A Study of Occupational Health and Safety in the Garment Industry in Bangalore

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ABSTRACT

The IT hub of Bangalore is also home to a large number of garment factories. These number over 950 units, and employ up to 400,000 workers in the bustling metropolis. While access to basic welfare benefits and securing the labour rights of garment workers are the foremost concerns, it would be equally important to understand the occupational hazards faced by workers on a daily basis and their long term health effects. During the course of this study, Cividep interviewed various stakeholders, including officials from the labour department, the Employee State Insurance Corporation (ESIC), doctors, management personnel from the garment industry, and workers themselves to understand these health and safety issues. The interviews also sought to understand the priority accorded to addressing workers’ grievances by the industry and the concerned government authorities.
# List of Abbreviations

<table>
<thead>
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<th>Abbreviation</th>
<th>Description</th>
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<tr>
<td>CFA</td>
<td>Committee on Freedom of Association</td>
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<td>ESI</td>
<td>Employee State Insurance</td>
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<td>ESIC</td>
<td>Employee State Insurance Corporation</td>
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<td>ETI</td>
<td>Ethical Trade Initiative</td>
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<td>FWF</td>
<td>Fair Wear Foundation</td>
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<td>GHQ</td>
<td>General Health Questionnaire</td>
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<td>GLU</td>
<td>Garment Labour Union</td>
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<td>ILO</td>
<td>International Labour Organization</td>
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<td>IT</td>
<td>Information Technology</td>
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<td>MSI</td>
<td>Multiple Stakeholder Initiatives</td>
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<td>MSD</td>
<td>Musculoskeletal Disorders</td>
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<td>NGO</td>
<td>Non Governmental Organization</td>
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<td>OECD</td>
<td>Organisation for Economic Co-operation and Development</td>
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<td>OHS</td>
<td>Occupational Health and Safety</td>
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<td>PPE</td>
<td>Personal Protection Equipment</td>
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<td>PF</td>
<td>Provident Fund</td>
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<td>RTI</td>
<td>Right to Information</td>
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<td>UTI</td>
<td>Urinary Tract Infection</td>
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1. INTRODUCTION

Though less known than its IT counterpart, the garment industry in Bangalore is a major source of livelihood for about half a million workers. Its contribution to the economy of Karnataka state is considerable. The dire working conditions in the industry and workers’ lack of access to basic facilities and benefits have often been cited in news reports and studies, including those by Cividep. With the overwhelming majority of workers in the sector being women, the well-known cycle of exploitation at the workplace, low pay, poor social security, occupational hazards and the social burden of having to look after the family and manage the home prove to be oppressive.

Being part of the global supply chain that has large, prominent retailers like GAP, H&M, M&S, C&A, Walmart and TESCO at the apex maximizing profits at any cost seems to be the primary concern of most large garment manufacturing companies in Bangalore. This is often at the cost of their workers’ welfare, whose physical and mental wellbeing is severely affected. Workers typically suffer from various ailments, such as respiratory illnesses, tuberculosis, ergonomic issues like back pain, mental health problems, such as depression and anxiety, and reproductive health issues, such as white discharge, irregular periods and excessive bleeding. The hostile attitude adopted by the industry and pro-investment governments has meant that trade unions are largely out of bounds for workers, whose problems are systematically sidelined. With the central government and some of the state governments beginning to dilute existing labour laws, the question of health and safety inevitably arises in an industry that was already largely unregulated.
2. BACKGROUND OF THE STUDY

Before getting to the main subject of occupational health and safety, it is important to look at the overall state of garment workers’ health in Bangalore, and their access to health care services. Workers come from various suburbs of Bangalore and the villages beyond them, and are generally aged between 18 and 45 years. Their lower socioeconomic status, coupled with the lack of other viable livelihood options, puts them at a particular disadvantage while dealing with health related problems. In a random survey conducted by the Employees State Insurance Corporation (ESIC) in 2014, it was found that 60.6% workers of those surveyed were anaemic.¹

Various occupational health issues, such as breathing problems and respiratory illnesses that result from inhaling cotton dust, are common in the industry. According to an ESIC official, 80 per cent of all tuberculosis (TB) cases registered in 2009 were from garment workers.² Silicosis, an incurable lung disease also affects workers engaged in sand blasting. To make matters worse, garment units where these processes are involved are not classified under hazardous industries, according to an official from the Department of Factories, Boilers, Industrial Safety & Health. Musculoskeletal problems like back aches, body, hand and leg pain are reported by the majority of workers as a result of repetitive work. Although major accidents are not common, minor accidents such as puncture wounds from needles are a daily occurrence.

Health needs to be looked at from the broader context of a worker’s daily routine. Workers wake up early to cook for the family, commute long distances to get to work and back, skip breakfast and other meals to save time, drink less water to avoid visiting the restroom and work without pause to meet high production targets. Stress caused by abusive behaviour from supervisors, the repetitive nature of their work and the occupational hazards that they face daily, coupled with minimum wages of less than INR 300 per day ($4.61) that barely allow them to make ends meet and the resulting low nutrition status, have a deeply negative impact on their general health.

Health care for garment workers comes under the government’s Employee State


² Suhasini Singh, Fashionable and famous -- at the garment worker’s cost! (Infochangeindia.org)
Insurance Scheme (ESIC). Although most permanent workers in the garment industry in Bangalore are covered by the ESI, these services are often under-utilized. The primary reasons for this are bureaucratic roadblocks (although efforts are now being made by the government to provide cashless services), the poor quality of said services, the problem of under-staffing at ESI dispensaries and hospitals, and corruption at primary care centers. Mindless procedures that make it difficult to access services during emergencies, and a poor sense of time and urgency at many of these primary care centers often result in workers accessing private health services that charge exorbitant rates.

However, despite its many shortcomings, the ESI Act is meant to provide a comprehensive health care service and insurance to workers in times of uncertainty or poor health. The problem arises from the difficulty in ensuring efficient management and proper accountability within the system.

The overlap of responsibility between the state and central governments in the delivery of services is a major problem in this respect, and is cited among the reasons for the inefficiency of the ESI. Services from the central government are usually better managed, and the state government often receives the blame for mismanagement and poor delivery. Privatization is indirectly present in the form of tertiary care tie-ups that bleed the state exchequer and affect the quality of services that could otherwise have been used to boost primary and secondary care centers run by the ESI.

Workers' health issues are treated in a matter of fact manner. Obtaining leave through ESI is still difficult, and often involves bribing the doctor in charge. Irregular periods, excessive bleeding and white discharge are the most commonly reported reproductive health issues among workers, according to trade union activists working in the sector. Paid maternity leave, at three months, is woefully inadequate, with an extra month in case of complications. Many garment workers are forced to leave their jobs altogether to take care of their young children as factory often fail to meet their statutory duty to provide a crèche. The nutritional status of garment workers is generally poor, as a result of low pay, the poor quality of food provided in factory canteens, and societal attitudes that are generally discriminatory towards women. A pediatrician working with the State ESI informed us that malnutrition, growth retardation and behavioral problems are often found in the children of these workers as a result of low nutritional status.

The other option for garment workers in terms of health care is the public health system, which has a network of primary, secondary and tertiary care units spread throughout the city. Here again, problems of underfunding, shortage of staff
and systemic corruption have meant that workers do not consider them a viable option, especially during emergencies. While services have improved at tertiary care set ups like the Victoria Hospital (a public hospital in Bangalore), these are not free for everyone. Although workers are not charged as much as in private hospitals, they are obliged to pay for specialist services.

2.1. Occupational Health Problems

Hazards in the garment industry include accident hazards, such as burns and puncture wounds, physical hazards, such as heat and noise, chemical hazards, such as allergies, ergonomic hazards posed by poor posture, biological hazards from poor nutrition, and psychosocial ones that result from abuse on the part of supervisors and a depressing work environment. All of these are inter-related, and can affect both productivity in general and the individual health of the worker. Thus, in most cases, workers do not create hazards - hazards are built into the workplace. ³

Some of the common causes of accidents in the garment industry are poor housekeeping, heavy manual lifting and inadequate use of Personal Protection Equipment (PPE). According to one study conducted in Bangalore, puncture wounds were the most common type of accident (48.3%), followed by incised wounds (28.1%), blunt injuries (13.5%), burns (5.6%) and foreign bodies (4.5%). Incidents of accidents during the study period were 2.49/1000 workers, with about half of those injured being tailors.⁴

Poor housekeeping is not only an accident hazard because of boxes, thread, trimmings and other combustible materials lying around the shop floor, but also because of dust which, when combined with poor ventilation and the poor quality of masks, can lead to respiratory problems. Inadequate use of PPE can either be the result of guards that are missing from machines altogether, or of the discomfort workers experience while using them. Workers claim that the use of PPE hinders the meeting of high production targets.

“Exposure to cotton dust causes irritation in the upper respiratory tracts and bronchi, which after prolonged exposures slowly progresses to chronic obstructive pulmonary disease. Besides all garment industries have dust problems. Dust fibres mainly produced from cutting and sewing sections of garment industries

³ Padmini DS and Venmathi A, Unsafe Work Environment In Garment Industries, Tirupur, India
⁴ S Calvin & B Joseph, Occupation Related Accidents in Selected Garment Industries in Bangalore City
can be seen on workbenches, lamps and even workers' hair. The smallest of these fibres are breathed in by the workers and, over the long term, cause a variety of respiratory problems. The problems are made worse as many industries use brooms and dusters to clean the workplace rather than use of industrial vacuum cleaners which simply spreads the dust and dust control is often made worse as workers do not wear their dust masks in the correct fashion. Moreover, workers are not informed of the dangers associated with their work, or the precautions to be taken while handling chemicals.

The Factories Act places emphasis on work safety, lighting, temperature and ventilation, cleanliness, disposal of wastes and effluents, dust and fumes and overcrowding, among other things. These aspects do not receive adequate attention in many garment factories in the country. Lack of general training on health and safety, specifically first aid training, is another common anomaly that compromises worker safety. While the Factories Act provides for annual medical examinations for hazardous industries, the classification of the garment industry as non-hazardous has made the situation worse for workers.

The most common health problem attributed to their occupation by garment workers was the incidence of musculoskeletal disorders (MSD). This was also the primary cause for workers seeking medical attention. The most common MSDs include tendonitis, epicondylitis (Tennis or Golfer's Elbow), bursitis, trigger finger, carpal tunnel syndrome and back strain. MSD prevalence is found to be particularly high among tailors. Without even basic counteractive measures like a back rest and adequate breaks at regular intervals, the repetitive nature of the work and the poor posture adopted by workers often leads to one or the other form of MSD. Other simple preventive measures such as stretching exercises could vastly help relieve many of the problems arising out MSDs if they are made a part of overall health education. Such exercises are never incorporated in health and safety training in most garment factories in India.

The sedentary nature of the work also predisposes workers to lifestyle diseases. A study looking at the nutritional status of garment workers in Bangalore between 2002 to 2005 found that there was a sharp increase in the number of pre-obese,

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5 Padmini DS & Venmathi A, Unsafe Work Environment In Garment Industries, Tirupur, India
6 Bobby Joseph & Pretesh Rohan Kiran, A Stitch In Time ... Annual Health Appraisal Of Garment Industry Employees
7 Padmini DS and Venmathi A, Unsafe Work Environment In Garment Industries, Tirupur, India
8 Padmini DS and Venmathi A, Unsafe Work Environment In Garment Industries, Tirupur, India
obese (class 1) and obese (class 2) workers. The flip side of the coin, however, is the prevalence of anaemia. Studies indicate that its prevalence is as high as 62%. The poor quality of food provided at canteens, combined with inflation, tends to lower workers' calorie intake. The need to meet production targets forces workers to cut short lunch breaks, or even skip them altogether. They often do not drink enough water in order to avoid going to the restroom. This predisposes them to Urinary Tract Infection (UTI). No concession is usually made by the management for gynaecological problems such as menstrual irregularities, vaginal discharge, excessive bleeding and lower abdominal pain. The management at these factories is predominately male.

With the above pressures come psychosocial problems. These arise out of frustration from the monotonous nature of the work, the risks involved, long working hours, a lack of recognition for their work, a lack of job satisfaction, daily abuse by male supervisors, the absence of welfare activities, and tensions at the home and at the workplace. A study on the mental health status of women garment workers in Bangalore found that the GHQ Likert score was equal to 5 in 45.1% of the study population, which is considered the cutoff for probable mental illness. The results revealed hypochondriasis, symptoms of anxiety, social impairment and a feeling of dejection, unhappiness, and felt psychological disturbance.

Apart from the psychological toll it takes, work related stress can also have a significant impact on the incidence of cardiovascular diseases, such as hypertension. Neurological problems like frequent headaches, hand tremors and peripheral neuritis are often the result of continuous work.

Thus, a general lack of education and awareness, the absence of organized unions at the workplace, unresponsive governmental institutions and poor sanitation and nutrition tend to aggravate workers' health and safety problems. Periodic medical surveillance and a responsive grievance mechanism at all levels could stave off potential hazards at the workplace.

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9 Ibid
10 Bobby Joseph & Naveen Ramesh, Weekly dose of Iron-Folate Supplementation with Vitamin-C in the workplace can prevent anaemia in women employees
11 Padmini DS & Venmathi A, Unsafe Work Environment In Garment Industries, Tirupur, India
12 Deepthi Shanbhag & Bobby Joseph, Mental Health Status of Female Workers in Private Apparel Manufacturing Industry in Bangalore City, Karnataka, India
13 Bobby Joseph, Christie Minj, Glenn Fernandes & Milan Marandi, A longitudinal study of the morbidity and nutritional status of workers employed in a garment factory
2.2. Grievance Mechanisms

With such an appalling record in the handling of occupational health issues, the question of effective grievance redressal arises at all levels, including the garment industry, the Department of Factories and Boilers, and the ESI. At the industry level, workers have the option of approaching their HR departments with their complaints. Beyond the industry, worker delegations, trade unions and NGOs at the local level have tried to approach garment manufactures through stakeholders meetings, but without much success in getting grievances addressed. At an international level, the worker or trade unions have the option of directly approaching various brands to seek redressal vis-à-vis their much publicized ‘Code of Conduct’ policies. Some of these are specifically meant to address such concerns.

Approaching the HR is considered the most ineffective measure, as managements are known to not be particularly responsive to individual complaints from workers. Involving trade unions in the registering of complaints has proved to be much more effective. However, managements now ensure that trade unions are barred from their factories.

Directly approaching brands that do business with the local garment manufacturers is another way of seeking redressal. However, the latter are known to find ways of working around audits and inspections. Without trade union involvement, workers find it difficult to speak up against the management and air their grievances without fear of reprisal. It should also be remembered that there are limits to the lengths brands are willing to go to safeguard workers’ rights, unless compelled to do so by the law of their respective countries.

Multiple Stakeholder Initiatives (MSIs) that focus on the garment industry are considered a more neutral way of auditing and inspecting factories. These involve NGOs, trade unions, industry representatives and brands. However, the possibility of MSIs misusing their role as certifying bodies remains, since funding for such initiatives are primarily from corporate sources. The Fair Wear Foundation, Fair Labour Association and the Ethical Trade Initiative are some of the well-known MSIs involved in the industry.

At the local or state level, worker delegations and trade union representatives have the option of approaching the Department of Factories & Boilers or the ESI, depending on the nature of the complaint. The Department of Factories, Boilers, Industrial Safety & Health deals with all complaints concerning occupational health and safety, while the ESI provides health care services.
Complaints can be lodged with the department directly or through the public grievance portal of the state or central government. The department provides legal assistance to the petitioner, and can also file cases against companies on the basis of inspection reports and violations of the Factories Act, 1948. On receipt of complaints, enquiries, applications or petitions, the competent authority will decide the gravity of the case, assess the priority for disposal, and assign a red, yellow or green tag or card specifying the time limit for disposal accordingly. A copy of the same is made over to the petitioner. The department also falls under the purview of the Right to Information (RTI) Act, as well as the Lokayukta (Ombudsman) in cases of delay or corruption charges against department officials.

Grievances at the ESI can be lodged directly at a branch office, dispensary or hospital through the website, or at the ESI Suvidha Samagam meetings that are held every month at the ESI Regional office, sub-regional office, divisional offices, branch offices and specific ESI hospitals for the purpose of addressing grievances. The Suvidha Samagam is a central government initiative, because of which state run dispensaries and hospitals are not within its purview. For corruption related charges, workers can complain directly to the state Lokayukta or the Karnataka Human Rights Commission in cases of denial of service. Legal recourse, although time-consuming and costly, remains an option in cases where all the above mechanisms for redressal have failed.

At an international level, the International Labour Organization’s Committee on Freedom of Association (CFA) is a global grievance mechanism that is applicable to all ILO member states. The CFA will handle complaints from government, workers’ and employers’ organizations. The Governing Body decides whether or not to appoint a Commission of Inquiry. The Committee of Experts on the Application of Conventions and Recommendations follows up on the implementation of its recommendations. The concerned governments may refer the complaint to the International Court of Justice for a final verdict.

The OECD Guidelines for Multinational Enterprises is a government-backed international corporate accountability mechanism aimed at encouraging responsible business behaviour around the world, especially in the areas of labour rights, human rights and environment. The details of how to file a complaint can be accessed directly through the OECD Watch website.

Lastly, grievance mechanisms are important to access remedy but cannot be substitutes for non-implementation of labour laws at the workplace or for the

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14 http://labour.kar.nic.in/fandb/CitizenCharte2013.pdf
15 http://oecdwatch.org/filing-complaints
The absence of quality health care services from the ESI. The neoliberal reforms of the 90s and the systemic dilution of labour laws have come at the cost of the working class. The absence of unions in unorganized sectors like the garment industry in Bangalore has meant that primary checks and balances are not in place. This leaves room for labour rights violations. The recent moves by the government to pass labour law reforms favouring industry and to cancel the licenses of several NGOs that it considers a hindrance to economic growth will only make grievance redressal much more difficult for workers.

2.3. Objectives of the Study

1. To study the occupational health and safety issues encountered in the garment industry in Bangalore.

2. To explore what existing systems are in place to ensure compliance with legal standards that relate to health and safety, and the lacunae that exists in their implementation.

3. To consider the policy and practice changes that are required to address safety and health issues in the garment industry, and to see how trade unions and labour support NGOs can engage in advocacy successfully in this regard.
3. METHODOLOGY

Data was collected through interviews and desk research. Interviews were conducted with garment workers, manufacturers, ESI officials and doctors, inspectors from the Labour Department, officials from the Department of Factories, Boilers, Industrial Safety & Health and trade unions representatives.

The simple random sampling method was used to select ten women workers from each of the three garment factories studied in the Mysore Road and Peenya areas of Bangalore. Brands purchasing from Shahi Exports include Marks & Spencer, H&M, Walmart, Target, Nike, Coles and JC Penny. Brands that buy from Texport Syndicate are Walmart and H&M. For Outdoor Clothing which is part of Gokuldas Images, the buyers include C&A, Columbia, Benetton and River West. This information was obtained from workers and from trade union activists.

Worker Interviews: Individual interviews were conducted with thirty women workers to understand the health and safety issues faced by workers in the garment industry. All personal details of the workers have been withheld to preserve their anonymity. The interviews were conducted by members of the Garment Labour Union (GLU).

Stakeholder Interviews: Interviews were conducted with one former official each from the Labour Department and the Department of Factories, Boilers & Industrial Safety, and three officials from the ESI. Two doctors from the ESI and a chest specialist from the state run Rajiv Gandhi Institute of Chest Diseases were interviewed, as were two trade union representatives and one factory manager.

Apart from desk-based research, the study relied on previous research conducted by Cividep and other organizations and institutions.16

The study has certain limitations. Only three factories were researched with a small sample of thirty workers. A total of 11 stakeholder interviews were conducted which included the ESI (three officials and two doctors), Labour Department (one interview with a former official), Department of Factories, Boilers & Industrial Safety (one interview), factory management (one interview), chest specialist from a public hospital and trade unions (two interviews). Therefore, it is difficult to generalize findings to a larger population with the limited set of data.

16 For a list of studies see reference section page 23
4. OCCUPATIONAL HEALTH AND SAFETY OF GARMENT WORKERS, IN BANGALORE

4.1. Working Conditions at Outdoor Clothing, Shahi Exports and Texport Syndicate

More than a third of the workers interviewed were above 30 years of age, while the rest were 19 and above. Age was found to have a correlation with educational qualifications, as those above 30 years of age had not studied beyond SSLC (10th standard at school). Younger workers were more likely to have studied till the 12th standard. However, none of the workers interviewed were graduates, and had not undergone any particular training before joining the garment industry. All workers are from a lower socio-economic stratum, with few other options to eke out a living. Twenty-three workers were married, while two others had separated from their spouses.

All of the workers interviewed were permanent employees with appointment letters. All of them were registered under the ESI and Provident Fund (PF). While most of them had a basic understanding of the benefits under the ESI Act, none of the workers were fully aware of all the benefits that can be claimed under the ESI scheme. Most had less than 5 years of work experience at the factory, and only two had worked for longer than 5 years.

The working hours for all those interviewed are between 9 AM and 5:30 PM, and they work six days a week. Overtime is only required at times when there are urgent production deadlines, but is forced upon them by the management in all three factories. Workers are not paid for overtime work, but are usually given compensatory leave instead. Additionally, workers are also made to work beyond their working hours without any pay if they fail to complete their production targets. There are no shifts at any of the factories, and all of them work in the general shift.

Production targets are set on an hourly basis, and the number of pieces depends on the type of product to be manufactured, like shirts, trousers, shorts, or underpants. Production targets are set by the production in-charge. Not meeting the target invites rebuke from the supervisor. There is a general feeling among the workers that production targets are too high, and that reducing the same would drastically improve their well-being.

Transport was provided at all three factories. Some workers from Shahi mentioned that they were charged INR 200 ($3.08) for using the company transport service,
but workers at Texport Syndicate and Outdoor Clothing did not say anything to that effect. Women's safety during commute to and from work has received lot of media coverage in recent years.

With regard to the presence of unions, none of the factories recognized any unions in their respective units. Many of the workers interviewed did not know of the existence of external unions that could be approached. For occupational health problems, workers generally approach either the management or the ESI hospitals. For general grievances, they approach the company, but the overwhelming feeling was that their complaints would never be addressed by the management. None of the workers spoke of using other grievance redressal options, such as complaints to the Labour Department or the Department of Factories & Boilers, or to the ESI regarding the poor quality of services at the dispensaries.

4.2. Health and Safety Provisions at the Selected Factories

Only a very few workers were aware that the company’s health and safety policy was supposed to be prominently displayed on the shop floor. This is an indication of the management’s lax attitude on the enforcement of labour law provisions.

A Health and Safety Committee was present at all the factories. However, its functioning leaves a lot to be desired. None of the workers were informed of the way it operates, they were only aware that the committee meets once a month. According to trade union activists, the workers are acquainted with the committee members, but the latter are usually picked by the management. With regard to health check-ups, only four workers from Texport Syndicate and Outdoor Clothing mentioned that these had been carried out by the ESI. However, none of the other workers mentioned any such check-ups at either of the factories. A few workers said that an eye check-up had been conducted at Shahi by a private hospital.

A First Aid box is present at all three factories, and all workers know where it is kept. Some of their colleagues are trained in first aid, as per law, but none of those interviewed knew whom to approach in case of injury. Most relied on the factory nurse for aid. In case of complications, workers are taken to a private hospital.

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All three factories had medical rooms, usually with two beds and a nurse. A doctor pays a visit once every week, but not all workers are aware of this. They go to the medical unit in case of any problems but have to take permission from their supervisor first. All three factories have ambulances for emergencies.
Only four workers said that they had taken sick leave in the last three months. The procedure for securing sick leave is through the ESI and the process is difficult. A few said that they either took leave without pay, or tried to obtain leave from their annual quota of casual leaves, which is also difficult to secure from the management.

Only five workers said that they had used private healthcare facilities for their medical needs, while the rest said that they go to the ESI hospital with their health problems.

With regard to water and sanitation, workers at Texport Syndicate and Shahi complained of poor water quality. Only the management is provided with bottled water and workers were provided unfiltered borewell water. Most workers said that the toilets were generally clean, but that no soap was provided in the restroom area. Almost all workers said that they used the toilets only two times a day, with some citing production targets as the reason for avoiding toilet breaks.

A canteen is present at all three factories. All workers said that they brought lunch from home as the food provided at the canteen was neither sufficient nor nutritious. Nine workers in all stated that they had anaemia.

With regard to fire safety, workers in all the three factories knew about all available exits but could not clearly distinguish between emergency exits and normal ones. Fire safety drills are conducted regularly in all three factories and fire extinguishers are available.

Workers at Texport Syndicate stated that ventilation was good and that the room temperature was normal at their workplace. Those working at the other two factories complained of the absence of fans, and excessive heat and humidity during the summers which made working difficult. A ventilation system to suck out cotton dust was present at Texport and Outdoor Clothing, but not at Shahi. The ironing sections at all three factories were not located close to windows according to workers. The ironing section needs to be located close to the windows as this would help mitigate any increase in temperature or humidity.

4.3. Occupational Health and Safety Hazards

Most workers complained of headaches and exhaustion due to the work pressure. All those interviewed said that they had been rebuked at some point for not meeting the production target. Some said that they did not feel safe inside the factory premises because of verbal abuse which also affected their family life and
caused more stress. In all, fourteen workers stated that they suffered from mental stress or depression related to work pressure.

Posture related issues depend on whether they sit or stand were reported by most of the workers interviewed. These include backaches, leg, neck and hand pain. Workers also experience feelings of boredom because of the repetitive nature of the work. In all seventeen workers said that they suffered from backache, while seven experienced leg pain. Most said that they experienced discomfort while working in the same position throughout the day. No breaks are given, except at lunchtime, which are also cut short by workers themselves in order to meet their targets.

Most workers complained of the dust present on the shop floor and nearly half reported having persistent cough caused by dust inhalation. This could be an indication of an underlying illness that is slowly progressing. None of the workers reported using any hazardous chemicals, but ten said that they had developed allergies while using some of the fabric, which they referred to as 'chemical pieces'. No specific instructions were given by the management on potential hazards, or how to take precautions while handling such fabric.

Most workers complained of high noise levels but none of those interviewed had been given ear plugs. They claimed that only those in the ironing section were given plugs. Five of those interviewed said they experienced eye irritation.

With regard to Personal Protection Equipment (PPE) all tailors claimed to have received masks, while helpers had not been given any PPE at all. Tailors also stated that there were needle guards in the machines.

Workers at Shahi and Texport Syndicate did not mention any major accidents at their workplaces, but those from Outdoor Clothing described a boiler explosion that had injured a few workers. They did not, however, know what actions had been taken by the local authorities in this regard.

With regard to reproductive health problems, seven workers stated that they experienced irregular periods.

These findings corroborate evidence found in previous studies on occupational health and safety in the Indian garment industry. They were reaffirmed by the three doctors interviewed for the study, namely two from the ESI and a chest specialist from a reputed public institute in Bangalore. Dr. Nithyananda from the ESI hospital in Indira Nagar, Bangalore clearly stated that most of the problems suffered by garment workers were preventable and
were mainly caused by the apathy of employers and the government. According to him, the main health related problems linked to work environment include: “headaches and mental stress, posture related problems such as body pain and backache, respiratory diseases, skin allergies and eye strain, unclean water, and malnutrition.”

According to Dr. Shashidhar Buggi, Director at Rajiv Gandhi Chest Institute in Bangalore: “[Work] environment, improper circulation of air and urbanization - many of these factories are located in already polluted areas. So it is a multifocal problem.” In his opinion, even small changes like proper ventilation “can make a big difference. Lung diseases include bronchitis, inflammation, asthma, TB, and in some cases chemicals may also have a major impact. Dust from clothes, congested air - this is one aspect. The use of chemicals - for example, sand-blasting for jeans - leads to silicosis. Thus, protection against this is a must, as the employer also benefits from it. If the worker is healthy, then the work efficiency raises (sic).”

Although this study did not come across any cases of silicosis, the official interviewed from the Department of Factories and Boilers confirmed that cases of silicosis are found among garment workers involved in sand blasting.

Despite efforts to contact the management of all three garment companies, only one interview could be conducted. The General Manager of this company flatly denied any occupational health problems at his units, except headaches. Even a cursory glance of this particular unit showed glaring gaps, such as the crèche being very close to the generator, which is both a hazard and very noisy. The chairs provided to the tailors do not have any backrests, as was claimed by the manager. Not many workers appeared to be using any of the PPE listed by the manager, which were goggles, masks, steel mesh, hand gloves and gumboots. More crucially, the workers’ testimony did not match many of the claims made by the management of the company.

While not directly denying the health-related concerns of garment workers in Bangalore, the official interviewed at the Department of Factories, Boilers, Industrial Safety & Health claimed that the department acts on the basis of all complaints and reports cases of silicosis and other diseases in the paper. However, Sebastian Devraj of Fedina – a Bangalore based NGO, who is one of the trade unionists interviewed for this study, stated that: “Complaint mechanism is ineffective - highly understaffed, low priority. To file a complaint, you need to approach the Department of Boilers & Factories. Workers are not ready

17 Interviewed on 24th November 2014 at ESI Indiranagar Hospital, Bangalore
18 Interviewed on 17th December 2014 at Rajiv Gandhi Chest Institute, Bangalore
to complain outside of factories - they usually go to HR, but the problems will not be redressed. Workers are reluctant to go to Labour Department even when the protection would be given to them. Unions are necessary to make the grievances public."

None of the interviewees from the trade unions spoke at length on using other available grievance mechanisms, such as approaching brands on the basis of their Codes of Conduct, or approaching multi-stakeholder initiatives and international bodies such as the International Labour Organization (ILO) for systemic grievance redressal. Trade unions such as the Garment Labour Union have approached the brands in the past, or have registered complaints through partner organizations like Cividep. However, they are more geared towards approaching local institutions than international bodies.

All workers interviewed for this study were registered with the ESI, and most appeared to be somewhat aware of its benefits and to be utilizing its services. Although the trade unionists interviewed affirmed that this was the case at most export-oriented production units, they also mentioned cases among those garment units catering to the domestic market where ESI cards had been withheld by the company without giving it to the workers themselves. Some small companies do not enroll their workers with the ESI at all, and offer them slightly higher wages instead. ESI officials interviewed for the study confirmed this but also talked of regular awareness building programmes among workers that involved trade unions, to encourage registration.

Interviews with ESI officials and doctors and with trade unionists gave credence to the fact that centrally managed ESI hospitals were better managed than their state counterparts. Devraj from Fedina said that: “Some dispensaries are run well, but most have high levels of corruption. (Workers have to pay) Rs. 300 bribe for seven day sick leave (and) genuine cases (are) denied leave. Major hospitals are well equipped, but dispensaries are bad.” According to Dr. Nithyananda, a lot of money is being spent on tie-ups with private hospitals for tertiary care, whereas the same money could instead have been utilized for improving the services at the ESI. Other problems include improper timings, excessive paperwork (although efforts are being made to simplify the process through computerization and cashless services) and too many rules that hamper easy access to secondary care, especially during emergencies.

A functioning grievance mechanism does exist at the ESI, with regular monthly meetings that involve some of the stakeholders from among employees, ESI officials and employers. Other ways include the online complaints system and a telephone helpline. However, the ESI grievance mechanism deals mainly with
registration, compensation claims and service delivery at the regional ESI office (which is under central government control). The ESI officials interviewed for this study are central government officials and said that they did not have much leverage with state controlled dispensaries or hospitals, where corruption is most rampant. Both central and state hospitals and dispensaries face staff shortages, according to all stakeholders interviewed from the ESI. According to Dr. Rachita Vishwas (ESI), implementation needs to be improved at the ESI level.

Mr. Rao (Director) and Mr. Sivaramakrishnan (Assistant Director) of the ESI regional office gave examples of cases which had been brought in court against employers for failing to comply with ESI regulations. However, with the new labour law reforms which are widely perceived to be pro-employer, the officials stated that the inspection of factories was no longer under their control. A random lottery based system (on a pilot basis) will determine which factories are to be inspected, unless individual complaints are received or reports appear in the media about particular instances of violations. Further proposals for labour law reform include excluding factories that employ less than forty workers from the purview of many labour laws, including the ESI. This would be counter-productive according to the ESI officials.

As many of the labour laws are on the state subject list, several changes to labour laws by the central government remain on hold for the time being. According to an official from the Department of Factories, Boilers, Industrial Safety and Health, yearly inspections are being carried out at factories. In addition, the department has released a booklet in Kannada on occupational health and safety, which is being provided to each worker free of cost by the government. Trade Unionist from GLU reported of not being aware of this booklet or its distribution amongst the workers.

The official also stated that the department’s intention was to combat anaemia through iron and folic acid supplementation, which would involve the ESI and was planning on providing nutritious food, similar to the Midday Meal scheme for children in public funded schools. A third of the workers interviewed in this study said they were anaemic and the quality of the food in factory canteens is poor. Apart from wage increases, the work environment also needs to be looked at in addressing anaemia as workers have reported skipping meals to meet high production targets.

Major accidents, according to the official, include those from needle punctures, which can be avoided by using needle guards and steel mesh gloves. As stated during interviews, workers are either not given the recommended gloves or only receive them during inspections and audits by the brands. These are taken away
afterwards. Although the official claimed that the incidence of ergonomic problems had come down through the provision of backrests, many reports document that posture-related problems are the most commonly reported health problem among workers.

Drinking water and sanitation facilities leave much to be desired. Workers from both Shahi and Texport Syndicate complained of being given unfiltered borewell water. Although toilets are well maintained from their point of view most only use them twice a day. This indicates the kind of pressure workers are under to achieve targets that forces them to avoid using the toilet and to drink less water. This can give rise to a number of health problems, such as urinary tract infections, kidney stones and bladder stones. Lack of soap at restrooms means that workers cannot clean their hands thoroughly before eating.

Depression and stress are major health concerns that are often neglected. The number of cases of suicide reported in the last couple of years has risen. Although ‘production torture’ (as described by workers) is a daily routine experienced by most, nothing appears to have changed in the management’s attitude towards abuse and harassment of this kind. Trade unionists from GLU said that some workers make use of the psychiatric facility at the ESI hospital. Depression and stress are the result of a hostile work environment where managers and supervisors disregard workers’ mental and physical health and safety.

According to a union activist of GLU: “[The] ESI is like [the] public transport system - unless workers use the services, go and complain, or fight for their rights, things will not improve.” 19 Because of the unorganized and unskilled nature of the workforce workers are easily replaceable and trade unions have not been able to create an impact. Union membership has not even reached 1% of the total workforce in Bangalore according to Sebastian Devraj from Fedina.

Dr. Manjunath (former Labour Department official) told us that it was not so much the enforcement of labour laws that needed to be taken into consideration but more the threats to the livelihood of workers, especially those working at small units that could easily shut shop and move elsewhere.

Occupational health and safety has also not been the focus of trade unions as both trade union representatives interviewed admitted that they had not specifically concentrated on occupational health problems as an issue, specific concerns like unhygienic working conditions and improper sanitation arise from time to time.

19 Interviewed on 14th January 2015 at GLU office
Although the situation appears abysmal, small changes have taken place over the past decades. Awareness has increased on issues like sexual harassment at the workplace and the benefits of ESI. The government is slowly beginning to take action in the face of these glaring discrepancies for example combating anaemia through an iron and folic acid supplementation programme. There is also a proposal for free public transport to address women’s safety.\(^\text{20}\)

Pressure from brands, the certification procedures of MSIs and obligations under the OECD Guidelines have also ensured that certain basic standards are met by local garment manufacturers. This provides evidence that by fighting for basic rights such as freedom of association workers can bring about meaningful change in their work environment, which would go a long way in addressing many of their most pressing health problems.

5. Recommendations

Working Conditions in garment factories continue to be deplorable. Work pressure caused by unrealistically high production targets and harassment from supervisors need to be addressed by the Labour Department. Unionization of workers is key as it will give workers a voice to raise their concerns and will also help address other key issues like higher pay, welfare services and occupational health problems.

In this study, we found that health and safety provisions available to workers at their workplace were very rudimentary. As pointed out in earlier studies, occupational health problems faced by workers included MSDs such as backache, dust inhalation, allergies from fabric, anemia due to poor nutritional intake, unsafe drinking water, headaches and mental stress.

Occupational health and safety needs to be also addressed from the care perspective, i.e., through the ESI. Comprehensive health care services to deal with every aspect of garment workers’ health need to be provided by the ESI, especially when it comes to occupational health. Service at the ESI primary and secondary care needs to be improved to meet workers expectations. Timings, quality of service delivery, procedural stumbling blocks, grievance handling, corruption etc are all areas that needs immediate attention from the ESI state and central authorities.

The Department of Factories and Boilers needs to be more active in addressing occupational health and safety concerns. Regular health screening and education of workers by the department on occupational health and safety issues need to be carried out on a priority basis. In addition, workers must be able to reach out to the department in case of violations and file complaints without fear of reprisals from the management. The department must actively take up measures to improve the work environment according to the Factories Act and the Karnataka state government must ensure that the department does not lax in its implementation. Thus encouraging the management to improve the working conditions through scientific production practices, addressing potential occupational hazards and providing regular OHS education and screening by the department can potentially improve occupational health and safety at garment factories.

While there are a only few studies with data on occupational health problems faced by garment workers in India, more involvement with key stakeholders like the ESI or Department of Factories & Boilers through surveys and health check-ups could push the state government to act as it has with its recent initiative to combat anaemia among workers. Periodic medical surveillance and reports that are made publicly available can go a long way in identifying health concerns and addressing them through appropriate channels. The outcomes
of audits conducted by brands and MSIs need to be reflected on the shop floor and conditions at workplace need to drastically improve.

A better understanding of the availability and functioning of non-judicial grievance mechanism at different levels such as local/ regional, national and international bodies among trade unions, civil society organizations and worker representatives could help in dealing with labour rights violations and seeking remediation in a much more effective manner. Only through a combined action plan will result in an improvement in their working and living conditions.

In conclusion this study demonstrates that working conditions and the state of health of workers in the garment sector are interdependent, including occupational health and safety. Occupational health needs to be addressed not just from the point of view of treating it or addressing grievances but of addressing all the determining factors such as working and living conditions that contribute to it in the first place. Higher pay and quality welfare services, provision of more nutritious food, a congenial work environment, reduced work pressure and manageable production targets, easy access to health services, unionization and autonomous committees, attention to occupational hazards, gender sensitivity on the part of management and addressing women’s specific concerns, and implementation of labour laws by the concerned authorities hold the key to addressing occupational health and safety issues among garment workers in Bangalore.
REFERENCES


