

# Fabric of Health: Assessing the Reproductive Health Services in Bangalore's Garment Factories





# ABOUT THE STUDY

This report presents the findings of a study conducted by Cividep India to examine reproductive health services available to women working in Bangalore's garment sector — an often-overlooked aspect of Occupational Health and Safety (OHS). The study highlights the challenges these workers face in accessing essential health services and offers recommendations drawn from their experiences. These are intended to guide factory management, brands, multi-stakeholder initiatives, and policymakers in strengthening OHS standards, with a focus on gender-responsive workplace practices.

The study was made possible through funding from the Developing World Outreach Initiative (DWOI), which is supported by the Northern California Section of the American Industrial Hygiene Association (AIHA-NCS). DWOI provides financial and technical support to organisations in economically developing countries working to improve occupational health and safety standards. Their support was instrumental in enabling this research and advancing the conversation on OHS in the garment sector.

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# ABOUT CIVIDEP

Cividep India 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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# CREDITS



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# EXECUTIVE SUMMARY



*Women tailors busy at garment factory stitching and inspecting clothing*

This study examines the access to reproductive health services and facilities among garment factory workers, highlighting significant disparities, particularly for migrant women workers. Migrant workers often miss out on health training and vital information shared by HR or welfare officers due to language barriers, unlike local workers who benefit from these programmes. Reproductive health issues, such as uterus-related conditions, negatively impact workers' well-being, productivity, and financial stability due to inadequate leave policies, lack of company support, and burdensome ESI procedures.

Workers recovering from reproductive health-related surgeries face financial hardships due to high medical costs and income loss. Workplace discrimination against women with health issues further exacerbates their struggles, with many forced to continue working despite health complications. Maternity support remains inadequate, and while some factories provide modified work duties or basic accommodations, comprehensive policies on childcare and reproductive health are lacking. Gender dynamics influence workers' experiences, with migrant women often facing stigma both at work and in their communities.

The absence of women health workers in factories, restrictive workplace policies, and inconsistent access to ESI facilities creates additional barriers to reproductive healthcare. While some positive practices exist, such as emergency medical assistance and occasional workplace accommodations, support remains minimal and inconsistent — particularly in areas like menstrual hygiene facilities, paid medical leave, regular health check-ups, and counselling for reproductive health issues. Addressing these gaps requires stronger workplace policies, improved ESI accessibility, greater awareness, and dedicated reproductive health facilities to ensure the well-being of all workers, particularly women.

The findings outlined in this study point to the need for more responsive and inclusive workplace policies to address reproductive health challenges faced by workers, particularly migrant women. The following section presents key recommendations to improve access to healthcare, workplace policies, and overall support systems for workers in garment factories.

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# INTRODUCTION



*The image shows the stained hands of a garment worker, visibly marked by fabric dye—an indication of prolonged exposure to chemical dyes during the production process.*

## **Introduction to the Garment Industries in Bangalore**

The textile industry in India plays a major role in the Indian economy. It contributes 14 per cent to the industrial production and 4 per cent to GDP. With over 45 million workers in the garment industry, the industry is one of the largest sources of employment generation in the country. The industry accounts for nearly 15 per cent of the total exports. The size of India's textile market in 2016 was around US\$ 137 billion, which is expected to touch US\$ 226 billion by 2023.<sup>1</sup> With such significant contribution, India is one of the leading global suppliers of the textile industry with a large raw material base as well as manufacturing strength catering to the demands of both global and domestic markets.

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1. Karnataka Department of Handlooms and Textiles. (2019). New Textile and Garment Policy 2019-2024. Retrieved from <https://www.karnatakadht.org/english/njn-schemes.php>

Bangalore, often celebrated for its thriving IT sector, is also a significant player in India's garment industry. The city hosts a large number of garment factories, which play a crucial role in the local and national economy. These factories employ lakhs of workers, predominantly women, who are involved in various stages of garment production. The sector provides employment opportunities to a diverse workforce, including both inter-state and intra-state migrants, contributing to Bangalore's economic diversity and growth.<sup>2,3,4,5,6</sup>

The garment industry in Bangalore is characterised by its extensive production capacity, catering to both domestic and international markets. This industry has attracted a large workforce due to its labour-intensive nature, offering jobs in manufacturing, quality control, packaging, and distribution.<sup>7,8</sup>

Despite its economic significance, the industry faces numerous challenges, particularly concerning the occupational safety and health (OSH) of its workers.

Women constitute the majority of the workforce in the sector, and their health, particularly reproductive health is an area of concern.<sup>9,10,11</sup>

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2. Cividep India. (2015). Garment workers in Bangalore: A situational analysis. Bangalore: Cividep India. Retrieved from [Karnataka Department of Handlooms and Textiles. \(2019\). New Textile and Garment Policy 2019-2024. Retrieved from https://www.karnatakadht.org/english/njn-schemes.php](#)

3. India Committee of the Netherlands (ICN), Clean Clothes Campaign (CCC), & Cividep India. (2016). Labour without liberty: Female migrant workers in Bangalore's garment industry. Utrecht: ICN. Retrieved from <https://www.indianet.nl/pdf/ForcedLabourGarmentsIndia.pdf>

4. Ghosh, J. (2018). Women workers and precarity in India's garment sector. *Economic and Political Weekly*, 53(4). Retrieved from <https://www.epw.in/journal/2018/4/special-articles/women-workers-and-precarity-indiaE28099s-garment-sector.html>

5. The Hindu. (2022, February 15). Bengaluru's garment industry struggles post-COVID. Retrieved from <https://www.thehindu.com/news/cities/bangalore/bengalurus-garment-industry-struggles-post-covid/article65055768.ece>

6. Fair Wear Foundation. (2021). India country study 2021. Amsterdam: Fair Wear Foundation. Retrieved from [Karnataka Department of Handlooms and Textiles. \(2019\). New Textile and Garment Policy 2019-2024. Retrieved from https://www.karnatakadht.org/english/njn-schemes.php.](#)

7. Cividep India. (2014). Training on Occupational Health and Safety for Workers in the Export-Oriented Garment Sector in Bangalore. Retrieved from [https://aiha-ncs.org/images/downloads/DWOL\\_Updates/report\\_on\\_ohs\\_training\\_and\\_health\\_check\\_up\\_camp\\_for\\_garment\\_workers\\_in\\_bangalore.pdf](https://aiha-ncs.org/images/downloads/DWOL_Updates/report_on_ohs_training_and_health_check_up_camp_for_garment_workers_in_bangalore.pdf)

8. Invest India. (2020). Textile & Apparel Industry: The Change Agent of India. Retrieved from <https://www.investindia.gov.in/siru/textile-apparel-industry-change-agent-india>

9. Gopal, Meena, and Shalini Sinha. (2020). "Women Workers in Garment Sector: Globalization, Vulnerabilities and Health Concerns."

10. Fair Wear Foundation (2016). "Labour Conditions in the Garment Supply Chain: Workers Voices from India."

11. International Labour Organization (ILO). (2017). "Employment in the Garment Sector in India: Gender Issues and Health Risks."

The reproductive health of women workers in India's garment industry is critically important for the following reasons: The garment industry in India employs a predominantly female workforce, many of whom are of reproductive age. Ensuring reproductive health is essential for their well-being, productivity, and retention.<sup>12</sup> Many women workers do not receive adequate maternity benefits or reproductive healthcare, increasing their vulnerability to complications during pregnancy and childbirth.<sup>13</sup> Lack of proper sanitation facilities and menstrual hygiene awareness in workplaces affects women's health, dignity, and work attendance.<sup>14</sup> Prolonged standing, high work pressure, chemical exposure, and lack of rest can negatively impact reproductive health, including menstrual disorders and miscarriages.<sup>15</sup> There is a lack of open dialogue or safe spaces for women workers to discuss reproductive health concerns, resulting in neglect and unmet needs.<sup>16</sup> An article in *The Daily Star* (2019) underscores that the health needs of female garment workers, especially reproductive and maternal health, "have mostly remained unstudied and unaddressed." Despite employing over four million workers (approximately 70 of them women), the garment industry in Bangladesh is still ill-prepared to accommodate these needs. The article highlights the lack of adequate data on access to prenatal care, breastfeeding, maternity leave, and workplace accommodations, thereby establishing the pressing need for further research in this area.<sup>17</sup>

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12. Cividep India. (2016). *Labour Without Liberty: Female Migrant Workers in Bangalore's Garment Industry*. India Committee of the Netherlands, Clean Clothes Campaign, and Cividep India. Retrieved from <https://www.indianet.nl/pdf/ForcedLabourGarmentsIndia.pdf>

13. International Labour Organization. (2015). *Insights into Working Conditions in India's Garment Industry*. ILO. Retrieved from [https://www.ilo.org/global/publications/WCMS\\_379775/lang-en/index.htm](https://www.ilo.org/global/publications/WCMS_379775/lang-en/index.htm)

14. Asia Floor Wage Alliance. (2019). *Advancing the Rights of Women Workers in Asian Supply Chains: A Gender-Based Approach*. Retrieved from <https://asia.floorwage.org>

15. Fair Wear Foundation. (2021). *India Country Study 2021*. Amsterdam: Fair Wear Foundation. Retrieved from <https://www.fairwear.org/resources/india-country-study-2021>

16. Cividep India & FEMNET. (2020). *Stitching Our Shoes: Homeworkers in India's Leather Sector*. Retrieved from <https://femnet.de/en/stitching-our-shoes/>

17. Ahsan, N. (2019, March 21). *How do we improve maternal health of garment workers?* *The Daily Star*. Retrieved from <https://www.thedailystar.net/opinion/society/news/how-do-we-improve-maternal-health-garment-workers-1716985>

Reproductive health is crucial for their overall well-being, but access to these services and facilities remains inadequate both within the factories and through external public healthcare services such as Employee State Insurance (ESI) facilities. This study explores the current status of reproductive health services available to women workers in export garment factories, examines the challenges they face in accessing these services, and highlights the gaps that necessitate further research. A study<sup>18</sup> reports that approximately two-thirds of garment workers are women, highlighting their substantial representation in the sector.

Another report<sup>19</sup> indicates that in the garment industry in Bangalore, women account for 67.3 of the workforce, underscoring their dominant presence in this field.

Another study<sup>20</sup> conducted by the International Labour Organization reveal that women dominate the workforce in the Bangalore area, whereas men represent the majority in the northern National Capital Region (NCR), emphasizing the regional gender disparities within India's garment sector.

## **Current Status of Reproductive Health Services for Women Workers in Garment Factories**

According to Indian labour laws, factories are required to provide basic health services, including first-aid and medical rooms for emergency care. According to the Maternity Benefit Act, 1961, women workers are entitled to two breaks of nursing each day until the child attains the age of fifteen months. These breaks are in addition to the rest interval allowed to women workers during their working hours.

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18. Suresha K.P., "Women Workers in Garments Factories in Karnataka: Issues and Challenges International Journal of Innovative Studies in Sociology and Humanities", International Journal of Innovative Studies in Sociology and Humanities (IJSSH), Volume: 3 Issue: 10 | October 2018, Pp 19-25.

19. Siddaraju V.J., Occupational Health Problems of Women Employees in Garment Industry: An Empirical Study in Bangalore City of Karnataka, Global Journal for Research Analysis, Vol(8), Issue: 3, March 2019, Pp 14-15.

20. International Labour Organization (2015), Insights into working conditions in India's garment industry.

As per the Occupational Safety and Health Code, 2020, if there are more than 50 workers, adequate, suitable and separate shelters or rest-rooms for male, female and transgender workers and a lunch-room in every factory should be provided. Factories should provide rooms for resting when required. The same code says that an ambulance room should be made available in every factory, mine and other construction work wherein more than five hundred workers are ordinarily employed. However, the availability and quality of reproductive health services within garment factories are inconsistent.

Research indicates that many factories either lack these facilities or offer minimal services that do not cater to the specific reproductive health needs of women workers. In some factories, health services are limited to basic first aid, with no provision for gynaecological care or reproductive health counselling. While Indian laws such as the Factories Act, 1948, ensure basic health provisions like first aid and sanitation, they fall short of mandating specialized services such as gynecological care and reproductive health counseling — services essential in a predominantly female workforce. This legal gap often results in inadequate support for women's specific health needs in factory settings. In contrast, international legal instruments — including CEDAW, the ILO Maternity Protection Convention No. 183, and the ICESCR — clearly establish reproductive health as a fundamental right and call on states to provide access to appropriate health services in workplaces. Aligning national legal frameworks with these global standards is therefore imperative. Such alignment not only affirms India's commitment to international human rights obligations but also fosters healthier, more equitable, and productive workplaces that uphold the rights of women workers.

In many factories, even when reproductive facilities such as separate rooms for lactating mothers or crèches are available within the premises, they often remain inaccessible to workers. While conducting another study for Cividep, the women workers shared that while a room designated for a crèche may be provided, it frequently lacks a trained childcare worker or caretaker, as management is unwilling to incur the additional costs.

Moreover, factory managements are reluctant to allocate time for workers to use these facilities, as it is perceived to interfere with production targets. This creates a significant barrier for women seeking to balance their reproductive health needs with their work responsibilities.<sup>21,22,23</sup>

Cividep's 2023 report,<sup>24</sup> "Worked to the Bone", highlights several health challenges faced by women garment workers in Bangalore, including poor sexual and reproductive health, which are attributed to demanding and stressful working conditions.

Outside the factory, women workers are entitled to access healthcare through the Employees' State Insurance (ESI) scheme<sup>25</sup>, which includes coverage for maternity care and gynaecological services. However, several studies given below have highlighted that ESI facilities are underutilised by garment workers due to various reasons, such as long wait times, bureaucratic hurdles, lack of awareness, accessibility, and subpar quality of care.

An article<sup>26</sup> titled "How India's Employee State Insurance Scheme Lets Down Low-Wage Women Workers" discusses similar issues faced by women garment workers in Karnataka, such as long distances to medical facilities, shortage of women doctors, and bureaucratic hurdles that discourage women from accessing ESI services.

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21. Mezzadri, Alessandra. (2017). "Garment Sweatshop Regimes in India: The Informalization of Labour in Global Supply Chains."

22. Fair Wear Foundation (2016). "Labour Conditions in the Garment Supply Chain: Workers' Voices from India."

23. Padmini, I., and Venmathi, A. (2012). "Challenges Faced by Women Workers in the Indian Garment Industry." *Journal of Contemporary Management Research*.

24. Cividep (2023), "Worked To The Bone" - Understanding Health Vulnerabilities & Healthcare Access of Women Garment Workers in Bangalore.

25. The Employees' State Insurance (ESI) scheme is a social security and health insurance program in India, providing medical care and financial assistance to employees and their dependents in cases of sickness, maternity, disability, or employment-related injuries. Funded by contributions from both employers and employees, the scheme ensures comprehensive socio-economic protection for the worker population.

26. Nandita and Rajalakshmi (2024), How India's Employee State Insurance Scheme Lets Down Low-Wage Women Workers, Behanbox, September 3, 2024.

A study by the National Law School of India University highlights that the ESI scheme in Karnataka is overstretched, with one dispensary doctor catering to approximately 76,370 beneficiaries and one hospital bed per 11,300 beneficiaries, leading to inadequate healthcare access for garment workers.<sup>27</sup> A report found that despite legal entitlements, many women workers face practical challenges such as long queues, inaccessible locations of ESI hospitals, and administrative complexities, which discourage them from availing ESI services.<sup>28</sup> According to the International Labour Organization (ILO), less than 40 per cent of garment workers in India have written contracts, and even fewer understand their content. This lack of formal employment communication leads to low awareness about statutory benefits like ESI.<sup>29</sup> A 2023 study<sup>30</sup> examined health vulnerabilities among women garment factory workers, highlighting challenges in accessing healthcare services.

## **Key Challenges Women Workers Face in Accessing Reproductive Health Services**

A significant challenge for women workers is that they are unaware of the reproductive health services they can get or their right to access them. Many women are not informed about the reproductive health services that should be available to them under the labour laws or the ESI scheme. Additionally, reproductive health education and counselling are not prioritised in factories. Workers are often unaware of critical issues such as menstrual health management, reproductive health rights and maternity rights. This knowledge gap limits their ability to seek appropriate care.

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27. Centre for Labour Studies, NLSIU (2021). "Feminisation of Work and Health Care: Occupational Health Needs and Access to the ESI Corporation for Karnataka Garment Workers." Bengaluru: National Law School of India University.

28. BehanBox (2023). "How India's Employee State Insurance Scheme Lets Down Low-Wage Women Workers." [Online] Available at: <https://behanbox.com/2024/09/03/how-indias-employee-state-insurance-scheme-lets-down-low-wage-women-workers/>

29. International Labour Organization (2022). "Insights into Working Conditions in India's Garment Industry." ILO, Geneva. Available at: [https://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS\\_848782/lang--en/index.htm](https://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_848782/lang--en/index.htm)

30. Mishra A., et.al. (2023), "Body as Machine: Health Vulnerability of Women Garment Factory Workers in India", *SSM - Qualitative Research in Health*, 4(3):100301, Pp 1-7.

Both inter-state migrant workers and local workers face numerous challenges in accessing reproductive health services and facilities in the garment industry in Bangalore. Many of these workers come from rural areas, often unaware of their rights to health services and entitlements under labour laws. Even when factories have facilities like crèches or rooms for breastfeeding mothers, women often can't use them because they are poorly managed or not set up properly. Management frequently avoids investing in trained childcare workers or adequate healthcare staff, viewing these services as additional costs that interfere with production efficiency. Furthermore, women workers are rarely allowed the time to use these facilities, as doing so would mean stepping away from production lines, which is discouraged by supervisors under pressure to meet tight production targets. This is worsened by language barriers, cultural differences, and a lack of awareness of available health services. This marginalisation is compounded by the fact that most inter-state migrant women workers lack access to community support networks in Bangalore, further limiting their ability to seek reproductive health care outside of the workplace. As a result, these workers are often forced to compromise their reproductive health, leading to long-term negative impacts on their well-being.

Cultural barriers and stigma around reproductive health issues are pervasive among garment workers. Talking openly about reproductive health, menstruation, or sexually transmitted infections (STIs) is often considered taboo, leading to reluctance in seeking help. Male supervisors or healthcare providers in factories further discourage women from discussing their reproductive health concerns, exacerbating the situation.

A study conducted by Cividep<sup>31</sup> highlights that societal stigmas hinder open discussions and support for reproductive health needs among women garment workers.

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31. Cividep 2023), Worked To The Bone Understanding Health Vulnerabilities & Healthcare Access of Women Garment Workers in Bangalore.

Additionally, another study<sup>32</sup> examined and explained the health vulnerabilities among women garment factory workers, emphasising challenges in accessing healthcare services.

Maternity benefits are a legal right under the Maternity Benefit (Amendment) Act, 2017, which mandates paid maternity leave, maternity medical care, and nursing breaks for women workers. However, many women in garment factories face challenges in accessing these benefits. The informal, contractual, and even formal nature of employment in the garment sector makes it difficult for women to claim their maternity rights. In many cases, women in contractual or informal positions face greater barriers in accessing maternity benefits due to their precarious work status, but even those in formal employment often encounter challenges due to insufficient policy enforcement, rigid production demands, and fear of job loss, further complicating their ability to exercise these rights. Additionally, due to the lack of documentation or the absence of formal employment contracts, women workers may be denied maternity leave and medical care.

A study<sup>33</sup> by Asia Floor Wage Alliance (AFWA) examined gender-based violence in fast fashion supply chains, based on interviews with over 400 women workers across six Asian countries. The report highlighted how the business models of global fashion brands exacerbated garment workers' vulnerability to violence, both inside the factories and in their homes, families, and communities. Another study<sup>34</sup> reported that 25-30 of female labourers employed at an Indian factory supplying garments to fast fashion brands experienced labour law violations, including issues related to maternity rights.

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32. Mishra et.al. (2023) "Body as machine: Health vulnerability of women garment factory workers in India", *SSM - Qualitative Research in Health*, 4 (100301). pp. 1-7.

33. Asia Floor Wage Alliance (AFWA) (2021), "A Stitch in Time Saved None: How Fashion Brands Fuelled Violence in the Factory and Beyond.

34. Hansotia B (2022), *Cloaked Injustice: Labour Law Violations in the Asia Pacific Fast Fashion Industry*".

The poor working conditions in many garment factories exacerbate reproductive health issues for women. Long working hours, lack of rest breaks, and physically demanding tasks contribute to health problems, including menstrual disorders, Urinary Tract Infections (UTIs), and miscarriages. A comprehensive review of studies from 1966 to 2012 found that working fixed night shifts increases the risk of miscarriage by approximately 51 per cent. Other factors such as working over 40 hours per week, lifting more than 100 kg daily, standing for more than 6 hours a day, and engaging in physically demanding work were associated with smaller increases in miscarriage risk, ranging from 12 to 36.<sup>35</sup> The lack of clean toilets, menstrual hygiene products, and access to water for sanitation makes it difficult for women to manage their reproductive health needs at work.

While ESI facilities are meant to provide comprehensive healthcare to women workers, including reproductive health services, several gaps prevent effective utilization:

- Many ESI hospitals are distant from where garment workers live, making it difficult for them to access services. For women working long hours, traveling to ESI hospitals is impractical, especially for routine check-ups.
- The quality of care at ESI hospitals has been a persistent issue. Women workers often report being treated with disrespect or being hurried through consultations, particularly when seeking reproductive health services. This discourages further visits.
- ESI hospitals are often not equipped with specialists such as gynaecologists, and workers face long wait times or need referrals to other hospitals for reproductive health care, leading to delays in receiving treatment. The presence of male specialists can deter women from seeking care for reproductive health issues due to discomfort and cultural sensitivities.

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35. Bonde JP, Jørgensen KT, Bonzini M, Palmer KT. Miscarriage and occupational activity: a systematic review and meta-analysis regarding shift work, working hours, lifting, standing, and physical workload. *Scand J Work Environ Health*. 2013 Jul;39(4):325-34. doi: 10.5271/sjweh.3337. Epub 2012 Dec 12. PMID: 23235838; PMCID: PMC3699369.

This discomfort is often rooted in societal norms and personal preferences, leading many women to feel uneasy discussing intimate health concerns with male practitioners. Consequently, the lack of female healthcare providers can result in women avoiding or delaying necessary medical consultations, potentially compromising their health.

## Gaps and Needs for Further Research

The challenges outlined above highlight significant gaps in the provision of reproductive health services for women workers in Bangalore's garment industry. There is a need for a comprehensive assessment of the reproductive health services provided within garment factories, the utilisation of ESI facilities, and the systemic barriers that women face in accessing care. Specifically, the following areas need to be explored:









Reproductive health remains a neglected concern for women workers in Bangalore's garment industry. The lack of accessible and comprehensive services, combined with cultural stigmas and workplace challenges, exacerbates the vulnerability of these women. There is an urgent need for research to assess the gaps and propose solutions to improve the health and well-being of women workers. This study aimed to fill this critical gap and contribute to improving reproductive health services for women in the garment sector.

# RESEARCH METHODOLOGY

## Objectives of the Study

The primary objective of this study was to assess the status of reproductive health services/facilities accessed by women workers in garment factories in Bangalore, and to identify the key challenges they faced in accessing these services and facilities. The study aimed to explore the gaps in existing reproductive health services and recommend areas for improvement. Specifically, the objectives were as follows:

- 
-  To evaluate the availability, accessibility, and quality of reproductive health services provided within garment factories in Bangalore.
  -  To investigate the extent to which women garment workers utilized Employee State Insurance (ESI) facilities for reproductive health services and identify the barriers that limited their access to these healthcare options.
  -  To explore the socio-cultural stigmas, workplace norms, and gender-based barriers that prevented women workers from seeking or utilizing reproductive health services, both within factories and at ESI facilities.
  -  To assess how existing workplace reproductive health policies affected women workers' ability to access and utilize reproductive health services.
  -  To develop actionable recommendations for garment industry stakeholders, healthcare providers, and policymakers to improve access to reproductive health services for women workers.



## Research Questions

The research questions in this study are grounded in key international standards that advocate for comprehensive reproductive health services and protections for women workers. The Maternity Protection Convention, 2000 (No. 183), adopted by the International Labour Organization (ILO), emphasises the necessity for maternity protection at work, including adequate facilities and services for breastfeeding mothers. Additionally, the General Comment No. 22 (2016) on the Right to Sexual and Reproductive Health, issued by the Committee on Economic, Social and Cultural Rights, underscores the obligation of states to ensure accessible, affordable, and quality sexual and reproductive health services, including in occupational settings. Furthermore, the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), through its General Recommendation No. 24 on Article 12 (Women and Health), highlights the need for states to eliminate discrimination against women in healthcare, ensuring access to appropriate services related to pregnancy, confinement, and the post-natal period. These standards collectively provide a framework for assessing and formulating research questions related to the availability, accessibility, and quality of reproductive health services for women workers in garment factories. Male workers were also interviewed to assess their awareness and sensitivity toward the reproductive health needs and challenges experienced by their female colleagues. In order to achieve the objectives outlined above, the study addressed the following research questions:

### **Availability, Accessibility and Quality of Reproductive Health Services in Factories**

- What types of reproductive health services and facilities (e.g., lactation rooms, crèches, gynaecological care) were available to women workers within garment factories in Bangalore?
- To what extent did these services meet the reproductive health needs of women workers in terms of accessibility, privacy, and quality of care?
- Were there any gaps in the provision of these services, and how did these gaps affect the health and well-being of the workers?

## **Utilisation and Barriers to ESI Services**

- How frequently did women garment workers utilise ESI healthcare facilities for reproductive health services, including maternity care, and gynaecological consultations?
- What were the key barriers (e.g., distance, long wait times, lack of awareness, poor quality of care) that prevented workers from accessing ESI reproductive health services?
- How did these barriers impact the overall health of women workers?

## **Socio-Cultural and Workplace Barriers**

- What socio-cultural norms and stigmas discouraged women workers from seeking reproductive health services both within garment factories and through ESI facilities?
- How did gender dynamics in the workplace and the presence (or absence) of women healthcare providers affect the willingness of women to access reproductive health care?
- What role did workplace management practices and factory policies play in limiting or facilitating access to these services?

## **Impact of Workplace Policies on Reproductive Health**

- How did workplace policies related to maternity leave, nursing breaks, and childcare provisions impact women workers' ability to access reproductive health services?
- To what extent were the legal entitlements for maternity benefits and reproductive health services implemented in garment factories?
- What challenges did women workers face in claiming their reproductive health rights, particularly related to their employment nature (permanent workers, contract workers, informal workers)?

## **Recommendations for Improvement**

- What improvements could be made within factories to enhance access to reproductive health services for women workers?
- How could the ESI system be better utilised or reformed to meet the reproductive health needs of garment workers more effectively?
- What policy interventions and workplace reforms are needed to address the existing gaps and challenges in accessing reproductive health services for women in the garment sector?

## **Sample Size and Selection**

This study adopted a qualitative research design to provide an in-depth understanding of the reproductive health services and challenges faced by garment workers in Bangalore.

The study involved a sample size of 18 workers who were selected using a purposive sampling technique. This approach ensured that participants were chosen based on specific criteria relevant to the research objectives. Of the 18 workers, 12 were women, and 6 were men. These participants included both inter-state and intra-state migrant workers with at least one year of experience in the garment industry. This diversity provided varied perspectives on the reproductive health challenges.

## **Data Collection Methods:**

Qualitative data was collected through three focus group discussions with the 18 selected participants. One FGD each was organised separately for local (intra-state) women workers, inter-state migrant women workers, and male garment workers. These methods allowed for a deeper exploration of participants' experiences, perceptions, and suggestions for improving reproductive health services.

## **Tools of Data Collection**

The tools for data collection included focus group discussion guides designed to gather qualitative data. These tools were specifically created to cover various aspects of reproductive health services, challenges, and worker experiences, aligned with the study's objectives and research questions.

## **Data Analysis**

The qualitative data was analysed thematically to extract key themes and insights related to reproductive health services, challenges, and recommendations in alignment with the research objectives and questions.

## **Scope of the Study**

The study focused on export garment factories in Bangalore, with an emphasis on the reproductive health services and challenges faced by both inter-state and intra-state migrant workers, particularly women and men. By examining the experiences of this diverse group, the study aimed to provide a comprehensive understanding of reproductive health issues and the challenges workers faced in accessing reproductive health care services in Bangalore's garment industry.

## **Limitations of the Study**

The study acknowledges several limitations. Firstly, the findings could not be generalised to other regions or industries due to the specific context of Bangalore's garment sector. Secondly, the limited sample size may have affected the comprehensiveness of the findings. Although purposive sampling ensured that relevant participants were included, it may not have captured the full diversity of worker experiences. Furthermore, the study's focus was solely on reproductive health and did not cover other aspects of OSH. Lastly, the study relied on self-reported data, which may have been subject to recall and social desirability biases.

## **Conclusion**

The aim was to understand the challenges in the provision of reproductive health services in garment factories in Bangalore. By focusing on the specific experiences of women workers, men workers, and leaders, the study seeks to identify gaps in current reproductive health services and practices and provides actionable recommendations for improvement. The findings will contribute to enhancing the reproductive health of garment workers, promoting gender equality, and ensuring compliance with labour standards.

# DATA ANALYSIS AND FINDINGS OF THE STUDY



*Garment workers engage in a creative group activity during a training session*

## **Profile of the Workers**

The participant profiles provide valuable insights into the demographics, work experience, and roles of the three groups studied: inter-state migrant women workers, local women workers, and male workers in the garment industry.

Below is the analysis of each group separately, followed by a comparison across the groups.

Dimension	Inter-State Migrant Women	Local Women Workers	Male Workers
Age	25-28	29-45	34-50
Work Experience in garment industry in Bangalore	1 year - 4 years	5-20+ years	2-15 years
Job Roles	Most of them are in Tailoring	Tailoring, helping, Health & Safety Committee	Tailoring, packing, cutting, supervision
Mobility in Workplace	Very limited	Moderate	High

The table reveals clear distinctions in the profiles of inter-state migrant women, local women workers, and male workers in Bangalore’s garment industry. Inter-state migrant women are the youngest and least experienced group, confined mostly to tailoring roles, which limit their exposure to workplace systems and reproductive health services. In contrast, local women have more industry experience, slightly more diverse roles including participation in health and safety committees and better familiarity with workplace structures. Male workers show the greatest diversity in job roles, including supervisory positions, and enjoy greater mobility and influence, though their access to reproductive health services may be more indirect. These differences are likely to shape how each group perceives, accesses, and utilises reproductive health services.

## Maternity Services: Workers' Awareness and Employer Guidance

Awareness of maternity rights among garment workers is uneven and largely influenced by gender, locality, and migration status. The following table compares the levels of awareness and access to information across inter-state migrant women, local women, and male workers in relation to maternity services and guidance provided by employers.

Awareness	Inter-State Migrant Women	Local Women	Male Workers
Access to Information during Hiring	Rarely informed; no formal orientation	Occasionally informed through welfare officers	Usually not informed at hiring
Sources of Awareness	Depends on peers or an informal HR interaction	Learn through welfare officers, posters, or sessions	Limited or no reliable sources
Employer-Led Training/Orientation	Rarely included; language barriers common	Attend sessions by welfare staff or NGOs	Largely excluded from such initiatives
Knowledge of Legal Entitlements	Mostly unaware of rights like leave and crèche access	Moderately aware, especially long-term workers	Minimal awareness of maternity entitlements
Inclusion in Awareness Programs	Often excluded due to scheduling or communication gaps	More likely to be included in targeted programs	Not typically involved in awareness programs

This comparative analysis reveals a systemic gap in the communication of reproductive health rights to workers, in particular migrant workers who are often unaware of their rights and entitlements. This underscores the need for structured, inclusive awareness programs to ensure all employees understand and can access their legal entitlements.

## Availability of Reproductive Health Services and Facilities

This section compares the availability and barriers to key reproductive and health-related services—namely crèche facilities, feeding rooms, reproductive health support, and emergency medical services—across inter-state migrant women workers, local women workers, and male workers in Bangalore’s garment factories.

**Crèche facilities**, although technically available in factories attended by all three groups, differ markedly in quality and accessibility. Inter-state migrant women reported the poorest conditions, with facilities lacking food or caregiving staff, and requiring them to bring supplies from home, creating both emotional and logistical burdens. In contrast, some local women workers accessed better-maintained crèches that offered milk and fruit for children, though this was not consistent across all factories. Male workers also acknowledged the presence of crèche facilities but offered no insight into their quality or use, reflecting their distance from caregiving responsibilities.

When it comes to **feeding rooms**, inter-state migrant women again face the most restrictive environment. Though rooms may exist, production pressures and a lack of time allowances severely limit their ability to use them. Local women, while not explicitly highlighting these rooms, implied a somewhat more enabling environment through references to breastfeeding support. Male workers noted that women colleagues used feeding rooms, but did not identify specific barriers — suggesting either a lack of awareness or underreporting of structural limitations women face.

The **availability of reproductive health support** shows stark disparities. Local women workers reported a broader spectrum of care, such as access to doctors and nurses for pregnancy-related checkups, and even shared troubling experiences of undergoing multiple uterine surgeries—pointing to deeper, unresolved health issues and insufficient recovery time. On the other hand, inter-state migrant women did not report receiving such specific reproductive healthcare, indicating limited access or

perhaps lack of awareness. Male workers referred only to basic medical assistance offered by a nurse, showing minimal engagement with women's reproductive health concerns.

**Emergency medical support** was more robust for local women workers in some factories, including ambulance access and routine checkups, especially during pregnancy. Inter-state migrant workers, however, largely depended on basic in-factory nursing care and ESI referrals, which often delayed timely interventions. Male workers also described a similar reliance on ESI for serious cases.

In summary, the comparative analysis highlights how reproductive health services and caregiving support are unevenly distributed across worker groups. Inter-state migrant women are the most disadvantaged, facing systemic neglect through poor infrastructure and rigid workplace policies. Local women workers fare better in certain settings, but the inconsistency across factories and the burden of serious reproductive health issues suggest deep institutional gaps. Male workers, though beneficiaries of general healthcare, remain on the periphery of these issues, reinforcing the invisibilisation of women's health needs in male-dominated workplace discourse. These disparities call for a more gender- and migrant-sensitive approach to workplace health infrastructure in the garment industry.

## **Accessing Reproductive, Childcare, and Health Facilities for Women Workers in Garment Factories**

Access to reproductive, childcare, and health facilities varies significantly among different groups of workers in garment factories. The extent to which workers can avail themselves of these services is influenced not only by factory policies. Their job roles, work conditions, and leave policies also have an impact.

Theme	Inter-State Migrant Women	Local Women	Male Workers
<b>Access to Reproductive Health Services</b>	<ul style="list-style-type: none"> <li>Assigned to rigid tailoring roles with long sitting hours</li> <li>Limited flexibility for health breaks</li> <li>Sanitary products availability inconsistent</li> </ul>	<ul style="list-style-type: none"> <li>Assigned varied roles including assisting tasks</li> <li>Opportunity to serve in health and safety committees</li> <li>Better awareness and access to reproductive health services</li> </ul>	<ul style="list-style-type: none"> <li>Hold roles with more mobility and decision-making</li> <li>Do not directly use reproductive health services</li> <li>Largely disengaged from related issues</li> </ul>
<b>Work Conditions and Recovery</b>	<ul style="list-style-type: none"> <li>Rigid work demands even post-surgery (e.g., hysterectomy)</li> <li>Only three months leave; expected to meet targets post-return.</li> <li>Poor access to rest, hydration, and toilets</li> </ul>	<ul style="list-style-type: none"> <li>Work conditions and support vary by factory</li> <li>Some receive milk and rest breaks during pregnancy</li> <li>Menopause-related health issues poorly supported</li> </ul>	<ul style="list-style-type: none"> <li>Not directly affected but they observe the conditions</li> <li>Acknowledge pressure on women to meet targets</li> <li>Little structural empathy or support</li> </ul>
<b>Leave Policies and Recovery Support</b>	<ul style="list-style-type: none"> <li>Usually granted one month ESI leave</li> <li>Unauthorised leave leads to salary cuts</li> <li>Face delays and uncertainty in ESI claims</li> </ul>	<ul style="list-style-type: none"> <li>May get up to three months ESI leave</li> <li>Additional short factory break possible</li> <li>Return to full work expected soon after</li> </ul>	<ul style="list-style-type: none"> <li>Strict leave limits; long absences risk job loss</li> <li>Depend solely on ESI</li> <li>No additional institutional support available</li> </ul>

## Treatment in Garment Factories

Reproductive health issues, especially those linked to uterus-related conditions or surgeries, significantly affect women workers' daily functioning and how they are treated at the workplace, with noticeable differences across inter-state migrant and local women workers. Inter-state migrant women often continue working despite exhaustion due to fears of income loss, as rest is permitted only at the cost of salary deductions. Cultural stigma, language barriers, and discomfort with male supervisors further discourage them from openly discussing their health needs, leading to underreported struggles and limited support. Local women workers also face physical symptoms like back pain, white discharge, and fatigue after surgeries, which impact their work, but they tend to rely on home remedies or take a few days leave from

work either on their own or with approval from the factory management to rest and recover, given the slow and burdensome ESI treatment process. Despite some allowances, structured medical or emotional support remains lacking. From male workers' perspective, women returning post-childbirth face unrealistic expectations to meet production targets without consideration for their need to care for their infants, such as feeding breaks. The overall environment in factories is thus marked by insufficient understanding, rigid production pressures, and minimal flexibility, all of which intensify the emotional and physical toll of reproductive health issues on women workers.

## **Financial Challenges Faced by Workers During Recovery from Uterus-Related Health Issues**

During recovery from uterus-related health issues, financial challenges vary notably across inter-state migrant women workers, local women workers, and male workers in garment factories. Inter-state migrant women face the most severe hardships, often unable to access ESI services due to location constraints. They resort to private hospitals where treatment costs range from ₹5,000 to ₹6,000 (\$58 – \$70), pushing them to borrow money, pledge gold, or sell land. In contrast, local women workers have slightly better access to ESI and are sometimes able to claim partial salary (75 per cent) during their approved medical leave. However, fear of poor quality at ESI hospitals drives many to opt for private care, with costs rising to ₹1.5 lakh (\$1,755). The reimbursement process is complicated and not always successful, forcing them to borrow at high interest rates (4–5 per cent) and manage household expenses under financial strain. Male workers, while not experiencing reproductive health issues, similarly face high healthcare costs, ₹2 to ₹3 lakh (\$2,340 – \$3,509) for serious illnesses and also depend on borrowing or pawning valuables. The comparison shows that migrant women face the greatest vulnerability, but all worker groups, including local women and men, suffer from a lack of financial protection.

## Quality of Reproductive Health Services and Facilities

It plays a crucial role in safeguarding their health and well-being. This section focuses on assessing the effectiveness, accessibility, and adequacy of these services in addressing the reproductive health needs of workers, particularly women workers. It explores factors such as the availability of trained healthcare professionals, the suitability of facilities for addressing reproductive health concerns, and the extent to which these services are integrated into the workplace health and safety systems.

The **quality of support provided by factories for reproductive health, especially during maternity and post-operative care**, reveals varied levels of satisfaction among workers, with notable disparities. Inter-state migrant women workers reported low satisfaction, citing poor quality of care and minimal support during maternity or post-operative recovery, often continuing work due to financial pressures and limited access to information or healthcare services. Local women workers described the support as moderate, receiving some workplace adjustments like lighter tasks after surgery, but still found the overall quality lacking, especially in terms of accessible, responsive medical care and emotional support. Male workers generally believed the support to be adequate, but their views tended to overlook the specific needs and nuanced challenges women face, particularly in accessing quality reproductive healthcare. Overall, the reproductive health support provided by factories is perceived as basic at best, with migrant women being the most underserved.

# Perceived Gaps and Benefits in Reproductive Health Services in Garment Factories

The perceived benefits and gaps in reproductive health services in garment factories vary significantly across worker groups.

Aspect	Inter-State Migrant Women	Local Women	Male Workers
<b>Perceived Benefits</b>	<ul style="list-style-type: none"> <li>• Rare instances of prompt medical support (e.g. post-injury)</li> <li>• Some informal help from peers or supervisors</li> </ul>	<ul style="list-style-type: none"> <li>• Change in work responsibilities to support recovery following surgery or pregnancy</li> <li>• Allowed to sit or leave early in some cases</li> <li>• Factories regularly follow up on the health of such workers.</li> </ul>	<ul style="list-style-type: none"> <li>• Occasional rest given for menstrual discomfort (to female coworkers)</li> </ul> <p>They have basic level of awareness regarding their immediate physical needs, such as adequate food, rest, and protection from workplace hazards</p>
<b>Perceived Gaps</b>	<ul style="list-style-type: none"> <li>• Low awareness of reproductive health services</li> <li>• No formal orientation on workplace entitlements</li> <li>• Major communication and policy access gap</li> </ul>	<ul style="list-style-type: none"> <li>• Each factory provides its own set of facilities</li> <li>• Benefits depend on supervisor discretion</li> <li>• Limited systemic support for long-term needs</li> </ul>	<ul style="list-style-type: none"> <li>• Limited understanding of reproductive health services</li> <li>• No involvement in awareness or support structures</li> <li>• Focused only on visible or physical symptoms</li> </ul>
<b>Overall Observations</b>	<ul style="list-style-type: none"> <li>• Most disadvantaged group in terms of access and awareness</li> <li>• Double burden of isolation and poor communication</li> </ul>	<ul style="list-style-type: none"> <li>• Moderate access with some systemic flexibility</li> <li>• Experiences vary based on factory culture</li> </ul>	<ul style="list-style-type: none"> <li>• Peripheral to the issue</li> <li>• Observe but not involved in addressing gaps</li> </ul>

## Utilisation of Reproductive Health Facilities, Including ESI Services

The experiences and utilisation of reproductive health facilities, particularly the Employees' State Insurance (ESI) services, vary significantly among garment workers based on gender, migration status, and access to support systems.

Inter-state migrant women face notable challenges in using ESI services due to complex procedures, repeated hospital visits, and the financial burden of income loss during these visits. Consequently, many prefer private healthcare despite higher out-of-pocket expenses, as it offers quicker and more practical solutions. Local women, on the other hand, report relatively better access and supportive factory environments, such as lighter workloads during illness and direct assistance in reaching hospitals. However, even among local women, concerns about the quality of ESI care and the preference to return to their native places for major treatments remain common. Male workers primarily access general health services through in-factory nurse support and ESI referrals but rarely report receiving reproductive health-specific services. While they tend to use ESI more regularly for general health needs, their understanding and engagement with reproductive health services are limited.

## **Impact of Gender Dynamics on Workers in their Workplace Settings**

Gender dynamics within the garment industry significantly influence the experiences and well-being of workers. These dynamics encompass societal norms, workplace policies, and interpersonal interactions that collectively shape the work environment. Understanding these dynamics are crucial for identifying disparities and implementing strategies to promote equality and support for all workers.

Gender dynamics shape the everyday experiences of workers in distinct ways across migrant, local, and male worker groups. Inter-state migrant women face intense societal scrutiny both at work and in their neighbourhoods. Acts of professional support, like mentorship by male supervisors, are often followed by gossip, reflecting a climate of mistrust and gendered stigma. Even routine actions, like buying sanitary products, evoke discomfort due to fear of judgement. In contrast, local women workers report more positive and cooperative gender relations at work, where male colleagues offer physical help when needed.

However, they also observe changing norms, such as the increasing presence of male doctors in reproductive healthcare, which could either reflect progress or cause unease depending on social expectations. Male workers appear to engage with gender issues more indirectly, often through group conversations about women's health or personal challenges, without experiencing the same stigma. These differing experiences underscore the need for workplace and community-level initiatives that foster gender-equitable norms, reduce stigma, and support women, especially migrants facing layered vulnerabilities.

## **Coping Strategies followed to Overcome Obstacles in Garment Factories**

**Menstrual Health and Taking Leave:** Inter-state migrant women often do not disclose menstrual discomfort or health issues to supervisors due to shame, fear of scolding, or language barriers. As a coping strategy, they endure the pain silently or take leave without explanation, although this risks reprimand. Local women, in contrast, tend to continue working despite discomfort, primarily due to production pressure and fear of falling behind on targets. Male workers do not face this obstacle and thus do not need coping strategies, nor are they generally aware of how women navigate this issue. Both migrant and local women often compromise their health to avoid negative consequences at the workplace. However, the strategies of migrant women are more strongly influenced by fear and a lack of voice. In contrast, local women tend to suppress their health needs in order to meet performance expectations.

**Access to Washrooms and Hydration:** Inter-state migrant women often restrict water intake deliberately to avoid using washrooms during work hours, as frequent visits attract scolding. They wait until lunch breaks or after shifts, which leads to infections. Local women adopt similar strategies but are often more focused on saving time for production rather than fear of punishment. Male workers do not usually limit water intake or face scrutiny for using washrooms, so this is not a

significant issue for them. While both groups of women adopt self-restrictive behaviors, the reasons differ—migrants due to disciplinary fear, locals due to performance anxiety.

**Production Pressure and Exhaustion:** Inter-state workers deal with production pressure while navigating a new environment, often working overtime or skipping breaks to avoid penalties or wage loss. Local women also skip breaks or work longer hours but are slightly better placed in terms of family support or familiarity with factory and public health systems. Male workers respond to production pressure by focusing on task completion but are not burdened by reproductive responsibilities or household labour. All three groups face production pressure, but its effect is most severe for inter-state women due to added layers of social and economic vulnerability. Local women internalise pressure and overwork themselves, while male workers focus solely on work demands.

**Lack of Sensitivity and Gender Awareness:** Inter-state and local women generally do not challenge insensitivity from supervisors or colleagues due to fear of job loss or cultural silence. They cope by staying silent, relying on informal peer support when possible. Male workers, on the other hand, do not experience these challenges and show little awareness or involvement in addressing them. Women tend to suffer in silence across the board, lacking formal channels to address workplace insensitivity. Male workers' lack of awareness perpetuates this gap, as they neither recognise nor act on these challenges.

# RECOMMENDATIONS



*Garment workers gather in a large circle for a participatory dialogue session, fostering open communication and collective discussion about workplace issues*

## **Recommendations for Stakeholders to Enhance Reproductive Health Services**

The findings outlined in this study highlight the urgent need for systemic changes in the garment industry to address the reproductive health challenges faced by workers, particularly migrant women. The following section presents key recommendations to improve access to healthcare, workplace policies, and overall support systems for workers in Bangalore's garment factories.

Based on the findings of this study and insights gathered from various groups of workers, several actionable recommendations have been identified to enhance reproductive health services and facilities in the garment industry. These recommendations target key stakeholders — factory management, brands, government agencies, and multi-stakeholder initiatives (MSIs) — and aim to address the reproductive health challenges faced by women and migrant workers.

## **Recommendations to Factory Management:**

Factory management plays a critical role in shaping the day-to-day working conditions of garment workers. Their policies and practices have a direct impact on the health, well-being, and dignity of workers, particularly women. These recommendations are aimed at guiding factory management in improving reproductive health services, promoting a gender-sensitive work environment, and ensuring that workers are informed, respected, and supported.

**Establish On-site Health Clinics:** Factories should set up dedicated health clinics staffed with trained healthcare professionals to offer reproductive health services, including regular check-ups, counselling, and treatment for reproductive health concerns. These services should be confidential and easily accessible to workers.

**Implement Peer Education Programs:** Factories can train selected workers as peer educators to share information on reproductive health with their colleagues. This approach fosters a comfortable and approachable environment for discussing sensitive issues and encourages knowledge-sharing.

**Develop Comprehensive Maternity Support Policies:** Implement clear and supportive maternity policies, including paid maternity leave, flexible working hours, and on-site childcare facilities. Such policies contribute to workers' well-being and increase retention rates.

**Promote Gender-Sensitive Workplace Policies:** Introduce policies that address the specific reproductive health needs of women workers, such as providing adequate rest areas, clean sanitation facilities, and flexible working hours during menstruation or pregnancy. These policies should aim to create a gender-sensitive and inclusive work culture.

**Enhance Confidential Counseling Services:** Offer confidential counseling services on-site to provide workers with professional support regarding their reproductive health concerns. These services should be non-judgmental, accessible, and supportive of personal health issues.

**Implement Regular Health Assessments:** Conduct regular health assessments to identify and address reproductive health issues early. Providing ergonomic workstations and adjusting production targets for workers recovering from health issues can help mitigate the impact of health problems on work performance.

**Ensure Access to Women Health Workers:** Ensure the presence of women healthcare providers, such as nurses, who are available to address the unique reproductive health needs of female workers in the onsite health facility. This ensures a culturally sensitive and trusting environment for workers to seek medical assistance.

### **Recommendations to Brands:**

As key actors in the global garment supply chain, brands have significant influence over factory practices through their sourcing policies and supplier requirements. By leveraging this influence, brands can promote ethical sourcing and contribute to the well-being of garment workers. The following recommendations outline how brands can actively support reproductive health rights and services in their supply chains, fostering more equitable and sustainable workplace environments.

**Collaborate with Factories to Improve Health Services:** Brands can collaborate with factories to ensure the establishment of on-site health clinics and improve the quality of reproductive health services. This collaboration can help ensure that workers have access to regular check-ups, health education, and other necessary services.

**Support Health and Wellness Programs:** Encourage factories to offer wellness programs, including stress management, and health workshops, to improve workers' physical and mental well-being.

**Promote Awareness and Training:** Brands can support factories in providing ongoing reproductive health education programs for workers. These programs can help workers understand their rights and the importance of reproductive health, and reduce stigmas around discussing health concerns.

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**Develop and Enforce Ethical Sourcing Policies:** Brands should hold their suppliers accountable for providing safe and supportive working conditions, including access to reproductive health services. This could involve setting clear guidelines for reproductive health care as part of the sourcing contracts.

**Integrate Reproductive Health Standards into Purchasing Policies:** Brands should integrate reproductive health standards into their purchasing policies by requiring suppliers to provide access to reproductive health services, maternity support, and gender-sensitive workplace policies. Suppliers should be assessed on these criteria during vendor selection, with compliance closely monitored. Brands should also ensure fair wages, stable working hours, and timely payments to promote a healthier, more supportive environment for workers.

## **Recommendations to Governments:**

Governments have the mandate and authority to protect and promote the health and rights of workers through legislation, enforcement, and public services. These recommendations call on government bodies to strengthen legal frameworks, expand healthcare access, and provide financial and policy support to improve reproductive health services for garment workers, particularly women and migrant workers.

**Strengthen Healthcare Access through ESI:** The government should ensure that all garment workers are enrolled in the Employees' State Insurance (ESI) scheme, which provides comprehensive health coverage, including maternity benefits and healthcare for reproductive health. The government should also work to simplify the process of accessing ESI benefits and educate workers on how to navigate the system.

**Enhance Labour Laws and Regulations:** Update labour laws to ensure that garment workers receive adequate protection and benefits related to reproductive health. This includes enforcing workplace safety measures, extending paid maternity leave, and ensuring all factories comply with gender-sensitive policies.

**Support Public Health Campaigns:** Launch nationwide public health campaigns to raise awareness about reproductive health among migrant workers and factory employees. This can include health education materials, public health systems, workshops, and accessible digital platforms for workers to learn about reproductive health.

**Provide Financial Support for Health Initiatives:** The government can offer financial incentives or subsidies to factories that invest in improving reproductive health services for workers. This can help lower the barrier to adopting best practices and ensure sustainable implementation.

### **Recommendations to Multi-Stakeholder Initiatives (MSIs):**

MSIs bring together diverse actors—including brands, factories, civil society, and governments—to address systemic challenges in supply chains. Given their convening power and commitment to ethical practices, MSIs are well positioned to promote collaboration, knowledge sharing, and policy alignment. The following recommendations encourage MSIs to facilitate best practices, monitor progress, and drive collective action on reproductive health in the garment sector.

**Collaborate with Local Healthcare Providers:** MSIs should partner with local healthcare providers to offer comprehensive health services to garment workers. This collaboration can facilitate regular health check-ups, referral systems, and access to specialised reproductive health services.

**Create a Central Repository of Best Practices:** MSIs should work to document and disseminate best practices in reproductive health care across the garment industry. This centralised repository can serve as a resource for factory management, brands, and government agencies to adopt successful models and strategies.

**Encourage Industry-Wide Policy Alignment:** MSIs can work to promote the development and adoption of industry-wide policies that ensure the provision of adequate reproductive health services and benefits for workers. This includes policies on maternity leave, workplace safety, and gender-sensitive health care.

**Monitor and Evaluate Reproductive Health Initiatives:** MSIs should establish monitoring and evaluation frameworks to assess the effectiveness of reproductive health initiatives within garment factories. This can help identify gaps, track progress, and make improvements to existing policies and programs.

### **Recommendations to Civil Society Organisations (CSOs) in taking the Recommendations Forward:**

CSOs are uniquely positioned to advocate for and support the implementation of reproductive health initiatives. These recommendations provide a roadmap for them to engage with stakeholders, build capacity, document best practices, and foster collaborations that enhance the health and well-being of garment workers, especially women.

**Policy Engagement:** CSOs should engage with factory management, brands, and government agencies to advocate for the implementation of reproductive health policies in the garment industry. This can be done through awareness campaigns, policy briefs, and regular meetings with key stakeholders to highlight the importance of reproductive health services and workers' rights.

**Capacity Building and Training:** Organise training sessions for factory management, workers, and health providers on reproductive health services, gender-sensitive policies, and workers' rights. This would ensure that all stakeholders understand the importance of these recommendations and are equipped to implement them effectively.

**Develop a Toolkit Based on Best Practices:** Create a comprehensive toolkit that consolidates the best practices identified in factories that have successfully implemented reproductive health initiatives. This toolkit should include practical guidelines, case studies, training materials, and implementation strategies that can be easily adapted by other factories. By developing and disseminating this toolkit, CSOs can facilitate the scaling up of these practices across the industry, ensuring a wider impact and standardising effective approaches to reproductive health services in garment factories.

**Monitoring and Evaluation:** Develop a monitoring and evaluation framework to track the implementation of the recommendations in partner factories. This can include regular assessments, worker feedback surveys, and compliance checks to ensure that reproductive health services and workplace policies are being adhered to.

**Partnerships with Healthcare Providers:** Establish partnerships with local healthcare providers to support garment factories in offering on-site health services. CSOs can facilitate these partnerships, ensuring that health providers are equipped to deliver reproductive health services and that workers have easy access to them.

**Worker Representation and Engagement:** Work with factory workers, particularly women and migrant workers, to create a platform for their voices and concerns regarding reproductive health. This can include setting up workers' committees, conducting focus group discussions, and providing channels for anonymous feedback, ensuring that policies are tailored to their needs.

**Awareness Campaigns and Educational Materials:** Develop and distribute educational materials on reproductive health, workers' rights, and the benefits of health services, ensuring that the information is accessible to all workers. CSOs can use visual aids, digital platforms, and peer education to reach a larger audience and improve workers' awareness.

**Collaboration with Brands and MSIs:** Work closely with brands to implement these recommendations, particularly regarding sustainable and ethical purchasing practices. CSOs can serve as a liaison between workers and brands, ensuring that brands hold suppliers accountable for providing proper reproductive health services and maintaining a gender-sensitive environment.

**Documentation and Knowledge Sharing:** Create a knowledge repository to document best practices and successful case studies from factories that have implemented these recommendations. This can be shared with other factories, brands, and stakeholders to promote wider adoption of these practices across the industry.

**Further Research:** Conduct further research on the long-term impact of improved reproductive health services on worker health, productivity, and retention. This research should focus on gathering data from factories that have implemented reproductive health initiatives, providing evidence to advocate for broader adoption. CSOs can use this data to build a stronger case for policy change and attract more stakeholders to support these efforts.

# CONCLUSION

This research study examined the reproductive health services and facilities within garment factories in Bangalore, addressing the research questions and contributing to a relatively underexplored area of existing literature. By focusing on the availability, accessibility, and quality of these services, the study shed light on the challenges faced by workers, particularly intra and inter-state migrant workers. The findings highlighted issues such as limited awareness, inadequate emergency assistance, financial difficulties during recovery, and instances of discrimination, offering insights into the current state of reproductive health support in the garment industry.

By documenting the experiences and challenges of workers, the research serves as a useful resource for stakeholders aiming to improve reproductive health services in the sector. The recommendations derived from the findings suggest possible directions for government, brands, and factory management to consider — such as enhancing awareness programmes, streamlining medical procedures, and fostering a more supportive work environment. These measures could contribute to a healthier and more secure workforce.

The study also highlights the importance of integrating reproductive health considerations into workplace policies and practices. By addressing the identified gaps, brands and employers may be able to support worker well-being and contribute to better health outcomes. The study's findings and recommendations aim to support policy discussions, guide workplace improvements, and inform future research in this area.

In summary, this study met its objectives by offering insights into reproductive health services in Bangalore's garment factories and addressing a key gap in existing research. By documenting the lived experiences of women workers, particularly migrants, it highlights the need for gender-responsive policies and improved access to care. Its findings may be useful for stakeholders working to strengthen occupational health systems and better support the well-being of workers across the industry.

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