

STUDY ON CHANGE IN ATTITUDES AND BEHAVIOR OF GARMENT OWNERS, MANAGERS AND WORKERS TOWARDS GENDER AND REPRODUCTIVE HEALTH ISSUES



Abul Barkat
Murtaza Majid, Rowshan Ara, Golam Mahiyuddin,
Matiur Rahman, Avijit Poddar, Asmar Osman,
Md. Shahnewaz Khan, Md. Badiuzzaman, Abdullah-Al-Hussain

 **Human Development Research Centre**

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Executive Summary

Introduction

The readymade garment (RMG) industry is a key sector of Bangladesh economy. This sector brings in about 76 percent of the country's total merchandize export earnings. Despite a number of positive changes in their lives, large numbers of these workers do not have any access in the existing health care system due to their long working hours as well as their financial constraints. In order to create a supportive environment for improved reproductive health of women and men to facilitate positive change in attitudes/behaviour on issues related to reproductive health and rights, HIV/AIDS, gender including violence against women among the workers and garment owner as well, United Nations Population Fund (UNFPA) has been supporting BGMEA under project "*Promotion of Reproductive Health, Gender Equality and Women's Empowerment in the garment Sector*" (2006-2010) since 2006. A total of 450-garment factory with 450,000 of beneficiaries in 4 selected areas (Malibagh, Mirpur, Chittagong and Narayangong) are currently included under UNFPA/BGMEA project.

This study is intended to provide an overall scenario of the garments workers' RH status and a comparison in the RH/RR status of the garments workers between UNFPA/BGMEA intervention and non-intervention garments. This study also intends to help to design or redesigning the current programme in order to make it more effective in addressing the needs of the garments workers as well as change of attitudes of other related groups associated with the garments workers.

Objectives of the Study

The **overall objective** of the study is to assess the changes in attitude, behaviour and practices among the garments workers on RH/RR/Gender and also to assess the attitude of the owners and managers on the need for RH/RR and Gender equity and equality for the garment workers. To do this, **specific objectives** of the study are (i) to identify and assess the change in attitudes and behaviour of the garment workers on RH/RR and gender issues compared to non-intervention areas, (ii) to identify and assess the change in attitudes and practices of the owners, managers and other male employees regarding the RH/RR and gender issues, (iii) to identify how far UNFPA's interventions contributed to make above changes and assess the effectiveness in changing the attitude and behaviour of the workers and associated groups (owners, owner's representative, management) and (iv) to identify ways to improve the programme design and as well as to improve the access of the women garment workers' to reproductive Health information and services and to empower them in making decision on their own health issues.

Methodology

Study Design: Both quantitative and qualitative techniques have been followed as a means of credible and reliable data collection methods. In absence of baseline data, cases have been assigned randomly to the experimental (intervention factories) and the control group (non-intervention factories), with the assumption that it would be similar before the program (UNFPA/BGMEA) intervention. Thus, a design of "with-without" (UNFPA/BGMEA) scenario,

instead of an ideal “before-after”, has been followed in measuring the impact of UNFPA/BGMEA program’s intervention on the experimental group by comparing that group with the controls. The study has been conducted in four locations, namely Malibagh, Mirpur, Narayangonj and Chittagong. Where, Malibagh and Mirpur located within Dhaka City.

Sample Size

The sample size for quantitative survey has been determined using a sound statistical formula with 95% confidence interval and 3% precision level. At first stage garment factory was chosen as Primary Sampling Unit (PSU) and in line with above estimated total number of sample factories was 24, equally distributed over intervention (12) and non-intervention factories (12). At the second stage survey respondents were calculated as 440 for intervention factories and half of this i.e. 220 for the non-intervention factories. In Intervention garments, 66 male and 374 female, and in Non-intervention garments 33 male and 187 female were interviewed according to respective population weight.

As regard to qualitative study design a total of 34 KII were conducted, where 16 with Owners/ Mangers, 12 with Health Service Providers of BGMEA health centres, and 6 with Policy level persons. Besides, a total of 12 FGDs were conducted where, 6 with female garment workers, 4 with male garment workers, 1 with BGMEA Representative, and 1 with members of Garment Worker Association. Apart from these, 7 Case studies were conducted with female garment workers in Dhaka, Narayangonj, and Chittagong.

Findings, Implications and Recommendations

The results and implications based on analysis of the various dimensions of knowledge, attitude and behaviour of the garment owners, managers and workers towards gender and reproductive health issues are as follows.

Demographic and Socio-economic Characteristics of Garment Workers

- The **mean age** of the workers was 24 years for female and 28 years for male in intervened factories), which was slightly lower by 2 years in non-intervened factories. About 37% of the female workers in the intervened garments and almost 50% in the non-intervened garments belong to 16-20 years age group. In the intervened garments, the **average age at marriage** for the female and male workers was 17 and 25 years respectively. On the other hand, this age was 18 years for female workers and 24 years for male workers in the non-intervened factories.
- The **average age at first childbirth** of the married workers (including those who are currently widowed/widower, separated or divorced) was 19 and 27 years for female and male workers respectively in the intervention garments. In the non-intervention garments, on an average it is 0.5 years lower for the female workers. In the intervened garments, 69% of the ever married female **workers had child**. On the other hand, about 62% of the same in the non-intervened factories had child. The average age of the youngest child was 2.3 years for the females in the intervened factories. On the other hand, the age of the youngest child was 1.7 years for the female workers in the non-intervened factories.

- The average *year of schooling* is 10 years and 6 years for male and female workers respectively in the intervened garments. This average was lower among the workers of the non-intervened factories (male 8 years and female 5 years). On average the *rate of primary school dropout* workers was about 2.5 times higher in the non-intervention factories as compared to that in the intervention factories.
- The *average distance from residence* to workplace was 1.6 kilometres for the intervened factory workers while it was 1.2 kilometres for the non-intervened factory workers. About 80% of the workers in the intervened factories and 85% in the non-intervened factories commute to their workplace on foot.
- Average *working hour* was 9 hours 42 minutes for the female workers in intervention factories, and 10 hours 12 minutes in the non-intervened factories. The average *monthly income of male* workers was Tk. 5,175 and that of the female workers is 3,635 taka in intervened garments. The average *monthly income of the female* workers in the intervened factories was Tk. 420 more than that of the non-intervened factories. In males, this was Tk. 1,574 more in the intervened factories than that of the non-intervened factories. The *average monthly expenditure and savings* per household for male and female workers in the intervened factories was also higher than that of non-intervened factories.

Awareness and Practice on Health Issues

- BGMEA Clinic as a source of health care service for the garment workers is known to most (95%) of the workers of intervention factories and 48% of non-intervention factories. About 88% of the workers in intervention factories and 84% of the non-intervention factories mentioned about availability of health care services free of cost in BGMEA clinic.
- Utilization of the service of BGMEA Clinic is 16 percentage point higher among the workers in intervention factories as compared to the non-intervention factories (96% vs 80%). It is higher among the female workers than the males in both intervention and non-intervention factories. Regarding recent (last three months) utilization of BGMEA clinic by garment workers of intervention factories, more male workers than their female counterparts undertook treatment for some disease from the clinic in the recent past (54% vs 29%).
- In most of the surveyed factories (93% in intervention factories and 74% in non-intervention factories) there is an employment of qualified medical officer on part time basis and a trained nurse on full time basis to provide health care services inside the factory in addition to BGMEA-UNFPA project supported service. This clearly indicates one of the positive changes in attitude as well as behaviour of the garment owners towards provisioning of better health services to their workers.
- Even after being aware of BGMEA clinic, some workers in intervention factories were found to go to places other than BGMEA clinic for treatment since it is located far away from place of work/living. However, more than 80% of them reported that their health care needs are met by the existing services of BGMEA clinic. The change of the garment owner's attitude and behaviour in providing health care service to garment workers is quite obvious. According to the managers, previously they had to manage all these health

problems through various arrangements, not as an organized way offered by the BGMEA-UNFPA project.

- Awareness of availability of each specific service in BGMEA clinic among the workers of intervention factories is quite high compared to those in non-intervention factories. On an average, the estimated knowledge gap regarding the range of available service in BGMEA clinic is 28% among the workers in intervention and non-intervention factories. Knowledge gap between the male and female workers in the intervention factories is 14% and that of non-intervention factories is 20%.
- Of the reported available services, most *frequently pronounced service* (87%) by the female workers in intervention factories was ‘treatment of common medical ailments’ followed by ‘antenatal care’ (83%) and ‘counseling of family planning’ (82%). According to the garment workers, the least available service in intervention factories was ‘services other than reproductive care’, which in non-intervention factories was ‘treatment of reproductive tract infection (RTI)’.
- One of the outstanding features of the BGMEA-UNFPA project was to provide health education to the garment workers to disseminate knowledge on health, reproductive health, RR, gender equality, STD, family planning issues, and distribute pill and condom among workers. In general, health education was imparted to the garment workers in-group of 3-5 at the garment premises in each garment per month.

Knowledge and Use of Reproductive Health Services

- On the whole, the workers from the intervention factories were more aware about both RH and RR issues as compared to those from the non-intervention factories. For most RH and RR issues, the male workers were more informed compared to their female counterparts.
- Regarding the sources/channels of information on RH and RR issues it has been revealed that for intervention (IN) workers major source of information was UNFPA/BGMEA clinic/project, while for non-intervention (NI) workers the same was BCC activities conducted by the Government and/or NGOs, other channels like poster, microphone, radio and TV.

Knowledge about Antenatal Care, Child Delivery and Postnatal Care

- The workers from the intervention factories as compared to those in non-intervention, on the whole, were comparatively more informed about the following: where to go for ANC services, the danger signs/life-threatening conditions during pregnancy, where to go in case of finding life-saving conditions during pregnancy, about delivery preparedness, where to go for PNC services, and knowledge about necessary arrangements of home delivery.
- Female workers reported 8 types of problems related to health and nutrition problems faced by the women during pregnancy. General weakness/loss of weight/anemia is problem number 1 for the pregnant mothers and knowledge about postnatal period also shows higher in intervention garments.

Practices Related to Antenatal Care, Child Delivery and Postnatal Care

- A slightly higher proportion of women in intervention garments have reportedly enjoyed freedom of choosing the time of their last pregnancies (87% vs 73%). The proportion of institutional delivery among the intervention concerned female workers is much higher compared to that among non-intervention counterparts (21% vs 13%). As regard to person who assisted the mother during last delivery, the proportion of medically competent persons assisting the delivery was much higher among concerned intervention workers than among non-intervention (57% vs 40%). The national scenario in this regard is that about 12% of MWRA only have received assistance during their last delivery.
- Around 90% female workers respectively from IN and NI factories have availed 2 and/or more number of PNC visits after last child birth. However, the share of availing PNC services from GoB hospitals/clinics is also lower in garments clinics is quite low in NI factories.

Family Planning Services and Menstrual Regulation

- In terms of both knowledge and practice of family planning and MR, the workers of the intervention factories are remarkably ahead as compared to that of non-intervention factories. Regarding choice of FP method, the IN workers, especially the females have been relatively more empowered than the NI workers. This is a distinct contribution of the project.
- The achievements in changing the attitude of the workers in intervention factories over the non-intervention ones may be fully attributed to the project interventions like training sessions, workshops.

Perception STI/STD, RTI, Hepatitis and HIV/AIDS

- A much higher proportion of garment workers in intervention factories have heard about sexually transmitted infections/diseases compared to workers from non-intervention factories. However, the overall knowledge about reproductive tract infection among both the categories is low. Regarding knowledge about hepatitis B and C and how to prevent it, the current status of the same among both respondent categories is also alarmingly poor.
- The knowledge level of the workers on HIV/AIDS across the categories of respondents is relatively satisfactory compared to RTI and hepatitis. A much lower proportion of workers across the respondent categories have reportedly know who are high risk category to HIV (31% vs. 17%) and know at least 3 ways of prevention of HIV (27% and 12% respectively).

Attitude and practice on other reproductive health issues

- The overall attitude and practices of female workers to other RH issues in intervention factories have risen to a much higher level as compared to those in non-intervention factories.
- Individually, for each of the indicators, the status of practice among the women in intervention factories is higher than that of non-intervention factories in other reproductive health issues.

Decision Making in Different Household and Reproductive Health Issues

- In the intervention category, the average score for women on this decision making status is 73 which is 65 in non-intervention category, where 100 is the ideal score.
- Around one-fourth of the women in intervention garments and much less in non-intervention can decide spouse by her own. In few (13% under both) women in consultation with others family members decide on choosing spouse. Among men a higher proportion can decide his spouse by his own.
- A slightly higher proportion of women in intervention than in non-intervention category have control over income and expenditure. Most of the female workers opined that they have full ***control on their income***. Nobody take their money forcibly.
- About 86% women in intervention category do play important role in decision making on number of children, which is 15% higher than the non-intervention category. This is less in men in both categories.
- Majority of the women (83%) in intervention category play important role in decision making on going for treatment of reproductive health or medical problems, which is higher than the women in non-intervention category. More women than men are involved in playing important role on this issue.
- Higher proportion of women in intervention category play important role in decision making on education of children, than the women in non-intervention category [96% V.s. 91%]. The trend among men on taking decision on this subject shows similarity to women, though relatively fewer men are involved in this issue than the women in intervention category. Playing important role in decision making on marriage of children, is higher in both categories.
- In non-intervention one-fourth workers had no freedom to make choice but in intervention only 14 percent had not freedom to decide whether/when to conceive. This depicts a clear picture of gradual development in the process of empowerment due to project intervention.
- Guarantee of leave from factory whenever they are sick is also higher in intervention in comparison to non-intervention garments. It is evident that health rights are near same secured in the garments under UNFPA and BGMEA project.
- The issue of Good working environment, and Equal wage between male and female was also reported positively (by 61% in intervention and 58% in non-intervention). It also shows the positive effect of project intervention where there is improvement in gender discrimination.
- KII and FGD of managers, and FGD and Case Studies of workers revealed marked difference between the intervention and non-intervention group of garment workers. The Case Studies of Shefali, Hasina Khatun, Shikha are some of them which depict the substantial socio-economic change in a women's life after participation in a garment factory where there is intervention of UNFPA project.

Significant Change of Attitude, behavior and knowledge after the intervention

- In the intervention garment factories workers suffer less with the problem of dropout. They know about maternity leave. They attend the clinic on regular basis. Higher proportion of female garment workers of intervention category reported about enjoying maternity leave. It implies that there is a change in attitude and behavior of garment owner due to project intervention.
- Before participating in UNFPA/BGMEA health project the female workers used to conceal their reproductive health problems due to social taboo. Now, there is a change in their behaviour. Previously they used to visit the clinic alone but after gender training they are accompanied by their husbands. They discourage early marriage and polygamy in their families. So, there is a tendency to limit the birth of children.
- The *environment* of the intervention garment factories under UNFPA-BGMEA project is gender-friendly there is separate toilet facilities for male and female staff and workers. There are day care centre for the female workers in few garments.
- Most of the respondents in intervention garment factories tell clearly about *gender equality*.
- Female garment workers are aware of the legal procedure for *violence against women*. They know where to go to take action against gender-based violence.
- Female garment worker prefer to marry male garment worker according to their own choice. If their parents arrange *marriage* they have to conceal the fact that they are garment worker.
- *Birth rate* among the female garment worker of BGMEA is lower than the birth rate of the whole country. In UNFPA-BGMEA project areas garment workers are very much in concision about family planning. The birth rate of BGMEA workers is lower than the whole country.
- Garment workers in intervention garment factories know about International *Women's Day, Population Day, AIDS Day*. Healthy relationship of male-female worker is maintained there.
- Equity in wages of male female worker is also maintained there. They are getting the wages according to their status. The policy-makers and management of garment factories become gender-sensitive, because of their participation in UNFPA-BGMEA project workshop training programme, etc.
- Development of *close interaction* between the worker and the management of the garment factory is a positive impact of UNFPA-BGMEA project activities.
- Now, because of the *gender-sensitive outlook of the management*, the female workers inform about their pregnancy to the authority and attend clinic and do the health check-up. As a result, their job security is ensured.
- After the training on RH and gender issue the *hesitation on social stigma is over*. Now they discuss about reproductive health problems freely and communicate it to their peer groups.
- Garment workers become more interested to get service delivery in the BGMEA Clinic.

- The Supervisor of the UNFPA-BGMEA projects are *trained to behave politely* with the workers specially with the female worker. In tannery sector the male supervisor usually had harsh behavior with the female workers (Leather Sector Gender Analysis, SRGB, October 2007).
- There is the provision of pure drinking water for the garment-workers in the factories under project intervention which is a indicator of ensuring basic human rights.
- FGD of male workers reveals that almost all male workers in intervention know about the concept of gender-equality. They *learnt it from the workshop and from gender training organized by UNFPA-BGMEA*.
- *The next important impact is Management of Garment becomes Gender Sensitive.*
- The non-intervention garments we perceive a lack of knowledge about reproductive health, reproductive rights and gender issue among the workers. Whereas, net impact is 34 percentage points for participation in reproductive health programs, 33 percentage points for participation in reproductive right programs and 37 percentage points for gender programs.

Knowledge, Existence and Opinion about Violence Against Women

- Violence against women is a common issue in the patriarchal society of Bangladesh. Gender-based violence, including wife-beating, rape, sexual abuse, and dowry related murder is widely prevalent in Bangladesh. Female workers of garment are also tortured both in the workplace and family.
- The female garment workers in intervention garments are more aware about where women should go to take support in case of a VAW than their counterpart. The study shows that male workers are more aware about VAW related issues than females.
- In all respect knowledge level of the garments workers under the UNFPA-BGMEA worker is higher than the non-intervention garment workers on VAW related issues. This is the positive impact of the training and as advocacy work of the project.
- Most of the female garment workers in intervention garments consider that services of VAW is accessible for all classes including the poor whereas in non-intervention garment it a bit lower. This indicates a change of services on VAW gained through the project intervention.
- On prevention of VAW in garments higher proportion of garment workers of the intervention garments think that women should be made aware/trained for prevention of VAW, and government should be aware of implementation laws, garment owners to be made aware to give proper safety of women, and feel BGMEA should be informed of VAW. It indicates an attitudinal change of the female garments workers regarding the issue on prevention of VAW in garment after the project intervention.
- Most of the female workers in intervention garments admitted that they have harmonious relationship with male workers, no sexual harassment in the workplace, and no teasing in the work place. This is a positive indicate of project intervention.
- The case studies also reveal the impact of the UNFPA-BGMEA project in changing the behaviour of a girl and regaining courage and self-esteem to combat violence against women.

Suggestions and Recommendations**Suggestions for Garment Owners/Managers**

1. Workers should be informed about their basic rights and incentives according to the existing labour laws before joining. Factory workers shall sign an appointment letter written in Bangla mentioning incentives and leave provisions.
2. They could provide transport facility for patients to go to health clinics.
3. Garment authority should become more aware of workers' training issues. Owner should ensure that the training or other workshop should take place at a convenient time for both the workers and the management. Arranging training at the lunchtime will neither be suitable nor effective for the workers. Therefore it should be arranged at a time other than lunchtime or after working hour.
4. Should involve one person from management level in the training provided by the project.

Suggestions for Garment Workers

1. Husbands should be brought in BGMEA clinic.
2. The garments where BGMEA clinic is far away, workers should get service from '*Green Umbrella*' clinics.
3. As the project activities are for the betterment of the lifestyle of the workers, they must be interested in trainings and willing to provide time in them.

Suggestions for Garment Factories

1. Organize training on reproductive health and gender issue for all workers of the garment factory on regular basis.
2. Garments should provide more time for the training of the workers on gender and reproductive health. The time of training should be 3 to 4 hours.
3. There should be a Day Care Center in garments.
4. Financial help should be provided during Caesarean Section and other costly treatments.
5. Light works should be provided during pregnancy.
6. Provision of leave at 5 p.m. for all pregnant workers should be instituted.
7. Maternity leave with other benefits should be given during pregnancy.

Suggestions for Providers/Clinics

1. Since many workers cannot take services from the clinics because of their distance from the factory, number of clinics should be increased considering factory density.
2. Number of type of services and number of doctors in clinics should be increased.
3. Some clinics do not have female doctor, and some have insufficient female doctor. More female doctor should be employed in the clinics.
4. BGMEA clinics should supply more medicine free of cost.
5. The medical instruments are in short supply – these should be increased.
6. Menstrual pad (sanitary napkin) should be supplied free of cost for the female workers.

7. Ultrasonography, X-ray and other higher pathological facility for blood and urine should be arranged.
8. There should be arrangement of at least 2 beds in each BGMEA clinic.
9. Arrangement of delivery service in BGMEA clinics or arrange provision of delivery care with other clinic.
10. Arrangement of transport for female workers so that they can go to the clinic as per their convenience.
11. The BGMEA clinic in Narayanganj should be shifted to BSCIC Industrial Area where more than one hundred garment factories are situated.

Suggestions for BGMEA/ UNFPA and Project

Many of the workers in the RMG sector do not have any idea about their rights, incentives and the existing labour laws. As a result they are vulnerable and often subject to manipulation and exploitation. For example, most of the female workers do not know that they are entitled to maternity leave with payments. They even do not know about their working hour and how much they need to do overtime works. Considering the above the following recommendations are forwarded for consideration for the effective implementation of the project:

1. Project should cover more garments.
2. It would be highly effective for the project if it could introduce the basics of labour laws (about maternity leave provision and such other benefits) in their training or workshop curriculum. UNFPA could play a vital role while designing the new phase of the project including this issue which would give good result immediately.
3. Ministry of Labour of the Government should be included in the implementation of the project in a functional manner so that it could play prominent role. As BGMEA people need to come to the Ministry for meetings and other purposes, the Ministry could make them obey the rules.
4. More training for workers from BGMEA should be provided in all factories.
5. The number of workers for training and workshops should be increased which is negligible at present.
6. The group of trainees should consist of 15 persons instead of 30 persons.
7. Arrange enter-education programme to transmit the message of reproductive health and gender issue.
8. Feedback should be taken after training.
9. There should be training for the Supervisors. More training should be provided to Health Promoters.
10. Garments should be informed earlier about the training schedule and ensure their cooperation.
11. Arrange seminar, symposium, and meeting after some periodic gap.
12. More use of poster, picture plates, flip charts should be arranged.

13. Some posters with the basic components of the project inside the workplace could be used so that workers could easily know what to do and where to go to get certain services.
14. Workers should also be made aware on problems of early marriage and multiple marriages.
15. In association with training and book supply, workers should be informed through message with picture, Drama and Songs by celebrity, e.g. Runa Laila's song before message.
16. There should be arrangement of more advocacy workshops on Violence against Women.
17. Legal support for the victim of violence has to be given.
18. The project could be brought under the Implementation Monitoring and Evaluation Division (IMED) of the Government for proper monitoring and implementation.