

Original Article**Barriers to Utilization of Intra-natal Care Services among Female Garment Workers**Tayebe Rahman¹, Refat Rasul Srejon², *Mohammad Nurunnabi³, Shaheda Hamid⁴**Abstract**

Background: Ready-made garments (RMG) sector expositions preeminent growth and makes an important contribution to the national economy of Bangladesh. Pregnancy is a critical event for working women specially garment workers.

Methods: A cross sectional study was carried out to find out the barriers to utilization of intra-natal (INC) maternal health care services among 349 female RMG workers having at least one child less than 2 years and working more than 6 months in the selected five garment factories located in Savar and Gazipur areas, Dhaka, Bangladesh.

Results: The mean age of the respondent was 25.01±3.722 years and majorities (45%) were from the age group 23-27 years. Half of the respondents (50.4%) completed primary level of education in contrast to their partner (35.8%). More than half of the workers (53.6%) said that they consumed INC services and among them, only 3.1% received delivery related services. Two-third (66.2%) did not avail any type of allowances for delivery services. Majorities of the respondents (56.2%) delivered their last child at home. INC services provided by the garment authorities were found statistically significant (p=0.048) with the place of delivery.

Conclusion: Among the global maternal deaths almost all maternal deaths occur in developing countries and most of these deaths can be prevented. Strengthening of garment factory based strategies associated with delivery care services will be combat maternal and newborn mortality and morbidity of all the working women.

Keywords: Barriers, INC services, Utilization, Female RMG workers, Bangladesh.

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Introduction

Ready-made garment (RMG) is playing a

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significant role to improve poverty through skills development and employment generation.¹ Bangladesh became the 2nd largest RMG pivot after China. The World Trade Organization (WTO) has ranked Bangladesh as the 4th largest exporter of RMG in the world. Textiles and RMG sector contribute 13% of gross domestic product (GDP) and employs more than 3.6 million peoples including 80% of them are women. The industry has formed a policy for 2.8 million women to engage in new productive role in the society and empowering them.²

Over the past decades, these women RMG workers have been significantly contributing to the

industrialization of Bangladesh.³ It is estimated that exports by the RMG sector, is the single most significant sector in the economy of Bangladesh, rose from US\$ 0.03 billion to US\$ 24.49 billion in the financial year (FY) 1984 to FY 2014. Over the period, the industry's contribution to the country's exports has grown from 3.89 % to 81.20%.^{4,5}

Globalization in the RMG sector, failed to provide adequate opportunities to the female workers. Garment industries were exploited them as a cheap source of labor.⁶ According to the Bangladesh Garment Manufacturers and Exporters Association (BGMEA) sustainability report 2017-18, currently 4,560 garment factories are operating and about 4 million workers are working in this sector where more than 80% of them are female and most of the female workers from the age group 15-30 years who are mainly coming from the rural areas of Bangladesh.⁷

Globally, every day about 1,000 women die from pregnancy related complications and during childbirth. Developing countries accounts about 99% of an estimated half a million maternal deaths that occur each year.⁸ The World Health Organization (WHO) has been strongly supporting to improve maternal health care services for pregnant workers. Regular antenatal care and proper intra-natal care services can play a significant contribution in reducing both maternal and child morbidity and mortality of the RMG workers.

Methods

Study design and settings

This cross sectional study was carried out to find out the barriers to utilization of intra-natal maternal health care services among female RMG workers. Total 349 respondents participated in this study who was working in the selected five garment factories (FNF trend fashion, Fabrica knit limited, Mozart knits composite limited, Rowa

fashion and Vermont fashion limited) located in Savar and Gazipur areas, Dhaka, Bangladesh.

Data collections and analysis

The data collection was carried out by using a pre-tested semi-structured questionnaire through face to face interview after obtaining informed written consent from each participant during the period January to December, 2018. Woman having at least a child less than 2 years and working in a factory for more than 6 months were selected purposively and interviewed by trained research assistants. The data were checked and cleaned followed by categorizing data, coded and post codes into IBM SPSS v23. The analysis was carried out by using both descriptive and inferential statistics and presented with tables and charts.

Ethical approval

Ethical approval was obtained from the Institutional Review Board (IRB) of National Institute of Preventive and Social Medicine (NIPSOM), Dhaka 1212, Bangladesh. (Memo: NIPSOM/IRB/2018/471)

Results

Socio-demographic profile

Table 1 describes the socio-demographic profile of the female RMG worker. The mean age of the respondent was 25.01±3.722 years with the age range 18-36 years and majorities (45%) were from the age group 23-27 years. Most of the respondents were Muslim (97.1%) by religion and married (92.6%). Figure 1 illustrates the educational background of the respondent and their spouse. Half of the respondents (50.4%) completed primary level of education in contrast to their partner (35.8%). Besides few (4.6%) unemployed partner, most of the partner was employed by the majority (55.3%) in the same profession. Around three-fourth of the respondents (73.4%) belong to low-income families with average monthly family income ≤20,000 BDT.

Table 1: Socio-demographic profile (n=349)

Socio-demographic profile	n	%
Age group (Years)		
18-22	104	29.8
23-27	157	45.0
28-36	88	25.2
Mean \pm SD= 25.01 \pm 3.722 years		
Religion		
Muslim	339	97.1
Hindu	10	2.9
Marital status		
Married	323	92.6
Divorced	17	4.9
Widow	2	0.6
Separated	7	2.0
Occupational status of respondent's husband		
Garments worker	193	55.3
Business	53	15.2
Day labor	70	20.1
Unemployed	16	4.6
Others	17	4.9
Average monthly family income (BDT)		
\leq 10,000	40	11.5
10001-20000	216	61.9
>20000	93	26.6
Mean \pm SD= 18239.54 \pm 5484.213		

* BDT: Bangladeshi taka

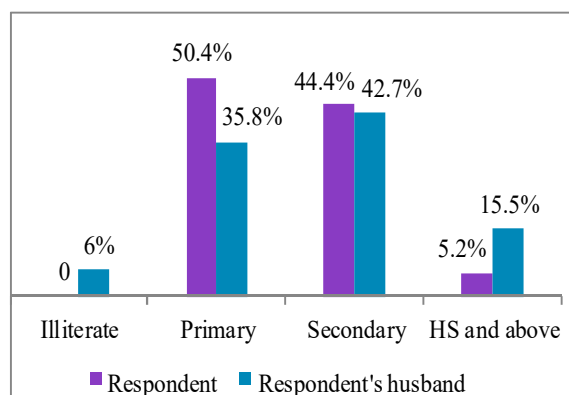
**Figure 1: Educational status of the respondent and their husband (n=349)****Barriers to utilization of INC services**

Table 2 depicts the barriers to utilization of INC maternal health care services rendered by the garments authorities. More than half of the workers (53.6%) received any type of INC services from their working garment factory. Among the service consumers, 96.1% received primary health care and only 3.1% received delivery related services. One-third of the respondents (33.8%) received allowances for delivery services, but two-third (66.2%) did not avail any type of allowances. In terms of place of delivery, majority of the respondents (56.2%) delivered their last child at home. Figure 2 portrays the distribution of focal decision makers of the respondent's family where male (71.9%) predominance was obvious in contrast to female (2.3%).

Table 2: Barriers to utilization of INC services (n=349)

Barriers to utilization of INC services	n	%
INC services provided by the garment authorities		
No	187	53.6
Yes	162	46.4
Type of services received from the garment factories (n=162)		
Primary health care	157	96.91
Delivery facilities	5	3.09
Provided allowance for delivery services from the garment authorities		
No	231	66.2
Yes	118	33.8
Place of delivery		
Home	196	56.2
Govt. hospital	65	18.6
Private hospital	84	24.1
N.G.O	4	1.1

Table 3 demonstrates the association between socio-demographic profile and place of delivery. Socio-demographic variables; age group ($p=0.305$), religion ($p=0.635$), marital status ($p=0.072$), educational status of respondent ($p=0.411$), educational status of respondent's husband ($p=0.740$), occupational status of respondent's husband ($p=0.170$) and average monthly family income ($p=0.439$) were statistically not associated with the place of delivery. In addition, no significant association ($P=0.022$) found between the decision maker of the family and place of delivery.

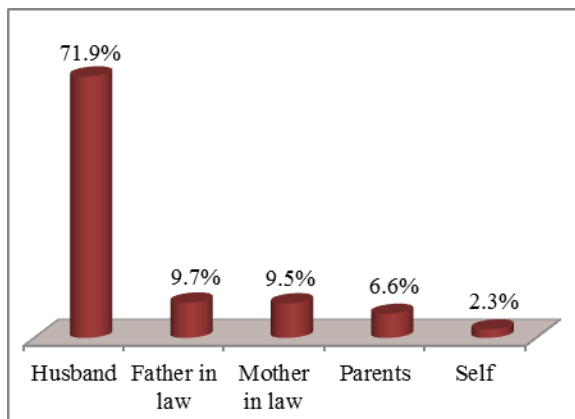


Figure 2: Decision makers of the respondent's family (n=349)

Table 4 interprets association between barriers to INC services utilization and place of delivery. The association between INC services provided by the garment authorities and the place of delivery found statistically significant ($p=0.048$). On the contrary, types of services received from the garment factories ($p=0.565$) and allowance for delivery services from the garment authorities ($p=0.062$) had no significant relation to the place of delivery.

Discussion

This study demonstrates the barriers to utilization of intra-natal maternal health care services among female RMG workers. The mean age of the

respondent was 25.01 ± 3.722 years with the age range 18-36 years and majorities (45%) were from the age group 23-27 years. Similar finding is observed in the following study.⁹ Most of the respondents were Muslim (97.1%) by religion and married (92.6%). According to the Bangladesh Demographic and Health Survey 2014, majority (89.5%) of the people is Muslim which is consistent with this study.^{9,10} Half of the respondents (50.4%) completed primary level of education in contrast to their partner (35.8%), which is comparable with the current literacy rate of female.¹¹ Around three-fourth of the respondents (73.4%) belong to low-income families with average monthly family income $\leq 20,000$ BDT. This finding is not similar to the study because of the different salary structure in different factories at the study period.^{12, 13, 14}

Regarding the barriers to utilization of INC maternal health care services rendered by the garments authorities. More than half of the workers (53.6%) received any type of INC services from their working garment factory. Among the service consumers, 96.1% received primary health care and only 3.1% received delivery related services. About 90% pregnant mother consumed primary health care, which is almost similar to our study.⁹ One-third of the respondents (33.8%) received allowances for delivery services, but two-third (66.2%) did not avail any type of allowances. According to the legal provision in Bangladesh, every pregnant woman can avail 112 days maternity leave (8 weeks earlier expected delivery date and 8 weeks later). All salaries have to be paid for maternity leave irrespective of how long she has been working there. But many garment owners create different conditions to reject their payments. In addition, some garments owners denied to pay their second installment of salaries after joining from maternity leave. In some cases, the pregnant workers were forced to wait for maternity leave or to make resign from their job.¹⁵

Table 3: Association between socio-demographic profile and place of delivery

Socio-demographic profile	Place of delivery				χ^2	P-value
	Home	Govt. hospital	Private hospital	N.G.O		
Age group (Years)						
18-22	57(54.80)	17(16.35)	30(28.85)	0(0)	7.175	0.305
23-27	83(52.87)	31(19.75)	40(25.48)	3(1.91)		
28-36	56(63.64)	17(19.32)	14(15.91)	1(1.14)		
Religion						
Muslim	190(56.05)	62(18.29)	83(24.48)	4(1.18)	1.707	0.635
Hindu	6(60.00)	3(30.00)	1(10.00)	0(0)		
Marital status						
Married	180(55.73)	60(18.58)	80(24.77)	3(0.93)	15.768	0.072
Divorced	9(52.94)	5(29.41)	3(17.65)	0(0)		
Widow	2(100)	0(0)	0(0)	0(0)		
Separated	5(71.43)	0(0)	1(14.29)	1(14.29)		
Educational status of respondent						
Illiterate	0(0)	0(0)	0(0)	0(0)	6.111	0.411
Primary	99(56.25)	33(18.75)	41(23.30)	3(1.70)		
Secondary	87(56.13)	28(18.06)	40(25.81)	0(0)		
HS and above	10(55.55)	4(22.22)	3(16.67)	1(5.56)		
Educational status of respondent's husband						
Illiterate	10(47.62)	5(23.81)	6(28.57)	0(0)	6.001	0.740
Primary	62(49.60)	26(20.80)	35(28.00)	2(1.60)		
Secondary	90(60.40)	26(17.45)	32(21.48)	1(0.67)		
HS and above	34(62.96)	8(14.1)	11(20.37)	1(1.85)		
Occupational status of respondent's husband						
Garments worker	104(53.89)	35(18.13)	52(26.94)	2(1.04)	16.483	0.170
Business	34(64.15)	7(13.21)	12(22.64)	0(0)		
Day labor	40(57.14)	15(21.43)	15(21.43)	0(0)		
Unemployed	9(56.25)	2(12.50)	4(25.00)	1(6.25)		
Others	9(52.94)	6(35.29)	1(5.88)	1(5.88)		
Average monthly family income (BDT)						
≤10,000	24(60.00)	7(17.50)	8(20.00)	1(2.50)	5.861	0.439
10001-20000	127(58.80)	36(16.67)	50(23.15)	3(1.39)		
>20000	45(48.39)	22(23.66)	26(27.96)	0(0)		
Decision maker of the family						
Husband	147(58.57)	49(19.52)	52(20.72)	3(1.20)	23.800	0.022
Father in law	21(61.76)	5(14.71)	7(20.59)	1(2.94)		
Mother in law	16(48.48)	2(6.06)	15(45.45)	0(0)		
Parents	7(30.43)	6(26.09)	10(43.48)	0(0)		
Self	5(62.5)	3(37.5)	0(0)	0(0)		

*HS: Higher secondary

Table 4: Association between barriers to INC services utilization and place of delivery

Barriers to utilization of INC services	Place of delivery				χ^2	P-value
	Home	Govt. hospital	Private hospital	N.G.O		
INC services provided by the garment authorities						
No	112(59.89)	25(13.37)	47(25.13)	3(1.60)	7.902	0.048*
Yes	84(51.85)	40(24.69)	37(22.84)	1(0.62)		
Type of services received from the garment factories						
Primary health care	81(51.59)	40(25.48)	35(22.29)	1(0.64)	2.037	0.565
Delivery facilities	3(60.00)	0(0)	2(40.00)	0(0)		
Provided allowance for delivery services from the garment authorities						
No	133(57.58)	35(15.15)	59(25.54)	4(1.73)	7.327	0.062
Yes	63(53.39)	30(25.42)	25(21.19)	0(0)		

* Statistically significant value

The study reveals that the association between INC services provided by the garment authorities and the place of delivery found statistically significant ($p=0.048$). But there was no significant association found between socio-demographic profile of the respondents and place of delivery.

Conclusion

Garments working women are from low socioeconomic background and consumed less maternal healthcare benefits from their work place. ANC and INC are essential to reducing the risks of maternal and delivery related complications. INC services provided by the garment authorities should be extended and delivery facilities in garment health facility need to establish. Provision of financial allowances should available for all kinds of delivery services. Strengthening of garment factory based strategies associated with delivery care services will be combat maternal and newborn mortality and morbidity of all the working women.

Author's Contributions: Rahman T & Nurunnabi M did the literature review & conceptualized the study; Rahman T & Nurunnabi M performed statistical analyses;

Rahman T, Nurunnabi M & Srejon RR prepared the first draft of the manuscript; and Rahman T, Nurunnabi M, Srejon RR & Hamid S did the critical review of the manuscript. All the authors approved the final manuscript.

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