

Expanding HIV/AIDS Prevention in Bangladesh

Providing Primary Prevention of HIV and Risk Reduction through Workplace Interventions in Garments Factories/Industries (GFATM#912) of RCC

Report on
**Progress Assessment of workplace intervention at
Garment Factory**

Designed Progress Assessment and report prepared by

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Save the Children
USA

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Acronyms

AO	Associate Organization
BGMEA	Bangladesh Garments Manufactures and exporters Association
ED/CE	Executive Director/ Chief Executive
GFATM	Global Fund for AIDS, Tuberculosis and Malaria
GW	Garment Worker
HASAB	HIV/AIDS and STD Alliance Bangladesh
HIV	Human immune-deficiency Virus
LSE	Life Skills Education
MA	Management Agency
M&E	Monitoring and Evaluation
MT	Master Trainer
NASP	National STD/AIDS Program
PE	Peer Educators
PMU	Project Management Unit
RMG	Readymade Garments
SKUS	Samaj Kalyan O Unnayan Shangstha
SP	Strategic Partner
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
YPSA	Young Power in Social Action

1. Background and Introduction

By definition Bangladesh is a low prevalence country (The last surveillance conducted in 2007 found national prevalence of HIV < 1%), but there are significant level of risky behavior that makes our country vulnerable to HIV/AIDS. Behavioral surveillance reports in Bangladesh reveals significant levels of high-risk behavior, low rates of condom use, large numbers of customers served by the sex workers. In Bangladesh 2533 people were found infected with HIV/AIDS as of 2011. Among them 445 are newly infected, 251 had developed AIDS and 84 had died due to AIDS and AIDS related illness in this year (NASP, 1st December, 2011). To this end a number of packages have been set as part of RCC with the title of “Expanding HIV/AIDS Prevention in Bangladesh” is a collaborative project between the Ministry of Health & Family Welfare and Save the Children-USA. To contribute to the overall project goal YPSA Consortium along with its other associates (HASAB, SKUS) has been implementing the package of GF-912, which title is “Providing Primary Prevention of HIV and Risk Reduction through Workplace Interventions in Garments Industries”.

The Readymade Garment (RMG) Industry is the large export sector of the Bangladesh, which earning majority portion of the foreign currency compare to other export items and employs 40% of the country’s industrial workers. According to the BGMEA, more than 650,000 people work at about 684 garment factories in Chittagong division. The vast majority of the work forces are women (nearly 80%), and aged 23 years in average. The rapidly expanding garment industry in Bangladesh has been the driving factor behind a large migration of young rural females to the city area like Chittagong.

The workers are very young, have very poor knowledge about personal hygiene, sexual and reproductive health and safer sex practices, STI and HIV/AIDS, limited access to reproductive health care and access to condoms. Besides, due to long working hours and the confined situation of their workplace, they often do not have the time to go outside for treatment or they are not exposed to any kind of life skills education (LSE). Although there have been some workplace intervention programs for the garment workers, however, health policies and programs largely ignored these populations with specific knowledge on STIs and HIV/AIDS and access to condoms.

The GF-912 project focuses on prevention of HIV through workplace intervention in the garment factory and in the community. The activities include-national workshop for advocacy, endorsement & implementation of a workplace policy, sensitization meeting with BGMEA & other stakeholders, LSE at workplace, peer education, video show, distribution of BCC materials, development of audio song on HIV & AIDS issue, interactive theatre show, management of STI and other SRH cases etc. The activities are being implemented both at workplace, and at residential setting of young garment workers and their neighbors.

Goal of the Package:

To limit the spread and impact of HIV in the country through preventing HIV/AIDS/STIs and reducing risks among the garment workers

General Objectives of Package:

- Mainstreaming of life skill education including safer sex in collaboration with BGMEA at workplace and implementation of workplace policy through continues advocacy to ensure support; providing support to ensure services for STI and sexual & reproductive health problem through facilitate effective referral mechanism to nearby health facilities
- To capacitate garment factory workers through conduction of life skill education using peer approach; providing training for the master trainers, peer educator; demonstrate and playing video documentary related to HIV/AIDS to ensure source of information beyond the education session.

Life skills-based education is now recognized as a methodology to address a variety of issues of development. LSE, a combination of learning experiences, that aim to develop not only knowledge and attitudes , but also skills (i.e., life skills) which are needed to make decisions and take positive actions to change behaviors and environments to promote health and safety and to prevent disease. Life skills may be directed toward personal actions and actions toward others, as well as actions to change the surrounding environment to make it conducive to health. BGMEA & Factory owners agreed to implement LSE Considering the Impacts cost on labor in factory. HIV/AIDS will reduce productivity, affects markets, Impact on Bangladesh Investment climate, Invisible cost if not taken effective measures like LSE as workplace intervention. Life Skill education empowered the employee providing information, increasing knowledge level.

YPSA Consortium was decided to conduct a progress assessment of workplace intervention at garment factory level particularly Life Skills Education to know the knowledge level of worker **under the Project “Providing Primary Prevention of HIV & Risk Reduction through Work-place Interventions in Garments Industries” (A Collaborative Project between MOH&FW and Save the Children-USA)**. This assessment was based on the content of LSE session. The assessment was carried out among the workers of garment factories in the Chittagong. A five member’s team (other project staff of YPSA, who are not directly related with this project) carried out the assessment with responsibilities of interview workers at factory level.

1.1. Objective of the Assessment

The main objective to conduct this progress Assessment is to find out the level of understanding of Garments factory workers, who already involved with workplace intervention particularly received LSE session at the workplace.

2. Progress Assessment Location and Methodology

2.1 Location

The progress assessment was carried out garment workers in the garment factories of Chittagong.

2.2. Assessment Approach

Both qualitative and quantitative approach was applied for this assessment. Data was generated through one to one interview of garment workers by the data collectors.

2.3 Sampling

- Total of **10 garments** from RCC selected as random basis.
- Total **100 workers** selected (who have participated in the LSE session) among 10 garments for Interview. But as per list it was possible to interview of **60 workers**, rest of workers either quit the job/ changed factory after getting LSE session.
- During interview, data collectors maintained the serial no. participants as per attendance sheet, when found worker is not available they went for next serial for interview as per guideline from YPSA Consortium.

2.4 Data Collection Tools

A standard questionnaire was developed for one to one interview of garment factory workers. Besides the face sheet, the questionnaire comprises of two sections; one is Socio-Economic and Working Condition and another is Knowledge, about HIV/AIDS, sexuality transmitted disease, drugs and safe sex based on LSE session.

2.5 Orientation of data collectors

The entire 'data collector team' were given a two hours long hands-on orientation on the techniques of data collection, roles and responsibilities of data collectors and quality control measures of the data being collected as well as do's and don'ts during data collection within the factory.

2.6 Data collection and quality issues

A five member's team (who came from other project of YPSA) carried out the responsibilities of field data collection through structured questionnaire. PMU staff of YPSA consortium followed up the data collection including controlled quality.

2.7 Data Processing and Analysis

M&E Specialist assisted by MIS and Documentation Officer of YPSA Consortium processed the whole data using simple excel sheet. During data processing it was edited and cross checked.

3: Findings of the Assessment

Based on one to one interview, the progress review found that highest 28% respondent belongs to Chittagong district and 2nd and 3rd highest 13% and 10% from Comilla and Noakhali district respectively. The following discussions are on the Indicator wise data found through review.

3.1 Section-A: Workers information

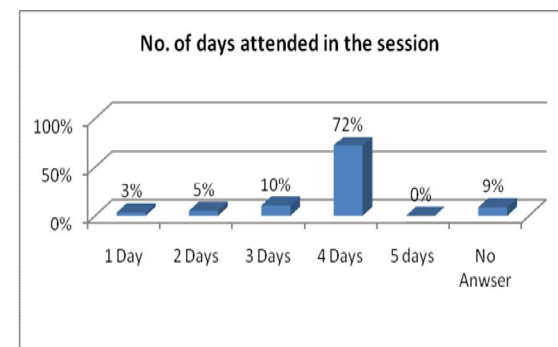
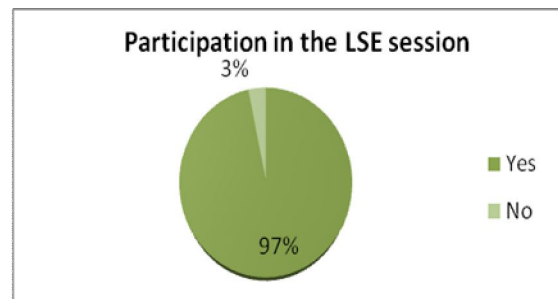
Progress review revealed that most of the garment workers are young, 68% respondent between the ages of 15-24, 25% between the ages of 25-34, which means 93% youth

workers involved with garment sectors. Regarding educations it is found that education level of 50% respondent are from class V to class VIII and 28% from class IX to HSC, where below V is 15%. Among the respondent 42% was operator, 27% was helper, 17% quality controller and only 2% was supervisor.

3.2 Section B: Knowledge about HIV/AIDS, Sexually Transmitted Disease, Drugs and Safe Based on LSE Session

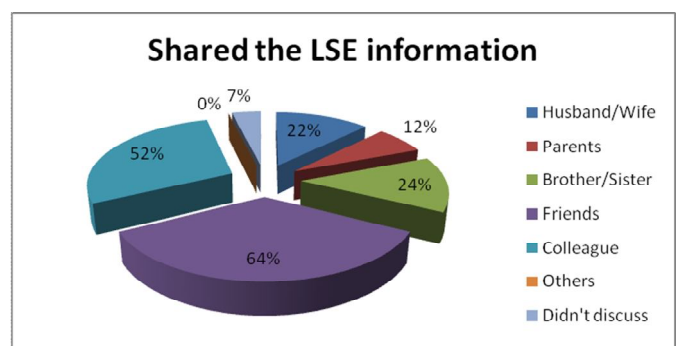
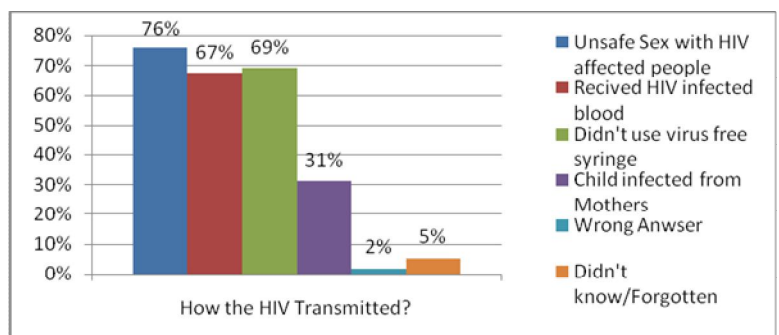
3.2.1 LSE Session

The progress assessment was conducted among the LSE receiver from the garment intervention project implemented by YPSA Consortium. From Phase-II of Round-6 and RCC 4 days LSE session has been provided. Among the responded 97% attended at LSE session. 72% respondent said that they attended in the LSE session for 4days while only 3% attended in one day. When workers asked why they didn't continue the 4 days session, 42% responded said that they were absence in factory during the session.



3.2.2 Knowledge on HIV

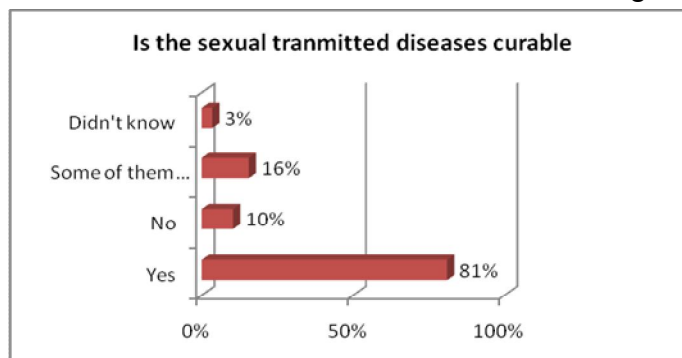
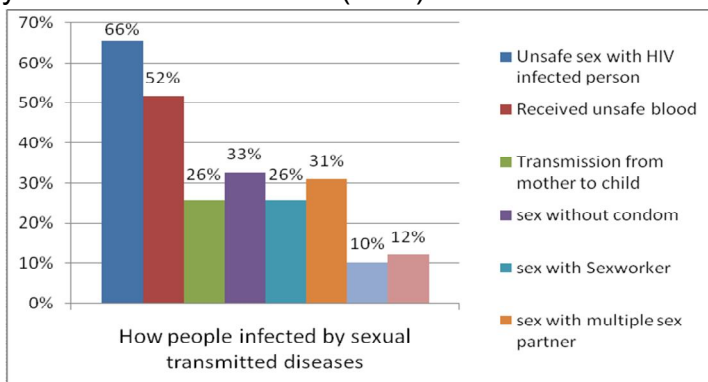
When respondent asked, are they agree to provide HIV and STI session at the workplace, in replied 100% said that they are agree and should be continued. 98% respondent also reported that they knew about HIV in the LSE session. When asked how HIV is transmitted, 76% said that HIV transmitted through unsafe sex with HIV infected person, 67% said received HIV infected blood, 69% said HIV can transmitted through not to using virus free syringe & needle and only 2% answered wrongly (Multiple Answers). Accordingly when they asked how HIV is prevented, 74% responded that sex between husband and wife and 72% and 71% said that test



blood and use new syringe before taking blood. And 64% respondent shared HIV related information with friends, 52% with colleague and only 12% with parents.

3.2.3 Knowledge on Sexually Transmitted Disease (STD) and safe sex

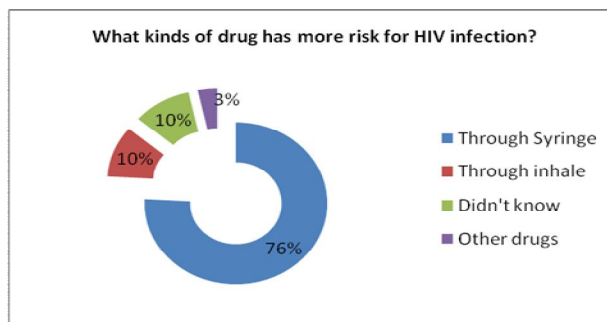
Respondent also asked about Sexually Transmitted Disease (STD) and 81% said that they heard about it and 45% and 36% respondent could say the name of gonoriya and syphilis respectively as STD. 66% said that unsafe sex with infected person one can be infected with STI and 52% said that taking unsafe blood. Regarding STI sign & symptom of male 52%, 43% and 41% said the name of urethral discharge, genital ulcer and itching in genital area respectively. And about female sign & symptom 66% said the name of lower abdominal pain and 31% said burning sensation during urination. 81% believe that STD is curable and 84% knows about the safe sex while 62% gave example of safe sex as use condom during sex. When they asked who should take the treatment of STD, 52% respondent said that both (infected person & partner). From the assessment it is found after introducing STI session in the LSE module, STI/STD



related knowledge significantly increased among the worker comparing to the previous assessment (when STI session was not included with LSE session). YPSA Consortium incorporated STI/STD components in the flip chart of RCC learning from regular monitoring visit and discussion with BGMEA during R-6.

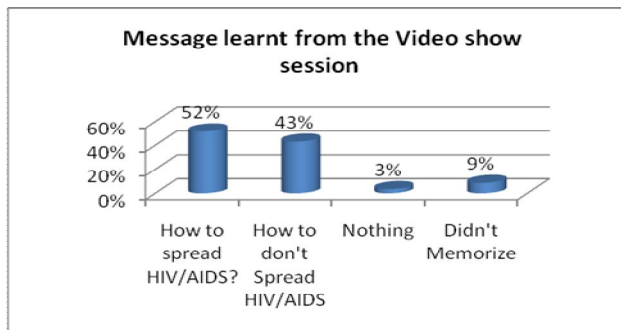
3.2.4 Knowledge on Drugs

100% of respondent heard about drugs and 95% believe that it is harmful for health. When participant of progress assessment asked what kinds of drug has more risk for HIV infection, 76% of the respondent said that taking drugs using needle & syringe has more risk for HIV infection and only 10% said they don't know (multiple answers).



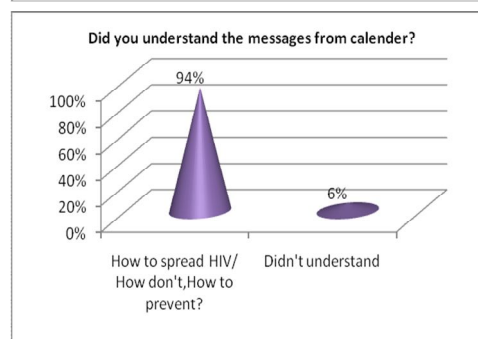
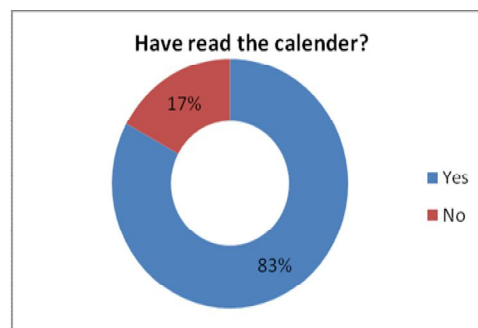
3.2.5 Video show

As progress assessment was conducted at the workplace so as a component of workplace intervention YPSA Consortium wanted to assess the video show session at workplace. Among the respondent 66% had opportunity to watch the video session at workplace, which was shown by Strategic Partner of YPSA Consortium. And 52% have been able to recall the message of video session. It should be mentioned here that YPSA Consortium organized the video show session both the community and garment factory.



3.2.6 Promotional materials (THM and Booklet)

In this review there were some questions on one page take home materials and Booklet (*janur golpa*) like receiving of materials, reading of it and understanding of message. Regarding *Janur Golpa* 43% of responded got booklet among them 80% read and 76% said that from this booklet they learned on HIV & ADIS issues and 32% said they also knew on STI. It is mentionable here that there was limited no. of *Janur golpa* for the workers. And in respect of THM (Calendar) 71% respondent received one page take home materials, among them 83% read the material and 94% understood message such as how to spread HIV, how don't spread and How to prevent.



4. Challenges

- Total target workers for interview as per list 100, who were selected from 10 garment factory but physically found 60 workers for interview.
- Rate of dropout from job /shifting of factory found 40%.
- It was difficult to interview with workers during working in a production chain particularly work pressure for meeting buyer deadline.

5. Conclusion

From the progress monitoring findings it can be mentioned here that LSE session have been effective for garments workers particularly for HIV related information. Knowledge on STI found significant level than the previous assessment in 2011. The reason behind this significant improvement is, in assessment of 2011 respondent of LSE receivers

covered from Round-6 (where no component on STI in the Flip Chart of Round-6) but in the assessment of 2012 respondent of LSE receivers covered from RCC (where component on STI incorporated in the Flip Chart of RCC). So, respondent of RCC was more knowledgeable than the respondent of Round-6. Dropped out of workers or changed the factory by the workers was the main challenge of this review. Finally it is found that Life Skill Education at workplace should be continued for knowledge retention on HIV and STI.

Annexure:

Tools used for Progress Assessment