



EXPLORING THE ROLE OF

SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN ACHIEVING DECENT WORK FOR GARMENT WORKERS IN DHAKA

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ABBREVIATIONS

SRHR	Sexual and Reproductive Health Rights
BB	Bangladesh Bank
BGMEA	Bangladesh Garment Manufacturers and Exporters Association
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
IDI	In-depth Interview
IFC	International Finance Corporation
ILO	International Labor Organization
KII	Key Informants Interview
LDC	Least Developed Countries
PTSD	Post Traumatic Stress Disorder
RMG	Ready-Made Garment
STI	Sexually Transmitted Infections
UN	United Nations
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNFPA	United Nations Population Fund
WB	World Bank
WHO	World Health Organization

TABLE OF CONTENTS

1. INTRODUCTION	v
2. LITERATURE REVIEW	9
2.1. Health and Safety of Female Workers in RMG	9
2.2. Women's Position and Contribution in Bangladesh's RMGs	10
2.3. Conceptual Framework of Sexual and Reproductive Health and Rights	12
2.4. Understanding Decent Work	15
3. METHODOLOGY	22
3.1. Research Design	22
3.2. Study Area	23
4. FINDINGS	25
4.1. Maternity Health and Support	25
4.2. 4.2 Menstrual Health and Hygiene	31
4.3. Workplace Safety	35
4.4. Gender Equality in Leadership	39
4.5. Family Planning and Reproductive Health	44
5. CONCLUSION	46
5.1. Summary of Findings	47
5.2. Implications for Policy and Practice	47
5.3. Limitations and Future Research	48
5.4. Conclusion	48
REFERENCES	49

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1. INTRODUCTION

The ready-made garment (RMG) industry is the key sector of Bangladesh's economy in terms of employment, production and foreign exchange earnings (Bangladesh Bank, 2022). Bangladesh apparel export sector began in the late 1970s and presently stands as a multi-billion-dollar monument to the country's participation in the global economy. The RMG business is mainly divided into two categories: knitwear and woven clothing and it is Bangladesh's largest export industry, with phenomenal growth over the previous 25 years. Approximately 4 million Bangladeshis work directly in the RMG sector. (Mia & Akter, 2019). According to the Bangladesh Garment Manufacturers and Exporters Association (BGMEA), 80 percent of the 4 million workers (that is, 3.2 million workers) employed in its members' factories are women (ILO, 2020).

Bangladesh's development is accelerated by the ready-made clothing sector. The nation has benefited from the "Made in Bangladesh" label as well, which has elevated the nation's reputation internationally. Bangladesh, previously called a "bottomless basket" by cynics, is today referred to as a "basket full of wonders." Notwithstanding its meager resources, the nation has produced amazing social and human progress, averaging 6% yearly GDP growth. Bangladesh was among the world's poorest nations after gaining independence in 1971. Because of the biased attitudes and practices of the West Pakistani administration, Bangladesh did not develop any significant industry during its time as East Pakistan. Rebuilding the war-torn nation with constrained resources appeared to be the biggest challenge. The industry that has been essential in rebuilding the nation and its economy is the ready-made garment (RMG) sector, which currently generates the highest amount of export revenue for Bangladesh. 83% of the nation's entire export revenue comes from this sector (BGMEA,

2020). During the fiscal year 2022–2023, Bangladesh’s ready-made garment (RMG) export value was almost 47 billion US dollars. This represented a rise above the 42.6 billion US dollars in RMG exports from Bangladesh the year before. The main destinations for Bangladesh’s RMG exports were the US, Germany, the UK, France, Spain, Italy, the Netherlands, Canada, and Belgium. (BGMEA, 2023).

Now, Bangladesh is currently the second-largest producer of apparel in the world, behind China. Yet, there are still difficulties in our RMG industry, despite its phenomenal growth and promising future. Making sure that millions of garment workers have better working conditions and workplace safety is one of the largest concerns facing our RMG business right now (Mizanuzzaman., 2016). The conditions that female garment workers endure and the realities of the RMG industry have been made clear by the Rana Plaza catastrophe. The Rana Plaza factory complex collapsed on April 24, 2013, in the Bangladeshi suburb of Dhaka, killing 1,132 people, mostly women employed in the garment industry. It has since been called the greatest industrial tragedy in history (Souplet-Wilson.,2014). According to Hossain and Jagit (1988), low-wage labor has helped Bangladesh become one of the fastest growing garment exporting countries. Salway et al. (2005) argue that “all the positive outcomes experienced by women through employment are overshadowed by exploitative circumstances like the wage gap, low wages, irregular payments, job insecurity, gender-based violence, harassment, and hazardous working conditions”.

According to concerned authorities, the impending graduation of Least Developed Countries (LDCs) in 2026 can be seen as another obstacle to the development of this industry in Bangladesh. This obstacle will need to be overcome in the medium to long term by implementing the necessary reforms in trade-related areas, modifying investment policies, fortifying

intellectual property rights, gradually eliminating some export subsidies, etc (Bangladesh Bank, 2024).

A large number of studies were conducted related to the RMG sector in Bangladesh, where different research works focused on working conditions, health issues, and deeply rooted gender disparities among workers. In fact, these studies have thrown much light on the socio-economic and physical challenges of the industry, with special emphasis on female workers who comprise the largest part of the workforce. Although there is considerable literature on these issues, a critical understanding of the role that Sexual and Reproductive Health and Rights play within the context of decent work—an objective indicated within the SDGs to be achieved by 2030—remains a lacuna. Whereas much existing research has explored in-depth the economic and occupational dimensions of work in the RMG sector, the interface of SRHR and decent work has remained relatively understudied. SRHR encompasses a wide range of rights and services that are quite fundamental to health, wellbeing, and women’s empowerment, like family planning, maternal health, and sexual health. These rights are not only constituent elements in women’s health as a whole but also directly determine the capability of working safely, productively, and with dignity. This literature gap is felt even more strongly within the perspectives of what SRHR could mean in the realization of decent work according to the goals of the SDGs. For the ILO, decent work is productive work delivered with fair income, security in the workplace, and social protection for families. The failure to give attention to the SRHR might fail in efforts to attain 7 decent work for the women garment workers since the health and rights of women are linked with full and equal participation in work. This paper, therefore, intends to fill this gap by investigating how access to knowledge and information on SRHR among women garment workers influences the realization of decent work. By mapping

different layers of working women, considering their roles, ages, socio-economic status, and educational background, this study provides a more comprehensive understanding of how SRHR can be used as a lever for gender equality and improvement in working conditions in the RMG sector. The study will assess the extent to which SRHR knowledge will empower women to make appropriate decisions on health and work-life balance in support of their general well-being and productivity. In sum, the present research will enrich the general debate on health, gender, and labor rights with new insights that are fundamental for policymakers, industrial actors, and social actors to attain SDG targets for decent work and gender equality. This research will, therefore, put into perspective the importance of SRHR to decent work and the extent to which integrated approaches, tackling both the physical and social dimensions of work, foster the development of more inclusive and sustainable labor practices within the RMG sector.

The RMG sector is considered as the backbone of the economy of Bangladesh. It employs a significant number of women who often face inadequate healthcare and challenging working and living conditions. Integrating Sexual and Reproductive Health and Rights (SRHR) into the ready-made garment (RMG) sector in Bangladesh is significant to ensure decent work. According to the International Labour Organization (ILO), access to comprehensive health services, including SRHR, is essential for maintaining a healthy and productive workforce (ILO, 2023). According to a study conducted by the world health organization, improved SRHR services and better health outcomes lead to reduced health issues and high turnover rates. (WHO, 2022). Sikdar found that the average age of the female garment worker is 23.68 years. 92.5 percent of the female workers are aged less than 30, while only 7.5 percent of the workers are aged above 30 years

(Sikdar, M. M. H., et al., 2014). Workers are often affected by sexual and reproductive diseases and issues like poor hygienic conditions and they are often unable to manage their menstrual health properly. A study found that 95 percent of female garment workers use dirty rags or rejected fabrics during their menstruation while 20 percent remain absent due to illnesses related to menstrual hygiene. The economic loss of absenteeism is estimated to be around \$2.5 million per annum. Thus, this shows that a worker's sexual health does have an economic impact on the industry as well (Action Aid, 2018). So, proper access to SRHR services and information is significant to ensure decent work conditions and gender equality for those female garment workers. 8 This study investigates various literature covering several intersectional areas including sexual and reproductive health and rights (SRHR), decent work, and gender equality. It provides a clear understanding about those complex issues. It also makes sense about how and why this study is needed into the complex landscape of the RMG sector in Bangladesh. As most of the RMG workers in Bangladesh are female and almost all of them are in between their reproductive age-15 to 49. So, these female garment workers should be aware of their sexual and reproductive healthcare system and rights.

2. LITERATURE REVIEW

2.1. HEALTH AND SAFETY OF FEMALE WORKERS IN RMG

Begum et al. (2010) mentioned that the garment factory in Bangladesh is a major source of health issues for women due to the small, unhygienic environment and prolonged standing. Workers in the ironer, folder, and sewing sections often suffer from back pain, sore feet, varicose veins, leg swelling, and muscular fatigue. The most common illness reported by female

workers is headache, with gastritis being more prevalent. Long hours and poor food quality also contribute to weakness among workers.

2.2. WOMEN'S POSITION AND CONTRIBUTION IN BANGLADESH'S RMGS

The ready-made garment (RMG) industry in Bangladesh is a cornerstone of the country's economy, employing over four million workers, with approximately 80% being women. Almost all of them are working in the lower tier of the positional hierarchy. In Bangladesh's Ready-Made Garment (RMG) sector, it is customary for organizations to have a clear hierarchy of job positions. At entry levels, helpers perform rudimentary functions like handling materials as well as helping machine operators. This position usually does not require any special skill or experience. The next level consists of operators who manage sewing machines along with other equipment requiring peculiar technical abilities and professional training. Under this group there are supervisors whose role is to oversee the operations of both the operators and helpers in order to meet production targets and uphold quality standards. This position calls for additional knowledge on production processes; thus, making it more experienced than that of an operator or a helper generally speaking. As you go up into the stream, managers assume overall managerial duties such as coordinating the various departments or making decisions operationally. This is often accompanied by high levels of professional qualifications and lengthy work experiences. Further up the rung are senior managers or directors involved in long term strategic planning and implementation of organizational policies at large. Usually, members of this tier have considerable experience in addition to better academic qualifications. Despite their significant

representation in lower-level roles such as helpers and operators, women in the RMG sector are underrepresented in supervisory and managerial positions. Gender biases, limited access to advanced training, and societal norms contribute to this disparity (Salway, Jesmin, & Rahman, 2005; Md Abdullah Al Mamun & Md Mahmudul Hoque, 2022. Fatema (2019) argues that female employees were likewise recruited by employers due to their compliance and low cost of production.

Women's employment in this sector remains a highly debated issue among the scholars. Heath and Mobarak (2015) discovered that it enhanced the well-being of adolescent females and granted them additional independence in postponing marriage and having children. An empirical study cited by Billah and Manik (2017) indicated that the industry has made a substantial contribution to the societal empowerment of women.

Karim (2014) revealed that despite gender-based wage disparities and unfavorable working conditions, female garment workers gained a greater level of empowerment than the women who engaged themselves in other sectors such as microfinance. According to Ali (2003), women make up a significant portion of the labor force in the country. Their involvement has improved their standing and recognition in the community, marking a significant economic breakthrough. There are significant shifts in both of their lives, specifically in terms of who is employed and who is not. In Bangladesh, female workers can now take part in the decision-making process.

Even though their wages are insufficient to meet their fundamental necessities, they have grown morally and gained value (Ali.,2003).

Despite their critical role, these women face significant challenges, including poor working conditions, low wages, and

pervasive gender inequality, further exacerbated by limited access to sexual and reproductive health and rights (SRHR) (CARE, 2021). Due to the lack of trade unions, gender-based wage discrepancies, informal recruitment, irregular salaries, long work hours, inadequate health, safety, and childcare facilities, sexual harassment, and violence, female RMG employees continue to operate in a vulnerable environment (Ahmed, 2004; Khosla, 2009; Zaman, 2001). The employees in this industry are barely making ends meet because their pay does not cover the necessary costs. They cannot afford to maintain minimum health care, medical services, hygienic accommodation as well as access to other amenities is a dream to them. So, they had to suffer from different types of physical complexity. In addition to this, the working environment of the garment factories is not congenial to ensure good health. Furthermore, garment workers are frustrated about their future due to less earning which also affect on their mental and social stability (Ahmed & Raihan.,2014)

2.3. CONCEPTUAL FRAMEWORK OF SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Women's empowerment and autonomy are fundamental to their personal health and well-being as well as that of their families, communities, and, ultimately, sustainable development. In turn, 10 women's complete participation in society depends on their sexual and reproductive health and rights. Acknowledging this, the International Conference on Population and Development (ICPD) met in Cairo, Egypt, in 1994 and formally acknowledged the connection between reproductive rights and human rights that were already safeguarded by international law. They also defined reproductive health, based on an individual's right to choose whether and when to procreate, and developed a list of

fundamental components of reproductive health care (Zuccala et al., 2018).

The World Health Organization (2018) defines Sexual and Reproductive Health and Rights (SRHR) as the rights and access to healthcare services and information related to sexuality and reproduction. This concept encompasses a broad range of issues including access to contraception, safe abortion services, sexual education, and protection from sexually transmitted infections (STIs). It also includes the right to make informed choices about one's sexual and reproductive health without facing discrimination or coercion.

Starrs, A. M., et al (2018) mentioned in the Guttmacher–Lancet Commission's report that Sexual and reproductive health is a state of physical, emotional, mental, and social wellbeing in relation to all aspects of sexuality and reproduction, not merely the absence of disease, dysfunction, or infirmity. Therefore, a positive approach to sexuality and reproduction should recognise the part played by pleasurable sexual relationships, trust, and communication in the promotion of self-esteem and overall well being. All individuals have a right to make decisions governing their bodies and to access services that support that right. Achievement of sexual and reproductive health relies on the realization of sexual and reproductive rights, which are based on the human rights of all individuals. SRHR encompasses four fundamental elements- sexual health, reproductive health, sexual rights, reproductive rights.

2.3.1. SEXUAL HEALTH

Sexual health "A state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination

and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled” (Guttmacher–Lancet Commission.,2018). Additionally, World Health Organization, (2018) mentioned sexual health refers as the overall well-being related to sexuality, emphasizing safe, consensual, and fulfilling sexual experiences free from coercion and violence.

2.3.2. REPRODUCTIVE HEALTH

Reproductive health refers to “Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the 11 reproductive system and to its functions and processes.” (Guttmacher–Lancet Commission.,2018). The World Health Organization (2018) stated that reproductive health focuses on comprehensive care throughout the reproductive life cycle, including fertility, pregnancy, childbirth, and menopause, ensuring access to essential health services. According to the concept of reproductive health, everyone should have access to accurate information about the reproductive system and the services required to maintain it; and be able to manage their periods hygienically, in private, and with dignity (UNESCO, 2014).

2.3.3. SEXUAL RIGHTS

Starrs, A. M., et al (2018) defines sexual rights are human rights that ensure equal access to sexual health services, information about sexuality, comprehensive education, respect for bodily integrity, choice of sexual partners, consent to marriage, a satisfying sexual life, and the ability to make informed decisions about sexuality, orientation, and gender identity. Furthermore, sexual rights imply that all people have the right to sexual freedom without being subjected to violence, compulsion, or discrimination to obtain the maximum level of sexual health that is possible, including having access to services for sexual and reproductive health (UN, 1995).

2.3.4. REPRODUCTIVE RIGHTS

Finally, reproductive rights encompass the right to make informed decisions about reproductive health, including access to family planning, safe abortion, and quality maternal care, without facing discrimination or coercion (United Nations Population Fund, 2004). Starrs, A. M., et al (2018) elaborates that reproductive rights are the human rights to choose and control the number, spacing, and timing of their children, with the right to access information and achieve high reproductive health standards, free from discrimination, coercion, and violence. Together, these elements form a holistic approach to SRHR, promoting both health and autonomy.

SRHR information and services should be accessible and affordable to all individuals who need them regardless of their age, marital status, socioeconomic status, race or ethnicity, sexual orientation, or gender identity. Everyone has a right to make decisions that govern their bodies, free of stigma, discrimination, and coercion. These decisions include those related to sexuality, reproduction, and the use of sexual and reproductive health services (Starrs, A. M., et al.,2018).

2.4. UNDERSTANDING DECENT WORK

The concept of decent work was first introduced in 1999 by the ILO and was described as “opportunities for women and men to obtain decent and productive work in conditions of freedom, equity, security and human dignity” (Somavia,1999). It includes the expectations that workers have for their career, such as productive work with a fair wage, freedom of speech and involvement in decision-making, opportunities for personal growth and social contribution, equal opportunity, and gender equality (Anker et al.,2003).

2.4.1. FAIR WAGE

The fair wage is a key component of decent work as it provides the employee the wages that they rightfully deserve. The meaning of the fair wages not only refers to the wages which are more than the statutory minimum wages, but fairly wages, which are enough to maintain the necessity of the worker and his/her family, and also fairly wages correspond to the worth of the occupation. This is important not only in terms of persons and society's health but also concerning economic growth and imbalance. As stated by the International Labour Organization (ILO), wages that are fair are vital to enable the inhabitants of the world, to ensure the means necessary to maintain themselves and their families, to be able to support themselves to enjoy the rights in the economic sphere which are inherent in the Human being (ILO, 2021). But, I must emphasize that the journey to the realization of fair wage rates is full of dirty operatives. In employment conditions improving in some sectors but with large proportions of informal and or low waged workers and jobs that lack written or formal employment protection wages can be below the poverty line. This is especially the case in the global supply chains where it is generally expected that workers in the developing world receive wages below those awarded to equivalent workers in developed countries (United Nations Global Compact, 2024). These disparities need to change and reach the aim to apply equal wage policies throughout the employment hierarchy that needs to be undertaken. Besides, fair wages are causally connected to gender equality. In several countries, gender wage disparities are constant which implies that women earn less than men even if they are doing similar work thus hampering the fight for women employment equity. The principle of equal pay for equal work is well grounded in law in most states to advocate for justice throughout the world (Oxfam, 2016).

2.4.2. FREEDOM OF SPEECH AND INVOLVEMENT IN DECISION-MAKING

Freedom of speech and active participation in decision-making are critical components of a fair and equitable workplace, as they establish an environment in which all employees can express their concerns and contribute to the development of policies that influence their lives. These values are not only fundamental to democratic governance; they are also critical to ensuring that workplaces are inclusive and responsive to the needs of all employees. According to the International Labour Organization (ILO), workplace freedom of speech allows employees to express their opinions without fear of retaliation, which is critical for identifying and addressing issues such as working conditions, discrimination, and other workplace injustices (ILO, 2018). Involving employees in decision-making processes improves the environment by ensuring that 13 their opinions are heard and valued. When employees are involved in decision-making, particularly about their work and working circumstances, it results in more informed and effective policies, more job satisfaction, and increased productivity. However, in many companies, particularly those with inflexible hierarchies or significant power imbalances, workers—particularly those from marginalized groups—frequently have little opportunity to engage meaningfully in decision-making. This exclusion not only violates the idea of equal opportunity, but also maintains workers' disenfranchisement (United Nations Development Programme, 2016). Furthermore, ensuring free expression and participation in decision-making is especially vital in the context of gender equality. Women, who are often underrepresented in leadership roles, face additional barriers to expressing their views and influencing decisions in male-dominated environments. Addressing these barriers is crucial for creating workplaces where all employees, regardless of gender, have the opportunity to contribute to and benefit from organizational success (World Bank, 2020).

2.4.3. PERSONAL GROWTH AND SOCIAL CONTRIBUTION

The opportunity of personal growth and the ability to contribute socially is integral to a rewarding and fair job. While these opportunities improve personal well-being and job satisfaction, they also play their role in the development of the entire society. Personal development or growth at work is the continuous process of competencies, skills, and knowledge building that facilitate career advancement and allow employees to reach their full professional potential. It is very relevant in dynamic industries where the process of continuous learning and adaptation is a matter of life for maintaining competitiveness. As stated by the ILO, decent work has to present opportunities for personal development. These are very important avenues that enable workers to enhance their livelihood as well as job security. Workers can use work as an opportunity to contribute meaningfully to society. (ILO, 2019).

When employees are working on tasks that are important to them and help them give something positive to the community, this strengthens a sense of purpose and enhances social cohesion. In sectors like health, education, and social welfare, work may have a direct impact on well-being; here, the ability to contribute socially can be high. In fact, this perspective considers that opportunities for self-development and social participation are often so distributed very unequally that they place formidable obstacles in the way of access by marginal groups, among which women and those of low economic status feature. Addressing these disparities is key to ensuring inclusive development and the full participation of all people in social and economic life at the community level (United Nations Development Programme, 2016).

This includes creating enabling environments that foster

personal development and social contribution, particularly in ways toward gender equality. Policies that ensure continuous learning and community engagement go to the benefit of women, who, more often than not, face structural barriers in leadership or career development opportunities. The impacts of such 14 opportunities extend beyond career advancement, in that they enable them to take part actively in societal development. (World Bank, 2018).

2.4.4. EQUAL OPPORTUNITY

The concept of equal opportunity in the workplace is fundamental to achieving fairness and inclusivity, especially in sectors that are heavily reliant on female labor, such as the Ready-Made Garment (RMG) industry in Bangladesh. Despite the significant role women play in this sector—constituting approximately 80% of the workforce—gender disparities in terms of pay, promotion opportunities, and working conditions remain pervasive (Kabeer, 2020). The promise of equal opportunity is often undermined by systemic barriers that prevent women from accessing the same career advancement opportunities as their male counterparts. This includes discriminatory practices, limited access to skills development, and a lack of representation in leadership roles.

In the RMG sector, while women are the backbone of production, they are often relegated to lower-paying positions, such as machine operators or helpers, with minimal opportunities for upward mobility. Men, on the other hand, are more likely to occupy supervisory or managerial roles, which offer higher pay and better working conditions. This gender-based occupational segregation contributes to a persistent wage gap and limits women's economic empowerment (Heath & Mobarak, 2015). Moreover, women in the RMG sector often face additional challenges such as sexual harassment, lack of maternity benefits, and inadequate

childcare support, further exacerbating gender inequality in the workplace. To address these issues, there have been efforts by both the government and international organizations to promote gender equality and ensure that women in the RMG sector have equal access to opportunities. For instance, initiatives like the Better Work Programme by the International Labour Organization (ILO) and the International Finance Corporation (IFC) aim to improve working conditions and promote gender equity in the garment industry. These programs focus on enhancing women's skills, ensuring equal pay for equal work, and creating safer workplaces that support women's participation at all levels of employment (ILO, 2020).

However, achieving true equal opportunity requires more than just policy interventions; it demands a shift in workplace culture and attitudes. Employers in the RMG sector must recognize the value of women's contributions and create an environment where all workers, regardless of gender, have the opportunity to grow, lead, and succeed. This includes implementing gender-sensitive policies, providing training and mentorship programs, and ensuring that women have a voice in decision-making processes.

2.4.5. GENDER EQUALITY

Gender equality refers to the fact that women and men, and girls and boys, enjoy the same rights, resources, opportunities and protections (Roger, 2011). The ILO similarly defines gender equality as the enjoyment of equal rights, opportunities and treatment by men and women and by boys and girls in all spheres of life. Gender equality is the fifth of the United Nations' seventeen sustainable development goals (SDG 5) as of 2017. Women's rights are closely linked to gender equality, which frequently necessitates changing the law. Globally, femicide, sex trafficking, sexual assault during, the gender wage gap, and other harmful practices against women

and girls must all be eradicated in order to achieve gender equality (Meriküll & Mötsmees, 2017). Gender equality in the workplace aims to provide equal opportunities and outcomes for both men and women, regardless of gender. This involves equal pay, removal of barriers to women's full participation, access to all occupations and industries, including leadership roles, and elimination of discrimination based on gender (Haas & Hwang, 2019). SRHR is closely related with gender equality. Where gender discrimination exists, negligence of SRHR persists. That's why when we talk about providing SRHR services to garment factories, we also need to look at the issue of gender discrimination there. Both the garment owners and workers are not trained to speak the language of SRHR and gender. We need to breach this gap and do more training and awareness building programmes in garment factories (The daily star, 2015).

The UN Women's report underscores that addressing gender disparities through SRHR can foster a more equitable workplace (UN Women, 2022). Additionally, investments in SRHR can support economic growth by enhancing workforce stability, as noted by the International Finance Corporation (IFC), which links improved worker health with economic benefits (IFC, 2023). Aligning with international labor standards and human rights frameworks, integrating SRHR into the RMG sector not only adheres to global norms but also promotes a more sustainable and productive industry. Thus, SRHR integration is vital for improving working conditions and fostering a healthier, more equitable, and economically viable RMG sector.

Sexual and reproductive health and rights (SRHR) are essential for sustainable development because of their links to gender equality and women's wellbeing, their impact on maternal, newborn, child, and adolescent health, and their roles in shaping future economic development and environmental

sustainability” (Guttmacher–Lancet Commission.,2018). Integrating Sexual and Reproductive Health and Rights (SRHR) into the garment sector in Bangladesh is crucial for promoting gender equality. This integration helps address the specific health needs of women workers, enhances their empowerment, and promotes safer working conditions. By ensuring access to SRHR services and education, women can make informed decisions about their health, thus contributing to their overall well-being and socioeconomic status (Hossain et al., 2016).

3. METHODOLOGY

We have conducted this study to find out how sexual and reproductive health and rights are currently being observed among the garment workers in Dhaka and Savar. Here, we made an attempt to know how providing decent work conditions under SRHR enhances the capacity of garment workers. In addition, we try to know the chances to access SRHR in the workplace.

3.1. RESEARCH DESIGN

From a methodological point of view, this study is qualitative research. Where we involve In-depth interviews (IDI) and key informant interviews (KII) as research tools. The qualitative research method is used to explore and understand people’s experiences, behaviors, emotions, and interactions (King, Gary; Keohane, Robert O.; Verba, Sidney; 2021). It focuses on gathering non-numerical (descriptive) data in order to offer a comprehensive understanding of a subject. This type of research often uses in-depth interviews, key informant interviews, focus groups, or observations to collect data that is rich in detail and context.

Qualitative research was conducted to objectively measure

variables and identify patterns, providing evidence-based insights for informed decision-making. Firstly, Sexual and reproductive health rights are delicate and intensely private matters. Qualitative research allows us to explore the nuances and lived experiences of garment workers. This method also helps us to uncover the complex dynamics of SRHR and decent work, which are influenced by cultural, social, and economic factors. Secondly, garment workers’ perspective, emotions, and perceptions are crucial to understanding the impact of SRHR on their work conditions. In-depth Interviews and key informant interviews allow participants to share their experiences in their own words. Which leads us to richer, more detailed data that can highlight the realities of the workplace. Thirdly, qualitative research (particularly interviews) allows us for a more empathetic and respectful approach. It helps participants feel comfortable discussing sensitive issues related to SRHR. This method is essential for those garment workers who may feel hesitant to speak in rigid survey formats, especially on topics that involve stigma or vulnerability. Finally, SRHR can encompass various overlapping issues, like workplace discrimination, harassment, access to menstrual healthcare, maternity rights, and job security. The flexibility of qualitative research allows us to explore deeper into unexpected themes that may emerge during interviews, offering a more holistic view of the workers’ realities.

3.2. STUDY AREA

The data for this research has been collected from the garment workers and authorities of the Mirpur-1 and Savar area. Because both Mirpur and Savar are major hubs for the garment industry in Dhaka. A significant number of factories are operated in these areas. Which makes these areas ideal locations for our study. Beside, these represent typical settings where large numbers of garment workers are employed. Specifically, Mirpur has a relatively older garment industry

with workers who may have longer work experiences and can provide insight into changes in SRHR and labor conditions over time. And Savar is the place of many newer factories, which can represent a younger workforce or migrants from rural areas. This provides an opportunity to compare the SRHR experiences of different demographic groups across these two areas. Moreover, Savar and Mirpur have received attention from NGOs and international labor rights organizations due to the large concentration of garment factories. By selecting these areas, our research can tap into an existing focus on improving labor conditions and SRHR for garment workers. Which can make the findings more relevant for advocacy.

3.2.1. TARGET PEOPLE

The target people for our research can be divided into primary and secondary target groups, depending on their role, experience, and influence on the issue. Female garment workers are the primary participants for this research. Because they are directly affected by reproductive health rights in the garment sector. Female workers are the primary beneficiaries of SRHR policies and labor conditions. And pregnant women face additional SRHR challenges, such as maternity leave, childcare facilities, and work-life balance. In-depth interviews were conducted with the participants to gather detailed insights and understand their perspectives comprehensively. On the other hand, garment owners, managers, healthcare providers, and health care officers are secondary target groups. Because they do not face these issues directly. Key informant interviews were conducted with selected individuals for specialized insights.

3.2.2. SAMPLING METHOD

We have used Purposive sampling (judgemental or selective sampling) to select the informants. Purposive sampling is a non-probability sampling method where the researcher deliberately selects participants based on specific characteristics, knowledge, or experience that are crucial to the research objectives. In Purposive sampling, researchers focus on selecting participants who can provide rich, relevant, and in-depth information on the topic being studied.

3.2.3. SAMPLE SIZE

Comparatively small sample size is used in qualitative research because the goal of this type of research is to gain in-depth understanding. Since our research focuses on exploring specific issues related to sexual and reproductive health and rights, we will need a sufficient number of participants to acquire diverse perspectives and knowledge. If our participants are quite homogeneous, a smaller sample might be enough because their experiences will be more similar. We have conducted 15 in-depth interviews since the subjects have similar backgrounds. Data saturation (no new information or themes arise from participants) occurred within this number of participants. We also have conducted 6 key informant interviews.

4. FINDINGS

This analysis combines findings from Key Informant Interviews (KIIs) and In-Depth Interviews (IDIs) with female garment workers, healthcare professionals, and managers in Dhaka's garment factories. The themes identified highlight the role of Sexual and Reproductive Health Rights (SRHR) in improving working conditions for female workers.

4.1. MATERNITY HEALTH AND SUPPORT

KIIs and IDIs paint the picture of the importance of maternity health services in the provision of decent work among women. Some factories offer 112 days paid leave to women workers for maternity and can be partially or fully paid. Some factories also include daycare centers that play an essential role in supporting working mothers. From the KIIs, one healthcare officer stated:

“We provide free daycare services after childbirth, and this has encouraged more mothers to continue working.”

(KII 1) In contrast, the In-Depth Interviews revealed the workers’ perspectives on how these services impact their day-to-day lives. One female garment worker expressed satisfaction with the daycare services:

“I can bring my child to work, and they take care of him while I finish my shift. It’s a huge relief. (IDI 1)

However, local garment factories often lack such provisions. A worker from a local garment factory shared:

“We don’t have maternity leave here, and I had to leave the job when I became pregnant.” (IDI 2)

The difference between export oriented and local garment factories in providing maternity benefits is stark, and the lack of support in local garment factories forces many women to quit their jobs during pregnancy.

4.1.1. IMPACT OF MATERNITY HEALTH SERVICES

The provision of maternity leave and daycare services has a significant impact on the work-life balance and job retention of female workers in export-oriented factories. Mothers are encouraged to return to work by the provision of daycare centers and paid leave policies that allow them to take time off during pregnancy without losing their jobs. One worker mentioned:

“Having access to daycare facilities I can continue working without getting tensed about my child. It made things much easier for me.” (IDI 1)

The positive impact of these services extends to the factories themselves, as retaining experienced workers contributes to higher productivity and reduced turnover. Managers noted that workers who benefit from maternity services are more likely to return to work after childbirth, ensuring continuity in production.

At the same time, the negative impacts of maternity health services, especially in local garment factories and even in some export-oriented factories, reveal the challenges that remain. For the women, mostly employed in local factories where maternity leave is unpaid or not available, job insecurity ensues. Many workers are compelled to leave their jobs when they become pregnant without this paid time-off benefit, leading to economic instability and difficult choices between their livelihood and family. A worker described her experience of leaving her job previous :

“I had no choice but to quit because there was no maternity leave, and I couldn’t manage pregnancy and job simultaneously” (IDI 5)

In some export-oriented factories, while maternity benefits are officially available, workers experience discrimination to some extent or stigma regarding taking a long leave. Pregnant workers are sometimes viewed as less productive, and this can lead to pressure to return to work early, even if paid leave is available. Sometimes, workers feel that they are seen as a burden to their employers, which creates an environment where they are reluctant to take the full benefit of their leave. Over and above, there is a dearth of healthcare facilities and daycare services in some factories. In many export-oriented factories, there are daycares but they can be very rudimentary and of very poor quality. Others were uncomfortable with the conditions of children in poorly run or understaffed facilities that can reduce the effectiveness of such services. One worker described her concerns:

“The daycare is there, but it’s not properly staffed. I don’t feel comfortable leaving my child there for long hours.” (IDI 6)

Financial burden is also a problem at the local garment factories which do not have paid leave. Not only this, women have to deal with a loss of earnings during pregnancy and even medical expenses related to childbirth push them hard, economically for both, on themselves as well as their families. This form of unsupported impacts women into situations that disrupt the balance between contemporary financial responsibility and long-term self-actualisation. Even in export-oriented factories, where maternity leave policies are better implemented, some workers face workplace pressure to return early due to concerns about job security or workplace demands. This pressure compromises their health and often forces women to resume work before they have fully recovered from childbirth. The fear of losing their position, or of being replaced during their absence, can lead to physical strain and long-term health consequences.

“We get the leave, but some women come back earlier because they’re worried about losing their position.” (KII 5)

4.1.2. BARRIERS TO ACCESSING MATERNITY BENEFITS

Specific barriers include access to maternity benefits for women, especially those employed in local garment factories. More precise identification of the barriers that exist and create significant obstacles to good, decent work conditions during and after pregnancy for female workers includes the following. Most of the prominent barriers are a lack of formal policies within the local garment factories. Most of the factories do not have structured maternity leave policies that a worker can refer to upon her pregnancy for her rightful benefits. In the absence of formalized maternity, several barriers were indicated by the data in hindering pregnant women, particularly in local garment factories, from accessing maternity benefits. These barriers are significant in preventing decent conditions for female workers during and after pregnancy.

One of the major barriers may be the lack of formal policy at the local garment factory level. Most of the factories lack structured maternity leave policies, and thus there may not be any clear rights or benefits for the workers in case they become pregnant. Without any formalized maternity

“There’s no policy for maternity leave here. Most women just quit when they’re pregnant because there’s no support.” (IDI 3)

Financial constraints also play a major role, particularly in local factories, which typically operate on smaller budgets than export-oriented factories. These factories struggle to provide paid maternity leave or establish daycare facilities for workers. The lack of resources means that workers are left without basic support services, which would otherwise enable them to return to work after childbirth.

“We don’t have the money to offer maternity leave or daycare. It’s just not possible in a small factory like ours.” (KII 2)

The other very important barrier is related to cultural expectations and social roles, which commonly dictate that women must be more caregivers than workers. This expectation pushes them into leaving their work during pregnancy or after child delivery, regardless of the availability of maternity benefits. Very often, family members expect that after having a child, one should stay home and take care of their children, thus building barriers in the minds of people that further impede them from returning to work.

“I couldn’t stay at my job because my family expected me to take care of the baby full-time.” (IDI 4)

Even in export-oriented factories, which more often provide maternity benefits, cultural pressures remain a challenge: internal or external pressures to return to work prior to full recovery from childbirth may negate the potential benefits of maternity leave policies.

Besides, in reality, such services as daycare and healthcare are badly implemented, thus deterring access. Provided services cannot pace themselves to meet workers’ needs. For instance, some daycare centers are overcrowded or understaffed, whereas the healthcare monitoring during pregnancy may be not efficient enough to maintain a woman fit during her pregnancy and afterwards for her to go back to work.

These barriers serve as an indication that female workers continue to experience challenges in accessing maternity benefits, especially from local garment factories, because of financial constraint, lack of policies, and social pressures that combine to provide a non-supportive environment for pregnant workers and new mothers.

4.2. 4.2 MENSTRUAL HEALTH AND HYGIENE

Menstrual health remains one of the big challenges for female workers. According to some of the factory managers during the KIIs, some factories have subsidized sanitary napkins and medical leave in case of severe menstrual pain. As one manager mentioned,

“We provide sanitary napkins at a subsidized rate, and workers can take leave if they are in pain during their period.” (KII 3)

However, data from IDIs shows many workers still use unsanitary materials while on their period because of the inability to access sanitary products consistently. One worker revealed:

“I use old rags during my period because the sanitary napkins are just so expensive, even with the factory discount.” (IDI 3)

They also complained of lack of knowledge on menstrual hygiene, especially in small factories with no such training available. A female worker stated,

“I knew little about menstrual health until I started working here, but even now, nobody gives training on how to manage it.” (IDI 4)

The findings indicate that menstrual hygiene management varies significantly across factories, and while some export-oriented factories are taking steps to address this, local factories continue to leave workers vulnerable to health complications due to poor menstrual practices.

4.2.1. IMPACT OF MENSTRUAL HEALTH AND HYGIENE SERVICES

Access and availability to menstrual health and hygiene services tend to have a noticeable impact on the wellbeing and productivity of female garment workers, especially in the export-oriented factories where such services can be more consistently provided. In some of these factories, for example, workers reported having access to subsidized sanitary napkins and the possibility of taking leave during severe menstrual pain. These services ease the difficulties that normally occur during menstruation and enable workers to maintain better hygiene, concentrate on work, and stop worrying about menstrual health.

“We can buy sanitary napkins at a subsidized price, and in case of pain, they allow us to avail leave.”

The positive impact is that the health of the workers has started improving, and they now feel much more comfortable. With products for proper menstrual hygiene available and accessible to them, women can handle their menstruation better and lessen the chances of infection and discomfort resulting from improper materials being used. Workers who are given time off during severe menstruation illness are more likely to return to work healthier and more productive, thus resulting in better attendance and workplace productivity overall.

However, despite the overall progress in export-oriented factories, there are still significant failings in providing comprehensive menstrual hygiene management (MHM) support. In some of these factories, while sanitary products are available, they are not consistently affordable or accessible to all workers. For example, some factories may provide subsidized sanitary napkins, but the cost is still prohibitive for many low-wage workers, forcing them to continue using unhygienic alternatives like cloth.

Impact of poor menstrual health services, however, is mostly reflected in the local garment factories, with either very negligible or no access to sanitary napkins. This may involve the use of unhygienic materials for managing the menstrual cycle in these factories; old cloth or rejected fabric probably results in a number of health complications: infections, pain, or even missing working hours. Lack of proper menstrual hygiene products leads to poor health conditions and reduced productivity.

*“I still use cloth during my period because the sanitary napkins are too expensive with the factory discount.”
It’s not ideal, but I don’t have another choice”. (IDI 3)*

Also, the absence of education or awareness programs concerning menstrual hygiene negatively contributes to workers’ potential, especially in local factories. Many of them do not know how to maintain good menstrual health, which increases risks concerning health that arise with menstruation and limits their ability to lobby for better support.

*“We are not taught anything about menstrual health in the institution, so we continue with what we have always been doing, even though this is not good for us.”
(IDI 4)*

4.2.2. BARRIERS TO ACCESSING MENSTRUAL HEALTH AND HYGIENE SERVICES

There are several barriers to access health services for menstruation, particularly in local garment factories, which are usually too under-resourced and have low awareness about menstrual hygiene management. One of the main barriers is definitely a lack of access to affordable sanitary products. In most local factories, sanitary napkins are not available. In the absence of such subsidization or free provision, women use unhygienic alternatives-incorrectly wiping themselves with rags

or clothes-causing infections and long-term health problems. Without subsidization or free provision of sanitary products, the workers bear the financial cost of managing menstruation—most of them at the cost of ignoring more vital needs.

“They are so expensive, and then the factory does not provide them, so we use any other thing available even if it is not clean.” (IDI 3)

Besides the economic barrier, another significant factor is the absence of organized educational and awareness programs on menstrual hygiene. Most female workers remain unaware of proper menstrual hygiene; no efforts have been made toward saving them with this crucial information. Therefore, they persist in their unsafe methods due to ignorance of further dangers.

“No one really talks about menstrual health here. We just do what we know, even if it’s not the best.” (IDI 5)

Even in export-oriented factories, which provide sanitary napkins at subsidized rates, erratic availability or improper access to them is not unheard of. There is a case of issuing small quantities by factories, creating shortages in periods of higher demand. This inconsistency leaves workers without the necessary products when they need them most, forcing them to revert to less sanitary alternatives.

These barriers are also heightened by the taboo and stigma that many cultures attribute to menstruation, which can lead many women to be uncomfortable bringing up their menstrual health needs or even asking for sanitary products. The same cultural stigma also silences the workers from advocating for improved services or requesting what they need.

“Talking about periods is still very embarrassing; hence, we seldom ask for anything, even if we need it.” (IDI 6)

The systemic issues affecting female garment workers in particular emanate from local factories, where economic, educational, and cultural hurdles together impede sufficient menstrual health management.

4.3. WORKPLACE SAFETY

Workplace safety is a key theme in the data, particularly concerning the presence of anti-harassment committees. Both export-oriented and local garment factories have established anti-harassment committees, but their effectiveness varies significantly. Workers in export-oriented factories are more aware of their rights, and anti-harassment committees are seen as working more effectively. As an officer from one export-oriented factory explained:

“Our anti-harassment committee is very active. Workers are informed about how to report incidents, and there’s a clear process in place.” (KII 2)

In contrast, while committees may exist on paper in local garment factories, they are generally less functional. Workers from the local garment factories were less optimistic regarding the potential functionality of the committees. According to one worker from a local garment factory:

“We have an anti-harassment committee, but nobody really takes it seriously. If we complain, not much is done except negotiation.” (IDI 5)

The risk of retaliation from within local factories is more apparent today, as many workers are refraining from reporting instances of harassment out of fear related to job security. Another worker said:

“Women do not report harassment generally because they are afraid. They might lose their jobs if they complain.” (IDI 6)

These findings make it clear that workplace safety measures are in place, anti-harassment committees, though the implementation and effectiveness of those committees are far stronger in export-oriented factories than in local garment factories.

4.3.1. IMPACT OF WORKPLACE SAFETY MEASURES

The implementation of workplace safety measures—such as anti-harassment committees and access to medical facilities—has had a noticeable impact on the working conditions of female garment workers, especially in export-oriented factories. In these larger, compliance-oriented factories, the presence of anti-harassment committees provides women with a formal mechanism to report incidents of harassment, creating a safer working environment. Workers in export-oriented factories expressed confidence in these committees and their ability to address concerns effectively.

“We have an anti-harassment committee, and in case something does happen, workers are aware that they can report it without any fear. Management acts upon it.” (KII 2)

Such committees definitely tend to assure more security and empowerment to female workers. Assured of not being victimized for reporting an incident, they can confidently work with job satisfaction, ultimately reflecting in higher productivity also. Further, on-site medical facilities enhance workplace safety by guaranteeing immediate access to healthcare for treating injuries, illnesses, or emergencies.

In export-oriented factories, these measures translate into lower turnover rates and better retention of workers, as women feel more safe and supported in their jobs. Safety nets like anti-harassment committees and medical care create a more inclusive work environment that allows for productivity.

However, workplace safety in the local garment factories does not play that particular influential role. Though the anti-harassment committee exists in the factories, it is either a symbolic or ineffective one. Even some of the workers are uninformed about this committee. A female worker said,

“I have no idea about the anti-harassment committee-it may exist or may not. authority can say it properly.” (IDI 5)

Lack of due enforcement manufactures fear and falters workers from reporting harassment, which in turn creates a continuum of an adverse work environment where harassment often goes unchecked. The eventual outcome from such conditions is that women in factories remain more vulnerable, which in turn causes their mental well-being to go down along with their job performance. Without safety measures being ensured in the right manner, the retention of workers goes down, while absenteeism rates shoot up because women avoid coming back to the environment where protection for them is not ensured.

4.3.2. BARRIERS TO EFFECTIVE WORKPLACE SAFETY

Various factors act as barriers to maintaining workplace safety, particularly in the case of local garment factories, where mechanisms relating to safety are largely undermined owing to ineffective enforcement and resource constraints. First, anti-harassment committees do not work effectively in local garment factories. While legally the committees are supposed to exist, their presence is often merely symbolic in the local factories. In such small-scale factories, many workers either do not know about the process of using the committees or are afraid of taking action for fear of retaliation. The committee thus does not serve the purpose it is meant to, and the workers continue to face harassment at work.

“We don’t really trust the committee because we’ve seen women get in trouble for speaking up.” (IDI 6)

On the other hand, export-oriented factories have a tendency to implement compliance regulations more stringently, but even here, barriers can manifest in the forms of cultural norms and power dynamics. While there is a structure on paper for them to complain, some women may still be avoiding doing so either because they fear social stigma or because they think that the higher management will not take seriously whatever complaints they lodge. In such cases, the power imbalance between workers and management often compels women to keep their complaints to themselves, even when anti-harassment committees have been set up and functional.

Another challenge that needs to be addressed is more training and awareness about workplace safety. Workers in both local and export-oriented factories are usually unaware of their rights or do not know anything about how they should report harassment. In many local factories, training sessions on workplace safety and harassment prevention are either non-existent or poorly implemented, leaving workers without the tools or information necessary to protect themselves

“We never had any training on harassment or what the committee does. It is not something they talk about.” (IDI 7)

Additionally, the lack of resources in local garment factories hampers the implementation of safety measures, including on-site medical care. Many of these factories operate with limited budgets. So, providing proper safety training, medical facilities, or functioning anti-harassment 28 committees is often seen as a financial burden rather than a priority. Without adequate resources, workers are left without access to essential safety mechanisms, making the workplace environment more precarious.

It also depicts how these various types of barriers are encountered by women working in garment factories at the local level, where insufficient workplace safety, along with a fear of retaliation and general lack of awareness, contributes to making the work environment insecure and unsupportive.

4.4. GENDER EQUALITY IN LEADERSHIP

Gender equality in the workplace remains a significant challenge, particularly in terms of access to leadership positions. Women are vastly underrepresented in supervisory and managerial roles across both export-oriented and local garment factories. However, the reasons for this underrepresentation differ between the two types of factories.

Women are at times given a chance for leadership in the export-oriented factories, but they turn down these opportunities due to extended working hours and physical demands the job requires. An explanation by an officer explained,

“We encourage women to apply for supervisory positions, but they mostly do not want to, since the hours are long and we need to manage the transportation system which is not affordable for us.” (KII 6)

Many women also face societal pressures of managing the household chores and therefore cannot commit themselves to such demanding responsibilities. Indeed, a worker from the export-oriented factory was quoted as saying:

“I need to leave work on time to take care of my family. If I need to stay longer, I cannot manage my household chores and family members” (IDI 8)

The local garment factories offer them even less opportunity to climb up the career ladder. Women in these factories

remain at the lower level, such as helpers and operators, with little possibility of ever improving their status. As one worker expressed:

“I have been doing the same work for many years without any opportunity for promotion, particularly for women.” (IDI 7)

These data suggest that while export-oriented factories offer more possibilities for women to advance, the mix of demands exerted on and by them in the workplace and society continues to hamper women’s participation in leadership across both types of factories.

4.4.1. IMPACT OF GENDER INEQUALITY IN LEADERSHIP

The gender inequality in the leading positions within garment factories highly affects the professional development of women and the general productivity of the industry. In the export-oriented factories, notwithstanding some efforts towards women’s promotion to supervisory posts, women still face significant barriers in advancing to the top. Workers shared that although these factories encourage women’s participation in leadership, the reality of long hours of work, physical demands, and family responsibilities often deters women from aspiring for or accepting these positions.

“We are encouraged to apply for supervisory positions, but many of us don’t because the hours are long and it’s hard to manage with family responsibilities.” (KII 6)

Among the females who can balance their personal and professional lives, leadership opportunities in export-oriented factories have been viewed positively. Besides great job satisfaction, career growth and increased financial independence are some of the positive outcomes for the women who engage in leadership jobs. Of course, such opportunities continue to remain limited because very few women are anxious to take up leadership positions.

“These opportunities for promotion exist, but to us, it’s not easy as we have to balance our work with responsibility at home” (IDI 8)

This impact of gender inequality in leadership is even more pronounced in the case of local garment factories. They often confine women to lower-level positions, such as operators or helpers, for which there are limited avenues of promotion. Local factory workers reported that promotion pathways for women are almost nil, while the management is usually dominated by males. This underrepresentation of women in leadership positions has once again curtailed economic mobility into better social status and furthered gendered power dynamics that perpetuate inequality.

“I have been doing the same job for a number of years, and I get no opportunity to be promoted-upwards, mainly for females. They usually promote the males” (IDI 7)

Negative impacts of gender inequality in the leading position for both export-oriented and local factories are not confined to individual workers but also to the general productivity of the factory as a whole. Factories are deprived of the skills and perspectives which might be brought into 30 leading positions by women, which results in one-sided decision-making and a work atmosphere that does not take full advantage of all the potential in its workforce.

4.4.2. BARRIERS TO GENDER EQUALITY IN LEADING POSITIONS

Gender equality in the workplace remains a significant challenge, particularly in terms of access to leadership positions. Women are vastly underrepresented in supervisory and managerial roles across both export-oriented and local garment factories. However, the reasons for this underrepresentation differ between the two types of factories.

These are barriers to the advancement of women in positions of leadership within garment factories, especially for local garment factories where there is limited opportunity for promotion. Of these, the most prominent would be **work-family dichotomy**. The long working hours and physical demands that often accompany a leadership role make it hard for many female workers, especially those with children, to take on leadership positions.

“It’s hard to take a leadership role since it requires staying after work, and I have to attend to my family after working hours. Men don’t have that kind of commitment at home.” (IDI 9)

The other challenge is the complete absence or lack of training or mentorship programs which would support women in developing the needed skills for leadership. Both large export-oriented factories and local factories often avoid giving women leadership training or any form of professional development which could equip them with supervisory potential. Without access to such resources, women may feel unprepared or lack confidence to take on leadership roles.

Workers report that even when women are equally or better qualified than men, men are still usually given supervisory jobs. This kind of gender-based discrimination is also common under traditional male-dominated workplace power structures, which, in turn, makes breaking through and gaining leadership positions all the more difficult for women.

“Even when we are qualified, they still prefer to promote the men. It is as though the women are not perceived as capable of being in charge.” (IDI 7)

Finally, the absence of flexible working hours has been a major impediment to women who want to take leadership positions but are barred by family responsibilities from meeting the

inflexible demands that such positions often require. In the absence of flexible working time, a woman with family responsibilities has been placed in an impossible choice between career ambitions and family obligations.

“If the hours were more flexible, then I would consider a promotion, but under the present circumstances, that is just not possible.” (IDI 12)

These barriers amplify systemic obstacles that restrict gender equality in leadership in the garment industry which are structurally and culturally situated against women’s advancement.

4.5. FAMILY PLANNING AND REPRODUCTIVE HEALTH

Both KIIs and IDIs reported that family planning and reproductive health services are not widely available in the factories. According to health officers, family planning issues are discussed during medical check-ups but not during formally organized seminars. As one of the health providers said:

“We talk about family planning when women come to us but there are no structured programs on reproductive health.” (KII 5)

From a worker’s perspective, family planning services are hardly accessible, and most women complain of not being provided with sufficient information to enable them to make informed choices. One worker said,

“I have never received any proper advice on contraception or family planning from work. We just hear things through word of mouth.” (IDI 7)

This lack of structured SRHR education leaves female workers vulnerable, as they often have to rely on informal networks

for information. Access to contraceptives is also inconsistent, with some workers reporting that they have to purchase them privately, often at a high cost. They are shy of sharing contraceptive issues as they think that this is their private matter and it should be private.

4.5.1. IMPACT OF FAMILY PLANNING AND REPRODUCTIVE HEALTH SERVICES

In some larger and export-oriented factories, women receive informal counseling on family planning during their routine medical checkups to manage their reproductive health for better decision-making over childbirth and contraception.

*“We advise on family Planning during check-ups, but we don’t have formal seminars or anything like that.”
(KII 5)*

This limited availability of family planning advice has been observed to bear positive effects in that it has empowered them more in deciding about their reproductive role. This access will also contribute to fewer unplanned pregnancies, enabling them to plan their family without affecting job or financial security.

*“I have learned family planning through the health services at the workplace, and it has helped me to space my children, so that I may continue working.”
(IDI 2)*

The availability of postpartum advice in export-oriented factories allows them also to access support both during and after pregnancy, further contributing to their health and well-being. Such forms of informal reproductive health guidance at workplaces mean that women go back healthier and better prepared for the challenge and thus are able to minimize the long-term impact of childbirth on their careers.

However, the case of reproductive health services within the local garment factories is far less felicitous. In the general case, women employed in these factories do not have access to any sort of systematic training or education with regard to family planning and, therefore, they are not in a position to make appropriate choices concerning their reproductive health. The workers depend on a non-standardized network of friends or relatives as sources of information in such matters, which is usually fragmented or incomplete.

*“We don’t get any advice or support at work regarding family planning, so I just ask my friends or family.”
(IDI 4)*

4.5.2. BARRIERS TO ACCESSING FAMILY PLANNING AND REPRODUCTIVE HEALTH SERVICES

Female workers in local garment factories face barriers to accessing comprehensive family planning and reproductive health services. These barriers include the lack of standard and formal medical facilities, cultural stigma surrounding contraception methods, and a general lack of information and misconceptions about family planning methods. Export-oriented factories often provide informal advice during medical consultations, but no structured education program provides comprehensive counseling on reproductive health and contraception. Local factories often lack reproductive health services, leaving workers to make decisions themselves and relying on unverified or wrong information. Additionally, many women are unaware of their options or have misconceptions about contraception, making them vulnerable to unplanned pregnancies and economic insecurity. Furthermore, family planning methods are inaccessible due to high costs, and underdeveloped healthcare infrastructure in developing regions hinders full accessibility. These barriers highlight the systemic issues faced by female workers in managing their reproductive health.

5. CONCLUSION

This paper examines the contribution of Sexual and Reproductive Health and Rights to decent work conditions for female garment workers in the RMG sector of Dhaka on issues related to maternity health, menstrual hygiene, gender equality, and protection from sexual harassment. By using in-depth interviews and key informant interviews, the findings indicate that SRHR is a pivotal yet highly neglected characteristic of workplace policies that has direct implications for the well-being, productivity, and empowerment of female garment workers.

5.1. SUMMARY OF FINDINGS

The research indicated striking differences in the provisions made for SRHR between export-oriented and local garment factories. Export-oriented factories are at an average, since most provide small maternity leaves, subsidized menstrual hygiene products, and a few channels for reporting harassment. Domestic factories have a limited integration of SRHR, with minimum investments being reported for these aspects. The availability of SRHR services, particularly in export-oriented factories, is positively related to enhanced job satisfaction, reduced absenteeism, and lower turnover rates. Despite such progress, however, the systemic obstacles of lack of knowledge, resource constraints, and cultural stigma remain, particularly for the local factories.

5.2. IMPLICATIONS FOR POLICY AND PRACTICE

The findings indicate comprehensive SRHR policies in the RMG sector are needed at especially the local level, as omission of proper maternity health, menstrual hygiene facilities, gender equity programs, and ineffective anti-harassment measures

make a job unsafe and unequal. Therefore, policymakers and industry actors should give priority to SRHR within the core standards of the workplace. Examples of such formal policies that can be implemented include paid maternity leave, subsidized menstruation hygiene products, and functional anti-harassment committees that help root out harassment in workplaces for maximum productivity at work. Besides that, the training program on the awakening of SRHR rights and workplace equity would have empowered workers to establish a culture of dignity and respect within factories.

5.3. LIMITATIONS AND FUTURE RESEARCH

Although this paper did a detailed analysis of SRHR in the RMG sector, the research was confined to garment factories in Mirpur and Savar. It may not be representative of the overall situation in the rest of Bangladesh. Further studies should be extended to more geographic areas and consider how access to SRHR services affects other dimensions of decent work, such as fair income, employment security, and social protection. Moreover, the longitudinal approach can provide valuable insights into how workers' livelihoods and sustainability in the industry might be affected by the long-term effects of SRHR policies.

5.4. CONCLUSION

Accordingly, the introduction of SRHR in the RMG sector is necessary to achieve decent work conditions that advance equality, health, and safety among female garment workers. More importantly, with investment in SRHR initiatives accompanied by the implementation of enabling policies, the RMG industry in Bangladesh will be better positioned to advance the quality of life and productivity among workers, as well as attain key milestones related to gender equality and

sustainable labor practices. In sum, full addressing of SRHR within workplace standards is not only a matter of compliance but also a pathway to a more inclusive and resilient industry-one that contributes to broader goals of economic and social development in Bangladesh.

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