family conflict.

According to a study by Khazanah Research Institute, Malaysian women spent 63.6% more time on unpaid care work compared to men, despite both dedicating comparable time on paid work – ‘double burden’

3x



IMPACT OF WOMEN IN HEALTHCARE

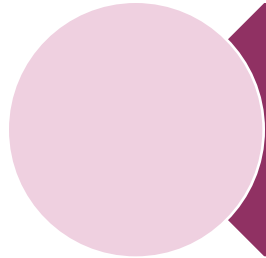
INCREASE IN GLOBAL HUMAN CAPITAL WEALTH

LONG TERM INVESTMENT FOR IMPROVED HEALTH POLICY

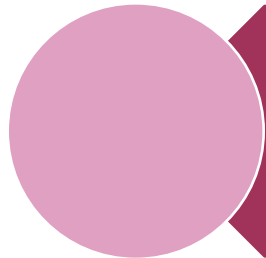
INCREASED ORGANISATIONAL PRODUCTIVITY



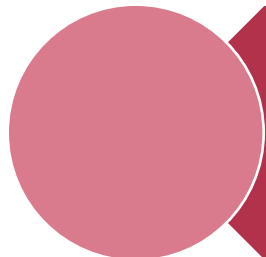
IMPACT ON PERSONAL LIFE AND FAMILY IN MALAYSIA



INSUFFICIENT 'FAMILY TIME'



HIGHER STRESS LEVELS HAVING TO CARRY A
DOUBLE BURDEN



LACK OF COMMUNAL AWARENESS ON OWN
HEALTH



BARRIERS TO WOMEN'S CAREER ADVANCEMENT IN MALAYSIAN HEALTHCARE

Organisational culture

- Job segmentation. i.e. Men in decision-making roles while women in supportive roles
- Poor supportive supervision

Gender Stereotype

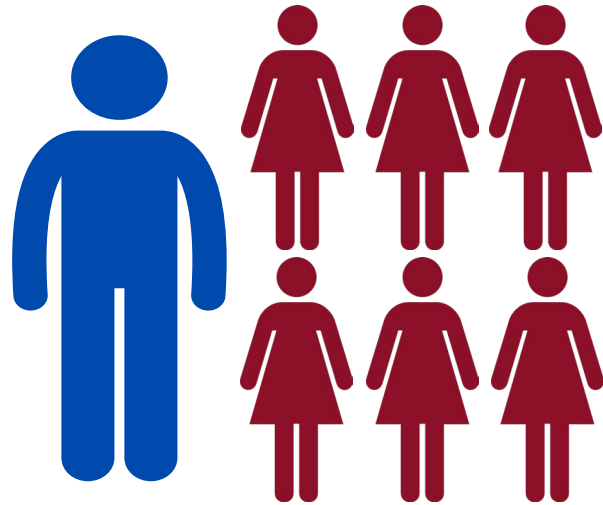
- Women are forced to choose between working and having children
- Lack of equal opportunities.

Work-life imbalance

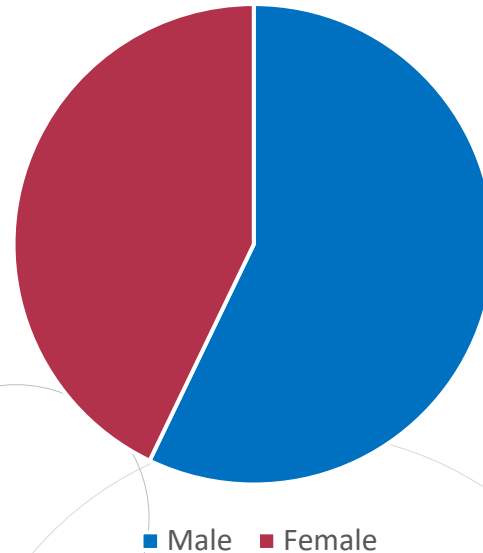
- Family may be preventing Malaysian women in the healthcare industry from career progression
- Women have multiple roles to deal with in order to bargain with their work and family.



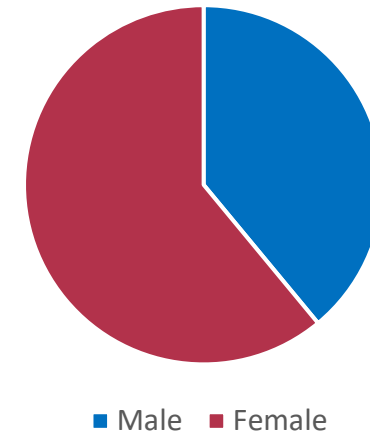
DATA ON WOMEN IN LEADERSHIP ROLES IN MALAYSIA'S MINISTRY OF HEALTH



State Health Department Directors in Malaysia by Gender



Other Supporting Roles in the Top Management of State Health Departments in Malaysia by Gender



- Although the position of Director-General of Health in Malaysia is held by a man, all 6 Deputy Directors-General and Senior Directors of Health are women.
- Only 6 out of 14 State Health Departments are led by a woman – as State Health Department Director.
- However, it was noted that females dominated the other supporting roles in the top management of these state health departments (61%)

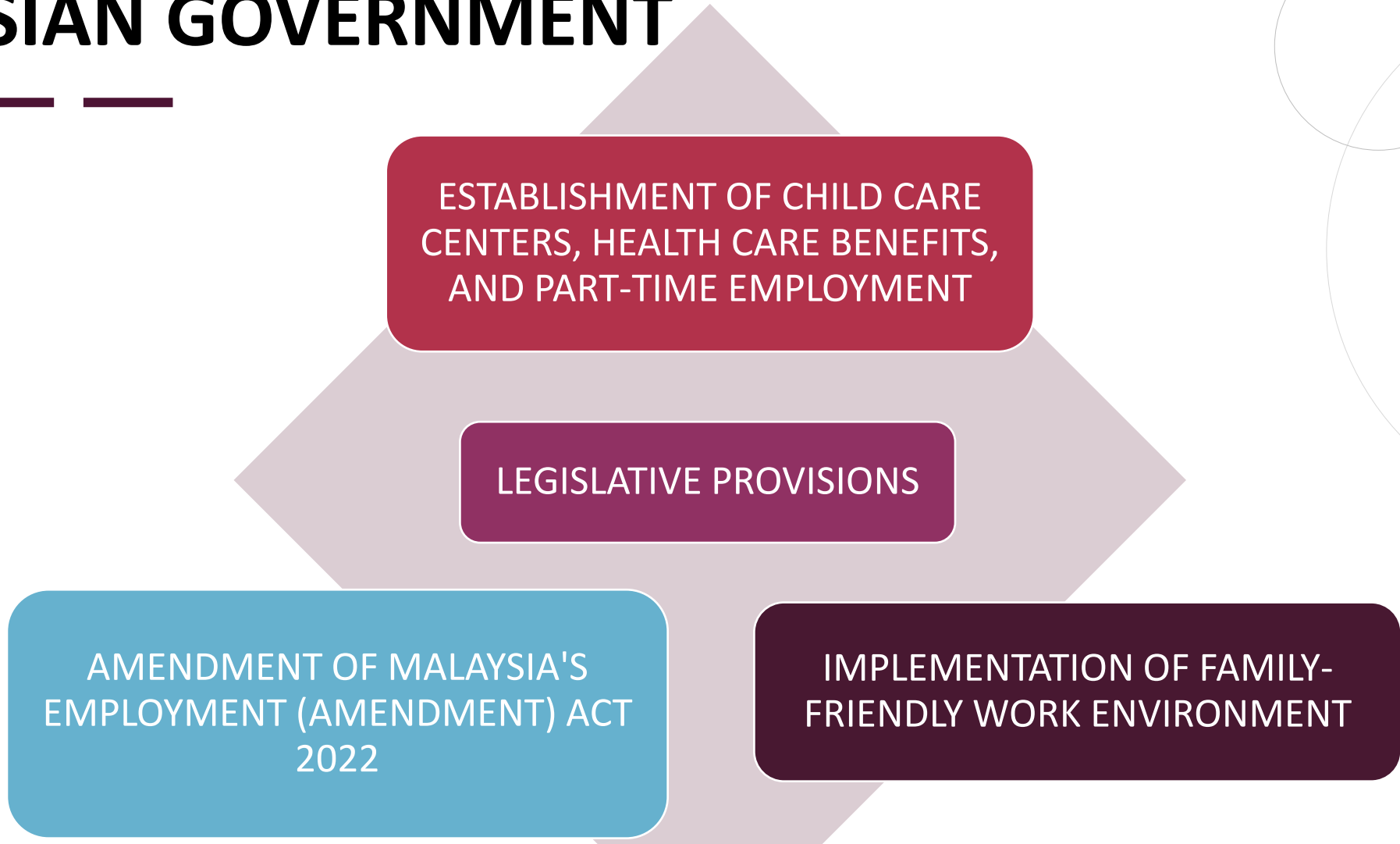


ISSUES FACED BY FEMALE HEALTHCARE WORKERS IN MALAYSIA



- Inadequate manpower leading to extended shifts/long working hours
- Occupational segregation (Lack of women representation in leadership roles)
- Combination of domestic responsibilities & career demands
- Lack of policies for menstrual leaves, on-site childcare

EFFORTS MADE BY THE MALAYSIAN GOVERNMENT





MALAYSIA'S EMPLOYMENT (AMENDMENT) ACT 2022 – PRIVATE SECTOR



Introduced new benefits for employees that include:

- 7 days of paid paternity leave
- 98 days of maternity leave for female workers

However, these new 'benefits' encourage employers to hire male workers or part-time women workers as they are exempted from the statute. Hence, new initiatives were proposed by the Associated Chinese Chambers of Commerce and Industry of Malaysia:

Funding maternity
benefits through
SOCSSO

Co-sharing payment
of maternity benefits

Double tax deduction
for an additional 38
days of maternity
benefits



FAMILY FRIENDLY POLICIES

- A cross-sectional study among nurses in a Malaysian public hospital found that higher family responsibilities result in lower performance quality – this shows that women are burdened with multiple roles at home and at work.
- According to the Health Ministry, as of 2021, there are **112** childcare centres located at public and private hospitals across the country to cater to healthcare workers
- The Malaysian government aims to expand on-site childcare services at hospitals to reach 142 childcare centres/TASKAs



WHAT ARE OTHER COUNTRIES DOING ABOUT IT?



Equal Pay Audits

- In Switzerland, employers with 50 or more employees who wish to participate in public tenders are required to submit gender pay audits to show that the gender pay gap is < 5%

Leadership and managerial training

- In Central Asia, regional trainings and mentoring programmes are being held for female healthcare workers to help them advance into management positions.

Childcare and Family Support

- Many countries in the EU provide on-site childcare, parental leave, and other family-friendly benefits to lessen the caregiving burdens on female healthcare workers.
- In Singapore, working couples can take up to 22 weeks of leave in their child's first year, with fathers being able to take up to 8 weeks of leave to care for their wife and children.

STRATEGIES TO MITIGATE GENDER DISPARITY IN HEALTHCARE



Promote
involvement of
women in
leadership roles

Flexible working
hours

Supportive
supervision

Family friendly
policies and
practices

HOW CAN WE BETTER SUPPORT WOMEN IN HEALTHCARE?



- By promoting a better understanding of the sociocultural and structural barriers to healthcare careers for women.
- By identifying gender equity gaps that remain across healthcare organisations in high, mid and low-level roles.
- By pioneering durable solutions to address inequities
- By working towards a greater representation of women at all levels of the healthcare sector.



THANK YOU

