

Physical and Mental Health of the Workers in the Readymade Garment Industry of Bangladesh

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ABSTRACT

Readymade Garment Industry is the most important sector of earning foreign currencies that strengthen the economy of Bangladesh for the last couple of decades. At the same time this industry opened a new door of employment for the rural marginal people. The working environment of the garment factories is not congenial to health and the income level of the workers in this industry is very poor to keep up their minimum living requirements in the society. As a result, the workers in the readymade garment industry are not physically and mentally sound to do the work efficiently. Keeping this in mind, the study has been conducted to identify the major health problems of the workers in the garment industry of Bangladesh. In this study 265 workers have been interviewed personally and collected data have been analyzed through factor analysis to identify the major health problems of the workers derived from the working environment and the nature of their job. This study identified fourteen major health problems of the workers. They are pain in body muscles, complexity arises from abortion, food poisoning, pruritus, eye stain, neck pain, hepatitis, frequent headache, cut injury, fatigue, common cold, numbness and tingling of fingers and arms, gastric pain and helminthiasis. The government along with other concern bodies should take necessary action to overcome the health problems of the workers so that they can contribute more for the development of the readymade garment industry of Bangladesh.

Key Words: Garment industry, health problems, physical and mental health, working environment, workers.

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INTRODUCTION

Readymade garment industry plays a vital role for the economy of Bangladesh and creates employment opportunities for the illiterate and marginal rural people and it is one of the important sectors of the country's economic system (Appendix – 1). At present 4,536 garment factories are operating in this country and 4.00 million workers are working there (Export Promotion Bureau, 2014) and more than 80 percent of them are female (Siddiqi, 1990). Readymade garment industry

contributed 81.13 percent (EPB, 2014) of the total export earnings for the country last year. So this industry can be said to be the life-blood for the economy of Bangladesh (Appendix – 2). The workers in the garment industry had to leave miserable life with their low level of income. They cannot meet the minimum requirements of food, shelter, healthcare and other amenities for their lives. Where arrangement of food and shelter is actually a dream to them and also how they will spend money for healthcare

to keep them physically and mentally fit. According to World Health Organization (1948), "Health is a state of complete physical, mental and social wellbeing and not merely the absence of diseases or infirmity". So in these circumstances, it is obvious that the workers in the garment industry are suffering from various types of health problems. The occupational movement towards garment work will be affected negatively if this situation continues in the garment industry and consequently the foreign earnings of Bangladesh will fall drastically.

The workers in the garment industry had to work in the factory for a long time. Sometime they work till midnight especially when the shipment comes closer. This long working time and keen concentration to work caused a lot of health problems for the workers. Neck pain, back pain, tingling and numbness of fingers and arms, musculoskeletal problem, continuous headache, joint and body pain, eye problem, conjunctivitis and so on can be mentioned significantly. An empirical study of Zohir and Majumder (1996), showed that the workers in the apparel units suffer from work related musculoskeletal disorders, particularly of neck, back and upper extremities are the most frequent work related health problems among workers in garment industry. Mehta (2012) found that due to continuous use of cutting machines, the workers complain about vibration induced syndrome and headache. His study also found that the musculoskeletal disorders (MSDS) are the most common work related problems of the workers in readymade garment industry. Handling of fabric roll and poorly designed furniture and awkward posture caused musculoskeletal problems. It affects the body muscles, joints, tendons, ligaments, bones and nerves. The monotonous work lead to increased worker fatigue due to continuous handling of loads, prolonged standing, repetitive movement of both hands and wrists and awkward postures.

Although the majority of the workers in the garment industry are female, they are face with sexual harassment in the factory premises. During shipment time, they work till midnight and stay at the same floor with their male coworkers for the rest of the night as there are no separate room for them. For this reason, sometime they are bound to make sexual contact with their male coworkers or by the supervisor. Siddiqi (2004) discovered that when female workers in the garment factories work over night, they are most time likely victim of sexual assault or rapes inside the factory after work ends. Shahnaz (2004) noted that the women do not complain of sexual harassment in many cases because if they do, their relatives will not permit them to work outside. Anam (2004) said, if proper action is taken against those who are involved in sexual harassment, the rate of harassment will be reduced significantly but in majority of the cases garment authority do not want to listen to such complaint. Bhattacharaya (2004) argued that globalization and sexual harassment cannot be

inter linked. Sexual harassment is a result of large scale industrialization in the private sector where job security is minimum. On the other hand, the employers of the garment factory do not want to appoint female workers who have baby. In this case it is found that when a female worker became pregnant she does abortion so that she can continue to work.

The income level of the workers in the readymade garment industry is very poor to survive. They could not buy the required calories with their income. For this reason, they had to take less or unhygienic food which causes various types of health problems like food poisoning, diarrhea, gastric pain, malnutrition, abdominal pain etc. Nahar et al. (2010) found that workers in the readymade garment industry suffer from some health problems that are related to the food they usually take like malnutrition, less appetite, diarrhea, hepatitis (jaundice), food poisoning and so on.

The workplace of the garment industry is not favorable as it should expect. In most of the cases it is seen that the factory buildings are damped and ventilation system is very poor to pass the air. Due to unhygienic and damped workplace the workers suffer from different health problems like pruritus, common cold, skin allergies, dermatitis, fungal infection, frequent body ache, asthma etc. On the other hand, due to confined workplace the workers generally suffer from diseases like nausea and vomiting, breathing problem, respiratory problem, fainting at the workplace etc. In another study, Harrington and Gill (1989) found that occupational health hazard is concerned with health hazard in relation to work environment. The science of occupational health hazards covers a wide field, like work physiology, occupational hygiene, occupational psychology, occupational toxicology etc. (Harrington and Gill, 1990). Mehta (2012) showed that various illnesses and diseases were widespread among the workers in the garment industry. A large number of workers were found to continue their work even though they were suffering from various diseases and illness.

The workers in the garment industry need to keep high concentration to their work especially in the cutting, stitching and finishing section. In making dress accurate, cutting of cloth and stitching them are important. So workers keeping high concentration in doing their job caused eye related problems like visual discomfort, eye irritation, and conjunctivitis and eye strain. In the study conducted by Mehta (2012), it showed that 5 percent workers in cutting section and 2 percent workers in stitching section are suffering from visual discomfort. This study also showed that in the quality section, there is a lot of stress on the eyes caused by headache and visual discomfort.

The work of the workers in the garment industry is vulnerable in nature. Most of the workers does not get appointment letter from the factory and they can never

think of their job security. Workers in the readymade garment industry are always intense about their job continuation, income flow, lives, future plan, family maintenance etc. For this reason, they suffer from a lot of health problems like fatigue, neural problem, hypertension, chest pain, frustration and heart disease. In a nutshell, it can be said that the mental health of the workers in the readymade garment industry is not appropriate to do the job with effective and efficient manner. Shafiq (2009) found in his study that excessive workload and mental pressure at the workplace increased the health problems and medical expenses.

Workers in the readymade garment industry work in a crowded and confined place in the factory where proper ventilation of air is absent in most of the cases. For this, it becomes warm and gloomy as well as movements of fabric dust trim down the normal provision to work. Due to this, vomiting tendency of the workers are very common and sometime fainting in the factory. In addition to this such workplace is also responsible for breathing and respiratory problems. Pratima and Sharifa (1997) showed that within the garment factories women work in the low-skilled jobs of operator and helper, where health hazards are high. In these jobs they have to continuously inhale toxic substances emitted from dye used in fabric as well as dust and small particles of fiber caused serious health problems. Drusilla et al. (2011) identified that the hazardous conditions of work ranges from the exposure to lint dust in an apparel factory to exposure to toxic chemicals in the recycling of electronic waste.

The overall working environment of the garment is not congenial to health. As the workers work from dawn to dusk at the factory they should have the facility of pure drinking water but the factory fail to provide this facility. For this, workers carry water while coming into the factory or take impure water which causes hepatitis (Jaundice). Paul-Majumder (2003) found that most of the health problems that the workers in the readymade garment industry suffered arose from occupational hazards including long working hours, absence of leave facilities, congested and over-crowded working conditions, absence of health facilities and safety measures, absence of staff amenities, lack of safe drinking water etc. Moreover, Bheda (2004) identified that the competitiveness of the garment industry in the world market was seriously affected by the ill health of the workers, since ill health decreases the labor productivity significantly. Most of the health problems that the workers in the readymade garment industry suffer arose from the occupational hazards including long working hours, absence of leave facilities, congested and over-crowded working conditions, absence of health facilities and safety measures, absence of staff amenities, lack of safe drinking water etc.

Workers in the readymade garment industry are observed to have quick and repetitive motion, awkward

posture in doing their work that are derived from physical and mental pressure and over exertion caused cut injury, trauma, tendon and nerves problems. According to Jana (2008), if work tasks and equipment do not include ergonomic principles in their design, workers may have exposure to undue physical stress, strain, and overexertion, including vibration, awkward postures, forceful exertions, repetitive motion, and heavy lifting. Workers in the readymade garment industry, in some cases, work with chemical substances which caused health problems. Mehta (2012) showed that in the washing section, the workers are exposed to chemicals, particularly bleaches and detergents even though they are unaware that it may cause health hazards specifically skin allergies.

While describing the overall health conditions of the workers Mehta (2012) present a summary where he showed that the majority of workers (55%) complained about musculoskeletal problem. This was followed by neural problem such as headache (40%), respiratory (30%), skin problem (13%), numbness of hands and fingers (8%), hearing (5%) and visual discomfort (2%).

Paul-Majumder (2003), conducted a study on the physical and mental health status of workers in the readymade garment industry and how problem affect labor productivity, competitiveness of the garment industry in the world market and the working life of the workers. It showed that various illnesses and diseases were widespread among the workers in the readymade garment industry. A large number of workers were found to continue their work even they were suffering from various diseases and illness. Moreover, the competitiveness of the garment industry in the world market was seriously affected by the ill health of the workers, since ill health decreases the labor productivity to a great extent.

National discussion about OSH (Occupational Safety and Health) issues tends to arise only in response to major industrial accidents. Bangladesh has not ratified the core Occupational Safety and Health Convention (No. 155). The Labor Act provides the opportunity for workers, their families and trade unions to file court cases for compensation in the event of work-related accidents and diseases. Knowledge about occupational diseases and the capacity to pursue legal recourse is very limited; however the labor court system is weak. In this case, creating awareness and conscious building will play an important role.

Readymade garment industry obviously plays an important role in the economy of Bangladesh.

The soundness of physical and mental health of the workers in the garment industry is important as well to keep up the economic development of the country. Different studies have been conducted by different researchers to measure the health condition of the workers but those

Table 1. Total variance explained.

SN.	Components	Initial Eigenvalues		
		Total	% of Variance	Cumulative %
1	Body muscles	15.832	30.446	30.446
2	Abortion complexity	2.519	4.844	35.290
3	Food poisoning	2.357	4.534	39.824
4	Pruritus	2.122	4.080	43.904
5	Eye stain	1.698	3.265	47.169
6	Neck pain	1.583	3.045	50.214
7	Hepatitis	1.463	2.814	53.028
8	Headache frequently	1.423	2.736	55.765
9	Cut injury	1.279	2.459	58.223
10	Fatigue	1.228	2.362	60.586
11	Common cold	1.133	2.179	62.765
12	Numbness and tingling of fingers and arms	1.108	2.130	64.895
13	Gastric pain	1.080	2.076	66.971
14	Helminthiasis	1.007	1.936	68.907

studies did not found the main health problems of the workers in the garment industry of Bangladesh. Keeping the importance of the physical and mental fitness of the workers in mind, the study has been conducted to find out the major health problems of the workers in the readymade garment industry of Bangladesh.

OBJECTIVES OF THE STUDY

The main objective of the study is to explore the health condition of the workers in the readymade garment industry in Bangladesh. In addition to this, the study has secured some other objectives like:

- i) To identify the major health problems of the workers in the garment industry of Bangladesh;
- ii) To recommend some suggestions to overcome the health problems of the workers in the readymade garment industry of Bangladesh.

METHODOLOGY

This is an empirical study that used both primary and secondary data. Primary data were collected from the workers in the readymade garment industry of Bangladesh who are working at Gazipur and Savar in Dhaka district from September 2014 to November 2014. Gazipur and Savar have been selected purposively for collection of data as majority of the garment factories are established in these areas. A total of 265 workers were interviewed, where 103 of them were male and the rest 162 were female, from ten leading garment companies in Bangladesh in terms of their yearly turnover and workers employed. The workers have been interviewed personally rather than survey because the majority of the workers are illiterate. The average age of the respondents is

27.24 \pm 5.58 years and their average working experience is 4.65 \pm 1.82 years.

A well-structured questionnaire with 52 items was prepared for the collection of data. After preparation of questionnaire the validity and reliability of the questions have been tested and finalized the questionnaire on that basis and then the questionnaire was used to collect data. The secondary data were collected from journals, periodicals, annual reports of Bangladesh Garment Manufacturers and Exporters Association (BGMEA) etc to describe the status of the readymade garment industry in Bangladesh.

After collection of data, they were feed by using the SPSS software. The reliability of 52 items in the questionnaire has been tested by using SPSS software and the Alpha Coefficient is 0.9453 which is in the acceptable limit as per Nunnally (1967 and 1978). Both descriptive and inferential analysis was done with the collected data. Descriptive statistics like mean, standard deviation, simple percentages were used to describe the present situation of the readymade garment industry of Bangladesh. Inferential statistics like Factor Analysis (FA) was used to separate the major health problems among the workers in the readymade garment industry of Bangladesh. Multiple Regression Analysis (MRA) was used to identify the significant health problems identified through factor analysis. The overall reasons for the health problems of the workers in readymade garment industry were defined by the propensity of health problems in the garment industry of Bangladesh.

RESULTS AND ANALYSIS

The results of the study are presented in the tables below and discussed as well. This study has been able to identify 14 health problems (Table 1) of the workers in the

Table 2. Health problems caused from long working hours.

SN	Variables	Factor Loading
1	Neck Pain	.837
2	Numbness and tingling of fingers and arms	.751
3	Headache	.701
4	Back pain	.700
5	Body muscles pole	.691
6	Pain in joints (arthritis)	.609
7	Bones pain	.547
8	Ligaments problem	.452
9	Body pain	.432
11	Musculoskeletal problems	.418

Table 3. Health problems caused from physical contact.

SN	Variables	Factor Loading
1	Complexity due to Abortion	.816
2	Sexual diseases	.745

readymade garment industry of Bangladesh. Through factor analysis, that articulates the overall health condition of them. The factors together explain 68.907 percent of the variance. The main health problem of the workers in the readymade garment industry is related to their body muscles. Workers of the garment industry had to work for long time and this caused pain or blemish in their body muscle. This problem bears eigen value of 15.832 and variance of 30.446 percent. The next important health problem is the complexity arising from abortion by the female workers with eigen value of 2.519 and variance of 4.844 percent. The other important health problems with associated eigen values are Food poisoning (2.357), Pruritus (2.122), Eye stain (1.698), Neck pain (1.583), Hepatitis (1.463), Frequent Headache (1.423), Cut injury (1.279), Fatigue (1.228), Common cold (1.133), Numbness and tingling of fingers and arms (1.108), Gastric pain (1.080) and Helminthiasis (1.007). The results revealed that communalities of the variables (health problems) are high which indicate the higher level of relationship among the variables. . In addition to this, the analysis of variance (ANOVA) showed that above mentioned health problems have a significant impact on the workers in the readymade garment industry of Bangladesh (Appendix – 4). About 69 percent of the health problems have explained through this study. It is a great opportunity for the owners as well as policy makers to work on it so that some measures can be taken to solve the health problems of the workers in the readymade garment industry of Bangladesh.

The workers work from dawn to dusk in the garment factory without or a very little break. Sometimes they do overtime work till midnight without moving from the desk. This rigid nature of job caused neck pain, back pain, muscles pain, pain in bones and joint, body pain and musculoskeletal problem. The worker in the garment industry works under close supervision of the supervisor.

Supervisors are instructed by the authority in the garment factory in such a way that the workers must not left one minute without work. For this reason workers could not keep their eyes away from work desk and even loosen up their arms and legs. In these circumstances, they had to suffer from numbness and tingling of fingers and arms, headache, pain in joints and bone and even problem in the ligaments and other kinds of health problems (Table 2). The study conducted by Nahar et al. (2010) showed that the particular nature of work in Readymade Garments created various types of health hazards among the selected respondents such as headache, malnutrition, musculoskeletal pain, eye strain, less appetite, and some other problems like these.

In the garment industry of Bangladesh more than 80 percent of the workers are female. At the time of shipment they had to work till midnight along with the male workers. Female workers don't have separate room to pass the rest of the night in the factory premises. In this situation both male and female workers had to stay together in the floor often got sexual contact with their coworker and even with their male supervisor can cause sexual disease. In addition to this, female workers often face this unwanted situation by the miscreants in the street if they plan to go to their residence at mid night. On the other hand, the authority of the garment factory discourages the female workers to get child birth and they are unwilling to get employed female workers having any kids. The logic is that if the female workers get pregnant or having kid, they will ask leave for time to time and the work of the factory will be hampered (Table 3). The study of Paul-Majumder (1998), also found that female garments workers face an embargo on having babies because of fear of losing the job. Although having a baby is a human right but they are denied of it. Sometime it is observed that female workers have lost their job as they have kids or got pregnant. For this

Table 4. Health problems caused from unhygienic food.

SN	Variables	Factor Loading
1	Helminthiasis	.835
2	Food poisoning	.703
3	Diarrhea	.663
4	Gastric Pain / Peptic ulcer	.617
5	Malnutrition	.598
6	Abdominal pain	.545
7	Less Appetite	.453
8	Dysentery	.449
9	Stomachache	.430

Table 5. Diseases caused from unhygienic workplace.

SN	Variables	Factor Loading
1	Pruritus	.702
2	Common Cold (sneezing and coughing)	.702
3	Skin allergies	.590
4	Dermatitis	.586
5	Asthma	.576
6	Frequent Body Ache	.557
7	Fungal Infection	.512
8	Skin Irritation	.409

Table 6. Health problems caused from long concentration to work.

SN	Variables	Factor Loading
1	Eye stain	.660
2	Visual discomfort	.418
3	Conjunctivitis	.402
4	Eye Problem / irritation	.390

reason, female workers get abortion when they become pregnant to retain their job. It is also observed that female workers do abortion a couple of time and this causes different complexity in their health. According to Paul-Majumder (1998) the rate of miscarriage among garments workers is very high and most of them experience abortions more than once.

The income of the workers in the garment industry is too poor to meet their minimum needs. They lead their live from hand to mouth and could not spend a penny to get good and fresh food and price for taking healthcare is a dream to them. The workers often had to take rotten food and sometime they had to starve which causes health problems like diarrhea, peptic ulcer, abdominal pain, dysentery, stomach ache etc. The workers are not able to afford the required calories with their minimum earnings which cause malnutrition, less appetite and some other nutritional problem (Table 4).

Most of the owners of the garment factory do not renovate the factory building or hire old and damp building for lower rent. Similarly, they also thought that workers will be available to work there. Furthermore, due

to the lack of alternative job opportunity, the workers in the readymade garment industry are bound to work on the soggy workplace where they are infected by viral and bacterial infection. For this reason most of the time they suffer from various types of health problems listed in the table 5 below. Nahar et al. (2010), in her study she concluded that the nature of work in the garment factory severely affects worker's health, as they were confined in a closed environment. The study showed that the particular environment of work in Readymade Garments create various types of health hazards among the selected respondents such as fainting, diarrhea, hepatitis (jaundice), food poisoning, asthma, fungal infection, helminthiasis, and dermatitis.

The workers had to keep keen concentration to their work because each and every stitch is important in making dress. If any deviation in the cutting and stitch is made the dress will be rejected and the worker will be penalized and is job may even be terminated. For this reason, a high concentration on the work caused extra stain on their eyes and different types of eye related problems they face (Table 6).

Table 7. Health problems caused from lack of job security.

SN	Variables	Factor Loading
1	Fatigue	.745
2	Neural Problem	.701
3	Hyper Tension	.586
4	Chest Pain	.575
5	Frustration	.531
6	Heart Disease	.422

Table 8. Health problems due to confined workplace.

SN	Variables	Factor Loading
1	Nausea and Vomiting	.543
2	Breathing Problem	.428
3	Fainting at the Workplace	.423
4	Respiratory problem	.376

Table 9. Health problems cause from unfavorable working environment.

SN	Variables	Factor Loading
1	Hepatitis (Jaundice)	.691
2	Cut injury	.611
3	Fever	.588
4	Hearing impairment	.587
5	Trauma	.515
6	Nerve complexity	.512
7	Anemia	.477
8	Tendon	.416

The workers in the garment industry have no job security and even they are not given appointment letter from the factory. The nature of the job 'hire and fire' here, that makes them to be always frightened about their job. The employee of any establishment must be given one month prior notice in case of dismissal (Bangladesh Labor Code 2006) but the workers in the readymade garment industry are deprived of this legal right. Due to this reason they are always intense condition that caused hyper tension, chest pain, neural problem and also heart disease. In addition to this, workers in the readymade garment industry are frustrated and feel fatigue as the job security is absent here that weaken their mental health (Table 7). The workers of the garment factory had to work in a confined place where proper ventilation is not available. In the factory ceiling fans are observed although it is less than minimum requirement. For this reason nausea and vomiting tendency, especially for the female worker, is a common phenomenon here. In addition to this, fainting at the workplace is very often in the garment factory. Similarly, the confined workplace also caused breathing problem and respiratory problem of the workers in the garment factory because they had to inhale fabric dust and chemical contaminated to the fabric (Table 8). The

response received from the authority about this type of workplace is that workers sometime have stolen something from the factory or they may do something close to this. Mehta (2012) found that breathing difficulty and respiratory problems of the workers is due to dust and loose fibers in the factory. The working environment of the garment factories is not congenial to health and the system of performing work is not suitable as well. Lack of pure drinking water is observed in the garment factory. For this, workers had to drink impure water and are affected by hepatitis bacteria. In the shipment section, cut injury, tendon and trauma problem of the workers is very common as they do hurry and no protective measures are available to protect them from this problem. In the swing section the clatter of machines caused hearing problem of the workers. The overall working environment of the factory is unfavorable and working load is high that can caused feverish condition to the workers (Table 9). According to Mehta (2012) hearing impairment was attributed due to noise from the machines and when numbers of sewing machines are compounded it makes the environment noisy for the workers. The improper selection of lighting fixtures and their placements further contributes to neural

Table 10. Coefficients (Level of significance of health problems in the readymade garment industry of Bangladesh).

SN	Health Problems	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
	(Constant)	2.838	.083		34.115	.000
1	Body muscles pain	.311	.083	.196	3.734	.000
2	Complexity due to abortion	.355	.083	.224	4.259	.000
3	Food poisoning	.408	.083	.258	4.901	.000
4	Pruritus	.341	.083	.215	4.086	.000
5	Eye stain	-.023	.083	-.015	-.276	.783
6	Neck pain	.278	.083	.175	3.333	.001
7	Hepatitis	.027	.083	.017	.329	.742
8	Headache frequently	.124	.083	.079	1.493	.137
9	Cut injury	.049	.083	.031	.592	.554
10	Fatigue	.319	.083	.201	3.824	.000
11	Common cold (sneezing and coughing)	.169	.083	.106	2.023	.044
12	Numbness and tingling of fingers and arms	-.060	.083	-.038	-.715	.475
13	Gastric pain (Peptic ulcer)	.127	.083	.080	1.527	.128
14	Helminthiasis	-.140	.083	-.088	-1.678	.095

problems. Piercing of fingers is one of the most common accidents that occur, though, it was observed that none of the worker used thimble. It was also observed that the machines were not properly maintained resulting in hand arm vibration. This leads to fatigue, pain, numbness and tingling of fingers and arms and headache.

Table 10 shows the level of significance of health problems in the readymade garment industry of Bangladesh. Moreover, the model summary (Appendix – 3) describes high regression value with estimated standard error 1.354.

The workers in the readymade garment industry of Bangladesh had to work from dawn to dusk in the factory without any interval or very few rest that cause pain in body muscle. Actually, the nature of the job keeps them in their desk steady when they perform their task. For this reason neck pain is very common phenomenon to them.

In the readymade garment industry majority of the workers are female. The remarkable thing is that the owners of the garment factory are very reluctant to appoint female workers who have kid(s). For this reason, when a mother ask a job in the garment factory she conceal information about her kid(s). In addition to this, when any female worker got pregnant unconsciously she do abortion to keep her job. As a result, different complexities arise due to abortion. The income level of the workers in the readymade garment industry is very poor to survive. Most of the times they cannot afford to buy the necessities even food items to fulfill their required calories. Therefore, they had to buy inferior quality of foods and even rotten foods from the shop caused food poisoning of the workers. The working environment of the majority of the factory is not congenial to health. The

factory buildings are confined and humid as well as proper air circulation is absent there. As a result, the workers suffer from pruritus and common cold (sneezing and coughing).

The workers in the readymade garment industry of Bangladesh continue their job with heavy work pressure in the factory. When workers return home after work from the factory, no energy remains and when it happen continuously they become fatigue. The remuneration of the workers compared to their effort in the factory is not justified. In addition to this, they have no job security and are deprived from most of the facilities prescribed in the labor law. All the things make the worker anxious about their future. Consequently, the workers in the readymade garment industry moving their lives towards an unknown destination riding on fatigue and frustration.

CONCLUSIONS AND RECOMMENDATIONS

A large number of workers work in the readymade garment industry of Bangladesh due to the scarcity of job although the nature of the work in this industry is not congenial to health. Majority of the workers in this industry continue their job as they have no other alternatives to survive in the society. They are neglected by the factory owners and even in the society but we should remember they contribute about 81 percent of the total export earnings for the economy of Bangladesh. The workers in the readymade garment industry, are the driving force of the economy, but yet could not afford their basic living conditions with their income, where expense for health care is a dream to them. Dunn and Mondal (2010) in their study revealed that employers and policy

makers have generally not recognized the occupational safety and health as a priority. It is truth that unhealthy people cannot contribute to the expected level. So for the interest of the profitability of the factory as well as the country's economy, the concern bodies should understand the reasons of health problems of the workers in the readymade garment industry. If the reasons of the health problems can be identified the necessary corrective measures would be easy to undertake. Jana (2008) recommend in his study to recognize ergonomic risk factors in the workplace is an essential step in correcting hazards and improving worker protection. Workplace hazards can be efficiently managed through the utilization of protective equipment. In addition to this, building awareness and consciousness will help to work positively to decrease the health problems in the readymade garment industry of Bangladesh. The analyses of the study have been conducted on the basis of the responses of the workers. No medical diagnosis or examinations have been conducted whether the workers actually suffer from their mentioned diseases. In spite of this the nature of the work, working environment, job condition, and other relevant elements predict some health problems of the workers may experience and the study have been done on that basis. For this there may be a little bit of deficiency if the workers failed to respond accurately due to their lack of knowledge and awareness which were not taken into consideration in this study. Moreover, this study investigated an important insight regarding the health condition of the workers in the readymade garment industry of Bangladesh. Some other studies can be conducted by other researchers to assess relationship between the major health problems and productivity of the workers in the readymade garment industry of Bangladesh.

REFERENCES

Anam S ,2004. Workplace Environment for Women: Issues of Harassment and Need for the Interventions. The Dialogue organized by CPD-UNFPA Program on Population and Sustainable Development, CIRDAP auditorium, Dhaka. http://www.cpd.org.bd/pub_attach/DR-65.pdf
 Bangladesh Garment Exporters and Manufacturers Association – BGMEA ,2014. Annual Report 2014. BGMEA, Bangladesh.
 Bangladesh Labor Code ,2006. Published by the Ministry of Law and Justice, Government of the Peoples' Republic of Bangladesh.
 Bhattacharaya S. K. (2004). Workplace Environment for Women:Issues of Harassment and Need for the Interventions.The Dialogue organized by CPD-UNFPA Program on Population and Sustainable Development, CIRDAP auditorium,Dhaka.(http://www.cpd.org.bd/pub_attach/DR-65.pdf)
 Bheda, R. (2004). Improving working condition and Productivity in the Garment Industry. Contact Communications, Stitch World, New Delhi, India.

Drusilla KB, Alan V, Deardorff, Robert MS, 2011. Labor Standards and Human Rights: Implications for International Trade and Investment. International Policy Center; Gerald R. Ford School of Public Policy; University of Michigan, IPC Working Paper Series Number 119.
 Dunn, Karen, Mondal, Abdul H, 2010. Report on the review of the Decent Work Country Programme: Bangladesh 2006-2009. ILO Regional Office for Asia and the Pacific. - Bangkok: ILO, 2010.
 Export Promotion Bureau, 2014. Annual Report 2014. Export Promotion Bureau of Bangladesh.
 Harrington JM, Gill FS (1989). Occupational Health. (Pocket Consultants). Blackwell Scientific Publications, London, UK.p.19.
 Jana P (2008).Ergonomics in apparel manufacturing-I, Importance and impact of ergonomics. *Stitch World 6*: 42-47.
 Jana P. (2008). Ergonomics in apparel manufacturing-II, Work Place Ergonomics in apparel industry. *Stitch World 6*: 42-49.
 Mehta R (2012). Major Health Risk Factors prevailing in Garment Manufacturing Units of Jaipur. *J. Ergonom.*,2(2).p.102. doi:10.4172/2165- 7556.1000102
 Nahar N, Ali RN, Begum F (2010).Occupational Health Hazards in Garment Sector, *Int. J. BioRes.*, 1(2): 01-06.
 Nunnally JC, 1967. Psychometric Theory.First Edition. New York: McGraw Hill. University of Chicago, Chicago, IL. p.640.
 Nunnally JC, 1978. Psychometric Theory.Second Edition. New York: McGraw Hill.University of Chicago, Chicago, IL. p.640.
 Paul-Majumder P, 2003. Health Status of the Garment Workers in Bangladesh. Arambagh, Motijheel, Dhaka: Bangladesh at Associates Printing Press.
 Paul-Majumder P (1998). Health impact of women's wage employment: A case study of the garment industry of Bangladesh.Q. J. Bangladesh Inst. Develop.Stud..XXIV (2).p.7.
 Paul-Majumder P, Begum S ,1997. Upward Occupational Mobility among Female Workers in the Garment Industry of Bangladesh. Research Report No.153, Bangladesh Institute of Development Studies (BIDS), Dhaka, Bangladesh.
 Shafiq A, 2009. Bangladesh Textiles Unraveled By Price War, Protests. http://www.google.com/hostednews/afp/article/ALeqM5iZ97IWqs0MOdzGJe7uLm-bLg_08g
 Shahnaz H (2004). Workplace Environment for Women: Issues of Harassment and Need for the Interventions. The Dialogue organized by CPD-UNFPA Program on Population and Sustainable Development, CIRDAP auditorium, Dhaka. Available on http://www.cpd.org.bd/pub_attach/DR-65.pdf
 Siddiqi D M, 2004. Workplace Environment for Women: Issues of Harassment and Need for the Interventions. The Dialogue organized by CPD-UNFPA Program on Population and Sustainable Development, CIRDAP auditorium, Dhaka. Available on http://www.cpd.org.bd/pub_attach/DR-65.pdf
 Siddiqi HG A. (1990). http://banglapedia.search.com.bd/HT/G_0041.htm
 World Health Organization, 1948. Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference. New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.
 Zohir SC, Majumder P, 1996. Garment Workers in Bangladesh: Economic, Social and Health Condition. Hoque Printer, Arambagh, Dhaka, Bangla

Appendix 1. Growth and employment of ready-made garment industry in Bangladesh.

Year	Number of Garment Factories	Employment (in Million Workers)
2004-2005	4107	2.00
2005-2006	4220	2.20
2006-2007	4490	2.40
2007-2008	4743	2.80
2008-2009	4925	3.50
2009-2010	5063	3.60
2010-2011	5150	3.60
2011-2012	5400	4.00
2012-2013	5600	4.00
2013-2014	4536	4.00

Source. Bangladesh Garment Manufacturers and Exporters Association (BGMEA).

Appendix 2. Statement of export of rmg and total export of Bangladesh.

Year	Export of RMG (In million US \$)	Total Export of Bangladesh (In million US \$)	% of RMG's to Total Export
2004 – 2005	6417.67	8654.52	74.15
2005 – 2006	7900.80	10526.16	75.06
2006 – 2007	9211.23	12177.86	75.64
2007 – 2008	10699.80	14110.80	75.83
2008 – 2009	12347.77	15565.19	79.33
2009 – 2010	12496.72	16204.65	77.12
2010 – 2011	17914.46	22924.38	78.15
2011 – 2012	19089.69	24287.66	78.60
2012 – 2013	21515.73	27027.36	79.61
2013 – 2014	24491.88	30186.62	81.13

Source. Export Promotion Bureau Compiled by BGMEA.

Appendix 3. Model summary.

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.555	.308	.269	1.35411

a Predictors: (Constant), REGR factor score 14 for analysis 1, REGR factor score 13 for analysis 1, REGR factor score 12 for analysis 1, REGR factor score 11 for analysis 1, REGR factor score 10 for analysis 1, REGR factor score 9 for analysis 1, REGR factor score 8 for analysis 1, REGR factor score 7 for analysis 1, REGR factor score 6 for analysis 1, REGR factor score 5 for analysis 1, REGR factor score 4 for analysis 1, REGR factor score 3 for analysis 1, REGR factor score 2 for analysis 1, REGR factor score 1 for analysis 1 b Dependent Variable: Overall.

Appendix 4. ANOVA.

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	203.617	14	14.544	7.932	.000(a)
	Residual	458.405	250	1.834		
1	Total	662.023	264			

a Predictors: (Constant), REGR factor score 14 for analysis 1, REGR factor score 13 for analysis 1, REGR factor score 12 for analysis 1, REGR factor score 11 for analysis 1, REGR factor score 10 for analysis 1, REGR factor score 9 for analysis 1, REGR factor score 8 for analysis 1, REGR factor score 7 for analysis 1, REGR factor score 6 for analysis 1, REGR factor score 5 for analysis 1, REGR factor score 4 for analysis 1, REGR factor score 3 for analysis 1, REGR factor score 2 for analysis 1, REGR factor score 1 for analysis 1 b Dependent Variable: Overall.