

ORIGINAL ARTICLE

Financial Safety Net for Emergency Health Services among Urban Ready-Made Garment Workers in Bangladesh

Upal Adhikari¹, Ashiqur Rahman², Md. Mesba Ul Hasan Roman³, Abdullah Al Mamun⁴, Fahmida Khanam⁵

ABSTRACT

Background: Bangladesh now has the third-largest proportion of the world's garment market. Between 4,000 and 5,000 garment manufacturers are said to be located in Bangladesh. It provides a steady stream of work to almost 4,000,000 workers, the majority of whom are women. Sadly, this incredible accomplishment has been hampered by industrial accidents and a lack of production safety, both of which present health risks. **Objective:** To determine the current status of financial safety net for garment workers for their emergency health events. **Methods:** This cross-sectional, descriptive study was conducted, between January and December of 2023, among 415 garments workers working in four different factories at Dhaka and Narayanganj districts of Bangladesh. Respondents were selected by convenience sampling technique and face-to-face interview was taken for data collection. We used a pretested semi-structured questionnaire. **Results:** Most of the respondents were in age range of 18 to 25 years and 57% female and 43% male respondents. Most of the respondents use health care services sometimes (69.4%) and some (50.8%) knowledge regarding emergency health care services. Among the respondents the presence of knowledge of financial safety net was agreed by 35.4% and disagreed by 33.7%. The satisfaction for established financial safety net was agreed by 58.6% and disagreed by 1.2% of the respondents. Most of the respondents agreed that they have out of pocket health expenditure and it was mostly below 1000 BDT. About 38% disagreed that they have the capacity of managing financial burden and 34.7% agreed to the issue. 201 of 415 respondents agreed that they have loan and 63.4% respondents disagreed that they perceived financial safety from their garments. **Conclusion:** Despite having higher knowledge and satisfaction regarding financial safety net improvement is recommended to overcome the loan and increase savings for emergency health services for the garment workers.

Keywords: Garment workers, financial safety, emergency situation, health expenditure, Bangladesh

International Journal of Human and Health Sciences Vol. 09 No. 04 October'25

DOI: <https://doi.org/10.31344/ijhhs.v9i4.866>

INTRODUCTION

The garment industry contributes significantly to exporting, creating jobs, enhancing social impact, and strengthening the economy in developed Bangladeshi economies. The textile industry generates waste for purposes other than the creation and use of garments, it is alleged to be

among the most genetically harmful. Despite its importance, the garment industry is characterized by precarious working conditions, including long working hours, low wages, and a lack of access to social protection, such as health insurance¹.

Bangladeshi clothing became well-known around the world because of its Jamdani (renowned)

1. Department of Public Health and Hospital Administration, National Institute of Preventive and Social Medicine (NIPSOM), Dhaka-1212, Bangladesh.
2. Department of Health Education, National Institute of Preventive and Social Medicine (NIPSOM), Dhaka-1212, Bangladesh.
3. Planning and Research Department, Directorate General of Health Services (DGHS), Dhaka-1212, Bangladesh.
4. Department of Community Medicine, Enam Medical College, Savar, Dhaka-1340, Bangladesh.
5. Department of Microbiology & Mycology, National Institute of Preventive and Social Medicine (NIPSOM), Dhaka-1212, Bangladesh.

Correspondence to: Dr. Upal Adhikari, Department of Public Health and Hospital Administration, National Institute of Preventive and Social Medicine (NIPSOM), Dhaka-1212, Bangladesh. Email: dr.upal65@yahoo.com

fabric², which was particularly popular among Muslims³. During that period, this nation was known as the “zone of comfortable clothing,” setting amazing records throughout Europe and many other nations. The British government in India hasn’t developed this apparel industry at all in the interim. They brought in clothing from other nations or regions of the world, harming our business. For Bangladesh, the mass production of completely prepared garments (RMG) in planned enterprises is a relatively recent development. There are several problems and present significant progress in the business⁴. The ready-made garment (RMG) sector in Bangladesh is more productive than almost any other⁵, and it faces greater challenges from outside investors than any other industry. Through the provision of attractive employment measures to eliminate poverty through social and economic progress, it represents a significant profit in the process. Twenty million individuals work in this industry, of which three million are directly associated. Thus, it can be concluded that it significantly affects Bangladesh’s economy and reputation. Due to the fact that about 90% of their population is female, the largest percentage in South East Asia – it has also had an influence on women’s empowerment⁶. However, the RMG sector’s environment is not favorable. Since the standard of the environment that persists worldwide is not followed by the garment management of garments⁷. Environmental regulations are important for workers and the expansion of the RMG industry⁸.

Financial safety nets can help mitigate the financial burden of healthcare expenses and ensure that workers can access emergency health services when needed. However, the effectiveness of these safety nets is often limited by various factors, such as inadequate coverage, insufficient funding, and poor administration.^{4,8} The main occupational hazards that garment factory workers face are longer shift/working hours with extended periods of sitting or standing, intense repetition, lifting heavy objects, working with their hands raised to shoulder level or higher, and bending or twisting their backs while working.⁹⁻¹¹ These exposures have been shown to predict reduced work capacity and increase the risk of long-term illness. It is commonly known that employees with high physical job demands are more likely to have cardiovascular illness, musculoskeletal

problems, long-term sick leave, early retirement, and reduced work capacity.^{9,10} The most prevalent health risks include gastrointestinal disorders, cardiovascular illnesses, and respiratory issues. The laborers in clothing factories are subjected to tasks like cutting, sewing, and finishing that call for a high level of attention and can be painful for the eyes.^{9,10,12} However, the workers get a meager wage, and they labor at the factory for the most of the day. It is tough for them to cook and purchase the necessary calories. Because of this, individuals decide to eat unclean food, which can lead to a variety of health problems^{4,8,11}.

In this context, this study aims to investigate the availability and effectiveness of financial safety nets for emergency health services among garment workers in Bangladesh as well as identify the gaps, and suggest improvements to inform policy and practices.

METHODS

Study design and selection of participants: This cross-sectional, descriptive study was conducted in four different garments factories. Data was collected from one garment factory of Talla road, Kha-pur, Narayanganj district, one from Fulbaria, Savar, Dhaka district, one from Hamayatpur, Savar, Dhaka district, one from the Dhaka Export Processing Zone, Dhaka district, between January and December of 2023. We adopted a convenience sampling technique.

Selection criteria: The inclusion criteria included garments workers aged 18 years and above, working in the sector for minimum one year, and willing to participate in the study. The exclusion criteria were: garment workers who are currently unemployed/laid off and who declined consent for the study.

Data collection tool and procedure: Data was collected by using a pre-tested, semi-structured questionnaire. At first the questionnaire was prepared in English. Translation from English to Bangla was done in Back-Translation Method.¹³ An expert panel consists of public health specialist and English linguist reviewed the Bangla version. Then a back translation was done by blindly from Bangla to English. Comparing the two versions a draft questionnaire was made. Then pretesting was done by collecting data from two garment factories under Gazipur district of Bangladesh. Response processes of the respondents were

evaluated. Some minor corrections were made according to the findings of the pretesting. Finally, the questionnaire was checked and approved for final data collection. Data was collected by taking face-to-face interviews.

Data quality control and statistical analysis:

Data entry was done immediately after the interviews. Collected data was checked, verified, cleaned, coded, post coded and then entered into the computer software. Meticulous cross-checking was also done to avoid data redundancy and inconsistency. The analysis was carried out by using MS-Excel 365 and Statistical Package for Social Sciences (SPSS) version 27.0 for windows. Descriptive analysis was presented as frequency and percentage, which were used to describe the sociodemographic characteristics and other variables relevant to the specific objectives.

RESULTS

Among 415 respondents, the maximum number 155(37.3%) of respondents were in the 18-25 years age group. The mean age was 28.38 ± 6.023 years. Most of the respondents (57%) were female. Maximum (82.9%) was educated and rest of the respondents (17.1%) are illiterate. Most of the respondents (48.7%) were operator and the frequency of finisher was lowest (<1%) among 415 respondents. Rest of the works constitutes almost half of the respondents (210). Quality checker was 17.6%, helper was 10.4% and supervisors was 1.4%. Among the respondents (89) had one year of working experience in the garments. 86 respondents had two years of experience and rest of the respondent had higher experience (Table 1). Most of the (50.8%) respondents have stated that they had some knowledge of emergency healthcare services. Only 2.7% respondents respond 'not at all'. Maximum (288) respondents utilized healthcare services sometimes and 54 respondents never used health care services in garments. the percentage of the respondents who have ever faced any health emergencies while working in the garment industry was (52%) (Table 2). The distribution of the respondent's responses regarding the statement "I am aware of any financial assistance programs specifically designed for garment workers in case of health emergency, maximum agreed that they had awareness of financial safety net. 140 respondents disagreed. The distribution of the respondent's response regarding the question 'Do you think the

availability of a financial safety net can positively impact the overall well-being of garment workers?' to find out the respondent's perception of advantages of financial safety net. Maximum (258) agreed that financial safety net for emergency health care have positive impacts. 38 respondents disagreed and 52 respondents were neutral that financial safety net for emergency health care have positive impacts. Maximum respondents disagreed that they faced challenges to fulfill the criteria for financial safety nets provided by the garments were difficult. The distribution of the respondent's response regarding the statement, 'I have the skills to contribute to financial safety net program. Among 415 respondents, maximum (141) respondents were neutral about ability to contribute in financial safety net for emergency health care in garments. 136 respondents were disagreed and 112 respondents agreed about ability form contributing in financial safety net (Table 3).

Table 1. Sociodemographic characteristics of the garment workers (n=415)

Variables	Frequency	Percentage
Age group		
18–25 years	155	37.3
26–30 years	143	34.5
31–35 years	68	16.4
>35 years	49	11.8
Gender		
Male	189	43
Female	226	57
Education		
Educated (>Class 5)	344	82.9
Illiterates (Class 5)	71	17.1
Designation		
Operator	202	48.7
Washman	10	2.4
Finisher	3	.7
Helper	43	10.4
Polyman	40	9.6
Folding man	22	5.3

Variables	Frequency	Percentage
Quality checker	73	17.6
Packer	16	3.9
Supervisor	6	1.4
Work experience		
1–3 years	235	56.7
4–6 years	114	27.5
6 years	66	15.8

Table 2. Results of knowledge and emergency healthcare utilization by the garment workers

Variables	Frequency	Percentage
Knowledge about emergency health services		
Not at all	11	2.7
A little	147	35.4
Some	211	50.8
A lot	46	11.1
Events of health emergency		
Yes	199	48
No	216	52
Frequency of utilization of healthcare services		
Never	54	13
Sometimes	288	69.4
Often	73	17.6

DISCUSSION

Most of the garment workers were in between 18 and 25 years and the mean age was 28.38 ± 6.023 years. According to study findings of Ahmed, Nasima & Alam, the mean age of garment workers was 26.98 years.¹⁴ Another study done by Dreher et al. revealed that the mean age of the garment worker was 26.2 ± 7.1 years.¹⁵ We observed that among the participants, 57% were female and 43% were male. However, Bhattacharjee reported that in garment factories of Bangladesh, 80% of the workers are female.¹⁶

The study revealed that 82.9% garments worker had higher education level above grade 5 and only 17.1% of the worker had lower education level below grade 5. Unlike our study findings, Dreher et al. revealed 64.1% had lower education than grade 5,¹⁵ while Haque et al. showed that 50% of the garment worker had educational level of

grade 5.¹⁷ Most of the respondents (48.7%) were operators and the frequency of finishers was the lowest (<1%), while quality checkers were 17.6%, helpers were 10.4% and supervisors were 1.4%. Almost similar findings were reported in another study done by Khan, Huq & Islam.¹⁸

The garments workers who needed emergency health care during work period were (48%) slightly less than the those who did not need any emergency health care services during work period. Among the respondents the requirement of emergency medical services during work was slightly less than the required no emergency health services during work. Unlike our study findings, Khan et al. reported that the majority (64.8%) had no accident in the previous year of their study, while 28.3% had minor injuries like cut or burn; only 2.1% had major injuries and 3.4% got fainting episodes.¹⁹

According to the study findings, most of the respondents use health care services sometimes (69.4%) and some (50.8%) knowledge regarding emergency health care services. A previous study done by Hasan et al. revealed that the first choice of garment workers, regardless of gender, was local drugstore for their treatments. Nonetheless, over one-fifth (18.1%) of the female population also stated that they had visited factory clinics (13.8%) and private clinics (18.1%). Among male workers, a large percentage (18.2%) reported seeking medical attention to NGO-run clinics, while 14.6% visited factory clinics. With the exception of nearby Upazila Health Complexes (which are managed by government health services), the variations in the percentage of men and women accessing various healthcare institutions were not statistically significant.²⁰

The study revealed that, the presence of awareness about criteria of financial safety net was agreed by 36.6% and disagreed by 30.8%. The presence of knowledge of organizations providing financial safety net support for emergency health care was agreed by 63.9% and disagreed by 16.6% of the respondents. The presence of perception of advantages of financial safety net was agreed by 68% and disagreed by 9.4% of the respondents and the perception of positive impacts of financial safety net was agreed by 62.2% and disagreed by 9.2%. Most of the respondents did not face challenges for fulfilling the criteria for financial safety net. However, there was a significant

Table 3: Variables related to financial safety net programme

Variables	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
	Frequency (Percentage)	Frequency (Percentage)	Frequency (Percentage)	Frequency (Percentage)	Frequency (Percentage)
Aware about financial assistance program	27(6.5)	140(33.7)	90(21.7)	147(35.4)	11(2.7)
Aware about criteria of financial assistance program	25(6.0)	128(30.8)	91(21.9)	152(36.6)	19(4.6)
Aware about benefits of financial safety net	3(.7)	39(9.4)	65(15.7)	282(68.0)	26(6.3)
Social safety net program has positive impact on overall well-being	7(1.7)	38(9.2)	52(12.5)	258(62.2)	60(14.5)
Faced Challenges to use financial safety net	27(6.5)	194(46.7)	132(31.8)	49(11.8)	13(3.1)
Have ability to manage financial burden regarding health emergency	53(12.8)	157(37.8)	46(11.1)	144(34.7)	15(3.6)
Out of pocket expenditure has impact on livelihood	13(3.1)	46(11.1)	44(10.6)	196(47.2)	116(28.0)
Improvements can be made in existing financial safety net program	8(1.9)	32(7.7)	78(18.8)	253(61.0)	44(10.6)
Have ability to contribute in financial safety net program	10(2.4)	136(32.8)	141(34.0)	112(27.0)	16(3.9)

number of respondents who faced challenges to get financial safety net. Further studies can be carried out to find the causes challenges for fulfilling the criteria of financial safety net to make it easier for every garment worker. In this study, 27% respondents agreed that they have the ability to contribute for financial safety net. Therefore, legit opinion can be taken from them to improve the existing financial safety net for health emergency of the garment workers. According to the study findings, 61% agreed that they feel need of improving financial safety net for emergency health services. Though the existing financial safety net is satisfactory to the garment worker, they feel that improvement from the existing situation may provide a better support during health emergencies.

CONCLUSION

The respondents' level of knowledge about the financial safety net for emergency medical treatment for garment workers was greater than found in previous literature. There was a decrease in the need for emergency medical attention more frequently, and there was an increase in the satisfaction with the emergency medical services the clothes provide. However, the majority of

them had to pay for urgent medical occurrences out of pocket. The majority of the respondents had debt and had no savings, which contributed to their poor financial situation. Opinion of the garment workers can be taken to improve the existing financial safety net for emergency health services. The criteria for financial safety net for emergency health care should made easy for the garment workers. Capacity building approaches should be taken for managing the burden of emergency health events among the respondents. Positive Approaches should be taken to reduce the loan of the respondents.

Conflict of Interest: None declared.

Funding Statement: Self-funding.

Ethical Clearance: This study was approved by the Institutional Review Board (IRB) of the National Institute of Preventive and Social Medicine (NIPSOM), Dhaka, Bangladesh (NIPSOM/IRB/2023/06).

Authors' Contribution: Conception and study design: UA, FK; Questionnaire formulation, site selection, data collection: UA, AR, MMUHR, AAM; Data analysis: UA, AR; Manuscript writing, editing, and final submission: UA, AR, MMUHR, AAM, FK.

REFERENCES

- Islam MN, Rahman HA. Sustaining the environment: a case study of the garment industry in Bangladesh. *Int J Acad Res Bus Soc Sci*. 2021;11(8):868-83.
- Paul SK, Zhang L, Liu J, Liang M, Wei T, Zhu C. Study on automatic weaving of Jamdani saree. *J Silk*. 2019;56(7):71202.
- Hossain MS, Kabir R, Latifee EH. Export competitiveness of Bangladesh readymade garments sector: challenges and prospects. *Int J Res Bus Soc Sci*. 2019;8(3):45-63.
- Berg A, Hedrick S, Kempf S, Tochtermann T. Bangladesh's ready-made garments landscape: the challenge of growth. New York: McKinsey & Co; 2011.
- Moazzem KG, Sehrin F. Economic upgrading in Bangladesh's apparel value chain during the post-MFA period: an exploratory analysis. *South Asia Econ J*. 2016;17(1):73-93.
- Oral E. Sustainability challenges of fast fashion: environmental and social impacts of cotton growing and the ready-made garment industry in Turkey. *Yuridika*. 2019;34(3):443-66.
- Cao H, Chang R, Kallal J, Manalo G, McCord J, Shaw J, et al. Adaptable apparel: a sustainable design solution for excess apparel consumption problem. *J Fashion Market Manag*. 2014;18(1):52-69.
- Selim S. Ecological modernisation and environmental compliance: the garments industry in Bangladesh. London: Routledge; 2011.
- Lillypet S, Jain T, Joseph B. Health problems among garment factory workers: a narrative literature review. *J Occup Health Epidemiol*. 2017;6(2):114-21.
- Kabir H, Maple M, Usher K, Islam MS. Health vulnerabilities of readymade garment (RMG) workers: a systematic review. *BMC Public Health*. 2019;19(1):70.
- Islam MS, Rakib MA, Adnan ATM. Ready-made garments sector of Bangladesh: its contribution and challenges towards development. *J Asian Dev Stud*. 2016;5(2):50-61.
- Textile Industry. Health and safety requirements in garments industry. (June 26, 2023). Retrieved from: <https://www.textileindustry.net/health-and-safety-requirements-in-garments/> (Accessed July 21, 2023).
- Brislin RW. Back-translation for cross-cultural research. *J Cross-Cultural Psychol*. 1970;1(3):187-216.
- Ahmed NJU, Nasima, Alam N. Socio-business consideration of garment workers in Bangladesh: a statistical review. *ABC J Adv Res*. 2013;2(2):8-17.
- Dreher A, Yusuf R, Ashraf H, Ahmed SAKS, Strümpell C, Loerbroks A. Work-family conflict, financial issues and their association with self-reported health complaints among ready-made garment workers in Bangladesh: a cross-sectional study. *Int Arch Occup Environ Health*. 2023;96(4):483-96.
- Bhattacharjee A. The public/private mirage: mapping homes and undomesticating violence work in the South Asian immigrant community. In: Alexander MJ, Mohanty CT. eds. *Feminist genealogies, colonial legacies, democratic futures*. New York: Routledge; 1997.
- Haque S, Al Rafi DA, Zaman N, Salman M, Al Noman MA, Hoque MN, et al. Nutritional status of under-five aged children of ready-made garment workers in Bangladesh: A cross-sectional study. *PLoS One*. 2023;18(4):e0284325.
- Khan AG, Huq SMU, Islam MN. Job satisfaction of garments industry in a developing country. *Manag Stud Econ Syst (MSES)*. 2019;4(2):115-22.
- Khan NR, Dipti TR, Ferdousi SK, Hossain MZ, Ferdousi S, Sony SA, et al. Occupational health hazards among workers of garment factories in Dhaka City, Bangladesh. *J Dhaka Med Coll*. 2015;24(1):36-43.
- Hasan MT, Amin A, Chowdhury MU, Faizul Islam K, Huq SM, Parvin R, et al. Health sufferings, healthcare seeking behavior, awareness about health insurance, and health related rights of ready made garments workers in Bangladesh: Findings from a cross-sectional study. *J Occup Health*. 2021;63(1):e12256.