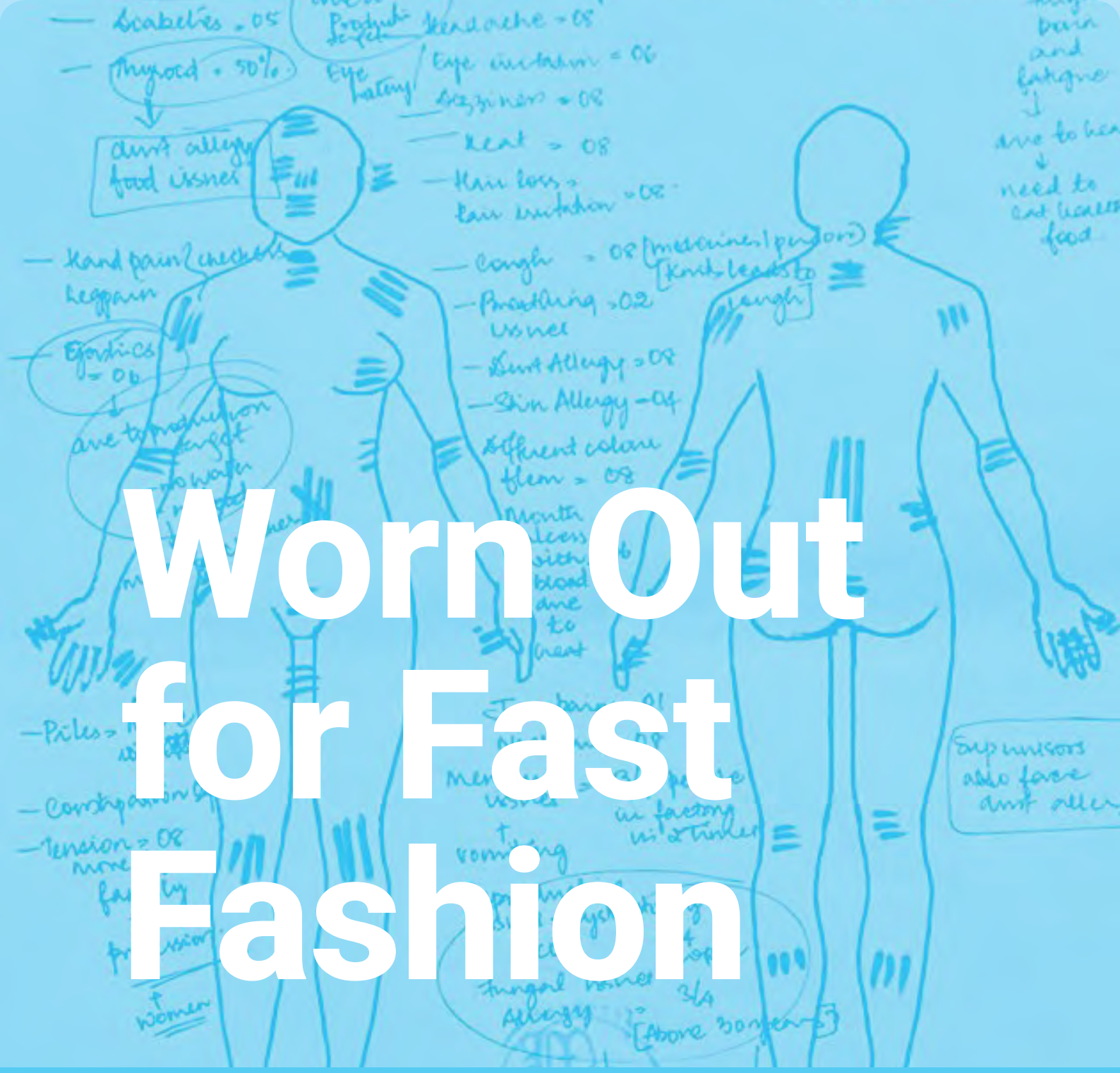

Worn Out for Fast Fashion

Health Risks for Women Workers in the Garment and Footwear Industry

SYNTHESIS REPORT - JUNE 2024

FEMNET

Synthesis-Report “Worn Out for Fast Fashion - Health Risks for Women Workers in the Garment and Footweazr Industry”

Baseline Studies:

TURC (2023) “Under the Weight of Production Targets and Reproductive Labor: Exploring Women Workers' Occupational Health and Safety in Indonesia's Shoe and Footwear Industry”, https://online.nextflipbook.com/duuj/3f7h/

Cividep (2023) “Worked to the Bone: Understanding health vulnerabilities and healthcare access of Women Garment Workers in Bangalore”, https://cividep.org/wp-content/uploads/2023/08/worked-to-bone-report-aug2023.pdf

Date: 12 June 2024

Author: Marie-Sophie Keller

Editors: Lisa Carl, Kaveri MT, Jiska Gojowczyk

Layout desing: Bárbara Niño Ortiz www.skindesign.studio

Illustrations: Hanna Flachs - www.earthartlab.com

This publication was created in the context of the Multi-Actor-Partnership (MAP) for Gender-Sensitive Occupational Safety and Health in the Garment and Footwear Industry, a project by FEMNET e.V., SÜDWIND Institute, Cividep India, and TURC Indonesia. The MAP aims to improve the occupational safety and health of women workers by engaging with brands, suppliers, unions, and multi-stakeholder initiatives.

Funded by

german cooperation
DEUTSCHE ZUSAMMENARBEIT

Implemented by

FEMNET

Cividep India

TURC
TRADE UNION RIGHTS CENTRE

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INSTITUT FÜR ÖKONOMIE UND ÖKUMENE

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Introduction

The garment and footwear industries are among the largest employers in India and Indonesia, contributing to the countries' overall economic output. Disastrous factory accidents such as the Rana Plaza collapse or the Ali Enterprises factory fire have drawn attention to the urgent need to improve occupational safety and health (OSH) standards in the sector. While some improvements have been made to safety standards at the workplace, occupational health is often overlooked. What is more, the measures already in place tend to be designed through the lens of patriarchal biases, disregarding the specific health needs of women workers. This is particularly problematic when considering that the majority of garment and footwear workers are women. Thus, to put a spotlight on the effect of precarious working conditions on the overall health of women workers in the garment and footwear industry, this briefing summarizes two recent landmark studies by the workers' rights organisations Cividep India and the Trade Union Rights Centre (TURC) Indonesia.

The studies show that high production targets, an oppressive work-environment with constant threats of wage cuts or being fired, and the added burden of unpaid care work at home after long working hours put women workers under permanent stress and fatigue. Aggravated by excessively low wages and a lack of economic alternatives, many workers are forced to prioritize their productivity over basic labor rights associated with health. This includes going to lactation rooms or the bathroom, taking adequate breaks, eating a balanced diet, or taking paid menstrual and maternity leave. As a result, the likelihood of accidents increases in the short run, and the risk of physical and mental ailments, diseases, and disabilities in the medium and long run.

Intersectional discrimination can further compound the negative health impacts caused by unresponsive OSH systems. Both studies therefore highlight the distinct situation of workers affected by multi-dimensional marginality. To represent the needs of migrant workers in their study, Cividep included 40% inter-state migrants in their focus group discussions. In the report by TURC, a case study on the situation of home-based workers reveals how their lack of legal recognition effectively robs them of their basic human and labour rights.

It is the responsibility of brands, suppliers, governing bodies, and workers' representatives to ensure a healthy working environment and to implement accessible and effective OSH systems, as well as grievance mechanisms. However, standards within and between factories still differ greatly, depending on the enforcement of legal and organisational requirements, on management style, work culture and the presence and strength of unions. What is more, existing approaches have proven ineffective in identifying and mitigating those risks. The perspective of women and other marginalized groups is often underrepresented or lacking altogether. As a result, women often face excessively high barriers when trying to access justice. In addition, they often lack trust in the systems created to ensure redress in cases of OSH concerns, including work-related accidents and gender-based violence.

This briefing aims to report on prevalent health concerns in the garment and footwear industry from the perspective of women workers themselves, exposing gaps in existing OSH systems. In the following, we first provide an overview of the health risks identified by factory workers, after which we put a spotlight on the situation of home-based workers.

Gendered Health Risks for Factory Workers in Garment and Footwear Factories

PRODUCTION PROCESS AS OSH RISK

OSH issues are closely related to the working conditions in garment and footwear factories. One common production procedure in India is the assembly line, as noted in the study by Cividep. **Permanent time pressure arises from unrealistic production targets that are unachievable at a humane work pace and are set for a group of workers, while failure to achieve the targets may entail both negative financial and social consequences for all workers in the group.** As a result of the high degree of responsibility put on each individual in relation to the group, informal modes of (self-)policing and sanctioning amongst workers may increase work pressure. This is reinforced by onsite supervision, which aims for the uninterrupted functioning of the assembly line, often discouraging workers from resting or taking breaks despite rigid working postures and long working hours. Consequently, many workers often prioritize the fulfilment of their targets over their health.

Similar effects were also observed by TURC in the so-called mini cell system, a production process often used in the Indonesian shoe industry.

Risk of Work Accidents

There is a high risk of work accidents due to daily contact with tools and materials. Stressful production targets and long working hours, together with the related fatigue and aggravated by the double burden stress, further increase the likelihood of accidents. Frequently reported accidents in the two baseline studies include eye injuries due to needle breakages, needle pricks in fingers, burns due to engine fires and exposure to hot machinery, and hand bruising from getting caught in shoe buffing, impalement, and shoe embossing machines. One worker interviewed by TURC had a miscarriage due to a fall while performing work duty.

> "In one incident, a workers hand was caught and pinched by the (embossing) machine, causing the hand to turn blue."
>
> TURC Study p. 52f

Musculoskeletal Risks

Musculoskeletal issues, meaning issues with joints, bones and muscles, were amongst the most frequent physical health concerns as reported by women workers. What pain is experienced by a worker usually depends on the specific work tasks and the associated posture. For example, while standing most of the day may lead to pain in feet and joints, prolonged sitting may cause pain in the back. Additional musculosceletal concerns by workers are pinched nerves, skeletal deformities, pain in neck and waist, pain in shoulders and knees, as well as discomfort, stiffness, tingling and cramping in feet and hands.

Musculoskeletal Issues [Cividep Study, p. 29]

Risks to Sexual and Reproductive Health

As there is a research gap regarding the impact of working conditions in the garment and footwear industry on sexual and reproductive health of workers, the baseline studies make a valuable contribution to a better understanding of prevalent risks. One frequently reported concern is linked to irregular menstrual cycles and menstrual pain. TURC found that workers are not sufficiently informed of, or discouraged from, taking menstrual leave, which is a workers' right in Indonesia. Additionally, since sanitary pads are usually not provided by employers in a sufficient or affordable manner, some workers revert to using rags and cloths.

Together with unsanitary toilets and infrequent toilet breaks, this can cause urinary tract infections. Uterine cysts and abnormal white discharge were also reported by workers.

Some workers also reported miscarriages, which may be linked to physically demanding jobs, prolonged working hours, fatigue or improper eating. Others reported exposure to noise and strong odour of shoe materials during pregnancy. After childbirth, some workers felt they needed to switch to formula milk very early, since their demanding work schedules hindered them from pumping and storing breast milk. Due to these risks and concerns and in order to forego absenteeism and loss of wages, an increasing amount of workers opt for hysterectomies. It is important to note that these were solely workers' perspectives and more research needs to be carried ou...

"a concerning trend of increasing hysterectomy cases among workers has been observed, driven by a lack of awareness about potential risks and influenced by a few unscrupulous medical practitioners and onsite healthcare professional."

CIVIDEP Study, p. 45

Mental Health Risks

An important finding confirmed by both studies is that workers in the garment and footwear industry are exposed to permanent stress due to the production process and high targets. As both studies point out, unmet targets in the factory often lead to harsh treatment and verbal abuse by supervisors. As a worker in the TURC study notes, “[b]ecause every day is stressful, I usually cry first when I come home from work” (S. 29). Mental health issues are still stigmatized in India and Indonesia and are thus difficult to study. Nonetheless, workers in the studies came forward with concerns regarding fatigue, anxiety, insomnia, loss of appetite, headaches, boredom and dissatisfaction from repetitive and monotonous work. Additionally, some reported experiencing financial stress and a feeling of powerlessness due to low wages, job insecurity, high health care costs or a lack of career advancement opportunities.This may be aggravated by debt and harassmen by loan sharks.

Another important factor influencing mental health is the double burden of productive work in the factory and re-productive work at home. Many workers experience fatigue and emotional exhaustion from managing care work for their children and relatives, while also being responsible for cooking anc cleaning the house. The demands of parenting may cause workers’ sleep to be disrupted. Some have reported havin fallen victim to domestic violence and having to manage the physical and mental consequen-ces at work while having the pressure to perform through high targets.

"What makes work stressful is the harsh treatment and constant scolding from our superiors."

TURC Study, p. 28

Risk of Gender-Based Violence and Harassment

The studies confirm that gender-based violence and harassment (GBVH) are still prevalent in the garment and footwear sector, with high production targets fostering an environment of physical and mental abuse. Recognizing GBVH as an OSH risk would thus be an important and necessary step towards more gender-responsive OSH systems. Workers reported shouting and other forms of intimidation, including withholding of payment and threats of job losses. Workers also detailed instances of groping and inappropriate hugging by superiors. Cases of GBVH are still rarely reported, due to workers' fear of repercussions and lack of trust in existing complaint mechanisms.

Gastrointestinal Risks and Risk of Malnutrition and Dehydration

Both studies point to digestion issues and stomach pain as being endemic in the garment and shoe sector. Additionally, the study by Cividep points to malnutrition due to irregular eating patterns and food intake with insufficient nutritional value. Both studies show that workers are discouraged from taking bathroom breaks, leading them to drink less water and often holding urine for long periods of time. This can cause urinary tract infections and kidney issues. Other reported concerns that may be linked to malnutrition and dehydration, often aggravated by stress, were gastric acid issues, ulcers, menstrual irregularities, muscular pains, reproductive issues, mental health concerns and hypertension.

> **"When we go to doctors, they say you do not have enough blood and need to eat more nutritious food. But how are we able to eat all that when we cannot even sustain ourselves on these wages?"**
>
> CIVIDEP Study, 5. 41

Health risks caused by exposure to work materials

While handling textile fabrics and shoe materials, workers are often exposed to unhealthy materials without adequate protection. As such, workers in the footwear industry are often exposed to chemicals, causing allergic reactions and itching. In some cases, chemical exposure was reported to have negative impacts on workers' overall well-being and their ability to concentrate on their task. A problem more prevalently reported in the garment industry is the exposure to dust and fabric particles, with detrimental effects on workers' respiratory health. For instance, in the study of Cividep, 40% of the workers expressed feeling breathlessness when walking for more than 10 minutes.

> "Notably, one worker described how the mucus she expelled while sneezing matched the color of the fabric."
>
> CIVIDEP study, p.32

Inadequate Access to Healthcare

While both studies point to existing health-care facilities and a right to regular free check-ups by doctors in the factory, most workers can rarely access these due to lack of information, insufficient access to healthcare or rare doctor's visits. **One worker from Indonesia stated that, during her more than 25 years of working for the factory, she's only received two examina-tions by a doctor.**

In the Indian study, 80% of the surveyed work-ers responded never to have approached the doctor within the factory.

Regarding access to healthcare, the workers perceive workplace facilities to be inadequate in terms of quality and accessibility.

Around 62% prefer private healthcare options over public healthcare, despite having to spend 25 to 30% of their wages.

Additionally, onsite health units or nurses tend to prioritise factory manage-ment's production requirements over proactive healthcare. The primary focus is on quickly alleviating pain and getting workers back to work, potentially neglec-ting workers' overall health and wellbeing. Furthermore, access to mental health services is usually lacking.

No Right to have Rights: Gendered Health Risks for Home-Based in the Footwear Industry

The case of home-based workers is distinct from that of workers formally employed in factories. Since home-based workers do not have work contracts, they usually lack legal recognition as workers. Since these workers usually face intersectional discrimination, barriers in accessing fundamental human rights are excessively high. Home-based workers are usually paid below minimum wage, with employers applying arbitrary and untransparent wage deductions, including such for the buying of glue and for defective products. The possibility to take days off is often limited.

As the case study on Indonesian home-workers shows, some home-based workers glue shoe soles close to every waking hour to meet their high production targets. This can cause fatigue and exhaustion and has shown to have detrimental effects on the ability of workers to fulfil their nutritional and hydrational needs. **One homeworker reported that she wakes up at four in the morning every day to start gluing sandal soles, continuing until midnight. She has been engaged in this work for approximately fourteen years.**

Conclusion: Urgent Need for Gender-Responsive OSH systems

The two studies covered in this briefing have put a spotlight on women workers' health in the garment and footwear industry in India and Indonesia, exposing gaps in existing OSH systems and pointing to health risks inherent in the production process. It was shown how physical and mental stress from excessively high production targets, salaries below living wages, long working hours in rigid working postures, rough handling from supervisors, and the double burden of production and care work have detrimental effects on the health of workers. Reproductive health risks are often overlooked, and sufficient rest time is perceived as a luxury by factory management.

OSH systems need to become responsive to women workers' needs and take account of existing multidimensional marginalities at the intersection of gender, migration status, (dis-) ability, work status etc.

To address the needs of workers, improve working conditions, ensure living wages, and health of workers, there is a need for active stakeholder dialogue between government, trade unions, manufacturers, multistakehol-der initiatives (MSIs), brands, and NGOs.

The studies contain detailed recommendations on how the various actors that can positively impact workers health. To name but a few, brands and suppliers are called to adapt the production process, existing OSH systems and salaries to better accommodate workers' health needs.

Workers' representation in decision-making processes and the engagement with (women-led) unions can help to ensure that workers' needs are adequately reflected. Governments need to make sure regulation on OSH and public health is responsive to the needs of women workers, with adequate implementation and supervision mechanis ms in place. Home-based workers need to be recognized and protected by law to give effect to their human right to health at the workplace.

One viable strategy to improve the health of women workers in the garment and shoe sector would be the implementation of guidelines on gender-sensitive OSH, which puts the perspective of women workers at the centre. The MAP for Gender-Sensitive Occupational Health in the Garment and Footwear Industry engaged with brands, suppliers, standard-setters, unions, and civil society to do just that. Incorporating the findings of the studies discussed in this synthesis report, the MAP drafted guidelines for gender-sensitive OSH in a collaborative process, to be tested by chosen brands in a pilot project.

Additional guidance on how to systematize OSH for different actors is offered through the 2013 working paper of the International Labour Organization (ILO) titled “10 Keys for gender Sensitive OSH Practice - guidelines for gender Mainstreaming in Occupational Safety and Health". A more specific reflection on the subiect in the footwear and garment industry is provided in MAP-paper “What is a gender transformative OSH approach? A scheme for the footwearand garment sector" by Jiska Gojowczyk and Jannika.

For more information on the project and the guidelines, contact the project team at: gender-health@femnet.de

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Published by
FEMNET e.V:

Office:
Kaiser-Friedrich-Str. 11
53113 Bonn

Tel: +49 (0) 228 90917309
E-Mail: gender-health@femnet.de

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About FEMNET - FEMNET is an international NGO founded in 2007 in Bonn, Germany. Our goal is to improve conditions in the global garment industry. Guided by the Sustainable Development Goals of the UN, we aim to empower female workers in the industry. Our policies include:

- Developing an extensive network of decision-makers and partners at grassroots level.
- Developing widespread commercial and political contacts to promote the introduction of higher standards and more transparency in the garment industry.
- Assisting communes an businesses that are willing to to align their textile production, purchase and marketing with pervade UN sustainability goals.
- Raising awareness about the poverty and exploitation that pervade the garment industry and informing a new generation on the global impact of such oppression.
- Educating the public on an international scale is a vital factor in our work, which includes pilot projects, campaigns, lectures, online training courses and workshops for universities and schools.

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