HIV Prevention and Control among High Risk Populations and Vulnerable Young People in Bangladesh

Primary Prevention of HIV & Risk Reduction through Work-place Interventions in Garments Industries (GF-912 Package)

Mapping of garment factories and needs assessments of garment workers in relation to RH, STI and HIV/AIDS in Chittagong division

Revised Findings Report

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Abbreviations

AIDS	Acquire Immune Deficiency Syndrome
BCC	Behavior Change Communication
BGMEA	Bangladesh Garment Manufacturers & Exporters Association
CEPZ	Chittagong Export Processing Zone
DEPZ	Dhaka Export Processing Zone
FGD	Focus Group Discussion
FWC	Family Welfare Center
GFATM	Global Fund to fight AIDS, Tuberculosis & Malaria
HIV	Human Immunodeficiency Virus
IDI	In-depth Interview
IEC	Information Education and Communication
LSE	Life skills education
MCWC	Maternal & Child Welfare Center
NGO	Non-Governmental Organization
RH	Reproductive Health
RMG	Readymade Garment
RTI	Reproductive Tract Infection
SRS	Systemic Random Sampling
STD	Sexually Transmitted Diseases
STI	Sexually Transmitted Infection
UHC	Upazilla Health Complex
YPSA	Young Power in Social Action

EXECUTIVE SUMMARY

A cross sectional mapping study on Primary Prevention of HIV & Risk Reduction through Work-place Interventions in Garments Industries was conducted in Chittagong and Comilla districts within Chittagong division. The objective of this study was to conduct a mapping exercise of garment factories in Chittagong division and a needs assessment survey of garment workers in Chittagong division in regards to Reproductive Health (RH), Sexually Transmitted Infections (STI) and HIV and AIDS. As garments mapping were conducted following Census method, the study areas were first divided into blocks and each block thoroughly covered. Also snowballing technique of sampling and Bangladesh Garments Manufacturing and Export Association (BGMEA) lists of garments were followed in the study.

Five hundred factories were selected using Systemic Random Sampling (SRS), with substitutes for each in case of closure/ non-cooperation. Among them 43% are woven, 23% are knit, 9% sweater, 17% are mixed (Woven, Knit and Sweater) and 8% others. Total respondents were 1000 (850 Female & 150 Male). For primary information face-to-face interview has conducted following Structured Questionnaire. In addition Focus Group Discussion (FGD) and In-depth Interview (IDI) have conducted among garments workers and supervisors. IDI among supervisors and management has also done. Among the garments workers total twelve FGD has done and one fifty Supervisors has taken part in IDI. IDI has also conducted among fifty management personnel. All the garments factories are categorized into large, medium and small category. Random selection of 20 workers from each of the selected factories was done where 17 were Female and 3 were Male.

Forty seven percent of the total garments workers age limit is 16-20 years and where the numbers of female workers are double to male. Most of the workers came from different districts of the countries to the study areas for employment with poor literacy level. Usually they work from 8 am –7 pm and on an average their income is Tk 2,354/= per month. Rarely they can save some money. The living places of the respondents were below the standard and most of them go to their workplace by foot. Usually they change the factory due to promotion purpose or irregular salary mode.

About major female reproductive diseases 44 % workers could not say anything. It has been found that almost all supervisors and workers do not have any thought about their reproductive organs. Most of the workers and supervisors said that there are adequate light and separate toilet facilities in their factory. Most of the workers feel they need training on condom to prevent RTI/STI/AIDS/HIV in their factory. Regarding the suitable time for training, the workers mentioned weekend, night-time, lunch hour and after 4.30 at garments.

Among 20% who has knowledge on safe sex, 58% answered that sex between husband and wife is the safe sex. Eighty three percent of respondents told that condom prevented only pregnancy, thirty one percent told that it prevent HIV/AIDS and twelve percent told about STD prevention. Out of 76% workers who have heard about HIV/AIDS, thirty five percent told that use of contaminated needle is the main route of transmission of HIV/AIDS. Seventy six percent of the garment workers heard about HIV/AIDS. Out of 759, around fifty percent said that HIV/AIDS is not curable.

Almost all garment workers and supervisors know about family planning methods and they are using. Most common family planning methods used by workers is oral contraceptive pill. Some of workers do extramarital sex and few of them are involved in doing sex for money. Most of the garment workers said that they have no STIs treatment facilities in their factories. Usually seek treatment to doctors and pharmacy. Among 1000 workers around seventy percent workers watch TV and their choice of programs are movie, drama and news.

The garments workers feel urgency of training and they prefer health worker as trainer.

INTRODUCTION

1.1 Introduction

Established in 1978, readymade garment (RMG) industry is recognized as one of the highest growing sectors in Bangladesh due to supportive policies of the government. It has been identified as the second highest foreign earning sector in Bangladesh. It is just next to agriculture, transport, trade and industry sectors in terms of employment. There has been a sturdy boost of the number of RMG factories during the last two and half decades. The number of RMG industry mounting from 30 enterprises in 1980 to 4490 in 2007. There are 686 factories located in Chittagong division and the remaining most are in Dhaka division, according to BGMEA[1].

According to BGMEA, there are two types of RMG factories: knitwear and woven wear factories. About 99 percent of these industries are located in a few districts of the country mainly Dhaka, Chittagong, Narayangonj, and Gazipur districts due to availability of workers and other facilities. About 2.4 million workers are employed in these garment factories 85 percent are females[1]. In their study Majumdar and Begum identified that the majority of the workers of Knitwear factories are males while females are the predominant workforces in woven wear factories[2]. Most of these workers are migrated to urban areas for employment and better living status and the majority of them have come from poor socio-economic background[3]. Available studies on the garment workers indicate that generally the female garment workers are young and unmarried with little education[3]. In some instances, garment workers join in this sector to increase chances for a better marriage[4]. On the other hand, most of the employers also prefer young, unmarried/widow/separated women due to the nature of the manufacturing, their low wages and nimble fingers. Survey result suggests that the average age of male workers is 24 while it is 19 years for female[2,3].

Garment manufacturing is a line work where 25-30 workers work together to create a unit of manufactured goods. The work of the whole line interrupts if a single worker is not present. It is also believed that nimble fingers are better suited to garment works. Furthermore, it is observed in some studies that garment workers do not want to stay in a garment factory long time or even employers do not want to keep them for longer duration since they can recruit new workers at lower wages[5].

1.2 Background

HIV/AIDS is first detected in 1981 in the world, and since then Bangladesh has remained a low prevalence country for HIV infection. As of today, 1207 HIV infected cases are identified in the country. Among them 123 AIDS cases have died[6]. Comparing the epidemic in Africa and in some countries in Asia among the general population, this number of cases

seems to be very low for Bangladesh but unfortunately Bangladesh has all the characteristics of high-risk behavior, which can kick off an epidemic. These high-risk behaviors include high pre and extra-marital sex, low condom use, very high turnover of clients to sex workers, low level of knowledge on the subject of HIV transmission, less awareness but significant prevalence of STIs, existence of needle/syringe sharing by injecting drug users (IDU), high prevalence of STI among sex workers and HIV infection among injecting drugs users [7]. In addition, Bangladesh has huge common border countries where prevalence of HIV/AIDS rate is high and many people go to these countries for various purposes including sex shopping. All these conditions made Bangladesh vulnerable for HIV/AIDS epidemic[6].

The seventh round of serological surveillance collected blood samples from 10,200 individuals are at risk from 43 urban sites in Bangladesh. The overall prevalence of HIV positive cases were 0.9 percent among the most-at-risk individuals (Taslim and Azim, 2008)[6]. For the first time, this surveillance indicates an intense epidemic in a city of central Bangladesh in male injecting drug users, meaning Bangladesh is now no longer a low prevalence country. The epidemic in IDU is largely confined to one neighborhood in that city which may be considered to be the epicenter of the epidemic[6].

Some studies revealed that there has been increasing trend among the young people in engaging themselves in pre and extra marital sexual relations with their peers as well as sex workers in Bangladesh[6,7]. The baseline survey of youths on HIV/AIDS supported by GFATM showed that about 22 percent of the unmarried males and two percent of the unmarried females have had pre-marital sex. The most common sex partner was peers and sex workers. Only 35 percent reported they have used condoms in the last sex acts[7]. Although 85 percent of the youth heard about HIV/AIDS only twenty two percent were able to repot two ways of transmission and prevention of HIV/AIDS. About 50 percent of the youth had misconceptions that coughing and sneezing can spread HIV/AIDS. Knowledge about STIs was further poor among the youths. More than half of the male youths and three fourth of the females never heard about STIs[7].

Young people are very curious by nature and start experimenting sexual activities sometimes by the pressure of their peers or by their own curiosity. Young women and men who migrate from rural areas and engage themselves in low-paying jobs face pressures to sell sex, which make them more vulnerable to be prone to higher level of high-risk behaviors. Although contrary to the common belief homosexuality among male is exist in Bangladesh. The survey shows that male homosexuality has increased particularly in Chittagong region. However, no study mentioned about the existence of this type of sexual activity among the garment workers[3,6].

1.3 Situations of garment workers and their needs

Pratima and Begum conducted two surveys in 1990 and 1997 to understand the socio-economic, health status and employment related issues of garment workers[2]. Findings suggest that 40 percent of the female workers had no education compared to 10 percent among the male workers. The higher secondary education was higher among male workers than female workers in 1990 survey (36% vs. 9%). The level of education of the garment workers has increased over the last few years. These days very few workers can be found with no education[2].

The working condition of the garment factories has improved a lot over the last five years due to monitoring of the factory by international buyers. Especially this condition is better in Dhaka Export Processing Zone (DEPZ) and Chittagong Export Processing Zone (CEPZ) where labor laws have been introduced and following. However, in some garment factories the working conditions remain overcrowded, hot, dusty, noisy and dirty due to the negligence of authority. The long working hours for the garment workers and less scope for leisure make them fatigue, weak, anorexic and vulnerable to ill health. In addition, they do not get sufficient time for entertainment due to long working hours, overtime and work in the holiday and weekend[2]. This condition is again amalgamating because of lacking in information and accessibility on sexual and reproductive health information and services. In addition, ill health cripples the garment workers' life and pressed on them out of the labor market within a little period[2].

Studies conducted by ACTIONAID AND UTPS (1997) showed that unsafe sexual practice among the garment workers and frequent switchover to sex work is not uncommon in garment sector. About 20 percent of the unmarried female garment workers engage in sexual acts[8,9]. Studies revealed that in some instances, the temporary nature of the job pushes them to sell sex when they become unemployed. It is believed that most of these sex acts are unprotected as they are not in a position to purchase or collect contraceptives. Generally, male co-workers accompany female workers up to the house regularly for security purpose is a great opportunity to initiate intimate relationship and sexual relation among themselves. These couples sometimes got married to avoid any unwanted social dilemma due to pregnancy or switched the job to other places.

Use of contraception believed to be high among the garment workers as many management authorities do not allow workers to take maternity leave. Although this situation has improved over the years, however, to cope up with the situation workers postponed pregnancy and practice contraception or even leave the job for the time being while pregnant[3].

It is found that 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 condoms3,8,9. 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, but unfortunately, health policies and programs largely overlooked these populations with specific knowledge on STIs and HIV/AIDS and access to condoms. Some NGOs including Young Power in Social Action (YPSA) are working in a number of garment factories to provide information and services to this population.

A number of studies have conducted to understand the working conditions of the garment workers10,11,12,13,14,15,16. Many have conducted to understand the fulfillment with labor laws and child labor issues11. A few studies have performed to understand the health situations of the garment workers5,16,17,18,19. There has been lack of studies, which particularly explored the needs of garment workers in relation to the RH, STI and HIV/AIDS. Whatever the studies have conducted so far showed that garment workers have very poor knowledge on reproductive health (RH) particularly the knowledge of hygiene, reproductive organs and transmission and prevention of STI and HIV/AIDS. A few those who heard about these diseases do not know how these diseases are transmitted and how to prevent them. Even in factories where awareness-raising programs are being introduced for several years, there is a wide gap between knowledge and practice. Almost all workers those who knew that they should use condoms to reduce the risk of STD transmission, in reality, a few do so. However, study showed that garment workers both male and female unequivocally expressed their need to learn about STI and HIV/AIDS symptoms, transmission and prevention3,17,18,19.

There have been various behavioral change communication (BCC) and Information Education and Communication (IEC) materials targeted to garment workers. Most of these materials are general in nature. The message and contents of these materials are mainly based on experiences and not tested in real life situation and their impact on improving the correct knowledge of garment workers is unknown. In addition, there is no standardized teaching and training manuals for these workers. Further, there have been limited materials on STI and HIV/AIDS, which particularly deal with the needs of the garment workers. There is a clear necessity to expand information and with appropriate materials and training methods3.

There are various occupational and health consequences faced by workers in the garment industry. Pratima Paul-Majumder in her research in 1996 identified three main sources of occupational hazards and health consequences20. These included i) uncongenial working conditions; ii) stringent terms and conditions of garment employment and iii) excessive workplace stress16,20.

Studies revealed various needs of the garment workers including social, work related and health related needs. The first need is the little knowledge about the basic health care

needs. Although employment has brought them economic benefits, their attitudes about fertility, marriage, and lifestyles have impeded their ability to achieve a decent life. Already overcrowded slums have had to stretch further to accommodate these workers and their families, who do not have access to clean drinking water, electricity, hygienic sanitation, and basic health care facilities. Because of their lack of access to health and other services and their poor living conditions, these women are often ill, with resulting absence from work, loss of wages, and the threat of being unemployed. The garment workers are also subject to industrial injuries and unplanned pregnancies.

Young Power in Social Action (YPSA) received a grant from GFATM HIV component of round 6 through Save the Children (USA) to empower young people working in the garment industry in Chittagong division through work place interventions to reduce the risk of acquiring HIV infection and to build capacity of government and NGOs to scale up standardized, high quality interventions. MRC MODE as a research organization is given mandate to conduct a mapping and needs assessment survey among the garment workers in Chittagong division. The mapping of garment factories and needs assessment study is the prerequisite of GFATM Objective-2, in understanding the number and distribution of garment factories and the needs of garment workers. This is the first activity toward achieving the objective of this assignment “primary prevention of HIV and risk reduction through workplace intervention in garment industries.”

2

METHODOLOGY

2.1 Needs Assessment Survey

Needs assessment survey of the garment workers has conducted in the selected garment factories. The study is a cross sectional and descriptive in nature. Information collected from the workers will help the implementing partners to develop training program, BCC materials, workplace intervention policy, orientation materials and modalities for peer educator training/teaching.

2.2 Objectives of needs assessment

2.2.1 Overall Objectives

The overall objectives of the survey are to map garments factories in Chittagong and Comilla and identify the needs of garment workers with regards to RH, STI and HIV/AIDS to introduce a workplace Life Skill Education (LSE) policy.

2.2.2 Specific Objectives

The following are the specific objectives of the need assessments:

- map garments factories in Chittagong and Comilla with no. of workers, type and size of the garments
- assess needs of garment workers in relation to RH, STI and HIV/AIDS in Chittagong division
- collect socio-demographic characteristics i.e. income and expenditure, living conditions, social security and mobility patterns, exposure to media and nature of work etc. of garment workers
- identify common health problems, assess working days lost due to diseases, health needs, heath service networks for common health aliments, health seeking behaviors and service needs of the garments workers
- assess knowledge, attitudes and practices regarding RH, STI and HIV/AIDS, use of condoms and risk-taking behaviors
- identify information need of garment workers, existing BCC materials use, preferred media and sources of information on health care services regarding RH, STI and HIV/AIDS and condom supply
- prioritize the needs of garment workers according to workers' opinions

2.3 Study sites

The survey has been conducted in the selected garment factories of Chittagong division. These garment factories are mainly located in the Chittagong and Comilla districts. Information was also collected from the BGMEA secretariat located in Dhaka and Chittagong city.

2.4 Study population

The study population of the needs assessment survey is the workers of garment factories both males and females. Supervisors, management authorities and owners of the selected factories have also been interviewed. In addition, the office bearers of BGMEA, Health Committee Members of BGMEA and the management staff of BGMEA have also been interviewed. Supervisors, management authorities, owners, office bearers of BGMEA, Health Committee Members of BGMEA and management staff of BGMEA have been interviewed to assess their perceptions about factory workers' needs and suggestions to develop a workplace intervention policy to improve health conditions of the workers.

2.5 Sampling procedures and sample size

According to the BGMEA (2007) list, 4490 garment factories are in operation in Bangladesh. Among them, 686 factories are situated in Chittagong division primarily in Chittagong and Comilla districts. This list includes both knitwear and woven wear factories.

For mapping the garments factories, a census approach was resorted to whereby each and every factory was identified and enumerated. For this the BGMEA list was used and local level searching all over the Chittagong and Comilla town was conducted.

A total of 1210 respondents have been interviewed during the needs assessment study. Among them 1,000 were selected from workers, 150 from supervisors and the remaining 60 from the management staff, owners, BGMEA office bearers and key informants.

In the first stage for needs assessment study, garment factories have been grouped according to the number of workers employed. The factories have been classified as small (employed <400 workers), medium size (employed 401 – 600 workers) and large (employed >600 workers). A total of 50 factories (about 7 percent) were selected randomly for needs assessment survey from the 686 factories listed in the BGMEA directory. From each group, the number of factories has been selected for needs assessment survey by Probability Proportional to Size (PPS) sampling technique (a class of unequal probability sampling in which the probability of a unit being sampled is proportional to the level in that unit of known variable). The analysis showed that 57 percent factories fell in small category, 21 percent in medium and 22 percent in the large category. PPS sampling has been employed to capture the perspective of workers, supervisors and management authorities representative of small, medium and large size factories.

In the second stage, to draw the sample list of the required number of factories from each small, medium and large category, a serial number to all factories in each group/category was given and these numbers were computerized. The computer was instructed to select required number of garment factories from each category randomly (57 from small, 21 from medium size each and 22 from large factories). Repetition of any number was discarded. This procedure is widely used in actual sample surveys. These computer generated list was taken as the ultimate sample and the needs assessment survey has been conducted with the workers of these factories.

In the third stage, 20 workers from each of the selected 50 factories were randomly selected for an interview to assess their needs and priorities. In total, 1000 garment workers have been interviewed. Out of 20 workers in each factory, 17 were female and 3 were male.

Most of the workers were interviewed during the working hour at the factory premises. In some cases workers were interviewed during the workers' desired time – especially, after work. Those who could not be interviewed at work place were interviewed at their residence on weekly holidays.

In addition to the garment workers, three supervisors (one from each line or each floor) and at least one management staff (manager) from each factory were selected randomly and interviewed with pre-tested semi-structured questionnaires. They were interviewed to understand their perspectives regarding the worker's needs in regards to reproductive health, STI and HIV/AIDS. Their findings complemented and supplemented the workers' findings and in some cases, their suggestion provided the direction of workplace intervention policy.

Furthermore, 10 owners from the selected 50 garment factories were also interviewed in-depth. They were selected purposively depending on their availability. Apart from these, in-depth interviews have been conducted with office bearers of BGMEA, members of the Health Committee of BGMEA, management staff of BGMEA and key informants.

Two focus group discussions (FGDs) with supervisors and five FGDs with workers were also conducted to complement the interview findings. Each FGD included 7-10 supervisors or workers. Tape recorders were used to record the discussions.

2.6 Type of information collected during need assessment survey

Various information has been collected from the garment workers. These include age, sex, education, marital status, present and permanent address, reasons for migration (if needed), living conditions/style, nature of work, mobility patterns, income and expenditure, power over earning, social safety, common health problems, hygienic practices, health seeking behaviors, health care needs, health service networks, knowledge, attitudes and practice on health hygiene, RH, STI, HIV/AIDS, knowledge on

prevention of STI and HIV/AIDS, sources of information on health, exposure to media, knowledge on dual protection of condoms, condom use and supply, sources of health care services, need for reproductive health education, preference of places to get health care services, risk-taking behaviors, working days lost due to diseases information needs, and their opinions on life skills education program.

In addition to the information collected from the workers, opinions and suggestions from the supervisors, management authorities, owners and BGMEA staff has also been collected to complement the workers' information and to develop a workplace intervention policy.

2.7 Methods of data collection

Both quantitative and qualitative methods of data collection were employed to collect the information from the workers, supervisors, management authorities, owners and BGMEA staffs. However, considering the sensitivity of any interview in garment sectors and time constraint, face-to-face interview was used with workers and supervisors, in-depth interview with management authorities, owners, BGMEA staff, key informants and FGDs with workers and supervisors.

The study has collected informed consent for each participant. Only consented participants have been interviewed. Any participant declining to provide an interview was not forced to take part in the interview. An informed consent form was developed and used in the study. Gender sensitive data collection procedure was followed - female data collectors interviewed females and the males interviewed male respondents.

2.8 Data collection tools

The following tools were used to collect the data from the workers, supervisors, management authorities, owners and members of Health Committee of BGMEA:

- Questionnaire for workers and supervisors
- In-depth interview guidelines for workers and supervisors
- In-depth interview guidelines for management authorities, members of Health Committee of BGMEA, key informants and owners
- Guidelines for Focus Group Discussion (FGD) with workers and supervisors

All the questionnaires and FGD guidelines were pre-tested and modified before using in the field. To save time and entry problems, special emphasis was given to make the questionnaires structured as much as possible.

2.9 Quality control of data collection

Continuous quality control measures were taken during the data collection procedures. A supervisor was monitor and supervised only six interviewers. On the spot, supervisors

checked the collected data for any missing information, logical inconsistency and misreporting and corrected. Where major problems have been identified, the interviewers asked to re-interview the participants. In addition, the supervisors also interviewed two percent of the sample to assess the accuracy of the information collected by the interviewers.

2.10 Data processing and data analysis plans

All the questionnaires completed by the interviewers in the study were collected by the supervisors at the end of the day. These were deposited in the office on the following day. Supervisors checked the data collection both at the field and in the office before the data entry. All data was cleaned before the data entry. Cleaning involved the identification of missing data, range and distribution checks as well as the internal reliability and validity within each case. A data entry program was developed to enter the collected data. To get maximum accuracy a double entry procedure was followed.

The principal procedures for analysis of quantitative data have been descriptive statistics on each variable. Uni-variate and bi-variate analysis have been conducted to provide frequency of various variables such age, sex, marital status, education, nature of job, knowledge, attitudes and practices regarding RH, STI and HIV/AIDS, knitwear and woven wear, etc.

Qualitative data analysis looked for patterns and themes in reports on the experiences or through the use of anecdotal reporting. Direct quotes have been used whenever possible to give voice to the perceptions and beliefs of the participants.

2.11 Time frame of the study

The needs assessment and mapping exercise was completed by April 2008. Dissemination of preliminary findings has been done by May and the draft report was submitted by end of June 2008.

2.12 Operational definitions

Garment factories: Garment factories were considered as those where readymade garments were produced. These were either knitwear or woven wear factories. Both BGMEA members and non-members factories were considered.

Small factories: The factories with less than 400 workers.

Medium size factory: The factories with 401-600 workers.

Large factory: The factories with more than 600 workers.

Garment workers: Garment workers are the male and female populations who are working in knitwear and woven wear factories at least for three months either as a permanent

worker or as a co-worker (helper). It is expected that unless crossing at least three months of work duration, the workers may not be able to understand the work environment and may not provide answers of many of the questions.

Supervisors, management authorities, office bearers of BGMEA, Members of Health Committee and management staff of BGMEA: Individuals who are working in the respective factories or organizations according to these positions will be considered as participants of the study.

Owners: An owner is the person who has a factory either knitwear or woven wear in his/her possession.

2.13 Ethical Considerations

The proposed study has completely followed the protocol of research ethics that involve human participants, as there has been data collected. The data collection techniques involve interviewing male and female participants by using the semi-structured questionnaires.

In all cases, the participants have been informed about the purpose of the study and they have been ensured that all information provided by them will be kept confidential and will be used only for research purposes. Respondent's consent to participate in the study has been taken before the interview. They had also been informed that they were free to refuse to give interview, could terminate interview any time or refuse to answer all or a particular question that they did not want to answer or made them uncomfortable, without any fear or prejudice. Further, they were also informed that there would be no immediate benefits to them or compensation for their time spent for interview. After reading and explaining all these from the informed consent forms they were asked to give verbal approval to participate in the interview. Those who refused to participate in the interview were not interviewed and included in any analysis.

2.14 Confidentiality

Procedures to assure confidentiality was strictly followed. Identification code numbers were used on all interview forms to safeguard the data and no personal identifiers were recorded on the questionnaires. All data was kept separately from identifying information and both were stored in a locked file in the office. Access to the data was limited to the research staff only. The research staff did not share information obtained during the project with other people. No identifying information has been disclosed in reports, presentations or publications. For all participants who were interviewed at home (or an alternative location), there was a small risk that confidentiality will be lost. To minimize this risk, the level of privacy was assessed. If there was not sufficient privacy, the study offered to interview them in another setting.

2.15 Risks and Benefits to Study Subjects

Respondents were not required to undergo any physically invasive procedures except providing personal information. There was some risk that discussing sensitive topics with the research interviewers might have caused distress in some participants. There were some risks of emotional disturbances from participation in the interview – especially if the supervisors or managements opposed their discussion and/or participation in the study. The interviewers and their supervisors were trained to take care of all of these issues.

The selection characteristics and training of the interviewers for this study was the key to avoiding risks that might be posed to the participants. All interviews were arranged so that persons of the same sex are interviewing the respondents. Interviewers were made aware of the importance of minimizing subjects' level of anxiety or stress, and of the absolute requirement of not divulging any information received from participants to others. Data collectors' training included focused discussions and exercises regarding the meaning and process of informed consent and the importance of protecting the privacy of the subjects and confidentiality of the information obtained from them.

MRC MODE, as a research Organization, closely monitored all these issues and supervised all data collection on a regular and continuous basis. The research organization made unscheduled supervision visits to ensure that the interviewers were following pre-defined protocols and guidelines. Field Research Officers (FROs) continuously supervised in the field on day-to-day basis. The research organization was also responsible for checking data collection, quality and ensuring that data is stored in a safe confidential place.

3

MAPPING OF GARMENTS FACTORIES

3.1 Mapping of the Garments Factories

The mapping exercise was conducted in Chittagong city, a large center for garments factories, and in Comilla, which is known to have some garments factories. In the rest of the Chittagong division BGMEA do not report existence of garments factories. Hence, Chittagong city and Comilla combined represent the whole of Chittagong division.

Even though, the latest BGMEA list (2007) reported existence of a large number of factories (686) in Chittagong, the study checked and verified those and only listed which were found operational. In the process the mapping identified much fewer number of factories than reported by the BGMEA directory. In many cases, the addresses in the lists were wrong or actually referred to other business establishments rather than garments factories. The mapping made a complete search in Chittagong and Comilla towns to find out even other garments factories, which were new, or for same reason had not appeared in the directory.

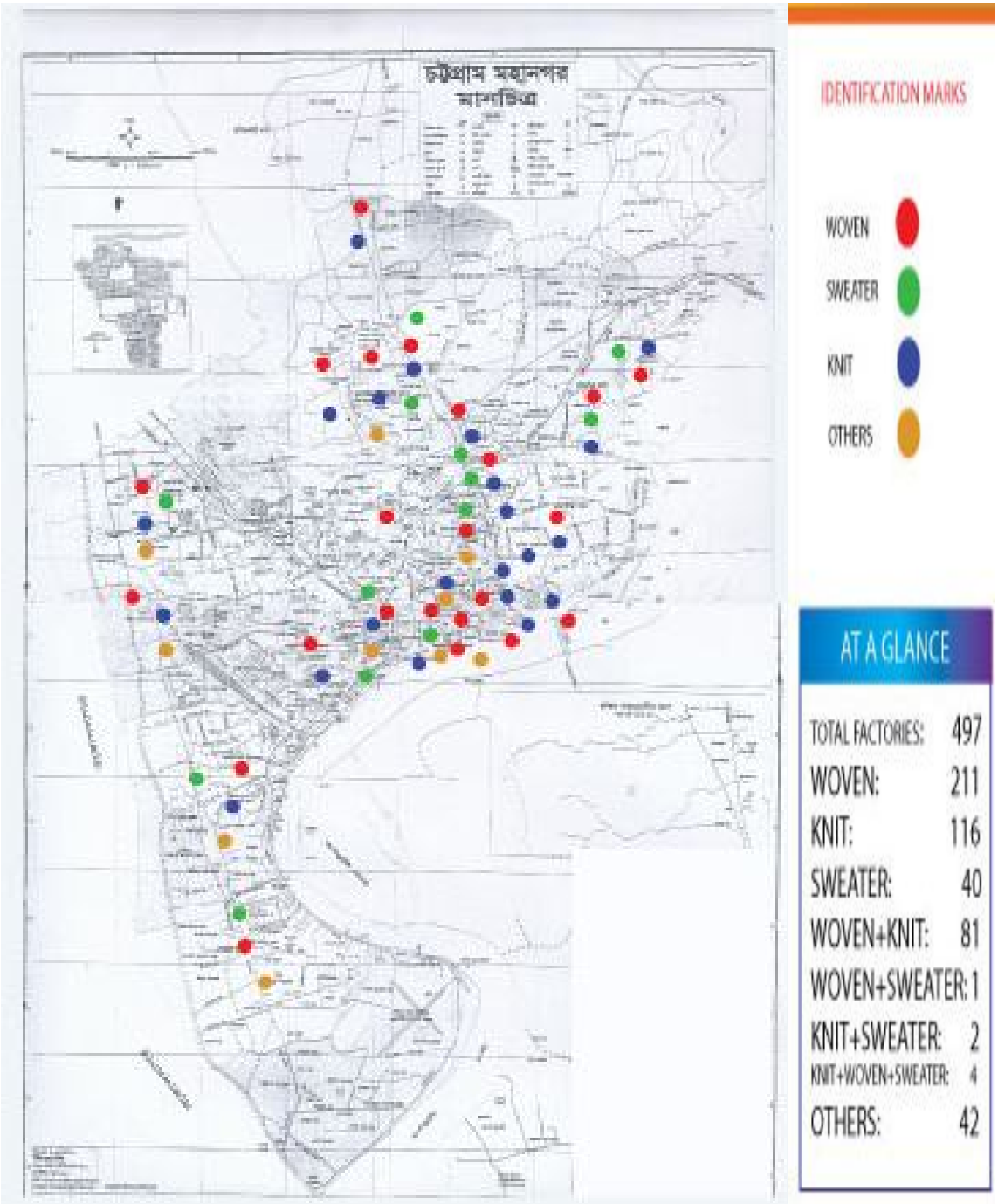
The mapping study identified a total of 497 garments factories in 26 broad locations in Chittagong and Comilla. There are 2,28,017 workers in 497 garments factories, where 68,441 are male and 1, 59,576 are female. Again, there are 9,554 supervisors, out of them 7,347 are male and 2, 207 are female.

Double Mooring of Chittagong had highest no. of factories (86) followed by Bandar (56) and Agrabad (55). Only 4 garments factories had been found in Comilla. Locations of the factories are shown in a map in the next page.

Table-1: Locations of the Garments Factories

Locations	*Knitwear*	*Wovenware*	*Sweater*	*Others*	*Knit+Woven*	*Total*
Bondar	13	11	9	15	7	56
Baizid Bostami	8	8	1	2	11	30
Pahartali	3	22	4	1	10	43
Kalur Ghat	6	16	3	0	5	30
Jubilee Road	2	6	0	3	3	14
Halisohor	4	6	0	2	0	12
Panchlaish	1	13	1	0	1	16
New Chakti	6	12	0	1	4	23
Sadarghat	3	10	1	3	3	20
Chakbazar	4	6	1	2	0	13
Attorar Depo	5	10	1	0	6	22
Khulshi	1	0	0	1	0	2
Muradpur	1	2	2	0	0	5
Pathorghata	0	1	0	0	1	2
Ashadgong	0	2	0	0	0	2
Magir Ghat	0	1	0	0	0	1
Bondortila	1	1	1	5	1	9
Hathazari	0	2	0	0	2	4
Double Moring	23	32	7	4	18	86
Nasirabad	4	6	0	0	1	11
Mahadibag	1	2	0	1	0	4
Bakolia	0	2	0	0	0	2
Andorkilla (Anayet Bazar)	4	2	0	0	0	6
Chokoria (Cox's Bazar)	3	0	2	1	0	6
Agrabad	15	31	4	0	4	55
Chandgaon	7	7	1	0	4	19
Comilla	1	0	2	1	0	4
Total	116	211	40	42	81	497

Figure-1: Locations of the Garments Factories in the Map



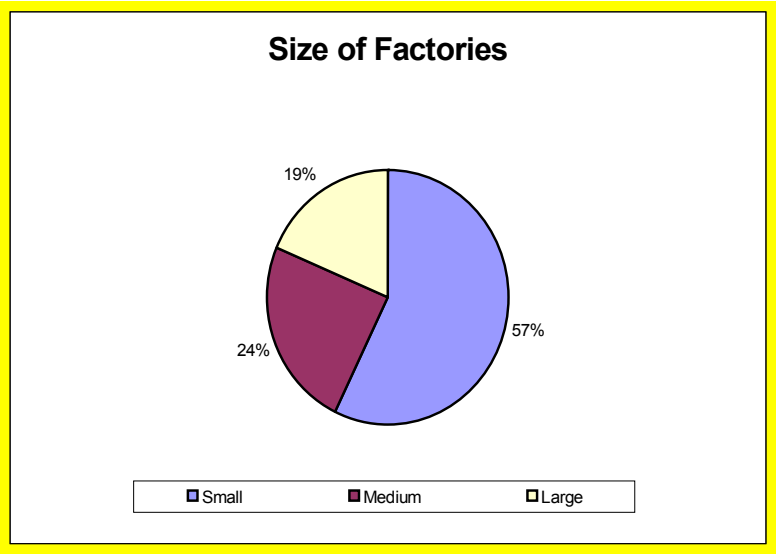
3.2 Categories of Garments Factories

The study, while doing survey among the garments workers, categorized the factories in terms of total number of workers i.e. size of factories. As per that categorization all the factories identified have been classified first. Later, the factories have been classified by the type of garments they produce.

3.2.1 Category Based on Numbers of Workers

Based on the number of workers, garments factories have been categorized as small (less than 400 workers), medium (401-600 workers) and large (more than 600 workers). Figure – 2 depicts the composition of the factories as per no. of worker categories.

Figure-2: Distribution of the factories by no. of workers

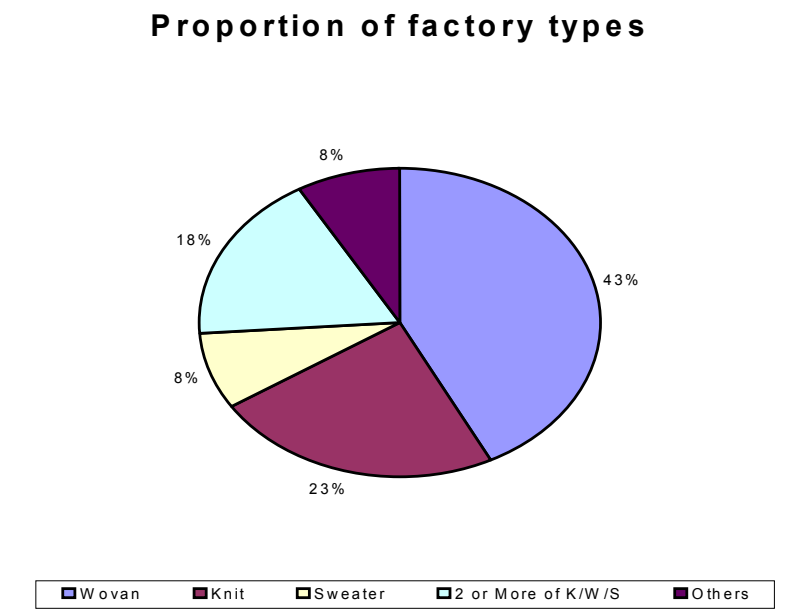


Following the criteria, 57% of the garments factories are small, about 24% are medium sized and the rest 19% are large having more than 600 workers.

3.2.2 Category Based on Product

The study found that the factories produce variety of products, which can be broadly classified as Woven, Knit, Sweaters and Others. It was also found that some factories produced 2 or more of the above types.

Figure-3: Proportion of factory types in terms of product type

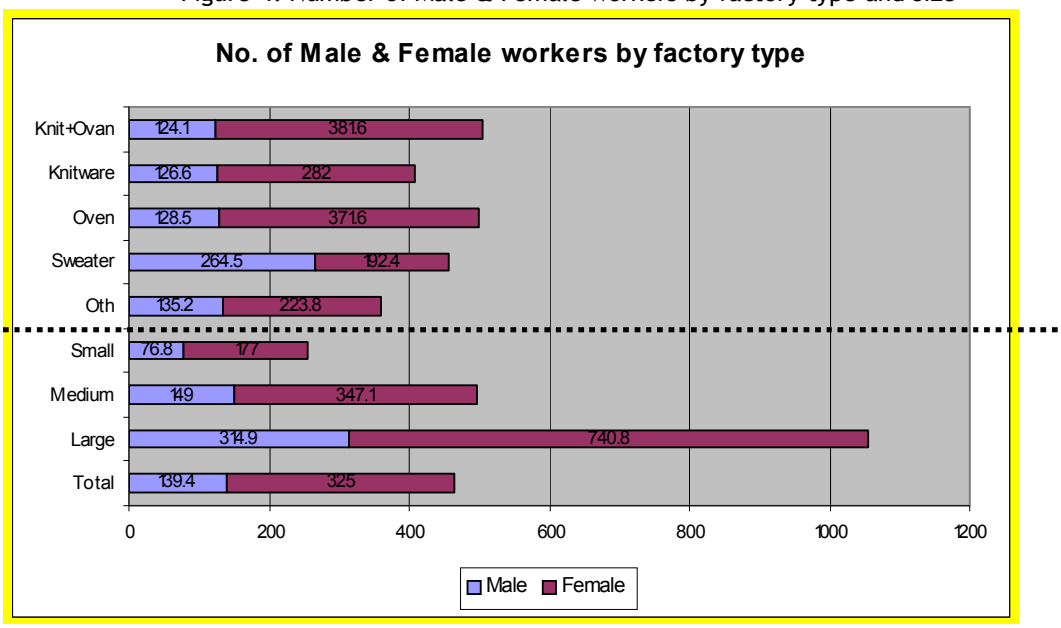


The highest proportion of factories (43%) produce woven garments. Another large proportion of factories (23%) produces knitwear. Eight percent factories produces sweater and another 8% produce other type of garments. The rest 18% produce mix of various types of garments.

3.3 Size and Sex Composition of Garments Workers and Supervisors

The following figure illustrates the number of male and female workers by factory type as well as size.

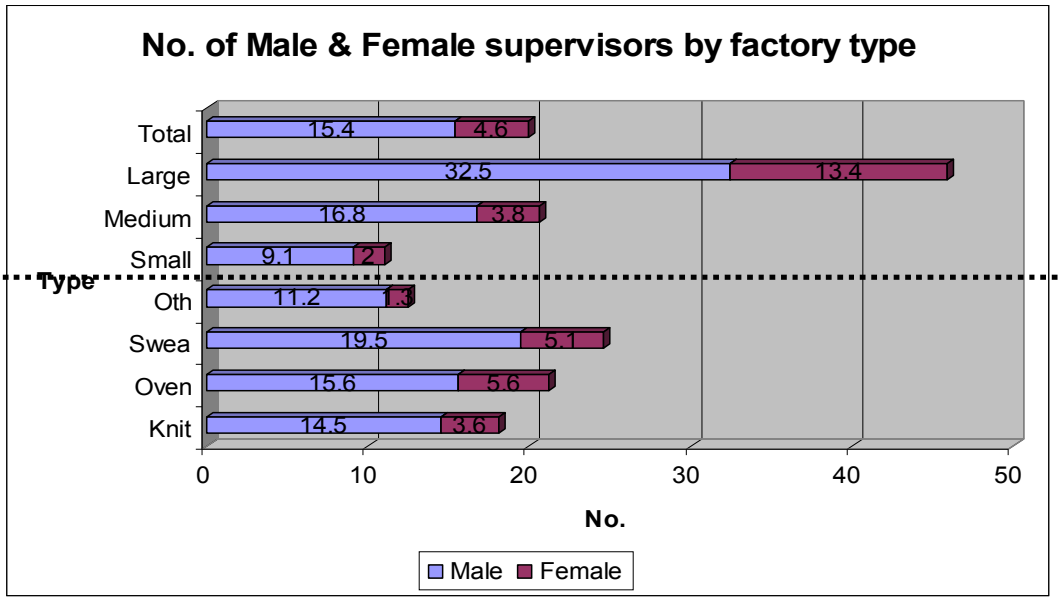
Figure-4: Number of Male & Female workers by factory type and size



Considering the sex of the workers, on average 126 male workers and 282 female workers work in Knitwear factories. In the woven wear factories, 128 male workers and 371 female workers work on average. The number of female workers are high in the knitwear and woven, which is reverse in case of sweater factories. There are about 265 male workers and 192 female workers working in sweater factories. In case of other and knit + woven producing factories female workers' number is also high.

Among the small sized factories mean score of male and female workers were 76.8 and 177.0 respectively, mean score for medium size factories of male and female workers were 149 and 347.1 respectively, mean score for large size factories of male and female workers were 314.9 and 740.8 respectively.

Figure-5: Number of male & female supervisors by factory type

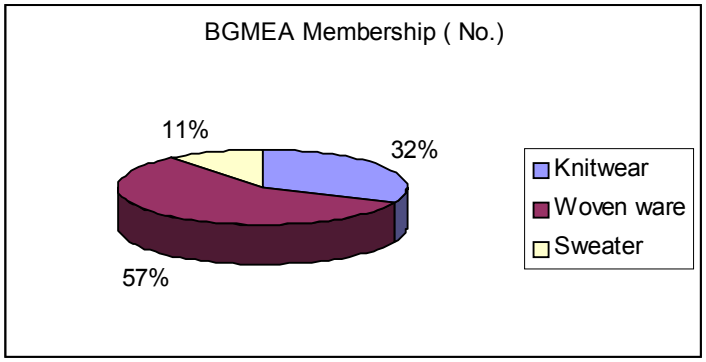


Among the Knitwear factories the number of male and female supervisor is 14.5 and 3.6 respectively. This is 15.6 and 5.6 in case of woven and 19.5 and 5.1 in case of sweater factories. That is, male are maximum in supervisory position. Mean scores of male and female supervisors in small factories are 9.1 and 2 respectively; Medium sized factories had male and female supervisors mean score are 16.8 and 3.8 respectively and large sized factories had male and female mean score are 32.5 and 13.4 respectively.

3.4 Membership of BGMEA and Production Capacity

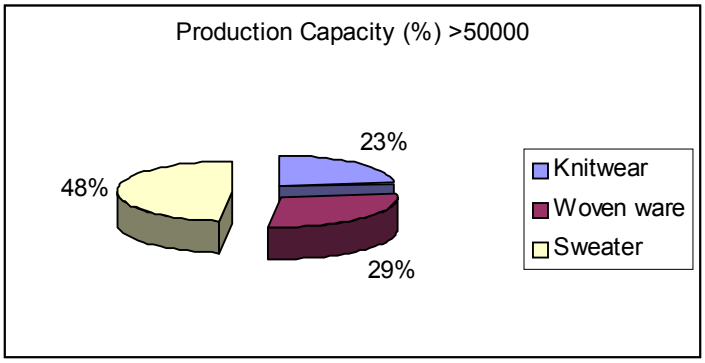
Among surveyed factories, 116 knitwear factories (87%); 211 Woven wear factories (97%); 40 Sweater factories (85%); 42 others type factories (31%) were BGMEA members. It also revealed that 83% were small sized factories, 96% were medium sized factories and 89% were large sized factories, which were BGMEA members.

Figure 6 : Membership of BGMEA



Regarding the production capacity among 116 knitwear 29% of the factories had 3,00,000 production capacity; in 211 Woven wear factories 36% of the factories had 50,000 production capacity and in 40 Sweater factories 60% of the factories had production capacity of 50,000.

Figure 7: Production Capacity



4

NEED ASSESSMENT FINDINGS

4.1 Socio-demographic characteristics of Garment Workers and Supervisors

4.1.1 Age, education and marital status

Table-2 summarizes the socio-economic background i.e the age, education, marital status and living condition of the garments workers.

Table-2: Profile of the garments workers

Characteristics	Male	Female	All
Age of the workers			
Up to 15	1	1	1
16-20	25	51	47
21-25	45	31	33
26-30	24	11	13
30+	5	6	6
Mean score	23.7	22.1	22.4
Educational level of the workers			
Illiterate	12	21	18
Up to Class V	10	40	37
Class V+	78	39	45
Marital status			
Never Married	59	52	53
Currently married	41	44	43
Widowed/Divorced/Separated	0	4	4
Weighted average	150	850	1000

The education level of the workers is described in the above table. Overall, only a small margin of the population is illiterate (18%). Of these illiterate workers, larger percentages are female (21%) than male (12%). The greater proportion of workers is literate and constitute of 82% of the workforce. In terms of literacy till class V, females have more education than males. However, when considering education level above class V, males dominate.

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The majority of workforce is under the never-married category comprising of 53% of total. This category is followed by the currently married category. The categories do not have gender differentials.

The following table-3 summarizes the socio-economic background i.e the age, marital status and living condition of the garments supervisors.

Table-3: Socio-demographic characteristics of the supervisors

Characteristics	*%.*
Age in years	
19-25 yrs	34.7
26-30 yrs	34.7
Above 30 yrs	30.7
Sex	
Male	84.7
Female	15.3
Education Level	
Up to class v	0.7
Class v +	149
Marital Status	
Married	55.3
Unmarried	43.3
Widow	1.3
Persons live with	
Spouse	46.7
Brother and sisters	20.0
Parents	13.6
Friends	6.7
Relatives	2.66
Alone	11.3

From in-depth interviews, it has been found that most supervisors are below 30 years of the age. Almost all of them are studied above class V. Maximum of them are married. The numbers of supervisors who live with spouse are 70 and this is the major characteristic of residence composition. About 30 supervisors reside with their siblings and very few with their parents or friends. It is interesting that only 23 of 150 supervisors are female.

4.2.2 Income and expenditure

Among the workers, helpers get 2000 taka and some mentioned that it is 1600 taka. They try to spend according to their budget and they are not able to save enough money. Most of the workers and supervisors said that they get their salary by first week and overtime salary usually they get after the month and authorities also said that they always maintain the due date. Most of the workers and supervisors said that in their factories there is specific date for salary and overtime payment. Most of the workers said that they spend

their income for their house rent and for their family members. Most of the workers said that they can save up to 3000 taka because both of the family members are working. Some of them said that they can save up to 500 taka. Supervisors said that it is not possible for them due to high living cost. Authorities are not sure regarding these issues.

The following table-3 summarizes the income and expenditure, of the garments workers.

Table-4: Income and expenditure

Income & Expenditure	Male	Female	Total
Monthly income of the workers			
Up to 1000 taka (%)	1	1	1
1001-2000 taka (%)	15	36	33
2001-3000 taka (%)	69	56	58
3001-4000 taka (%)	7	4	4
4001-5000 taka (%)	5	1	2
5000+ taka (%)	4	2	2
Average Monthly Overtime Earning (in Taka)	705	861	839
Average Monthly Salary (in Taka)	2,682	2,296	2,354
Average amount of money spent (in Tk.)			
House rent	1,093	1,396	1,345
Food	2,038	2,501	2,416
Cosmetics	246	232	234
Treatment (self)	247	336	320
Treatment (kids)	448	445	445
Transportation	239	255	251
Parents	1345	1463	1439
Husband/wife	744	1487	1329
Savings	493	605	590

The average monthly income for the total workforce is Tk. 2354 and average overtime earning is Tk. 839. However, there are differences between male and female workforce earning. On an average, male workers earn Tk. 386 more than female. The overtime earning of female workers exceed that of male. The majority of workforce earns between Tk 2000 – 3000. This includes 69% of male workforce and only 56% of female workforce. The greatest density of workforce is centered on Tk. 1000 – 3000. A very small percentage of workers earn above Tk. 3000, constituting of only 16% male and 9% female.

The bulk of expenditure is on family, house rent and food. A limited proportion of income is spent on health care (treatment), transportation and cosmetics. Overall, female workforce has greater expenditure than that of male workforce, especially in sectors such as family, food and housed rent. The savings total is also higher for female workforce (Tk. 604.8) than that of male workforce (Tk. 492.5).

It is evident from the above table that most of the supervisors mention the transportation as their major head of expense followed by treatment.

4.1.3 Living Condition

Most workers stay with their siblings, 46%, their spouse, 40%, or their parents, 35%. Only a small percentage, 16%, lives with guests, close relatives or friends. This is true for both male and female workers. A greater percentage of female workforces reside with the spouse or parents as compared to male workforce. It is notable that many respondents provided multiple answers as they live with their siblings and parents jointly.

Table 5: Living condition of the workers

Currently residing with	Male	Female	Total
Father/mother.	37	35	35
Husband/wife.	34	41	40
Father in law/mother in law.	2	6	6
Brother/sister.	55	44	46
Close relatives	11	9	9
Paying guest/lodging.	1	1	1
With their own children.	10	22	20
Friend/Colleagues.	9	5	6
Others	5	2	3
Type of area worker stay			
Slum	9	24	22
Residential area	44	32	34
Mess	13	32	30
Others	28	5	07
Dk/CS	6	7	7
Weighted average	150	850	1000

It is found that most of the workers stay in residential areas (34%) followed by low cost *mess (30%)* and slum area (22%).

Most of the workers live in slums and the supervisors live in area where the rent is less. Both the living environment is crowded and dirty. There is scarcity of water, electricity and gas supply. Most of the worker and supervisor said that they like to stay together because the house rent, electricity and gas bill will be less. They also can go to the office together. The female workers said that if they are unmarried than it is better to stay together with other girls. If they work in same place than they can enjoy together on holidays. Some of the worker stated that management also helps them if they stay together. Management also agreed these points Majority of the worker and supervisor stated that they live in safe environment. About sixty percent married supervisors live with their family and kids. A good number of unmarried supervisors live with their elder brother and parents.

4.1.4 Mode of spending leisure time by workers

Most workers spend their leisure time in watching television (57%) and gossiping (46%). This is consistent among both male and female workers. However, male workers spend

more time with friends (43%) than females do (6%), and 16% of female workforce has no leisure time at all.

Table 6: Mode of spending leisure time by workers (%)

Mode of spending leisure time	*Male*	*Female*	*Total*
With friends.	43	6	12
Gossiping.	39	47	46
House of friends/relatives.	17	12	13
Religious occasions.	2	3	3
Shopping.	3	2	2
Viewing films in a cinema hall.	11	1	3
Television viewing	51	58	57
Listening to radio/cassette.	4	7	7
Reading books/magazines.	7	3	4
No leisure time at all.	5	16	14
Sewing.	0	5	4
Weighted average	150	850	1000

4.1.5 Empowerment status

Empowerment was evaluated through decision making in terms of calling a doctor, choosing a doctor, visiting natal at home or choosing contraceptive method. The decision making power was greater in male workforce in all categories compared to that of female. Female had the greatest decision making choice in terms of visiting natal at home at 20%, while men had greatest decision making on calling a doctor in times of illness and choosing a doctor, both categories qualifying for 31%. Females had the lowest decision making power (6%) on contraceptive method choice.

Table-7: Empowerment status

Empowerment & IGA	Male	Female	All
Empowerment (Decision Maker: Self)			
Calling a doctor if illness	31	18	20
Choosing the doctor	31	17	19
Visiting natal home	29	20	21
Contraceptive method choice	13	6	7
Income generating source			
Have income generating source	7	6	6
Have no income generating source	93	94	94
Weighted base	150	850	1000
If yes then the type activity			
Grocery shop	9	4	5
Give rent to rickshaw	18	2	5
Domestic animals	0	8	7
Sewing/ embroidery/handicraft	9	67	56
Weighted base	11	48	59

Workforce without an income-generating source is significantly higher at 94% than those with the income-generating source at 6%. The likely income-generating source is sewing/embroidery for those who do have the potential. Sewing/embroidery are largely a character of the female workforce constituting of 67% compared to only 9% of male. For male workers, renting rickshaws account for 18% of total source.

4.1.6 Occupation of Spouse of female workers

The occupation of spouses varies from service holders to those employed in transport sector. The majority of spouses' occupation is that of garments worker (22%), followed by that of service holder (18%). Drivers are a common type of occupation as well.

Table-8: Occupation of Spouse of female workers

Occupation	%
Service holder	18
Garments worker	22
Small business	16
Driver	10
Shopkeeper	6
Daily worker	6
Rickshaw puller	5
Skilled worker	2
Unemployed	2
Work abroad	2
Painter	2
Others	6

4.1.7 Reason for involvement in to Garments Job

From the qualitative study it has been revealed that it was revealed that most of the worker and supervisor are not local people and they have come from other districts because they did not have any garment factory in their local area and so they could help their family by their income. Some of the female worker and supervisor also stated that they came to work in garments because they were victimized by violence and wanted to remove their defamation. The male worker and supervisor said they came to work in the garment factory as they were illiterate.

4.2. Work related issues

4.2.1 Duration and Nature of Work of Garments workers

The mean age of starting paid works is 17.1 but male starts working earlier (15.8). On an average they are working in garment factories for 4.2 years and for 44% of the workers this one is the first factory. They are working in this factory for 2.5 years in average. Those who have worked in different factories mostly mentioned one as the number and few of them mentioned more than one.

Table-9: Working history and reason for job change of workers

	Male	Female	All
Mean age at starting paid work	15.8	17.4	17.1
Duration of Works			
Duration of Garments work (in years)	4.4	4.1	4.2
Current work place is the first one (%)	40	44	44
Duration of working at current factory (in years)	2.7	2.5	2.5
Main reasons of changing factories			
For promotion.	32	25	26
Irregular payment of salary.	30	16	18
Less amount of salary.	76	39	45
Factory has stopped working/shifted.	6	6	6
Factory does not make them work regularly.	6	1	2
Makes them work overtime.	2	4	4
Factory is far away from house.	8	16	15
Due to the bad behavior of the supervisor.	3	3	3
Due to marriage.	1	5	5
Due to pregnancy.	0	6	5
Weighted base	90	475	565
Designation of worker in the factory			
Helper.	15	20	19
Operator	43	57	55
Poly man	1	2	2
Folding man	2	6	5
Quality inspector	22	12	14
Receive weekly holiday or not			
Yes-Regularly	87	90	89
Yes-Non regularly	13	10	11
Average base	150	850	1000

Their working time is from eight am to nine pm though some of the authorities claimed that workers do not stay longer than seven pm. They also do shifting duty.

Among the workers 56 % have changed the factories before. Out of them, 45% mentioned poor salary job followed by 27 % for promotion and 18% due to irregular salary as their reason for change.

Fifty five percent of the total workers are working as operators, followed by 19% are working as helpers and 14% are working as quality control/inspector.

Most of them said that they enjoy weekly holiday regularly. Seventy four percent of them said that in last seven days they worked six days and 23 % said that they worked for five days. Thirty percent of them said that in last month they worked for 26 days, 29% said that it is 25 days and 24% said that it is 24 days. All the workers are working as full timer.

4.2.2 Duration and Nature of Work of Supervisors

It is found the IDIs of the supervisors that they are working in garment factories for almost seven years on an average and for 33% of the supervisors this one is not the first factory.

Table-10: Working history and reason for job change of workers

Working history and reason for job change	%
Duration of Garments work (in years)	6.9
Current work place is the first one	50
Reasons of factory change	
For promotion	35
Irregular payment of salary	7
To increase salary	53
Others	23
Designation	
Supervisor	102
Swing supervisor	18
Swing in charge	6
Senior supervisor	6
Finishing supervisor	9
Cutting supervisor	3
Second supervisors	6
Weekly holidays	
Have weekly holidays	141
Have no weekly holidays	9

Among the supervisors who changed the factories before, 35% mentioned for poor salary followed by promotion (23%) and other causes of change factory are irregular salary, family problems, transportation problems, and environments etc.

Among the supervisors 94% agreed that they enjoy weekly holiday.

4.2.3 Safety Issues in Work Place

The majority of workforce denied any accidents in the factory. This constituted of 90% of the workforce. Among those who accepted the incidence of accidents, 11% were female and 5% male. This shows that greater percentage of female workers had seen accidents than male members.

The main type of accidents that took place in the factories during sewing, about 72% of the female workforce stated this. Injurious accidents, such as those by cutting or getting hit, were more common among the male workforce than the female. Accidents through burning, on the other hand, had no male incidence, only female (4%).

Table-11: safety issues

	Male	*Female*	*Total*
Accidents occurred in the factory			
Accident occurred in the factory	5	11	11
No accident occurred in the factory	95	89	90
Weighted average	150	850	1000
Type of accident occurred			
Accidents occurred during sewing	13	72	68
Get hurt by accident such as cut	63	25	28
Get hurt by hit	25	8	10
Burnt	0	4	4
No accidents occurred.	0	6	6
Weighted average	8	97	105

The Ten percent of supervisors mentioned about accidents in the factory. The major types of accidents are needle insertion in the finger during sewing, cut hand with knife and burnt etc.

Both workers and supervisor do not face any problem while coming and going to office from their home. Some of the worker stated that they feel scared at night after overtime duty due to transport problem. Also people tease them in the street if it is late.

4.3 Social and Work Related Needs of Garment Workers

4.3.1 Working Environment

Findings have been found only from the qualitative study that most of the workers and supervisors said that there are adequate light and separate toilet facilities in their factory. The working environment is good and they have good water supply. Authorities also said that they try to assure all amenities for the workers and supervisors. Few of the workers did not make any comment.

4.3.2 NGO Support

Few of the workers said that they know about some NGOs activities in the factory but other mentioned that they do not know. Supervisors are informed about NGOs activities.

4.3.3 HIV/AIDS/STI related BCC materials

Some workers said in the FGD that they have seen HIV/AIDS/STI information related materials. Some of the workers did not make any comment in this regard. Supervisors also did not make comment. Some of the workers mentioned posters and two of them mentioned leaflet as the materials. All the workers and supervisors said that in their factory do not have these sorts of activities. Some of the workers said that in their factory

they have these materials for them. Only one worker did not agree with this comment and others did not make any comments. Some workers said that they can mention these materials name, but others did not make any comment and only one supervisor said that he also know that. Some workers mentioned leaflet as the material, three mentioned poster and other made no comment. Only one supervisor mentioned leaflet, poster, flip chart and other made no comment.

It is found in the In depth Interviews with Sex workers that 79% have heard the slogan "Banchte Hole Jante Hobe" (bengali translation of you have to know if you want to survive). Among 21% who did not hear the slogan 12% workers are male. Out of them 88% watched commercial advertisement regarding the slogan. Of them 96% watched it in TV. Eleven percent who have watched billboard around forty percent were male. Eighty percent think that this slogan has been commenced to all.

Authority and management told in In depth Interview that they have BCC materials for the training of workers on STD and HIV/AIDS. As necessary materials they told about posters, leaflet, and books and doctors are their main choice to disseminate information. Almost all the management personnel agreed that they should start awareness program in their factories. They also add that they can arrange this program during holidays, during lunchtime, seminar at the end of the work. The content of the programs can be related to awareness on HIV/AIDS, STD and their prevention.

They also give emphases on training on use of condom. But they do not have enough materials. They do not distribute any condom from their health facility. They suggest separate session for male and female workers. Supervisors, health workers, doctors can conduct this type of sessions. Peer group can be a favorite model for this purpose.

4.4 KNOWLEDGE ABOUT RH AND STD, HYGEINE, SAFE SEX AND CONDOM

4.4.1 Knowledge on reproductive health

The workers were asked about the types of reproductive health problems that may be experienced by females. The common disorder was irregular menstruation stated by 73% of female workforce. Other problems commonly noted were ache in the lower abdomen and excessive bleeding, which were mentioned 41% and 13% respectively.

In this category, the primary health problem mentioned was wet dreams. Very few other health problems were noted prominently.

Table-12: Knowledge on reproductive health problems (Workers)

	Male	*Female*	*Total*
Knowledge on reproductive health problems (female)			
Irregular menstruation	29	73	66
Ache in the lower abdomen	15	45	41
Excessive bleeding	3	14	13
Itching in the sex organ	2	7	6
Problems related to pregnancy	3	6	6
Urinary Tract Infection	2	6	5
Infection in sex organ	1	2	2
Knowledge on reproductive health problems (male)			
Pus from sex organ	5	1	2
Infection in the sex organ	17	1	4
Ache in the scrotum	6	2	3
Swollen in the scrotum	5	2	2
Itching in the sex organ	15	2	4
Wet dream	38	15	19
Inflammation in urination	9	4	5
Weighted base	150	850	1000

The most common health problem was syphilis and gonorrheae according to 35% of the workforce. However, the majority of the workforce did not know about health problems and constituted of 60% of total.

Table-13: Knowledge about reproductive health (supervisors)

Common reproductive health problems	%
Don't know	60
Syphilis & Gonorrhea	35
Genital itching	6
Burning micturition	2
Wet dream	2
Irregular menstruation	3

Reproductive Health Knowledge was poor among both male and female workers. Most workers did not know about conception period, reasons for vaginal discharge, safe sex and use of condom. Female workers had more knowledge about RH problems (female) than male; a theme repeated in knowledge ratio of male RH problems. Most workers (about 78% for both male and female) knew about places to go for RH, SH and FP.

Table 14: Reproductive health knowledge

	Male		Female	
Reproductive Health Knowledge (in %)	No Knowledge	Right/Wrong Knowledge	No Knowledge	Right/Wrong Knowledge
Conception period	59	41	58	42
Female RH problems	77	23	38	62
Reasons for vaginal discharge	90	10	90	10
Male RH Problems	50	50	81	19
Places to go to for RH, SH & FP	21	79	22	78
Safe Sex	67	33	83	17
How to put a condom on	63	37	85	15

The main reasons behind use of condom were avoiding pregnancy and HIV/AIDS prevention constituting of 84% and 31% of total respectively. Male workers were more aware of HIV/AIDS prevention through condom use than female workers.

Table 15: Reason behind using condom

	Male	*Female*	*Total*
Reasons behind using condom (in %)			
Avoiding pregnancy	84	83	84
HIV/AIDS prevention	59	25	31
Prevention from sexually transmitted diseases.	33	7	12
Weighted Base	109	464	573

Most of the workers feel they need training on condom to prevent RTI/STI/AIDS/HIV in their factory but others made no comment and supervisors also feel that. Many of the workers said that they need that for awareness; but one mentioned that it would be better if some one explains and others made no comment. Supervisors said that this will keep them safe from disease and healthy. In reply to the question why they do not need, all of them kept quite. As the best media to educate those most of the workers mentioned Video show, some said group meeting, and some said posters and training and discussion and few of them did not make any comment. All the supervisors mentioned visual aid as the media.

4.4.2 Felt symptoms related with STD

A large number of females complained of STD symptoms as compared to males. 56% of females had pain in abdomen, followed by vaginal discharge at 45%. Another important symptom was inflammation on micturation. Among males, inflammation on micturation was reported by 17% and was the most prominent symptom.

Table-16: Felt symptoms related with STD of the garments workers

Symptoms of STD during last 1 year	Male	Female
Pus from male genital	6	
Sore in genital	10	
Inflammation in micturation	17	
Ache in the scrotum	7	
Pain in abdomen		56
Vaginal discharge		45
Inflammation on micturation		34
Pain in intercourse		13
Sore in genital		7

25 of total supervisors complained of burning micturition. About 13 stated other problems such as genital ulcers and discharge from genital organs.

Table-17: Felt symptom of STD by supervisors

Suffering from any symptoms during last 1 year	% Supervisors
Discharge from genital organs	23.7
Genital ulcers	10.5
Burning micturition	65.8

As the suitable time for training on condom workers mentioned weekend, night time, lunch time and after 4.30 at garments. Supervisors said weekend. Some workers prefer garment, home and village as the place of training and other remain silent. Supervisors prefer home. Some of the workers prefer half an hour to three hours as the length of the training but others did not make any comment. One of the supervisors mentioned one hour and other did not mention anything. For male and female need different session most of the workers made no comment and supervisors said they need different session. As the session operator, workers said that it depends on the interviewer. Supervisors said that it would be better if they were health workers.

4.5 KNOWLEDGE AND ATTITUDE TOWARDS HIV/AIDS AND OTHER STIs

The majority of workers had heard about HIV/AIDS comprising of 76% of total. Only 24% of total workforce had no idea. This was consistent among both male and female workers; though, female workers formed greater percentage among those who did not know (26%).

Table 18: Heard about AIDS

Ever heard of HIV/AIDS (in %)	Male	Female	Total
Yes	84	74	76
No	16	26	24
Base	150	850	1000

The common ways of HIV/AIDS transmission are through sexual activity with infected person, receiving blood from infected person and through sharing of needles/syringes. Both male and female workforce was consistent in their responses of these common

methods. However, greater number of male workers (47%) mentioned sexual activity with sex worker could also be a means of transmission.

Table 19: HIV/AIDS Transmission

HIV/AIDS transmission	Male	Female	Total
Committing sexual activities with HIV/AIDS infected person	39	18	21
Receiving blood from HIV/AIDS infected person	28	23	23
Using needles/syringes	48	33	35
HIV/ AIDS infection from Pregnant women/mother	12	6	7
HIV/AIDS infection by in taking milk of mother	4	3	3
Not using condom in sexual activities	16	6	8
Committing sex with sex worker	47	24	28
Ways of HIV/AIDS prevention			
Avoid using unsterilized syringe	36	25	27
Avoiding sexual activity with sex worker	42	21	24
Safe blood transfusion	32	20	22
Limiting sexual activity with wife only	29	20	22
Using condom while committing sexual activity	35	13	17
Avoiding sexual activity with person being infected by HIV	12	7	8
Not taking any child if infected by HIV	2	1	1
Being loyal to sexual partner	3	1	2
Weighted base	126	633	759

As far as prevention is concerned, 27% mentioned to avoid using unsterilized syringes, followed by 24% avoid of having sex with sex workers. Twenty two percent mentioned about safe blood transfusion the same number of respondents reported not to have sex without wife; and 17% mentioned of not having sex with HIV/AIDS infected person.

40% of the respondent garment workers received information regarding HIV/AIDS from magazine/leaflet. A significant portion (35%) received information from their spouse. There are other diversified sources such as friends/peer group (21%), relative/neighbor (17%) and health worker (14%) etc.

Table-20: Sources of information about HIV/AIDS among the workers

	Male	Female	Total
Friends/peer group	52	14	21
Radio.	6	2	3
Television.	65	34	40
Magazine/leaflet.	17	2	5
Poster	6	1	2
Billboard/signboard.	14	2	4
Health worker	18	14	14
Clinic/hospital.	6	7	7
Husband/wife	8	42	35
Relative/ Neighbor.	4	20	17
Shopkeeper/Pharmacy	20	2	5
Weighted base	109	464	573

Most of the respondents from the supervisors mentioned media (50%) as a source of HIV/AIDS information, followed by friends (20%), physician (7.6%) and NGO workers (5.1%).

Table-21: Source of HIV/AIDS information, most preferred source & knowledge of prevention of supervisors

Source of HIV/AIDS information	% Supervisors
Media	50.6
Friends	20.8
NGO workers	5.1
Physicians	7.6
Peer Group	14.6
Neighbors	1.3
Knowledge on prevention of HIV/AIDS	
Use of Condom	21.3
Safe sex	20.0
Not using used needle and syringe	18.7
Avoid multiple sexual partner	15.3
Others	16.0
Do not know	8.7

21.3% respondents has the knowledge of using condom on prevention of HIV/AIDS with 20% safe sex, 18.7% not using used needle and syringe and 15.3% avoid multiple sexual partner. The most accepted source of information is TV (60%) among the supervisors.

4.6 HIV/AIDS and STD Risk Taking Behavior of the Garments Workers

In qualitative study, almost all supervisors did not want to comment on risk behavior. They agreed that garment workers are at risk to transmit HIV/AIDS due to their risk behavior.

Most of the workers know about risk behavior and they also agreed that garment workers are at risk. In focus group discussion some of the garment workers said "*some garments workers do sex before marriage and in extramarital form*". Others did not make any

comment. In the survey 10% workers mentioned that their friend's has extramarital affairs.

Table 22: Workers Friend's sexual habit

	Male	Female	Total
Whether your friends have extramarital sexual partners			
Yes	23	7	10
No	49	54	53
Not Sure	11	9	10
DK/CS	16	30	28
n	150	850	1000

On the other hand some supervisors agreed with that comment. But during in-depth interview 88% supervisors denied that they do not have any extramarital relationship.

Table 23: Supervisor's sexual habit

	Married	Unmarried	Total
Whether you have extramarital sexual partners			
Yes	12	0	12
No	86	2	88
n	85	65	150

Five of the workers mentioned rickshaw puller, two mentioned truck driver, two mentioned bus driver and two mentioned their colleague as their sex partners and other one did not make any comment. Both the supervisors mentioned tailor shopkeeper and their colleague as their sex partners. Only one worker said that he goes to sex workers and other remained silent. Both the supervisors said that they go to the sex workers. In reply to question about their sex partners other than sex workers all the workers did not make any comment and the supervisors remained silent.

Regarding the question about multiple sex partners in the qualitative study, few of the workers said that they have, few said that they do not know and remaining workers did not make any comment. One of the supervisors said yes and other did not make any comment. Some of the workers mentioned their friends as their sex partners. Others mentioned colleague, their neighbor, rickshaw puller, bus driver and police. One of them did not make any comment.

Supervisors mentioned shopkeeper and colleague as their sex partners. One of the worker said that she does that with money, other did not make any comment. Supervisors disagreed with that. Some of the workers said that only 1 % of them practice safe sex, few others said that they do not know and rest of them did not make any comment. Supervisors said that it is about 70-80% who does safe sex. Almost all supervisors did not comment on multiple sexual partners' issue.

Authority and management also support this issue. According to their opinion workers usually do sex with their colleague and sex workers. Authority also told that most of the workers do this for extra amount of money. Some of the workers said that they do sex with money with the police and the supervisors remained silent in that question. Only one worker said that she knows about safe sex practice but others said that they do not know. Authority has agreed that most of the workers and supervisors are in risk behaviors.

4.7 Health Seeking Behavior of Garment Workers

Sixty six percent of the respondents said that they visit doctors when they feel sick where female percentage is more (69%), twenty two percent said that they take rest and twenty one percent said that they buy medicine from pharmacy. Seventy two percent of the workers said that they go to the doctors or hospitals when they feel very sick and twenty six percent said that they go in the very first day.

Table 24: Actions taken when in ill and places go for treatment by the workers

	Male	*Female*	*Total*
Actions taken when in ill			
Go to a doctor	51	69	66
Buy medicine from medicine	17	21	21
Take rest	35	20	22
Places go for treatment			
Jilla/shador hospital	11	11	11
Medical college	45	17	22
MCWC	7	7	7
UHC	5	3	3
FWC	7	3	4
Community clinic	1	2	2
Satellite clinic/EPI	4	3	3
NGO static clinic	3	10	9
Clinic/MBBS doctor	53	52	53
LMAF/kabiraj	7	2	3
Pharmacy	53	34	37
Weighted Base	150	850	1000

Fifty three percent of the respondents take treatment from private clinic/MBBS doctors, thirty seven percent said that they take treatment from Pharmacy; twenty two percent said that they visit medical college; eleven percent said that they go to district (Jilla/shador) hospitals for treatment. In these issues the male, female ratio is same.

Table 25: Places of treatment of the Supervisors

Place to go for treatment	Number of supervisors
Govt. hospital	11
Sabuj chata,Surjer hasi	36
NGO clinic	7
Private practitioner	3
Medical college hospital	2
Satellite clinic	4

On the other hand, most of the supervisors told that they usually go to Sabuj chata, Surjer hasi, govt. hospital, NGO clinic, private practitioners, medical college hospital and satellite clinic.

4.8 Availability of Health Care Service

Following table denotes whether there are health care facilities and Life Skill Education Program provided by the factory management.

Table-26: Availability of Health Care Service

	Small	Medium	Large	Total
Has a healthcare facility	72	84	92	79
Type of provider				
Doctor	72	86	91	79
Paramedics	8	9	11	9
Nurse	41	54	80	52
Others	26	15	16	21
Type of service				
General health care	63	77	84	71
Preventive	8	9	19	10
Emergency	63	61	64	63
Family planning	29	38	43	34
Health education	33	38	52	38
Others	19	11	15	16

It revealed that 72% of small size factories; 84% of medium size factories; 92 % of the large factories had a health care facility. Among the health service care providers 79% were doctors, 9% paramedics, 35% nurse and 21% others. In small size factories; 72% doctors, 8% paramedics, 41% nurse and 14% others. Doctors provide health care services in medium size factories 86%; 91% doctors, 11% paramedics, 80 % nurse and 16% others are the service providers in Large size factories. It could be revealed that the proportion of service provided by the doctors increase with the size of factories.

Regarding the type of health care services provided it revealed that general health care 63%, 8% preventive care, 63% Emergency care, 29% Family planning, 33% Health education and 19% others type of care were given in small size factories; general health care 77%, 9% preventive care, 64% Emergency care, 38% Family planning, 38% Health education and 11% others type of care were given in medium size factories; general health care 84%, 19% preventive care, 64% Emergency care, 43% Family planning, 52% Health education and 15% others type of care were given in Large size factories.

It was also found that 59% of small sized factory; 76% of the medium sized factory and 80% of the large sized factory had life skill education (LSE) program.

4.9 Exposure to media, BCC materials and IEC

Majority (61%) of the respondents do not read newspaper and magazine at all. This is quite high among female garments workers (68%) and relatively low among male workers (34%). Sixty eight percent of the total workers can read and of them very few read the newspaper on daily basis (5%) and others read the newspaper or magazine quite often (34%).

Their area of interest is political (30%), everyday news (43%) and entertainment articles (19%). However, a significant numbers of sample also read newpaper and magazine for job advertisemant and health news (7% in both cases) as well as games (6%).

Table 27: Newspaper/magazine reading habit and type of newspaper/magazine read

	Male	*Female*	*Total*
Newspaper Reading Habit			
Everyday	10	4	5
Once or more than once in a week	38	10	15
Less than once in a week	19	19	19
Do not read newspaper/magazine at all	34	68	61
Weighted Base	125	551	676
Type of newspaper/magazine Read			
Job advertisement	16	3	7
New films and cinema	8	24	19
Everyday news	34	48	43
News related to health	2	10	7
News related to politics	61	16	30
Games	18	0	6
Weighted Base	83	178	261

Fifty six percent of the total noted that they have no radio; twenty four percent said that they do not listen radio and others listen very often (14%). Among 7% who listen to radio, half of them (49%) listen in between 6 pm to midnight.

Their favorite program is musical show (78%) followed by news (42%). The other program of choices are dramma (7%), jokes (6%) and health related programme (5%).

Table 28: Radio listening habit, time of listening and type of program most frequently listen

	Male	Female	Total
Radio Listening Habit			
Everyday	9	7	7
At least once a week/more	12	8	9
At least less than once a week	3	5	5
Do not listen to radio	33	22	24
No radio is available	43	58	56
Weighted Base	150	850	1000
Time of listening to radio			
Before 8 am	11	14	14
From 8 am to 12pm	0	3	2
From 12pm to 6 pm	6	6	6
From 6 pm to 12 am	56	48	49
Entire weekends	17	24	22
At night	11	12	12
Weekends	6	2	2
Type of program most frequently listen			
Programs of song of request	89	76	78
Dramas	8	6	7
Joke/funny programs	6	6	6
News	33	44	42
Health related programs	3	5	5
Weighted Base	36	170	206

Among 1000 workers around seventy percent workers watch TV. Of them thirty nine percent workers watch TV daily. Twenty seven percent watch TV at least once in a week. Sixty six percent workers watch TV in between 6 pm to 12 midnight. Twenty seven percent watch TV only on holidays. Their favorite program is drama which is supported by eighty five percent workers. Sixty five percent workers like watching cinema. Next favorite programs are magazine program and news.

Table 29 Television watching habit, time of watching and program most frequently watched

	Male	*Female*	*Total*
Television watching habit			
Everyday	41	38	39
At least once a week/more	32	26	27
At least less than once a week	10	10	10
Do not view at all	5	8	8
There is no television	12	18	17
Weighted Base	150	850	1000
Time of Watching TV			
Before 8 am	1	1	1
From 8 am to 12pm	1	1	1
From 12pm to 6 pm	0	1	1
From 6 pm to 12 am	85	62	66
Entire weekends	15	30	27
Type of program most frequently watched			
Cinema	48	68	65
Dramas	77	86	85
Music programs	33	15	18
Magazine programs	36	21	24
Advertisements	11	10	10
Health related programs	2	4	3
News	35	23	25
Weighted Base	124	629	753

Among 1000 workers seventy six percent have heard about HIV/AIDS. Of them as a source of information eighty seven percent told about TV, sixteen percent told about health workers, fifteen percent told about neighbors, thirteen percent told about books/newspapers/magazine/leaflets and peer groups and this ratio is very few in case of female. Nine percent told about radio. Fifty two percent of them said, "*Television is the best source of information regarding HIV/AIDS*". Thirty three percent of them said health workers, and twenty percent said hospital/clinic and only eleven percent said that they get information from friends where male respondents are more in number.

In qualitative methods, source of the information about HIV/AIDS, only one worker mentioned condom pack and other did not make any comment. One of the supervisors mentioned billboard, radio, TV, poster and the other did not reply. For proper knowledge dissemination on STD and HIV/AIDS they gave emphases on sharing of knowledge among the workers, through doctors, group discussion, health workers, through drama and cinema. As sources of information two of the workers mentioned physician, few mentioned health workers. Some of them mentioned TV and one did not mention anything. One of the supervisor mentioned billboard, TV, Poster, known shopkeeper as their source of information and other did not make any comment.

Some of the workers said that they could learn by television. Some other said that sharing with others and few of them said by posters and remaining mentioned newspaper and big screen. Supervisors said about training as the learning source. As their suitable time of learning some of the garment workers said that they need training once in a month, by group meeting and by leaflet. Other did not make any comment. Supervisors said that it would be better to learn them after closing time of the factory. Half of the workers said that "*in our factory we do not have any training activity regarding condom use*". Half of them did not make any comment. Supervisors also did not make any comment.

Table 30: Most accepted source of information of Supervisors

Sources	**% of Supervisors**
TV	40
Physician	11.3
NGO workers	4.0
Anybody	13.3
Health Center	23.3
Radio	2.7
Poster	2.7
AIDS Specialist	0.7
Training	0.7
Can not say	0.7
Home visit by health worker	0.7

5
RECOMMENDATIONS

Training should be conducted on HIV/AIDS, STIs, RTIs describing the sign, symptoms, mode of transmission and preventive measures and condom use and safe sex.

Training time should either be at night or lunch break in factory or in place where workers do live and as a trainer health workers should be preferred choice.

STIs treatment facilities should be introduced in the factories which is quite absent now.

Women should be empowered by that they can make decision in contraceptive method choice and motivate their partners.

BGMEA hospitals should be well equipped. Workers will be able to get better service from them regarding their health problem.

NGOs who are working in HIV/AIDS field should take extra initiatives to facilitate their services in garments factories, which are now below to the mark.

Workers salary level should be upgraded. By that they will be able to adjust with their living expense that ultimately prevents them to sell sex.

These days' media play a pivotal role on knowledge and awareness development. As workers choices of media are TV, Radio and Newspaper, these media should come forward to increase their role in make known about HIV/AIDS, STIs, RTIs.

As movie, drama, news is workers mostly watched programs, advertisements related to HIV/AIDS should be on air by those programs. Workers usually watch TV after seven pm and during weekend so these initiatives should be more frequent by that time.

Working time should be in a uniformed duration. By that they can they can make some time for amusement and lead their life in a descent way.

6

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