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## **Occupational Health and Safety of Women Workers: Viewed in the Light of Labor Regulations**

By Jinky Leilanie Lu<sup>1</sup>

### **Abstract**

This article is an analytic and discursive review of data and studies about women workers in the manufacturing sector in the Philippines in the light of labor regulations. The analyses focus on the following: occupational health and safety, health and safety programs, provision of facilities at work, and labor issues pertaining to women workers. Policy and advocacy work implications are recommended based on the discursive analysis.

*Keywords:* Women Workers, Occupational Health and Safety, Manufacturing Sector, Labor Regulations

### **Introduction**

Women's participation in the labor force shows the importance and contribution of women to economic productivity, hence, the need for occupational health and safety policies covering women workers. In the light of many research studies conducted for women workers and their work conditions, there is a need for policy and advocacy work towards protection of their health as well as provision of good labor conditions. This is even more pressing with the feminization of the labor force in the country.

Edralin (2001) and Estrella- Gust (2000) noted the feminization of workforce in industries in the Philippines specifically in garment manufacturing, microchip, computerized manufacturing, and electronics industry, operating inside export processing zones<sup>1,2</sup>. They reported certain occupational risks and disbenefits to these women workers including low salaries, and deficient enforcement of healthy and safety regulations.

The Philippines has a relatively young population and young workforce. In 2009, 25 to 30 year- old employed persons accounted for 45% of the total number of employed persons. This was followed by persons at ages 20-24 years. Employed male and female workers in early 2010 represented 21.6 and 15.0 million of the total workforce respectively<sup>3</sup>.

Both women and men workers experience occupational hazards but women are more vulnerable to occupational hazards (Lu, 2005). For instance, women workers in the electronics and garment industries are subjected to extended and intensified work manifesting in the phenomenon called work intensification and work extensification (Lu, 2009). In the case of women migrant workers, they are subjected to sexual and physical abuses, and maltreatment from their employers (Migrante, 2010). Additionally, women workers face double hazards from both their work and household responsibilities, thus, increasing their vulnerability to occupational illnesses.

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Even in other countries, there are various hazards and consequent adverse health effects that confront women workers. In Bangladesh, the export oriented garment industry created a feminized labor force employing about 500,000 young women (Spivack, 1995). The job condition in the factories was far from perfect or even normal. It was characterized by low wages, unsafe work environment, overwork and lack of job security. Those in the video-display terminals reported *video blues* consisting of syndromes of eye problems, varicose veins, headaches, nausea, skin allergies, and persistent coughs and colds (Spivack, 1995). On the other hand, some of the problems encountered by Indian women in the workplace included burden of the dual role of household and public work, sexual harassment, lack of solidarity among women, and the need to exert double time to gain the same recognition as the male counterpart (Gothoskar, 1995). In Malaysia, reports of “mass hysteria” among women workers were deemed by employers as “evil spirit derision” when it was a response to the highly stressful work and quota production (Spivack, 1995). Webster argued that given this condition of Asian women, the current global restructuring of women’s labor in which information technology is central makes women’s vulnerable position in the labor force more precarious.

Other studies also showed that certain hazards can lead to some forms of occupational illnesses. For instance, exposure to physical hazards such as noise and shiftwork among pregnant women was associated with lesser birth weight (Nurminen, 1995). The author reported elevated risk of spontaneous abortion for shiftwork in general, rotating or changing schedules, and night work. In another study, female electronic workers on 8-hour as well as 12-hour shift schedules reported complaints of sleep problems and tiredness (Mahoney, 2010).

Employers also keep female labor flexible and responsive to changing market conditions. For instance, in Thailand, women were employed for a 10-20 day contract. In the Philippines, some companies employed women on six-month basis, or two years before they marry (WWW, 1991). In Mexico, some employers routinely administered pregnancy tests (WWW, 1991).

In the Philippines, women labor is most dominant in Export Processing Zones (EPZs). Since women dominate industries which require meticulous work and hand dexterity, they are more likely to suffer hand, shoulder and back-related problems such as carpal tunnel syndrome, shoulder and low back pain (Aganon, 1994).

The study of Aganon also documented how the local government and employers interfered in efforts of labor organizing inside export zones in the Philippines (Aganon, 1994). For instance, Davao City in the Philippines had been declared a union free and strike free city when an export zone was known to be established in the area. Industries also resorted to many forms of flexible work arrangement in order to evade labor organizing. These take the form of subcontracting, use of agency hires, and contractual employment (Aganon, 1994). In another study, women workers in export processing zones complained of work hazard exposures, chemical exposures, musculoskeletal disorders due to prolonged standing at work, job insecurity, work stress and persistent fatigue (Migrante, 2010).

The shift to technological production in the manufacturing industries also has an implication to subcontracting work or home work. Dungo said that with technology replacing human labor, peripheral production is left to the human hands of women,

making them vulnerable to double burden of domestic and paid work (Dungo, 2001). Given the domestic roles of women, they fit well into the flexibility of commodity production.

In the light of these developments, this review tried to analyze the contemporary nature and development of women's work in view of occupational health and safety standards in the Philippines.

## **Methodology**

This was an analytic and discursive review of data on women's work conditions and the state of occupational health and safety of these women workers (NSO, 2010; Lu, 1999, 2004, 2005, 2009; Estrella-Gust, 2000, 2006; 2009; OHSC, 2002<sup>1-6</sup>; Edralin, 2001; OHSC, 1999; Nurminen, 1995; Aganon, et.al., 1997; Aganon, 1994). A comparative analysis was made in the light of labour standards to further the issue of women workers needing more protection and safety net from government.

The topics included- occupational health and safety, health and safety programs, provision of facilities at work, and labour issues pertaining to women workers. Data were analyzed using qualitative method and meta- sociological analyses.

## **Discussion**

### *Occupational Health and Safety*

In the review, women workers reported health problems and accidents in the workplace such as eye infection due to dust (either particulate matter or chemical dust), and wounds due to sharp objects (Edralin, 2001; Estrella-Gust, 2005, 2006; Lu, 2005; Nurminen, 1995; Aganon, 1994). There were various health problems such as headache, respiratory diseases, skin allergies, and reproductive dysfunctions. These problems were attributed to unhealthy and unsafe work and job conditions, and the lack of facilities such as washrooms and toilets. Certain physical facilities in the workplace were considered essential for health. The lack of washrooms and toilets was not just an inconvenience but posed a hazard. Further, some psychological implications of repetitive work and monotonous jobs were reported by the women. Some came to experience themselves and their bodies as "spirited" or disoriented when their work involved uncomfortable, uninterrupted, and repetitive motions (Lu, 2005; Nurminen, 1995; Aganon, 1994).

The women also complained of musculoskeletal disorders (MSD) such as low back pain, carpal tunnel syndrome, leg pain, and neck pain. Based on the 2009 Work Accident/ Illness Report of the Department of Labor and Employment, ergonomic hazards which lead to MSD were most prevalent (BWC, 2009). Cases of MSD included low back pain, upper back pain, leg cramps, carpal tunnel syndrome, tendinitis, and bursitis.

According to the World Health Organization (WHO) and the International Labor Organization (ILO), 1.1 million people die annually due to unsafe workplaces. About 300, 000 fatalities out of an estimated 250 million accidents in the workplace lead to partial or complete disability, hence, loss of capacity to work and to generate income. Also, an estimated 160 million new cases of work-related diseases occur yearly in the world, and these diseases include respiratory and cardiovascular diseases, cancer, hearing loss, musculoskeletal and reproductive disorders, mental and neurological illnesses, among others (WHO, 2010; ILO, 2006). In 2008, ILO reported that there were about

358,000 fatal and 337 million non-fatal occupational accidents, and 1.95 million deaths from work-related illnesses (ILO, 2008). The number of deaths caused by toxic solvents and chemicals alone was estimated at 651,000 (ILO, 2008). In a local study, 31 establishments that were investigated exceeded the threshold limit value for chemical and other hazards (Lu, 1999).

The study of Aganon (1994) is one of the earliest investigations on work conditions of women in export zones in the Philippines. Aganon reported risks and unfavorable work conditions such as hazard exposure, wage violations, and harassment by management. In a subsequent study, Aganon, et al. in 1997 noted adverse working conditions such as night shifts, forced overtime work, health and safety problems, lack of reproductive rights, sexual and verbal harassment by employers, exposure to hazards, and weak or absence of labor organizing in the export zones.

In the electronics industry, about 57 Filipino women were afflicted by Stevens Johnson Syndrome (SJS) in Taiwan (OHSC, 2002<sup>1</sup>). Another study consisting of 399 female workers in a semiconductor manufacturing industry showed related reproductive health problems among women (OHSC, 2002<sup>2</sup>), and that women often complained of symptoms related to respiratory and skin disorders (OHSC, 2002<sup>3</sup>). Lu also reported that women workers in the electronics sector had high blood lead levels (Lu, 2004). In another study among women workers in electronics, the women were noted to experience work stress, musculoskeletal disorders and carpal tunnel syndrome (OHSC, 2002<sup>4</sup>).

A study in four textile establishments mostly employing women workers showed high concentration of cotton dust in the work area, high level of noise in the weaving areas, toxic chemicals being used during bleaching, dyeing, printing and finishing processes, and a large number of accidents (OHSC, 2002<sup>5</sup>). In a similar study, it was found that women in the garment industry were exposed to extreme heat, dust from textile fibers, and ergonomic hazards (Lu, 2005; Estrella-Gust, 2006).

In call/contact centers in the Philippines, women workers usually worked at night to coincide with the regular business hours of their clients in Northern America or Europe. Unfortunately, this work schedule for call center workers had been documented to cause negative impact on health such as sleep disorders, eating disturbances, and gastrointestinal diseases, mental disorders, and cardiovascular diseases (EILER, 2009). In 2008, a study on call centers revealed certain occupational health risks such as graveyard shifts, long working hours, period of break time, very cool temperatures in work areas, irrational behavior of customers and high work stress. Majority of these workers experienced sleeping problems, eye strain, overall fatigue, headaches, chest and back pains, voice problems and mental stress (EILER, 2009).

In small-scale laundry shops and dry cleaning establishments that also employed women, occupational hazards noted were chemicals used in the laundry process, dust from clothes and powder detergents, noise, heat, and poor ventilation of the workplace. The most common complaints were musculoskeletal diseases (OHSC, 2002<sup>6</sup>; Lu, 2004).

For overseas work, women are more vulnerable to discrimination than men particularly, maltreatment and sexual harassment as a result of racism and superiority of male over women. Based on the survey conducted by DOLE-Overseas Comprehensive Social Services Package for OFWs, the top three causes of fatalities among overseas workers were cardiovascular diseases, cancers, and accidents (DOLE, 2003).

### *Health and Safety Programs*

Few employers conducted workplace surveillance for hazards and risks (Lu, 2009; OHSC, 2002<sup>5</sup>). The women likewise reported that there was no program for mental health, or counseling for psychosocial problems at work (Aganon, 1994; Lu, 2009). They were not aware that work related illnesses could be compensable. None employed full time doctors (Lu, 2005). The physicians usually came at designated hours and days rendering about 12 hours of medical service a week. The thrust of occupational medicine is preventive in nature, not curative or rehabilitative, and as such, physicians must be actively engaged in preventative measures.

The annual medical report submitted to regulatory agencies did not contain any item on possible cause of an illness arising from the workplace, but rather a mere enumeration of the prevalence of a particular illness at work (Lu, 2009).

### *Provision of Facilities at Work*

The review showed that majority of the women workers could not alter the ventilation in their work areas, open the windows, adjust the lighting, rearrange the furniture or equipment, nor change the temperature in the work area. There was lack of a view, daylight, poor ventilation, and lack of awareness about the state of the weather (Lu, 2009; Aganon, 1994).

The review also showed that women were not provided with sufficient personal protective equipment (PPE) such as gas mask, head cover, gloves, and protective clothing. There were also limited toilets and washrooms (OHSC 2002<sup>6</sup>). Emergency water facilities within the production floor for chemical spills were not existent.

### *Labor Issues*

Data from the review showed only 10% percent of the establishments were reported to be organized by nationally established labor unions (Lu, 2009). Most were organized by in-house unions which lack the autonomy of national labor unions (Aganon, et.al., 1997). The worker's representatives were not given access to the reportorial documents submitted to the regulatory agency for work standards. The women were not allowed to leave the premises of the workplace even during rest periods. They were given 30-minute meal break. Sometimes, work overtime was a prerogative of management. Night shift differential was not factored in the wage computation. Wage deductions for losses and damages were charged to the women. The women workers were not fully aware of the type of chemicals they were handling at work. The Material Safety Data Sheet (MSDS) which contains the chemical information and hazardous content of substances was not posted in conspicuous areas in the workplace (Lu, 2005).

It is a common practice in garment establishments to pay workers by piece rate. The women workers in the garment establishments received below minimum wage per day for the piece-rate done for the day (Aganon, et.al., 1997).

Some of the garment establishments employed apprenticeship wherein workers under this scheme were given 75% of the minimum wage. Some women had been apprentices for several years despite mastery of required skills. Labor only contracting types of employment were also common as an alternative to regular employment. The latter was resorted to as a scheme to contract out labor during times of economic

downturn in the market. Casual employment was adopted by some employers even for integral tasks in the establishment.

The review showed women complained about the lack of career advancement in the company. There was perceived gender discrimination at work wherein male employees were given more preference for supervisory positions than the women (Lu, 2009). These are consistent with the findings of Aganon, et al. in 1997. The latter noted the following conditions of women workers in the export zones in Cavite, Bataan, Cebu and Baguio in the Philippines: 1.) wage-related problems such as low wages, non-remittance of SSS payments, low starting pay, and practise of piece rate rather than daily wage; and 2.) exploitative terms of employment such as non-regularization of labor, practice of apprenticeship and casualization, no assurance of continuity of work, work terminations due to decline of demands; and 3.) aggravating factors such as lack of transport facilities, poor housing conditions, lack of affordable lodging facilities near the zone, and unsafe travel in the evening for nightshifters (Aganon, et.al., 1997).

### **Analysis of Work Conditions in the Light of Existing Provisions in the Labor Code of the Philippines**

The data in the studies mentioned above must be analyzed in the light of existing provisions in the Labor Code of the Philippines in order to assess the compliance of the industries with stipulated regulations. In the same manner, the results of this review can be used to assess the lapses and gaps in the existing rules and regulations pertaining to health and safety standards for women workers.

The Health and Safety at Work Act of 1974 which was adopted by the Occupational Safety and Health Center (OHSC) in the Philippines sets out the integral and basic duty of ensuring health, safety, and welfare at work, namely: “1) to provide and maintain a safe plant and safe systems of work; 2)to make arrangements for the safe handling, use, storage and transport of articles and substances; 3) to provide information, instruction, training and supervision to ensure health and safety; 4) to maintain the place of work and the means of access and egress in a safe manner; and 5)to provide and maintain a working environment which is safe and without risk to health, and adequate facilities and arrangements for the welfare of employees” (Estrella-Gust, 2006). The review in this study, however, revealed that there was negligence on the part of management to protect and safeguard the health of the workers.

Rule 1070 - 1075.04 of the Occupational Safety and Health Standards establishes the threshold limit value for all chemical exposures as well exposures to physical hazards in the workplace. Threshold limit value (TLV) represents the concentration or level of substances to which nearly all workers may be exposed to daily without causing any adverse or untoward health effect (OHSC, 1989). The review showed that almost all chemical and physical hazards were exceeded and thus could be inimical to the health of the women workers.

Book Four of the Labor Code contains the Implementing Rules and Regulations on Health, Safety and Welfare Benefits (Foz, 1999). This includes provisions on the number of health personnel, health training needed, training and qualifications of occupational health personnel, surveillance and monitoring of hazards at work, and the establishment of threshold limit values for hazard exposures in the workplace. A full-time physician should be employed for establishments with more than 2000 workers, and for

establishments employing 100-199 workers, a part time physician who shall stay in the work premises for four hours a day, and six times a week. This was not complied with by establishments.

The occupational health and safety standards also stipulates that regular monitoring should be conducted to enable the employers to foresee the existence of a risk to their workers. Section 8, of Rule I states that every establishment must be monitored at least once a year or more where there are complaints (Foz, 1999). There were industries that had not been inspected since their establishment. Establishments must also be able to assess the magnitude and seriousness of injury or illness that may arise from work. Employers must put up some preventive and control measures to alleviate or eliminate the hazard exposures of their workers. There must be a concrete program implemented to lessen and ultimately eliminate hazards at work. In the study, this 'duty of care' was not performed by the employers.

The annual medical report submitted to regulatory agencies by the establishments in this review contained mere data on prevalence of occupational illnesses. This did not reflect the work-relatedness of illnesses and injuries incurred at work. This may eventually mask the need to redesign the workplace. A revised medical form should include actual quantification of hazard exposure.

There are other provisions that must be incorporated in the 'duty of care' of employers. Based on the review, these are the issues:

1. *The right to know by the workers of the chemicals and hazardous agents they are handling at work.* The Material Safety Data Sheet (MSDS) which contains the chemical information and hazardous content of substances should be posted in conspicuous areas in the workplace;

2. *Access of the labor union representatives to any reportorial document submitted by employers to the Department of Labor and Employment.* The reportorial forms submitted by the establishments should in fact bear the signatures of the labor representatives attesting to the veracity of the report. Inspection results done by government should also be posted in two conspicuous places inside the company premises (Foz, 1999). There was no establishment that posted the findings of the labor inspector; and

3. *Emphasis should also be given on the need to promote mental health at work.* There is no provision in the Labor Code of the Philippines on specific strategies on how to diagnose, prevent, treat and rehabilitate mental health problems.

There was also perception at work that male employees were preferred for supervisory positions than female employees. Rule XII of Book 3 states that women should not be discriminated with respect to training, promotion, wage structure, tenure and other privileges (Foz, 1999). Employers must be fully aware of the need to give fair and objective opportunities to both sexes at work and must not exercise gender discrimination in any form.

The review also showed that employers resorted to apprenticeship. This work arrangement is allowed by government only for a limited period until such time that the worker has gained mastery over the work. However, the women workers had been



employed for so many years as apprentices. This arrangement is more precarious than contractual employment since the wage is far below the minimum level.

Casual employment is also allowed by law but in so far as “the work or service is incidental to the business of the employer and such job, work or service is for a definite period made known to the employee at the time of engagement” (Foz, 1999). The review showed that casual employment was resorted to by employers even for integral tasks.

With regards to meal and rest periods, the law provides that the employer shall give not less than one hour off for regular meals. In this study, women workers were given a 30-minute meal break and then were asked to resume work. The meal period of less than one hour is permitted only in the following conditions: where work is non-manual, where the work production is not less than 16 hours a day, and where there are emergencies such as breakdown in equipment (Foz, 1999). The workers may also leave the premises of the workplace during rest period, and such is counted as compensable working time. This was not implemented based on the review conducted.

On overtime work, Section 10 of the same book is clear about its stipulation that “in cases not falling within any of the proceeding, no employee may be made to work beyond eight hours a day against his will. These conditions include exigencies of war, breakdown of equipment, where overtime work is necessary to prevent loss of property and to prevent damage to perishable goods” (Foz, 1999). The women called overtime work as ‘management prerogative’.

Night shift differential was also neglected. Section 2, Rule II of Book 3 states that an employee shall be paid a night shift differential of not less than 10% of the regular wage when work is performed between 10:00 in the evening till 6:00 in the morning (Foz, 1999). The 24-hour work production schedule in the establishments usually required two to three work shifts, but the night shifters did not receive the stipulated additional wage. Likewise, wage deductions for losses and damages can be made only through a judicial process such as giving opportunity to the worker to show cause why deductions should not be made<sup>31</sup>). Oftentimes, the conditions at work such as long working hours, exposure to excessive heat and other hazards, and lack of training that predisposed the women workers to produce substandard products.

Labor-only contracting is a work arrangement where the contractor or subcontractor provides labor to perform a job or a service for a principal employer. This is allowed by law only when the principal employer does not have substantial capital or investment to actually perform the job, work or service under its own account. In the Philippines, however, both garment and electronic industries were covered by this kind of work arrangement where labor or physical space is provided by the subcontractor, and the actual capital outlay for facilities and machineries is given by the principal company. Establishments resort to subcontracting to evade problems associated with labor management.

It is a common practice in garment establishments to pay workers by piece rate. Section 9, Rule 1 of Book 3 stipulates that these workers should not receive less than the minimum wage for the regular eight-hour work and a proportion of it for less than eight hours. However, many of the women workers in the garment establishments received below minimum wage per day.

In the review of the occupational health and safety provisions, it was noted that the definition of traditional hazards does not include the more modern hazards that may

arise from new modern industrial establishments. It does not cover conditions where persistent fatigue chronic sleep debt, visual strain and failing eyesight, persistent upper respiratory tract infection, mental stress, and violence at work may arise.

For the application of criteria for the determination of hazardous work Section 7 of Memorandum Circular NO. 2 states that hazards evaluation and assessment shall consider the following factors: “quantity of hazardous materials and substances, the hazardous work processes or operations undertaken, the number of workers affected, the period of exposure and the effectiveness of preventive and control measures that have been set in the establishment” (Foz, 1999). The ‘duty of care’ of management should be well defined in the health and safety code of the Philippines. Further, the periodic medical examination provided for the employees should include more parameters such as surveillance for visual acuity, hearing acuity, and blood test for determination of metabolites of chemicals to which workers are exposed to in the workplace.

The experiences of women in the workplace as shown above give us a perspective on their working conditions.

### **Conclusion**

A good indicator of economic and social inclusion for women is the availability and access to employment. Paid employment gives a form of autonomy to women. However, certain conditions in the work environment make women workers vulnerable to certain risks. These conditions are poor working environments, unfair labour practices, low wages, occupational hazard exposure. Paid work alleviates financial difficulties, but it can also create risks in the absence of policies and programs that safeguard the work rights of the women workers.

It is recommended that policies and programs in the workplace be formulated and adopted for the promotion of the rights and welfare of women workers who are now seen as crucial partners in attaining national economic development.

Advocacy and policy framework for women’s work should not only be directed locally and nationally, but must wield influences at the global level since the processes inside the work organization are just a reflection of the wider and broader realities occurring in the global arena.

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