SOCIAL ENTERPRISE DEVELOPMENT CENTRE
SEDC
LAHORE UNIVERSITY OF MANAGEMENT SCIENCES

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LUMS
Suleman Dawood School of Business

Improving Family Planning & Reproductive Health (FPRH) Practices of Women in Pakistan's Textile Sector

The textile sector is one of the most strategic agro-based industrial sectors of Pakistan. In Asia, Pakistan is the 8th largest exporter of textile products. The contribution of this industry to the total Gross Domestic Product is 8.5% and it accounts for 54% of total exports of Pakistan. It provides employment to about 15 million people, 30% of the country work force of about 49 million[1]. There was an increase in female labor force participation rate in Pakistan for all age groups between 20 and 44 years of age, from 2008-09 to 2010-11. 75.4% of females in the labor market work in agriculture, while 10.9% among them are associated with the manufacturing industry (of which textile sector is a part).[2] Female workers comprise on average 20% of the workforce in the value-added textile sector.[3]

Objectives

The role played by FPRH in determining female employees' well-being, health, illness and ultimately, their productivity and economic security are of particular importance for female employees in Pakistan's textile sector. Improved FPRH directly helps in achieving Millennium Development Goals 3–8 and indirectly affects the attainment of goals 1 and 2[4]. A flow chart depicting the consequences of female health and female empowerment on economic growth is shown in Figure 1 at the back of this flyer. Literature suggests a US$3 to US$1 Return on Investment (ROI) for female employees' health, education and clinic services improvement program. High ROI is mainly due to decline in absenteeism and a staff turnover.[5]

Methodology

The research methodology consisted of both qualitative and quantitative data tools and techniques.

Primary Research: The study was based on questionnaires and focus group discussions with female factory workers in two textile sector factories located in the suburbs of urban Lahore.[6] From the factories, workers, management and labor union representatives were interviewed. 250 observations were collected through questionnaires. Moreover, in-depth interviews were conducted with key players in textile sector i.e. management, Labor union representative and health care providers in public and private settings.

Secondary Research: Literature review of research publications, books, and reports was conductted with special focus on FPRH issues in Pakistan, women's participation in the labor market and in textile sector and CSR polices in textile sector.

Findings

Socio-Demographic Profile:

- Nearly 75% women working in textile sector were unmarried adolescent girls.
- The mean age of respondents was 26 years, while minimum and maximum ages were 18 and 50 respectively.
- The mean family size was around 7 members, while 15.7% among them said that they are the only bread winners of their family.
- 58.5% of the respondents had completed their matriculation, while another 28% had studied till Class VIII. Around 73% of them quoted 'having no money' as a reason for not completing education.

Working Profile of Women:

- 90% of the respondents were workers while 7.2% of them were supervisors. 84% of the respondents belonged to the production department, which is a reflection of their substantial involvement in sewing activities.
- The mean age at which women start working is 20.5 years, while 67 % women started work at age range 18-22 years.
- More than 50% of them were working for 48-60 hours per week or 8-10 hours weekly.
- Their monthly income ranged from Rs 6,000 per month to Rs 15,000 per month, with an average of Rs. 10,000 per month.

FPRH-Related Findings:

- RH risks which accompany work in Pakistan's textile sector such as exposure to chemicals, solvents, and physical stress leading to RH mortalities and morbidities.
- Moreover, long working hours and hectic physical activities during menstruation cycle and pregnancy also create further health related challenges for women in textile sector.
- They confirmed that they are eligible to get paid leave, unpaid leave, maternity leave, subsidized food and transport services from factories. 80% of the respondents were satisfied with these benefits.
- Approximately 55% of the respondents said that they face physical, mental and financial stress due to their nature of work.
- Financial constraints, distance to service clinics and family opposition were identified as main challenges to females not being able to seek FPRH services.
- RH problems identified included: vaginal discharge (35%), menstrual problems (40%), backache (60%), lower abdominal pain (60%) and urinary problems (6%). This is illustrated in Figure 2 at the back of this flyer.
- A majority of them said that contraceptive-related services are not available, but those related to menstrual problems and antenatal/ postnatal care are present at their on-site clinic.

1 Express Tribune, 2013, http://tribune.com.pk/story/522292/statistics-on-textile-industry-in-pakistan/
2 Pakistan Economic Survey 2011-12, pp.169-170
3 Haque, E., 2008, Current Status and Prospects of Female Employment in the Apparel Industry in Pakistan, p.4
4 Ferdousi Begum, 2013, The Daily Star, http://www.thedailystar.net/beta2/news/1-investment-will-return-20/
5 HERProject – Health Enables Returns: Investing in Women for a Better World, 2010, Business for Social Responsibility, p.9
6 These consisted of Crescent Bahuman Limited and Sapphire Textile Mills. As we believe that these represent typical textile firms of the country, we generalize the results from these two firms for Pakistan's textile sector.

Recommendations:

Key Players, Proposed Interventions & Outcomes

Key Players	Steps / Policy Intervention	Outcomes
NGOs	• Advocacy: banners, consultancy and trainings • Social development • Service delivery*	• Awareness among males, adolescent women, married women and religious activists • Resource mobilization • Creation of family health clinics, providing health specialists and relevant services near textile firms*
Health-related government departments	• Increased pragmatic infrastructural support* • Networking at district, provincial and federal levels for training of social workers • Ensuring that social workers get their own salaries (and other benefits) on time	• Availability of quality FPRH related equipment and supplies in localities near textile firms * • Effective communication skills imparted to social workers • Motivated social workers
Government departments related to business growth	Introduction (and implementation) of laws which force textile (both publicly and privately owned) firms into incorporating strict health policies under their: • Employee code of conduct • CSR umbrella	• Medical allowances, leaves and other privileges granted to female employees for their FPRH issues • Policies of textile firms coming closer to international standards, thereby attracting foreign vendors and exports
Independent business support groups	Social pressure on firms (related to the textile sector) to regulate stringent CSR policies for textile firms	Enhancing access to, and utilization of, FPRH related services
Female doctors and LHVs/ LHWs	• If employed by government, they should be provided with monetary benefits to serve in rural areas • If employed by firms, they should be asked to pay special attention to the FPRH needs of female employees • Proper on-spot health equipment and supplies7 • Strict attendance policy for health specialists appointed in social security hospitals located near textile firms*	• Availability of health specialists to rural women • Improved health of female employees, leading to increased productivity • Availability of facilities nearby their job stations; thus decreasing the effort, time and money required by them to travel long distances to meet their FPRH needs
Female doctors and LHVs/ LHWs	Allocation of female labor union representatives in all departments	Decreased communication gap between female workers and management
Management of firms	• Appointment of female employees among senior management • Pregnant females transferred to those departments where there is less physical stress • Provision and maintenance of daycare centers and on-site clinics (with an appointed lady doctor and basic health supplies)	• Decreased communication gap between female workers and management • Taking care of FPRH needs of females while they are at work • Enabling breast-feeding • Ensuring on-time FPRH related service delivery to female workers
Families of working women	Imparting awareness about: • Benefits of utilization of FPRH services • Benefits and challenges of female labor force participation	Less hindrances for females during their pursuit of: • Use of FPRH related services • Seeking and continuing employment

*Note 1: Pakistan Economic Survey 2012-13 reports that more than 100,000 LHWs have been recruited under the Family Planning and Primary Health Care Initiative; more than 10,000 community workers have trained under the Maternal and Child Health Program; Comprehensive Emergency Obstetric and Neonatal Care (EmONC) services in 275 hospitals/ health facilities have been provided; basic EmONC services in 550 health facilities have been provided; Basic Health Units, including Reproductive Health Services Centers, Mobile Service Units and Regional Training Institutes under Population Welfare Programs have been established. However, a need is felt that provision of quality and timely FPRH related equipment, medicines and health specialists, especially in rural areas, is still missing.

Note 2: Policies italicized are especially related to the textile sector.

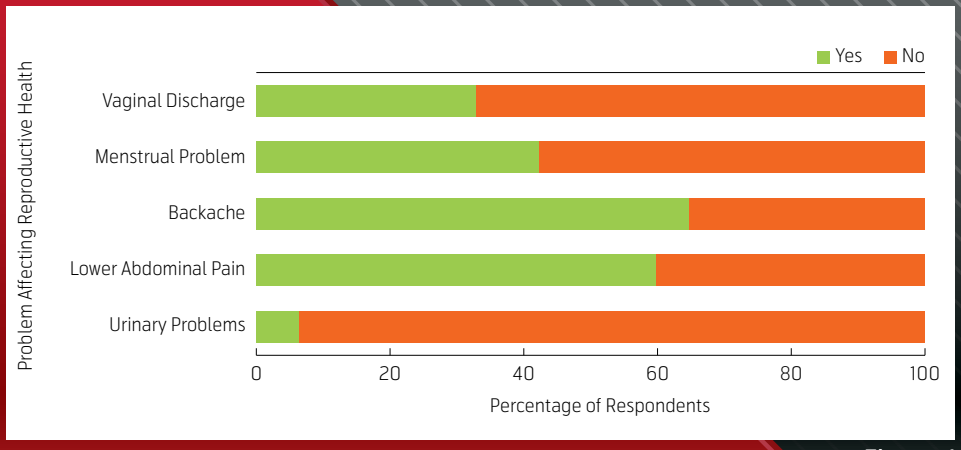

Figure 1

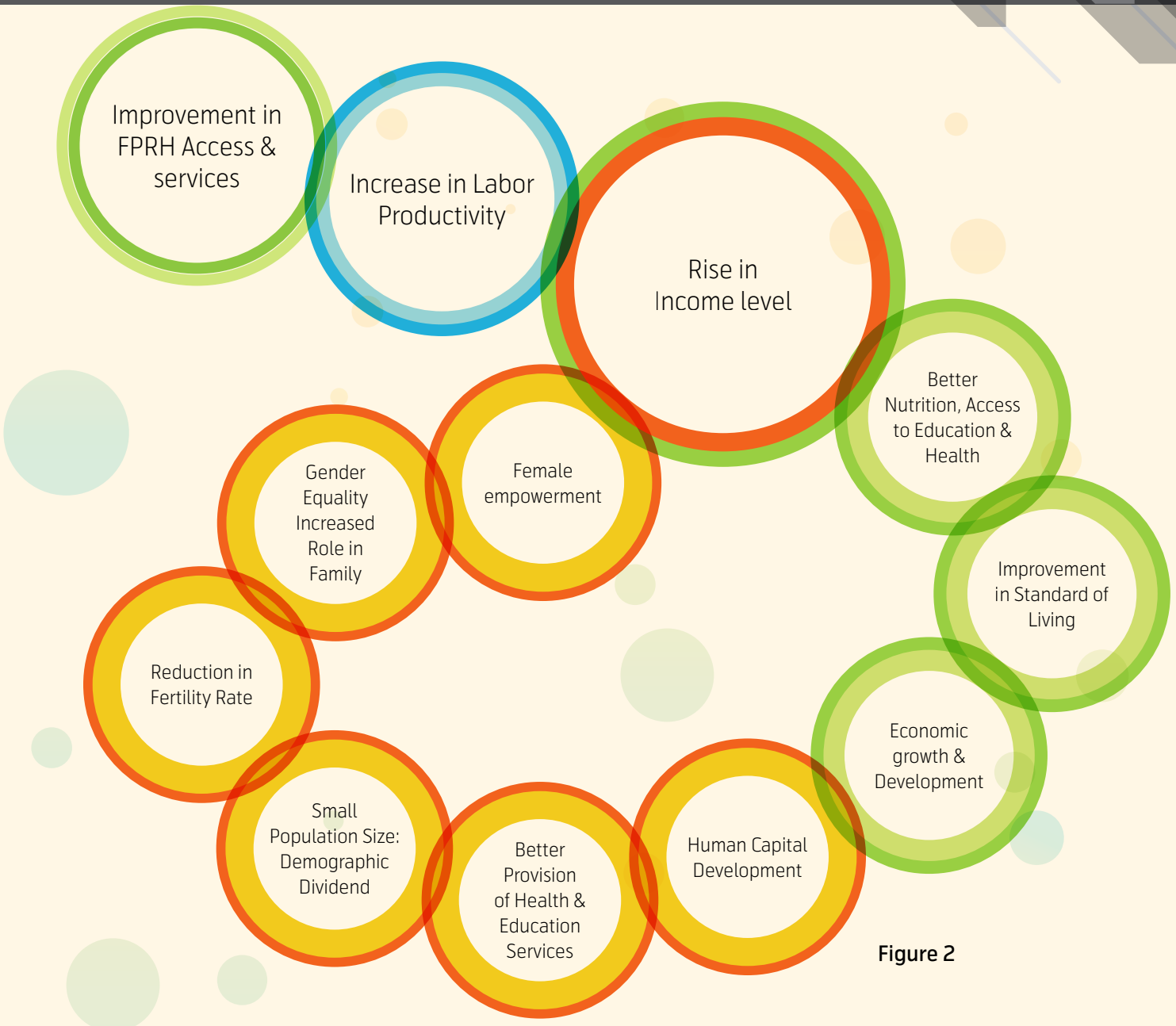

Figure 2