Better Business for Children

Understanding Children’s Rights and the Ready-Made Garment Sector in Bangladesh

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Every company around the world touches on the lives of children. Children are a critical stakeholder to business whether it’s as children of workers, workers themselves, future employees, or as current or future consumers. Despite this, many companies are yet to fully explore their potential to protect and promote child rights and to ensure Better Business for Children.

UNICEF Bangladesh has been working with the Ready-Made Garment (RMG) sector since 2015 to understand how the sector’s operations and surrounding environments directly and indirectly impact children’s lives. In 2017, UNICEF established partnerships with 10 of the leading RMG manufacturers in Bangladesh. They are committed to fully exploring their impact on children and to use these insights to inform the development of child and family-friendly business policies and practices.

Each of these 10 enterprises has undertaken an in-depth baseline assessment of its business operations regarding children’s rights. Based on this, they have developed bespoke action plans to address key areas of impact. Going forward, the 10 companies will be actively monitoring the impact of their action in terms of outcomes for both children and business. They are the pioneers of Better Business for Children in Bangladesh.
1,215 workers across the 10 factories were randomly selected using lists of worker numbers. Collectively, the 10 factories employed 32,287 workers at the time of the survey, including 19,456 female workers.

Who we spoke to

<table>
<thead>
<tr>
<th>Workers</th>
<th>Married</th>
<th>Parents</th>
<th>Multiple Children</th>
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<tbody>
<tr>
<td>790</td>
<td>80%</td>
<td>60%</td>
<td>59%</td>
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<td>425</td>
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Migration and children left behind

Despite all 10 factories being in urban or semi-urban locations, **94% of workers had grown up in rural settings**. This supports the understood role of the RMG sector in Bangladesh as having been a major catalyst for rural-urban migration. The urban population of Bangladesh rose from 32 million people in 2001 to 55 million in 2015 and is expected to increase to 81 million by 2029 as more people migrate to urban centres.

The potential for the sector to contribute to poverty eradication through job creation has been readily realized. For children of workers, however, a more mixed picture presents itself. While creating jobs and, therefore, contributing to family incomes, **50% of workers advised that they don’t live with any, or with all of their children**. Subsequent focus groups confirmed that while parent workers have migrated to urban centres, in many cases the decision was made to leave children behind in rural settings under the care of relatives. **In 73% of these cases, children stayed with maternal or paternal grandparents.**

Whilst these children may benefit from having migrant parents through remittances sent home which can support many aspects important for healthy child development such as nutrition, schooling, health care and better housing, the physical separation from parents can create challenges for both parent and child which must be further investigated. These relate to the full extent to which left behind children benefit from migrant parent remittances, the development of children in the absence of parental care as well as the psycho-social impacts of children growing up without having their parents around and potential protection issues which may arise.
Maternity rights and breastfeeding support

Low numbers of workers surveyed were identified as having experienced a pregnancy while working for their current employer (4%). Through subsequent focus groups, many working mothers expressed that they had left a previous employer at the start of their maternity leave period but had not returned to that employment. Workers advised that this was largely due to feeling unable to balance their responsibility as a mother with that as a worker.

As such, a trend was identified for women to stay at home with their children until they felt the child was old enough to be left under someone else’s care and then return to the sector in a different production unit. This suggests a need for a review of maternity policies and support for working mothers in returning to the workplace after childbirth to remove the perceived unacceptable choice women are having to make between being a mother or a worker. Given that operational costs for businesses who lose skilled workers who become pregnant are significant, the industry would be well placed to invest in programmes such as UNICEF’s Mothers@Work programme, as part of efforts to reduce this general trend.

Less than half (48%) of workers surveyed could correctly identify the legal provision of 16 weeks paid maternity leave which suggests a challenge in effective implementation of business policies. Similarly, business practice amendments to support lactating mothers are also required to increase the ability of new mothers to rejoin the sector after their maternity leave. For example, whilst 79.7% of workers were aware of breastfeeding breaks being possible in their factories, the average length of time workers felt was allowed for breastfeeding breaks was 19.06 minutes which may create challenges for workers in terms of their perception of being able to travel from the production-line to their child, access the breastfeeding room, settle the child and adequately feed in the perceived allotted time. Upgrading of spaces allotted to breastfeeding also appear to be warranted as only 50.9% of workers advised that they felt breastfeeding rooms were safe and private.

Focus group discussions also identified that even where mothers don’t chose to have their children in factory-based childcare to access for breastfeeding during the working day, knowledge of breastfeeding support practices was low amongst working mothers in the sector. Many workers were unaware of the ability to express and safely store breastmilk. Provision of fridges and storage devices would also be required in this regard with only 5.1% of workers advising that there was a space to safely store breast milk at the factory. Given the prevalence of female workers, including pregnant and lactating women, the sector is well placed to contribute to national efforts to raise exclusive breastfeeding rates in the country. Companies that invest in retaining mothers as employees are also making a valuable contribution to improved nutrition and early childhood development in Bangladesh.
Day care

Factories in Bangladesh with more than 40 women are required by law to provide day care with trained day care workers for children aged 0-6 years old. However, 97% of those surveyed advised that their children do not use the day care centre. This is partly owing to the low number of young children. The average age of the youngest child of the respondents was 5.82 years. However, a strong preference for grandparents to look after children whilst the worker is at work was also identified with 68% of those surveyed advising that this was the case.

Consideration also needs to be given to access to day care. 67% of workers said that they walk to work, and another 27% indicated that they take public transportation. This may present challenges in bringing day care-aged children to the workplace. Focus group discussions also confirmed a strong preference among workers for factory-supported but community-based day care options. This preference should be further investigated as it could help strengthen the RMG sector’s contribution to supporting the childcare needs of worker’s children and working mothers.

Younger workers

46% of survey respondents can be classified as younger workers, defined as 25 years or below for the survey purposes. There was a split on perceptions as to whether specific support was available for these workers:

- 23% feeling special working conditions were in place,
- 27% feeling they were in place to a certain extent,
- 30% feeling special working conditions were not in place,
- 20% advising that they don’t know


Healthy mother, healthy child

Medical examinations for workers during and after pregnancy were also reportedly low, with 98% of workers advising they weren’t offered a health check by their employer either during pregnancy or before returning to work.

In Bangladesh, 196 women die during or shortly after child birth for every 100,000 live births, and each hour, seven newborn babies die. Most of these are from preventable causes. When the survey results are read in conjunction with these broader indicators, it becomes apparent that the RMG sector can strongly contribute to national strategies in this area. Nationally, only 43% of women in Bangladesh receive the complete continuum of care (antenatal, delivery and post-natal care from medically trained providers).

Given the large number of younger workers, the sector has an opportunity to contribute to life skills training reaching the end stage of adolescence and young adulthood. The results indicate however that more work can be done here with 66% of respondents advising that they hadn’t participated in any life skills training at their place of employment.

A strictly enforced minimum age of employment of 18 years exists in the 10 factories, and as such there was no evidence of child labor occurring in the 10 pilot factories. However, 11% of workers advised of having school aged children that were out of school. In some of these instances, the parent advised that the child was working. High education costs, lack of schools nearby and lack of child’s interest in schooling were the most commonly cited reasons for out of school children.
Health and wellbeing

All 10 factories have made significant investments in creating healthy and happy workplaces.

Key areas of focus across the businesses related to health care and nutritional support for workers. However, despite robust policies in these areas already in place, one out of three workers were unaware of health care offers at their workplace.

When asked about any health ailments amongst workers themselves or worker’s children, there was a high incidence of frequent ailments reported amongst workers. Extreme fatigue and dizziness was the category of symptoms most frequently mentioned.

Workers reported high levels of satisfaction with factory-supported health care services, with 98.4% advising they were satisfied with the services provided in the factory sick room/clinic. However, extension of health care services to children of workers was reportedly low, with only 26.6% of workers responding that their children can avail themselves of factory-provided healthcare.

This low number, plus low awareness (34.1%) and limited availability of community-based health care services (29.4% advising no community-based health care is available) suggests that it would be advantageous for RMG factories to explore extending health care services to workers’ children. Decreases in child sickness and prompt medical assessment and treatment may support a reduction in absenteeism of parent workers, which could present a case for investment.
WASH (Water, Sanitation and Hygiene)

Hot working conditions, particularly in the summer months, may make workers prone to dehydration, which in turn could impact their health and hamper their productivity. While provision of safe drinking water was reported at 100% across the participating factories, **80% of workers advised that they are not able to bring water to their workstations.** As such, this likely presents challenges for workers being able to stay hydrated whilst working on the production line.

Innovations outside of Bangladesh around non-spill refillable water bottles and clips to attach to workstations seem to have provided a way to maintain hydration while avoiding the risk of water spotting garments. Investigation into how embracing such innovations to improve hydration levels may reduce reported health ailments and increase productivity of workers would be a useful exercise for the industry to undertake.

The baseline results have also identified several areas where the RMG sector can contribute to scaling up hygiene practices in the country. When asked about hygiene practices, only **45% of workers advised that they always wash their hands before eating or feeding a child and before handling or preparing food.** Given the reach the sector has to a large population, there is an opportunity for the sector to help scale up improved hygiene practices and better health nationally by raising awareness of good hygiene practices amongst worker populations. Efforts in this space may also benefit from a multiplier effect of people practicing these improved hygiene practices inside and outside of the workplace and informing family members.

Good practices supporting female hygiene are evident in the sector with many businesses offering fair-price shops with a subsidized sanitary napkin (menstruation pads) provision or, in some instances, free provision to aid good feminine hygiene practices. However, **61% of workers indicated that they purchase their own non-subsidized sanitary napkins or bring them from home.** Given that poor menstrual hygiene practices remains a significant national problem in the country with the potential to compromise the health of women, investigations around scale up of subsidized or free provision would likely be beneficial.

Additionally, only **65% of respondents advised that toilet facilities have a private space for disposing sanitary napkins.** This leads to pads being flushed down and clogging drainage systems. The cost of de-clogging drainage systems is high within garment factories. As such, investments in this area could yield a good return on investment for factories.

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Conclusion

The 10 participating factories were all found to be investing heavily in establishing healthy and happy workplaces that respect and support the rights of workers and their families. The data gathered directly from workers during the baseline assessment highlights the current successes and challenges within these approaches as well as areas where further research is required.

Whilst progress is occurring and is understood by workers in some areas, in many areas workers expressed that they were either unaware or unsure of actions being taken by their employers to support child and family-friendly workplaces. This gap means that policies and processes are not effectively in place and may indicate in some respect, that investments made are not providing the full extent of positive return for both workers and businesses.

The RMG sector has huge potential to be a real catalyst for positive change across many development challenges in Bangladesh given its large workforce. Each of the 10 factories is now moving through implementation of action plans and will be monitoring the impacts of their activities regarding outcomes for both children and business. These results will be invaluable to fully understanding the sector’s potential to ensure Better Business for Children in Bangladesh.

Expanding benefits for children, guided by evidence

All the participating factories had pre-established commitments to supporting the rights of the children of parent workers in line with their CSR strategies. Many were committed to improving day care provision or supporting education.

However, none of the participating factories maintained a database that tracked which workers had children, the age of children and whether children were living with the worker or not. In the absence of this data, it’s very hard for businesses to adopt the most effective and efficient strategies to benefit children of workers. Each of the factories is currently finalizing a data exercise to understand the full extent of their child “footprint”. This knowledge will help the companies ensure they can adopt the best approach to further supporting children’s rights.

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For further information about the findings or Better Business for Children in Bangladesh, please contact: Simon Pickup on email: spickup@unicef.org