

Perception and Attitude Towards Reproductive Health Services of the Female Garment Workers in Tangail, Bangladesh

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ABSTRACT

The Ready-Made Garments (RMG) industry, the main contributor to our export earning, employs about 35 lac female workers who often suffer from health issues including malnutrition, communicable diseases, pregnancy complications, reproductive infections, inappropriate use of birth control materials and other such diseases related to sexual and reproductive health. This study was conducted among women of reproductive age groups (18-45 years) working in three garment factories in the district of Tangail, Bangladesh. The data was collected by face-to-face formal interview with the respondents using an interview schedule. The collected raw data was organized and analyzed by SPSS and MS office data analyzing software. In the present study, 64.35% respondents are within the 18-24 age group, 27.72% respondents are within the 25-31 age group, 2.97% respondents are within the 32-38 age group, and 3.96% respondents are within the 39-45 age group. The marital status of the participants is strongly related to their tendency to seek medical attention in sexual health problems, as unmarried women have greater tendency to seek medical attention in sexual health problems than the married and divorced women, with the p-value of .027. A strong association was also found between the level of education and the understanding of methods of spreading HIV from mother to baby, with a p-value of .001. Another association was found between monthly income and number of children with the p-value of .001.

Keywords: Ready Made Garments; Female Workers; Reproductive Health Services; Tangail; Bangladesh

Introduction

The ready-made garment (RMG) industry of Bangladesh is one of the major industries that developed because of a global shift of production where manufacturers compete on price and quality [1]. In Bangladesh, the competitiveness of the garment industry in the world market was seriously affected by ill health of the workers, which decreases the labor productivity to a great extent [2]. Recent estimate suggests that there are about 35 lakh garment workers working in 4,500 factories across the country (The Daily Star) of whom almost 80% are women [3]. The emergence of garment industries brought about a change in the traditional scenario as women were viewed within a narrow perspective of their childbearing and reproductive

role. Employment in the garment industry has increased the average age of marriage and improved the financial situation of women, but many significant challenges remain to their health [4]. Many studies have been done on garment workers occupational safety and security [5], gender [6] and harassment [7], physical and mental health [2], breastfeeding knowledge [1], livelihood pattern [8] and socio-economic condition [9], health related quality of life [10] etc. There is limited evidence about female garment workers (FGW) reproductive health. Drinking and toilet habits and nature of job apparently found to have reproductive morbidities [11]. Among the pregnant workers the rate of miscarriage is very high and most of them experience abortions more than once [12].

Mridula, Khan [3] showed that the working environments were not friendly and secured enough to keep FGWs reproductive health rights. FGWs' reproductive health rights are not given due attention internationally and are treated as a less important issue [4,13]. The Ready-Made Garments (RMG) industry, are the main contributor to our export earning, employs who often suffer from health issues including malnutrition, communicable diseases, pregnancy complications, reproductive infections, inappropriate use of birth control materials and other such diseases related to sexual and reproductive health. This adverse condition of women workers impacts badly their lives as well as their productivity from which the RMG sector suffers consequently [14]. The rates of unwanted pregnancy and menstrual regulation (MR) are high. Garments workers know little about pregnancy related complications as well as postnatal care [15]. In Bangladesh, the term Reproductive Health (RH) encompasses child/maternal health, family planning, and the prevention and treatment of AIDS/HIV and reproductive/sex related disease.

A recent focus of local and international organizations has expanded the scope of reproductive health to include the roles and responsibilities of men, Adolescent Reproductive Health (ARH), and reproductive health rights [16]. Recent estimates suggest that there are about 35 lakh garment workers working in 4,500 factories across the country (The Daily Star) of whom almost 80% are women [3]. There is limited evidence about female garment (FGW) reproductive health. Drinking and toilet habit and nature of job apparently found to have reproductive morbidities [17]. Among the pregnant workers the rate of miscarriage is very high and most of them experience abortions more than once [11]. Their knowledge on HIV/AIDS and sexually transmitted diseases, sexually transmitted infections (STI) symptoms, mode of transmission of STIs is poor. Self-reported symptoms of STIs suggest that there lies a threat of high occurrence of STIs among female garment workers [8]. It is revealed that the owners of the garment industries and Bangladesh Garment Manufacturers and Exporters Association initiated few steps to improve reproductive health of the FGWs [18].

Justification of Study

This study aimed to gain this information from FGWs using a focused ethnographic approach. This approach will be used to collect contextual information in less time and design an intervention with the execution of the voice from the target audience. To ascertain the status of behavioral change activities of the factory, they will be asked whether they participated in any training, workshop, viewing BCC materials at their workplace. Usually, FGWs get training on fire protection quarterly or monthly. To ascertain the reproductive health situation and maternity care, FGWs will be asked about their perception and practice of menstrual hygiene, reproductive morbidities, and maternity care and existing hygiene practice.

Ethical Issues

Consent was taken from appropriate authority. Written informed

consent was taken from respondents. Each respondent was compensated for his/her time by a gift item. The researchers also responded to the queries at the end of each conversation.

Methods

Study design and Target population

This is a descriptive type of cross-sectional study. This study was conducted among women of reproductive age groups (18-45 years) working in three garment factories in the district of Tangail. Female garment workers who received reproductive health services from the medical department of the garments factories over the last 3 months were interviewed for this study. The study was conducted in the factories situated in mirzapur, Tangail: Impress Newtex composite textiles ltd., textiles ltd. and Dekko Garments ltd. Qualitative data was collected by using checklist, and quantitative data will be collected using a semi structured questionnaire by face-to-face interview. All procedures were conducted in Bengali. Qualitative data was coded according to grounded and priori themes using ATLAS.ti 5.5 software. Qualitative data was analyzed using SPSS version 13.0.

Ethical Issues

Consent was taken from appreciative authority. Each respondent was compensated for his/her time by a gift item. The researchers will also respond to the queries at the end of each conversation.

Results and Findings

This chapter discusses the results and findings of the study. The study was conducted upon 101 female garment workers of reproductive age from three different garment factories in Tangail district. The questionnaire and findings are based on the objectives and variables. It reveals that 64.35% respondents are within the 18-24 age group, 27.72% respondents are within the 25-31 age group, 2.97% respondents are within 32-38 age group, 3.96% respondents are within 39-45 age group (Table 1). Among the total respondents 19.80% have passed JSC Exam, 34.65% have passed SSC Exam, 45.54% have passed HSC Examination, and among the total respondents 57.43% are married, 35.64% are unmarried and 6.93% are divorced (Tables 2 & 3). Among the total respondents, 33.66% have no children, 45.54% have 1 child, 11.88% have 2 children, 2.97% have 3 children, 3.96% have 4 children and 1.98% have 5 children.

Table 1: Distribution of age group of the participants.

| Age Group | Frequency | Percent |
|-----------|-----------|---------|
| 18-24 | 65 | 64.35 |
| 25-31 | 28 | 27.72 |
| 32-38 | 3 | 2.97 |
| 39-45 | 4 | 3.96 |
| Total | 101 | 100 |

Table 2: Distribution of the participants by Level of Education.

| Level of Education | Frequency | Percentage |
|--------------------|-----------|------------|
| JSC | 20 | 19.80 |
| SSC | 35 | 34.65 |
| HSC | 46 | 45.54 |
| Total | 101 | 100 |

Table 3: Distribution of the participants by Marital status.

| Marital status | Frequency | Percentage |
|----------------|-----------|------------|
| Married | 58 | 57.43 |
| Unmarried | 36 | 35.64 |
| Divorced | 7 | 6.93 |
| Total | 101 | 100 |

In the present study, 46.53% respondents stated that they have a female doctor available in their workplace and 53.47% respondents stated that they don't have a female doctor available in their workplace. In the study, 55.45% respondents stated that they can avail maternity leave from factory, while 44.55% % respondents stated that they can not avail maternity leave from factory (Tables 4 & 5). Table 6 shows that among the total respondents, 49.50% states that they have special toilet facility for pregnant workers, while 50.50% states that they don't have special toilet facility for pregnant workers. Table 8 reveals that among total respondents 54.46% stated that separate breastfeeding room is available in their factory, while 45.54% stated that separate breastfeeding room is not available in their factory. Among the total respondents 55.45% stated availability of childcare facility and 44.55% stated about the lack of childcare facility and availability of separate breastfeeding room (Tables 7 -10).

Table 4: Distribution of Garment Factories based on the availability of Female doctors, stated by the respondents.

| Availability of Female Doctors, Stated by the Respondents | Frequency | Percentage |
|---|-----------|------------|
| Available | 47 | 46.53 |
| Not Available | 54 | 53.47 |
| Total | 101 | 100 |

Table 5: Availability of maternity leave from Factory.

| Availability of Maternity Leave from Factory | Frequency | Percentage |
|--|-----------|------------|
| yes | 56 | 55.45 |
| no | 45 | 44.55 |
| total | 101 | 100 |

Table 6: Availability of special toilets for pregnant workers.

| Availability of Special Toilet for Pregnant Workers | Frequency | Percentage |
|---|-----------|------------|
| yes | 50 | 49.50 |
| no | 51 | 50.50 |
| Total | 101 | 100 |

Table 7: Availability of separate breastfeeding room.

| Availability of Separate Breastfeeding Room | Frequency | Percentage |
|---|-----------|------------|
| Yes | 55 | 54.46 |
| No | 46 | 45.54 |
| Total | 101 | 100 |

Table 8: Availability of Child Care Center in the factory.

| Availability of Child Care Center in the Factory | Frequency | Percentage |
|--|-----------|------------|
| Yes | 56 | 55.45 |
| No | 45 | 44.55 |
| Total | 101 | 100 |

Table 9: Measures taken during unsafe sexual intercourse.

| Measures Taken During Unsafe Sexual Intercourse | Frequency | Percentage |
|---|-----------|------------|
| Condom | 53 | 52.48 |
| OCP (Oral Contraceptive Pill) | 48 | 47.52 |
| Total | 101 | 100 |

Table 10: Methods used for birth control.

| Methods Used for Birth Control | Frequency | Percentage |
|--------------------------------|-----------|------------|
| OCP (Oral Contraceptive Pill) | 22 | 21.78 |
| Condom | 41 | 40.59 |
| Injection (Depo Provera) | 38 | 37.62 |
| Total | 101 | 100 |

Table 11 reveals that among the total respondents 40.59% stated condom as an effective measure to prevent STI, while 59.41% stated Fidelity as an effective measure to prevent STI. shows that among the total respondents 51.49% seek Medical Advice in case of missed menstrual cycle and 48.51% don't seek Medical Advice in case of missed menstrual cycle (Table 12). Figure 1 shows that among the total respondents, 29.70% stated illegal abortion, 30.69% stated unwanted pregnancy, 9.90 stated STI and 29.70% stated all of them as dangers of Unsafe Sexual Intercourse. Among the total respondents, 19.80% states hemorrhage, 32.67% states Maternal death, 26.73% states fe-

tal death and 20.79% states all of them as Dangers of Illegal Abortion (Figure 2). Among the total respondents, 15.84% stated 9 weeks, 30.69% stated 10 weeks, 25.74% stated 11 weeks and 27.72% stated 12 weeks as fetal age for medico legal abortion. Table 13 shows that among the total respondents 21.78% stated urine test, 26.73% stated strip test, 27.72% stated USG and 23.76% stated all of the points as confirmatory test for pregnancy (Figure 3).The marital status of the participants is strongly related to their tendency to seek medical attention in sexual health problem, as unmarried women have greater tendency to seek medical attention in sexual health problems than the married and divorced women.

Table 11: Perception of effective measures to prevent STI.

| Perception about Effective Measure to Prevent STI | Frequency | Percentage |
|---|-----------|------------|
| Condom | 41 | 40.59 |
| Fidelity | 60 | 59.41 |
| Total | 101 | 100 |

Table 12: Perception about methods of spreading HIV from mother to baby.

| Perception About Methods of Spread of HIV from Mother to Baby | Frequency | Percentage |
|---|-----------|------------|
| Breast Milk | 49 | 48.51 |
| Uterus | 52 | 51.49 |
| Total | 101 | 100 |

Table 13: Perception about the confirmatory test for pregnancies.

| Perception About the Confirmatory Test for Pregnancy | Frequency | Percentage |
|--|-----------|------------|
| Urine test | 22 | 21.78 |
| Strip test | 27 | 26.73 |
| USG | 28 | 27.72 |
| All the above | 24 | 23.76 |
| Total | 101 | 100 |

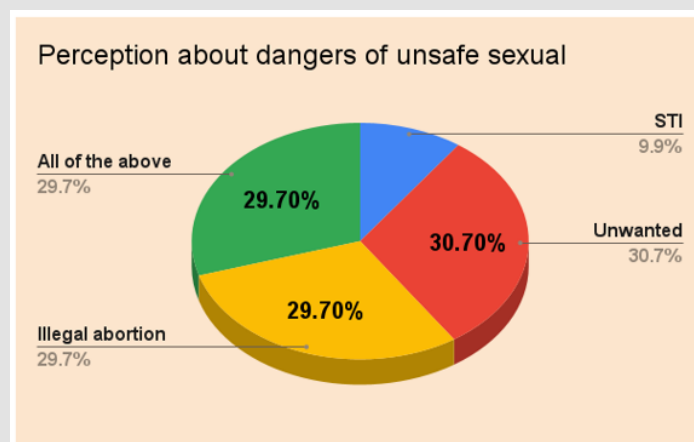


Figure 1: Perception about dangers of unsafe sexual intercourse.

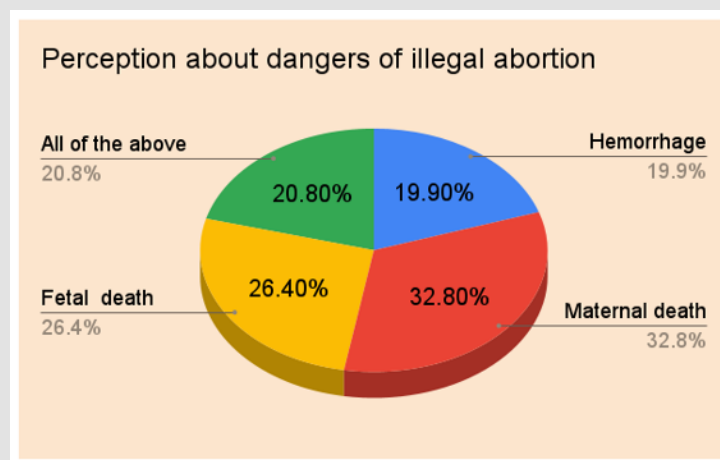


Figure 2: Perception of the dangers of illegal abortion.

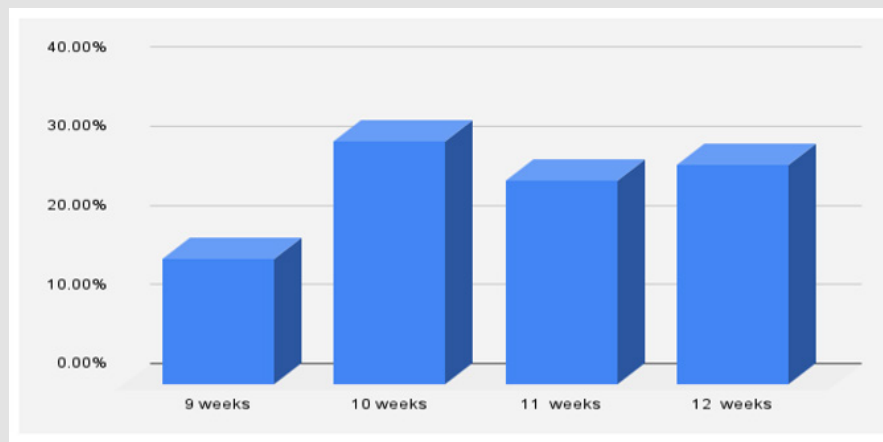


Figure 3: Perception about fetal age for medico legal abortion.

Among the total respondents, 15.84 stated 9 weeks, 30.69% stated 10 weeks, 25.74 stated 11 weeks and 27.72% stated 12 weeks as fetal age for medico legal abortion. Table 25 shows that among the total respondents 21.78% stated urine test, 26.73% stated strip test, 27.72% stated USG and 23.76% stated all of the points as confirmatory test for pregnancy (Figure 3). The marital status of the participants is strongly related to their tendency to seek medical attention in sexual health problem, as unmarried women have greater tendency to seek medical attention in sexual health problems than the married and divorced women.

It was observed that, was a strong relationship between the number of children and monthly income. Here, 41 women have a monthly income range of 8000-10000, and among them the mother of 1 child has the highest frequency. Women having 2 children have the highest frequency of earning more than 12000 BDT a month to support the children. Again, women with 5 children must earn more than 12000 BDT to support the family. Relationship between monthly income and perception about measures taken about birth control. Respondents earning 10000 BDT and above tend to take condoms for birth control, whereas most of the participants earning 8000-10000 tend to take OCP for birth control. Significant correlation between availability of maternity leave from factory and tendency to seek medical attention in sexual health problems. More availability of maternity leave from factories has less tendency to seek medical attention in sexual health problem. There was a significant correlation between the level of education and methods of spread of HIV from mother and baby. With higher education levels, the respondents were able to answer correctly about the methods of spread of HIV from mother and baby.

Discussion

The purpose of this study was to determine the perception and attitude towards reproductive health services of the female garment workers in Tangail. Random sampling was done from female garment

workers working in 3 different factories (Impress Newtex Composite Textiles Ltd, Comfit Textiles Ltd, Dekko Garments ltd) in the district of Tangail. Self-administered questionnaires were distributed to 101 female garment workers randomly. The socio-demographic information was taken from the respondents such as age, religion, marital status, level of education, monthly income, numbers of family members and different services provided by the garment factories as well as the perceptions concerning maternal and sexual health.

The study includes women of reproductive age groups (18-45 years). Among them 64.35% belong to the age group of 18-24 years, 27.72% belong to the age group of 25-31 years, 2.97% belong to the age group of 32-38 years and 3.96% belong to the age group of 39-45 years. Among the total respondents, 40.59% were within the monthly income range of 8000-10000 BDT, 33.66% were within the monthly income range of 10000-12000 BDT and 25.74% were within the monthly income range of >12000 BDT. A strong association exists between the monthly income and the number of children. As the number of children increases, they have to increase their monthly income by doing extra duty hours to support the family (P value-.001<.005). Similar results were reported in a study done by Mehedy, et al. [19], where it was shown that women with more children tend to work extra duty hours and thus have higher monthly income.

In this study, we have found a significant association between marital status of the respondents and their tendency to seek medical attention in sexual health problems (P=.027<.05). It shows that unmarried women have a greater tendency to seek medical attention in sexual health problems than the married women. Although, of the total study population, 47.52% responded positively to seeking medical attention in sexual health problems. This study shows a strong relationship between monthly income and measures taken for birth control (P Value=.001<.005). Among the total participants, 31 take condoms as a method of contraception whose monthly income is above 10000 BDT. This is the direct result of better understanding

and consciousness about the adverse effects of taking OCP (oral contraceptive pill) among the female garment workers.

Whereas the majority of the female garment workers still prefer OCP as an ideal method of contraception, but most of them (41) are under the category of monthly income of 8000-10000 BDT. It is clearly understandable that, ingestion of OCP for prolonged periods has adverse effects such as weight gain, breast pain, irregular menstruation etc which contribute to the decreased productivity of the workers which leads to the lower level of their monthly income. It is also evident that very few (4) workers have undergone ligation (Tubectomy in this case), which places them in the category of monthly income of 10000 BDT and higher.

This study also sheds light on the significant relationship between the level of education of the participants and their understanding of one of the crucial factors about AIDS, i.e., the method of spread of HIV from mother to baby (P Value=.001<.005). Similar results have been shown in the study done by Islam, et al. [20], where it was shown that widespread education can play a key role in creating effective awareness among the female population about the mode of spread of AIDS. The participants have been categorized into 3 levels of education, JSC, SSC and HSC level, HSC being the highest level. As the level of education increases, their understanding of the method of spreading AIDS becomes clear and more accurate. This information shows us the importance of education to raise awareness about AIDS and other STIs among the mass population [21-25].

Conclusion

In the readymade garment sector of Bangladesh, many female workers are found to continue their work even if they suffer from various diseases and illness as they have no other alternative to survive in the society. The growth and development of the garment sector largely depends on the female worker because female workers are the main contributor to this sector. We should believe that ill workers cannot give us a healthy economy. The competitive strength of the garment sector in the world market is seriously affected by the health problems of the workers since it decreases the productivity of the workers to a great extent. The significance of Sexual and reproductive health status of the female garment workers as a community is gaining momentum day by day. As the female garment workers are getting more aware of their rights, they are also becoming aware of their rightful sexual and reproductive behavior.

As we have seen in this research, many aspects of their familial and financial lives are intertwined with their sexual and reproductive health. Also, in the wake of Sexually transmitted infections, especially HIV- AIDS, safety of the reproductive behavior has increased importance among the vulnerable population. The analyzed results show that the respondents are within the reproductive age, and thus more prone to Sexually transmitted infections. It also shows that almost all

garment workers are aware of the safe sexual and reproductive practices, though sometimes their knowledge regarding Sexually transmitted infections is not satisfactory. Though as a country, Bangladesh has a low prevalence of STI, there remain several factors that make the country at high risk of acquisition and transmission of STIs.

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