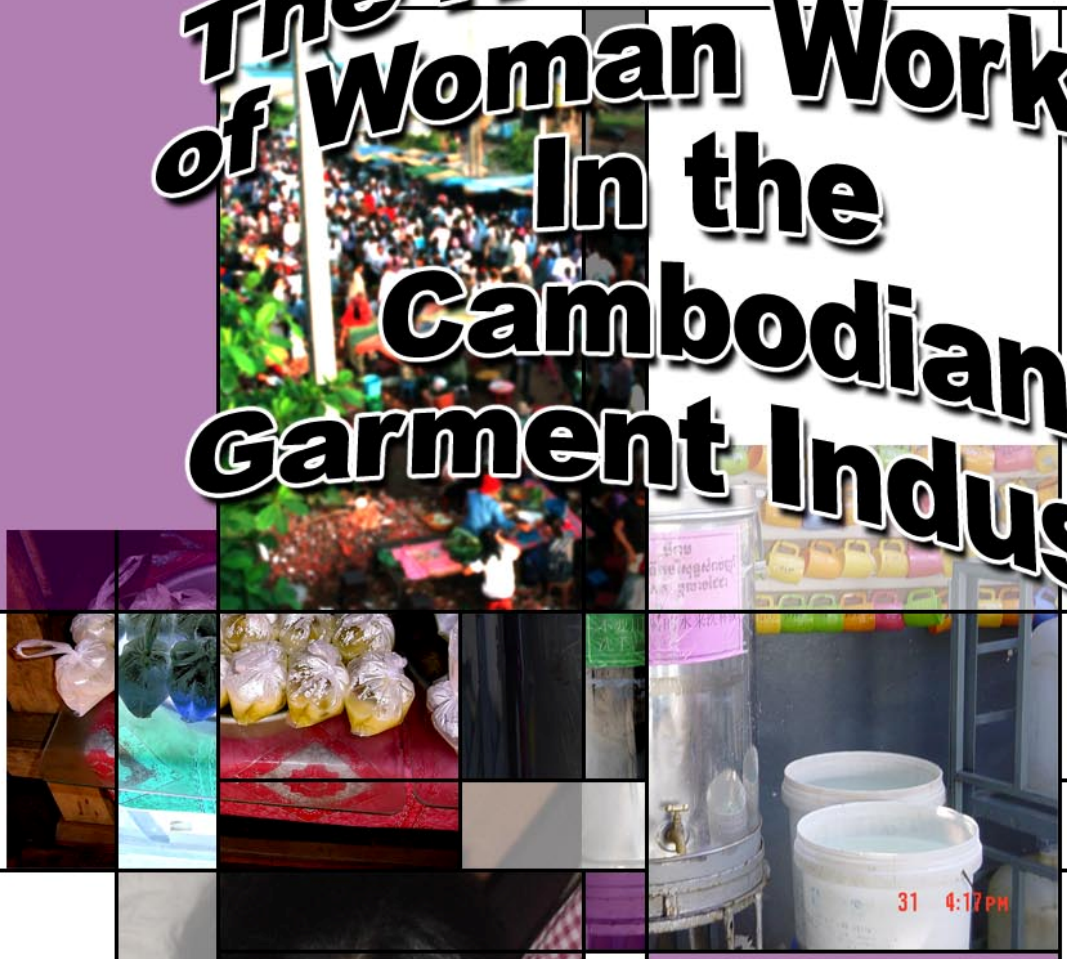
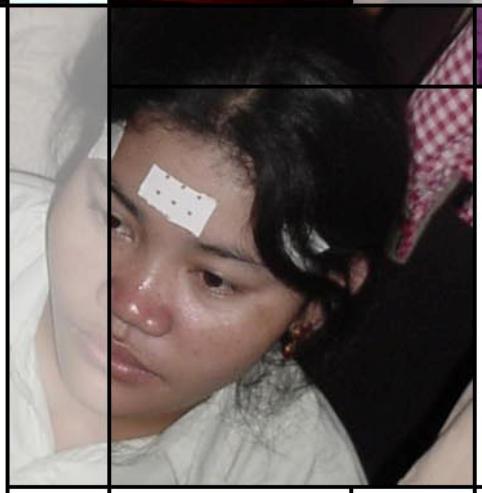
WOMYN'S AGENDA FOR CHANGE

REPORT ON The Health Status of Woman Workers In the Cambodian Garment Industry





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Abbreviations

ADB	Asian Development Bank
ARV	Anti Retroviral
ATC	Agreement on Textile and Clothing
FGD	Focus Group Discussion
GATS	General Agreement on Trade in Service
GMAC	Garment Manufacturing Association of Cambodia
IMF	International Monetary Fund
LDC	Least Developed Country
MFA	Multi Fiber Agreement
MoH	Ministry of Health
MoSALVY	Ministry of Social Affairs, Labour and Youth Rehabilitation
OT	Over Time
PRSP	Poverty Reduction Strategic Paper
SAP	Structural Adjustment Program
TRIPS	Trade Related Intellectual Property Rights
WAC/OHK	Womyn's Agenda for Change/Oxfam Hong Kong Cambodia
WB	World Bank
WTO	World Trade Organization

Introduction

Three years and eight months of political turmoil under the Pol Pot regime came to an end in January 1979. In this short time, it is estimated that about three million people died[1] as a result of torture, violence, starvation, and from preventable diseases. Most parts of Cambodia were destroyed leaving the majority of people in extreme poverty. Almost all of the social structures were also totally destroyed. From 1979-1989, the Government of the People's Republic of Kampuchea tried to rebuild the country from the devastation. The two major sectors it focused strongly on were health and education. Under the communist political system in the 1980s, Cambodian health services were free for all people as the government received support from Communist countries like Cuba, GDR, Hungary, Poland, the USSR, and Vietnam. In order to improve the health sector, a lot of medical staff were sent to supportive countries, especially Cuba and USSR, to be trained. Medicine and technical supports as well as medical experts came from these countries to Cambodia, and Vietnamese experts were based in all the hospitals in Cambodia.[2] The end of the Cold War in the late 1980s had a serious impact on Cambodia. Support was cut off after the Soviet Union collapsed, and after the Vietnamese administration and military withdrew. In 1991, the government of the People's Republic of Cambodia reached an agreement with all the factions of the civil war and the Paris Peace Agreement was signed by all parties.

The first United Nations sponsored national election was carried out in 1993. When the international community came into Cambodia, there came with it many international organizations and United Nations development agencies offering development strategies to improve Cambodia and people's livelihoods. After the 1993 national election, Cambodia became more integrated into the world economy. It had to bring out a series of reforms during the economic transitional period in compliance with the conditionality of loans given by powerful financial institutions, World Bank, International Monetary Fund-IMF, Asian Development Bank-ADB. Through the Poverty Reduction Strategic Papers/Structural Adjustment Programs, basic social services such as health care, education, water, electricity, sanitation as well as other State Owned Enterprises like rubber plantations were encouraged to be privatized. The government had to reduce spending on these basic services as these financial institutions argued that the private sector would play better role in such services than state. They also argued that liberalization, privatization, and deregulation are effective ways to stimulate the economic growth of a country and that this economic growth will lead to poverty alleviation. However, the experiences in many third world countries, especially those in Africa, have shown the failure of these policies to improve people's livelihoods and that they have actually pushed them into further poverty. The new market-oriented economic strategies and the enforcement of the PRSP made it necessary for people to have more and more money in order to meet their basic needs. No matter who you are, what

[1] Estimates of the number of deaths under the Pol Pot regime vary between 740,000 and 3.314 million, with the most common estimate at 1.5 to 1.8 million.
[2] SOLOCOMB, Margaret, *The People's Republic of Kampuchea 1979-1989*, November 2003

are you doing and where you came from, you now need more money to spend on food, agricultural inputs, sending children to school, paying for housing, transportation, water, electricity, health care etc.

The health service in Cambodia is known for its low treatment quality and poor medical services and equipment. Most often patients have to pay some kind of unofficial fees to medical staff who are poorly paid. Many people, especially those living in the countryside who cannot afford to pay for proper medical treatment prefer to seek treatment from traditional healers or buy medicine straight from the drug store rather than consulting with a doctor when they fall ill. What does it mean in a country like Cambodia where more than one third of the population lives below the poverty line of 1USD a day and people pay 22% of their household expenditures on health care?[3]

The total annual spending on health care in Cambodia is approximately 32USD per person. The largest part of this is private out-of-pocket expenditure by households, which amounts to approximately 24USD. Through the Ministry of Health, the government budget provides only 3USD per person for the provision of public health and hospital services while foreign aid contributes about 5USD per persons to support the provision of government services. The majority of the household out-of-pocket spending on health care (24USD per person) goes to unregulated private providers of pharmaceuticals (provided over the counter without prescription). A smaller portion goes to private providers of health care services, who are found mainly in the towns and cities. Another proportion is spent on unofficial (illegal) under-the-table charges by government health staff working in the government facilities. Consequently, while government services have not been privatized, most health services in Cambodia are already provided privately.

In some cases, government services have introduced a user-pay or cost recovery system through the MoH as part of the Health Sector Reforms to provide an alternative and supplementary mode of financing public sector services.[4] This has made it harder and harder for people to access health services. The user-pays schemes are designed to reduce the costs paid by patients compared to unofficial charges currently levied at most government facilities and to increase access by the poor (through the exemptions and/or health equity funds). However, access to health services for the poor is still limited due both to the costs involved and the distances to be traveled to health facilities. Poor people especially have less access to the services and they are likely to be pushed into deeper poverty since they have to pay proportionately more for health care. On-going studies have shown that the debt burden has increased among rural poor household, as in most cases they have to borrow money with high monthly interest rate to pay for medical care if any member in the family falls sick.[5]

[3] Khout THAVARY, Sok KANHA, Aye Aye THWIN, Henk BEKEDAM, *Introducing User Fees at Public Health Facilties in Cambodia*, December 2000
[4] Ibid
[5] *Debt Research*, Womyn's Agenda for Change/Oxfam Hong Kong Cambodia, 2003-2004

Research conducted by the Cambodian Development Resource Institute (CDRI) in 2000 found that farmers incomes decreased between 1993 and 2000, although there was a slight increase in 1996. It is becoming harder for farmers to grow rice because they have to invest more and more in agricultural inputs such as new seeds, pesticides, fertilizer and water, and also face other problems like natural disaster, flood and drought, environmental degradation, and deforestation. Their harvests are not enough for most poor farmers to survive.

In the past and up until the 1980s, when farmers could not grow enough rice to eat, they could still live on the richness of the natural resources that Cambodia has such as aquatic resources like fish, and forestry resources that they could find in the river or forest for free. But now those natural resources have been sold to private companies and people can no longer enter the areas they used to turn to in times of trouble. They cannot go fishing in the rivers, which are full of fishing lots, they cannot go to find firewood in the forest which has now been turned into big plantations for growing cash crops for export. What some of them could turn to is the credit programs of non governmental organizations (NGOs) or non profit organizations that implement projects in rural areas. These credit programs charge poor villagers a monthly interest rate of between 3-6% , which people usually cannot afford to pay back, and are forced to borrow more from other sources in order to pay back the NGO loan and survive from day-to-day living.

The situation in the countryside is really hard especially in the rice growing provinces as crops have failed from year to year. The agricultural sector that provides employment to large populations in the rural areas cannot be relied on anymore and neither can the natural resources. Family debt has increased and if any family members fall sick, they have to borrow more to pay for health care. There are no work opportunities for villagers in the countryside if the rice crop fails, but migration for work is an option in order to earn additional income to support the family. Girls are more likely to be taken out of school to help with household work or sent to work in the city to provide additional income for family survival whereas boys are usually kept in school to receive further education.

The garment industry is the fastest growing industry in Cambodia and is a good place for women workers to seek a job. It offers employment to workers mostly from rural areas - nearly 90% of garment factory workers are young, desperate women from poor households. Nearly 20% of women aged between 18 to 25 years old either work or have worked in this industry (OHK/WAC, 2002).[6] It currently employs more than 230,000 workers directly.[7] The garment industry represents 90% of the country's exports, mainly to markets in the US and EU. Garment exports alone contributed 36% to GDP in 2002.[8]

[6] *Label to Wear Out*, The social study of women worker in Cambodian garment industry, Womyn's Agenda for Change/Oxfam Hong Kong Cambodia, 2002
[7] Woodd, R, *Garment chief yes battle ahead*, Phnom Penh Post, Issue 13/05, February 27-March 11, 2004,
[8] *Asia Trade Initiative: Country Study on Trade in Textiles & Clothing*, UNDP Cambodia, August 2003

The Cambodian Labour Code states that a worker who works in a garment factory is entitled to get a minimum wage of 45USD per month. Most women workers experience not getting their minimum wage paid when they first begin working in a factory. With the economic downturn in the markets of Northren consumer countries like the US, working conditions of workers have worsened and the risk of being dismissed for small mistakes increases. Employers try to cut down their expenses of production by hiring probationary workers to whom they pay around 30USD a month for the 8 hours work (0.145 cent per hour). Employers also switch from paying a base salary to paying by piece in order to increase the productivity. Employers also control how the medical budget is spent, how many consultations are held daily, what kind of diseases are treated and what medicine is available. This reduces the option of medical staff or the nurse in the factory to cure workers according to their diseases, limits the options to buy good quality medicine, and prevents them from granting workers their rights to sick leave for them to receive treatment. Oppression usually falls on the powerless groups and in this case, it is the workers that visit the factory clinic that are the victims of such conditions. This has made many workers afraid of visiting the factory clinic and meant that they often seek outside treatment which they have to pay for themselves.

With a 45USD monthly salary, and the cost of living in a city like Phnom Penh, women workers face a lot of difficulties in accessing the important service of health care which is normally subsidized by the government in developed countries. They are driven into borrowing money in order to pay for health care. The excellent articles in the Cambodian Labour Code regarding the accountability of employers to their workers are not enforced in most of the factories.

Woman workers face a lot of challenges such as poor working conditions, long hours working 10-12 hours a day at least six day a week, and a risky working environment which leads to health problems as an occupational hazard. They have to pay for poor and unsanitary narrow rented rooms that are often insecure and crowded with high utility costs. Travel to and from factories at night is risky with many workers subjected to violence, harassment, assault, rape, and pick-pocketing when they get their salary. The low wage from their long working hours prevents them from buying sufficient food to eat. All these factors combined with the traditional norm of being a dutiful daughter who must work hard in order to send remittances to support the family put more pressure on them to accept the circumstance in the city without argument or challenge. In these circumstances, worker health, access to the available services and labour rights receive only passing attention.

This study aims to understand the work-related, lifestyle issues and other social factors that are worsening the health situation of women working in the garment industry in Cambodia. It analyses the specific socio-economic and political factors that are contributing to the health situation faced by people in Cambodia taking the case of women working in the garment factories as focal point for the discussion. It also aims to further understand, on top of the conditions women workers face, how the

privatization of health services impacts upon workers' health status. From these research objectives, the following three research questions were formulated:

1- What are the factors worsening the health of women workers in the garment factories?
2- How are these factors affecting the health of women workers in the garment factories?
3- How does the increasing use of private providers impact on women workers in the garment factories besides the already existing factors?

The study will provide insights into the health problems faced by women workers and highlight how being a woman worker in the garment factory presents danger for their health both at the present and for their future. It is divided into three parts: part I provides readers with the methodology of the research, part II focuses on the secondary data analysis and part III brings about the results of the survey and its interpretation.

Part I: Methodology

1.1 Field observation

Before starting the survey, five field observations were conducted in order to determine the time availability for interviewing workers from the sample factories and to establish interview schedules with the workers. As the workers are already involved in the projects of WAC/OHK, it was easier to contact them and from these visits the researcher learned that the best time to interview workers is in the evening after they finished their overtime work and, for 2 factories, on Sundays.

1.2 Sample factory

Four factories were chosen to be the sample factories, these will be described as factory A, B, C, and D[9]. Factory A and B are located in Mean Chey district along National Road Nº 2. Factory C is in Dangkor district, and factory D is in Tuol Kork district. All the factories are based in Phnom Penh. According to 1998 statistics from the Ministry of Commerce, factory A had 3045 workers, factory B had 450 workers, factory C had 800 workers and factory D had 210 workers.[10] However, the researcher was not able to manage to get updated data from the Ministry.

1.3 Design questionnaire and FGD

The questionnaire was developed during the field observation, following the four main research questions. After a pre-test with 12 workers to see how the questionnaire was working, the questionnaire was edited and some questions were taken out to put into the Focus Group Discussion (FGD). The preliminary analysis helped the researcher to draw further questions for the FGD. (See Annex for survey question and FGD).

1.4 The workers

Female workers working in the sample factories were approached at their rented room in the evening or on Sunday and asked if they would agree to answer the questionnaire. Most workers the research team approached were happy to be interviewed. The research team went to different compounds and interviewed worker from different sections.

1.5 The interviewing team

The interview group consisted of 7 young interviewers who were trained on how to approach and ask the questions with women workers, and on what kinds of information needed to be collected. Six other people involved were the staff and interns from WAC/OHK, but among this group only two were actively involved when going out to the field during the working day and the rest usually went on Sunday.

[9] Name of the factory is changed to protect workers profile
[10] *Statistic on number of factory in Cambodia*, Ministry of Commerce, Cambodia 1998

1.6 The interview and FGD

The field interviews and the FGD with workers were conducted over six weeks, starting from the last week of November 2003 until the first week of January 2004. The interviews mainly took place in the evening, after workers finished their overtime work, and especially on Sundays. Workers were approached and interviewed at their rented rooms while they are cooking, embroidering, washing their clothes or chatting with friends. The feeling of fear about giving information to outsiders and thereby causing problems for their job security was kept in the mind of some women workers and the research team was quite aware about that; so explanation was often provided to assure the confidentiality of the information given. After each interview, women workers were informed about the FGD workshop and that some of them would be invited to participated in this discussion; they were happy to participate.

The total number of worker interviewed was 307 in which there were 156 workers from factories A, 38 from factory B, 66 from factory C and 47 from factory D. Using the 1998 statistics on number of workers in each factory, workers interviewed in factory A, B, C and D represents 5.7%, 8.56%, 9.23%, and 78.3% of woman workers in the whole factory, respectively. However, the number of workers in each factory has increased, and over the years up to the survey it is estimated that the number of workers has nearly doubled.

The focus group discussion was held at WAC/OHK office on December 28th, 2003 and fifty two women workers from the four sample factories participated. The workers were divided into five small groups and each group had one facilitator, who was either WAC staff or a member of the research team to facilitate the discussion. One worker from each group volunteered to present the results of the discussion.

There was a whole range of information that the research team was not able to get from the field interviews with workers that came out from the FGD. The reasons may be that the relationship with those workers are much closer and they felt more confident to talk about their health problems that other friends from different factories also face like them. The venue for the FGD is convenient for workers as all participants talked about her experiences and other workers'. Information related to the reproductive diseases and how the treatment was carried out was also shared during the discussion.

1.7 Data processing

Data from the questionnaire was processed on the computer using SPSS program for analyzing and interpreting. From the survey question, a database was designed consisting of 307 records with 165 variables. Though data was collected in the form of survey questions, there was still some missing data and because the name of workers were not recorded there was no way that the researcher could trace back to complete the missing data. The most important thing is that everything that was said by workers

was recorded as it was perceived to be valuable for the writing of the report. Data from FDG were reported and used for data interpretation and analyzing.

1.8 Limitation of the study

Secondary data from public sector, such as number of the factory operations, number of workers, nationality of owner of the factory etc is difficult to obtain. The officers often said that this kind of data does not belong to this Ministry and that the researcher should go and look at this and that place. There are different levels of permission that the researcher was required to go through but access to a certain level was obtained, officers said they don't have the information. It was difficult to talk to women workers in the two smaller factories because they work overtime until the late evening and on most Sundays. The research team only had a few hours on Sunday evening to talk to those women who live scattered all over the places in the district. The survey questionnaire, which was printed in Khmer, did not speed up the process of the interview as most of the women workers can read but find it difficult to write or claimed that their writing was not good. They did not want to fill in the questionnaire themselves but preferred the interviewers to do this job.

Part II: Secondary data analysis

2.1 Globalization and health

The process of economic globalization through trade liberalization, privatization, and market deregulation lead to a lot of consequences for governments and millions of people in the world, and in developing world in particular. The creation of World Trade Organization (WTO) in 1995 has created more rules and regulations favoring rich countries and their corporations but has made the lives of millions of poor people more difficult. Health care, which is one of the rights of human beings, has also become a serious issue for many people around the world since two of the WTO Agreements have a strong impact on access to health services.

The WTO Agreement on Trade Related Aspects of Intellectual Properties Rights (TRIPS) ensures that things like pharmaceuticals, software, and materials can be patented. Patenting is a process by which monopoly rights are given to corporations over a particular invention. There have been various debates about whether drugs should be patentable. Already with the acceleration of privatization through the implementation of the PRSP/SAPs, access to health care has become a major issue for the majority of people in LDC countries like Cambodia. When the issue of TRIPS arrives, it adds more burdens for them. In Cambodia, HIV/AIDS infected people like sex workers are dying because they cannot access ARV drugs as there is only a limited amount of ARV available from NGO programs and the market price so high that they cannot afford to buy the drugs.

Another agreement which has been much debate, particularly after the WTO Ministerial meeting in Doha, Qatar, is the General Agreement on Trade in Services (GATS). This agreement considers that the provision of basic services like health care and education should also be put into the hands of multinational corporations and big companies for trade purposes. The WTO had pushed its members to commit on enforcing GATS, within the health sector in particular. When GATS comes into place, it withdraws the government's ability to play a role in providing services to citizens but ensures that private companies can take over the role. Also under WTO and the GATS Agreement, the government is prohibited from applying restrictions on those foreign corporations so as to maximize the profit for them. Cambodia, which was admitted to the WTO in September 2003 at Cancun, Mexico will have to soon commit to all WTO agreements.

When foreign corporations take power over the services normally provided by the state, people suffer from the higher cost of services but they cannot complain to these corporations who are not accountable for what they are doing and have head offices located outside the country. Experiences of this process of privatization in services from water to health, electricity, and telephones in many countries in Africa, Latin America, Asia, the United States as well as UK show its negative result for

people.[11] However, women who are traditionally the ones responsible for household chores and are the care-takers for family member are more likely to be affected by such situation.

2.2 Cambodian health sector

Cambodia is, according to WB and IMF, a successful country in their poverty alleviation program. However, we are witnessing that poverty is increasing in Cambodia. The country has been trying to develop the health sector after decades of the long civil war, and a range of reforms has been carried out by the Ministry of Health. One among all those reforms is the Cost Recovery or User-Fee system introduced by the government under the conditions of credit loans from the World Bank/IMF.

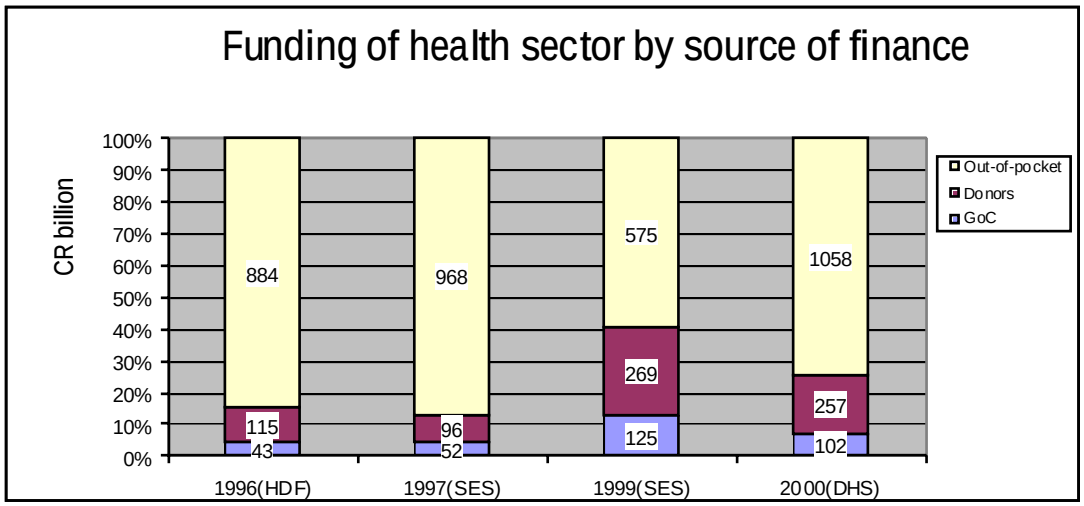
The policy prescriptions of World Bank and IMF in the Cambodia policy matrix, under the section on Human Resource Development and on the health sector in particular states that Cambodia must *"Implement and review pilot program of cost recovery to develop mechanism for sustainable health financing"*[12]. In order to improve the health services for the poor, this policy reform is telling people that they have to pay more money to get health services when they get sick. At the same time, they are telling the government to encourage the private health sector to operate in the country. Another section on Civil Service Reforms states "*Reduce number of civil servants through elimination of redundant workers, normal attrition, a strict limit on new hiring and further downsizing*[13]". What it means is that there will be less doctors and nurses available in the public hospital servicing the patients, and less government budget will be allocated toward public health resulting in less medicine available in the hospitals.

The World Bank and IMF loan conditions prescribe that borrowing countries support and accelerate privatization not only in consumer goods but also public goods, like health services. Historically, when rich countries in the North were trying to develop themselves, what their governments paid much attention to was to ensure that public services were available for citizens for free or at very low cost. But the model of development introduced to developing countries like Cambodia now is in contrast to the way that Northern countries did this in the past.

The health sector in Cambodia gets support from three sources of finance: 75-85% from out-of-pocket payments[14] in the public and private sector, less than 5% from the government of Cambodia and the rest comes from aid through bilateral and multilateral donors.[15] As the graph below shows, a large amount of money that goes to support the health sector is paid by the people. (Figure 1)

[11] New Internationalist 355, April 2003
[12] Cambodia Policy matrix: Table I
[13] Ibid
[14] Out-of-Pocket expenditure is the expense that is paid out of the cash of a household with no subsidize.
[15] Ensor, T, *Public Expenditure Review of the Health Sector in Cambodia*, International Programme Center of Health Economics, University of York, 2002

Figure I: Funding of health sector by source of finance



Source: Public expenditure review of health sector in Cambodia

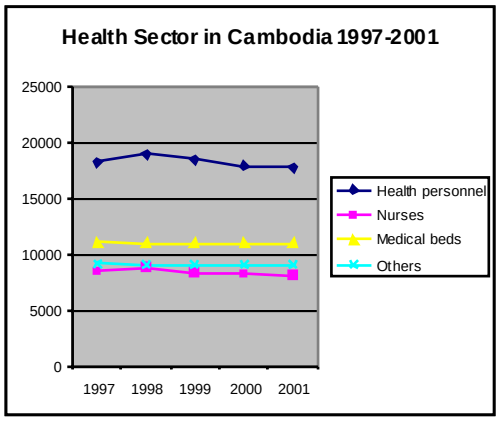
Note: HDF = Household Demand Survey, SES =Social Economic Survey DHS = Demographic and Health Survey

In 2000, the Cambodian people paid the highest out-of-pocket expenditure and the highest private expenditure on health as the percentage of total expenditure on health compared with other countries in WHO Western Pacific Region.[16] As the WB expresses in its Human Development Indicators, out-of-pocket payments such as these are generally regressive because they have the potential not only to impoverish people but also to deter the poor from obtaining care.[17]

Almost all the public hospitals, especially those in Phnom Penh, now provide private services as part of the user-fee system. Usually the rich people can afford to pay for these services. If you have money you will be taken care of and if not, you will put aside and will have to wait for your family to come and negotiate how to find the money to pay. The government cannot subsidize basic services for its people anymore as it is against the prescriptions of the loan conditions. The IMF Country Report on Cambodia in 2003 shows that health sector is faced with a slight reduction in the number of health personnel, nurses, and medical beds for patients and other things.[18] (Figure 2)

Figure 2: Health sector in Cambodia 1997-2001

[16] Comparison on selected indicator with WHO Region, WHO
[17] World Development Indicator, World Bank, 2002
[18] IMF Country Report on Cambodia, IMF 2003



Source: IMF Cambodian Country Report 2003

This reduction shows the impact of the implementation of the above policy of civil service reform by the government of Cambodia. After all, private health clinics will be the best place for patients from middle class and elite families, which represent the very small percentage of the population to receive the best services with the best medical quality and treatment while the majority of the population are suffering because they cannot afford to pay for expensive medical care. Looking at the situation that is happening in Cambodia now compared to what happened in other countries in the world that have implemented the PRSP/SAP program of WB/IMF, it is clear that Cambodia is walking along the same road as those country and the trend is likely to be the same.

2.3 Cambodian Garment Industry

The first garment factory was established in Cambodia ten years ago (in 1994) and the number of factories rose dramatically between 1998 and 1999. However, the number of newly established factories has started to slow down since 1999. Data about the number of factories operating in Cambodia is different according to different Ministry records. Records from the Ministry of Commerce show that there are 244 factories operating in Cambodia with more than 80% of them located in the outskirts of Phnom Penh. Most of the factories located in the outskirts of Phnom Penh manufacture garments and a small number manufacture shoes and hats. Recent data from GMAC shows that the number of workers employed in the garment factories has increased to 230,000, excluding those small factories that are not registered as a GMAC member.

The garment industry is one of the sectors in Cambodia, after tourism, that is developing since the country opened up its market to the world economy. This industry, which is the second largest industry offering employment to workers after agriculture in Cambodia, absorbs a lot of labor force of young people. Nearly 90% of these workers are young, desperate migrant women from rural households seeking to earn additional income to support their families. Nearly 20% of Cambodian women aged between 18-25 works or has worked in this industry (OHK/WAC, 2002).[19]

[19] *Label to Wear Out: The social study of women worker in Cambodian garment industry*, Womyn's Agenda for Change/Oxfam Hong Kong Cambodia, 2002

The quota system allocated by the developed countries, the US, Canada, EU, to developing countries like Cambodia will be phased out on 1st of January 2005 and the Agreement on Textile and Clothing (ATC) will come into place under the WTO trade rules. When the quota system is removed, free competition will be opened to all countries to compete against each other in order to gain a place in the world market. Cutting the cost of production will be the first thing that producing countries have to offer to giant brands that occupy the world market. The costs of production are already low and inadequate for workers, especially women workers, to live on. Countries like Cambodia that are relatively a new players in this field, though gains significant access as range 16th in the top suppliers of garment in US market[20], will face a lot of consequences trying to gain market access.

The cost of production in Cambodia is relatively high compare to other countries like Bangladesh, China or Vietnam but unlike China or Vietnam, Cambodia does not have any social welfare system to protect and support its workers. Although wages, if considered just on their own, are higher in Cambodia, the absence of these other systems of social protection have to be taken into consideration as well. Workers have to spend every dollar they earn on everything from food to housing to health care.

Under the Multi Fiber Agreement (MFA), or quota system, the US government granted garment producing countries in the third world the ability to import a certain percentage of garment products to the US market. The MFA is going to end at the end of 2004, but there are still new factories being established in Cambodia. Statistics from the Cambodian Development Council shows that there were 14 new factories built in 2003, all of them garment factories. Only one is Cambodian owned and the 2 others are joint ventures. Concerns about the end of the MFA and the unpredictable future of the garment industry in Cambodia have been discussed by the government, ILO, union activists, and other organization working on labour issues like OHK/WAC, as well as the garment workers themselves. Although the debate about whether Cambodia becoming a WTO member would bring more advantages or disadvantages to Cambodia and the garment industry in particular is on-going, no initiatives are taking place just yet. Recognising the impact of that this may have, the government of Cambodia is trying to find a way to support and protect its industry from being the loser in the field as well as deal with the huge unemployment that might take place if nothing is done.

The garment industry of Cambodia has only a cheap human labour force to offer as a competitive advantage for industry. When a factory is set up, it employs Cambodian workers but other materials necessary for processing of the factory products do not exist in the country as there is no local industry produce such material and all materials are imported.

[20] *Asia Trade Initiative: Country Study on Trade in Textiles & Clothing*, UNDP Cambodia, August 2003

2.4 Newspaper review

The local newspapers like Reaksmey Kampuchea, the Cambodia Daily, and the Phnom Penh Post often have articles related to the Cambodian garment industry and workers situation. There have recently been many articles on the common situation of workers fainting and being sent to private or public hospitals. In most of the cases, the manager of the factory refuses to give a reason why the workers faint and the reporting comes from the medical doctors side. On one hand, the atmosphere in the factory is too hot, there is no air coming in or out, not enough fans, and the strong smell of chemical from the clothes are the causes of workers faint. On the other hand, medical doctors also report that workers faint because they do not eat sufficient food and they lack glucose in their blood.

Forced overtime work when an urgent order arrives is also a common cause of workers fainting. Taking the salary of workers and all the living expenses they have to pay in the city into account, plus the role of dutiful daughters to send money home, these girls have no choice but to spend as little as they can of food.

Part III: Primary data-FGD analyzing

The data contain in this part was collected from individual surveys with women workers, the focus group discussion held after the surveys were finished and the interviews with other people concerned.

3.1 Workers' profile

3.1.1 Place of origin of woman worker

The failure of the rice crop in many provinces in Cambodia, like Svay Rieng, Takeo, Kampong Cham, has driven a lot of young women out of their family to Phnom Penh to seek an alternative income to support the survival of the family not only in the garment industry but other sectors like construction work, digging soil, labourer, begging[21] and in the worse case scenario, the sex industry. Prey Veng, Svay Reing, and Takeo, the three provinces at thesouthern part of Cambodia which borders with the South of Vietnam, are provinces which are most affected by natural disaster, flood and drought, and often have a high number of people who migrate to find jobs either in Phnom Penh or in the border areas.(Figure 3).

Table 1: Place of birth by province

Province	Frequency	Percent
Banteay Meanchey	1	.3
Battam Bang	5	1.6
Kampong Cham	37	12.1
Kampong Chhnang	5	1.6
Kampong Speu	16	5.2
Kampong Thom	4	1.3
Kampot	15	4.9
Kandal	22	7.2
Koh Kong	2	.7
Kratie	7	2.3
Phnom Penh	1	.3
Prey Veng	97	31.6
Pursat	2	.7
Siem Reap	10	3.3
Svay Rieng	35	11.4
Takeo	48	15.6
Total	307	100.0

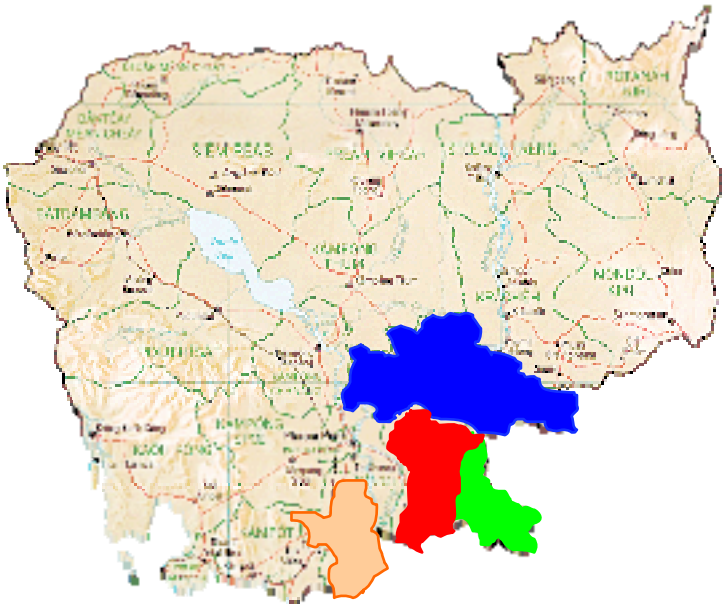


Figure 3: Map of Cambodia

A large number of women workers interviewed came from Prey Veng province, one of the rice growing provinces in Cambodia. Many rented rooms near the factory are full of migrant women from Prey Veng province either working or waiting with a hope to get work in the factory. 32% of workers interviewed

[21] *I come to beg in the city because...*, Womyn's Agenda for Change, Oxfam Hong Kong Cambodia, March 2003

came from Prey Veng, 16% from Takeo, 12% from Kampong Cham, 11% from Svay Rieng province (Table 1). A WAC study done in 2002 about the situation of women working in the factories also showed that a large number of migrant women workers working in the factories came from Prey Veng Province.[22]

3.1.2 Age of worker

Table 2: Age of worker

Year of age	Frequency	Percent
16	2	.7
17	8	2.6
18	40	13.0
19	32	10.4
20	43	14.0
21	36	11.7
22	33	10.7
23	35	11.4
24	15	4.9
25	14	4.6
26	6	2.0
27	3	1.0
28	5	1.6
29	2	.7
30	7	2.3
31	4	1.3
32	5	1.6
33	5	1.6
34	2	.7
35	2	.7
36	2	.7
38	1	.3
41	1	.3
42	1	.3
43	1	.3
47	1	.3
48	1	.3
Total	307	100.0

The age of the workers is not different from the results of the WAC 2002 research. The average age of women workers interviewed was 22.53 years old. Nearly 90% of workers interviewed were aged between 18 to 25 years old, and they were single. (Table 2)

It is not surprising that a similar number of young women at this age, mostly migrants, are employed in the garment industry in third world countries like Bangladesh, Guatemala, Indonesia and Cambodia. The demand for a labour force to produce enough to supply to the world market exists in third world countries where, besides natural resources, they have available cheap human labour to offer to this exploitative industry. Young women are especially marketable for the garment and textile industry because they are normally un-organized, easy to be controlled by employers, who are normally men, and they are open to emotional pressure because of their family burdens. For these reasons, they are becoming one social group easy to be exploited.

10% of the workers interviewed were aged over 30 years old. It is not common for workers of this age to be employed in the factories. They are mainly workers from a factory which used to be a State Owned factories and have been working for this factory more than 20 years. However, the manager doesn't want to terminate them as they have to pay a lot of money for them. These workers mainly live in town and have their family with them.

[22] *Label to wear out: A social Study about the situation of women working in the Cambodian Garment Industry*, Womyn's Agenda for Change, Cambodia 2002

3.1.3 Worker marital status

Factories in developing countries that produce textiles and garment often hire young single women to work for the industry. From the sample of the survey, 83% of the total sample were single women. Only 12% of workers interviewed were married and some were newly married but had no children at the time of interviewing. Among the workers that have children, 47% of them have only one child. (Figure 4, Table 3)

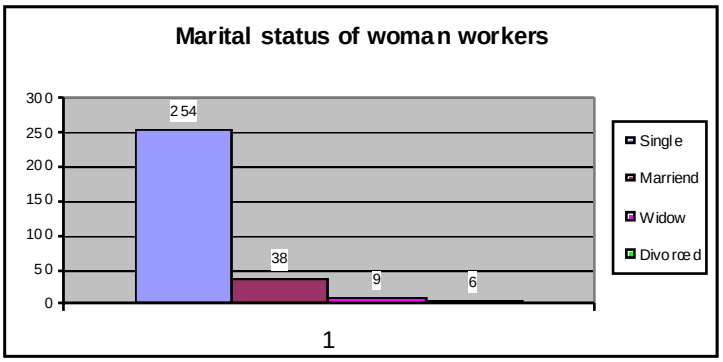


Figure 4: Marital status of woman worker

Table 3: Number of children of worker

# of child	Frequency	Percent
0	275	89.6
1	15	4.9
2	8	2.6
3	6	2.0
4	3	1.0
Total	307	100.0

These young women who come to town to work in order to send money home were considered to be bad girls because they come to live alone in the city. The perception is that they must have many boyfriends who they sleep with, which is against the traditional practice that girls should live with their family until they get married.[23]

Table 4: Where does worker's husband live?

Where husband lives	Frequency	Percentage
He lives with me	23	60.52%
He lives in the village	15	39.48
Total	38	100.0

61% of women workers who were married have the husband live with them in the city (Table 4). Some of these husbands are also working in the garment factories. Of the husbands who live separately, they normally live in the villages and work as farmers.

Women workers that have children and husbands normally live together in the rented rooms. But for those whose husbands live in the village, their children are likely to live with the grandparents. Being a married woman but having the family and husband live away from them means that these workers are very concerned and think about their families all the time. One of the interviewees that the author visited was very happy at the time of interview because her mother had just brought her son, who is ten months old, to see her. Other workers said that they go and visit their family once a month though this

[23] Ibid

means that they do not have do as much work, which means they have less money, but have to spend extra money on transportation and other things.

Comments from the women who have children show that they sent both sons and daughters to school but the instances of taking the daughters out of school were still higher. One woman worker said, "I have two sons studying but I stopped the oldest daughter from school because there is no one else to look after the younger siblings."

3.1.4 Literacy level

The results from this survey did not differ from previous research which found that young women who are working for this garment industry were taken out or stopped schooling by themselves and came to work in the factory. 40% of workers interviewed did not complete primary school while 9% never attended school. 25% completed primary school and secondary/higher education (Table 5). 57% of workers can read and write fairly well, 19% are poor at reading and writing, and 13% cannot do so (Table 6). It is a problem when they receive their salary because they are not quite sure what is written on the salary slip or how much their overtime is calculated and paid.

Table 5: Literacy level

Level of education	Frequency	Percent
Never attend school	27	8.8
Primary not complete	124	40.4
Primary completed	78	25.4
Secondary/Higher	78	25.4
Total	307	100.0

Table 6: Literacy level/how well

Literacy	Frequency	Percent
Cannot	41	13.4
Poor	58	18.9
Fair	180	58.6
Good	28	9.1
Total	307	100.0

The woman's role in the household as a care taker for younger siblings, children and the elderly is very traditional and a lot of girls who are working in the factory used to do this work when they were in the village. They had to decide to be a grateful daughter by sacrificing their education to stay, work and carry out those tasks. In some cases, the daughter was taken out of school and sent to work in the factory to keep the brothers in school.[24]

- *I stop studying because my family is poor; we cannot harvest because the crop failed and we have debt in the village. So I have to come and work in the factory to earn income to support them.*
- *I stop studying because the family is poor and I want to help them find money to support them.*
- *I stopped studying because my house is far from school and I did not have any means of transportation. My family is poor, my father got sick and we don' have money to cure him, no money to buy food. So I decided to come and work in the factory.*
- *My parents could not support my education. So I came to work in the factory.*
- *I decided to stop studying myself and come to work in the factory because of poverty in the family.*

- *I am the oldest daughter and there were a lot of housework and farm work to be helped. These were reasons tore me from school.*
- *I stopped studying to look after my younger siblings and help with housework so that my mother could go to sell things at the market. Later, I come to work in factory to help my family's income.*
- *I stopped studying because the school is far and I needed to ride bicycle. My family did not have money to pay for school fee. I did the wage labour on the rice field afterward and then I came to work in the factory.*

Female literacy in Cambodia is improving slowly. Cambodia is the only country in the region where secondary school enrollment has decreased and girls in particular can finish primary school the most.[25] Through the process of privatization and the implementation of the PRSP, there has been a fall of number of girls enrollment especially for tertiary education.

3.1.5 How many siblings work in the factory

Poverty and the need for additional income to support the family pressurize and push young women to work in the city. From the survey there were 57% of workers who have more than two siblings working in the factory. The remittances they send home pay for the loss of the rice crop, repay their family debts and cover their family's medical bill as well as support the education of siblings. (Figure 5)

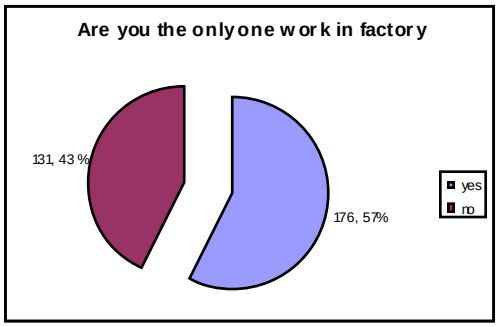


Figure 5: Worker's sibling work in factory

Although 70% of respondents having got at least 2-4 members in the family earning incomes to support the family, 87% of them come from families where at least one member is a farmer. With the failure of the rice growing in the last few years, they are pressurized to remit most of their salary home.

3.2 Working conditions

The working conditions and other related issues inside the factory contribute to the weakening of the health status of workers. That is why a range of questions were designed to consider this impact on workers. As most of the workers comment that their health has worsened since they started working in the factories, not only the impact from working conditions should be taken into account but the study also looked at living environment, nutrition, social situation and the availability of health services which could affect their health status as well.

[25] *Globalization Criminal* ppt, Womyn's Agenda for Change/Oxfam Hong Kong Cambodia, 2002

3.2.1 Duration of working as garment factory worker

Often people say that after young girls come and work in the factory for a while their body and face become pale because of the long hours working and not enough nutrition from food intake. But beside this reason, are there other reasons?

Duration of working in the factory is very important because it impacts upon the health status of workers. From the sample of the interviewees, 41% of women had been working in the factory between 1-3 years and 17% of them have been working between 3-5 years. (Table 7)

Table 7: Duration in the factory

Duration	Frequency	Percent
Less than 6 months	45	14.7
6 months to one year	65	21.2
1-3 years	127	41.4
3-5 years	52	16.9
more than 5 years	18	5.9
Total	307	100.0

3.2.2 Changing factory and reasons

28% of workers changed the factory that they worked in (mostly between 1-2 factories). The following comments were given by women workers as the reasons for changing:

- *When I got sick, the factory did not agree to give me the leave so I decided to stop working.*
- *I got typhoid fever and could not ask for sick leave so I stopped after getting my salary and went back home to cure myself.*
- *I took sick leave for long time and then I did not dare to come to work in the same factory after I recovered. I changed.*
- *I changed the factory because I was forced to work when I was sick.*

- *My brother got sick and I had to stop working to take care of him.*
- *I lost consciousness so I stopped working because while losing consciousness, I was carried by the factory guard to the clinic and I felt shameful about that.*
- *I often had problem asking for leave in the previous factory and I went on absent more than the permitted day and I could not go back to work again as I was afraid.*

During a field visit to a village in Prey Veng province, the author met two sisters who were working in one of the sample factories. Now they are back at the village learning hair dressing skills and helping their mother with farming. The author asked why they stopped working in the factory and one of them replied: "when my younger sister were having typhoid fever, she could not ask for leave to receive treatment and at that time is was near to Khmer New Year. So after we received our salary, we came back home so that she could be treated and we did not want to come back again. Factory job is hard

and it makes our health become worse and worse. We do not want to go back again." Her mother was forced to sell a pig in order that she could get money to cure her daughter.

In other field visits to rural villages, the author often met with ex-garment factory workers who are now living in the village as they were sick after working for a while in the factory. Some of these women were not allowed to come back to the factory to work again by their parents; some workers did not go back on their own as they had terrible experiences working in the factory and had poor health status.

Problems asking for sick leave to receive proper treatment is a major obstacle contributing to choices that women workers make about using health care services. It also impacts on their job security. Other reasons including forced overtime, low salary and the slow down of production orders also lead workers to stop working in a factory. Often workers were forced to quit their job in order that they could receive proper treatment and they wanted to go back to their village for this purpose. The high cost of living in the city is one of the factors that drives woman workers back to their villages together with other factors like loneliness, and the need for mutual support from family, especially their mothers. After they recover, most workers returned to the city and looked for a new job in a new factory.

3.2.3 Working section

Table 8: Working section

Working section	Frequency	Percent
Sewing	149	48.5
Quality control	37	12.1
Trimming	28	9.1
Ironing	18	5.9
Packing	6	2.0
Coloring	1	.3
Over-locking	5	1.6
Weaving	44	14.3
Folding	7	2.3
Mobile worker	9	2.9
Cleaner	3	1.0
Total	307	100.0

Nearly 50% of workers interviewed were working in the sewing section. The next most frequent areas were in quality control and trimming. With these jobs, young women workers have to sit and stand all the time, 54.1%, 35.2% of the time respectively. Some positions like mobile workers[26] requires them to sit and stand when they work. Sitting and standing from 8-10 hours per day at the least causes problem for their health. Workers reported having swollen feet and hemorrhoids as a result of the long hours standing and sitting. Workers were asked to draw a map of the diseases they suffered during their first year of work in the FGD. All those kinds of diseases will be discussed below in the section on sickness.

3.2.4 Overtime-OT

The Cambodian Labour Code states that 2 hours of OT is permitted for workers of both sex and it must be on a voluntary basis.[27]

[26] Mobile workers we interviewed are disabled workers who were placed to work in the factory by the training center of disability workers. Only two factories out of all factory have disabled workers working.
[27] Article 140-C, Cambodia Labour Code, 1997

Table 9: Hours daily OT

Hour of OT	Frequency	Percent
less than 2 H	22	7.2
2 H	175	57.0
3-4 H	58	18.9
more than 4 H	29	9.4
no overtime	23	7.5
Total	307	100.0

57% of workers do 2 hours daily overtime, 19% do between 3-4 hours and 9% do more than 4 hours (Table 9). In some sections, there is no OT work for workers to do. Workers in garment factory in different countries such as Vietnam, Bangladesh, Indonesia or Cambodia face the same situation of forced OT when an urgent order has to be completed at a certain time. There is no possibility to refuse or workers will be warned by the management. Workers report being threatened not to have the opportunity to do OT again ever if they refuse during the peak season or they have to give their thumb print. Three times of thumb print leads to dismissal. Workers are also asked to work during Sunday or national holidays if the urgent order has to be met in a particular time. 83% of workers responded that they work on Sunday or national holidays; 66% said they work on these days when an urgent order comes. 48% of interviewees said their payment on national holiday or Sunday is increased while 29% received normal payment as their salary is calculated by pieces. 22% of workers do not know how their OT payment is calculated.

The ending of the quota system in December 2004 is another excuse used by the employer to force workers to accept OT work as it is often reasoned that if factory could not finish the order on time, it will not get anymore orders and the factory will have to close soon and the workers will face unemployment.

3.3 Working and Living Environment

3.3.1 Working environment

Working environment has the most impact on the health status of women workers as they spend long hours each day inside the factory. Here the author will take the most important points to consider the health status of workers including environment, protection for workers health and what labour law states that the factories must comply with.

Table 10: Factory environment-noisy

Noisy	Frequency	Percent
Yes	208	67.8
No	99	32.2
Total	307	100.0

Factories which are equipped with a lot of sewing machines makes the environment very noisy. 68% of the sample interviewee said that it is very noisy in the factory.

Table 11: Factory environment-hot

Hot	Frequency	Percent
Yes	198	64.5
No	109	35.5

65% of workers responded that it is very hot inside the factory although it is usually equipped with ceiling fans. Because the factory windows are

Total	307	100.0

mostly closed even though there are fans, it is still the hot air inside. In one of the sample factories, workers report that the factory is equipped with the air conditioners and it is fine for them if the electricity and air conditioners are on . However, workers strongly complained that there are a lot of workers fainting when the electricity is cut off and the manager still forces workers to work. In some months during the cold weather, the air conditioners are also turn off which make workers faint as well.

Table 12: Factory environment-smell of chemical

Smell of chemical	Frequency	Percent
Yes	219	71.3
No	87	28.3
Missing	1	.3
Total	307	100.0

70% of workers reported that they smell chemicals while working. Those whose working in units like cutting and sewing experience more exposure to the smell of chemicals which often leads them to experience headaches, dizziness, and fainting. For the present time, these workers do not know how the strong chemicals will affect their health especially whether they will have skin problems in the future.

Chemicals are a major problem for the health of women workers. Often, there is an article in the newspapers reporting a large number of workers fainting continuously in one factory due to the strong impact of chemical smells. As a unionist commented: “In one factory, there were 200 workers fainting because of the strong smell of the chemical.”

Table 13: Factory environment-no air

No air	Frequency	Percent
Yes	53	17.3
No	254	82.7
Total	307	100.0

Although only 17% of workers responded that the factory does not have enough ventilation because although it is often equipped with ceiling fans, the fans produce hot air and the windows are normally closed in the factory workshop.

Table 14: Factory environment-dusty

Dusty	Frequency	Percent
Yes	256	83.4
No	51	16.6
Total	307	100.0

There is also a major problem of dust in the factories. 83% of workers responded that it is dusty in the work place especially those in the sewing, cutting, and trimming sections. To prevent workers form dust, protective materials like masks should be provided and encouraged for worker to use.

- *During the dry season, the sweat pouring from my forehead.*
- *Workers at ironing section faint more because it is very hot section.*
- *The factory has fans but it is still hot.*
- *There are air conditioners in our factory but when the electricity cuts off, it is very hot. The manager does not allow the workers to stop and come outside until many workers faint that we are allowed to stop for one hour.*
- *In this factory, it is very hot, no air and noisy. If you are working near the toilet, it is very smelly as the toilets often have the problem with drainage.*
- *When the workers were forced to work until late at night, many workers faint.*

36% of workers responded that they are provided with a mask or small towel to cover their head and nose. Workers complained that they have to buy the mask themselves while in another sample factory clothes were provided for workers to sew masks. 52% of respondents said it is a requirement to use a mask while working. Although most workers are aware that it is important for them to wear mask while working in order to protect their health, a large number responded they do not usually wear it because it causes them to have difficulties in breathing as it is hot in the factory. Only one worker responded that worker should wear the mask while working because it is the rule of MoSALVY in order to protect workers health. All workers agreed that when there is a visit of buyers or labour inspector or other groups, workers are informed and strictly required to wear masks.

Working conditions and environment in the workplace has an important impact on the health status of workers. Heat is a very common problem in factories in tropical countries like Cambodia. The pressure to finish individual quota on time and worker's own desire to maximize the products leads them to avoid drinking enough water for their body's needs. As Pandita of AMRC points out, in extreme cases, heat can cause heat exhaustion and heat stroke which may lead to the death of workers.[28] Noise leads to workers having problems with hearing and can cause dizziness as many workers mentioned. Workers exposed to chemical smells have headaches and dizziness. In the worse cases, chemical exposure can lead to workers having trouble with organs like liver, or kidneys, or cancers of various organs, or damage to reproductive systems.[29] The fear of not finishing the maximum amount of work and the recording of the identity every time a worker visits the toilet by the security guards limits workers choice to drink water. As a result, many workers have problem with the kidneys and kidney infection.

3.3.2 Living environment

Living environment is very important condition that contributes to the health status of a person. From the reading of the research report about the living conditions of workers in the garment industry and other factories from Bangladesh to Indonesia to Cambodia the situation is not different and the same story repeats.

[28] Pandita, S., *Campaigning for better Health and Safety at the Workplace*, Asia Monitoring Resource Centre, Hong Kong
[29] Ibid

From the field interviews where the interviewing group always went to ask workers questions at their room, the researcher learnt that anyone who has never been to these places would not believe that there could be such a large number of workers living in such a small compound nearby factory. In another place, it is not recognised that there will be hundred of workers living behind the big-pretty concrete house which look very much like small villa. In some places, there is only one bed for five girls to sleep so some of them have to sleep on the bed and others under the bed in which the height from the ground is just enough for workers to sit under it. Rooms are built from wood or concrete. Workers live together in a small rented room, normally just enough for a 4-5 people to sleep in. In one compound there can range from 10-200 rooms for workers to rent.

Table 15: Number of person per room

# of people	Frequency	Percent
1*	7	2.3
2	56	18.2
3	52	16.9
4	90	29.3
5	45	14.7
6	19	6.2
7	10	3.3
8	4	1.3
9	8	2.6
10	8	2.6
12	1	.3
Total	303	98.7
Missing**	7	2.3
Total	307	100.0

Note: * These are workers living with their family from the village

** These are workers whose family living in Phnom Penh

The number of workers who share a room with 4 to 5 people are 30% and 15% respectively. There are also a significant number of workers (17%) who share a room with 1-2 other workers. These are workers who rent the small newly built concrete rooms with toilet inside but the room is very small just for two people (Table 15).In one area, a rich businessman owns a market place and the whole compound of the large area of more than 200 rooms at Dangkor district. In these newly built rooms, there is toilet inside and the owner has the entire means to make business with these poor women workers, from rooms to the markets to transportation.

Table 16: Room environment-hot

Hot	Frequency	Percent
Yes	196	63.8
No	111	36.2
Total	307	100.0

Rooms for workers are usually covered with zinc roofs and it makes the condition extremely hot most times of the year. 64% of workers responded they are hot and that sometime they could not stay inside when they are at home on Sundays or holidays (Table 16).

Table 17: Room environment-dark

Dark	Frequency	Percent
Yes	101	32.9
No	204	66.4

33% of respondents replied that their room is dark and they could not see when the light is off (Table 17). Other workers say that their room is

Missing	2	.7
Total	307	100.0

not dark because they have the light on all the time. Light and electricity is provided by the owner of the rented room for a limited time.

Table 18: Room environment-smelly

Smelly	Frequency	Percent
Yes	97	31.6
No	210	68.4
Total	307	100.0

32% of workers said that their place and room is smelly (Table 18). This is normally caused by the garbage that lies everywhere around the compound. The water drainage is not well managed. Some workers live in the room near to the toilet and it is smelly as there is little care about the sanitary conditions of these toilets. In one areas where a lot of workers live in a rented room behind a beautiful villa of a rich person, workers were laughing when the interviewer asked the question if they felt that their room is smelly or not. They said that it is smelly all the time because it is built on the water drainage but said that now they seemed to get used to the smell.

Table 19: Room environment-small/narrow

Small	Frequency	Percent
Yes	114	37.1
No	193	62.9
Total	307	100.0

37% of workers replied that their room is small and narrow (Table 19). Normally inside the room there is only one bed for all workers to sleep at night.

Women workers accept the conditions of the room and the size without any complain as they say that they just rent the room to sleep during the night so that they can work the next day. They do not think about the room as a place for relaxation and enjoyment of their rest time from work as the situation does not allow them to have that. Some of them compare the room they live in to their kitchen at home and said that it is even smaller than their kitchen.

Table 20: Room environment-no air

No air	Frequency	Percent
Yes	97	31.6
No	210	68.4
Total	307	100.0

As the roof of the room is made from zinc, it makes the atmosphere very hot. 32% of workers responded that they felt here is no air blowing in their room (Table 20). If newcomer visits some workers during the day, s/he cannot stay inside the room more than 3 minutes while sweating all over the body.

One of the women interviewed commented that only a sick person who cannot walk will stay in the room. Normally on Sunday, women workers prefer to sit outside of their rooms on a bed that they owner put there for them, chatting or embroidering.

Table 21: Room environment-insecurity

Insecurity of room	Frequency	Percent

The security of the room does not seem to be a major concern for

Yes	52	16.9
No	254	82.7
Missing	1	.3
Total	307	100.0

workers. 17% of worker feel that they room is not secure for them and that they are worried about the stealing though they have not had anything stolen except clothes (Table 21).

- *The room is extremely hot that you cannot stay in the room during the day.*
- *The room is smelly when it floods during the rainy season.*
- *My room as well as the other room in this place are smelly and that make us have headache when we come home. The area here is built on the drainage of the bad smell water.*
- *The room is very small, narrow, hot and noisy that it makes us cannot sleep well. That is also weakening our health.*
- *Most workers in this factory are female and when they finish work at night, there is no security on the way back home. It is quiet.*
- *My room is small and narrow but I just rent it to stay at night. During the day, I always in the factory, working.*
- *I need to turn the light on all the times.*
- *On Sunday, it is very noisy because many workers are at home and they chat and cook together.*

"Our room is like a box and we can lose consciousness during the hot season like from Jan-May. Many organizations are concerning about the terrible working condition in the factory but our living condition is very bad too."[31] The living environment of workers is always dangerous and insecure for their health no matter if it is in Cambodia or Bangladesh or Indonesia. As Pilger mentioned in "The New Ruler of the World" that while he was doing his documentary in Indonesia, he got dengue fever because he exposed to the workers compound where the environment is not cleared and waste water is all around the place especially during rainy season.[32]

3.4 Food consumption and Nutrition

Nutrition is very important in giving strength to oneself to have enough energy for one day working. Malnutrition is a serious problem facing by people in developing countries like Cambodia.

[30] Quoted from an interview with union leader, January 2004
[31] *The Real lives of Cambodian Garment Worker* ppt., Womyn's Agenda for Change/Oxfam Hong Kong, Cambodia, May 2003,
[32] Pilger, J, *The New Ruler of the World*, Documentary about the garment industry in Indonesia

3.4.1 Food preparation

When women workers move to stay together in a rented room with their friends from the same village or same factory, they often have their cooking utensils and they usually cook food and eat together. Rice and firewood as well as other dried stuff are normally brought from the village when workers visit their family or when someone comes from the village to visit their relatives working in the factory.

Table 22: Do you cook your food?

Cook food	Frequency	Percent
Yes	279	90.9
No	26	8.5
Missing	2	.7
Total	307	100.0

Table 23: Do you cook dinner?

Cook dinner	Frequency	Percent
Yes	252	82.1
No	33	10.7
Missing	22	7.2
Total	307	100.0

90% of workers interviewed responded that they usually cook their food but mostly they cook dinner, 82% (Table 22-23). Normally workers cook dinner when they do not work OT. Usually, when they cook dinner they cook both rice and food and they keep a surplus for breakfast of the next day. This group of workers, usually buy lunch from sellers in front of the factory, both rice and food. Another group of workers also cook dinner but they usually cook rice in the morning with an amount large enough for the whole day (breakfast, lunch and dinner). This group of workers only buys food from a seller, which often cost 0.075USD and bring it home to eat with their left over rice without even have time to heat it again.

Very few factories provide food for its workers. One of the four sample factories provides lunch for its workers. Workers complained a lot about the food that it is not tasty and not clean. Some workers said that "as the food is provided in three turns for workers, we only have 30 minutes for this break and those who are at the last turn sometimes do not have much things to eat."

- *When we have to do overtime until late at night, we eat home. The food is prepared by our roommate who finished work earlier than us and they keep some for us. It is always cold when we eat but we are not heating it because we are very tired after long hours work and want to sleep as soon as possible.*
- *Some workers bought the food and left it with the factory guards before start overtime and they take home to eat after overtime; sometime they lose it.*
- *Food and things sells in front of the factory is not clean and less taste. Meat is not fresh and sometimes they mixed with the mouse meat; vegetable contains a lot of chemical. The sellers keep the left over food in the morning to sell in the evening.*
- *If we cook our food, it is good taste but we don't have time and it cost more money then just buys it.*
- *Food sell in front of the factory is much cheaper that we cook ourselves but it is not clean.*
- *We miss our food we used to eat in the village. It is very tasty because we use fresh vegetabel and fish.*
- *I do not have time to cook, i eat instant noodle.*
- *The quality of food provides by the factory is low and not clean.*
- *The sellers buy low quality fruits to sell to garment worker.*

- *We eat instant noodle or egg almost everyday because we do not have time to cook.*
- *If I buy from the food store, it's not tasty so I prefer to cook when I have time*
- *I cook in the early morning and keep it for the evening meal.*

"Workers get sick because the food they eat contains not vitamin and nutrition. They bought food that sell on the street with no cleanliness."[33]

"When workers have their health check-up before they start working for a factory, they usually do not have any illness but after they have been working for sometimes, they will be surely fall sick. The reason is very simple because they do not eat regularly, the food is not clean and the most important reason is that they have to save money to send home to their parents so they do not eat good food."[34]

Time given to them for lunch break is usually one hour or less and usually workers have to line up in order to get out the of the factory, then squeezing into the small shop in order to be able to buy food. The food with the price of 0.075 - 0.125USD does not give any strength to a garment worker who has to work 10-12 hours a day. The food is sold in front of the factory in the open space. The sellers always put the rice or food on the plate already and display them on the table so that when a lot of workers come, they are able to sell to as many of them as possible. There is no cover for protect food from flies, dust or viruses that are spread by the the motos and cars passing by on the street or even from the walking past of many workers. The selling place is normally not clean and sometime street cleaners clean the street and make the situation very dusty while workers are hurriedly eating so that they could start work again. In the rainy season it is even worse. Women workers often buy dried shell or sour

[33] Quoted from interview a doctor works at the Community Development and Health Education Association in Chak Angre, Phnom Penh, Cambodia, January 2004
[34] A doctor at the Department of Labour, MOSALVY, January 2004

fruits to eat after lunch. These later stuff is the source of diseases and often another reason contributing to typhoid or stomach-ache.

Everyone living in Phnom Penh knows when they talk about garment factory workers; they said these are group of women from the rural area that spend 0.075USD on food each meal or 0.125USD for one meal (food and rice). Food variety that is selling in front of the factory is normally very cheap compare to the market price but these foods contain no vitamins and nutrition. The sellers normally buy the poor quality vegetables, meat, and smelly fish to cook as they need to make sure that they can earn money from selling to these poor women workers. Food intake by women workers is not sufficient for them to bear with their long working hours. The quality of rice that they cook since the morning and keep for the meals of the whole day together with the food they buy from one of the sellers in front of the factory which are not clean and does not give energy to feed their body and keep them strong to struggle their 10-12 hours or more in the factory.

For workers whose family live with them, after their tiring work at the factory, they come back home, prepare food, wash, clean the house, do washing up and other tasks in the family before they can rest for the next day to repeat the heavy job again. The idea that when woman gains better social and economic status in the family she will be more empowered is not really reflected in the situation of these women workers but rather shows that they have to do double the work both indoors and outdoors.

3.4.2 Drinking water

Table 24: Drinking water at rented room

Kind of water	Frequency	Percent
Boiled water	97	31.6
Un-boiled water	43	14.0
Pure drinking water	167	54.4
Total	307	100.0

54% of women workers interviewed drink pure drinking water that they buy from the shop near to their room. Some of them spend the little time they have to boil water to drink but a significant number, 14%, of women workers drink un-boiled water which could easily lead them to getting diarrhoea. (Table 24)

In some places of the rented room, the water provided to workers could not be boiled for drinking because it is too unclean and the workers will get diarrhoea from drinking the water.[35]

In the factory, drinking water is provided by the factory but some workers try to bring their own water from home by hiding it from the factory guard while entering the factory because they are not allowed to bring water into the factory.[36]

Table 25: Cleanliness of factory drinking water

[35] *The real live of Cambodian garment worker* ppt. Womyn's Agenda for Change/Oxfam Hong Kong Cambodia, May 2003

[36] The factory does not allow workers to bring water in as usually workers from rural area like to drink water boil with traditional medicine/herb and usually it is in the color like tea. Os factory owner is afraid of any accident when they spill water on the clothes.

25% of workers said that water provides by the factory is not clean and they feel that it tastes different from the water outside (Table 25).

Clean	Freuency	Percent
Yes	230	74.9
No	77	25.1
Total	306	100.0

Responses from some workers show that they try to avoid drinking water while they are working. One of the major reasons is they received piece payment.[37] so going to the toilet many times will affect the amount of production they make. Also when workers go to the toilet many times, they usually have their ID card number recorded by the security guard. Some other workers said that they never drink the water in the factory as they feel that it is not clean and due to the above reason. One worker commented:"I don't drink water while working because I don't want to go to toilet. I want to have lots of work finished because I come to city for working. I want to do as much as I can."

"Factory provides water for workers to drink but I am afraid that the water has problem. They have the water filter to purify it but I still believe that it is not clean. I used to ask the manager to think about water but he said that he follows the system that neighbouring countries do. Since there is criticism from the inspector from MOSALVY, the factory manager promised to change the system. There used to be a few plastic glasses provided to worker to drink water but they were very dirty as there are hundreds of workers in the factory drinking from the same glasses and nobody cares to clean. Now they provides plastic bottle for each worker."[38]

3.4.3 The increment of basic commodity price

Market liberalization in Cambodia means that the country has had to open up its domestic market for all trade surpluses. Although Cambodian people grow rice, vegetable, fruit etc for local consumption, people can still find a lot of these basic food needs imported from neighbouring countries (especially Vietnam and Thailand) at a cheaper price. The flow of these commodities not only occupies the domestic markets but also destroys the price of local products by flooding the markets. When everything is damaged and totally under the control of the importing company, they can increase the price as much as they wish to. Fruit and vegetable that are grown for cash crop export using intensive agriculture often containing a lot chemical with it.

Table 26: Does food price increase?

Increase price	Frequency	Percent
Yes	153	49.8
No	149	48.5
Missing	5	1.6
Total	307	100.0

Table 27: Does food quality change?

Change quality	Frequency	Percent
Yes	137	44.6
No	156	50.8
Missing	14	4.6
Total	307	100.0

[37] Piece payment is the payment that calculate worker's wage by the amount of products s/he finished each day
[38] Quoted from an interviewed with a nurse at a sample factory, January 2004

50% of the interviewee mentioned that the price of the food has been changed over the time and the taste also changed according to the season (Table 26). 45% of workers responded that food quality changed due to increases in food price (Table 27). Usually when the price increases there are two choices for workers: whether they have to spend more money on those food or just buy it with the same amount of money. The latter reason occurs most of the times.

- *Because the price of food goes up the sellers put more vegetable. When I eat, I have no energy*
- *The food quality changes because of the low quality of the fish or vegetable that we buy. They are cheaper.*
- *I need to spend more money when the price increases. I can't reduce the amount of food.*
- *It's more expensive now so I buy less.*
- *Meat increases the price so I have to spend more money.*

Rice and fish are the two main food intakes for Cambodian people and this country used to be known as a place that has a lot of fish from its river sources especially the Great Lake. The privatization process of the natural resources such as the creation of fishing lot concessions changes the level of fish by the population. There are less fish caught and good quality fish is sent for export. The price of fish has increased significantly over the years. One study has shown that the price of the fish increased 18% in the last year.[39] According to the Consumer Price Index of the Ministry of Planning in October, the price of all goods has increased 0.02% compared to the previous month, September, and is 0.56% higher compared to October 2002.[40] Basically, the price of rice, vegetable (the imported vegetable) has increased steadily compared to the same month last year. The index shows the increment of the price of rent, local transportation, utilities, fuel and gasoline.

3.5 Income, Expense and Debt

3.5.1 Income

45USD is the monthly minimum wage for a garment factory worker as set out in the Cambodian Labour Code.[41] The survey findings show that the average total salary (including overtime and incentive pay) of workers in the sample is 56 USD a month. However, girls are supposed to send remittances home. The average amount of money remitted home is 23.5USD a month, more than 50% of their minimum wage. Besides sending home money, they have to also pay for rent, food, utilities, medical care, items for personal use, clothing, and transportation. But the previous four points are more important after remittance.

3.5.2 Remittance

Table 28: How often do you remit home?

[39] *City Inflation 3-7% Rice, Fish, Rents all higher*, Phnom Penh Post newspaper, 17-30 January 2003
[40] *Consumer Price Index*, National Institute of Static, Ministry of Planning, Phnom Penh, Cambodia, October 2003
[41] Cambodia Labour Code, 1997

Send remittance	Frequency	Percent
Monthly	159	51.8
Quarterly	98	31.9
When I go home on holiday	12	3.9
Never	38	12.4
Total	307	100.0

52% of workers interviewed remit money home monthly whereas 32% often send money only once in a few months (quarterly). There are some workers (4%) whose parents lives in far remote areas and they find it difficult to send money home. So they are able to give money to their family only during their visit to the village. 12% of workers interviewed don't send money home.

Most of these workers are new arrivals who are still on probation and get a very low salary (approximately 30USD a month), which is not really enough to support themselves in the city. Workers that have family living in the city with them also do not send money to their parents in the villages. (Table 28)

Most of the money remitted home is used to buy agricultural inputs for farming (which are increasingly high in price), hiring labour for transplanting and harvesting, paying for medical care, buying food and other basic needs to feed the family, repaying debt and to pay to keep siblings in school. When the girls leave the village for the city, it reduces the labour force for rice farming and the family has to hire other labourers in the village to help them. So the cycle of migration and sending home money does not really help much. Some girls say that if their parents kept the money they send and use it to just buy rice to eat, it might be better than using the money to farm for themselves. They say this because the farming inputs are very costly, but the outcome is unpredictable and a negative output is likely to take place due to flood and drought. In a family where there are two or three daughters working in the factory and sending money home regularly, it is obvious that there is an improvement within the household. The family is able to build a new house, purchase household equipment like TVs, batteries or motorbikes to use. However, if only one daughter is working, the remittance just goes towards family survival (sometimes they hardly survive). One worker felt very guilty of not being a helpful daughter, though she is very helpful. She blames herself by saying that *"The reason that my parents are in debt because I send money home very little."*

One more use of money that that 34% of the girls identified is that they expected that some of the money would be saved for them by their parents for their future. But some of them do not really know if this saving is taking place or not.

3.5.3 Cost of housing

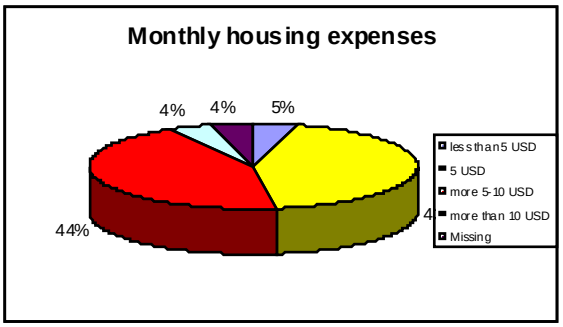


Figure 6: Monthly housing expenses

The price of a room varies according to how near it is to the factory. 43% of workers pay 5 USD, or 11% of their salary, for their room per month. However, a similarly large percentage of workers (44%) spend 5-10 USD on housing, or 11% - 22% of their minimum wage. (Figure 6)

3.5.4 Debt

Table 29: Borrow money before get salary

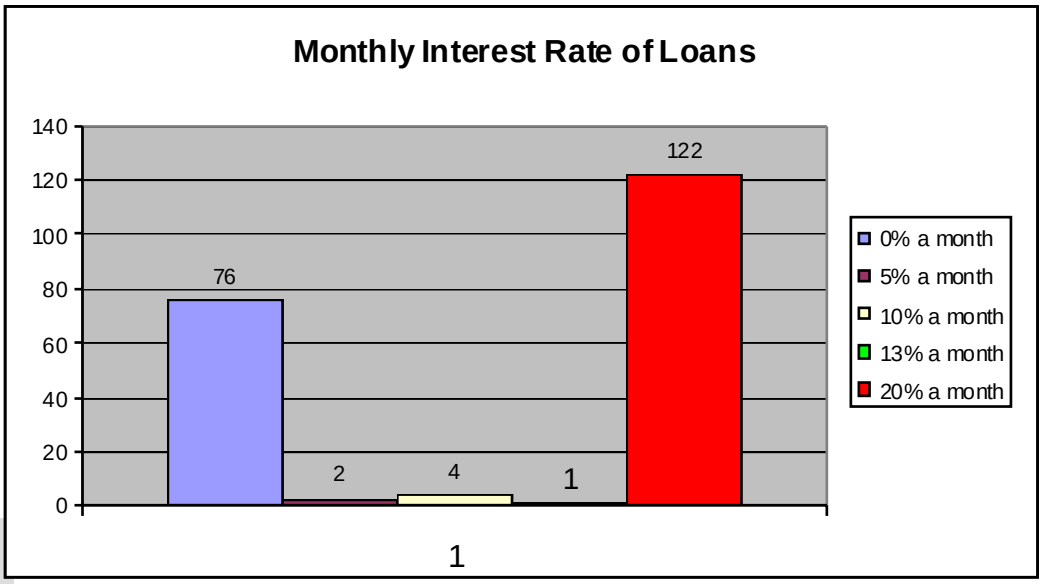
Borrow	Frequency	Percent
Yes	205	66.8
No	102	33.2
Total	307	100.0

Table 30: Are you in debt now?

Indebtedness	Frequency	Percent
Yes	97	31.6
No	210	68.4
Total	307	100.0

67% of workers usually borrow money before they get their salary (Table 29). 32% of the women who borrowed money before they get their salary were in debt at the time of interviewing (Table 30). Their indebtedness of workers occurs monthly because they borrow at the end of the month and pay it back when they receive their salary. The highest amount of debt in the sample interview is up to 150USD but this is not a common case. The amount of debt was normally between 5-20USD. The source of these loans are their roommates, friends at the factory or money lenders (who are usually the owners of the rented rooms).

Figure 6: Monthly interest of Loans



The mutual understand and helping each other in the rural community still exists among women workers, though it is not very strong. Normally if the loan is taken from their roommate, there is no interest charged. Co-workers at the factory usually charge 20% monthly interest. 40% of respondents borrowed money with a 20% monthly interest rate from their co-workers, and moneylenders (Figure 6). Actually it is not really a monthly interest rate because no matter how short the duration is, a worker has to pay 2 USD interest for every 10 USD loan she took one week or one day or two days before the repayment day. The money is normally used to buy food to eat and if they meet unfortunate of health problems, it is used to pay for the medical bill.

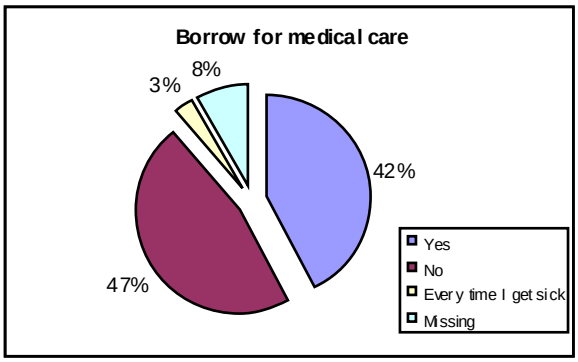


Figure 7: Borrow money for medical care

45% of the total sample have borrowed money for medical care. In this 45%, 3% borrow every time they get sick (Figure 7). The situation is really bad when a person has to borrow money to pay for medical care in order to survive. It is very important when thinking economically; the money is invested in a non-productive thing plus s/he has to pay a high interest rate.

- *I borrow money for buying food.*
- *I borrow money for medical treatment*
- *I borrow to send for my mother to make the fish-paste.*
- *I borrow to pay for medical care when I got sick and to buy food.*
- *I borrow money to pay for rent.*

Most workers borrow money almost every month

- *If I borrow from friend at the factory, they charge me 20% a month. It is not really a month because even though I borrow them today and pay back tomorrow, they also charge 20% interest. if I borrow from roommate, she does not charge me interest.*
- *If I don't have money to pay back the loan, I could just pay the interest every month but if it is long time, then the interest will accumulate to be equal or more than the loan.*
- *I borrow money to spend on food, medical treatment or send home when my family sends me information that they need money of urgent use. Normally we do not dare to take a big loan because we are afraid that we will not be able to pay back..*

Debt and high interest rate loans are a serious problem for people in Cambodia although the Cambodian Contract and Other Liabilities Law states that the interest rate that a lender can charge from clients must not exceed 5 % annually.[42]. Lending money is a more profitable business than other legal business and there is no enforcement of the regulation that apply to the moneylenders. Many NGOs that do micro credit programs with rural villagers refers to this credit as one of the solutions to poverty

[42] Article 51,Cambodia Contract and other Liabilities Law, 1988

alleviation and development, and charge people 3-6% monthly interest rate, or 36-72% annually. Local moneylenders charge between 10-20% monthly. Very often, when people take an NGO loan they say that they are borrowing for trade purposes or agricultural works but in fact they borrow to buy rice and food to eat and to pay for medical bills when one of the family members get sick so that they could survive.[43] With these high interest rates and the loans being used for feeding the family or paying for medical care, can poor people in rural Cambodia get out of the debt circle? Who can turn the loan to make business and be able to pay back with this interest rate? The situation of workers working in the factory is not different from their families in rural village. The salary that they get from their 10-12 hours working is not enough for them to spend in town as well as send back home to their family and they are forced to take loans with high interest rates. Interestingly, factory workers who are able to make business off the back of their friends just take the opportunity to do so. Charging 20% a month from someone who is working in the same working conditions like them is just a mechanism to push poor workers into deeper poverty and better-off workers to be richer.

3.6 Sickness and Health Care

The health status of women workers is the central problem that draws the attention of this study. Having a job in the factory is very important for women workers in order that they can be able to improve both their personal living conditions, and social status as well as of their family. But what is the cost of that improvement? In order that a worker is able to send money home, which is almost half of their salary, they have strong desire to work extra overtime so their wages could increase to a level that permit them to do so. Long hours working with the conditions described above make them feel tired and exhausted at the end of the day. But coming back home and living in an unsanitary living environment, small-narrow rented room, together with poor cleanliness outside the room and unclean toilet facilities contributes to even worse health status. This lead to various sicknesses faced by woman workers.

3.6.1 Serious sickness after working in the factory

Typhoid fever, which accounts for 23% of all the illnesses, rings the alarm of the disease workers have follow by gastric ulcer (6%). (Figure 8) This raises no doubt about the reasons behind. The food intake is not only poor quality but contains little vitamins and nutrition to support the exhausted body to be strong and the time available to eat is normally not regular. Moreover, women workers, like many other young women in Cambodia like to eat pickled fruit. These fruits are normally left over fruit that are collected from the market and put in the sugar. When the sellers put them on display to sell to the workers there is no cover to protect it from flies and dust around the areas. Dried shells is also another problem that causes typhoid fever among women workers. A study was conducted by Nari Uddong Kendra (NUK) in a Bangladeshi garment factory and reached similar findings about how the low economic status of workers leads to insufficient food intake resulting in weakness and exhaustion. [44]

[43] *Debt research*, Womyn's Agenda for Change/Oxfam Hong Kong Oxfam Great Britain, Cambodia, 2003
[44] Mashuda Khatun Shefali, Garment workers health research in garment factory in Bangladesh, Nari Uddug Kendra (NUK), 1998

The study of MoH shows anaemia is a serious problem faced by woman at the reproductive age and 90% of workers interviewed in the study encountered this disease.[45]

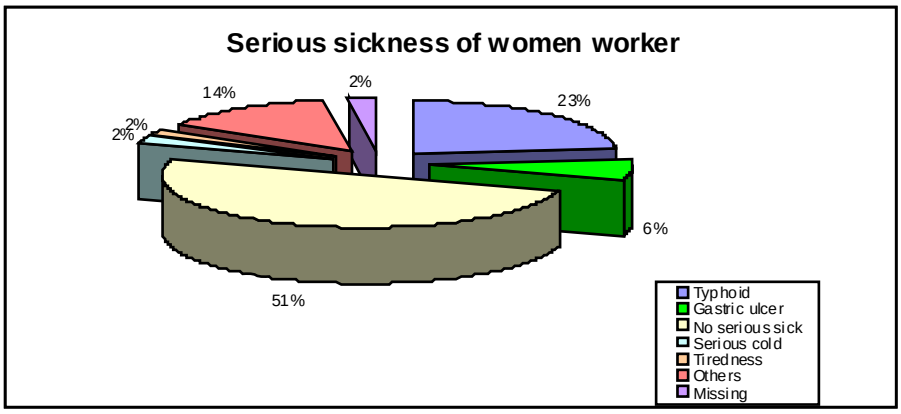


Figure 8: Serious sickness of woman workers

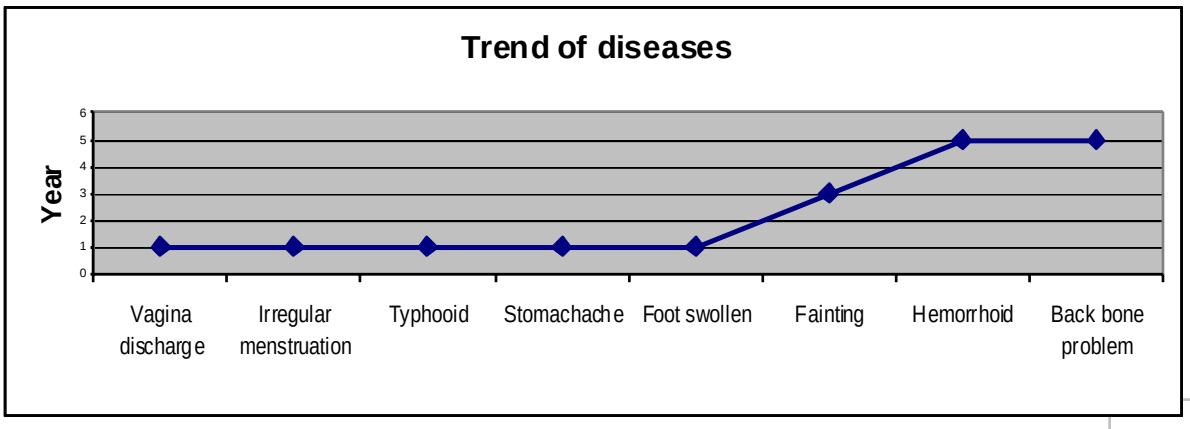
Table 31: Sick in the last 3 months

Sick	Frequency	Percent
Yes	172	56.0
No	132	43.0
Missing	3	1.0
Total	307	100.0

56% of respondents had been sick in the last three months (Table 31). The common sicknesses facing by them are not different from other studies on health in the other countries. Colds, headache, fever, abdomen pain, tiredness, diarrhea, dizzy, and typhoid are the common diseases among workers.

3.6.2 Reproductive diseases

The writer considers the result of this part to be significantly important as it will affect the reproductive ability of women workers in their future lives. The information can only be collected after a good relationship has been established with women workers and the sharing take place at the focus group discussion held at a workshop venue at the WAC/OHK office. For a Khmer girl who is traditionally very shy it is impossible for them to talk about problems related to their reproductive health and sexuality. Although FGD provides information about diseases such as irregular or stoppage of menstruation, vagina discharge, and haemorrhoid still there were girls who are shy and do not want to talk about it.



[45] *Pilot program to provide KK pill to prevent anemia of women in reproductive age*, Ministry of Health, 2001-2002

Figure 9: Trend of diseases

All workers in FGD agreed that after the first year of factory work, they experienced a change in their body and had problems with menstruation and discharge. The reasons come from both sitting for a long time sewing, and unsanitary toilet facilities both at the factory while working and at the rented rooms.

'Most workers have this disease. Some workers do not menstruate for 3 months or 5 months or even a year but they dare not go to consult with doctor. They only try to work hard, do not eat enough nourishing food, not enough sleep, think a lot and don't do the exercises. Most of them do not have money to pay when they go to have check up, even 1500 Riel (35 cent). Some owe money to the doctor, "said a doctor at the community health center.

- *Workers who have been working for more than one year will have women diseases (irregular menstruation, discharge). A few of them consult with doctor/nurse at the clinic but majority buy the Khmer traditional medicines and take it. There are a lot of older ages women from rural areas come to sell these traditional medicines at the rented room. When the disease become serious, they go to get the treatment at the village.* A worker in the FGD commented.
- *When workers seriously faint and have serious sickness as a result, the factory accounts for the medical attention until complete recover. If workers faint during the overtime work at night, then s/he will be brought to private clinic for treatment."* Comment from worker in FGD.
- *When workers get sick, they are likely to visit private clinic than the public hospital because the location is nearer to the rented room.*
- *We spend between 15-20 USD each time we visit the doctor. Though they are private clinic, some doctors are good but other isn't and looks down on women workers.*
- *Before entering the factory, our health is good and strong but after 2-3 months working in the factory, we are starting to have sickness one after another like typhoid, uterus pain, back pain, stoppage of menstruation, gastric ulcer, dizzy, weaknesses etc.*

- *Some workers have menstruation one in 2-3 months. Other has it 2-3 times in a month. We are not brave enough to go to consult with private doctor who are normally men because we are young women and we are shy to talk about that. So we ask for permission to go home and received treatment.*
- *We are quite concern about our health which is worsening from day to day. Our solution is to have the medical injective, one time 2.5 USD.*
- *The nurse in the factory has medicine for the worker but those medicine is not quality and if worker is not serious sick, s/he only give the tiger balm to smell.*
- *When worker goes to have their health check-up at the Department of Labour Affair, if they meet with male medical doctor, there occurred the sexual harassment.*
- *Most of workers will have their health worsening after 2-3 years of factory work.*
- *If workers faint during the working hours, they can take leave long time; it is up to them without having got to present the doctor note but if they faint at home (outside the factory) and want to rest, doctor note is needed.*
- *When I get sick and I do not have money to cover medical treatment, I borrow money from friends at the factory or my roommate. Roommate does not charge me interest but at they do at the factory, 20% a month.*

3.6.3 Health care services

The traditional practice of seeking health care from traditional healer still exists in Cambodia community especially when people cannot afford to pay for proper medical treatment at hospital. Consultation is also not a practice in Cambodia and usually people buy medicine straight from the drug store when a disease occurs.

Woman workers spend little money on food and as a result they encounter many kinds of sickness. But they have to spend a lot of money on expensive health care which most of the time pushes them into further debt bondage and poverty because of the high interest rate of the loans.

3.6.3.1 Choice of health services

The choice of health care services for workers varies. As mentioned in the introduction, the quality of health services in Cambodia is very low. Qualified medical doctors and health staffs who are poorly paid by the government and often find outside jobs in private clinics or, if they are from the rich families, they open their own clinics. Many pharmacies operate in the city and provinces selling medicine to people. Some of those pharmacies are not licensed to sell medicine and often lack the ability to give proper drugs to people Sometimes they even give inadequate drugs. When the budget from the government for health care is reduced, the quality of services and medicine gets even worse.

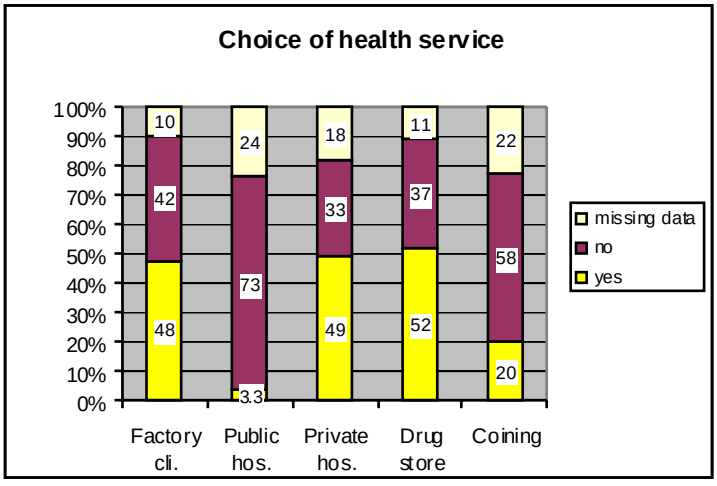


Figure 10: Choice of health service

48% women workers go to the factory clinic when they get sick. However, the factory clinic only covers minor sicknesses like headache, dizziness or fever but does not cover typhoid or gastric ulcers. 49% of workers prefer to seek health care from private clinics, while 52% visit drug stores. Only 3.3% of respondents visit public hospital when they are sick. (Figure 10)

The reasons why workers do not visit public hospitals is because they do not know where those public hospitals are as they come from rural areas and are scared of getting lost in Phnom Penh. If they go to public hospitals, workers have to go through procedures, which are not easy for them because of their poor level of education. It also means they need to also spend longer time at the hospital. Asking for leave is a major problem faced by women workers and money is deducted by the factory for this time, plus the fact that these visits overlap with working time means that women workers do not choose public hospitals for health service treatment.

When workers go to private clinics, they go to one of the small clinics near to their rented rooms that are operated by a nurse or doctor, who also works for the public hospital. There are many reasons for getting health service from this clinic mainly the distance of the clinic to their rented room, which usually only a few hundred meters, the time they spent to visit the doctors is convenient for them and sometime the doctor or nurse visits the patient at the rented room at night time too. The most important thing is that if the doctor knows which room a worker is staying in, she does not have to pay money immediately for the service, and can receive the treatment on credit and pay it back after getting her salary. When asking whether those treatment on credit is charged the interest or not by doctor/nurse, most workers replied that literally not but the interest must be already included in the price of the service or medicine.

The quality of treatment at those small private clinics is not reliable (sometime even worse than at the public hospital) because they do not have any equipment set up. Most of the time they give prescriptions and then workers buy drugs from their store or inject with their medicine. A nurse from one sample factory comments: "Doctors outside the factory and public hospital has low knowledge about the consultation and disease analyzing. Any workers who come to them as having symptom of fever and stomach-ache, they immediately give a prescription saying that she has typhoid fever without having the blood check or any other check up. Most workers visit the private clinic near their room and come back with typhoid disease prescription for the factory nurse. The percentage of workers having got typhoid fever is significantly high among women workers. Ministry of Health also agrees on that point. The reason lies on the fact that workers eat unclean stuff like pickled fruits, dried shell which is the source of typhoid disease."

Drug store visits when workers get sick represents the highest percentage of all services they seek for illness (52%) though workers said that this normally takes place when minor diseases happen like headache, abdomen pain, cold or fever. The traditional way of curing like coining is used 20% of the time, often when workers cannot afford to visit the drug store for minor illnesses.

Their behaviour when workers are ill also contributes to the seriousness of the diseases as they get worse without proper consultation and medical treatment. Many workers originally come from rural households. So the traditional practices and belief in traditional medicine and herb leaves are one of

the choices when seeking health care treatment. Workers prefer to go home and treat themselves with the traditional medicine when they get typhoid. These are also a reason while they could be easily lose their job after they recover from their sickness. The other reason for going back home when they get sick is attached to emotional support and the cost of living. In city, if worker does not go to work, she will stay home alone and that is not good for a sick person to be alone. At the same time, the cost of live in city is high and workers also need money to pay for the expensive health care. So most often they decided to go back home and there they have their family, especially their mother who takes care of them.

3.6.3.2 Factory clinic

According to the Cambodian Labour Code, all of factories must be equipped with health clinics in order to at least provide primary health care to its workers.[46] All of the four sample factories have clinics inside. There are four medical staff in factory A (2 men and 2 women);in factory B, there is only one female nurse; factory C has one doctor who works part time, a nurse (female) and one assistant (female) who both work full time. The author could not find out information about the number of medical staff in factory D. Workers did not know exactly how many doctors or nurses were in their factory. One of the sample factories had three shifts per day, day shift, evening shift and night shift. Other three factories only have one shift but often have overtime work until late at night. The Labour Code requires factories to hire health physicians during hours of work during the day and night.[47] Both nurses from the sample factories who were interviewed said that it depends on the manager to ask the nurse to stay or not when worker do overtime work.

The Cambodian Labour Code states that all pre-work health check ups are under the responsibility of the employers[48] but in reality workers have to pay their own money. “Employers are trying to cut the expenses as much as possible. By law, pre-medical check-up expenses is under the responsibility of employers but they never pay for their workers,” said a doctor at the Department of Health and Labour. One department under MoSALVY is responsible for health checking up status of workers after they are accepted by the factory. All of the workers must hold a certificate from this department to show the factory that they do not have any illness before they could start their job.

3.6.3.3 Affordability of health care services

Table 32: Can you afford for private medical care?

Affordability	Frequency	Percent
Yes	149	48.5
No	136	44.3
Missing	22	7.2

49% of workers replied they could not afford to pay for the medical care at the private clinic (Table 32). Among 86% of worker who responded about their payment of health care, 50% spend less than

[46] Health and Safety of Worker, Article 238, Section Three, Chapter Eight , Cambodian Laobur Code, 1997
[47] Article 242, Cambodian Labour Code, 1997
[48] Article 247, Cambodian Labour Code, 1997

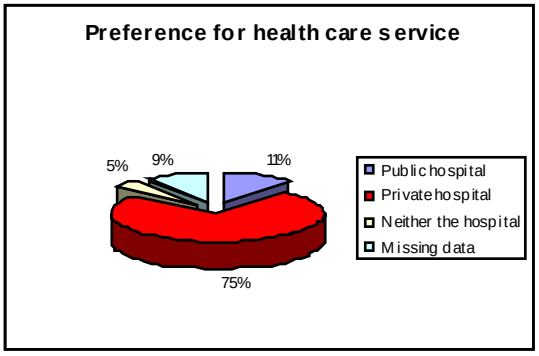
Total	307	100.0

5USD, 16% spend between 5-10USD and 23% spend more than 10USD for each time they visit the doctor.

The fee mainly applies to minor illnesses, injection, medicine, not any kind of proper check up or test or operation. However, only 49% of the women said they could afford to pay for the medical care at private clinics while 45% said that they have to borrow money when they need to go to the doctor.

"When workers get sick but not very serious, they do not go to seek for treatment because if they do not have money to pay, they received no treatment from doctor. If a worker is known to doctor, then they can get treatment on credit and pay back after they get their salary. It is the common practice among workers." (A unionist)

3.6.3.4 Preference of health care service



75% of workers replied they prefer to go private clinic than public ones. 5% of the respondents chose neither of the private or public hospital but prefer coining or traditional practice of treatment. (Figure 11)

Figure 11: Preference of health service

3.6.4 Awareness about rights to take leave

3.6.4.1. Maternity leave

Almost all woman workers interviewed knew that they are entitled to take maternity leave. However, understanding about the duration of maternity leave is not clear for some workers and normally during the interviews new workers turned to their friends who had worked a longer time to ask if they could have maternity leave. Some responded that they can take 3 months while other thought that only 2 months was permitted. There were workers who say that they do not know because they have never been pregnant yet. Ninety percent of interviewees said workers are paid during maternity leave while 5.2% said it is not paid; the rest did not have any ideas about the payment.

Table 33: Payment of maternity leave per month

Maternity payment	Frequency	Percent
Less than 20 USD	7	2.3
20-22.50 USD	176	57.3

According to Cambodia Labour Law, a worker who has been working for more than one year is entitled to take 90 days

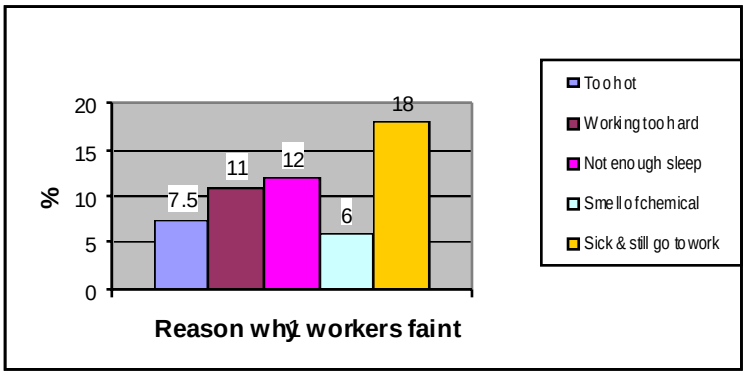
23-30 USD	24	7 .8
More than 30 USD	17	5.5
Missing	83	27.0
Total	307	100.0

maternity leave with half of their salary paid.[49] 71% of women workers know that if they are to take maternity leave, they will get haft of their minimum wage. Only 2% of women think the paid maternity is less than 20USD a month. (Table 35).

A few workers in a sample factory said that there is additional pay from the factory for the price of milk for the baby during the first year as well. Only 2% of workers responded that after taking maternity leave, workers could not return to work again. The rest said she can return to work with the same status as permanent workers. 90% of workers have taken less than a week of sick leave in the last year.

3.6.4.2 Fainting

10% of all workers interviewed have experienced fainting. 77% experienced fainting once while another 23% fainted 2-4 times. 10% of workers mentioned earlier fainting at their rented room while the rest fainted in the factory. The reason for fainting is different according to the population of the survey. When asking why they think their friends faint, they said the reasons varied.



Data related to the reasons why workers faint was very difficult to get as workers do not wish to answer because they think it only applied to those who had fainting, not them. However, the question aimed to ask why they think their friends fainted.

Figure 12: Reason why workers faint

18% of fainting occurs when worker gets sick and still go to work, 12% said that it was because workers do not have enough sleep and 11% mentioned working to hard. However 7.5% of worker said it was because it is too hot in the factory and this causes workers to lose consciousness and 6% said it was because of the strong smell of chemicals from the materials.

A male doctor working at the Community health center near the factory commented that the reasons workers faint was because they work long hours each day and do not have much money to buy good food to eat. In a month, there are 4-5 workers that come to his place to have health check ups, but faint at his place while having the check up.

[49] Cambodia Labour Code, 1997, article 167, 169, 182, 183

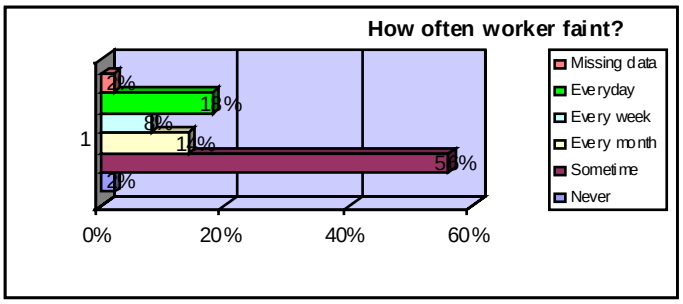


Figure 13: How often workers faint in the factory

The highest percentage of workers, 56%, said that workers faint sometimes in the factory while other 18% said that every day there was a worker who lost consciousness, but most workers did not know about it because they work are in a different section and building.

Workers said that if any workers faint, the guards in the factory will carry him or her to the factory clinic. What the nurse or doctor does to the workers they do not know because they are not allow to go with them.

"If fainting is serious, after the factory clinic s/he will be sent outside to private hospital. Then all the cost of these is borne by the factory."

3.6.4.3 Accident and work-related accident

Table 34: Accident while working

Accident	Frequency	Percent
Yes	132	43.0
No	170	55.4
Missing	5	1.6
Total	307	100.0

43% of workers used to have accidents while working (Table 34). The accidents experienced by workers normally are small accidents like their fingers getting cut with the scissors or pin, or the piece of iron from the weaving falling on their feet.

Accidents outside the factory on the way from workers residents to the factory and back home are also considered as worked-related accidents in which employers have to be responsible for.[50] Traffic accidents, sexual harassment, violence, rape, and kidnapping were often mentioned by workers during the interviews and FGD as concerns but do not know how to protect themselves from that.
Here are some comments from workers during the FGD:

- *Most of workers are women and when we finished our OT work at night, we feel frightened about our security. When we walked out of the gate of the factory, we have to run home.*
- *When workers do OT work until late at night, there is van brings us home but it stopped at the road and we have to run into our room as we are so scared. There are many gangsters living near the rented room.*

Rape and kidnapping are serious concerns shared by workers in the garment factories. Often during the day that workers get their salary more problems happen such as picking pocket, being threatened

[50] Article 248, Chapter Nine: Work-Related Accidents, Cambodia Labour Code, 1997

with guns by robbers on the way home. Some workers were kidnapped and never come back again; another was raped in their rented room by male workers in the nearby room.[51] All these acts of violence were recorded in the minds of all these women workers and make them think they are at risk in any situation.

3.6.4.4 Sick leave

It is understood that the knowledge of workers about the labour code and rights of workers is still very low. Only 40% of women workers in the survey knew that they were entitled to sick leave but did not know exactly for how long and what kind of responsibility the employers take in that situation. Moreover, their response about the duration of leave varies according to their experiences in practice.

Problems asking for leave, and sick leave in particular, is a major issue for workers. A worker has to submit a leave form together with a doctors prescription saying what is the problem with their health to the higher management level in the factory. As worker experience their wage and other related benefit being cut during their leave, they try to find reasons to take leave with the minimum deductions being made. A prescription from the doctor of public hospital is required when a worker submits for sick leave.

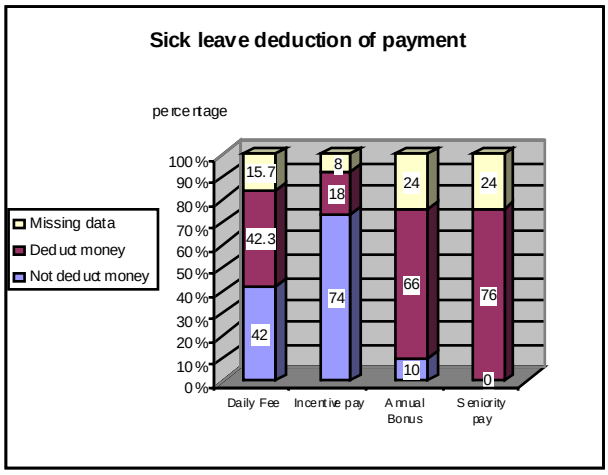


Figure 14: Deduction of sick leave

Table 35: If your child got sick, can you ask for leave to take care him/her?

Child sick	Frequency	Percent
Yes	255	83.1
No	31	10.1
I don't know	8	2.6
Missing	13	4.2
Total	307	100.0

83% of respondents said a worker who has children can ask for sick leave if their child gets sick (Table 35). Workers also mentioned that it is always very difficult for those workers to insist on leave and they also need to present the doctor prescription afterward. Money is deducted during this leave so most women workers are forced to decide not to take leave unless their child is really seriously sick.

Asking for sick leave is a difficult problem expressed by a lot of respondents during the interviews. In the songs composed and sung by workers, one of them described the difficulties workers face when

[51] *The Real lives of Cambodian Garment Workers* ppt, Womyn's Agenda for Change/OHK, Cambodia, 2003 and *Label To Wear Out: A social study of women workers in Cambodian garment industry*, Womyn's Agenda for Change Cambodia 2002

they are sick and want to ask for sick leave but are not permitted by the manager of the factory. The song says that they have to go and work even when they are sick.[52]

[52] *Voice of Workers*, CD of songs describe about life of Cambodian woman workers, June 2003, Cambodia

CONCLUSION

As noted in the introduction, there are various factors that impact on the health status of women workers. All the factors around them, from hard working conditions to poor and unsanitary living conditions to insufficient and protein and food intake combine with the emotional pressure to complete the work, the risk of the insecurity when coming back home late evening and make their health status weaker and weaker day to day. These factors mean that they easily fall sick. However, the ability to pay for treatment affects the behaviour of woman workers in relation to their health regardless of whether they go to public or private hospitals, or the drug store. The high cost of medical treatment, which must be borne by women workers themselves, prevents them from seeking medical treatment in times of sickness and is another factor that contributes to the declining health status of woman working in the factories. In many cases, they have to borrow money at a high interest rate to pay for medical attention, and so they are often forced not to always seek health services or to use traditional ways to cure themselves.

The provision of health care through private providers adds more hardship to workers as they are forced to use services that are more expensive but not always as good quality. On the one hand, people may say that this service is rather convenient for workers because public hospital operate at times that overlap with working times, but if a worker can work for that day and many others days during the week, and month, just to get the money to pay for the treatment, how can you survive? People in Cambodia, particularly woman workers, are not the only persons that have to pay more in order to access to healthcare. People in many other countries are facing the same situation. The new model of economic order of the WB/IMF through the PRSP/SAP has damaged the ability of states to be able to provide essential services for its people like health care.

Garment factories are indeed giving a chance and opportunity to many of the poor families especially from the rural areas to be able to handle their situation and hardships by having their daughters work in the factory. But from one interview to another, workers never forget to mention that their health is worsening from day to day and they cannot stop the work they are doing because of the dependency their family has put on their shoulders as grateful and dutiful daughters. The sacrifice women workers have put forward working in the factory whether it is for their family survival, brothers and sisters continuing education, paying off debts, paying for medical care of their family members, paying for the high cost of agricultural inputs and the failure of rice crops, or their own betterment, is so costly that they are bearing and paying through their declining health conditions. "What Is Only Left For Us After The Factory Work Is Our Disease", said workers during each interview and FGD.

Factory owners complain about the low productivity and try to cut the cost of production and force workers to speed up their work by not allowing them to take the day off. But if they pay attention to

provide good health care service for workers it will be directly linked to increases in productivity once workers are in good health status.

All in all, it is quite interesting to see that health care is both a push and pull factor for workers in their factory jobs. They leave their village because of the heavy debts their family have, many of which are health-related debt. Then if one looks at how the remittance is used and the situation of health care of workers in the factory connected to the reason of quitting job from factory, all are related to the health care and its cost which is out of their reach.

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Annex

- Cambodia country profile
- List of table
- List of figure
- Song of worker: *Workers Tear*
- Survey on Female Workers Health
- Guide questions for Focus Group Discussion

ANNEX

Health status of woman workers
In Cambodian garment industry

March 2004
Phnom Penh/Cambodia

COUNTRY PROFILE

Official name:	Kingdom of Cambodia
Capital	Phnom Penh
Land size	181 035 km^2
Population	13,441,000
Population density	76.1/Km^2
Currency	Riel
Language	Khmer, English, French
Location	Southeast Asia
Border	Vietnam, Lao, Thailand, Gulf of Thailand
Head of State	Norodom Sihanuk
Head of Government	Hun Sen
Nature of State	Monarchy
Nature of Regime	Parliamentarian
Annual growth(2001)	5.3
Human Development Index	0.543 Rang 130th of 175 countries (2001)
GNP per Capita(2002)	280 USD
GDP(2001)	Agriculture 37%
	Industry 21%
	Services 42%
Life Expectancy (2002)	57
Mortality rate(2002)	138
Adult literacy rate(%)	Total 69
	Men 80
	Women 58

LIST OF TABLE

LIST OF FIGURE

WORKERS TEARS

(Composed and sung by women workers)

From: Voice of Worker CD

1. Why do my tears fall down? Do all of you know? I try to work hard with no rest, because of my family is poor.

2. When I get sick, I hurry to ask permission to get treatment, but my boss shakes their head and says NO! Oh my goodness, they are cruel and never think about us.

Ref. This is the life of garment workers. We dare not take a day off because they will never allow it. We work though we are ill because if we dare to take leave, they will reduce our salaries.

3. Oh my tears please stop falling down because it solves nothing. As women, we have to be strong and overcome our hardship.

SURVEY ON FEMALE WORKERS HEALTH

Sample No: ……..

Date: ……..

Factory's name: ……

Interviewer: ……..……

I-PERSONAL INFORMATION

1.1-Age: …… Province of origin: ……

1.2-How many siblings do you have? ☐ Only me ☐ Have …..... ☐ Boy ……. ☐ Girl ……

1.3-Are you the only one who work in factory? ☐ Yes ☐ No, there are……

1.4- Are you parents alive? ☐Both alive ☐ Mother died ☐ Father died ☐ Both died

1.5-What are the sources of income in your family?

Member in the family	Source of income

1.6-What is your level of education? ☐ Never attended ☐ Primary incomplete ☐ Primary completed ☐ Secondary or higher

1.7-How well can you read or write? ☐ Well ☐ Good ☐ Poor ☐ Can't read/write

1.8- What is your marital Status? ☐ Single ☐ Married ☐ Divorced ☐ Widowed

1.9- How many children do you have? ☐Don't have ☐ Have ……(Boy …… Girl…….)

+Does the husband live with?: ☐ Yes ☐ No, he lives at: ……

+Where do your children live? ☐ With me ☐ With my husband ☐ With my parents ☐ Others ……

+Is/are your child/children go to school?……

……

……

……

……

2-WORKING CONDITIONS

2.1-How long have you been working as garment factory worker? ……

2.2-Since you started, have you ever changed the factory? □ No □ Yes No of factories ……

2.3-What were the reasons for changing from those factories? ……

……

2.4-How long have you been working for this factory? Nº of year: ……

2.5-Working section/worker position: ……

2.6- Does your job require you to: □ Stand all day □ Sit all day □ Stand and sit

□ Other ……

2.7-How many shift does your factory have? □One □ Two □ Three

2.8-Which shift are you in? □ Day shift □ Afternoon shift □ Night shift □ Rotated

□ Other ……

2.9-How is your salary paid? □ Base salary □Piece payment □Daily pay

□ Weekly pay □ Monthly pay

2.10-What is the average of your total income? ……

2.11-How is the salary payment like in your factory? □ Regular □ Late □ Due pay

□ Other……

2.12-Do you need to borrow money before you get your payment?

……

……

2.13-Do you have a debt now? If yes, how much?

……

……

2.14-Can you save some money from your salary? □ No □ Yes

Reason: ……

Purpose of saving: ……

2.15-How often do you remit home? For how much?

……

……

2.16-Do you know how is the remittance spent at the household in the village?

……

……

……

2.17-How many hours of overtime do you usually work daily? ☐ Less than 2H ☐ 2H
☐ 3-4H ☐ more than 4H

2.18-How many hours of the longest overtime have you ever worked? ……

2.19-Do you work on Sunday or on National Holiday? ☐ Yes ☐ No

2.20-If yes, how often? ☐ Every Sunday ☐ When urgent order comes
☐ Once a month ☐ Others ……..……..

2.21-How is the payment on Sunday or NH calculated? ☐ Multiply by 2 ☐ Normal payment
☐ Other……

2.22-What will happen if you refuse overtime?……..……..……..

2.23-Do you like overtime work? Why? ☐ Don't like ☐ Like

Reason: ……..……..……..……..……..……..

2.24-Where do you get drinking water in the factory? ☐Bring from rented room
☐ Factory provides

2.25-What do you think about water provided by factory? ☐ Clean ☐ Not clean

2.26-How do you think about the atmosphere in the factory? ☐ Noisy ☐ Hot
☐ Smell of chemical ☐ Dusty ☐Others……..……

2.27-Does the factory provide protection material to workers? ☐ Yes ☐ No

2.28-Are you required to use those materials while working? ☐ Yes ☐ No

Reason:……..……..……..……..……..……..

……..……..……..……..……..……..

……..……..……..……..……..……..

…… ……..……..……..……..……..……..

3-LIVING CONDITION

3.1-How many people share the room with you? ……..……..……..

3.2-What is the cost of the room? …….. ……..……..……..

3.3-How much do you pay for housing? ……..……..……..

3.4-When do you pay for your room? ☐ When I get salary ☐ Beginning of the month
☐ End of the month ☐ Other …….. ……..……..

3.5-Can you negotiate about room payment if you have financial problem? ☐ Yes ☐ No

Reason:……..……..……..……..……..……..

3.6-How do you think about the atmosphere at the rented room? ☐ Noisy☐ Hot ☐ Smelly

☐Dusty ☐ Dark ☐ Narrow ☐ Insecurity

☐Others……

……

……

……

……

4-NUTRITION

4.1-Do you cook your food? ☐ No ☐ Yes ☐ Every day

☐ Sometimes ☐ On Sunday/holiday

4.2-If you cook, for what kind of meal? ☐ Breakfast ☐ Lunch ☐ Dinner

4.3-If you don't cook, how do you get your meal? ☐ Factory provides

☐ Buy from the store in front of factory ☐ Buy from the market

☐ Monthly food near factory/rented room ☐ Other……

4.4-If the factory provides food, for which meal? ☐ Lunch ☐ Dinner

4.5- Is your salary deducted when meal is provided by the factory?☐ No ☐ Yes Amount: ……

4.6-What do you eat for each meal? ……

……

4.7-How much do you spend on each meal?……

4.8-Does the price of the food increase recently? ☐ No ☐ Yes

4.9-Does the food quality change? If yes, what are the changes? ☐ No ☐ Yes

Changes:……

4.10-How do you get your drinking water at the rented room? ☐ Boil it ☐ Buy drinking water

☐ Other……

4.11-Has the price of water gone up? ☐ Yes ☐ No

……

……

……

……

……

5-HEALTH SECTION

5.1-Have you every been seriously ill since you work in the factory? ☐ No ☐ Yes

Kind of sicknesses: ……

5.2-What kind of disease you often get sick of? ……

5.3-Have you ever been sick lately? □ No □ Yes Kind of disease: ……..

5.4-Does your factory have a clinic for workers? □ No □ Yes

5.5-Where do you go for treatment when you get sick? □ Factory clinic □ Public hospital

□ Private clinic □ Go to drug store □ Others……

5.6-Between public and private hospital, which one do you prefer to get your treatment and why?

□Public hospital □ Private clinicReason □ Cheap □ Expensive □Far □ Near

□ Good service □ Recover faster and can get back to work

□ Doctor note is recognized by factory owner □ Other ……

5.7-How much do you usually spend every time you get sick?

Consultation fee: …… Medical fees:……...

5.8-Are you able to pay for medical treatment at the private clinic? □ No □ Yes

5.9-Have you ever borrow money to pay for medical bill? □ No □ Yes □ Every time I get sick

5.10-If yes, where do you borrow from? □ Moneylender □ Room owner □ Friends at the factory

□ Roommate

□Other……

5.11-How much is the interest rate? ……

5.12-What kind of sickness that you can ask for sick leave? ……

5.13-What is the requirement from factory for sick leave permission?

□ Submission of sick leave form

□ Submission of sick leave + letter from doctor at any health center

□ Submission of sick leave + letter from doctor of public hospital only

□ Others ……..

5.14-Do you know what are the reasons of demanding letter from public hospital only?

□ No □ Yes Reason: …… ……...

5.15-(For worker who has children) If your children get sick, can you ask for leave to take care of them?

□No □Yes □ Other……..

5.16-Is your salary deducted when you ask for sick leave? □ No □ Yes

Kind of deduction: □ Daily fee □ Incentive pay □ Annual Bonus

□ Seniority pay □ Others ……..

5.17-Do you know that you are entitled to sick leave? □ Yes □ No

5.18-How many days can you ask for sick leave annually? ……

5.19-Can pregnant worker take maternity leave in your factory? □ No □ Yes Duration ……

5.20-Is she paid during maternity leave? ☐ No ☐ Yes Amount…………………………………..

5.21-Can she return to work after maternity leave? ☐ No ☐ Yes

5.22-Do you remember how many days did you take for sick leave last year? …………………………

5.23-Have you ever lost consciousness? ☐ No ☐ Yes ………………………..……….times

5.24-Where did you lose consciousness? ☐ Factory ☐ Rented room ☐ Other……………

5.25-What are the reasons for losing consciousness? ☐ Not enough sleep ☐ Work too hard

☐ Eat not good food ☐ Too hot in the factory ☐ smell of chemical from material

☐ Sick and still go to work ☐ Other…………………………………..……………..…………..

5.26-Do workers in your factory lost conscious very often? ☐ Never ☐ Rarely

☐ Every month ☐ Every week ☐ Everyday

5.27-What is the intervention from the factory owner when workers lost consciousness?

☐ Send workers to factory clinic ☐ Send workers to public hospital

☐ Send worker to private clinic ☐ Pay for medical treatment

☐ Other ………………………………..…………………..……..

5.28-Have you ever had accident while working? ☐ No ☐ Yes Kind of accident: ………………………….

5.29- How many hours do you usually sleep? Duration: ………… ☐ Day ☐ Night

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THANK YOU FOR SPENDING YOUR TIME TO ANSWER THE QUESTIONS

WISH YOU HAVE GOOD HEALTH

GUIDE QUESTIONS FOR FOCUS GROUP DISCUSSION-FDG

After the first analyze of the primary data collected from the survey, some questions is designed as the result of the exploratory of more trend workers might face related to their health situation. Following are those questions which related to:

- Working conditions
- Health situation
- Gender issues and gender relation among workers and medical staff

1- Who are the doctors/nurses you usually see? Are they male or female?
2- How do you feel about seeing male doctor?
3- Can you negotiate the payment of your debt? (focusing on the duration of payment since workers are changed 20% per borrowing time regardless of how short the payment is)
4- How is debt repayment organized?
5- How does the evening cooking meal change when you have to do longer OT?
6- Who usually cook for you when you do long OT work?
7- What is the quality of food intake differ between the village and life in the city as garment factory worker?
8- Who are the sellers selling food, vegetable, fish, meat, fruit etc in front of the factory? Where are they coming from?
9- How are the working conditions in the factory differed from 2 years ago?
10- How is the long hours working affect your menstruation? Is it becoming the problem for you now? Do you visit/consult with doctor/nurse about these issues?
11- What are your worry and stresses about your future? Being force to marry?
12- What are your worry and stresses about your health?
13- Does the market near the factory newly formed?
14- Where do all the stuff sell on the market coming from? Are they fresh or left over from the main market?
15- When do workers usually start having sickness (typhoid, anemia, stomachache etc? Is it after six month? One year? Two years of working in the factory?
16- What can you say about the health of women workers in the same job like you?
17- What can you say about the health of women workers in the same job like you.