



Training on Occupational Health and Safety for Workers in the Export-Oriented Garment Sector in Bangalore

Bangalore 28th December 2014

Cividep India

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Contents

Introduction	3
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Sessions

1. Introduction to the Workshop	4
2. Health and Ergonomic Problems	5
3. Hazard Mapping	5
4. Legal Provisions and Grievance Mechanisms	8
Conclusion: Plan for a Follow Up Health Check-Up Camp	8
Annex: List of Participants	9

Report on OHS Training for Garment Workers in Bangalore

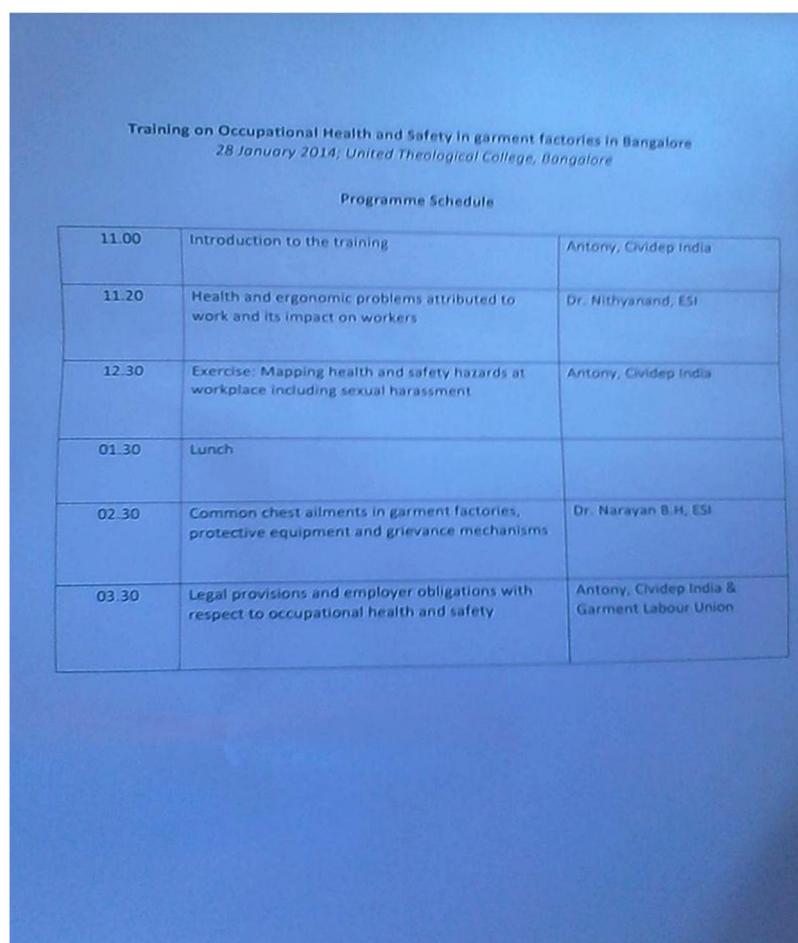
Introduction

A training session on occupational health and safety in export-oriented garment manufacturing factories in Bangalore was conducted jointly by Cividep and Garment Labour Union (GLU) on 28th December 2014. The session was supported by Developing World Outreach Initiative (DWOI), which is an undertaking of the Northern California Section of the American Industrial Hygiene Association, and by the Maquiladora Health & Safety Support Network (MHSSN). The OHS training workshop also included a health hazards mapping exercise for workers in the sector.

The programme was conducted for women workers at garment factories in Bangalore that supply to global brands. Some of the occupational health concerns that were intended to be mapped and discussed through this programme included excessive white discharge, tuberculosis, bronchial infections, respiratory problems, backaches and varicose veins.

The training sought to make workers aware of the health and safety risks they are exposed to in their work. The intent was to help them understand the manifestations of health problems attributed to their job, to know what better health and safety conditions at work should be like, and to understand the obligations of the employer with regard to occupational health and safety.

The OHS Garment Sector Training Schedule



Training on Occupational Health and Safety in garment factories in Bangalore
28 January 2014; United Theological College, Bangalore

Programme Schedule

11.00	Introduction to the training	Antony, Cividep India
11.20	Health and ergonomic problems attributed to work and its impact on workers	Dr. Nithyanand, ESI
12.30	Exercise: Mapping health and safety hazards at workplace including sexual harassment	Antony, Cividep India
01.30	Lunch	
02.30	Common chest ailments in garment factories, protective equipment and grievance mechanisms	Dr. Narayan B.H, ESI
03.30	Legal provisions and employer obligations with respect to occupational health and safety	Antony, Cividep India & Garment Labour Union

The hazard mapping exercise



Sessions

1. Introduction to the Workshop

The introductory session was conducted by Antony Raju of Cividep. He explained occupational health and safety as aiming for:

- the promotion and maintenance of the highest degree of physical, mental and social well-being of workers in all occupation;
- the prevention among workers of adverse effects on health caused by their working conditions;
- the protection of workers in their employment from risks resulting from factors adverse to health;
- the creation and maintenance of an occupational environment adapted to physical and mental needs of the workers.

In other words, occupational health and safety encompasses the social, mental and physical well-being of workers. Every year more than 2.2 million workers lose their life due to bad working conditions, and millions of workers are either injured or diseased at work. This means a worker dies every 15 seconds somewhere in the world due to her/his occupation. About 270 million workers sustain injuries in accidents, and about 184 to 208 million workers suffer from work-related diseases.

Antony explained that it was a basic right of workers to have safe and healthy workplaces. This right is recognised internationally, and the International Labour Organisation has many conventions to protect workers at the workplace. Provisions in Indian labour law provide a basic framework for creating safer workplaces. It is the duty of the employer to provide workers with safe and healthy workspaces.

He went on to explain that working for long hours, chemicals, cotton dust, sand dust (from sand washing) and dye from certain factory units could cause health problems. The workers were largely

unaware of the fact that they were susceptible to various ailments because of the presence of these materials. It emerged that they had usually failed to recognise the health problems they were experiencing as work-related, and had not demanded benefits or compensation as a result. Antony explained that they would be able to negotiate with Health and Safety Committees if they were aware of this reality.

The workshop would seek to understand the problems they were facing through a mapping of hazards and an interactive session with an Employee's State Insurance (ESI) doctor. Before the mapping exercise, the ESI specialist would explain some of the diseases that commonly occurred in the garment sector. An earlier study on the sector by the Respiratory and Chest department of the Indira Nagar ESI hospital, in which he had participated, had found a high incidence of silicosis in garment workers.

As follow up, a health check-up camp would be conducted later if it was found to be necessary.

2. Health and Ergonomic Problems

The next session, which was conducted by Dr. Nithyananda of ESI, addressed health and ergonomics problems that were attributed to the work. Some of the occupational health problems they face are excessive discharge, irregular menstrual cycles, headaches, eyestrain, body aches, tingling sensations, numbness, weakness and pain during or after work. According to Dr. Nithyananda, many garment workers come to ESI hospitals with lung or chest complaints, or with persistent coughs and anaemia. Cotton dust and sand dust are the primary causes of the former, while anaemia is a fall out of excessively high production targets that did not allow workers to take timely, proper meals.

Dr Nithyananda gave a detailed explanation of the ergonomic problems that workers are prone to from long hours of sitting and standing at work. Workers are injured from work tasks and tools that are not designed with limits or with physiology in mind. Repetitive work also puts a lot of strain on the body, especially bones and joints. This also includes working in awkward or uncomfortable position for a long period of time.

He also described the diseases silicosis and byssinosis, which are common in the garment industry.

For diseases where symptoms are not immediately apparent and appear much later, workers must not make the mistake of thinking that the illness is unrelated to their work. Once symptoms become visible, workers should consult ESI doctors, who will take up their cases as relating to occupational health. They will be given medical certificates, which will allow them to claim full treatment at ESI hospitals. They will also be entitled to compensation from their factories if the occupational illness causes significant or high morbidity and disability. Another common illness that garment workers are prone to is tuberculosis. Workers' families can claim compensation under the ESI Act if occupational diseases lead to death.

3. Hazard Mapping

Antony of Cividep conducted a mapping exercise to trace health and safety hazards in the garment sector, including sexual harassment.

The participants were divided into smaller groups from the same workplaces, and were asked to draw the outline of the factory as if they were looking down through the roof of the building. This included the walls, doors and windows. They were asked to note work areas, workstations, machines or anything else that made sense to them. Each group discussed the hazards at their workplace and marked the various hazards on their floor plan using coloured markers.

These hazards are various and could arise in the process of using dyes and chemicals on cloth, using formaldehyde to smooth cloth and make it less likely to wrinkle or crease, dealing with fire resistant chemicals and antibacterial treatments, or from poor ventilation, long periods of standing, poor light, and a stressful environment, among others. They could irritate the skin, cause breathing difficulties and even cancer, or harm the reproductive system.

Hazards are also involved in the process of cutting fabric, while working in dusty factories where breathing problems and byssinosis or brown lung disease occur from breathing in cotton dust, and in the finishing process for garments, where acid washing and sandblasting threaten workers' health and safety. Other hazards include machine injury and overstrain while sewing. Bleaches used in acid washing burn skin and cause nose, throat and skin irritations, as well as liver and kidney problems or cancer. During sandblasting, workers are exposed to silica dust and become susceptible to silicosis, which can lead to lung cancer and increased chances of contracting tuberculosis.

Besides health hazards involved in the production process, the mapping session also captured shop floor sexual harassment, verbal abuse, physical abuse, stress, and consequent depression. Harassment was of various kinds. These included:

Physical

- Use or threat of physical discipline

Verbal

- Use of words or actions that attempt to diminish employee's self-esteem.

Sexual

- Offering preferential work assignments or other preferential treatment of any kind in actual or implied exchange for a sexual relationship.
- Subjecting employees to prejudicial treatment of any kind as punishment for refused sexual advances.
- Unwelcome sexual comments, observation or advances, or physical conduct of a sexual nature.
- Gender-insensitive security practices.

Other

- Withholding reasonable breaks, access to water, toilets, health care, or other basic human necessities.



- Unreasonably restricting employee's movement during non-work hours.

The psychological effects associated with harassment, especially sexual harassment, include self-doubt, denial and self-blame, humiliation, loss of interest in work, feeling in a bind, a loss of trust, anger, and depression.

Dr Nithyananda discussed the World Health Organization's definition of health, which includes mental health and stressful work environments. He explained that problems at work affect workers' health as much as occupational diseases. Low wages caused financial stress, leading to mental health concerns. Domestic violence was another major stressor.

Workers use a map to describe the hazards they face at work



Maps of work zones and problems at Disha Designs and Aravinda factory



4. Legal Provisions and Grievance Mechanisms

In the next session, which concluded the workshop, Dr Narayan B.H. of ESI spoke on common chest ailments in garment factories, and protective gear and equipment. He went on to discuss some of the laws and grievance mechanisms that were available for redressal of occupational health issues at the factories. Rukmini, the President of Garment Labour Union (GLU), Bangalore and Dr Nithyananda gave their inputs.

1. Health and Safety in the Factories Act, 1948

The Factories Act makes provisions for the setting up of Health and Safety Committees in all factories. Workers can seek redressal with the help of these Committees, and file cases against the company through them. If the Committees fail to deliver, workers can opt to file cases with the help of unions or individually.

2. Health and Safety and Anti Sexual Harassment Committees in factories

According to the Factories Act, the Health and Safety Committee is responsible for ensuring prevention as well as action against the company in cases of OHS negligence. The Committee should report lapses in occupational health and safety to the company, and ask the management to improve conditions on the shop floor. For example, where there is excessive cotton dust, sand dust or silica dust, it is the duty of the Committee to ask the factory management to provide filter masks in place of the cloth masks that workers are usually given. If several workers contract an infection, the Committee should ask the company to undertake a study to locate the problem, and to find a solution.

In cases where workers have been threatened, or verbally, mentally, physically or sexually abused, it is the duty of these Committees to lodge a complaint with the company, and seek redressal on the workers' behalf.

2. The Employee State Insurance Act, 1948

The ESI scheme has provisions for addressing health and safety issues, and can be approached for compensation. If workers are not certified by the ESI, they can make use of the Workmen's Compensation Act, 1923 to obtain compensation.

Thus factory-level Committees can be approached for grievance redressal. The labour inspectorate and regional ESI offices can also be approached for this purpose.

Conclusion: Follow Up Plan for Health Check-up Camp

The workshop was concluded with a promise of support from GLU and Dr Nithyananda in matters relating to occupational health and safety. Workers were informed that a medical check-up would be conducted to identify occupational illnesses and register claims for compensation, depending on the availability of funds. The services of ESIC and Rajiv Gandhi Chest Institute, Bangalore would be utilized. There is a plan to conduct a health check-up camp in 2015, if funds become available for that purpose.

Annex

List of Participants

Name	Factory	Role
Saraswati	Success Apparels Pvt Ltd	Tailor
Asha T.C.	Success Apparels Pvt Ltd	Tailor
Chaithra	Success Apparels Pvt Ltd	Helper
Tejasvini	Namasthe Exports Ltd	Helper
Suma	Success Apparels Pvt Ltd	Helper
Mangalma	Success Apparels Pvt Ltd	Helper
Rathee	Success Apparels Pvt Ltd	Tailor
Lakshmi	Success Apparels Pvt Ltd	Checking
Vimala	Success Apparels Pvt Ltd	Tailor
Bhavani	Success Apparels Pvt Ltd	Helper
Shantabai	Namasthe Exports Ltd	Tailor
Vijayalakshmi	Namasthe Exports Ltd	Tailor
Vedavathi	Namasthe Exports Ltd	Tailor
Cheekama	Namasthe Exports Ltd	Tailor
Lakshmi	Namasthe Exports Ltd	Ironing
Parvati	Namasthe Exports Ltd	Finishing
Mangala	Disha Designs	K/B
Leelavathi	Arvinda Ltd	Tailor
Manjula	Disha Designs	Tailor
Chandrakala	Shahi Exports Pvt Ltd	Tailor
Sridevi	Vidhi Clothing Company	Tailor
Malathi	T Creations	Helper
Chandreema	Wonderblu	Helper
Shailaja	Shahi Exports Pvt Ltd	Helper
Mangala	Success Apparels Pvt Ltd	Tailor
Rathnama	Disha Designs	Tailor
Mangala	Disha Designs	Tailor
Parameshwari	Disha Designs	Tailor
Yamuna	B.F.L.T.	Tailor
S. Saraswati	GLU	-
Rukmini	GLU	-