

HERproject Bangladesh

Participating
company: Primark

Key industries:
Apparel and textile
manufacturing

According to a 2007 study, 74% of workers in the RMG sector lived in tin-roof houses, 24% in pucca houses (form of stucco), and 2% in thatched houses.

Source: Center for Policy Dialogue (CPD) and World Bank (2007), *Bangladesh's Apparel Sector in Post-MFA Period: A benchmarking Study on the Ongoing Restructuring Process*, Dhaka.

Country Context

Women represent 85 percent of the total 2.4 million employees in the Ready-Made-Garment (RMG) industry¹. Employment in the garment industry has increased the average age of marriage and improved women's financial situation, but many difficulties remain, including significant challenges to women's health.

Unmarried women comprise the majority of the female worker population. Young women often start work at the age of 18 and usually continue till they are 30-35 years old. Female workers in Bangladesh tend to have very little education as they drop out of school early to help support their families, and some are illiterate. Women in export processing zones are seen to have higher average education level and skills than workers outside the zones, and working conditions and wages are generally perceived to be better.

Key health issues for female workers in Bangladesh²

The major issues affecting female workers' health in Bangladesh include:

- » **Anemia:** Women in Bangladesh are more malnourished than men at every stage of life but this phenomenon is more visible in the case of adolescent girls and pregnant mothers. The WHO calls anemia a 'severe' public health problem in Bangladesh. Women lack knowledge on what food is enriched with protein, carbohydrates, vitamins or minerals. Women have expressed that they do not know the nutritional value of inexpensive food like pumpkins, leafy greens, vegetable, nuts, fruits of the seasons and small fish. Few women drink adequate amounts of water due to lack of access at home or restricted movement at work.
- » **Family planning:** Family planning products are for the most part available to women workers especially in urban areas and are widely used by female garment workers. Female contraception use has increased from 1975 by 5% to 47.5% in 2007.³ However, women workers who use family planning products often misuse them due to lack of awareness (see sidebar).
- » **General health & disease prevention:** It is very common to visit traditional medicine men for healing maladies through "Jhaar" (Fanning with animal fur/feather) and "Phook" (blowing through the mouth after chanting a few "verses"). Workers in general do not have any idea about blood groups, or their individual blood group. Very few women consult doctors for general or reproductive ailments, including frequently occurring urinary tract infections and reproductive tract infections. Male and female workers both have

¹ The Bangladesh Garment Manufacturers and Exporters Association (BGMEA) Presentation, 2008.

² Note: This information is based on feedback from a Levi Strauss rights and responsibilities training program in Levi Strauss supplier factories in Bangladesh. This program was conducted by Sheva and managed by Nazneen Huq, now the local HERproject manager in Bangladesh. This report is supplemented by research conducted by the BSR team in Dhaka and Chittagong.

³ Marie Stopes Vasectomy: expanding access in Bangladesh, January 2010.

<http://www.mariestopes.org/documents/publications/MSV-expanding-access%20in-Bangladesh.pdf>

Highlight: Misuse of Family Planning Products in Bangladesh

- » Women misuse contraceptive pills to prevent menstruation. Women report this helps them avoid the hassle of going to toilets at work. Toilets do not always cater to the personal hygiene requirements of female workers.
- » Many women use birth control without any understanding of its side effects. Family planning providers often dispense products without proper information. This misinformation leads women to use products like [Norplant](#) and other implants and injections simultaneously.

reported suffering from infectious diseases including hepatitis, malaria, typhoid and dengue, as well as other water-borne diseases. They do not know how to address these maladies and often pay a heavy price for mishandling them.

- » **Health-related rights:** Including maternity leave, factory child-care facilities, nursing breaks, and hygienic toilet facilities. Women also tend to be unaware of their reproductive rights. Most people think that family planning is a woman's responsibility but that the decision to have a child and birth spacing is up to the man. Taboo often prevents women from telling supervisors at work about discomfort during pregnancy.
- » **HIV/AIDS and Sexually Transmitted Infections (STIs):** Although many workers know HIV/AIDS is a risk, they lack basic understanding of transmission, treatment if you are HIV+, and how to prevent infection. Women often feel helpless against being infected by their husband if he should contract AIDS or any other STI. Knowledge is very limited about the symptoms and prevention of other STIs, including Hepatitis B&C, gonorrhea and syphilis.
- » **Occupational health and safety issues:** Occupational hazards such as fires are a major source of concern in Bangladeshi factories. Female workers have very limited understanding of occupational health and shyness and fear of being reprimanded often prevent them from alerting supervisors to safety hazards. Currently there is an absence of specialist practitioners in occupational health and there is an urgent need to develop capacity of primary health care practitioners to promote workers' health.
- » **Personal hygiene and menstrual hygiene:** Women in Bangladesh mostly use cloth torn from old saris to absorb menstrual blood. These clothes are reused, often without being washed or dried properly, which results in infections and cause extreme discomfort. In addition, lack of proper sanitation, access to water and health taboos and prejudices impact women's menstrual hygiene and reproductive health. Most factories do not provide sanitary napkins or subsidize their cost, although many factory managers are aware of menstrual-related absenteeism.
- » **Reproductive health:** The majority of women have no idea about reproductive organs or how the reproductive system works. Many female workers reported suffering from post-birth complications including fistula and prolepses.

Health care facilities in factories

Few factories have referral programs, for example, where the factory has a contractual relationship with a local clinic to send its workers in case of emergencies. The law states that every factory with more than 300 workers should have a full time doctor. Most factories fail to comply with this requirement, and have only a nurse, a clinic room, and some basic medicines. Sometimes there is a part-time visiting doctor. The medical facilities depend on the size of the factory as well as the clients to whom they supply.

Marie Stopes 'Factory Health Services' provides health services by setting up a small clinic room within a factory for a fee of 12 taka per worker per month paid by the factory⁴. Workers from participating factories are also eligible to receive free medical services from any of the Marie Stopes National clinics.

External health care facilities

⁴ <http://web.mit.edu/murj/www/v08/v08-Features/v08-f1.pdf>

The combination of long working hours for garment workers and long waiting hours at government hospitals make them close to inaccessible to the majority of female factory workers. In addition, government health facilities tend to be poorly equipped and inadequately staffed. Bangladesh has only 3 physicians per 10,000 persons.⁵ In addition, government expenditure on health as a percent of total expenditure on health is 33%, the rest covered by private health facilities.⁶ Most private clinics are also poorly equipped except for a few which are extremely expensive. Some factories have a worker welfare fund which is used to cover workers' medical fees if they fall seriously ill, but this is not common.

BSR's partner organization for HERproject

The HERproject Country Manager in Bangladesh is Nazneen Huq. She has over 10 years experience working with women workers in Bangladesh's Ready-Made Garment sector. She has experience facilitating and developing training programs and curriculum, as well as needs assessments, monitoring and evaluation. Huq is also experienced in developing and implementing community based micro-enterprise development programs.

Other organizations in and around Bangladesh which work on women's health issues

- » [Awaj Foundation](#) is an NGO focused on raising awareness of different legal rights and safety issues among RMG workers. It also works to improve the health of women workers.
- » [BRAC](#) is a national organization focused on poverty alleviation programs including education, health, knowledge and skills training, social enterprise and human rights and legal services.
- » [CARE Bangladesh](#) has specific programs focused on women's health and empowerment. It also has some workplace programs working with local organizations like Mamata and Sheva.
- » [Mamata](#) is an initiative set up in Chittagong in 1983 focusing on women's empowerment, women's health and family welfare services.
- » [Marie Stopes Bangladesh \(MSIB\)](#), established in 1988, provides health awareness training to male and female garment workers alike on key health issues such as HIV/AIDS. MSI Bangladesh invests in train-the-trainer programs for social compliance offering women's health and life skills and factory-nurse training programs.
- » [Pathfinder Bangladesh](#) is an international organization dedicated to improving women's access to reproductive health information and services.
- » [Phulki](#) is a local NGO that focuses its activities on providing services for working women, especially female factory workers, including childcare, women's health trainings and programs for new mothers.
- » [Sheva](#), is an NGO whose mission is to support Bangladeshi women and thus their families in standing up for their rights, through awareness and access to resources.
- » [Smiling Suns Clinics](#) refer to community health clinics which provide factory doctor visits.

⁵ WHO World Health Statistics 2010

⁶ WHO World Health Statistics 2010