

The Apparel and Footwear Sector and Children in Vietnam



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for every child

Children are affected by Vietnam's apparel and footwear sector in a multitude of ways – as workers, workers' dependents and community members. The protection of adolescent workers is a particular concern in the industry. Moreover, conditions for working parents also impact their children, particularly in relation to low wages and long working hours, affecting standards of living for worker's children¹.

Business activities also affect children in communities, as the development of social infrastructure in urban and semi-urban areas lags behind the fast pace of migration and industrialization. Internal migrant workers, who make up approximately 80 per cent of the apparel and footwear workforce, have limited access to decent housing and basic services, including childcare and schools. Due to these challenges, a significant portion of migrants send their children to their hometowns to be raised by extended family, severing parent-child bonds and putting children at risk of neglect.

Without interventions targeting workers both inside and outside of factories, the adverse impacts of the apparel and footwear sector on children in Vietnam are set to grow. The industry is experiencing strong year-on-year growth, and is expected to grow even further in the coming years. Therefore, the research summarised in this report not only documents current obstacles, but also highlights the urgent need to ensure that planning for future industrial growth takes into consideration the adverse impacts on children as crucial stakeholders.

The apparel and footwear industry

The apparel and footwear sector is one of Vietnam's most important industries. Vietnam is the fifth largest garment exporter in the world. In 2015, apparel, footwear and related products accounted for more than one quarter

¹ This document summarises key findings from qualitative research undertaken in 2016 in Ho Chi Minh City, Vietnam. The research was based on a desk study, followed by interviews with experts and key stakeholders. The research is exploratory in nature and does not endeavour to examine the situation across the whole industry.

of the country's exports.²

There are over 6,000 apparel and footwear factories in the country, which directly employ an estimated 3.5 million workers. Approximately 80 per cent of workers are women who have migrated from rural to urban areas in search of better economic opportunities. The industry therefore provides women with stable job opportunities, and an important source of income to support their families and alleviate poverty.

However, opportunities in the industry can be undermined by negative impacts on the welfare of workers' children. Despite progress on working conditions, especially in relation to maternity leave and rising wages, addressing the impact of the industry on children remains a critical but neglected challenge.

Impacts on children

Although most women are young and single when they enter the industry, recent surveys suggest that most workers have children. Due to the predominance of women workers with children, there is a strong need to ensure that their basic rights are met, and that adequate mechanisms are in place to ensure the welfare of their children.

The research summarized in this report highlights ten critical impact areas in which the industry affects the rights of children – covering challenges to working mothers, living conditions, and child labour. These impact areas are often interlinked, and address situations both inside and outside of factories. Therefore, solutions to improve the impacts on children require holistic, multi-stakeholder approaches that address conditions in both factories and communities.

IMPACT AREA 1: LACK OF AFFORDABLE CHILDCARE

Good quality childcare is essential to ensure that children of working mothers grow up in safe, healthy and nurturing environments. Affordable childcare is also critical to ensure that mothers can continue their employment after maternity leave, giving them the security that their child is protected and has access to early childhood education. Factory-based childcare can also ensure working mothers are

able to breastfeed during working hours, which is important for child health and development.

On the other hand, a lack of affordable, good quality childcare can mean that children are deprived of early childhood education opportunities, and may be at risk of neglect and abuse – particularly where workers lack family support, and for those relying on informal babysitting with untrained caregivers.

Shortage of factory-based childcare

Decree 85, enacted in 2015, provides incentive for factories to provide on-site or near-site nursery schools and kindergartens by offering businesses tax incentives. However, the decree falls short of making this a requirement. As a result, nearly one year since the passing of Decree 85, few factories have established nursery schools or kindergartens. Typically, only the largest factories have the capacity and resources to provide childcare facilities.

Shortage of childcare in industrial areas

There is also a lack of childcare facilities in industrial areas, particularly in new industrial parks and export zones. Although local authorities plan to build more kindergartens in industrial areas, currently demand outstrips supply. As Vietnam expands new factories and industrial parks into semi-urban and rural areas, the supply of childcare facilities is not keeping pace with the influx of workers and families migrating to take factory jobs.

Even where childcare facilities exist in industrial areas, there are obstacles that prevent workers from enrolling their children. First and foremost, available facilities may lack capacity to enroll all workers' children, operating a system of preferential admission that may disadvantage migrant workers (those with temporary household registration).

Public facilities also operate on standard working hours (Monday through Friday, 06:30-16:30), whereas workers typically have much longer hours (until 20:30 when working overtime) and regular Saturday working. Finally, there are few facilities that are equipped to take children younger than 18 months (for private facilities) and three years (for public), leaving a gap in service provision after mothers return from six months of maternity leave.

² Ministry of Finance, General Department of Customs, (2016). Statistics of Main Exports by Month: December 2015. Available at: [http://www.customs.gov.vn/Lists/EnglishStatisticsCalendars/Attachments/494/2015-T12T-2X\(EN-FN\).pdf](http://www.customs.gov.vn/Lists/EnglishStatisticsCalendars/Attachments/494/2015-T12T-2X(EN-FN).pdf).

Unaffordability of childcare options

The fees charged by private kindergartens and babysitting groups are more expensive than public options, sometimes twice the cost. With low salaries, workers can typically afford only the cheapest of options, where standards may be compromised, teachers not properly trained and children may therefore be at risk of abuse and unsafe conditions.

Decree 85 also encourages factories to subsidize female workers' childcare costs, which typically range between VND800,000 to VND 2 million (US\$36 – US\$90) per child, depending on the facility. However, many factories provide nominal allowances of between VND10,000 – 20,000 (US\$0.45-0.90) per month.

Reliance on family members for childcare

As a result of the above challenges, workers often rely on grandmothers – whether in the city or in the countryside (see Left-behind Children) – to provide cheap childcare until children reach school age. According to UNICEF data, the proportion of children under three years enrolled in early childhood education is small, although enrollment rates increase after year three, when public kindergartens begin admitting children³.

“Of course I worry for my child [in private kindergarten]. How can we know whether our children are treated well? We cannot when we are working all day. There have been cases in the news where nurses have been violent with children. Sometimes my child comes home and tells me that the teacher did something bad, and told her not to tell her parents.

We would feel better if there was a government kindergarten near the factory for workers. It would be more affordable and there would be cameras so that children will be safe. Workers would prefer that.”

- Interview with female apparel worker

IMPACT AREA 2: LACK OF BREASTFEEDING OPPORTUNITY AND AWARENESS

According to UNICEF and the World Health Organization (WHO), babies should be breastfed exclusively for the first six months, and complementarily breastfed until at least two years. However, in Vietnam, only 24% of babies under six months are exclusively breastfed in Vietnam, and only 22% are breastfed until two years.⁴ These rates are likely to be lower among working women in the apparel and footwear sector, who typically feed babies a mixture of breastmilk and formula milk to prepare for returning to work after maternity leave. Research indicates that returning to work is a major factor preventing women in Vietnam's manufacturing industries from exclusive breastfeeding.⁵

In the absence of proper breastfeeding practices, children face a higher risk of malnutrition and illness. The impact of low breastfeeding rates on newborn children is particularly severe. Infants who are not breastfed exclusively until six months are 14 times more likely to die in the early months of life than those that are exclusively breastfed for the first six months. Non-breastfed infants are also more susceptible to diarrhea and pneumonia, the two leading causes of infant death, and are at greater risk of being malnourished and micronutrient deficient.

Given that one of the most common reasons for workers to take sick leave is to attend to sick children, promoting child health in the workplace is also an effective means of reducing absenteeism and sick leave among working parents. Working parents with healthy children are also likely to be more productive and committed to their jobs than workers with children prone to illness and disease.

⁴ General Statistics Office and UNICEF (2014). Viet Nam Multiple Indicator Cluster Survey 2014. Available at: https://mics-surveys-prod.s3.amazonaws.com/MICS5/East%20Asia%20and%20the%20Pacific/Viet%20Nam/2013-2014/Final/Viet%20Nam%202013-14%20MICS_English.pdf.

⁵ Research by Alive & Thrive indicates that a large proportion of female workers stated that returning to work was a major factor preventing them from exclusive breastfeeding. Available at <http://aliveandthrive.org/wp-content/uploads/2014/11/Workplace-Support-Summary-Report-2012-English.pdf>.

Lack of breastfeeding awareness

The primary reasons behind poor breastfeeding practices among working mothers in the apparel and footwear industry include lack of awareness of the benefits of breastfeeding, mixed feeding (feeding both breastmilk and formula milk) and lack of opportunity to breastfeed.

Although many working women understand that breastmilk is the best source of nutrition for children, they also hold negative misconceptions about the impact of factory work on breastfeeding that interfere with breastfeeding best practices. In particular, working women often wrongly believe that the factory air lowers the nutritional value of their breastmilk, or that mixed feeding is required due to their poor diets while working.

Negative misconceptions on breastfeeding while working in factories are likely to be exacerbated by formula milk companies, whose salespeople actively target women working in industrial zones. These companies often convince women to spend up to 50% of their monthly salaries on formula milk.

Lack of opportunity for breastfeeding

Workers also lack time for breastfeed during their busy schedules. Before child's age of 12 months, women are provided with mandatory, one-hour breastfeeding breaks and are restricted from working overtime. However, most working women typically stop breastfeeding after returning to overtime when their children reach 12 months old. Although most factories provide lactation rooms as required by Decree 85, utilization rates are very low due to a lack of knowledge on expressing and storing practices.

³ UNICEF, Statistics at a glance: Vietnam. Available at: http://www.unicef.org/infobycountry/vietnam_statistics.html#117

IMPACT AREA 3: GAPS IN MATERNITY PROTECTION

Maternity protection have a direct impact on the well-being of female workers and their children. Special provisions for pregnant and nursing women, paid parental leave and the elimination of discrimination are important measures to protect child health and better working conditions for working mothers.

For pregnant and nursing workers, excessive hours contributes poor pre- and post-natal health, which has consequences for the health and development of children. Similarly, non-compliance with, and non-payment for, time off for pre- and post-natal clinic visits have financial and health consequences for women and their children.

Vietnamese laws have progressive maternity protection, including six months of paid maternity leave; reduced hours and workloads for pregnant and nursing workers; and paid time off for pre-natal visits. Nevertheless, key gaps in maternity protection limit workers' ability to provide an adequate standard of living for their children.

Maternity protection, while strong on paper, sometimes result in reduced income for women. Social insurance payments during maternity leave consider only basic salary, and not overtime or productivity bonuses. Without overtime and bonuses, workers' incomes are below living standards. As a result, requirements for reduced working hours for pregnant and nursing workers are sometimes disregarded. There is also a lack of flexible working hours for nursing workers, as encouraged by Decree 85.

Due to these challenges, plus the high cost of childcare, workers must consider their finances carefully before choosing to return to work. Many workers either do not return to the same factory after maternity leave, or take less than six months in order to earn enough money to cover living costs. For factories, the situation is not sustainable, especially where they experience high turnover rates post-maternity leave.

IMPACT AREA 4: LOW WAGES AND LONG WORKING HOURS

As in other Asian nations, low wages and long working hours are characteristic of

the apparel and footwear industry. Parents' wages hours have direct impacts on the health, education, development and well-being of their children, affecting the right to an adequate standard of living. Workers earning wages below a living wage standard are less likely to be able to provide their children with adequate nutrition, decent housing, and other basic necessities. Working parents need to earn living wages in order to afford the basic necessities for their families, have some discretionary income and savings to avoid working poverty.

Prevailing wages in Vietnam's apparel and footwear industry are above minimum rates, and typically range between VND 4 million to VND 6 million (US\$180-270), depending on the factory and seniority of the worker. Nevertheless, wages are often insufficient for working parents to provide an adequate standard of living for their families.

Migrant parents are least likely to earn a living wage because they bear higher expenses on necessities than local parents. The cost of childcare, schooling, housing and food can easily exceed workers' monthly salaries.

Long hours for working parents also limit the amount of time spent with children. As such, long hours interfere with parent-child bonds and can result in child neglect, whereby children are left unattended during the day.

Working hours are limited to 48 per week, plus a maximum of 300 overtime hours per year. However, workers rely on overtime to earn incomes that meet their basic living expenses, leading to long working hours (sometimes over 60 per week) and less time to spend with their children.

IMPACT AREA 5: HEALTH AND NUTRITION OF WORKING MOTHERS

Maternal health and nutrition has a direct impact on child health and development. A mother's nutritional status, level of health and physical safety at work affect not only her productivity, but also her ability to bear and raise healthy a child.

In Vietnam's apparel and footwear industry, poor health and nutrition among working mothers is a key challenge. According to nationwide statistics, 29% of mothers aged

25-29 with children under five years old suffer from chronic energy deficiency. Iron deficiency in both mothers and children is common – the prevalence of anemia in children under two years old is 45%, and is 37% among pregnant women.⁶ These statistics are slightly better, but still comparable with other countries in Asia, in particular Bangladesh, where approximately 43% of pregnant women are anaemic.

There are some indications that health and nutrition indicators are worse among working women and their children than the general population. Most factories provide canteen facilities and free meals to workers; however, food safety is a serious concern, and factories can improve the quality and nutritional value of food. Due to long working hours and low wages, working women tend to lack the time and money to cook nutritious meals at home, and vitamin deficiencies (especially calcium and vitamin A) are common nutritional problems.

Gaps in occupational health and safety, and poor water, sanitation and hygiene (WASH) standards in the workplace are also key concerns for the health of pregnant workers and working mothers (see Impact Area 9: Water, Sanitation and Hygiene). Preventable water-related diseases can be spread through limited access to clean toilets and soap for handwashing. These conditions can exacerbate workers' WASH situation at home, affecting the health and well-being of their children.

In addition, working women tend to lack awareness of key health challenges, particularly in relation to maternal and reproductive health.⁷ Because of the link between maternal and child health, improving maternal health and nutrition provides an opportunity for factories to contribute directly to the well-being of workers and their children. For example, raising awareness on appropriate food and nutrients, especially among pregnant and nursing women, can improve productivity and reduce the amount of sick leave taken on account of children's illness.

⁶ National Institute of Nutrition and UNICEF (2010). Summary Report: General Nutrition Survey 2009-2010. Available at: http://www.unicef.org/vietnam/resources_18459.html.

⁷ See, e.g., BSR Her Project (2010). Female Factory Workers' Health Needs Assessment: Vietnam. Available at: https://herproject.org/doc_repository/Female_Factory_Workers_HNA_Vietnam_FINAL1.pdf.

IMPACT AREA 6: CHILD LABOUR AND PROTECTION FOR YOUNG WORKERS

Due to the policies of international buyers and relatively effective implementation of labour laws, child labour among children under 15 years of age is rare in exporting apparel and footwear factories.

However, the hiring of adolescents (age 15-17) under the same conditions as adult workers remains a significant concern. In particular, an unknown number of adolescents migrating from rural areas, either alone or with family members, present false identity documents to obtain work in factories. The risk for adolescent workers is thought to be particularly high among left-behind children, who migrate to urban areas to join their parents in factory work, and may borrow the identity documents of older siblings to obtain employment.

Problems surrounding adolescent child labour in the industry are symptomatic of the lack of vocational education and age-appropriate work opportunities for those aged 15-17. Most factories apply buyers' strict, zero tolerance policies for hiring workers under 18 years, and adolescents seeking to enter the industry have limited opportunities.

Low tolerance for child labour in the formal sector may also be pushing the problem into the lower tiers of the apparel and footwear supply chain. Child labour remains an acute problem among subcontracting factories and in informal, home-based workshops. According to an International Labour Organization (ILO) survey, there are over 40,000 child labourers in garment manufacturing, accounting for 2.35% of all child labour in Vietnam.⁸

As in most cases, poverty and limited access to education are key drivers of child labour in Vietnam. The risk is particularly high for left-behind children and those migrating from rural areas, where drop-out rates at the upper secondary level (age 15-17) are higher than in urban areas. Many children drop out due to the need to earn incomes and difficulties affording school.

⁸ Ministry of Labour, Invalids and Social Affairs, General Statistics Office and International Labour Organization (2014). Viet Nam National Child Labour Survey 2012: Main Findings. Available at: http://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---ilo-hanoi/documents/publication/wcms_237833.pdf.

IMPACT AREA 7: LEFT-BEHIND CHILDREN

As noted above, internal migrants make up approximately 80% of the apparel and footwear workforce. Due to a number of challenges, including the household registration system and difficult working conditions, internal migrant workers in the apparel and footwear industry often send their children to be raised by relatives in their hometowns.

In Vietnam, the impacts on so-called 'left-behind' children are under-researched, but believed to be significant and wide-reaching. Based on qualitative field research, this study estimates that between 15%-20% of migrants working in the apparel and footwear industry send their children to their home towns to be raised by extended family members, usually grandparents.

Research conducted by the Center for Child Rights and Corporate Social Responsibility in China showed that 80% of migrant workers with left-behind children reported feelings of inadequacy as parents, and anxiety, worry and guilt about the impacts of separation on their children.⁹

The impacts on the well-being of left-behind children are significant. On the one hand, many left-behind children may be in better circumstances due to their parents' stable income. The remittances received by left-behind families have been linked to positive outcomes, including rural poverty alleviation. However, remittances are small relative to living costs, and tend to cover only basic necessities.¹⁰

Moreover, parent-child bonds are severed when children are raised away from their parents. As a result, left-behind children may be more vulnerable to poor health, including negative psychological and emotional impacts, and poor school performance. Children without parental care may also find themselves at a higher risk of discrimination,

⁹ Centre for Children's Rights and Corporate Social Responsibility (2013). A Study on Migrant Workers with Left-behind Children in China. Available at: <http://ccrcsr.com/sites/default/files/They%20Are%20Also%20Parents%20-%20A%20Study%20on%20Migrant%20Workers%20in%20China%2C%20CCR%20CSR%20ENGLISH.pdf>.

neglect, abuse and exploitation.¹¹

Extended family members in rural areas are not often well equipped to care for migrants' children, particularly elderly grandparents. Family members may also be too busy working to sustain themselves to adequately care for left-behind children. As a result, left-behind children may be looked after by older siblings, or join their relatives in agricultural work, creating a risk of neglect and child labour.

"I sent my son to live with my parents in my hometown in Nghe An province [in the north] when he was 14 months because I don't have a house here, and I don't have permanent registration. I see him once a year for 15 days during the New Year holiday. I will probably send my second born to my hometown when he is 14 months old. I have a job, and no one here to help me, so I can't care for him; that's why. I worry about my child living in the countryside, because people there are still living in difficulty. He misses his parents, and I miss him too. If could register him here, I would bring him here."

- Interview with 27-year-old apparel worker with two children

This study found that the household registration system and working conditions in the industry are compelling forces in the separation of working parents from their children. The household registration system, although it has been relaxed in recent years, limits access to public schools for migrants' children. Long working hours, low wages relative to living costs, lack of family-friendly housing, and lack of affordable childcare in their place of residence also mean that sending their children to the countryside is often the only financially viable solution for migrant parents.

¹⁰ International Labour Organization (2011). The economic prospects of Viet Nam and What it means for migration policy. Available at: http://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---ilo-hanoi/documents/publication/wcms_171757.pdf [Accessed on 3 September 2016].

¹¹ UNICEF (2006). Child Protection Information Sheet: Children without Parental Care. Available at: http://www.unicef.org/chinese/protection/files/Parental_Care.pdf.

"Both of my children live at home with my mother [in An Giang province, Mekong Delta]. It's easier for my mother to look after them, which makes it easier for me to work in the factory to earn money. I see my children once a year during Tet holidays. I miss them, but it's better that I have a stable job. If I bring my children to live with me here, the cost will be much higher. In the countryside, the costs are much lower. I send home VND5.5 million per month to support my children."

- Interview with 31-year-old apparel worker with two children

"I am from Dong Nai [in the district where the factory is located]. My living situation is more comfortable compared to migrant workers. Migrant workers live in poor areas, and they have to rent very small rooms. It's crowded and not nice. It's much more difficult for them to have families. They cannot keep them in the rooms, so they send them to nursery or to their grandparents in the countryside."

I am lucky to live in a house with my in-laws, and to live in a nice community. We own the house. I don't have any housing costs. Sometimes I contribute to the expenses, but not every month. My mother-in-law wants me to spend my salary on the children instead."

- Interview with 27-year-old apparel worker with two children

IMPACT AREA 8: CHILDREN'S PROTECTION IN THE COMMUNITY

The study identified a number of challenges with respect to workers' living conditions in HCMC, and in newly industrialized areas in surrounding provinces. In particular, gaps in urban planning in industrial areas mean that access to decent, affordable housing is insufficient to meet growing demand from the influx of migrant workers.

As a result, migrant workers are especially likely to lack decent and family-friendly living conditions. Migrant workers in the apparel and footwear industry tend to live in privately rented rooms, which are small (12-16m²) and in overcrowded area. Living space is extremely limited, with 4-5 individuals per room, in one-story buildings with 10-20 rooms.

Despite these conditions, migrant workers spend up to 50% of their monthly salaries on rent and utilities. In comparison, permanent registrants are more likely to share homes owned by extended family, with little to no housing expenses.

A lack of decent living conditions of female migrant workers has direct impacts on the health and wellbeing of children. Overcrowded living conditions produce an environment where children, particularly adolescent girls, may be at risk of exploitation and abuse. There is also limited communal space or areas for children to play safely, which impacts on their health and development. The lack of child-friendly housing was identified by workers as a primary motivation for sending children away to be raised by relatives in the countryside.

IMPACT AREA 9: WATER, SANITATION AND HYGIENE (WASH)

Safe drinking water and sanitation are basic human rights and necessities for good health and nutrition. Without access to clean water and sanitation, children are likely to be at much higher risk of disease and death. Unsafe drinking water cause diseases such as diarrhea, cholera, typhoid and others. According to Vietnam's latest Multiple Indicator Cluster Survey (2013-2014), approximately 8% of children under five experienced diarrhea in the two weeks preceding the survey.¹² Inadequate disposal of human excreta and poor personal hygiene are associated with a range of diseases, and contribute to malnutrition and stunting.

Although most workers have access to improved water sources, migrant workers are most likely to lack access.¹³ As a result, many migrant communities rely on well water which is not suitable for drinking. All workers interviewed by the research team for this assessment expressed a need to

¹² UNICEF and General Statistics Office, 2015. Viet Nam Multiple Indicator Cluster Survey 2014: Final Report. Available at: http://www.un.org.vn/images/stories/press_center/2015/MICS_VIET_NAM_2014_ENG_310815.pdf [Accessed on 12 June 2016].

¹³ In 2011, as much as 76% of surveyed migrants reported having no pipe water. Institute for Development Studies (2011). Social protection for rural-urban migrants in Vietnam: current situation, challenges and opportunities. Available at: <https://www.ids.ac.uk/files/dmfile/ResearchReport08REVISE.pdf>; Action Aid International Vietnam (2012). Female and Internal Migration: An Arduous Journey for Opportunities. Available at: http://www.actionaid.org/sites/files/actionaid/aav_female_migrant_workers.pdf.

boil both well water and piped water from the municipal supply before it is safe for drinking, and many purchase bottled water for drinking and cooking. Nevertheless, migrants sometimes pay higher utility rates to local authorities than permanent residents.

Improved sanitation can reduce diarrheal diseases by more than a third, and can lessen the adverse health impacts of other illnesses. Many workers have access to flush toilets in the home, and open defecation rates are low across Vietnam. However, migrant workers are more likely to lack adequate sanitation facilities.

Drinking water – both at work and at home – can also be contaminated with chemicals, pesticides and contaminants (human, animal and industrial wastes) with harmful effects on human health. Workers living in and around industrial areas may be affected by pollution and polluted water sources. The environmental impact of the apparel and footwear industry is not believed to be significant, but not all industrial parks are equipped with up-to-date water treatment facilities. The impact could therefore worsen in the near future, due to increased investment in lower tiers of the supply chain which have greater potential to contaminate local water supplies.

Without hygienic living conditions and access to clean water and sanitation, children are likely to be at much higher risk of disease and death. In particular, workers identified dengue fever as a key risk, particularly in cramped housing areas near standing water.

WASH in the workplace

There are also WASH challenges in the workplace (see Impact Area 5: Health and Nutrition of Working Mothers). According to a survey of 8,000 workers at a footwear factory in HCMC, less than half of workers reported regularly washing their hands after using the toilet. Poor handwashing practices are the result of both lack of awareness among workers, and limited access to soap and handwashing taps at work. Furthermore, not all factories have a sufficient number of toilets, or have the same number of toilets for males and females despite the latter comprising 80% of the workforce. Even for those factories with a sufficient number of toilets, toilet breaks are often limited due to the pressure of reaching daily production targets.

IMPACT AREA 10: LIMITED ACCESS TO BASIC SERVICES

Workers and their children face a number of challenges with regard to limited access to basic services in the communities in which they live.

Education

The household registration system no longer officially limits those with temporary registration from enrolling their children in schools. However, children of parents with temporary registration face discrimination that limits their ability to enrolment in public primary and secondary schools. In practice, public schools maintain a system of preferential admission in favor of children with permanent registration.

As a result, migrants must resort to lower-quality schools farther from their homes, send their children to their hometowns for schooling, or resort to high-cost private alternatives. Temporary children are much more likely to attend private school at the primary and lower secondary level,¹⁴ or not attend school at all.¹⁵

Healthcare

Under the 2016 Law on Children, all children under the age of six are entitled to free primary health care, at government clinics. Furthermore, workers in the apparel and footwear industry should be covered by Vietnam's mandatory health insurance scheme.

Nevertheless, a significant portion of workers may lack coverage, especially for children over six years old, and where their employers fail to make mandatory social insurance contributions on their behalf. According to Better Work Vietnam, 16% of its participating factories have workers without labour contracts, and nearly 40% failed to comply with laws on contributions to social, health and unemployment insurance funds.¹⁶

¹⁴ The World Bank (2016). Vietnam's Household Registration System. Available at: <http://documents.worldbank.org/curated/en/2016/06/26485849/vietnam%E2%80%99s-household-registration-system>.

¹⁵ Institute for Development Studies (2011). Social protection for rural-urban migrants in Vietnam: current situation, challenges and opportunities. Available at: <https://www.ids.ac.uk/files/dmfile/ResearchReport08REVISE.pdf>.

¹⁶ Better Work Vietnam (2015). Thematic Synthesis Report on Compensation. Available at: <http://betterwork.org/vietnam/wp-content/uploads/Thematic-report-3rd-edition-Compensation.pdf>.

Moreover, even where covered, workers prefer to use private facilities due to poor quality and service provision in government clinics. Out-of-pocket costs make up nearly 60% of health care costs, indicating that workers do not often rely on health insurance and government clinics for treatment.¹⁷

Under occupational safety and health requirements, apparel and footwear factories must provide on-site healthcare facilities and conduct periodic health checkups. For female workers, under Decree 85, checkups must include obstetrics and gynecological examinations. However, checkups rarely cover basic obstetric and gynecological exams. According to Better Work Vietnam surveys, common health complaints among working mothers include severe fatigue (6.3% of women workers with infants), severe headache (12.4%) and severe dizziness (8.1%).¹⁸ Furthermore, due to the financial impact of taking time off for doctor's visits, workers are often reluctant to attend appointments of post-natal health and routine vaccinations for children. As a result, limited access to healthcare impacts both maternal and child health.

CONCLUSION AND OPPORTUNITIES FOR ACTION

As highlighted in this report, there is an urgent need to ensure that planning for growth of the industry considers the impact on children's rights. This is a critical moment for UNICEF and key stakeholders to come together and address the situation of children affected by the apparel and footwear industry.

Given the complexity of the impact on children in the industry, efforts to improve the situation require concerted action within and outside factory gates, leveraging the expertise and influence of all relevant stakeholders. This includes adequate responses by factories, industry associations, government, international buyers and civil society organizations.

¹⁷ The World Bank (2014). Vietnam: Huge progress in expanding social health insurance, but challenges remain in reaching universal coverage. Available at: <http://www.worldbank.org/en/news/press-release/2014/09/17/social-health-insurance-in-vietnam-progress-made-but-challenges-remain-to-reach-universal-coverage>.

¹⁸ Better Work, December 2013. Analysing Better Work Data from a Gender Perspective: A Preliminary Exploration of Worker Surveys with a Focus on Vietnam. Available at: <http://betterwork.org/global/wp-content/uploads/DP13.pdf>

Some opportunities for action include:

Gathering further evidence

Further research, particularly quantitative surveys, will be critical to building an evidence base for factory- and community-based programs, in addition to recommendations for industry and government action. Research should, for example:

- Measure the prevailing knowledge, attitudes and practices among working parents to understand and address, e.g., barriers to breastfeeding and obstacles to accessing early childhood education opportunities.
- Assess the situation of left-behind children, with a focus on finding solutions that preserve family unity and ways for migrants to balance their responsibilities as workers and as parents.
- Identify the gaps between policy and practice and how to support factory management to strengthen compliance (especially in relation to Decree 85).

Raising awareness and building capacity among factories

A critical first step to building adequate responses to impact areas is to improve factories' understanding of the impact of labour practices on workers' children.

- Build greater capacity among factory management to understand and address the impact of workplace policies and practices on the children of their employees.
- Establish and strengthen management systems in relation to the impact areas. Develop and implement policies, and procedures for monitoring and remediation.
- Develop and test factory- and community-based solutions that will measurably improve the working and living conditions of female workers. This could include, i.e., establishing childcare facilities, providing clean drinking water, and health and nutrition support.
- Develop and promote case studies

that showcase the business case for practices that respect and support children's rights (e.g. increased productivity, and reduced rates of illnesses, absenteeism and worker turnover).

- Collaborate with industry associations to promote best practices and family-friendly workplace solutions across the industry.

Promoting responsible practices among international buyers

In order to leverage the influence of international buyers on factory practices, integration of children's rights into ethical purchasing policies and audit frameworks is essential.

- Integrate children's rights into sustainability frameworks, and purchasing and ethical supply chain policies.
- Incorporate children's rights in supplier codes of conduct, audit frameworks, due diligence, risk assessments, training and capacity building activities, grievance mechanisms and sustainability reporting.

- Align procurement practices with sustainability objectives to ensure that purchasing behavior does not contribute to factory practices that adversely impact children. For instance, excessive price pressure, short lead times and unexpected changes in production orders can directly impact worker well-being.
- Move beyond a compliance-focused approach, and develop long-term relationships with suppliers. Reward those that improve practices and measurable impacts on children and working parents.
- Use leverage and influence to support multi-stakeholder initiatives. Support industry and government efforts to invest in sustainable policy change for children.

Improving government policy

Reviewing gaps in government policies and legislation, and aligning the regulatory framework with international good practice, can help improve the situation for working parents and their children.

- Analyze gaps between national laws and policies and international children's rights and labour standards. Evaluate the impact of gaps on children of factory workers.
- Improve compliance among factories by strengthening workplace monitoring systems, including through effective worker representation, labour inspections and grievance mechanisms.
- Develop multi-stakeholder approaches to promote collective action to improve the situation for workers, their families and communities.
- Design appropriate policy responses and strengthen coordination between the public and private sector to address major urban development challenges (e.g., household registration, housing, social infrastructure and access to basic services).



The Green One UN House
304 Kim Ma, Ba Dinh District
Ha Noi - Viet Nam
Tel: (84 4) 3.850.0100
Fax: (84 4) 3.726.5520
Email: hanoi.registry@unicef.org
Web: www.unicef.org/vietnam

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UNICEF promotes the rights and wellbeing of every child, in everything we do. Together with our partners, we work in 190 countries and territories to translate that commitment into practical action, focusing special effort on reaching the most vulnerable and excluded children, to the benefit of all children, everywhere.