

**A comprehensive study report on sexual and reproductive health
services and information situation in the RMG sector
Bangladesh Center for Workers Solidarity (BCWS)**



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Acronyms and Abbreviations

ANC	Anti natal care
BCWS	Bangladesh Center for Worker Solidarity
DIFE	Department of Inspection for Factories and Establishments
FGD	Focus Group Discussion
GO	Government Organization
ICPD	International Conference of Population Development
K-II	Key informant in-depth-interview
PNC	Postnatal care
RMG	Ready-made garment
SRHR	Sexual reproductive health right
TU	Tread Union

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I would like to express my deepest gratitude to all the team members of the Bangladesh Center for Worker Solidarity (BCWS) for their unwavering support in the successful completion of the comprehensive study on the sexual and reproductive health services and information landscape in the RMG sector.

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I hope this study will contribute meaningfully to ongoing efforts to ensure safer, fairer, and more equitable working environments for women in the garment sector.

Warm

regards,

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Executive summary

The Ready-Made Garment (RMG) sector in Bangladesh is a key driver of economic growth, employing over 4 million workers, more than 60% of whom are women. Despite their significant contributions, female workers face numerous challenges, including poor working conditions, economic exploitation, gender-based violence, and job insecurity. Furthermore, they are often denied access to essential sexual and reproductive health (SRH) services and information, which further undermines their well-being. These challenges not only hinder their professional growth but also affect their confidence, personal lives, and ability to live with dignity.

In this context, the BCWS conducted a study aimed at assessing the overall rights situation in the RMG sector, with a particular focus on reproductive health service provision. The study also sought to identify key gaps and provide a set of recommendations to improve the health and rights situation of female workers.

To assess the situation comprehensively, the study adopted both qualitative and quantitative methods and was conducted in a rigorous and scientific manner. A descriptive research approach was applied, using a two-stage stratified random sampling technique. Respondents were selected from Dhaka, Gazipur, and Narayanganj—areas where BCWS operates. The total sample size was 576 female garment workers aged 18 to 49 years. For the quantitative data collection, a structured questionnaire was used.

For the qualitative component, Focus Group Discussions (FGDs) were conducted with female garment workers, while Key Informant Interviews (KIIs) were held with various stakeholders, including factory management, healthcare providers, and policymakers. To capture the sexual and reproductive health rights situation of female garment workers, case story tools were applied. In addition, existing laws and policies related to reproductive health in the workplace were reviewed and analyzed.

Key findings from the assessment:

Demographic and Socio-Economic Characteristics: The findings reveal that most female workers come from economically disadvantaged backgrounds, with limited education and skills. A total of 576 respondents were interviewed from garment factories located in Ashulia, Narayanganj, Rampura, and Gazipur. Among them, 33% were aged between 19 and 25 years. In terms of education, 46% had completed primary education, 41% had secondary-level education, and 8% had no formal education.

Fifty-one percent of the women garment workers earned between Tk. 13,001 and Tk. 15,000 per month. The mean monthly income was Tk. 13,949 (SD = 2,259).

Working environment and Employment conditions: The study explored key workplace challenges, including long working hours, wage discrimination, poor working conditions, inadequate leave provision, benefits and violence against women.

Most workers reported working beyond the standard 8-hour workday. During focus group discussions (FGDs), participants revealed that they were frequently forced to work between 10 to 14 hours daily, including overtime. At peak production times, some workers were pressured to work up to 18 hours a day. These extended working hours, combined with minimal break times, have contributed to significant health issues among female workers, such as back pain and urinary tract infections.

While 93% of workers reported receiving overtime payments, 7% stated they did not. However, many participants disclosed that managers often exploit female workers by deliberately miscalculating overtime hours and delaying payments. Such discriminatory practices were reported to be less common for male workers.

Another major concern is the nature of employment contracts. Most female workers are employed on a contractual basis, with contracts renewed annually. As a result, they do not receive regular salary increments or additional benefits. However, 91% of workers reported receiving festival bonuses. Furthermore, the findings also evident that there is very limited scope to build professional skills for the female workers.

Menstrual Hygiene and Healthcare Access

The study found that menstrual hygiene management remains inadequate among female garment workers. More than half (53%) of respondents reported using old rags during menstruation, while 8% used fabric scraps from the factory. Furthermore, 31% of workers reported experiencing menstrual-related illnesses. FGDs highlighted that menstruation is not only a physical challenge for these women but also a source of workplace harassment.

Regarding maternal healthcare, only 37% of women had an institutional delivery for their last childbirth, giving birth in a health center, hospital, or clinic. Sixty-one percent (61%) of garment workers received antenatal care during their last pregnancy, but only 25% had the recommended four or more visits. However, the majority (85%) received tetanus injections during their last pregnancy.

Maternity Leave and Reproductive Health Services

Maternity leave remains largely inaccessible, with only 35% of female workers reporting that they received maternity leave after childbirth, while 65% were denied this right. The findings indicate a lack of adequate workplace support for pregnant workers.

Access to sexual and reproductive health (SRH) services is also limited due to financial constraints, absence of workplace initiatives, and prevailing social stigma. Although 94% of respondents mentioned that their factory had a health corner, Focus Group Discussions (FGDs) and interviews revealed that many of these health corners lacked trained service providers and did not adequately respond to workers' needs.

A significant number of female workers also lack awareness regarding contraceptive methods, menstrual hygiene management, and sexually transmitted infections (STIs). Misinformation and cultural taboos further limit their ability to make informed health decisions. While some factories do offer health services, these are often under-resourced and fail to provide essential SRH care. Moreover, workplace policies that support maternal health, family planning, and gender-sensitive healthcare are largely absent. Workplace pressure, social stigma, and lack of privacy further discourage workers from accessing SRH services.

Gender-Based Violence and Discrimination

The findings reveal that female workers face significant inequalities in job positions, wages, benefits, and overall workplace treatment. Gender-based violence is widespread in factories and is often normalized, making it difficult for women to report incidents or seek justice.

Survey results indicated that nearly one-fourth of the garment workers had experienced some form of violence in their workplace. Among those who faced violence, 90% reported being subjected to verbal abuse, including being called derogatory names. Additionally, 48% mentioned experiencing inappropriate comments or offensive language. More than one-fourth (26%) reported physical assault, while 8% stated they had been sexually harassed.

Furthermore, Focus Group Discussions (FGDs) and individual interviews confirmed that gender-based violence (GBV) and sexual harassment are pervasive issues, disproportionately affecting female workers, who make up most of the workforce.

Supervisors and management staff were frequently identified as the main perpetrators. Factory environments often lack effective systems for ensuring accountability and protection. Although national laws, such as the Bangladesh Labour Act and the High Court guidelines on sexual harassment, are in place to protect workers' rights, enforcement remains weak.

Moreover, many factories do not have functional anti-harassment committees, and workers are often unaware of existing complaint mechanisms. This contributes to a culture of silence and impunity, making it difficult for victims to seek justice or protection.

Addressing GBV and sexual harassment in the RMG sector requires urgent action, including stronger policy enforcement, regular workplace monitoring, increased awareness, and gender-sensitive training for both workers and management. Creating a safe, respectful, and supportive work environment is essential to uphold the dignity and rights of female garment workers.

To improve the reproductive health and overall well-being of female garment workers, the following measures are recommended:

Health Education and Awareness

- Conduct regular health awareness sessions on sexual and reproductive health (SRH), including contraception, menstrual hygiene, and STIs.
- Provide gender-sensitive training for factory management to ensure better support for female workers.
- Provide training for the service providers on labour right and the standard protocol of health service

Workplace Health and Safety Measures

- Operationalize factory health corners with skilled and responsive service providers.
- Ensure affordable or free access to sanitary products in factories.
- Build hygienic and private washroom facilities equipped with proper disposal systems for menstrual waste.

Maternity and Maternal Health Support

- Strictly enforce the legally mandated 16-week paid maternity leave.
- Introduce flexible working hours and reduce physical strain for pregnant workers.
- Provide designated rest areas for pregnant and nursing mothers.

Family Planning and Nutrition Support

- Collaborate with government and non-governmental organizations to provide contraceptive counseling and supplies.
- Offer voluntary family planning services at factory health corners
- Provide subsidized or free nutritious meals to address nutritional deficiencies that impact reproductive health.

Measure to reduce Gender- based Violence

- Support to develop/ review and implement gender inclusive policy:
 - Introduce a comprehensive workplace policy on GBV that includes definitions, procedures for reporting, and consequences for perpetrators. The policy should also explicitly cover sexual harassment, verbal abuse, and physical violence, ensuring all forms of GBV are acknowledged.
1. Create Safe Reporting Mechanisms:
 - Set up confidential and accessible reporting channels (such as a helpline or dedicated support desk) for workers to report GBV without fear of retaliation.
 - Provide clear guidance on how to report incidents of harassment and violence safely, and ensure workers understand their rights.
 2. Provide Training and Awareness Programs:

- Ensure that supervisors, male and female employees, and managers are sensitized to the importance of maintaining a safe and respectful work environment.
 - Raise awareness of available resources, such as counseling and legal support, for survivors of GBV.
3. Strengthen Grievance Mechanisms:
- Set up a grievance redressal system where workers can voice concerns or complaints about gender-based violence without fear of retaliation.
4. Provide Support Services for Survivors:
- Offer support services, such as counseling, legal assistance, and medical care, for workers who experience GBV.
 - Create partnerships with local NGOs, women's rights organizations, and legal bodies to provide additional support.
 - Encourage factory management to work closely with local labor inspectors and human rights organizations to ensure that labor rights are respected.
5. Promote Gender Equality and Empowerment:
- Encourage a gender-inclusive work culture that promotes respect for women's rights and challenges harmful gender norms.
 - Empower female workers through leadership training, skill development, and representation in decision-making processes, enabling them to advocate for their rights and address GBV.
 - Promote awareness of the negative impacts of GBV on both victims and the workplace as a whole.

Workplace Rights and Legal Compliance

- Advocacy to strengthen government monitoring mechanism to ensure compliance with labor and health laws.
- Establish a grievance redressal mechanism to address workplace violations related to maternity leave provision, reproductive health service and gender-based violence.
- Encourage factory management to prioritize the reproductive health and overall well-being of women workers.

Create Capacity building opportunities for the female workers:

- Negotiate with factory owners to take initiative to build professional skills of the female workers
- Provide training on basic life skills including stress management
- Provide training on gender issues for both male and female workers

Chapter One: 1. Introduction

1. 1 Background of the study

In Bangladesh, the garment sector is the backbone of the country's economy and a significant contributor to GDP and employment. Starting in the late 1970s, expanding heavily in the 1980s, and finally booming in the 1990s, the Ready-Made Garments (RMG) industry has created great economic success for Bangladesh. Turning up as a gigantic industry within a short period, the RMG sector has become the largest source of export earnings (84%), making up almost 12.36 % of the nation's total Gross Domestic Product (GDP). The current estimates indicate that the sector employs 4.2 million people, of whom approximately 60% are women. The industry indirectly supports the economic activities of as many as 40 million Bangladeshis (about 25% of the population). Currently, the country holds approximately, 7% of that with 34-billion-dollar export. Bangladesh's garments and textile sector accounts for \$28 billion in annual exports, more than 80% of total export earnings, and 20% of the GDP (BGMEA), 2017-18).

Nevertheless, the growth of the garment and textile industry has helped to increase the income of low-skilled people living in poverty, especially by creating job opportunities for women. It has been widely acknowledged that the garment sector transformed women in Bangladesh, contributing significantly to their socio-economic empowerment. However, addressing structural challenges and promoting gender equality remains critical for maximizing their potential participation in this industry.

Experience and secondary data highlight the pervasive discrimination and exploitation faced by women workers in Bangladesh's patriarchal society. Along with other common discrimination, their sexual and reproductive health (SRH) needs are systematically neglected, which leads to significant challenges, particularly during menstruation and pregnancy. These issues severely impact both their personal well-being and professional lives.

There is no doubt that SRHR remains a taboo topic in Bangladesh. The country holds the highest rate of early marriage in South Asia, with 51% of girls married before the age of 18. Early pregnancies, unsafe abortions, and gender-based violence are deeply intertwined, further intensifying the physical and mental vulnerabilities of women.

To address the structural discrimination against women workers, the Bangladesh Centre for Worker Solidarity (BCWS) has emerged as a leading labor rights advocacy organization. BCWS is committed to empowering and supporting garment workers in their pursuit of decent working conditions while advocating for labor rights for national and international labor rights. A core focus of BCWS is the promotion of women's rights, gender equality, active participation of women workers in collective bargaining processes, and the protection of human rights for women and children.

As part of its mandate, BCWS conducted an in-depth study to examine the current state of women workers, focusing on their reproductive health situation and challenges to take further interventions.

1.2 Objective of the research:

BCWS is dedicated to promoting workers' rights in the RMG sector, reducing discrimination against women workers. However, there is limited information available on the situation of reproductive health services and information for these workers, as this remains a largely unexplored area. Therefore, the primary objective of this research is to analyze the current situation regarding SRHR issues and their impact on the health and well-being of garment workers and to provide actionable recommendations for improving the situation.

Specific Objectives:

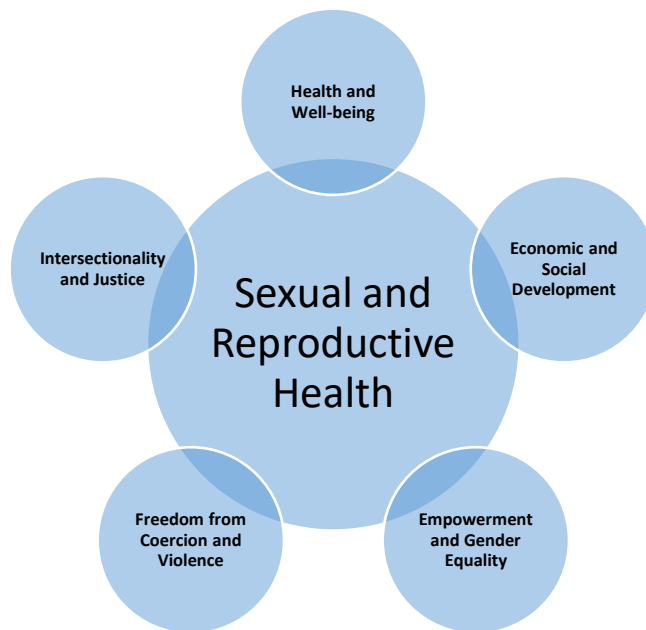
- To identify the overall workers' rights situation of woman garment workers; the issues will include, for example, workers' rights and entitlements like maternity benefits, daycare facilities, working hours, work pressure, health Centre facilities at workplaces, reproductive health protection, maternity protection, abuse, and harassments etc.
- To develop a general assessment of the socio-economic condition of the women workers.
- To assess the worker's knowledge of SRHR issues and access to the SRHR services
- To assess the factory management's perception of SRHR issues
- To assess the interlink between gender equality and women's leadership.
- To assess the knowledge Tread Union (TU) leaders and activists of Bangladesh addressing the workers' rights and decent work, particularly women workers' SRHR issues
- To explore the opinion/ knowledge/ suggestions of stakeholders including national-level TU leaders and factory owners association, Department of Inspection for Factories and Establishments (DIFE) on the situation of workers on SRHR issues.
- To prepare a set of recommendations / way forward to ensure safe workplaces, and community for the women workers regarding SRHR issues.

Chapter Two: Understanding of Reproductive Health

2.1 Reproductive Health and women's well-being and empowerment

Reproductive health refers to complete physical, mental, and social well-being in all matters related to the reproductive system, functions, and processes. It implies that individuals can enjoy their reproductive rights, which include the right to access reliable information, safe and affordable contraception, and adequate healthcare to ensure safe pregnancy and childbirth. It also includes the right to make decisions about reproduction free from discrimination, coercion, and violence.

Most importantly, Reproductive health is part of the broader framework of human rights, including the right to health, right to life, right to privacy, and right to equality and non-discrimination. The International Conference on Population and Development (ICPD) Program of Action (1994) and the Beijing Declaration and Platform for Action (1995) emphasize reproductive health and rights as central to women's empowerment and sustainable development. Because it is intrinsically linked to women and girls autonomy, dignity, equality, and ability to lead healthy and fulfilling lives. Therefore, the following issues are key to understanding the critical aspects of ensuring reproductive health rights and service to all.



Health and Well-being

Access to reproductive healthcare services ensures safe pregnancies and prevents maternal mortality and morbidity.

Ensuring reproductive rights supports women's physical, mental, and emotional health, allowing them to lead a healthy life.

Economic and Social Development

Access to reproductive health services can better plan their families, pursue education, and contribute to productive work, driving personal and societal progress.

Reproductive rights reduce poverty and improve the quality of life for families and communities.

Empowerment and Gender Equality

Reproductive health enables women to exercise control over their reproductive choices, which is essential for achieving gender equality.

Without reproductive rights, women are more likely to face barriers to education, economic participation, and political engagement, perpetuating cycles of inequality.

Freedom from Coercion and Violence

Women have the right to make reproductive decisions free from coercion, violence, and discrimination. This includes the right to decide on matters such as family planning, contraception, and access to safe abortion.

Protecting reproductive rights also helps combat harmful practices against women and girls.

Intersectionality and Justice

Women from marginalized communities often face barriers to accessing reproductive healthcare. Recognizing reproductive health as a right ensures that all women, regardless of socio-economic, cultural, or geographical background, are treated equitably.

From our understanding, it can be stated that Reproductive health plays a vital role in enhancing women's well-being and empowerment. Ensuring access to reproductive health services for women in the garment sector can significantly boost their productivity while improving their professional and personal well-being.

2.1 Legal framework to promote Sexual reproductive health rights (SRHR) of the workers

International and national conventions and policies declare that reproductive health is a key to women's empowerment and development. Furthermore, universal access to sexual and reproductive health is a global and national commitment. This section tries to present some major conventions and policies that ensure women's and girls' rights to sexual and reproductive health.

1. International Conference of Population and Development (ICPD) commitment:

- In 1994, for the first time the International Conference of Population and Development declared Reproductive health rights as a human right and recognized SRHR is a center for population development. Many of the countries signed to express their commitment to ensure the SRHR in their country. The commitment is about:
 - achieving zero unmet need for family planning information and services,
 - zero preventable maternal deaths,
 - zero sexual and gender-based violence and harmful practices against women and girls, all by 2030.

Bangladesh is also a signatory country and accordingly designed its health sectoral program by given emphasis on reproductive health services.

2. International Labor Organization (ILO) Conventions:

International labor law encompasses a set of rules and principles established to ensure fair and equitable treatment of workers across the globe. These laws, primarily developed and overseen by the International Labour Organization (ILO), aim to protect workers' rights, promote decent work, and address issues such as workplace discrimination, child labor, and forced labor.

International labor organizations identified some major workplace discrimination to address such as:

- **Direct Discrimination:** Unequal treatment explicitly based on prohibited grounds (e.g., denying a promotion due to gender).
- **Indirect Discrimination:** Practices or policies that appear neutral but disproportionately disadvantage certain groups (e.g., requiring physical tests unnecessary for job performance that disadvantage women).
- **Systemic Discrimination:** Structural inequalities within an organization or society perpetuating disadvantages for certain groups.

To address Employee Discrimination, the ILO developed conventions to protect workers' rights, including gender discrimination and, to some extent, reproductive health rights.

3. Prohibition of Discrimination:

The ILO's key instrument addressing workplace discrimination is Convention No. 111 on Discrimination (Employment and Occupation), 1958. This convention defines discrimination as any distinction, exclusion, or preference made based on race, color, sex, religion, political opinion, national extraction, or social origin that impairs equality of opportunity or treatment in employment or occupation.

4. Equal Remuneration:

Convention No. 100 on Equal Remuneration, 1951, mandates equal pay for work of equal value, regardless of gender. It focuses on eliminating wage disparities based on sex or other discriminatory grounds.

Freedom of Association and Collective Bargaining:

ILO conventions emphasize the rights of workers to organize and collectively bargain without fear of discrimination or retaliation. This is protected under **Conventions No. 87 and 98**.

5. Specific Protections for Vulnerable Groups:

International labor standards also address discrimination faced by specific groups, such as women, migrants, and persons with disabilities. For instance, **Convention No. 156 on Workers with Family Responsibilities, 1981**, promotes gender equality in balancing work and family life.

6. Harassment and Workplace Violence:

In 2019, the ILO adopted **Convention No. 190 on Violence and Harassment**, which recognizes the right of every worker to a workplace free from violence and harassment, including gender-based violence.

C183: Maternity Protection Convention: Bangladesh has not ratified this convention, which provides a higher standard of maternity protection.

C111: Discrimination (Employment and Occupation) Convention: Bangladesh has ratified this, committing to eliminating discrimination, including gender-based health disparities.

7. Sustainable Development Goals (SDGs)

- **Goal 3 (Good Health and Well-being):** Ensures universal access to SRHR services.
- **Goal 5 (Gender Equality):** Addresses workplace discrimination and violence.

8. National Women Development Policy, 2011

- Aims to ensure gender equality and safeguard women's rights, including access to health care and social protection.
- Encourages special attention to women workers' health in formal and informal sectors.

9. **Bangladesh Labour Act, 2006** includes provisions aimed at protecting and promoting the rights of women workers, including those in the garment sector. It also addresses some aspects of their reproductive health rights, although enforcement and awareness often remain significant challenges. However, there is clearly stated the provisions related to Women Workers and Reproductive Health:

- **Maternity Benefits:**

Eligibility: Female workers are entitled to maternity benefits if they have worked for at least six months preceding the expected date of delivery.

Duration: Maternity leave includes 16 weeks (8 weeks before and 8 weeks after delivery).

- **Payment:** Women are entitled to their average daily wages during this leave period.
- **Prohibition of Termination:**

Employers cannot dismiss a woman solely due to pregnancy or while she is on maternity leave.

- **Prohibition of Hazardous Work:**

Women are restricted from working in occupations that may pose a significant risk to their health, including during pregnancy.

Workplace Facilities:

- **Separate Toilets:** Employers must provide separate toilet facilities for women workers.
- **Daycare Centers:** Establishments with more than 40 women workers must provide childcare facilities.

Working Hours and Night Work:

- Women cannot be compelled to work between 10:00 PM and 6:00 AM without their consent.

National Plan of Action on Violence Against Women (NPA-VAW)

Includes workplace violence prevention, which is closely linked to the reproductive health and mental well-being of women workers.

National Strategy for Adolescent Health, 2017-2030

The strategy focus on SRHR, particularly for adolescents working in industries, but its implementation in the garment sector is minimal.

Despite these standards, challenges persist, such as enforcement gaps, cultural and societal barriers, and a lack of awareness among employers and workers. In Bangladesh, the legal and policy framework addressing reproductive health care for women garment workers is rooted in broader labor rights, health, and gender-related regulations. However, implementation gaps often leave women workers underserved, particularly in the garment sector.

Chapter Three: Study Methodology

The methodological approach for the study is based on qualitative and quantitative research. The research techniques were selected to capture the subjective experience of female workers on reproductive health situations. Besides, the study also aimed to assess the present status of the workers in terms of gender relations and related issues including physical facilities, leave, payment and other, etc. The study employed three types of methodological tools:

3.1 Quantitative method

Descriptive research approach adopted. Individual based data was gathered among the female garment workers aged 18 to 49 years for this research.

Sample size

$$n = \frac{z^2 \times p \times (1 - p)}{e^2} \times d$$

Considering 95% confidence level, 5% error of margin and design effect factor 1.5 the total sample size arrived as 576.

Sampling process:

A two-stage stratified random sampling technique was used for the study. Respondents were selected from three districts—Dhaka, Gazipur, and Narayanganj—where BCWS operates.

In the first stage, garment factories in each district were stratified into two categories: large factories (with more than 1,000 workers) and small factories (with fewer than 1,000 workers). From each stratum, four factories were selected using systematic random sampling. As a result, in each district, four large factories and four small factories were chosen.

In the second stage, 24 female garment workers aged 18 to 49 years were systematically selected from each factory. This resulted in 24 respondents per factory. Therefore, from each district, a total of 192 respondents were selected—96 from large factories (24 x 4) and 96 from small factories (24 x 4).

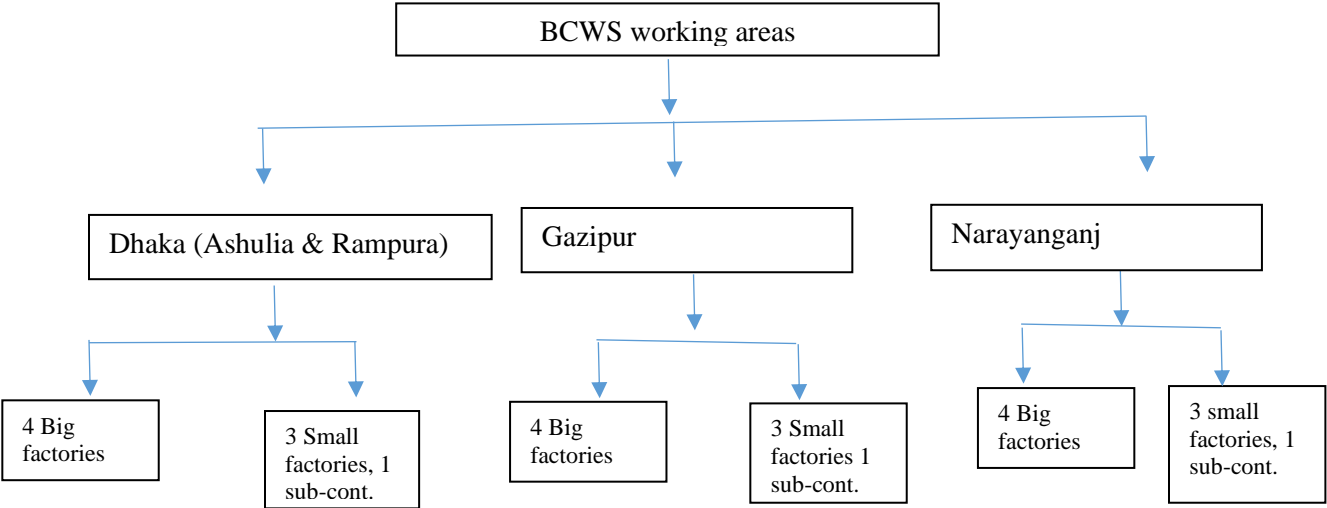
In total, across the three districts, 576 respondents were selected (192 x 3).

Table 1: Study sample locations and sample size

Area	Districts	Big factories	Small Factories	
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		# of factories	Respondents	# of factories	Respondents	Total respondents
Ashulia	Dhaka	4	96	2	48	192
Rampura				2	48	
Gazipur		4	96	4	96	192
Narayanganj		4	96	4	96	192
Total Factories		12		12		576

Figure 1: Sampling Process



From each factory, 24 female respondents aged 18 to 49 years were selected using systematic random sampling. However, during the data collection period, the political situation was highly unstable, which affected garment factory operations and made it challenging to conduct interviews with workers. As a result, the total number of respondents from small factories was slightly lower than that from large factories. Specifically, 294 interviews were conducted in large factories and 282 in small factories. This slight variation does not affect the overall findings. The total sample size remained unchanged at 576 respondents.

3.2 Qualitative methods

To achieve the objectives of the assessment, a qualitative approach was adopted, as it allowed for capturing the experiences and insights of respondents while preserving their perspectives. This approach provided a comprehensive understanding of their context across multiple dimensions. Various qualitative techniques were employed to gather in-depth information.

Such as:

a) Focus Group Discussions (FGD): As part of the qualitative approach, Focus Group Discussions (FGDs) were conducted with garment workers to explore their needs, constraints, and knowledge related to sexual and reproductive health and rights (SRHR). Participants included both married and unmarried women aged 18 to 49 years. The FGDs involved female garment workers from large factories, small factories, and subcontract factories. A total of eight FGDs were conducted.

b) Key Informant interviews (K-II): In addition, 13 key informant interviews were conducted with different types of stakeholders. The interviews were conducted with: Two supervisors, two gender experts, and two govt. officials, Line Director of Field Service unit DGFP, Line Director CCSDP unit, three tread union leaders, two staff of NGOs working with RMG.

c) Case story: Through the story telling tool, the women garment worker's life experience was captured

Table: 2 The following tools were applied to achieve the specific objectives of the study.

Specific Objectives	Tools and techniques used
➤ To identify the overall workers' rights situation of woman garments workers; the issues will include, for example, workers' rights and entitlements like maternity benefits, day care facilities, working hours, work pressure, health centre facilities at workplaces, reproductive health protection, maternity protection, abuse, and harassments etc.	<ul style="list-style-type: none"> - Questionnaire - FGD (with garment workers) - In-depth interviews with garment workers - In-depth interview with management
➤ To analyze the overall workers' rights of the women workers through a decent work lens like decent working time, Equal opportunity and treatment in employment, safe work environment, etc.	<ul style="list-style-type: none"> - Questionnaire - FGD (with garment workers)
➤ To develop a general assessment of the socio-economic condition of the women workers.	<ul style="list-style-type: none"> - Questionnaire
➤ To assess the workers knowledge on SRHR issues and access of the SRHR services	<ul style="list-style-type: none"> - FGD (with garment workers)
➤ To assess the factory management perception on SRHR issues	<ul style="list-style-type: none"> - In-depth interview with management

➤ To assess the interlink between gender equality and women leadership	<ul style="list-style-type: none"> - Questionnaire - FGD (with garment workers)
➤ To assess the knowledge TU leaders and activists of Bangladesh addressing the workers’ rights and decent work, particularly women workers’ SRHR issues	<ul style="list-style-type: none"> - In-depth interview with TU leaders and activists
➤ To explore the opinion/ knowledge/ suggestions of stakeholders including national-level TU leaders and factory owners association, DIFE on the situation of workers on SRHR issues.	<ul style="list-style-type: none"> - In-depth interview with stakeholders including national-level TU leaders and factory owners association, DIFE
➤ To prepare a set of recommendations / way forward to ensure safe workplaces, community for the women workers regarding SRHR issues.	<ul style="list-style-type: none"> - From findings by using all the tools

3.3 Data Analysis

The quantitative data was collected and recorded using KOBO software on the Android tablet. The data were analyzed using STATA software. Descriptive statistics both univariate and bivariate analyses were conducted.

To understand SRHR situation of women garment workers qualitative information was also analyzed from the women garment workers' FDGs findings and in-depth interview of stakeholders. In addition to this, some important specific information was presented through the case study.

3.4 Quality Control initiative

Prior to field implementation of the study a day-long intensive training was conducted for the interviewers who collected the data (BCWS staff) in the field. Each interviewer interviewed 10/12 garment workers per day. For quality control of the data collection, an experienced supervisor assigned for supportive supervision and proper guidance to the interviewers during data collection. In addition to these the principal researcher regularly check the data and provided necessary guidance.

3.5 Ethical consideration and confidentiality

A consent form was developed and utilized for both qualitative and quantitative interviews. Oral consent taken from the respondents and the participants of FGD. Anonymity of each interviewee strictly maintained. The participants of the survey informed that the collected data will be used

for this survey only. Respondents were assured about the confidentiality of the information they provide.

3.6 Limitation of the study

The team collected the information within a specified time frame and resource allocation, which was very limited indeed. However the political situation was very unrest which also affect the garment factories therefore it was very difficult to interview the garment workers and conduct the FGDs within the study location and allocated time frame. Hance, the data collection time period delayed two months.

3.7 Structure of the report:

The report is divided into six chapters. Chapter one is on the background; objective of the study; Chapter two is about understanding the reproductive health and legal framework; chapter three on study methodology, chapter four is included the main findings form quantitative; chapter five is included on qualitative approaches ; Chapter six is on conclusion and recommendations.

Chapter Four: Findings form the survey

4.1 Demographic and Scio -economic characteristics of the garment workers

The study team gathered survey data from 24 garment factories (sample size 576) and tried to analyze the situation on sexual reproductive health rights in the RMG sector. All respondents in the survey were women garment workers aged 18 to 49 years. Two types of garment factories were chosen big factories with more than 1000 workers working, small factories consisting of less than 1000 workers, small factories also include sub-contact factories. The data was collected from July 2024 to November 2024.

4.1.1 Demographic Characteristics of Household Heads

Table 3: Socio-Demographic Characteristics of Household Heads

Demographic Characteristics	Big factories (%)	Small factories (%)	Overall (%)
Sex			
Male	71.1	68.2	69.8
Female	28.9	31.7	30.2
Relation with Household head			
Husband	67.9	59.3	64.1
Self	26.4	27.9	27.1
Father	2.5	7.8	4.9
Mother	2.2	3.1	2.6
Other	0.9	1.9	1.4
Occupation			
Factory workers	57.5	47.3	52.9
Daily labour	15.7	16.3	16.0
Businessmen	8.2	7.8	7.9
Auto rickshaw/car driver	5.6	9.3	7.3
Service	4.1	5.8	4.9
Other	4.1	5.5	4.7
Unemployed/housewife	4.7	8.1	7.3
N	294	282	576

Table-3 represents some basic characteristics of the household heads of the 576 households in the study area. Information on the gender of the head of the household, the respondents' relationship with the household head, and the occupation of the household head was collected in the survey.

Seventy percent (70%) of the household heads were male, while nearly one-third (30%) were female. Female household heads were more common in the families of small factory workers (32%) compared to big factory workers (29%).

Overall, 64% of household heads were the respondents' husbands, and 27% of household heads were the women garment workers themselves. The remaining household heads were fathers (5%), mothers (3%), and others (1%).

The most reported occupation of the household heads was factory worker (56%). The second most common occupation was daily laborer (16%). Eight percent of household heads were businessmen, followed by auto rickshaw/car drivers (7%). Services (5%) and other occupations (5%) were reported by a few respondents. Seven percent of household heads were unemployed or housewives.

There was no significant difference in the occupation patterns among the household heads of women garment workers in big and small factories.

Table 4: Demographic Characteristics of the Respondents

Demographic Characteristics	Big factories (%)	Small factories (%)	Overall (%)
Age			
≤ 18	2.7	6.0	4.3
19-25	32.3	33.0	32.6
26-30	31.2	30.1	30.7
31-35	22.6	18.4	20.5
36-40	8.5	9.9	9.2
Above 40	2.7	2.5	2.6
Mean Age (s.d)	28.7 (5.9)	27.9 (6.66)	28.3 (sd=6.26)
Marital status			
Unmarried	5.1	12.1	8.5
Married	83.7	75.9	79.9
Widow	3.7	1.4	2.6
Separated/Divorced	7.5	10.6	9.0
Religion			
The Muslim	98.9	98.6	98.8
The Hindu	1.0	1.4	1.2
N	294	282	576

Table 4 shows the prevalence of respondents by age, religion, and marital status. Overall, the highest percentage of respondents (33%) was in the age group of 19 to 25 years, followed by 31% in the age group of 26 to 30 years. The mean age of the respondents was 28 years (s.d. = 6.26). The age distribution did not vary significantly by factory type. The findings revealed that the majority of women garment workers (68%) were 30 years old or younger, while only 3% were above 40 years old.

Regarding religion, nearly all respondents (99%) were Muslim, and only 1% were Hindu.

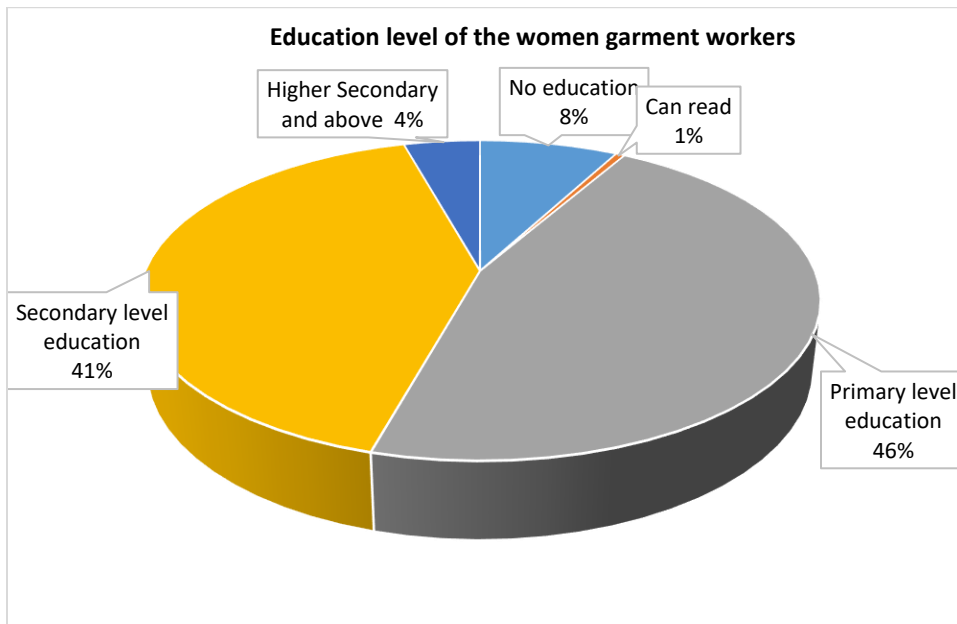
4.1.2 Socio-economic characteristics of the garment workers

Family type:

The definition of a household in this study includes only those members who share meals from the same cooking pot and are recognized by the household head as family members. Individuals who do not live with their family members but instead live with other single individuals are recognized as living in a "mess."

The most commonly reported household type was the nuclear family, with 92% of garment workers living in nuclear families. Seven percent of women garment workers live in joint families, while the remaining 1% live in a mess.

Figure 2: Education level of the women garment workers



Overall, 46% of female garment workers had primary-level education, 41% had secondary-level education, and 8% had no formal education. Only 4% had higher secondary or above-level education. The findings suggest that female workers in Bangladesh tend to have a school-level education, as many drop out of school early to help support their families, and some remain illiterate. The education pattern is similar among workers in both big and small factories.

Table 5: Total years of working experience in garment factories

Year of working	Total working years
<1 year	3.3
1 to 3 years	23.1
3+ to 5 years	17.2

5+ to 10 years	33.7
10+ to 15 years	16.6
15+ to 20 years	4.7
Above 20 years	1.4
N	576

Table 5 shows the working tenure of the female garment workers. Among the workers, 3% had been employed for less than one year. Nearly one-fourth (23%) of the workers had 1 to 3 years of work experience. Thirty-four percent of workers had been employed for 5 to 10 years. This indicates that 22% of the respondents had been working in garment factories for more than 10 years.

Figure 3: Duration of working years in current garment factories

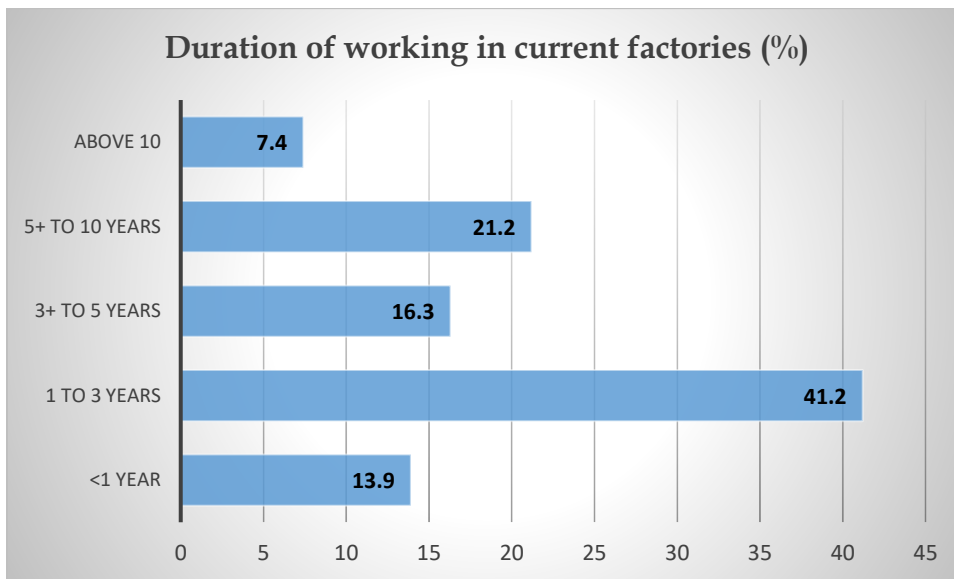


Figure 3 described the average working experience of the workers is 4 years. Forty-one percent of garment workers reported that they have been working for 1 to 3 years in their current factories, while 21% have worked for 5 to 10 years in their current garment factories. These findings suggest that garment workers tend to stay in their factories for a relatively long period, indicating a level of stability in their employment.

The respondents' work types in garment factories

Figure 4: Type of women garment workers

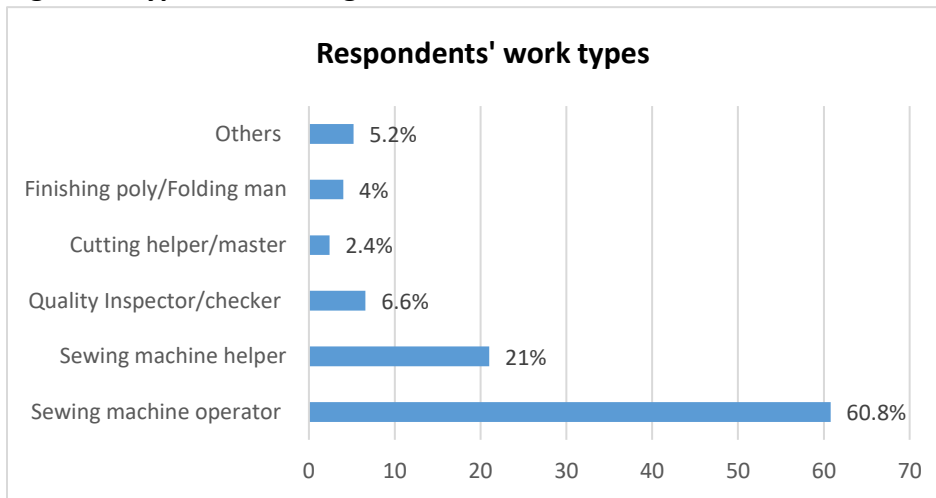


Figure 4 reveals that the highest percentage of workers (61%) were sewing machine operators. The next highest group (21%) consisted of sewing machine helpers, followed by quality inspectors/checkers at 7%. Four percent of women were working as finishing helpers/folders, and a small percentage (2%) were cutting helpers. The remaining 5% of women were involved in other roles.

Monthly Household and women garment workers income

Table 6: Monthly income of the women garment workers by factory types

Monthly income category: (In taka)	Big factories (%)	Small factories (%)	Overall (%)
≤ Tk.10000	0.7	7.5	4.0
Tk.10,001-13,000	22.8	24.1	23.4
Tk.13,001-15,000	50.3	51.8	51.0
Tk.15,001-18,000	24.2	13.8	19.1
Above Tk.18,001	2.0	2.8	2.4
Mean	14322	13560	13949
	(SD=1866)	(SD= 2553)	(SD=2259)
N	294	282	576

Table 6 demonstrates the monthly income of garment workers. The most commonly reported income group, 51% of female garment workers, reported an income between Tk. 13,001 and Tk. 15,000. Half of the workers in big factories (50%) and 52% of the workers in small factories fell into this income category. The lowest monthly income group, less than Tk. 10,000, was reported by 4% of respondents. Only 2% of respondents reported a monthly income of over Tk. 18,000. The overall mean monthly income was Tk. 13,949 (SD = 2,259).

When comparing the income between workers in big and small factories, small factory workers reported a lower mean monthly income. The mean income of big factory workers was Tk. 14,322

(with a range from Tk. 9,000 to Tk. 25,000), whereas small factory workers had a mean income of Tk. 13,560 (with a range from Tk. 5,200 to Tk. 20,000).

Table 7: Monthly households income of the women garment workers' by factory types

Monthly household income category: (In taka)	Big factories (%)	Small factories (%)	Overall (%)
≤ Tk.15000	12.9	23.4	18.1
Tk.15,001-25,000	34.7	34.0	34.4
Tk.25,001-35,000	40.1	37.9	39.1
Tk.35,001-45,000	11.2	3.9	7.6
Above Tk.45,001	1.0	0.7	0.9
Mean	26,031	23,463	24,774
	(SD=8585)	(SD= 8376)	(SD=8572)
N	294	282	576

Table 7 shows the monthly income of households, including the total monthly income of all household members. The highest percentage of households (39%) reported an income between Tk. 25,001 and Tk. 35,000. The second-highest group of households (34%) reported a monthly income between Tk. 15,001 and Tk. 25,000. The lowest income group, earning less than Tk. 15,000, was reported by 18% of respondents. Among big factory workers, 13% reported being in this income group, while among small factory workers, 10% more than big factory workers (23%) belonged to this income category. Only 1% of respondents in the study area reported a monthly income of over Tk. 45,000.

The overall mean household income was Tk. 24,774. The mean monthly household income for workers in big factories was Tk. 26,031 (SD = 8,585), with a range from Tk. 12,500 to Tk. 55,000. In small factories, the mean household income was Tk. 23,463 (SD = 8,376), with a range from Tk. 8,000 to Tk. 53,000.

4.2 Workplace situation

4.2.1 Working hours and overtime payment of the garment factories

In most garment factories, workers are forced to work long hours, often 10-14 hours a day, plus overtime. At times, to meet large orders, workers are pressured to work up to 18 hours a day.

In these factories, most provide overtime payment; however, in some factories, there is no overtime payment for hours worked beyond 8 hours.

Table 8: Garment workers working hours by factories

Working hours	Big factories (%)	Small factories (%)	Overall (%)
8 hours	52.4	46.8	49.7
9-10	25.9	32.3	29.0
11-12	13.3	18.8	16.0
12-14	3.7	2.3	3.0
15-16	4.8	0.0	2.4
Mean	9.5(sd.1.9)	9.3 (sd=1.4)	9.4 (sd=1.7)
N	294	282	576

Table 8 illustrates the working hours of garment workers. The general working hours for garment workers exceed 8 hours, which is against labor law. In the study area, the mean working hours for garment workers was 9 hours. Typically, workers start their day from 9:00 a.m. to 5:00 p.m. Fifty percent of garment workers reported working 8 hours. Twenty-nine percent of women workers stated that their working hours ranged from 9 to 10 hours. Among big factory workers, 5% mentioned that they generally work 15 to 16 hours, while none of the small factory workers reported working such long hours. These findings suggest that long working hours are more common in big factories.

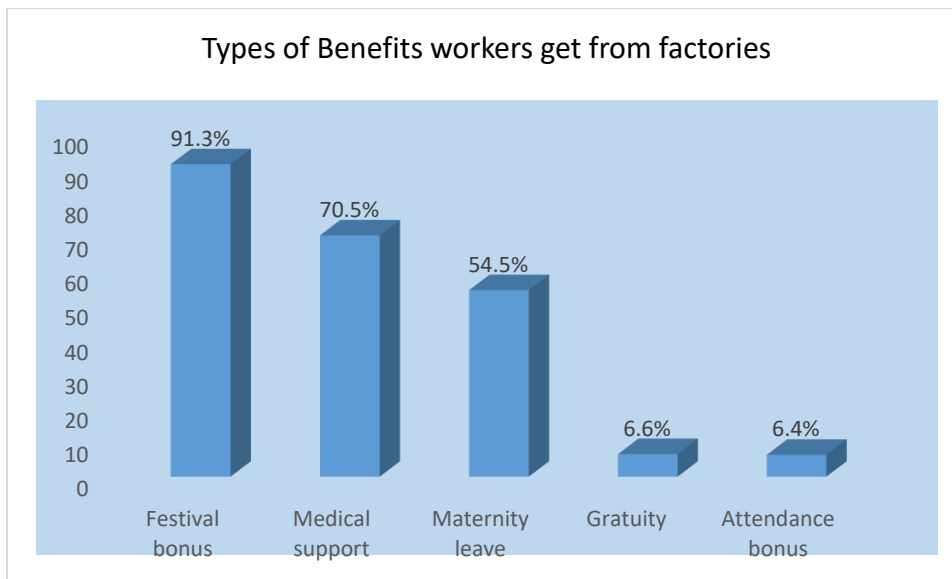
Table 8 shows that 95% of respondents reported working 8 to 12 hours, which is now approved by the government. As of April 2022, the legal workweek for garment workers in Bangladesh is 72 hours, up from the previous limit of 60 hours per week. This means that workers can work up to four hours of overtime per day, in addition to their regular eight hours a day, six days a week. Therefore, the government permits a 12-hour workday.

Among big factory workers, 96% mentioned that they receive overtime payment, while 91% of small factory workers reported the same. Overall, 93% of workers reported receiving overtime payment, whereas 7% do not receive overtime payment. In some garment factories, there is no provision for overtime pay, and none of the workers receive overtime pay for working more than 8 hours.

4.2.2 Benefits received from factories

The garment workers receive different types of benefits from the factories.

Figure 5: Types of benefits get from factories



The majority of female garment workers receive a festival bonus (91%) and medical support (71%). However, in subcontract factories, workers do not receive maternity or gratuity benefits. Attendance bonuses are only reported by workers in small factories. If a worker is never late to work during the entire month, they are eligible for an attendance bonus for that month.

4.2.3 Leave

Seventy-two percent (72%) of garment workers mentioned that they are able to take leave when needed. Among workers in big factories, 81% reported that they can take leave according to their entitlement, while 62% of workers in small factories reported the same.

Payment for sudden leave

If workers do not follow the proper procedure for taking leave or are absent, they do not receive their salary for that day. In big factories, 14% of respondents mentioned that they still receive their salary if they are absent, while 8% of workers in small factories reported the same. However, in subcontract factories, 100% of workers do not receive salary for their absence.

4.2.4 Health corner

The safety and health conditions in Bangladeshi factories are not standard as per the international protocol. According to the law, every factory with more than 300 workers is required to have a full-time doctor. However, most factories fail to comply with this requirement. Instead, they typically have only a nurse, a small clinic room, and some basic medicines. In some cases, a part-time visiting doctor is available.

Table 9: Service received from the health corner

	Big factories (%)	Small factories (%)	Overall (%)
Have health corner	98.0	90.4	94.3
Received service	65.2	54.5	60.2
N	294	282	570

Among the 24 selected factories, only one sub-contract factory lacks a health corner. Most of the existing health corners provide treatment only for injuries that occur on the factory premises, as well as for common ailments such as colds, coughs, headaches, and back pain. They typically stock only a few basic medicines, such as paracetamol, oral rehydration salts (OR saline), and painkillers. In larger factories, a doctor is generally assigned; some factories have nurses, and in some cases, the line supervisor is responsible for dispensing medicine. Overall, only 60% of respondents reported receiving services from the health corners at least once.

4.2.5 Day care center

Most of the big factories and a few small factories have daycare centers, typically for children aged 2 to 3 years. Among the respondents, 81% of women working in large factories and 32% in small factories reported the presence of a daycare center in their workplace. However, no daycare centers were found in sub-contract factories.

Women with children under the age of five were asked whether they used the daycare facilities. Overall, only 10% of these women reported keeping their children in the daycare centers. There is a significant difference between large and small factories: in large factories, only 2% of women use the daycare centers, whereas in small factories, 33% of women do.

4.3 Reproductive health situation and access to SRHR services

The study respondents were women of reproductive age, between 18 and 49 years old. To understand their reproductive health status and practices, several questions were asked regarding menstrual hygiene management, contraceptive use, antenatal care (ANC), postnatal care (PNC), delivery, and abortion.

4.3.1 Menstrual management: Among the respondents, 552 women (95.8%) were of reproductive age, while only 4% were post-menopausal. The findings revealed that the majority of women practice unhygienic menstrual management. Nearly half (49%) reported using old rags during menstruation. Additionally, 8% use fabric cut pieces, and 3% use other materials such as tissue or do not use anything due to minimal bleeding. Only 40% of women use sanitary napkins, meaning that 60% rely on unhygienic materials during their menstrual period.

Table 10: Type of pads garment workers use during menstruation

Type of pads	Big factories (%)	Small factories (%)	Overall (%)
Old rags	44.5	52.8	48.6
Sanitary napkin	40.9	39.1	40.0
Fabric cut piece of the factory	10.7	5.2	8.0
Other	3.9	3.0	3.4

The findings suggest that female garment workers have limited awareness about proper menstrual hygiene management and receive no support from their factories. None of the selected factories offer sanitary napkins either free of cost or at a subsidized price. Even in large factories, women workers do not receive any assistance for managing menstrual hygiene. While 40% of respondents reported using sanitary napkins, the remaining women rely on unhygienic materials.

Table 11: Menstruation health management

Menstrual related matters	Overall (%)
Can go to the washroom to change the sanitary napkin as needed	79.4
Is sanitary napkin available at your factory?	12.1
Is sufficient water available at your factories	94.0
Do you ever suffer any menstruation related illness	31.3
Do feel hesitated or mental stress at office during your menstruation time	45.7
N	552

Overall, 79% of women reported that they are able to use the washrooms to change their sanitary napkins as needed during their menstrual period.

Only 12% of women workers said that sanitary napkins are available at their factories. However, there is a notable difference between factory types: in large factories, 20% of respondents reported access to sanitary napkins, compared to only 4% in small factories.

The majority of workers (94%) stated that sufficient water is available in the factory toilets, so they do not face difficulties using water during menstruation.

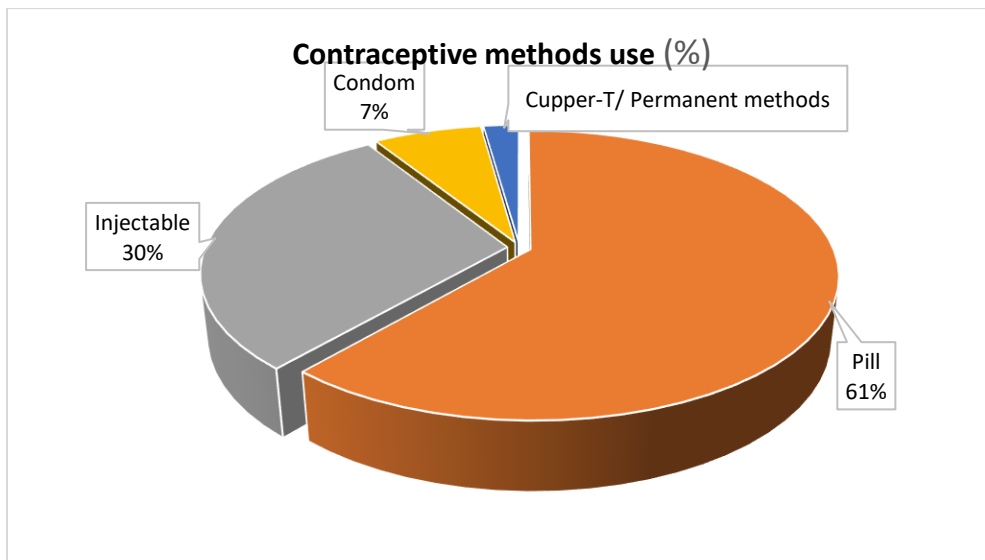
Overall, 31% of female garment workers reported having experienced menstrual-related illnesses while working in the factories.

Respondents were also asked whether they feel mental uneasiness or anxiety during their menstrual period. A total of 46% reported experiencing such discomfort in the workplace. The percentages were similar across factory types: 42% in large factories and 47% in small factories.

4.3.2 Contraception use:

Among the married women 61% (280 women) reported that they were currently using contraceptive methods. Most of them were using short methods.

Figure 6: Type of contraceptives methods currently use by the married women workers



The choice of contraceptive methods among women workers in both large and small factories was very similar. Overall, 61% of women were using oral contraceptive pills, and 30% were using injectables. Only 7% of workers reported that their husbands were using condoms. The use of IUDs and permanent methods was rare. An overwhelming majority—99%—of respondents were using short-term methods (pills, condoms, and injectables), while only 1% were using long-term or permanent methods, which is a negligible proportion.

The findings also show that 93% of all contraceptive users (pill, injectable, IUD, and female permanent methods) were women. Only 7% of users were men. This imbalance is likely due to a lack of awareness about contraceptive options and their side effects.

Overall, the results suggest that garment workers have limited access to contraceptive choices and little information about their use or potential side effects. There are no provisions for contraceptive services in factory health corners. Since workers spend the entire day at the factory, they have limited opportunities to visit government family planning clinics.

Figure 7: Reason of not using the Long-term and permanent method

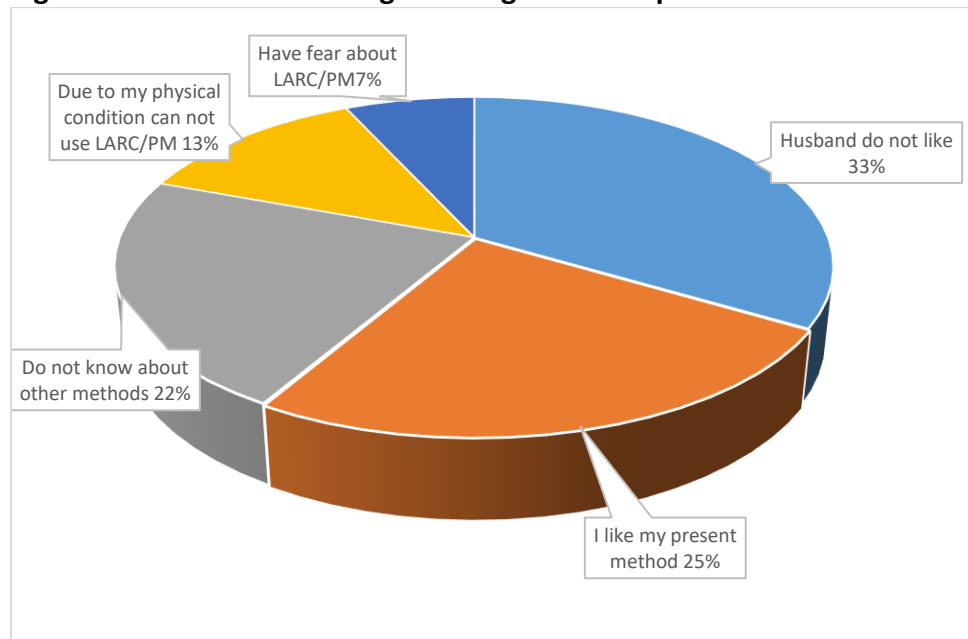


Figure 2 illustrates that 33% of women workers reported their husbands do not prefer long-acting or permanent contraceptive methods. This finding reflects that women often prioritize their husbands’ preferences when it comes to contraceptive choices.

One-fourth (25%) of the women stated that they are satisfied with the method they are currently using. Additionally, 22% said they are not aware of other contraceptive methods, indicating a lack of information and knowledge about family planning.

Due to health-related reasons, 13% of women do not use long-acting reversible contraceptives (LARC) or permanent methods (PM). Furthermore, 7% of women expressed fear of using LARC or PM, which may stem from not receiving proper counseling or information on these methods.

Overall, there is little variation in responses between women in large and small factories.

4.3.3 Delivery, anti-natal care (ANC) and post-natal care (PNC)

To understand the knowledge and practices regarding delivery, antenatal care (ANC), and postnatal care (PNC), some information was collected from female garment workers.

The table below (Table 12) illustrates the responses of the women garment workers regarding antenatal care (ANC) and postnatal care (PNC).

4o mini

Table 12: Information regarding anti natal care (ANC) and post natal care (PNC)

Delivery, ANC and PNC	Overall (%)
Last child born at any health center, hospital or clinic	37.1
Received any service from health center, hospital, clinic or private doctor for Antenatal care (ANC)	60.7

Get Tetanus injection during pregnancy	85.1
Received any service from health center, hospital or clinic for Post natal care (PNC)	25.1

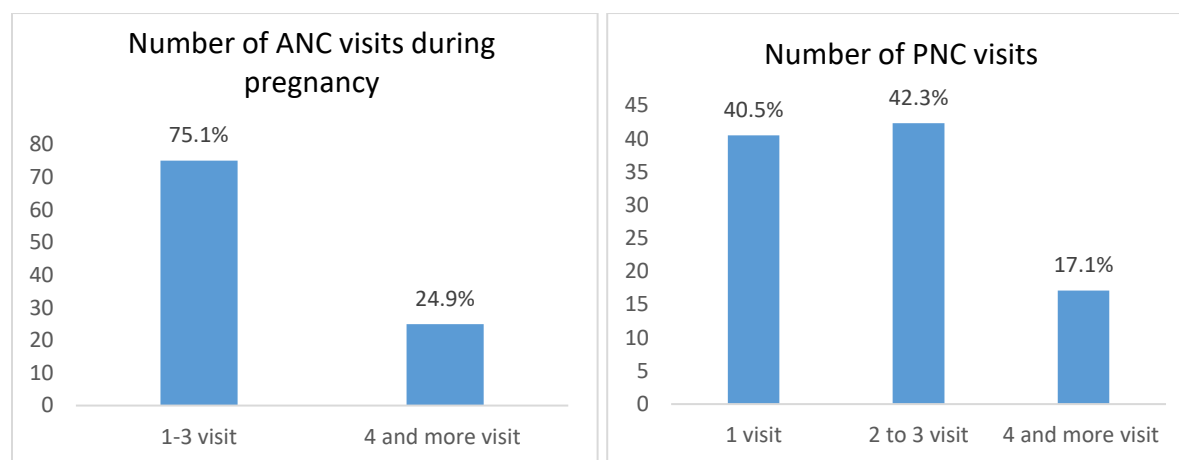
N **450**

Overall, 37% of women had an institutional delivery for their last child, meaning that their child was born at a health center, hospital, or clinic. However, compared to the national rate of 44.8% in Bangladesh, the rate among garment women workers is much lower.

Among the garment workers, 61% of women received antenatal care during their last pregnancy (Table 12). The World Health Organization (WHO) recommends a minimum of four antenatal care (ANC) visits. The study team asked how many times the women visited for a health check during their pregnancy, and there was no variation between large and small factories.

Figure 8: Number of ANC visits

Figure 9: Number of PNC visits



Seventy-five percent of women had between 1 to 3 antenatal care (ANC) visits during their pregnancy (Figure 8), while one-fourth (25%) had four or more visits. According to WHO recommendations, only one-fourth of women garment workers received adequate ANC during their pregnancy. In contrast, the national percentage of pregnant women who had four or more ANC visits by any provider was 47% in 2017, indicating that the ANC visit rate among garment workers is much lower.

The World Health Organization (WHO) recommends that mothers and newborns receive postnatal care (PNC) with two full assessments on the first day, followed by three additional visits. When asked whether they had any check-ups after delivery, only one-fourth (25%) of the garment women workers received any PNC services. However, if we consider the WHO recommendation for complete PNC, only 17% of women had four or more PNC visits.

Among women workers, 41% had one PNC visit and 43% had two or three PNC visits (Figure 9). Among subcontract workers, 88% received one visit after childbirth, while the remaining 12% had two to three PNC visits, and none received four or more visit. Majority (85%) of the women had received Tetanus injection during their last pregnancy.

Table 13: Safe delivery

Deliver by		Big factories (%)	Small factories (%)	Overall (%)
Skilled providers	Trained midwife	53.9	47.2	50.9
	Nurse, doctor and paramedic	3.9	6.3	4.9
Unskilled providers	Relatives/ neighbors	34.6	43.3	38.5
	Untrained midwife	5.8	2.7	4.24
	Nobody	1.9	0.8	1.4
N		156	127	283

The findings revealed that More than half (51%) of the home delivery performed by the trained midwives and 5% delivery performed by nurse, doctor and paramedics, there for overall 56% home delivery performed by the skilled providers. Rest of the service providers were unskilled among them 39% women’s home delivery performed by their relatives or neighbors. Four percent delivery perform by untrained midwives. One percent women (3 women) said that suddenly their delivery happen and that time no one was there.

4.3.5 Maternity leave:

The Bangladesh Labor Act of 2006 states that female garment workers are entitled to 16 weeks of paid maternity leave after the first six months of employment. However, women in the garment sector often face discrimination and challenges in accessing their maternity rights. The workers were asked whether they got maternity leave after their children were born. Among the women garment workers those who have children, among them 51% mothers were reported that when their children were born they were not working in the garment. Rest 49% (220) mothers children were born during they involved working in garment factories.

Table 14 : Percentage of women garment workers got maternity leave

Got maternity leave	Big factories (%)	Small factories (%)	Sub-Contract (%)	Overall (%)
Yes	44.7	31.0	0.0	35.0
No	55.3	69.1	100	65.0
N	114	84	22	220

Only 35% of women received maternity leave, while 65% of women garment workers did not receive any maternity leave after giving birth. Table 12 shows differences among large, small, and subcontract factories. Among large factories, 45% of women received paid maternity leave,

compared to 31% in small factories, whereas none of the workers in subcontract factories received maternity leave.

4.4 Gender discrimination and violence issues in garment sector

Though in the garment factories most of the workers are women yet they are deprived in different manners.

Table 15: Different gender issues in the workplace environment

Gender issues	Big factories (%)	Small factories (%)	Overall (%)
Both men and women get same salary	82.0	74.1	78.1
Women could do the same work as their male colleague do	63.3	67.4	65.3
N	294	282	576

Table 15 illustrates various gender issues in the factory environment. Most women noted that, for the same position, the salaries of men and women are equal. In large factories, 82% of women workers reported this, compared to 74% in small factories and 52% in subcontract factories.

To gauge women's views on gender equity, respondents were asked whether they believed women could perform the same work as their male colleagues if given the opportunity. Overall, 65% stated that women could do the same work as men.

During a focus group discussion, participants mentioned that men and women perform most of the same tasks. However, for work that involves operating heavy machinery, women are generally not involved. Although women can work as supervisors, most supervisory roles are held by men because the positions typically require long working hours, which can be challenging for women. One focus group participant, a 32-year-old sewing operator, explained, "After returning from the factory, we have to do household work—we have to cook, wash clothes, and take care of other chores. So we do not want to stay in the factory for a long time.

Gender based Violence

The quantitative findings revealed that very few women reported experiencing violence. In general, issues of violence are underreported due to social taboos, and many women feel ashamed to share their experiences. However, during the focus group discussions, most female workers shared their experiences of humiliation, harassment and discrimination.

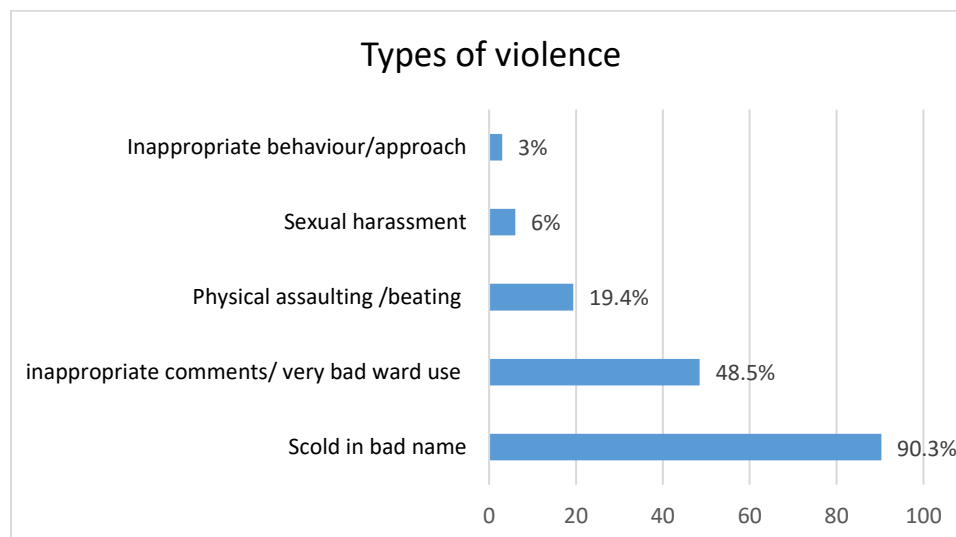
Table 16: Experience of violence at work place

	Big factories (%)	Small factories (%)	Sub-Contract (%)	Overall (%)
Any women ever been Sexually harassed	23.8	50.9	41.7	36.3
Experience of violence (you)	16.3	29.5	35.4	23.3
N	294	234	48	576

In response to the question about experiencing sexual harassment in the workplace, more than one-third (36%) of women garment workers reported such incidents. When comparing different types of factories, 24% of respondents in large factories, 51% in small factories, and 42% in subcontract factories reported experiencing sexual harassment.

The respondents were also asked whether they had experienced any violence at their workplace. Overall, 23% reported having experienced violence while working. Among the three types of factories, violence was most reported in subcontract factories (35%), while in large factories it was less common (16%). This may be because subcontract factories tend to be more informal, whereas large factories are required to comply with buyers' standards.

Figure 10: Types of violence the respondents have experience



*Multiple answer

Figure 10 explores the types of violence experienced by women workers in their factories. Among those who reported violence, 90% indicated that they had been verbally abused with harsh language, 48% stated that they faced inappropriate comments or extremely offensive language, more than one-fourth (26%) reported being physically assaulted, and 8% experienced sexual harassment.

Table 17 : Respondents reported who did the violence

Perpetuators	Frequency (N=134)	Respondents (%)
Line chief /Supervisor	129	96%
Higher level staff	29	21.6%
Colleague	22	16.4%

Multiple answer

The most reported perpetrators of violence are line chiefs and supervisors. Additionally, 22% of women workers reported experiencing violence at the hands of higher-level staff.

Chapter Five: Findings from the qualitative approach: Reproductive health is still not a right or essential service for women workers.

The study employed a mixed-methods approach, incorporating both qualitative and quantitative methodologies to provide a holistic understanding of the situation of women workers. The team emphasized exploring the participants' insights, emotions, and lived experiences for qualitative data collection. In-depth discussions served as a primary tool, allowing the researchers to capture detailed narratives of the women's journeys as garment workers while also delving into their daily lives within their socio-cultural contexts. This section presents the findings derived from these discussions.

Discrimination: A common practice normalized for women workers

Gender discrimination is deeply rooted in the socio-cultural structure in Bangladesh, and it is also reflected in the garment sector. This discrimination is particularly evident in the positions, benefits, and respect afforded to women.

Type of work:

Both surveys and discussions indicated that women predominantly work as operators in the RMG sector. A male supervisor explained, *"Women are not interested in taking on the responsibilities of a supervisor."* He further elaborated that the role requires a strong personality, as supervisors must oversee the tasks of operators and often work irregular hours—factors that discourage women from pursuing such positions.

Similarly, some female workers shared their perspective: *"Supervisors often use slang, harsh words, and crude behavior toward operators. As women, we cannot behave in such a manner."*

On the other hand, some female workers argued: *"We often work overtime to meet targets, sometimes even until midnight. Yet, management and owners undermine our capabilities and do not promote us to supervisory roles."*

A trade union leader explained: *"Women workers have very limited opportunities to develop leadership skills. In a patriarchal society, they are viewed as subordinates, and this perception persists in the RMG sector. Additionally, caregiving responsibilities restrict women's ability to dedicate more time to advancing their professional careers."*

Working hour:

The survey findings reveal that workers typically work more than 8 hours a day. During focus group discussions (FGDs), participants reported being compelled to work excessively long hours—often between 10 to 14 hours daily, including overtime. At times, to meet large order deadlines, workers are pressured to work up to 18 hours a day.

Some respondents highlighted that these extended working hours, combined with minimal break times, have led to significant health issues among women workers, including back pain and urinary tract infections. In severe cases, it has been observed that women are unable to continue working beyond the age of 40 due to physical complications.

One respondent shared that working hours have increased further since the government announced the new salary structure for garment workers. To offset the increased wage costs, owners have reduced the workforce and imposed higher production targets on the remaining workers. She further added that employers tend to prefer female workers because *"we are submissive and do not protest."*

Trade union leaders acknowledged this issue during discussions, noting that despite their long-standing advocacy for reduced workloads and adequate break times, employers and management remain unresponsive. Employers are primarily focused on profits and maintain a facade of compliance with labor laws and policies to satisfy buyers. Workers, fearing job loss, often refrain from raising concerns with buyers and are hesitant to share information even with trade union leaders.

Leadership and capacity building:

In the male-dominated society of Bangladesh, women and girls are often viewed as subordinate to men. Their access to education and employment opportunities is significantly restricted, resulting in limited skills and a lack of confidence. However, the social and cultural context that contributes to these challenges is frequently overlooked, and women's potential is often underestimated.

Findings indicate that women workers have very limited opportunities to develop and enhance their professional skills. Although equity is frequently emphasized in development discourse, much of the management in the garment sector fails to recognize the persistent gender discrimination within the workplace. During an interview, an HR manager remarked that women are unwilling to stay beyond 6 PM, unlike their male counterparts who work late into the night, allowing them to gain experience and move into supervisory roles.

In response to this narrative, one female worker explained, *“After office hours, we must do our household work. No one shares our responsibilities, so how can we stay after 6 PM? Even when we work overtime, we still must manage our household tasks late at night.”*

This highlights how management often disregards the socio-cultural barriers faced by women and instead blames them for their limited career progression. As a result, women in the RMG sector largely remain in operator roles, while supervisory positions continue to be dominated by men.

Menstrual cycle: Another cause for mental and physical trauma

Findings from both the survey and focus group discussions (FGDs) revealed that the toilets are generally dirty and unhygienic. All the female workers reported facing extreme difficulties, especially during menstruation. They also shared that the behavior of some male colleagues has a severe impact on their well-being, often leading to trauma. *“We have had to adjust to such dreadful conditions,”* one participant said. Some workers even reported leaving their jobs solely due to the inappropriate and disrespectful behavior of male colleagues. *আমরা বাথরুম যাই না কারণ একবার রক্তের দাগ বেথাও দেখা গেলেই শেষ, হাসবো বা এমন খারাপ কথা কইবো যে আর কামেই আসা যাইব না শরমেচ।*

Another respondent mentioned that, *‘for the sake of job, we are compromising with our health issue. During menstrual period, we avoid changing napkins in the factory toilet and work whole day (12hrs) wearing the same napkins. We are living such painful life just for the sake of our family.’* *“মাসিক চলার সময় আমাদের অনেক কষ্ট হয়, অপমান লাগে, তাও পরিবারের কথা ভাবি নিজেগো সব কষ্ট ভুইলা আমরা কাজ করি।”*

The findings suggest that most women practice unhygienic menstrual management. During the FGDs, participants mentioned that the majority of female workers use old cloths, which they recycle and reuse several times. Some also use fabric cut pieces from the factory. Sanitary napkins are not available in the factories, and workers face difficulties changing them during working hours. If they spend too much time in the toilet to change their sanitary napkins, supervisors scold them using harsh language.

In the FGD, one respondent shared: *“If we go to the bathroom repeatedly, the supervisors say, ‘Stuff the cloth between your legs properly so you won’t waste time again.’”*

মাসিক হলে যদি বাথরুমে ২/৩ বার যাওয়া হয় তাহলে সুপারভাইজার বলে, পা ফাক করে বসলে ভিতরে কাপড় গুজে রেখে দিবে আর যদি বাথরুমে যাস। said another respondent.

This is a common reality for women workers during their menstrual cycles. A lack of awareness about menstrual health and hygiene, entrenched cultural taboos, and negative attitudes from male colleagues toward women and their bodies all exacerbate the vulnerability of female workers. These challenges are further compounded by the absence of proper sanitation facilities, unavailability of sanitary napkins, lack of privacy in the workplace, and unsupportive management practices. As a result, women often suffer in silence, compromising their health, dignity, and productivity.

Pregnancy is often seen as a risk to job stability.

The quantitative survey reveals that women workers in large garment factories generally receive maternity leave, whereas those in smaller factories are often deprived of this entitlement. However, discussions indicated that, even in some larger factories, only a few women receive proper maternity leave, while the majority are denied this right. Management frequently employs tactics to circumvent policy requirements related to maternity leave.

One respondent shared her experience, *“My friend and colleague was granted 40 days of leave, but when she returned to work, they significantly increased her production targets and even shortened her lunch break, citing the factory's workload. Despite her best efforts to keep the job, she eventually had to take a break and later joined another factory.”*

Due to financial insecurity and pressure from management, many pregnant workers continue working in unsafe and stressful conditions, risking their own health as well as that of their unborn child. The lack of adequate rest, proper nutrition, and access to medical care further worsens these risks. One respondent added:

“Pregnant women rarely get leave for regular check-ups. We've been told there's a doctor available for us, but we have never seen her. As a result, pregnant workers here face significant health risks.”

In many cases, when management learns about a worker's pregnancy, the woman is subjected to humiliation through inappropriate and offensive remarks such as, *“How do you find time to have sex with your husband?”* or *“Why don't you use contraception?”*

এই প্রসঙ্গে সফালী নামের একজন অংশগ্রহণকারী বলেন, বাচ্চা পেটে আসলেই নোংরা কথা স্তনতে হয়, “এত রস আসে কোথেকে? অল্প আমরা মিটিয়ে দিই” এগুলো হচ্ছে খুবই প্রচলিত কথা যা কম বেশি সব মেয়েদেরকেই স্তনতে হয়। She added, “They use so many offensive and degrading words that I can't even repeat them.”

The discussion revealed that a significant number of women fears losing their jobs if they disclose their pregnancy. In some cases, employers terminate their contracts or coerce them into resigning once they become pregnant, thereby undermining their rights and job security.

In this regard, one respondent stated that women are usually forced to leave their jobs after six or seven months of pregnancy.

Furthermore, while larger factories with better compliance mechanisms may provide maternity leave with partial or full pay, many smaller establishments fail to meet this obligation. Workers in these settings often receive reduced wages or are denied payment altogether during their leave period.

The findings suggest that the practice of maternity leave in Bangladesh's garment industry reflects a mix of compliance and ongoing challenges, frequently falling short of legal requirements. According to the Bangladesh Labor Act, female workers are entitled to 16 weeks of paid maternity leave—eight weeks before and eight weeks after childbirth. However, the reality is quite different.

The garment industry predominantly employs women from lower socioeconomic backgrounds, many of whom have limited awareness of their rights. This, combined with weak enforcement of labor laws and the absence of strong trade union representation, contributes to the poor implementation of maternity leave provisions.

Safe delivery is still not being recognized as a critical life-saving priority.

Survey findings indicate that 50% of female garment workers face significant challenges in giving birth safely due to inadequate healthcare facilities, limited access to maternal care, and a lack of support from both management and their families. In many cases, women are unable to attend regular antenatal check-ups, and workplace conditions do not accommodate their needs during pregnancy.

This situation reflects broader systemic issues, including poor implementation of labor laws, insufficient health and safety measures in the workplace, and the social stigma attached to pregnancy in low-income employment sectors. It highlights the urgent need for gender-sensitive workplace policies that uphold women's reproductive rights and ensure safe and supportive conditions during pregnancy and for safe delivery.

Access to Doctors' Services: A Myth for Workers

The findings from the survey indicated that most garment factories have a doctor's corner and offer services through providers such as doctors, nurses, or midwives, with some employees receiving health services from them. However, the individual interviews and focus group discussions revealed a different scenario. Most respondents stated that while health services are listed on paper, the reality is entirely different. In this regard, Sati mentioned that. ডক্তার আছে স্কুনেছি, একটা কর্ণার ও দেখেছি কিন্তু তাকে দিখিনি। Another respondent said that মাঝে মাঝে নার্স আসে, প্যারাসিটামল দিয়ে যায়। সব অসুখের একই ঔষুধ হচ্ছে প্যারাসিটামল, তারা আমাদের মানুষ মনে করে না, অত্যন্ত খারাপ আচরণ করে।

"One respondent shared the story of her colleague, who experienced severe stomach pain and had been bleeding intermittently. She visited the factory nurse for a diagnosis. The nurse said that the pain and bleeding were caused by unsafe abortion. Even, then she informed her supervisor about the situation, and the supervisor blamed her by calling her a characterless girl and a prostitute. Ashamed and mentally distressed, the girl resigned from her job. When her health worsened further, she came to Dhaka and sought treatment at Dhaka Medical College, where she was diagnosed with a tumor in her uterus. After undergoing surgery to remove the tumor, she fully recovered and is now working in another factory."

Knowledge and use of contraception:

Data indicates that most respondents rely on short-term contraceptive methods, particularly pills and injections, as their primary form of family planning. During interviews, a line director from the Directorate General of Family Planning (DGFP) acknowledged that while contraceptive support is provided to some factories, the coverage remains far from adequate. One of the key challenges cited was a shortage of human resources, which has left many factories without any support or proper guidance on family planning. Consequently, significant gaps in service provision have resulted in unmet needs for reproductive health care among many workers.

The lack of sufficient information and accessible health services has led many factory workers to rely on short-term methods, often without proper counseling or follow-up. This situation not only increases the risk of unintended pregnancies but also heightens the likelihood of unsafe abortions due to the limited access to more sustainable and long-term contraceptive options. As a result, workers face serious health risks, while also dealing with the social and economic challenges of unwanted pregnancies."

Sexual harassment: common practice by the male

Highly sexualized vocabulary, winking, pinching, expressing illicit proposal and bullying to the women workers are very common as the respondents reported during FGDs and IDIs. "We are not called by our names rather slang (চুতমারানী, খানকি, বাইনচোদ) is preferred to call us - said by most of the female respondents.

Razia, a 32-year-old unmarried worker, has been living with her parents. For the past three years, on her way to work, she has had to endure numerous offensive comments about her body, such as 'joss hips,' 'good item,' or 'sexy body.' A respondent named Rabeya mentioned that humiliation is a common practice in our factory, but what can we do? We need to earn money to support our families." She added that "এইসব কারণে সারাক্ষণই ভয়ে থাকি নজদায় আর রাগে রাইতে ঘুসাইতে পারিনা। কাউরো কইতেও পারিনা। সংসার আর পেট চলাইতে আমি মুখ বুইজা সব সহ্য করি। মাঝেমাঝেই মইরা যাইতে ইচ্ছা করে।"

During her interview Shahina said that, "Most people label us as bad women. Since they are men, they feel they can say anything to us." "ব্যাটা মানুষের কোন দোষ নাই তাদের কেউ খারাপ বলে না তারা যা খুশি

তা করতে পারে। তারাই তো ক্ষমতাবান। নিজের সম্মান বাঁচাইতে হইব, মাইনমে আমরাইেই চরিত্রহীন কইব”। Said another respondent. An young female worker shared her experience in a way that “আমাদের সাথে প্রেম করতে ভালো লাগে, বিয়ে করতে না”

"The trade union leaders also supported the stark realities revealed by the female workers. During in-depth interviews (IDIs), they stated that most female workers face sex-based harassment, and it does not matter whether a woman is beautiful or not; rather, her female body is what matters to men. The trade union leaders further noted that many of the local, small-scale garment factories operate in an informal manner. These factories neither have a code of conduct nor follow any formal employment procedures. Most of these factories are run according to the owner's personal preferences, making it extremely difficult for workers to challenge their practices.

Various secondary data sources show that in male-dominated societies, women are often viewed primarily as physical objects of male sexual desire (Bartky, 1990). This notion was reflected in the discussions. Many respondents shared experiences from their workplace that indicated their bodies and personal spaces are gendered and sexualized. For example, comments such as, "Your figure is seductive," or, "We are not treated as workers here; we are just women with sexual bodies," demonstrate the pervasive objectification of women in these environments.

This situation reflects the cultural prescriptions of masculinity and femininity that influence male sexual behavior towards women. The findings highlight how gender relations are socially constructed within a framework of power dynamics that reinforce patriarchal norms. The male-dominated culture in these factories fosters a "sexual politics" that seeks to control and dominate women's lives. Gender relations, sexuality, and power are intricately linked, and the construction of gender roles creates distinct, unequal spaces for men and women. This systematic bias not only perpetuates male supremacy but also reinforces the inferiority of women.

The study clearly demonstrates that gender-based violence, including sexual harassment, continues to undermine women's agency and autonomy in the workplace. It reflects a broader societal issue where women are constantly subjected to gendered violence and exploitation, with little recourse for justice or empowerment. This reinforces the notion that in male-dominated spaces, women's rights and dignity are often disregarded, further entrenching inequality."

Chapter Six: Conclusion and Recommendations

The findings show that the major challenges faced by garment workers include poor working conditions, long working hours with excessive overtime, overcrowded and unsafe workplaces, inadequate ventilation and sanitation facilities, and minimum wages that often fail to meet the

cost of living. Additionally, irregular payment of salaries and benefits further exacerbate the situation. Alongside these challenges, female workers face even greater discrimination due to their gender identities. They endure various forms of Gender-Based Violence, including verbal, physical, and sexual harassment by supervisors and male coworkers. However, due to the lack of grievance mechanisms, fear of retaliation, and the inadequate implementation of laws, they are forced to endure such humiliation to support their families. The following are the major constraint for the female garment workers.

Health & Occupational Hazards

- Exposure to harmful chemicals and excessive heat
- Lack of proper healthcare facilities and limited access to menstrual hygiene products
- Frequent health issues such as back pain, respiratory problems, and malnutrition

Limited Representation & Voice

- Weak trade unions and lack of bargaining power
- Suppression of labor rights movements
- Intimidation or dismissal of those who try to organize

Work-Life Balance & Social Stigma

- Double burden of household responsibilities and factory work
- Social stigma against working women, especially in conservative communities
- Limited access to childcare facilities

Lack of Career Growth Opportunities

- Very few women in supervisory or managerial positions
- Limited access to skill development and training
- Cultural norms restricting leadership roles for women

Cultural and Social Norms

- Stigma and taboos around sexual and reproductive health limit open dialogue and hinder service delivery.
- Gender inequality and patriarchal norms often undermine women's autonomy over their reproductive choices.
- Normalization of gender-based violence

Access Barriers

- Inadequate infrastructure in remote or marginalized areas restricts access to services.

- High costs of care, lack of insurance coverage, and limited provider availability deter access.
- Reproductive health services are often underfunded, deprioritized, or absent in national health strategies.

Political and Religious Influences

- Opposition from conservative groups and religious institutions may block efforts to promote reproductive health as a right.
- Political instability or lack of political will exacerbates delays in policy implementation.

Lack of Education and Awareness

- Poor awareness of reproductive rights among the population, especially among women and adolescents, weakens demand for these services.
- Insufficient training for healthcare providers on gender-sensitive approaches impacts service quality.

Policy Gaps & Weak Implementation

While labor laws exist, enforcement remains weak. Efforts like the Bangladesh Labor Act and National Action Plan on Violence Against Women in the Workplace need stronger implementation to ensure a safe and fair working environment for women in the garment sector.

To mitigate the challenges, the following set of measures can be taken to improve the reproductive health and overall well-being of women garment workers, leading to higher productivity, reduced absenteeism, and a better quality of life.

Recommendations:

Health Education and Awareness

- Conduct regular health awareness sessions on sexual and reproductive health (SRH), including contraception, menstrual hygiene, and STIs.
- Provide gender-sensitive training for factory management to ensure better support for female workers.

- Provide training for the service providers on labour right and the standard protocol of health service

Ensure access to health service facilities at workplace

- Operationalize factory health corners with skilled and responsive service providers.
- Ensure affordable or free access to sanitary products in factories.
- Maintain hygiene in male and female toilets, with proper disposal systems for menstrual waste in female restrooms.
- Ensure regular health check-ups, including screenings for reproductive health issues.
- Facilitate partnerships/ collaboration with local hospitals or NGOs to provide affordable or free reproductive health services.

Ensure Maternity leave and Maternal Health Support

- Strictly enforce the legally mandated 16-week paid maternity leave.
- Introduce flexible working hours and reduce physical strain for pregnant workers.
- Provide designated rest areas for pregnant and nursing mothers.

Ensure Family Planning and Nutrition Support

- Collaborate with government and non-governmental organizations to provide contraceptive counseling and supplies.
- Offer voluntary family planning services at factory health corners
- Provide subsidized or free nutritious meals to address nutritional deficiencies that impact reproductive health.

Promote Workplace Rights and Legal Compliance

- Advocacy to strengthen government monitoring mechanism to ensure compliance with labor and health laws.
- Establish a grievance redressal mechanism to address workplace violations related to maternity leave provision, reproductive health service and gender-based violence.
- Encourage factory management to prioritize the reproductive health and overall well-being of women workers.

Measure to reduce Gender- based Violence

6. Support to develop/ review and implement gender inclusive policy:
 - Introduce a comprehensive workplace policy on GBV that includes definitions, procedures for reporting, and consequences for perpetrators. The policy should also explicitly cover sexual harassment, verbal abuse, and physical violence, ensuring all forms of GBV are acknowledged.
7. Create Safe Reporting Mechanisms:
 - Set up confidential and accessible reporting channels (such as a helpline or dedicated support desk) for workers to report GBV without fear of retaliation.
 - Provide clear guidance on how to report incidents of harassment and violence safely, and ensure workers understand their rights.
8. Provide Training and Awareness Programs:
 - Ensure that supervisors, male and female employees, and managers are sensitized to the importance of maintaining a safe and respectful work environment.
 - Raise awareness of available resources, such as counseling and legal support, for survivors of GBV.
9. Strengthen Grievance Mechanisms:
 - Set up a grievance redressal system where workers can voice concerns or complaints about gender-based violence without fear of retaliation.
10. Provide Support Services for Survivors:
 - Offer support services, such as counseling, legal assistance, and medical care, for workers who experience GBV.
 - Create partnerships with local NGOs, women's rights organizations, and legal bodies to provide additional support.
 - Encourage factory management to work closely with local labor inspectors and human rights organizations to ensure that labor rights are respected.
11. Promote Gender Equality and Empowerment:
 - Encourage a gender-inclusive work culture that promotes respect for women's rights and challenges harmful gender norms.
 - Empower female workers through leadership training, skill development, and representation in decision-making processes, enabling them to advocate for their rights and address GBV.

- Promote awareness of the negative impacts of GBV on both victims and the workplace as a whole.

Create Capacity building opportunities for the female workers:

- Negotiate with factory owners to take initiative to build professional skills of the female workers
- Provide training on basic life skills including stress management
- Provide training on gender issues for both male and female workers

Capacity Building for Management

- Train factory management on gender-sensitive approaches to workplace health.
- Encourage management to prioritize the reproductive health and well-being of women workers.

Policy Enforcement and Monitoring

- Advocacy to strengthen government monitoring mechanism to ensure compliance with labor and health laws.
- Introduce a grievance redressal mechanism to address violations related to reproductive health.

Policy Advocacy

- Advocacy to establish daycare centers within factory premises to support working mothers and to introduce breastfeeding rooms with proper facilities for nursing mothers.
- Advocacy initiatives must be carried out to ensure and implement Bangladesh Labor Law 2006 and its amendment 2013 and the rules published in 2015;
- BWCH along with other networks must introduce a gender-responsive code of conduct in trade unions, and other concerned organizations, to build capacity on Gender issues to mainstream their activities
- Through its program and advocacy initiatives, BCWS must address menstrual health hygiene management issues and involve trade unions to motivate owners to provide related logistics support
- Strengthening Policy Implementation: Ensure compliance with labor laws related to health and maternity benefits through stricter monitoring.
- Integrating SRHR in Labor Policies: Develop garment sector-specific guidelines addressing SRHR needs in the workplace.