Reproductive Health Practices of Female Garment Workers

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Abstract

A cross sectional descriptive study was carried out among the garments workers in two garments factory to assess the reproductive health practices of female garment workers with structured questionnaire by face to face interview. A total of two hundred female garment workers were selected purposively in this area who were married within 18-45 years of age. The proportion of women seeking abortion was 75%. Among 28 respondents who were pregnant, highest proportion of them (89.3%) were under regular ANC in pregnancy. More than one third (10.7%) of the respondent were not under regular ANC. Among the 28 respondents half of the respondents (21.43%) did not take Tetanus vaccination and half (78.57%) took tetanus vaccination. This study reflected different dimension in their reproductive life, for improved their better standard. Large scale studies needed.

Keywords: Reproductive health practice, garment workers.

Introduction

About 34 million adolescents (10-19 years old) constitute 21% of total population of Bangladesh [1]. Adolescents experience rapid social, physical and emotional changes [2]. More over reproductive life, nutrition, drug, early marriage, divorce, sexually transmitted disease play in important role in this time. The fertility rate among the 15-19 years old age group is one of the highest rates in the world. The percentage of married adolescent aged 15-19 is 11.4 and the fertility rate of this age group is 113 per 1,000 married women [3]. Teen pregnancy and motherhood is a major social and health concern. About 31% of female garments worker in Bangladesh have begun childbearing; about one in four teenagers has given birth and another 6% are pregnant with their first child. As expected, the proportion of women age 15-19, who have begun childbearing rises rapidly with age, from 9% among women age 15 to 58 percent among women age 19. The information on Adolescent Reproductive Health (ARH) knowledge and behavior is extremely limited. Overall adolescent reproductive health issues are un-addressed for both married and unmarried females and males. Information about sexual behavior is not easy to obtain, partly because of a long-held assumption that young people do not engage in sex before marriage in Bangladesh's conservative culture. The limited information available indicates that conservative may not be protecting either gender from sexual experimentation with potentially negative effects on RH. In most cultures, boys are more likely to experiment sexually than girls, usually because the consequences are less severe. This appears to be true in Bangladesh as well, though there are sharp urban and rural differences.

Readymade garment sector has been playing an important role in enhancing Bangladesh economy. Women represent 85 percent of the total 24 million employees in readymade garment industry. Bangladesh is a society that has traditionally been characterized by very early marriage and child bearing when this is a period of physiological, emotional and intellectual development. Maternal mortality among mothers aged 15-19 is also very high as compared to among mothers in the 20-24 years age group [4]. Study in Turkey reported that approximately 90 percent of adolescent pregnancies are unplanned and a great amount unplanned adolescent pregnancies are unintended. They are not conscious about receiving antenatal and postnatal care. For this reason they have suffered various reproductive health related problems such as severe anaemia, nutritional deficiency, abortion, maternal and infant mortality, premature and low birth weight baby and even death. Mothers are at a risk of having anaemia in pregnancy, which is considered to be mainly responsible for the prevailing high maternal mortality and high incidence of low birth weight deliveries in India. Many adverse outcomes have been associated with teenage pregnancy including premature delivery, small

for gestational age infants, low birth weight infants, increase neonatal mortality, anaemia and pregnancy induced hypertension [5]. Different reports suggested that adolescent are associate with increase incident of medical and obstetrical complications including anaemia, pregnancy-induced hypertension and prematurity. The pregnancy-related maternal and fetal complications in most cases were observed in a higher proportion when compared with those found in other studies in developing countries.

Methods

Study design and sample

This study was conducted to assess the reproductive health practices of female garment workers according to the following methodologies:

This study was conducted at two garments, Meherun Apparels Ltd Malibag, Dhaka. From the workers the sample was taken by convenient sampling. Among the female workers, those who were married and age between 18-45 years, willing to participate in the interview were interviewed at the factory total 200 women were interviewed. A semi structured questionnaire was used as research instrument. After adequate correction and thorough checking, the questionnaire was divided into part a. contained the questions related to the socioeconomic status, part b. contained the questions related to their reproductive health, part c. reproductive health practice questions to assess reproductive health practices of female garment workers. Data were collected by face to face interview, by asking them questions as per the written questionnaire at the factory. The study populations were interviewed one after another without disturbing their routine works. The interview was taken by the researcher herself at the site of the study.

Analysis

Collected data were analyzed after thorough checking, cleaning, editing and compiling by using the SPSS (Statistical package for social science, version 24 for windows) software and scientific calculator. Continuous variables were recorded into categorical variable by creating groups. The data were presented in different Tables, charts. The data were presented in different tables in order to the variables. Frequency tables according to the variables. Cross tables to see the reproductive health practice according to the socio-demographic variables. Chi-square test was done to see the relationship between reproductive health practice and some selected variables. The test statistics was used to analyze the data is descriptive statistics and inferential statistic according to the demand of the study with 95% confidence interval. Level of significance was set at 0.05. Qualitative data were analyzed on the basis of themes.

Result

This was a cross sectional study, conducted in garment factory with the main objective of the study was to assess the reproductive health practice among the female garment worker. A total of 200 patients were interviewed.

Socio-demographic status of female workers

Table 1 shows distribution of the respondents by age group. The minimum age was 18 years and the maximum age was 47 years. The mean age was 27.63 (±7.01) years. About one third (33.5%) of the respondents were within the age group of 18-23 years, one third (32%) was within 24-29 years, about one fifth (18.5%) was within 30-35 years. Most 183 (91.5%) of the respondents were Muslim, one twelfth 12(6%) were Hindu and rest of were Buddhists (1.5%) and Christians (1%) respectively.

Almost half (49.5%) of the respondents were educated up to primary and one fourth (24%) of the respondents were educated up to degree and $1/5^{th}$ (20%) of the respondents were illiterate. Out of the total 200 respondents minimum family members are 2 person and maximum family members are 6 persons. Mean family member is 4 persons (SD±0.83).

Table 1. Socio-demographic characteristics of the respondents n=200

Characteristics	Frequency	Percent %
Age (Years)		
18-23years	67	33.5
24-29years	64	32.0
30-35 years	37	18.5
36-41 years	23	11.5
42-47 years	9	4.5
Mean=27.63 ,SD =7.01		
Religion		
Muslim	183	91.5
Hinduism	12	6
Others	5	2.5
Respondent's education level		
Illiterate	40	20.0
Primary	99	49.5
Secondary	12	6.0
Higher secondary	1	.5
Degree	48	24.0

Reproductive characteristics of the respondent n= 200

Table shows that out of 200 participants 94 (47%) got married before 18 years that is early marriage was 47%. Out of the total 200 respondents one third 66 (33.0%) had 1 child and less than one third 63 (31.5%) had 2 children and about one tenth 23 (11.5%) had more than two children. Minimum number of children is 1 and maximum number of children is 4. Average number of children is 2 (SD±0.96). Out of the total 200 respondents most of them 172 (86%) were not pregnant and 28 (14%) were pregnant.

Table 2. Reproductive characteristics of the respondent n= 200

Characteristics	Frequency	Percent %
1. Early Marriage (Years)		
Less than 18 years	94	47.0
18 years and above	106	53.0
2. Number of living children		
No child	48	24.0
One child	66	33.0
Two child	63	31.5
More than two	23	11.5
Minimum= 1 , Maximum=4 , Mean=2 , SD= 0.96		
3. Pregnancy status		
No	172	86

Yes	28	14

Distribution of the respondents by history of unplanned or unwanted pregnancy n= 152

Out of the total 152 respondents who had children, majority (70%) of them had no history of unplanned or unwanted pregnancy and less than one third (30%) had history of unplanned or unwanted pregnancy.

Table 3. Distribution of the respondents by history of unplanned or unwanted pregnancy

History of unplanned or unwanted pregnancy	History of unplanned or unwanted pregnancy	Frequency	Percentage
No	152	106	70
Yes		46	30
Total		152	100.0

Distribution of the respondents by current pregnancy unplanned or unwanted n= 28

Out of the total 28 respondents who were pregnant most of them (71.4%) had history of planned pregnancy and more than one fifth (28.6%) had unplanned or unwanted pregnancy.

Table 4. Distribution of the respondents by current pregnancy unplanned or unwanted

Present pregnancy planned or not	Frequency	Percentage
Planned	20	71.4
Not planned	8	28.6
Total	28	100

Distribution of the respondents by history of MR and number of MR n= 200

Out of the total 200 respondents three fourth 150 (75%) of the respondents had history of MR and one fourth 50 (25%) had no history of miscarriage or MR. Out of the total 150 respondents who had history of MR majority 105 (70%) had once history of MR, one fourth 38 (25%) had history for two times and only less than one tenth 7 (4.6%) had history for more than two times.

Table 5. Distribution of the respondents by history of MR and number of MR

History of MR	Frequency	Percentage
History of MR	150	75
No History of MR	50	25
Number of MR		
1	105	70
2 times	38	25.4
>2 times	7	4.6
Total	150	100.0

Distribution of the respondents by consultation about gap between children with husband n= 152

Out of the total 152 respondents who had one child, two child or more, most of them 114 (75%) talked about gap between two children and one forth 38 (25%) did not consult with their husbands.

Table 6. Distribution of the respondents by consultation about gap between children with husband

Consultation about gap between children with husband	Frequency	Percentage
No	38	25
Yes	114	75
Total	152	100.0

Distribution of the respondents by taking ANC in pregnancy, place of taking ANC and caregiver of ANC in previous pregnancy n= 28

Out of the total 28 respondents, most 25 (89.3%) had history of regular ANC in pregnancy and 3 (10.7%) were irregular in taking ANC in pregnancy. Out of the total 27 respondents, majority 12 (40.74%) had taken ANC in upazila health complex, 6 (22.22%) in private doctor and 9 (33.33%) in other places. Out of the total 88 respondents, most of the respondents 20 (71.43%) was visited by dai in ANC of previous pregnancy, about one tenth 3 (10.71%) and 5 (17.86%) were visited by MBBS and paramedics respectively.

Table 7. Distribution of the respondents by taking ANC in pregnancy, place of taking ANC and caregiver of ANC in previous pregnancy

Taking ANC in pregnancy	Frequency	Percentage
No	1	3.57
Irregular	3	10.7
Regular	25	89.3
Place of taking ANC		
Upazila Health Complex	12	44.44
Private Doctor	6	22.22
Others	9	33.33
caregiver of ANC in previous pregnancy		
M.B.B.S	5	17.86
Paramedics	3	10.71
Dai	20	71.43
Total	28	100

Distribution of the current pregnancy by tetanus vaccination n= 28

Out of the total 28 respondents, most of the respondents who were pregnant 22 (78.57%) took tetanus vaccination and one fifth 6 (21.43%) did not took tetanus vaccination.

Table 8. Distribution of the current pregnancy by tetanus vaccination

Tetanus vaccination in current pregnancy	Frequency	Percentage
No	6	21.43
Yes	22	78.57
Total	28	100.0

Distribution of the respondents by full term delivery and type of delivery n= 152

Out of the total 152 respondents who had children, most of them 120 (78.95%) had history of full term delivery and more than one fifth 32 (21.05%) did not history of full term delivery. Out of the total 152 respondents who had children, most of them 130 (85.53%) had normal delivery as mode of delivery and 22 (14.47%) had caesarian section.

Table 9. Distribution of the respondents by full term delivery and type of delivery

Full term delivery	Frequency	Percentage
No	32	21.05
Yes	120	78.95
Type of delivery		
Caesarian section	22	14.47
Normal delivery	130	85.53
Total	152	100.00

Discussion

The study was carried out to describe the Reproductive Health Practices of Female Garment Workers in Selected Garment Factory. The study was done to assess the reproductive practices of female garment workers and to determine the socio-demographic characteristics of reproductive health practices.

The minimum age was 18 years and the maximum age was 47 years. The mean age was 27.63 (±7.01) years. About one third (33.5%) of the respondents were within the age group of 18-23 years, one third (32%) was within 24-29 years, about one fifth (18.5%) was within 30-35 years. Almost half (49.5%) of the respondents were educated up to primary and one fourth (24%) of the respondents were educated up to degree and 1/5th (20%) of the respondents were illiterate. Most 183(91.5%) of the respondents were Muslim, one twelfth 12 (6%) were Hindu and rest of were Buddhists (1.5%) and Christians (1%) respectively. Out of the total 200 respondents minimum family members are 2 person and maximum family members are 6 persons. Mean family member was 4 persons (SD±0.83). Out of 200 participants 94 (47%) got married before 18 years that is early marriage was 47%. Out of the total 200 respondents one third 66 (33.0%) had 1 child and less than one third 63 (31.5%) had 2 children and about one tenth 23 (11.5%) had more than two children. Minimum number of children is 1 and maximum number of children is 4. Average number of children is 2 (SD±0.96). Out of the total 200 respondents most of them i.e. 172 (86%) were not pregnant and 28 (14%) were pregnant. Out of the total 152 respondents who had one child, two child or more, most of them 114 (75%) talked about gap between two children and one forth 38 (25%) did not consult with their husbands.

Out of the total 27 respondents, majority 12 (40.74%) had taken ANC in upazila health complex, 6 (22.22%) in private doctor and 9 (33.33%) in other places. Out of the total 28 respondents, majority 16 (57.14%) had history of taking ANC in previous pregnancy and 12 (1.56%) did not take ANC in previous pregnancy. Out of the total 28 respondents, majority 16 (57.14%) had history of taking ANC in previous pregnancy and 12 (1.56%) did not take ANC in previous pregnancy. Out of the total 28 respondents, more than half 16 (57.1%) had visited ANC two times in previous pregnancy, 8 (28.6%) visited o Out of the total 88 respondents, most of the respondents20 (71.43%) was visited by dai in ANC of previous pregnancy, about one tenth 3 (10.71%) and 5 (17.86%) were visited by MBBS and paramedics respectively. Out of the total 28 respondents, most of the respondents who were pregnant 22 (78.57%) took tetanus vaccination and one fifth 6 (21.43%) did not took tetanus vaccination. Out of the total 152 respondents who had children, most of them 120 (78.95%) had history of full term delivery and more than one fifth 32 (21.05%) did not history of full term delivery. Most of them 130 (85.53%) had normal delivery as mode of delivery and 22 (14.47%) had caesarian section. Out of the total 200 respondents, most of them 139 (69.5%) did not use clean materials and less than one third 61 (30.5%) used clean materials during menstruation. Out of the total 200 respondents, most of the respondents 88 (44.0%) did not face any problem, 84 (42%) had lower abdominal pain, one tenth 21 (10.5%) developed weakness and a few 7 (3.5%) developed nausea and vomiting during menstruation. most of them 176 (88%) had not enough toilet facilities in their job places and only more than one tenth 24 (12%) had enough toilet facilities.

Conclusion

Early marriage and childbearing among girls is often associated with a wide range of negative social and health consequences for young mothers and their infants, and contributes to rapid population growth. Regarding early marriage it was found that less than half female respondents were

below 18 years and among that respondents majority having children, few of them were mother before their first anniversary. Among the respondents, less than one third had history of unplanned or unwanted pregnancy and three fourth had history of miscarriage or abortion. About antenatal checkup in pregnancy, among the 27 respondents who were presently pregnant higher portion of the respondents were taking regular ANC in pregnancy and few respondents were irregularly taking ANC. Majority of the respondents who were currently pregnant received Tetanus vaccination.

Acknowledgement

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