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Gender Equality and the Healthcare Workforce

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Glossary of Terms

Bias	The action of supporting or opposing a particular person or thing in an unfair way, due to allowing personal opinions to influence judgement.
CEDAW	Convention on the Elimination of all Forms of Discrimination Against Women, or CEDAW for short, is an international treaty adopted in 1979 by the United Nations General Assembly. It is often described as an international bill of rights for women and its primary goal is described within its name.
Equality	The state of being equal, especially in status, rights, opportunities, allocation of resources, and access to services.
Equity	Fairness and justice, often in the context of the distribution of benefits and responsibilities according to need and ability.
Gender Gap Index	An index designed by the World Economic Forum to 'measure gender-based gaps in access to resources and opportunities in countries rather than the actual levels of the available resources and opportunities in those countries.

Heuristic	Any approach to problem-solving or self-discovery that employs a practical method to reach a goal or conclusion rapidly but is not guaranteed to be optimal, perfect, or rational.
Labour Force Participation Rate	Ratio of the actively working labour force over the total population eligible to work (typically aged fifteen to sixty-four), expressed as a percentage.
Malaysian Medics International	An international medical student-led organisation based in Malaysia whose primary goals are to connect, educate, and cultivate future generations of doctors.
National Women Policy	Also known as 'Dasar Wanita Negara', a policy adopted by Malaysia since 1989 of which the primary aim is to give direction towards the planning and execution of policies concerning women in Malaysia.
Norms	The prevalent accepted standard or a way of being or doing things.
Positional Statement	A statement outlining the viewpoint of an individual or organisation, usually along with the relevant background and rationale.
Stereotype	A widely held but fixed and oversimplified image or idea of a particular subject or object.

Stigma	A strong feeling of disapproval that most people in a society hold regarding an object or subject, regardless if this feeling is justified or otherwise.
United Nations Children’s Fund (UNICEF)	A United Nations agency whose mandate is to address the long-term needs of children and women globally in developing countries.
United Nations General Assembly	One of the six principal organs of the United Nations, serving as the main deliberative, policy-making, and representative organ of the United Nations.
Women Development Action Plan	Also known as ‘Pelan Tindakan Pembangunan Wanita’, it is an action plan produced under the efforts of the Malaysian National Women Policy. The aim of the action plan is to lay out actions required by the government, non-governmental organisations, the private sector, as well as the Malaysian civil society in order to achieve the aims of the National Women Policy.
World Economic Forum	An international organisation based in Geneva, Switzerland whose goal is towards improving the state of the world by engaging business, political, academic, and other leaders of society to

	shape global, regional, and industry agendas.
World Health Organization	An organisation under the United Nations whose primary goal is to direct and coordinate international health within the United Nations system.

Background

Roles of MMI

The Malaysian Medics International (MMI) is a global medical student-led organisation that aims to connect, educate, and cultivate. Since our inception in 2013, we have grown into a global network of more than 200 leaders from seven countries around the world.

Aim of This Policy

For the purpose of this policy, we aim to address the issues surrounding gender inequality in Malaysia, particularly within the healthcare workforce.

Definitions

Gender equality is defined by the United Nations (UN) as “the absence of discrimination on the basis of a person’s sex in opportunities, allocation of resources and benefits, or access to services.”¹

The United Nations’ Children Fund (UNICEF) further explores gender equality as a state in which males and females, irrespective of age, should receive equal treatment, rights, and opportunities to realise their full potential, as well as the right to contribute and benefit from developments, be it economic, social, cultural, or political². Gender equality does not mean that men and women are the same, nor should they conform to a specified standard, but that every individual should have the same rights and opportunities despite their differences.²

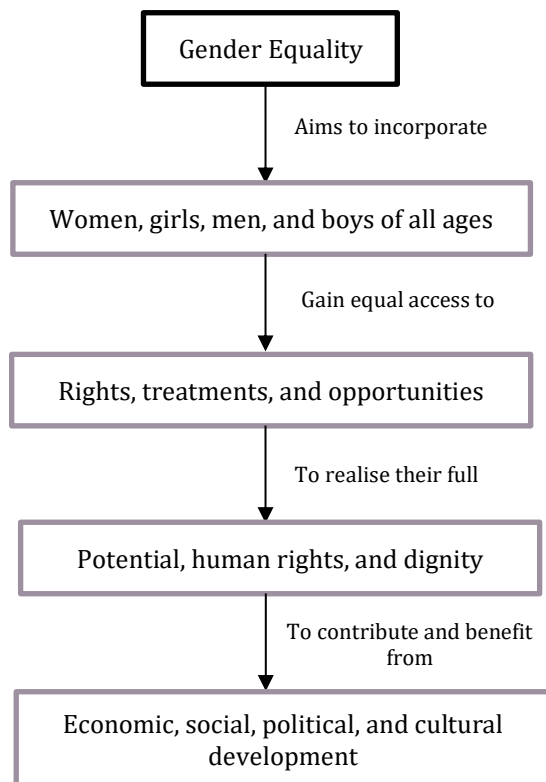


Figure 1.0 Content adapted from UNICEF Glossary of Terms and Concepts²

Gender equity, on the other hand, is defined by the UN as ‘fairness and justice in the distribution of benefits and responsibilities between women and men’.¹ UNICEF states that gender equity ‘is about the fair and just treatment of both sexes, and that it takes into account the different needs of men and women as well as the cultural barriers’.² While gender equality seeks to equalise access to rights and opportunities regardless of gender, gender equity recognises that each individual has different needs that varies with their gender roles, and that additional aid has to be provided according to these needs.

Using access to food as a parallel:

- Equality: everyone has equal opportunities to obtain food.
- Equity: extra food will be provided to people who have trouble obtaining food.

Factors Affecting Gender Equality

The factors contributing to gender equality may originate at different levels including the individual, household, and societal hierarchy within the community. Collectively, they are known as the **structural determinants of gender inequality**.³ At the communal level, key drivers of gender inequality include gender norms and stereotypes.

Gender norms are defined as the beliefs about women and men, boys and girls that are passed from generation to generation through the process of socialisation.⁴ It is a learnt behaviour by children from their parents and peers. These beliefs may change over time and differ according to different cultures as well as populations, and may be reinforced through school, workplace, religion, media, and other social institutions.⁵ It is multidimensional as they span across a variety of fields and are applicable to both men and women. For example, stereotypes commonly associated with masculinity are related to physical toughness (e.g. engaging in fights) and emotional stoicism (e.g. not revealing emotional vulnerabilities).⁶

Gender norms can form barriers to achieving equality as they reinforce set gender roles for men and women while limiting freedom of expression.⁶ In most Malaysian households, traditional views of gender roles are still practised where men are expected to be breadwinners and women to be caregivers. A 2017 population survey revealed that 95% of Malaysian women were involved in housework, childcare, and eldercare duties, while Malaysian men had significantly lower participation rates of 44%, 57%, and 69% in each of the three categories respectively.⁷ Conversely, while 92% of men were involved in finding work and income for the family, only 45% of women were involved in the active generation of income.⁷

Gender stereotype is a generalised view or preconception regarding ‘typical’ characteristics of women or men, or a role they are naturally assumed to have, purely in consideration of their gender.⁸ For example, ‘nurturing’, ‘submissive’, and ‘emotional’ are regarded as favourable attributes ascribed to women while favourable descriptors of men include ‘dominant’, ‘tough’, and ‘logical’.⁹ If an individual is aware of an overgeneralisation that they use to judge a large group of people, this is known as an explicit stereotype. Conversely, some people may hold subconscious over-generalised views to quickly pass judgement over large groups of people, which they are often unaware of. This is known as an implicit stereotype.¹⁰

While useful as a heuristic shortcut, stereotypes are harmful to the progression of gender equality as it frequently misrepresents the nuanced reality of the differences between men and women.¹¹ In reality, individuals do not fit into predetermined moulds that are male or female. Each person is born with a unique set of attributes which are then influenced by vastly different life experiences, eventually shaping how they develop as individuals.¹²

Gender norms and stereotypes can be unproductive and obstructive in the pursuit of gender equality as these preconceptions place unjustified and inflexible limitations on the development of an individual, solely based on their gender.

[Gender Equality within the Healthcare Workforce](#)

Among 104 countries analysed by the World Health Organization (WHO), it is estimated that 67% of the healthcare workforce, including the social sector, comprises women.¹³ Women comprise seven out of ten health and social workers. They have contributed US\$ 3 trillion revenue annually to global health.¹³ While women dominate

the sector, they earn on average 28% less than men.¹³

The WHO Global Health Workforce Network summarised the gender situation in the global healthcare workforce, with five key findings¹⁴:

- i. Women deliver global health while men lead it.
- ii. Workplace gender biases, discrimination, and inequities are systemic, and gender disparities are widening.
- iii. Women in global health are underpaid and often unpaid.
- iv. Workplace violence and sexual harassment in the health and social sectors are widespread and often hidden from society.
- v. Occupational segregation by gender is deep and universal.

While the proportion of females in the medical workforce has risen significantly, studies showed that women remain underrepresented in higher positions pertaining to medical practice. A study in 2014 reported that while male physicians had a homogenous progression through higher medical grades, significantly fewer female counterparts attained the grade of consultant within the same timeframe.¹⁵

Gender disparities have been observed to present differently according to medical specialties as well, although these disparities may vary by country. Generally, females account for the majority in fields such as general practice, obstetrics and gynaecology, and palliative medicine; while men account for the majority in specialties such as cardiology and most fields of surgery.^{15,16}

The field of dentistry is similarly experiencing an increase in the number of female dental practitioners of younger age

groups. In the United Kingdom (UK), the number of female dentists surpassed the number of male dentists for the first time in 2019.^{17,18}

Nursing care remains disproportionately a female-dominated sector. In the UK, approximately 10% of the nursing workforce are males.¹⁹ This gender imbalance is more pronounced amongst nurses in Malaysia, with only 1.8% of nurses identifying themselves as male in 2013.²⁰ This is likely due to the gender stereotypes and stigma surrounding male nurses. For example, male nurses are often stereotyped in the Malaysian society as “anomalies, effeminate, and homosexuals”.^{21,22} Fortunately, statistics did show that there is an increasing share of males amongst the younger age groups in nursing, as well as midwifery.¹³

Gender Inequality in Malaysia

Gender inequality has been a significant issue in Malaysia throughout its history. This dates back to the founding of Malaysia in the 1960s, a period where women were heavily subjected to gender roles and stereotypes of society. At the time, women were expected to remain as housewives and at most, take part in the education sector, provided that they were educated.²³

Malaysia has made less-than-ideal progress towards gender equality since its independence, with only several concrete reforms being initiated recently. One of these initiatives towards gender equality was under the United Nations Development Programme in 2004, wherein Malaysia proposed a project ‘Towards Achieving at least 30 Percent Participation of Women at Decision Making Levels in Malaysia’.²⁴ The aim to achieve at least 30% of women in decision-making roles was subsequently adopted into the 10th Malaysia Plan in 2011-2015, and further incorporated into the 11th Malaysia Plan in 2016-2020, to limited success at best.²⁵⁻²⁸ For example, only 13%

of ministers appointed to the Malaysian Cabinet in 2020 were women.²⁹ This serves as a poor reflection of Malaysia, given that 48.5% of the Malaysian population are female.³⁰ This situation also attests to findings that point towards the existence of larger gender gaps at higher positions of leadership as well as in the field of politics.^{14,31}

In terms of gender distribution in the workforce, Malaysia historically has had one of the lowest female participation rates in the labour force amongst countries in the ASEAN region.³²⁻³⁴ Encouragingly, data reports showed that the Malaysian female labour force participation rate has since increased from 44.3% in 2017 to 55.6% in 2019.^{35,36}

In 2017, while 80.1% of work-eligible males were actively participating in the labour workforce, only 54.7% of females of working age were similarly active.²³ Several factors may be contributing to this disparity, some of which include unjustified attitudes towards women in the workplace, difficulties in balancing between familial responsibilities and full-time work, and inadequate parental leave policies.^{31,37}

The Global Gender Gap report by the World Economic Forum (WEF) gives us an approximate idea of to what degree women are disadvantaged in Malaysia with regards to health, education, economy, and politics.³⁸ On a scale of 0.000 - 1.000, 0.000 representing imparity while 1.000 representing parity, Malaysia received a Gender Gap Index (GGI) of 0.677, placing at a dismal 104th place out of 153 countries surveyed in 2020, indicating that much work is yet to be done to overcome the disadvantages faced by Malaysian women in key areas.³⁹ For example, Malaysia has, to date, yet to formalise any legal framework against gender discrimination and sexual harassment outside of the workplace.^{40,41} Even workplace sexual harassment laws

have long been criticised to be of limited efficacy.^{40,42}

Critically, these issues regarding gender equality in Malaysia are not new, to say the least. The Gender Equality Bill, conceived since 2006, has yet to be finalised more than a decade later, despite repeated appeals from various stakeholders.⁴³⁻⁴⁶ The duration of these issues is further reflected through long-standing advocacy of non-governmental organisations. For instance, the All Women's Action Society (AWAM) in Malaysia has been advocating for a formal sexual harassment bill for over twenty⁴⁷ years through the Joint Action Group for Gender Equality (JAG). Their effort continues to be delayed as of the year 2021 due to political instability, to the condemnation of various parties.⁴⁷⁻⁵² The complete lack of urgency for such a pressing issue reflects poorly on the Malaysian government, that gender equality may well be low on their list of priorities.

Gender Inequality within the Malaysian Healthcare Workforce

There is limited up-to-date statistical data relating to gender distribution in the Malaysian healthcare workforce, but available figures suggest that the number of female doctors are rising in Malaysia. While 63.6% of medical specialists were male in 2010, analysis within age groups revealed that Malaysian doctors were gradually shifting from a male-majority workforce towards a female-majority workforce.²⁰ The data showed that while medical specialists over the age of 60 had an 85:15 male to female ratio, this ratio gradually progressed in the opposite direction with younger age groups. For medical specialists aged under 30, the gender distribution was at 39:61, favouring females.²⁰

While the Ministry of Education Malaysia reported that the proportion of female medical students enrolled in public universities was 63.3% in the year 2014, a

lack of more recent data suggests that it remains uncertain whether these higher numbers of female medical students were consequently translated into higher numbers of female clinical specialists and consultants at later dates.⁵³

Other healthcare related fields too have recently shown a female predominance. For example, 63.2% of dental practitioners in Malaysia are female, while this number rises to 69.8% for pharmacists working in Malaysia.²⁰

Notably, the nursing profession in Malaysia experiences an extreme gender imbalance. As previously mentioned, only 1.8% of Malaysian nurses identified as male in 2013. A pervasive stereotyping of male nurses likely contributes to this observed female predominance in the nursing sector.²⁰⁻²² This situation is undoubtedly unjustifiable and is an important action point in the strive for gender equality.

Challenges to Gender Equality in the Malaysian Healthcare Workforce

A few challenges present themselves in the way of achieving gender equality within the Malaysian healthcare workforce, as seen in the non-exhaustive list below.

1. Cultural stigmas surrounding gender roles

Although it is widely known that a doctor's responsibility is towards their patients, persistent stigma surrounding male and female interactions mean that doctors are unable to serve or even learn effectively. For example, a petition was raised in Malaysia, citing religious concerns, to ban male doctors from delivering babies in public hospitals.⁵⁴ While this petition was sensibly rejected by the Ministry of Health Malaysia, a Malaysian survey found that similar gender biases remain a challenge to learning in medicine where male medical students

were more likely to receive rejections from obstetrics and gynaecology patients in the context of medical learning, and female students were able to perform more vaginal examinations than male students.⁵⁵ This obstacle to professional learning is undesirable and even dangerous, given that doctors, no matter male or female, are ultimately responsible for all patients under their care.

2. Unfair biases towards the maternal role

Women are entitled to a maximum of ninety days' worth of maternity leave under Jabatan Perkhidmatan Awam (JPA) Malaysia.⁵⁶ However, there have been reported instances where Malaysian female doctors in Master's programme training were allegedly denied full maternity leave due to overriding terms cited in the 'Cuti Belajar Bergaji Penuh' contract given to Master's programme trainees, resulting in mothers being granted a meagre fourteen days of maternity leave instead of their entitled ninety days.⁵⁷ This is in clear violation of the Malaysian Employment Act 1955 and is unacceptable, not least by a governmental department.⁵⁸

Furthermore, women who wish to extend their maternity leave by taking unpaid leave (cuti tanpa bergaji) are severely disadvantaged if they choose to do so, as the Malaysian Ministry of Health automatically prohibits takers of unpaid leave from applying to further specialise as a doctor for a number of years, regardless of the reason for taking unpaid leave.⁵⁷ These situations have been cited as forms of gender discrimination amongst the Malaysian healthcare workplace, given that male doctors do not face similar problems relating to pregnancy and childbirth.⁵⁹

3. Lack of Vigorous Data

One of the most significant challenges to achieving gender equality in Malaysia is the relative lack of data and discussion around

the issue. While distinctions of 'male' and 'female' often appear on governmental statistical reports, these are often epidemiological in nature, with few designed to intently examine gender as a variable. This situation means that attempts to examine gender equality in Malaysia are frequently dependent on third-party statistics or met with a dead-end.

Notably, Malaysia lacks reporting on numerous important areas included in the United Nations Sustainable Development Goals (SDG) Gender Index, including intra-household income and resource allocation, food insecurity disaggregated by sex, inequality by essential health coverage, women's household decision making power, age of first pregnancy, and et cetera.⁶⁰

This is regrettable given that reliable data is essential to further gender equality anywhere in the world.⁶¹⁻⁶³ To quote the UN, 'Unless gender is mainstream into national statistical strategies and prioritised in data collection, gender scarcity and gaps will persist'.⁶¹

Malaysian Efforts in Protecting Gender Equality

Malaysian Laws on Gender Equality

1. Malaysian Federal Constitution

The Federal Constitution serves as the supreme law of the Malaysian Federation and is the source of legislative and executive powers in Malaysia.^{40,64} The Constitution is the key instrument through which Malaysia can comply with its international human rights law obligations to protect all people against discrimination and promote equality.⁴⁰ It has been cited to be particularly important to this end, given the absence of any comprehensive anti-discrimination legislation in Malaysia.⁴⁰

The Constitution contains two main provisions which protect the rights to

equality and non-discrimination: Articles 8 and 12.⁴⁰ Article 8 covers grounds regarding gender equality.⁶⁴ Article 12, which serves to expand the protection against discrimination to areas of education, has been criticised for not including gender as a ground for discrimination.^{40,64}

Article 8(2) prohibits discrimination on the grounds of religion, race, descent, place of birth, or gender.⁶⁴ It was amended in 2001 to add 'gender' as a protected ground, in compliance with its obligations under the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW).^{40,64}

These provisions have been criticised as being unable to satisfactorily implement Malaysia's obligations under customary international laws, as well as international conventions such as the CEDAW, Conventions of the Rights of Child (CRC), and more.^{40,65,66} The absence of a legal definition of 'discrimination' has led to ambiguous interpretation by the courts and has been criticised to be often at odds with internationally well-established definitions.⁴⁰ For example, The Malaysian case of *Beatrice Fernandez v Sistem Penerbangan Malaysia & Anor* has been frequently cited as to how some of these interpretations have fundamentally misunderstood concepts of inequality and discrimination against women.^{40,67,68} An extensive paper on Malaysian laws regarding equality has also found that certain inequalities in Malaysia are sustained by the parallel existence of the Federal Constitution and Syariah Law, with a lack of clarity on the relationship between the Federal Constitution, the State constitutions, and Syariah law.⁴⁰

2. Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW)

The earliest known policy adopted by Malaysia that specifically addresses

women's rights is CEDAW.⁶⁹ Described as an international bill of rights for women, CEDAW was instituted on 3 September 1981 via the United Nations General Assembly and has since been ratified by 189 member states.⁷⁰

Malaysia ratified CEDAW in 1995, albeit with several controversial reservations that drew criticism from other member states.^{69,71} While Malaysia has since retracted some of these reservations, a few disputable reservations remain on the basis that they might be in conflict with the Malaysian Federal Constitution or Islamic Syariah law. There have since been debates on whether these reservations on the basis of Syariah laws represent a regression of women's rights in Malaysia, specifically that of Muslim women.^{52, 69, 72, 73}

3. Gender Equality Bill

It is important to note that Malaysia does not have a functioning bill addressing gender equality, even though calls have been made for such a provision by the United Nations CEDAW committee since 2006, and further reiterated more than a decade later in 2018.⁴³⁻⁴⁶ Only in 2020 has some tangible progress been made on the bill under the Deputy Prime Minister, who was also the Women, Community, and Family Development Minister, Datuk Seri Wan Azizah Wan Ismail.⁷⁴ It is worrisome that such an important and far-reaching bill remains in the drafting stage more than a decade later.

Malaysian Policies Towards Gender Equality

1. 11th Malaysia Plan (2016-2020)

The 11th Malaysia Plan is a five-year development plan towards realising the goal of Vision 2020. The 11th Malaysia Plan was developed based on the National Development Strategy of Malaysia (MyNDS), which focuses on the development of a people-based economy and capital-based

economy with the implementation of high impact projects.⁷⁵

Then Prime Minister Mohammad Najib bin Tun Haji Abdul Razak announced in his speech on the 11th Malaysia Plan, regarding women:⁷⁵

- i. For women, their role will not be limited to building families, but they will also contribute to socio-economic development
- ii. The women workforce participation rate will be increased from 54% in 2014 to 59% by 2020
- iii. The Government will continue to implement the policy to ensure at least 30% women participation at the managerial and decision-making levels in the public and private sectors

As of 2020, there is no evidence that the above points (ii) and (iii) were achieved. In fact, the aforementioned significantly low number of women holding Cabinet positions under-represents the prevailing demographics in Malaysia, which reflects poorly on the strive for gender equality in Malaysia.

2. National Women Policy & Women Development Action Plan

In Malaysia, the National Women Policy and the Women Development Action plan are also known respectively as 'Dasar Wanita Negara' and 'Pelan Tindakan Pembangunan Wanita'.

The (Malaysian) National Women Policy has been in place since 1989. Its main aim is to ensure the development and empowerment of women by mainstreaming women's interest in achieving their full potential in the planning and country development to achieve gender equality.⁷⁶ A thorough list of aims, implementation

strategies, and approaches can be found as part of the policy document.

The Women Development Action Plan (WDAP) was implemented in 2009, as a way forward for the National Women Policy.^{76,77} It is an extensive action plan covering thirteen areas for development that are crucial to women, including but not limited to, the role of women in the economy, poverty amongst women, and healthcare access for women.⁷⁷ Several initiatives were undertaken as part of the action plan, including campaigns to increase awareness of women's rights at work, as well as an education and training programme for women to better address sexual harassment at the workplace.⁷⁷

Despite these efforts and comprehensive action points, many of its goals remain unachieved, and questions have rightly been raised about its failure to do so.⁴⁴ Given that the policy cites 'government agencies, private sector, non-governmental organisations, and the civil society' as stakeholders crucial to the success of the policy, we should closely examine each of these areas for pitfalls in the way of achieving gender equality.

Conclusion

From the above, we can clearly see that much work is to be done in moving Malaysia forward, in terms of gender equality. Gender inequality remains a pervasive problem throughout the Malaysian society and the Malaysian healthcare sector is of no exception. We echo the views of WHO, which urges the adoption of gender-transformative policies and action to combat gender inequalities in all areas of the healthcare workforce.¹⁴

While projects such as the Women's Development Action Plan remain ambitious, more consistent and determined efforts are required to promote gender equality at all levels including the individual, familial,

societal, and governmental levels. It is unacceptable that Malaysia has yet to formalise a Gender Equality Bill to date, and regrettable that there is a significant lack of

official statistics specifically examining gender. Much work is required to prove that Malaysia is serious on promoting gender equality.

Positional Statement

MMI believes that

1. Every individual deserves equal rights and opportunities, regardless of gender or sexual orientation.
2. Malaysia has made limited progress in terms of narrowing the gender gap as reflected in the 2020 Gender Gap Index.
3. More substantial efforts are required to achieve the goals set out by the Women Development Action Plan 2009.
4. Gendered discriminatory behaviour is detrimental to both the progress of women and of society as a whole.
5. A functioning Gender Equality Bill is essential towards addressing and rectifying gender inequality on various levels of society.
6. Gender inequality needs to be addressed at all hierarchical levels of society.

Call for Action

MMI calls upon the Parliament of Malaysia

1. To prioritise the discussion and finalisation of the Gender Equality Act.
2. To introduce legislature formalising the definition of 'discrimination' in accordance to internationally recognised definitions.
3. To re-examine its current reservations concerning Malaysia's ratification of CEDAW.
4. To accelerate the amendment of the Employment Act 1955 to provide standardised paternity leave to workers both in the government and private sector.
5. To review urgently the petition submitted by the Women's Aid Organisation with regards to the 7-day proposal for paternity leave.
6. To increase the number of female ministers in Parliament.
7. To table and put into action a robust sexual harassment bill, applicable within and without the workplace.

MMI calls upon the Ministry of Health Malaysia

1. To formalise and adopt clear policies against gender discrimination in all fields of the healthcare workforce.
2. To reassess whether women are given equal opportunities to participate in higher levels of healthcare management.
3. To conduct more vigorous statistical analyses regarding gender distribution across all fields of healthcare workers under the Ministry of Health.

MMI calls upon the Department of Statistics Malaysia and Ministry of Health

1. To review and encourage researchers to analyse and publish more up-to-date data regarding gender distribution in the healthcare workforce.

2. To investigate the existence of a gender pay gap in governmental and private sectors, of which data concerning healthcare workers in particular would be of utility.
3. To research into whether gender, as a factor, affects opportunities regarding career progression and achieving higher positions of authority in healthcare.

MMI calls upon the Ministry of Women, Family, and Community Development

1. To evaluate and improve on the shortcomings concerning current implementations of the Women Development Action Plan 2009.
2. To adopt and enforce formal policies against gender discrimination.
3. To ensure that policies and laws are consistently enforced in the public and private sectors.
4. To execute campaigns with the aim of educating the public on gender biases, discrimination, and stereotypes.

MMI calls upon the general public, religious leaders, and people in positions of authority

1. To be consciously aware of existing gender biases and stereotypes, and consequently, its resulting behaviour and conduct.
2. To ensure opportunities are awarded to individuals in a non-discriminatory and transparent manner.
3. To be aware that gender stereotypes can be perpetuated unconsciously from a young age within familial institutions and in wider society.
4. To actively speak out and take collective action against workplace discrimination.
5. To consciously advocate for gender equality in all aspects of social living and dispel stereotyping.

MMI calls upon the private sector

1. To formalise clear policies against gender discrimination in the workplace.
2. To provide full cooperation and input towards governmental and non-governmental efforts in formalising and adopting policies for gender equality.
3. To re-examine conscious and unconscious gender biases in job seeking and promotional opportunities.
4. To formally adopt and/or enforce robust policies ensuring gender equality in the workplace.
5. To formally adopt and/or enforce robust policies against sexual harassment in the workplace.
6. To adopt a formal policy of a minimum three-day paternity leave for fathers.

MMI calls upon individuals of all genders

1. To support one another in a positive manner, working towards a conducive environment for productive discussion and action towards gender equality.
2. To proactively be aware of ongoing issues surrounding gender inequality, such as gender norms, gender stereotyping, conscious and unconscious biases, as well as the institutional factors contributing to these issues.
3. To participate productively and positively in discussion and action towards promoting gender equality, in whatever capacity.
4. To speak out and encourage speaking out against gender disparities in everyday life.
5. To support and empower women who choose to take up pertinent leadership roles within the workforce.

MMI calls upon primary and secondary educational institutions

1. To evaluate the presence of bias and/or institutionalisation of gender stereotyping in the educational syllabus and within the hierarchical organisation of educational institutions, while taking adequate reformative action as necessary.

MMI calls upon medical schools

1. To educate students on the existing gender biases in the healthcare workforce.
2. To incorporate gender-sensitive training for medical students in the current syllabus.
3. To analyse and research the role of gender bias in teaching.

MMI calls upon medical students

1. To advocate and educate the general public on gender equality.
2. To recognise and challenge their own gender biases.
3. To practise non-discriminatory behaviour towards all patients regardless of gender or/and sexual orientation.

MMI calls upon all health professionals

1. To be aware and challenge commonly held gender stereotypes amongst healthcare professionals.
2. To recognise and challenge their own internalised gender biases in order to maintain a bias-free workplace.
3. To challenge established gender stereotypes amongst colleagues, in colleges, and in medical workplaces.

MMI calls upon all media outlets

1. To be aware that gender stereotyping may be common in the media and has far-reaching effects on its audience.

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