



# From the Assistant Editor . . .



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Assistant Editor

There are at least two things worth celebrating in August in South Africa. Temperatures rise during this last month of winter in South Africa, and we celebrate National Women's Month. The 9th of August is National Women's Day – a day when we commemorate the fight for women, by women, for equality. On this day in 1956, 20 000 women of all races marched to the Union Buildings in Pretoria to protest the pass laws that controlled where non-white people could work, live, and travel.<sup>1</sup>

During Women's Month, issues that

affect women, such as gender-based violence, sexual harassment in the workplace, and unequal pay are brought to the fore and discussed, and solutions are sought. This year's theme, *Accelerating Socio-Economic Opportunities for Women's Empowerment*, focuses on the creation of more employment opportunities for women.<sup>1</sup>

Women's participation in the economy has increased, but there is still a gap in the labour force participation rate for women (54.3%) compared with that for men (64.9%).<sup>2</sup> As efforts to narrow this gap continue and more women enter the workplace, their wellbeing and health in relation to the workplace must be prioritised.

Women differ from men not just biologically, but also with respect to occupations, treatment in workplaces, and their social contexts and roles. These factors influence the occupational risks that women encounter. Women are more likely to work in low-paying jobs and in vulnerable conditions, which include self-employment and unpaid household work.<sup>2</sup> Due to their various roles in the society, women can work up to three shifts in a day: as homemakers, cleaning and cooking; as workers, employed or self-employed; and as caregivers, nursing sick family members.<sup>3</sup> Much of this work is often unrecognised or invisible because it falls outside occupational regulations and legislation. As a result, despite the significant contributions of women to society and the economy, there is little occupational disease data available and the burden borne by women is underestimated because diseases are not diagnosed, reported, or compensated.

Due to the historic exclusion of women in many employment sectors, occupational standards and policies have been based on scientific evidence drawn from studies on men, and might not adequately protect the health of women. The occupational health and safety laws in many countries do not consider risks that are specific to women, and there is a growing consensus that the 'one-size-fits-all' approach to regulation might put women's health at risk. Recognition of the differences between women and men in the workplace is crucial for the protection of the health of all workers.

In a recent book chapter, Hiroaki Matsuura explains the concept of gender mainstreaming in occupational health and safety.<sup>4</sup> The International Labour Organization (ILO) defines gender mainstreaming as "the process of assessing the implications for women and men of any planned action, including legislation, policies or programmes, in any area and at all levels. It is a strategy for making the concerns and experiences of women as well as of men an integral part of the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and societal spheres, so that women and men benefit equally, and inequality is not perpetuated".<sup>5</sup> The goal, therefore, is to promote

occupational health for all by implementing appropriate gender-specific interventions that target women exclusively, both men and women, or only men, as required.<sup>4</sup> This means that all stakeholders, including policymakers and researchers, should consider the influence of sex-related differences in their work.

The reporting of data on women in research is an important methodological issue. In some studies, due to the small numbers of women, findings are not reported by sex or women are excluded. This practice is not unusual in male-dominated occupational settings.<sup>6</sup> As researchers, we need to be intentional and ensure that data on women are reported, even if the numbers are small and cannot be analysed as a separate group. Reporting will contribute to knowledge on occupational exposures and diseases in women.

In this issue of the Journal, there are four papers on topics that affect both men and women – in and outside the workplace. Following the COVID-19 lockdowns, there has been an upsurge in travel globally. This has been coined as 'revenge travel', characterised by more frequent travel and longer stays,<sup>7</sup> which increases the risk of diseases in travellers, including malaria. Ross and Freaan discuss another dimension of malaria – occupational malaria – that affects, amongst others, workers in crop farms, fisheries, border control, military, healthcare, boats, and research. Malaria contracted while at work is not officially recognised as an occupational disease because it is difficult to distinguish between occupational and non-occupational malaria. The authors highlight that medical practitioners should be able to recognise and diagnose malaria and encourage workers to take prophylaxis, as required.

The Department of Health has implemented an outpatient, decentralised care model for tuberculosis management. To test if ventilation in the homes of confined patients with tuberculosis could be improved, Mutava et al. investigated the effectiveness of an innovative intervention, using wind-driven turbines. The intervention shows promise as the turbines improved ventilation, which may significantly reduce the risk of tuberculosis infection of household members.

In these times of intermittent electricity supply and rising costs, the provision of adequate lighting for workers is a challenge faced by many businesses. Holleran and others remind readers that lighting contributes to healthy and safe work environments. Compliance with regulations and standards is measured using illuminance meters, but different types of meters measure light differently. The authors compared the performance of three illuminance meters and found differences in specifications and types of illuminance measures that must be considered when developing standards.

Manganyi and co-authors interviewed administrative support staff in the police service to explore the effects of secondary trauma experienced due to viewing incident dockets of traumatic events. They found that although staff members experienced secondary trauma, they were reluctant to utilise employee health and wellness services. The authors propose recommendations to assist traumatised administrative support staff.

On behalf of the *Occupational Health Southern Africa* Editorial Board, I thank the South African Society of Occupational Health Nursing Practitioners (SASOHN) for their involvement in the Journal since its inception 30 years ago. It has been a rewarding partnership and journey. We look forward to future collaborations with the Society and encourage SASOHN members to continue to submit papers for publication.

Finally, as we enter the last quarter of the year and begin the mad rush to meet annual work targets and personal resolutions for 2023, let us not forget to be kind to ourselves and take care of our physical and mental wellbeing.

## REFERENCES

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## Letter to the Editor

In response to the Letter to the Editor published in the previous issue of *Occupational Health Southern Africa* (Vol. 29 No. 2 of 2023), SAIOH received requests from members to provide more information regarding the decision about recognition of the Wits School of Public Health MSc Med in Exposure Science (ES) programme.

SAIOH included reference to “*recognised programmes*” in its criteria for members to apply for upgrading of their certification levels. If a candidate did not complete a SAIOH-recognised programme, s/he needs to complete the International Certificate in Occupational Hygiene (ICertOH) offered by the Occupational Hygiene Training Association (OHTA), in addition to the academic programme. By recognising a programme, SAIOH declares that, to its knowledge, it covers at least the content covered in the OHTA modules, and sufficient information regarding the 17 skill sets included in the SAIOH self-assessment tool, i.e. the referred to 50% occupational hygiene content. This was, amongst other reasons, an attempt to improve the assessment pass rate, by ensuring that members applying for upgrades have completed an academic programme that covered all topics that may be addressed in assessments, thereby improving knowledge and competency in the occupational hygiene field.

The minimum qualification requirement to apply for upgrade to the Registered Occupational Hygiene Technologist (ROHT) level is a recognised NQF Level 7 qualification. The minimum qualification requirement to apply for upgrade to the Registered Occupational Hygienist (ROH) level is a B Tech Environmental Health degree at NQF Level 7, or a recognised NQF Level 8 qualification, provided that the aforementioned qualifications meet the SAIOH occupational hygiene content requirements.

The Wits MSc Med ES programme is offered at NQF Level 9, with entry requirements into the programme being a relevant four-year B-degree, e.g. BSc Hons or B Tech. This may include the fields of occupational hygiene, occupational health, engineering and environmental health, or other relevant areas.

The course content of the Wits ES programme does cover the health effects and possible control approaches for most occupational health hazards. However, as stated in the application for recognition to SAIOH, the ES programme “... *does not go into the technical details of a measurement method, since our approach is that these kinds of technical skills should be learned in practice, or at an undergraduate level!*” Therefore, if a candidate completed a qualification that did not address occupational hygiene measurements before enrolling in the ES programme, his/her knowledge thereof may be lacking. Occupational hygiene certification assessments administered by SAIOH focus extensively on the technical details of measurement, as well as “*compliance testing*” as referred to by the author of the previous Letter, which is a regulated requirement within the occupational environment in South Africa.

It is important to note that recognition by SAIOH does not constitute endorsement of a programme in general, but merely recognises programmes already identified and offered by tertiary institutions as occupational hygiene degrees, or degrees with an occupational hygiene content of 50% or more.

The author referred to the Exposure Science-Industrial Hygiene programme offered by the University of Michigan. On the University's website, the mission of the programme is described as follows: “*Studying Exposure Science-Industrial Hygiene at U-M: The mission of the Industrial Hygiene program is to provide outstanding comprehensive graduate-level education in occupational health science; ensuring that graduates (sic) are qualified to pursue careers and assume leadership roles in the modern practice of industrial hygiene.*” <https://sph.umich.edu/ehs/programs/ih.html>

The aim of the programme offered by Wits is described on their website as follows: “*This degree is targeted at potential academics, specialists or professionals in the field of occupational hygiene, environmental health, environmental sciences, chemistry, toxicology, physiology etc., with a scientific interest to bridge these fields.*” <https://www.wits.ac.za/course-finder/postgraduate/health/mscmed-exposure-science/>

The SAIOH Occupational Hygiene Skills Forum (OHSF) recognises the Wits MSc ES programme as an excellent post-certification degree for SAIOH members wishing to study towards an NQF Level 9 qualification, to broaden their understanding of a holistic approach to exposure, and control thereof, within and beyond the occupational environment. In our opinion, this aligns well with the purpose of the programme as stated on the Wits website, and as mentioned by the author.

Candidates who completed the Wits MSc ES programme after obtaining a B Tech Environmental Health degree at NQF Level 7, or a recognised four-year B-degree at NQF Level 8 in the field of occupational hygiene, will be recognised as suitably qualified to apply for ROHT or ROH upgrade.

Candidates who did not obtain a recognised occupational hygiene qualification at NQF Level 7 or 8 prior to enrolling for the Wits MSc ES programme and wish to obtain SAIOH certification, will have to complete the following OHTA modules, in addition, before applying for certification at ROHT or ROH level:

- W201: Basic Principles in Occupational Hygiene – strongly recommended if not familiar with basic occupational hygiene concepts
- W501: Measurement of Hazardous Chemicals – required
- W503: Noise – required

The above applies to the qualification requirement for certification. Candidates wishing to apply for SAIOH certification also need to prove practical experience relevant to the respective certification levels, as specified on the SAIOH website.

Any further information on the matter can be obtained from SAIOH on request. 