



# Worked To The Bone

Understanding Health  
Vulnerabilities &  
Healthcare Access of  
Women Garment  
Workers in  
Bangalore



## Multi-Actor-Partnership For A Gender-responsive Occupational Health and Safety Approach In The Footwear and Textile Industry

# ABOUT THE PROJECT

Working conditions in the textile and footwear industry are often unhealthy, characterised by discrimination and violence. As a result, a whole range of physical as well as mental health issues affect the workers, predominantly women.

Gender plays a crucial role in shaping a person's individual health and safety risks, and needs. Women are exposed to occupational accidents and diseases due to factors like violence, discrimination, overtime, and the double burden of domestic care and paid work. Unfortunately, gender-responsive perspectives on occupational health and safety measures remain insufficient.

All workers are entitled to the highest attainable standard of physical and mental health at work. This project is committed to fostering adequate occupational health and safety measures for workers in the garment and footwear sector in India and Indonesia through a Multi-Actor Partnership (MAP).

From the project's inception, we have actively considered the needs of all relevant stakeholders, including workers, companies, suppliers, local trade unions, and civil society organisations. Our joint objective is to establish sustainable structures for improving occupational health.

**Worked To The Bone: Understanding Health Vulnerabilities & Healthcare Access of Women Garment Workers in Bangalore** was produced as part of this MAP project. It sought to identify and analyse gender-specific health risks, facilitate solution-oriented dialogues among stakeholders, and develop guidelines to enhance workers' health.

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Cividep has been working on corporate accountability and workers' rights since the year 2000. Based in Bangalore, and with field offices in other locations in South India, Cividep's work aims to safeguard the rights of communities, especially workers employed in global supply chains. We strive to hold corporate entities accountable for the impacts of their business on workers and the environment. To this end, Cividep conducts research on working conditions and corporate conduct across a range of export-oriented industries, engages in worker education, and advocates for policy change.

These initiatives are focused on the garment, leather, and electronics industries, on coffee and tea plantations, and in the area of business and human rights. Cividep is an active member of national and global networks working for the advancement of responsible business conduct and human rights.

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The garment industry in Bangalore is a significant contributor to the city's economy, and employs a large number of women. This research report presents the key findings of a study conducted to assess the health status and access to healthcare services among garment workers in Bangalore. The study aimed to understand the specific health vulnerabilities of women workers and their accessibility to quality healthcare services.

The research employed a mixed methodology, including 10 focus group discussions with 94 workers randomly selected from various factories in Bangalore. Body mapping and focus group discussions were conducted to gather demographic information, health status, and healthcare utilization patterns. Additionally, interviews were conducted with health experts to gain further insights.

## EXECUTIVE SUMMARY

The findings revealed that working conditions significantly contribute to several health vulnerabilities, among which musculoskeletal issues, malnutrition, poor sexual and reproductive health, and mental health problems were prominent.

The study also highlighted concerns regarding anaemia, menstrual irregularities, and respiratory problems. These health challenges were attributed to the demanding and stressful working conditions arising from high production targets. Regarding access to healthcare, the workers perceive workplace facilities to be inadequate in terms of quality and accessibility. Most of them prefer private healthcare options over the ESI, despite

having to spend 25 to 30 per cent of their wages.

These findings emphasise the need for improved access to healthcare services. The findings are crucial for fostering stakeholder dialogues and urging policymakers, occupational health and safety experts, labour rights organizations, trade unions, and civil society to address poor working conditions in the industry.

By addressing these challenges, stakeholders can work towards improving working conditions and overall well-being, ensuring a healthier and more empowered workforce in the garment industry.



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The garment sector in Bangalore is predominantly driven by female workers hailing from low socio-economic backgrounds across various regions of Karnataka and other states. They enter the industry in pursuit of improved and sustainable livelihoods. A significant majority possess a high school education but lack higher academic qualifications, making employment in the garment sector an appealing

opportunity within the organized sector. These workers often serve as the primary or sole breadwinners for their families, motivated to provide for them, and escape poverty. Moreover, the availability of social security benefits such as the Employee Provident Fund (EPF) and medical coverage provided by the Employee State Insurance (ESI) scheme further entice them to join the garment industry.<sup>1</sup>

However, the journey is not without its challenges for the women workers. Studies have highlighted the gender-related issues they face, including

violence and sexual harassment, which negatively impact their working conditions (ITC-ILO, 2017)<sup>2</sup>. What remains underexplored is the intricate relationship between poor working conditions and the various health vulnerabilities experienced by these workers. This report aims to delve into their health vulnerabilities of women workers and analyze their healthcare choices. Moreover, it seeks to provide actionable insights for employers and policymakers to better understand and address the challenges faced by lakhs of women workers.

## 1.1 Work conditions impact health

Extensive research has documented the precarious work conditions prevalent in the garment industry, such

***What remains to be explored is the relationship between poor working conditions and health vulnerabilities of garment workers***

as inadequate wages, limited access to healthcare and social security, and gender-based violence. These conditions are often attributed to the business practices within global supply chains (ITUC, 2011)<sup>3</sup>. A study conducted on the garment sector in the Delhi-NCR region highlighted the prioritization of high turnover and long working hours at the expense of social security and freedom of association. Consequently, workers face various hurdles in exercising their right to work, (Centre for Development, Policy and Research, SOAS, 2014)<sup>4</sup>.

While studies have established a direct link between workers' well-being and precarious work<sup>5</sup>, the gendered perspective is frequently overlooked in addressing the occupational health issues of women workers<sup>6</sup>. Occupational Safety and Health (OSH) frameworks predominantly focus on the male worker's perspective, neglecting the specific health vulnerabilities experienced by women. OSH guidelines nationally and internationally look at health and safety from the male worker's perspective<sup>7</sup>.

# 01

# INTRODUCTION

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This lack of gendered analysis hinders our understanding of how working conditions impact the health and well-being of garment workers. Many workers encounter difficulties in accessing healthcare due to discouragement from male superiors and their husbands. In the workplace, women are thwarted from seeking information about health or taking breaks to rejuvenate themselves. They are confined to their workstations, which contributes to their isolation and limits their interactions. This restricted freedom of association, coupled with a lack of awareness about health and labour rights, further exposes them to exploitation at in the workplace.

## 1.2 Stress at work affects health

This report seeks to comprehensively understand the health vulnerabilities of women workers by addressing two questions. Firstly, it examines the specific vulnerabilities and their interconnections with occupational factors and working conditions. Secondly, it investigates the accessibility and quality of healthcare services available to workers, including

the effectiveness of the public healthcare system (ESI) and onsite healthcare facilities.

The report employed a mixed research methodology design, which involved a brief survey of 220 workers to identify primary health vulnerabilities. Additionally, 10 focus group discussions and body mapping exercises were conducted with 94 workers to gain a comprehensive understanding of the health vulnerabilities and identify relevant trends.

The findings revealed that working conditions significantly contribute to several major health vulnerabilities, particularly musculoskeletal issues. The study also highlighted concerns regarding malnutrition, anemia, menstrual irregularities, miscarriages, abortions, respiratory problems, and mental health issues.

These health challenges were attributed to the demanding and stressful working conditions arising from high production targets. Regarding access to healthcare, the workers perceive workplace facilities to be inadequate in terms of quality and

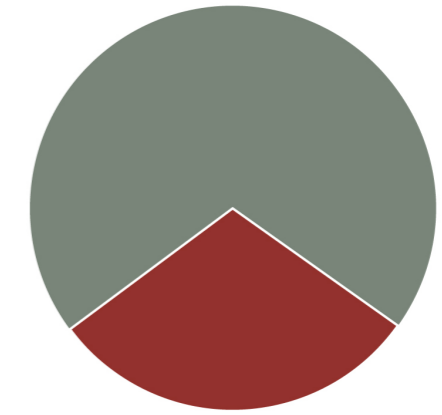
accessibility. Most of them prefer private healthcare options over the ESI, despite having to spend 25 to 30 percent of their wages.

## 1.3 Data to drive dialogues

This research on the health vulnerabilities of Bangalore's women garment workers underscores the urgent need to address the adverse effects of poor working conditions in the industry. The report plays a crucial role in advancing the objectives of the MAP project, specifically in developing comprehensive Occupational Safety and Health (OSH) guidelines for implementation in supplier factories by partnering brands.

To effectively accomplish this task, it was imperative to gather data on the prevailing OSH issues faced by workers.

**Report used a mixed methodology, which involved a survey of 220 workers to identify primary health issues**



Workers spend 25-30% of wages on private healthcare

Utilising this data, our collaborative partners, particularly our German counterparts, can proactively engage with suppliers and brands, while Cividep and its Indonesian partner and civil society organisation TURC can reach out to regulatory bodies in their respective countries. Through these collective efforts, we aspire to drive meaningful changes that will improve the working conditions for garment workers.

Additionally, this report will help develop training sessions designed to raise awareness among workers. By disseminating information about the health issues they face and highlighting preventive measures, these sessions will help them make informed decisions. Also, the report will serve as a reference document to create awareness among





*Cividep team conducts a body-mapping exercise with garment workers*

workers about the available healthcare services. The report will help us reach out to a wide array of stakeholders, including policymakers, occupational health and safety experts, labour rights

organisations, trade unions, and civil society at large, fostering dialogue to bring about positive changes in the lives of workers.

## Objectives of the report

01. GATHER DATA ON WORKERS' OSH ISSUES

02. USE DATA TO ENGAGE WITH SUPPLIERS, BRANDS & REGULATORY BODIES

03. DEVELOP OSH GUIDELINES FOR BRANDS AND FACTORIES

04. IMPLEMENT THE GUIDELINES ON PILOT BASIS IN FACTORIES

05. DEVELOP HEALTH AWARENESS AND TRAINING SESSIONS FOR WORKERS



Previous studies on the health of garment workers have provided valuable insights into the vulnerabilities faced by these workers. Many of these studies have focused on musculoskeletal disorders<sup>8</sup>, specifically identifying them as the most pressing issue among garment workers<sup>9 10 11</sup>. These disorders are primarily attributed to prolonged and repetitive tasks, poor posture, high production targets, inadequate breaks, and limited access to healthcare.

## Impact of poor working postures

For instance, a study conducted in Tiruppur, India, found that 77 per cent of workers experience musculoskeletal disorders, with 78.2 per cent suffering from low back pain and 73 percent experiencing neck pain (Sreesupet al., 2016)<sup>12</sup>. Another study on Indian garment factory workers reported that 60 per cent of women working on

sewing machines suffer from back pain (Lillypet. S, 2017)<sup>13</sup>. Moreover, a study conducted in 2009 on garment workers in Bangalore revealed that 72 per cent of musculoskeletal disorders are caused by ergonomic factors related to working and sitting postures (Senthil Kumar, et al, 2009)<sup>14</sup>.

Tailors, who predominantly have seated positions, experience back pain more frequently compared to helpers or ironers (standing workers)<sup>15</sup> while musculoskeletal disorders are a direct result of high physical demand, poor postures, and lack of recovery time. (Meenaxi. T and Sudha. B, 2012)<sup>16</sup>.

## Musculoskeletal disorders result from high physical demand, poor postures and lack of recovery time

Addressing these factors through ergonomic interventions, training programs, and improved work practices is crucial for enhancing the musculoskeletal health of these workers.

## Insufficient diet, poor nutrition

Another significant determinant of ill-health among garment workers is malnutrition and nutritional deficiencies, primarily resulting from insufficient wages that contribute to food insecurity. Workers often sacrifice meals to meet strict production targets and punctuality requirements, further worsening their nutritional status.

Although the literature on the nutritional status of garment workers is limited, some studies have highlighted the extent of the problem. For instance, a study conducted in India in 2005 revealed that 79.3 per cent of workers are undernourished, with 30 per cent exhibiting clinical signs of anemia (B. Joseph et al, 2005)<sup>17</sup>. Another study reported that 20 per cent of workers in India<sup>18</sup> and 68 per cent in Bangladesh<sup>19</sup> suffer from malnutrition. Additionally, a study conducted in India in 2018 found that 43.3 per cent of garment workers are underweight, and 16.3 per cent are overweight. (Lillypet et.al, 2018)<sup>20</sup>.

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## LITERATURE REVIEW

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The prevalence of anemia ranges from 31 to 57 per cent, with another study stating that 42 per cent of workers in Bangalore are anemic (Vidhusha Karavadi et al., 2019)<sup>21</sup>.

## Stigmas add to gynaecological problems

Another critical health issue that has remained relatively underexplored is the sexual and reproductive health of garment workers and its link to working conditions. Women workers often have limited access to reproductive healthcare services and lack awareness. Their work environment exposes them to unsafe practices, such as using rags instead of sanitary pads, and unclean toilets, leading to infections.

A study evaluating the morbidity profile among garment workers in Bangalore points to a 5.35 per cent increase in gynaecological problems such as menstrual irregularities, polycystic ovaries, vaginal discharge, infertility, cervical cancer, uterine prolapse, and urinary tract infections over two years.

## Work environment exposes women to unsafe practices - use of unclean toilets and rags instead of sanitary pads - lead to infections

(Chandra et al, 2014). Another study conducted in Cambodia by UNFPA found that only 2 per cent of the workers could identify five danger signs in pregnancy<sup>22</sup>. Additionally, a study on the reproductive health practices of garment workers in Bangladesh reported that about 30 per cent of pregnancies among garment workers are unplanned. Societal stigmas further hinder open discussions and support for their reproductive health needs.

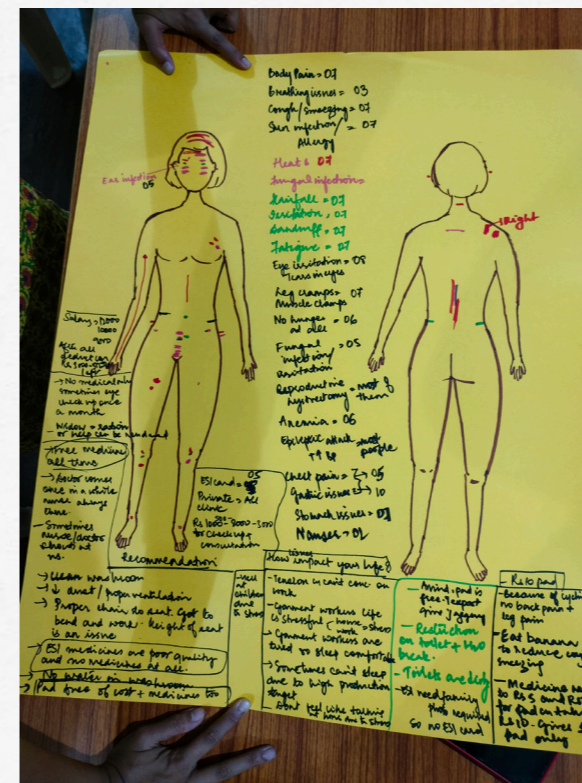
## Work stress harms mental health

While mental health studies among garment workers have gained significant momentum, most major studies predate the pandemic. A study conducted in Bengaluru in 2012 found that the prevalence of mental illness among

workers is approximately 39 per cent, with somatic illness (11 per cent), anxiety (7.6 per cent), social dysfunctioning (7 per cent), and depression (6.8 per cent) being the main issues (Shanbhag and Joseph, 2012)<sup>23</sup>. The study also highlighted that 45-65 per cent of workers are prone to mental illness. Another study in Tiruppur, India, in 2012 indicated that psychological issues among garment workers stem from monotonous work, fear of abuse and job insecurity, long working hours, and lack of recognition (Padmini et al., 2018)<sup>24</sup>. A 2021 study in Bangladesh stated that workplace conditions and workload have a low to medium effect on workers'

mental health, while performance compensation, social communication, and career development prospects have a high impact on mental stress (Nahian, et al., 2021)<sup>25</sup>.

In general, long working hours, high production targets, low wages, poor working conditions, lack of social support and leisure time, lack of job security, and the challenges of balancing work and family responsibilities are some of the factors affecting the mental health status of garment workers.



Workers mark their various health issues on a chart as part of the body mapping technique



The International Labour Organization (ILO) has been instrumental in establishing and developing international labor standards since 1919. These standards aim to promote decent and productive work by ensuring freedom, equity, security, and dignity for all. In the context of the global economy, these standards play a crucial role in ensuring that everyone can reap the benefits of economic growth.

# 03

## Regulatory and Legal Framework

One of the key areas covered by these international standards is Occupational Health and Safety (OHS). These standards play a vital role in safeguarding the well-being of workers by ensuring that workplaces provide a safe environment. By adhering to these standards, establishments can significantly reduce the risk of accidents, injuries, and occupational illnesses. It is important to note that these international OHS standards complement national laws and together

contribute to the overall improvement of workers' well-being.

While acknowledging the existence of OHS laws in India, experts in this field emphasise the need for stronger enforcement and sector-specific measures. They advocate for improved training programmes that educate workers about their rights, hazard identification, and accident prevention. A collaborative effort among stakeholders is necessary to develop and implement effective strategies to address these concerns.

This report has included a detailed discussion of these laws in order to provide a framework for assessing and evaluating the health and safety conditions of garment workers. Furthermore, it allows researchers to identify gaps and discrepancies in current practices. These laws serve as a foundation for developing occupational health and safety guidelines that can be implemented in garment factories. Brands that are interested in this research and wish to implement it in

their supplier factories can use these guidelines as part of their intervention strategy under the project.

### 3.1 International health standards

Despite the ILO Constitution's principle of protecting workers from work-related health issues, millions still suffer. Every year, around 2.78 million work-related deaths occur, with 2.4 million attributed to occupational diseases<sup>26</sup>. Implementing effective prevention, reporting, and inspection practices can prevent many of these tragedies.

**Every year, around 2.78 million work-related deaths occur, with 2.4 million attributed to occupational diseases**

ILO standards on occupational safety and health offer essential tools for governments, employers, and workers to establish such practices and ensure maximum workplace safety.

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The first global guidelines for occupational safety and health (OSH) were introduced in 1981 through the ILO Convention on Occupational Safety and Health (C-155). This convention provided a basic framework to ensure workers' health and safety in the workplace. It outlined key areas such as access to drinking water, clean sanitation facilities, designated meal areas, childcare, and living facilities, health & safety officers, social security benefits including maternity benefits, rest provisions, and fatigue management.

Building upon C-155, the ILO's Promotional Framework for Occupational Safety and Health Convention (C-187) was developed in 2006. C-187 emphasizes the continuous improvement of OSH through the establishment of national policies, systems, and programmes in consultation with employers and workers' organizations. In 2022, the inclusion of OSH within the Fundamental Principles and Rights at Work made these two conventions mandatory for member states to ratify and adopt.

The COVID-19 pandemic has also prompted a reevaluation of global health care and systems, leading to a renewed focus on preventive and promotional health, including in OSH frameworks. Protecting and safeguarding workers' rights has been another crucial lesson learnt during this crisis. Global institutions such as the Institute of Occupational Safety and Health (IOSH) have prioritized health, resilience, and protection. Additionally, the EU Strategic Framework on Occupational Health and Safety at Work 2021-27 serves as an important global strategic document aiming to enhance OSH through prevention, precaution, analysis, and change management.

### 3.2 Indian standards

Labour falls under the jurisdiction of both the Central and State Governments in India, as stated in the Constitution. In addition, the Constitution also outlines the Directive Principles of State Policy, which are non-enforceable guidelines providing a moral and ethical framework

for the government to pursue social justice, economic welfare, education, health, environmental protection, and good governance. Therefore, they advocate for the safety, health, and well-being of employees, prohibition of child exploitation, fair working conditions, social security benefits including maternity relief, and employee participation in management. The Ministry of Labour & Employment, specifically the Industrial Safety and Health branch, is responsible for policy decisions and nationwide adoption of legislation related to Occupational Safety and Health (OSH).

While India has not ratified the ILO OSH conventions, elements of OSH guidelines were introduced in the Factories Act of 1948. Earlier acts, such as the Indian Electricity Act (1910), the Indian Boilers Act (1923), the First Factories Act (1934), and the Employers Liability Act (1938), addressed occupational hazards and safety<sup>27</sup>. The Factories Act (1948) provided the foundation for safety and precautionary measures in the workplace, which was further improved upon in subsequent amendments<sup>28</sup>.

Over the years, further amendments have reiterated the importance of OSH. The National Policy on Safety, Health, and Environment at Workplace (2009) adopted international conventions and emphasized social security and safeguards. This adopted C-155 and C-187 and provided a comprehensive look at OSH from the Indian context to include social security and safeguards<sup>29</sup>. The Rana Plaza incident in 2013 had a global impact on occupational safety and accelerated the development of new OSH guidelines. Subsequently, the Occupational Safety and Health (OSH) Code, 2020<sup>30</sup> was introduced and passed by the Indian Parliament, replacing previous acts including the Factories Act.

The OSH code is complemented by the Social Security Code (SS Code), 2020, ensuring social protection for workers<sup>31</sup>. To address the health and well-being of garment workers, it is important to consider both the OSH code and the SS code, along with ensuring access to healthcare. These measures collectively provide comprehensive guidelines for occupational safety and health in India.



Through a review of the OHS code, this study has gleaned the following areas that need effective implementation in garment factories, to ensure worker health and well-being:

1. The workplace should be hazard-free to prevent disease or occupational health issues for workers.
2. No charges or penalties should be imposed on workers for prioritising their health and safety at work.
3. Employers must provide protective equipment based on work needs, and workers should use them as required.<sup>32</sup>
4. Employers should conduct annual free health check-ups for employees and maintain a hazard-free workplace.<sup>35</sup>
5. Employees should have access to health and safety information, allowing them to report deficiencies to the inspector-cum-facilitator if needed.
6. Factories should be well-ventilated with windows, fans, and coolers, and all heat-producing machinery should be insulated.
7. Measures such as exhaust appliances should be adopted if dust or fumes are produced in the workplace.

8. The workplace should have sufficient lighting and not be overcrowded.
9. Potable drinking water should be provided and clearly marked in a language understood by most workers, kept away from washrooms, toilets, and contamination.
10. Adequate, clean, and hygienic washrooms should be available, proportionate to the number of workers, and separated by gender. Additional welfare facilities like canteen, crèche, and welfare officer should be provided.
11. First aid boxes should be easily accessible, with one available for every 150 workers, overseen by a responsible person.
12. Health and safety committees (Safety Officers or Inspection Officers) should be appointed in the factory to facilitate communication between workers and management.
13. Workers should be informed of their working hours, and prior consent should be obtained for overtime work, ensuring proper overtime wage payment. They should not work more than 6 days a week, with leave granted every 20 days of work.



# 04 RESEARCH DESIGN

The report aims at understanding the occupational health vulnerabilities of female garment workers in the export-oriented Indian garment industry. Further, it aims to examine workers' access to quality and affordable healthcare. Specifically, it investigates two main questions:

- What are the health vulnerabilities faced by women workers? Are they related to their occupation and working conditions?
- Are workers able to access quality and affordable healthcare services? Do public health (ESI) systems and onsite healthcare facilities effectively address their needs?

The data collection followed a mixed approach with both quantitative and qualitative research methods followed to discuss the workers' perspectives on their health vulnerabilities. 10 focus group discussions were held with workers and other stakeholders like ESI doctors, experts from the field, and academicians.

For this study, we organised a body mapping exercise<sup>34</sup> with the workers to understand the various issues they face because of their work.

Both local and inter-state migrant workers were included in the study, based on several criteria, as listed below:

| Inclusion Criteria         | Parameter                                    |
|----------------------------|--|
| Age                        | 18-50  |
| Gender                     | Only female workers                          |
| Location                   | Urban and rural Bangalore                    |
| Work experience            | Over 12 months of experience in the industry |
| Identification certificate | Possession of Factory ID or Aadhar card      |

For Focus Group Discussions (FGDs), a 3:2 ratio was maintained between local and migrant workers (details below). The FGDs were conducted in the local languages of the respondents and later transcribed into English.

| Local Workers | No. of FGDs | Migrant Workers | No. of FGDs |
|---------------|-------------|-----------------|-------------|
| 58            | 6           | 28              | 4           |

The transcripts were analysed by coding through NVivo and the body mapping exercise was analysed through a STATA t-test.



*Cividep team conducts a focus group discussion with a select set of workers*



*Workers consult with ESI doctors*



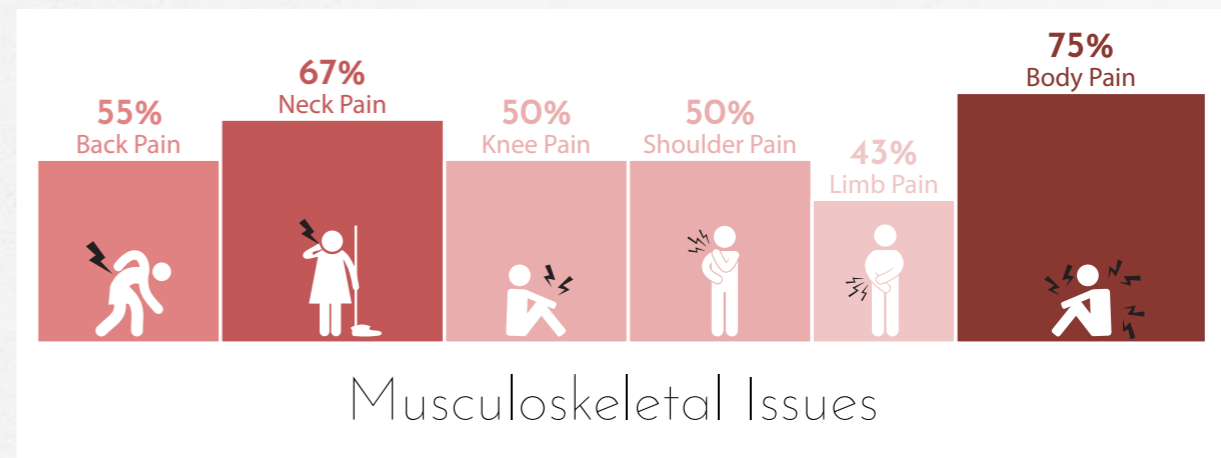
## Musculoskeletal Issues

The research findings reveal that musculoskeletal disorders, particularly body pain, are prevalent among workers in the garment industry. The study identified

specific areas of discomfort, with neck pain (67 per cent), back pain (55 per cent), knee pain (50 per cent),

shoulder pain (50 per cent), and limb pain (43 per cent) being the most commonly reported issues. Notably, body pain was consistently mentioned by 75 per cent of the respondents during Focus Group Discussions (FGDs) and body mapping sessions.

The findings further highlight variations among different job roles, with 78 per cent of tailors reporting more neck and back pain, while ironers and 70 per cent of helpers mentioned higher levels of knee and leg pain. Workers attribute these pains to their respective working positions, indicating the impact of occupational factors on their musculoskeletal health.



These research findings are relevant as they provide insights into the specific musculoskeletal issues affecting garment workers. Understanding these challenges is crucial for developing targeted interventions and ergonomic measures to mitigate and prevent work-related injuries and health issues. Additionally, recognising the variations in pain experiences among different job roles underscores the need for tailored approaches and interventions based on specific tasks and positions.

Since musculoskeletal issues are widely reported by workers, addressing them is crucial for enhancing worker well-being, productivity, and overall sustainability in the industry.

“We experience back pain and though ointments and balms give some relief, the pain does not subside. Having a 10-

15 minute break would be beneficial,” said a worker.

## Nutritional status

Nutritional deficiencies are common among garment workers as revealed from the sample’s respondents: 50 per cent of the study subjects were anemic. Over 60 per cent of the workers reported skipping at least one meal a day, reflecting challenges in maintaining a balanced diet.

This research also reveals that 29 per cent of the workers were underweight, while 18 per cent are overweight. It is important to note that all these figures were self-reported and not clinically verified. Also, the findings are specific to garment workers of Bangalore and do not reflect the health profile of the Indian garment workforce.

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# MAIN FINDINGS

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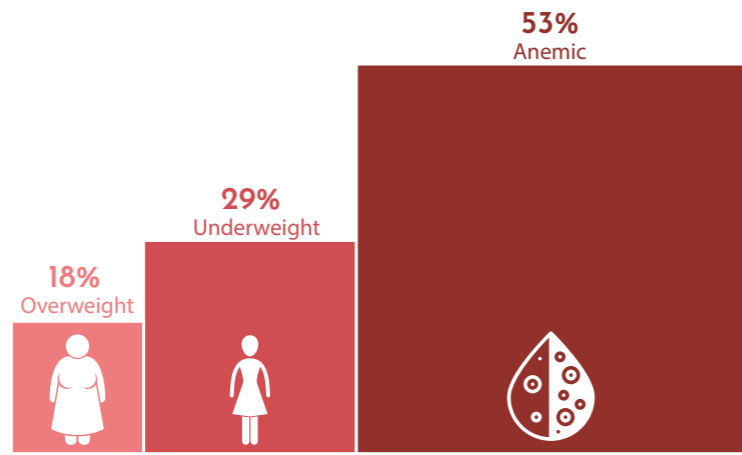
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Malnutrition & Anemia

However, in the context of the Indian population, national surveys and studies over the years have shown that anemia is a significant public health concern, especially among women.<sup>35</sup>

Factors such as poor dietary intake, inadequate access to nutritious food, low wages, and socio-economic disparities contribute to the prevalence of anemia in both the general population as well as among women workers. This highlights the need for comprehensive and targeted interventions to address anemia, including improved nutrition, iron supplementation, and awareness programmes, among women workers.

Awareness alone doesn't help as workers are unable to afford nutritious food on their minimum wage salaries. "When we visit doctors, they tell us we are anemic and advise us to have

nutritious food. However, it is difficult to afford the recommended diet on our salaries," said a worker.

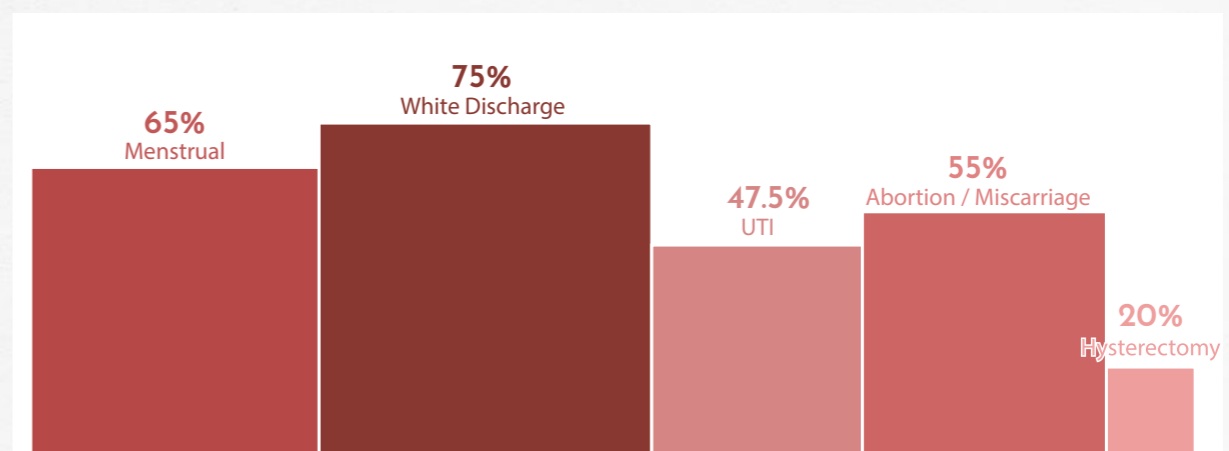
## Sexual & reproductive health

The study reveals significant concerns regarding sexual and reproductive health among the workers. The findings indicate that approximately 65 per cent of the respondents experienced menstrual issues, with 90 per cent attributing these problems to their employment in the garment industry (which requires further research).

Irregular periods were reported by many respondents. Additionally, 47 per cent of women reported urinary tract infections

(UTIs), which were linked to factors such as improper sanitary pad usage and infrequent toilet breaks. 75 per cent of the respondents also experience white discharge, although the extent and potential health effects of this were not explored in detail. Vaginal discharge is a natural physiological process that aids in eliminating dead cells and bacteria, safeguarding against infections, and maintaining a balanced pH. But notable alterations in colour, odour, or consistency may signify an underlying health concern and warrant assessment by a healthcare professional. It may also be that a lack of awareness about reproductive health among workers lead them to report this as an anomaly.

Notably, the research findings highlight that 55 per cent of the respondents had experienced miscarriages or abortions during their time in the garment industry. Women mention that the physically demanding job, and prolonged hours contribute to a higher risk of miscarriage. Discussions surrounding the prevalence of hysterectomies in the industry points to this as a prevalent practice among workers, with estimates ranging from 15-50 per cent. It is important to note that these were solely workers' perspectives and more research needs to be carried out. Workers opt for hysterectomies to avoid heavy menstrual bleeding, which invariably leads to absenteeism and loss of wages.



Sexual & Reproductive Issues



These data points confirm the pressing sexual and reproductive health issues faced by women in the garment industry. It underscores the need for targeted interventions and comprehensive support systems to address menstrual health, UTIs, miscarriages, and hysterectomies among women workers.

However, workers get no support from their employers when it comes to simple interventions like sanitary pads. “We don’t get free pads from the factory, and the ones available costs Rs. 8-10 each. They are of bad quality and cause rashes and itchiness. Some workers take these pads on credit while others use cloth, which also causes irritation,” said a worker.

## 5.4 Respiratory issues

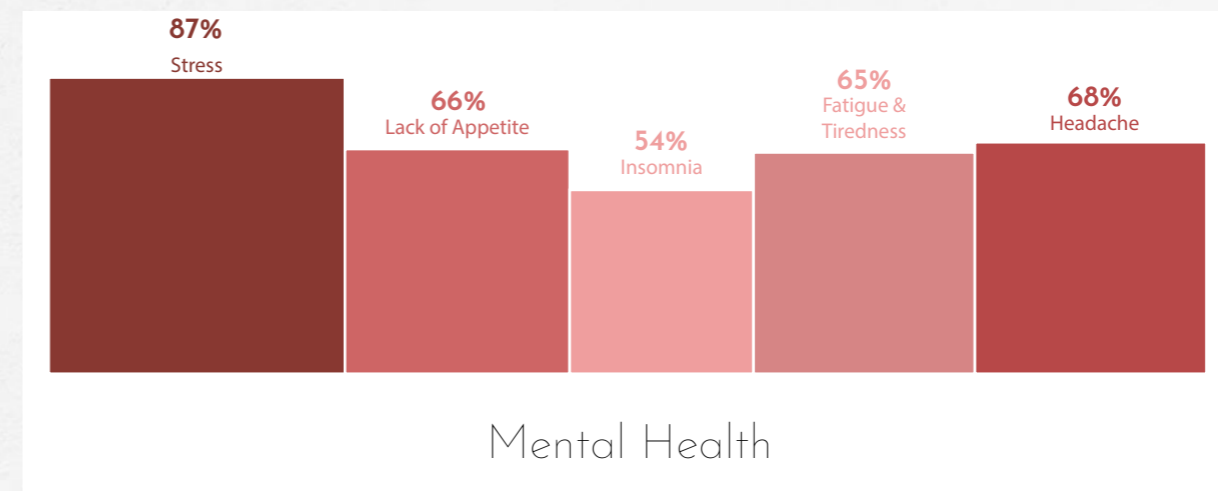
Approximately 26 per cent of the respondents report experiencing respiratory issues and directly attribute this to the dust emitted from fabrics. Furthermore, 40 per cent of the workers expressed feeling breathless when they walk for more than 10 minutes, likely due

to dust inhalation. Notably, one worker described how the mucus she expelled while sneezing matched the color of the fabric, indicating a connection between dust exposure and respiratory symptoms associated with byssinosis.<sup>36</sup>

## 5.5 Mental health issues

Research findings highlight the prevalence of stress among workers in the garment sector, with 87 per cent of the respondents reporting this as a consistent issue. As mental health is a sensitive issue, the study focused on observable symptoms that could indicate relevant issues. 66 per cent of the respondents experience loss of appetite regularly, 54 per cent suffer from insomnia, 65 per cent commonly experience fatigue, and 68 per cent frequently complain of recurring headaches.

Women in the garment industry experience mental health issues due to a combination of factors. Firstly, the high-pressure working environment, characterised by demanding production



targets and long hours, contribute to increased stress and anxiety. The repetitive and monotonous nature of the work can also lead to feelings of boredom and dissatisfaction. Additionally, low wages, job insecurity, and lack of career advancement opportunities can lead to financial stress and a sense of powerlessness.

The dual burden of responsibilities at work and home, with most women shouldering traditional caregiving responsibilities, further adds to their challenges. Beyond these, a lack of social support, limited access to mental health services, and stigma around mental health issues also contribute to the overall burden experienced by these women. “Sometimes, the pressure of meeting production targets keeps us awake at night, and it affects our

appetite. My husband believes I worry more about work than our family,” said a worker. The findings underscore the importance of implementing targeted interventions to address workplace stress and prioritize the well-being of workers.

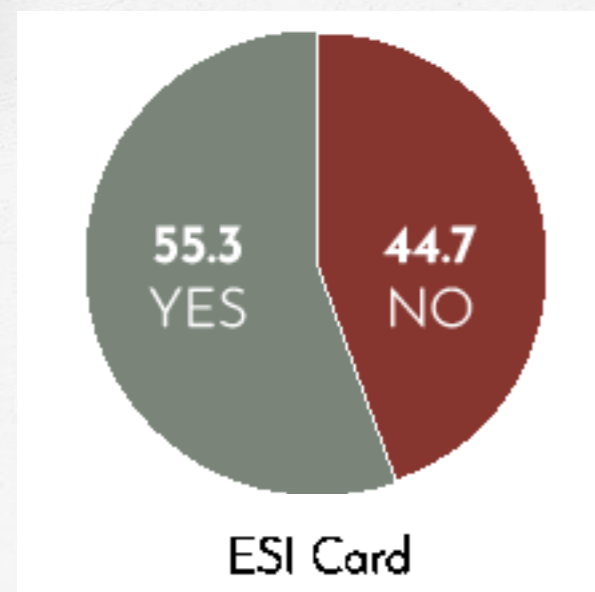
## 5.6 Access to healthcare

Another aim of the research was to delve into the accessibility and affordability of quality healthcare for women workers in the garment industry. In this context, it examined the effectiveness of the Employee’s State Insurance (ESI) scheme, an initiative by the Indian government’s labour ministry. This scheme provides free health insurance and medical care specifically for workers in the organized sector.



Under the ESI scheme, workers are entitled to various medical and sickness benefits. Importantly, employers are obligated to register their workers under the scheme, ensure their coverage, and access to healthcare services.

Among the study's respondents, 55.3 per cent report having an ESI card. This is a positive trend, indicating inclusion of a significant number of workers in the scheme and its healthcare services. It can provide a safety net for workers, offering financial protection and the opportunity to seek medical assistance when needed. However, further research is required to assess the utilization of healthcare services among workers and to identify barriers in accessing quality care. According to workers, care at an ESI facility comes at a cost. "To visit the

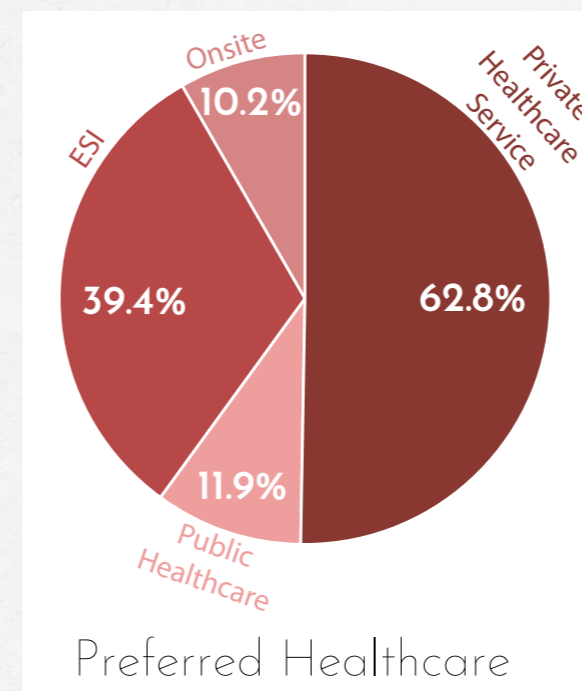


clinic, we have to take leave as even a single test takes up the entire day: starting with travelling there in the morning, waiting in queues for tokens, and struggling for the limited spots," said a worker. This process leads to loss of pay as factories don't give paid leaves for ESI clinic visits, she added.

## 5.7 Private vs public healthcare

The study further looks at the availability of occupational health and safety mechanisms in the factory. The respondents confirm having a first aid box within the the factory premises, as well as the services of a full-time nurse. Doctors often visit the factory once or twice a week, as workers report.

However, 80 per cent of the respondents have not approached the factory doctor; more than 50 per cent of them didn't have information about doctor's visits. It was also seen that 60 per cent of the respondents did not undergo factory-sponsored medical check-ups in the previous year. More than 90 per cent of the respondents said



that they do not have access to the first-aid box or medicines provided within the factory.

The study also finds that 62.8 per cent of the women workers prefer private health facilities for their immediate health care. This preference is based on the convenient access and availability of such institutions.

Although 39.4 per cent of the respondents prefer ESI services, 90 per cent among them choose it only for long periods of hospitalisation or surgery. This is due to the sickness benefit provided by the ESI hospitals that guarantees leave and compensation

against the loss of pay incurred for the days spent in treatment.

One of the key learnings from the study is that respondents are ready to spend a significant amount of their monthly wages on health care. When accessing private health care, the workers spend an average of Rs. 2,500 (20-30 per cent of their wages) on their family's health care needs. Though there is free healthcare available in ESI and public health institutions, workers prefer private doctors (private clinics) due to the operation of such facilities in the evenings, beyond work hours.

On the other hand ESI and public health services operate on strict timings that coincide with normal working hours. Another important reason that workers cite is the quality of care they receive from private clinics. They feel ignored when visiting a public health doctor, whereas private practitioners patiently listen to their issues. Some also feel that the quality of medicines provided under the ESI system is poor..



# 06 DISCUSSION

This report aims to provide a comprehensive understanding of the health vulnerabilities of women workers and their connections to occupational factors and working conditions. The research also examines workers' access to affordable and quality healthcare services, by evaluating the effectiveness of public health initiatives like the Employees' State Insurance (ESI) scheme and factory-provided healthcare facilities. The findings establish different categories of occupational health issues experienced by workers in similar roles. It also sheds light on workers' perspectives regarding the quality and effectiveness of public and onsite healthcare services compared to private healthcare.

This section delves into the implications of these findings, discusses policy insights that require the attention of garment industry stakeholders, and emphasizes the urgent need to evaluate occupational health frameworks within existing production systems in garment factories.

## 6.1 Efficiency prioritised over worker health

The study reveals that occupational health issues in garment factories are closely related to working conditions. While musculoskeletal issues have been extensively researched, the impact of continuous work without breaks is less documented, with only a few ergonomic studies addressing this concern. Production targets in garment factories, set through time studies, often result in heightened expectations and intensified work pace, negatively affecting workers' physical and mental well-being.

This pressure to meet targets leads to fatigue, musculoskeletal problems, reduced job satisfaction, and a decline in the overall work environment quality. Workers feel confined to their designated spaces without much freedom of movement, leading to a lack of rest and social interaction. Consequently, workers may feel dehumanized and treated as machines rather than individuals.

Another consequence of such a production system is that rest is often perceived as a luxury in the workplace. Workers express concerns about the lack of breaks. The study examined the rest times and found that a majority of workers did not take breaks for drinking water, using the toilet, or stretching. This is mainly due to the assembly line production system, which focuses on efficiency by assigning specific tasks to each worker and requiring seamless coordination. As a result, workers are closely monitored to ensure their constant availability, limiting their movement and confining them to their assigned positions.

***Pressure to meet targets leads to fatigue, body pain, reduced job satisfaction, and a decline in the work environment***

This interdependent system relies on the uninterrupted presence of all workers, leading to a lack of breaks and restricted mobility. Workers end up

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being in the same posture throughout the entire 8-hour day. Tailors, who sit and stitch clothes, commonly experience back and neck pains, while helpers, ironers, and those with standing jobs often suffer from knee and leg pain. However, workers are compelled to ignore pains due to the pressure of meeting production targets. Such disregard for their well-being can lead to long-term health issues



*Amidst a garment factory's busy assembly line, workers carry on with limited breaks and restricted mobility*

### **Workers are compelled to ignore pains due to production target pressures. Such disregard can lead to chronic health issues**

A working environment like this inevitably causes frequent pain and injuries. The onsite health unit or nursing room, though staffed with a full-time nurse, prioritises factory management's production requirements over proactive healthcare. The primary focus is on quickly alleviating pain and getting workers back to work, potentially neglecting workers' overall health and well-being.

Take the case of menstrual health - most factories in Bangalore do not provide free sanitary pads to workers. "Pads are available for Rs. 5-10 but they won't give us unless it is an emergency," reported a worker. Moreover, the pads are of poor quality leading to rashes and itchiness, added the worker. In many cases, workers are limited to just one pad per month, leading to the use of rags or discarded fabric as alternatives. Urinary tract infections (UTIs) are common among workers who are hard-pressed for time to change these cloth pads.

Production targets have increasingly become a form of "production torture" for garment workers, with stricter targets and timelines implemented to meet brand demands, intensifying the work pace and pressure on workers. This hyper-competitive environment, mostly an offshoot of the 'fast fashion' trend, negatively impacts workers' physical and mental health. In this high-pressure environment abuse is common when targets are unmet, especially for women workers.

Therefore there is a need to re-examine production and target-setting systems within garment factories with a worker-centered lens that pays attention to the long-term health and well-being needs of its workforce.

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Therefore there is a need to re-examine Production and target-setting systems Within garment factories. Processes should pay attention to the long-term health and well-being of its workforce.

## 6.2 Preventive health measures needed

Health promotion and preventive healthcare are seldom practiced in Bangalore's garment factories. While the OSH code, 2020, mandates factories with over 200 employees to conduct annual check-ups, many factories only focus on blood and eye tests or neglect such practices altogether. Workers also express a lack of awareness regarding the results of factory-conducted check-ups, with some factories conducting thorough health assessments primarily under supply chain pressure from brands and their policies on worker health and well-being.

Interestingly, factory-organised eye and blood tests are specialized assessments that directly impact production processes, as workers' vision quality is crucial for task completion. Garment sector workers commonly experience eye injuries due to needle breakages, making eye checks a priority. However, general check-ups and preventive healthcare measures are not adequately implemented in the absence of consistent medical interventions.

Such an approach overlooks fundamental and overarching issues faced by the workers. Experts highlight workers' nutritional status as a core issue affecting their health. Dr. Sukanya Rangamani from the Indian Council of Medical Research (one of the experts interviewed for the study) explains that malnutrition is the underlying cause of various health problems faced by women workers, including menstrual irregularities, muscular pains, reproductive issues, and mental health concerns. Dr. Nithyanand Shetty, another expert interviewee and a former Health Director of ESI in Karnataka, emphasises the challenge of raising workers'



*Workers receive medical support at a health camp organised by Cividep*

awareness about the connection between nutrition and overall well-being. On the other hand, workers report that they do receive advice from doctors to consume nutritious food, including fruits and vegetables. "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?" asks a worker. Indeed, it is almost impossible to sustain a nutritious diet on their minimum wage earnings that range from Rs. 9,000-12,000 a month. Health expenses often take a backseat compared to other needs such

as housing, food, education for children, and utilities.

## 6.3 Flawed public health system

The study revealed that workers, on average, spend Rs 2,500 per month on healthcare for themselves and their families, which accounts for approximately 20-30% of their monthly wages. As most women surveyed are the primary or sole earners in their families, this creates a significant burden on their monthly budgets. They often deplete their meager savings on out-of-pocket



expenses at private medical institutions. In some cases, women are forced to borrow money to cover medical costs. During the pandemic, unemployed garment workers resorted to borrowing from money lenders to meet their healthcare needs.<sup>37</sup> Hence the wages they earn are not enough to ensure not just their health and well-being but other basic needs as well.

### **Health expenses often take a backseat compared to other needs such as housing, food, education for children, and utilities**

Recurring monthly health expenses create a debt trap for workers, preventing significant savings for emergencies and perpetuating continuous poverty. This out-of-pocket spending highlights the failure of government public health policies. According to the law, the ESI is responsible for the health and well-being of organized sector workers and their families. ESI services should ensure that workers' health and well-being do not burden their income and savings,

safeguarding their physical, social, emotional, and economic welfare.

However, workers often prefer private health institutions over ESI. They find the timings of the ESI clinics and hospitals inconvenient. The processes for consultations, tests, medications, and referrals are also reported as bureaucratic and time-consuming, sometimes requiring multiple visits for simple issues. Consequently, workers prefer to pay for private healthcare. Their preference for private clinics stems from empathetic doctors who treat them with dignity and care.

ESI has become primarily a mechanism for granting leave to workers rather than an accessible healthcare system. Workers typically rely on ESI for health issues requiring extended hospitalization, particularly maternity care. A more robust ESI system has the potential to positively impact the lives of garment women workers. However, factory management, along with civil society, worker leaders, and trade unions, must take responsibility for educating workers about the significance of health, well-being, and public healthcare facilities.

## **Workers rely on ESI for issues requiring hospitalization, particularly maternity care. A more robust ESI system has the potential to positively impact the lives of women workers**

Further, when it comes to awareness, the lack of trade union involvement within garment factories in Bangalore is a major setback. Insufficient membership numbers pose challenges for existing trade unions in negotiating with factory management establishing collective bargaining agreements (CBAs) and engaging in dialogue. Workers, concerned about job security, are hesitant to join unions, further hindering their formation and effectiveness. This situation ultimately limits the unions' ability to advocate for workers' rights and engage in constructive dialogue with management.

Besides unionization, factory management also discourages freedom of expression (FOA), of workers and worker representatives. Consequently, their voices remain unheard and unrepresented in the decision-making processes within the factories.

There is a need for active stakeholder dialogue between the government, trade unions, manufacturers, Multi-Stakeholder Institutes (MSIs), brands, and NGOs, to address the needs of workers, improve working conditions, and ensure living wages, and health of workers.



# 07 CONCLUSION

Through in-depth discussions and interactions with workers, this research has shed light on how the working conditions in garment factories significantly and adversely affect the physical and mental health of the workers. The findings revealed that a typical workday is marked by high production targets that leave little time for rest, toilet breaks, and water breaks, fostering an environment of

verbal and physical abuse. Consequently, musculoskeletal disorders and sexual and reproductive health issues are prevalent among the workers. Poor nutritional and mental health conditions are also present.

Notably, the factory and onsite health clinics fail to adequately address these health challenges. Rather than prioritising the workers' well-being, their focus is on ensuring employees return to their workstations and meet production targets. Preventive health practices, such as annual health check-ups, are not commonly conducted by most factories,

## **Another trend that is of concern is the rise in number of hysterectomies among workers as observed by medical professionals**

despite being recommended by the OSH Code 2020. If at all, factories provide only selective check-ups directly related to work efficiencies, such as eye check-ups and basic blood work, and keep the results to themselves.

The study also found that workers prefer private healthcare options over

public health/ESI, incurring a significant financial burden. Limited awareness and unfavorable experiences within the ESI system contribute to their preference for alternate health services. Additionally, 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 professionals.

The rationale behind this study was to address the challenges faced by female workers in the garment sector, who come from low socio-economic



*Workers get their eyes tested at a health camp organised by Cividep*

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*The sample size is relatively small and limited to Bangalore*

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backgrounds seeking improved livelihoods for their families. The report aimed to explore the relationship between poor working conditions and the health vulnerabilities experienced by these workers. By providing actionable insights, this research aimed to prompt employers and policymakers to better understand and address the health challenges faced by these women workers.

Although the study uncovered significant observations, certain limitations should be acknowledged. The sample size was relatively small compared to the total workforce in the garment industry, and it was confined

to urban and rural areas of Bangalore. Additionally, the research focused on socio-economic perspectives rather than biomedical research. It also could not capture the perspectives of factory management. Though the management team of a prominent factory in Bangalore was contacted for the study, they did not oblige.

Considering the research's limitations, this report calls for further investigation and discussion in the following areas:

1. The economic impact of occupational health risks on workers' healthcare expenditure and their financial well-being.

2. The accessibility and functionality of the Employee State Insurance (ESI) system and its influence on providing medical and sickness benefits for workers.
  3. An examination of how health services provided within the factory by the management address workers' health issues.
  4. An investigation into the impact of working conditions on the sexual and reproductive health of women workers, given the high prevalence of reported miscarriages, abortions and hysterectomy.
  5. An empirical study on the relationship between working conditions and mental health, which workers commonly describe as "immense tension," "immense stress," and "production torture."
- By addressing these areas of research, we can gain a deeper understanding of the complex challenges faced by women garment workers and pave the way for sustainable and comprehensive solutions to improve their health and well-being.

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