



Workers' lives at risk: how brands profit from unsafe factory work in Pakistan.

The case for International Accord expansion to Pakistan.

**Clean
Clothes
Campaign**



**Cardiff
Business
School**
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W/SERD

This report was commissioned by the Clean Clothes Campaign, Labour Education Foundation (Pakistan), National Trade Union Federation (Pakistan), and the Pakistan Institute of Labour Education and Research, and was compiled by researchers at WISERD and Cardiff Business School, Cardiff University UK.

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INTRODUCTION

Over 4 million people in Pakistan are employed in the garment sector, making it a cornerstone of the global garment industry. While the Pakistani garment sector supplies for and contributes to the profits of prominent global brands such as Levis, Adidas, and Amazon, those brands have no responsibility or oversight as to the safety of their workers in their own supply chain.

This report is being released ten years after the Ali Enterprises fire in Baldia town, Karachi, where more than 250 garment workers lost their lives after being trapped by a fire due to unsafe conditions in their factory. Ten years on and the working conditions in factories in Pakistan have hardly changed, placing workers in almost the exact same conditions that led to this heartbreaking fire.

Additionally, this report comes off the back of data collected by Clean Clothes Campaign's incident tracker¹ that shows the continuation of disasters like Ali Enterprises in the garment industry in Pakistan. Brands can no longer turn away from disasters happening in their supply chain in Pakistan. To understand what changes need to be made to protect workers, the Clean Clothes Campaign conducted a widescale survey of almost 600 workers covering issues from workplace harassment, workplace health and safety, and worker wellbeing. This report highlights the glaring need for a safety agreement to protect workers in the garment and textiles industries in Pakistan.

The report found extreme deficiencies in some of the most basic provisions for worker safety in garment production in Pakistan. Only 15% of workers reported proper exit stairwells in case of a fire. One in five workers reported that their workplace lacked fire drills and were unaware of emergency escape routes and exits. Additionally, the report found that factory inspections were not happening in Pakistan, and therefore while workers reported there was the existence of fire alarms and some safety mechanisms, there have been no regular inspections in place to ensure these systems and equipment is working safely.

Worryingly, in factories where women account for the majority of workers, only three-quarters of workers reported that they had access to escape routes that were clear from obstruction.

¹ <https://cleanclothes.org/campaigns/protect-progress/deaths-and-injuries-in-the-global-garment-industry>

The report also highlights other important issues ongoing in the Pakistani garment industry such as worker wellbeing issues, low wages, and low rates of worker registration.

It is clear from this report that brands must take responsibility for the safety of their workers in their supply chain as they are the ones directly profiting from it. The first step in ensuring this would be to expand and implement the legally binding. The International Accord for Health and Safety in the Textile and Garment Industry is a legally binding agreement signed by Global Unions and International brands, which has a clause to allow the expansion additional countries. The Accord is signed by more than 170 international brands. All their sourcing factories are covered by the Accord and therefore participate in the workplace safety programmes, which entail inspections, remediation monitoring, safety committee training, and a worker complaints mechanism.



Image: Family of Ali Enterprises Victim

EXECUTIVE SUMMARY

The garment industry in Pakistan employs over 4 million workers with an estimated 2.2 million workers producing garments, 1.8 million making textiles, and 200,000 employed in the footwear and leather industry.² The sector is a major exporter of clothing to markets in the Global North and West, but its history in Pakistan has been marred by tragic loss of life due to failings in fire and building safety. This year, 2022, will mark the tenth anniversary of the Ali Enterprises fire in Baldia town, Karachi,³ when more than 250 garment workers lost their lives after being trapped by fire inside their factory. 10 years after the deadly fire at the Ali Enterprises factory, the new research detailed in this report demonstrates the urgent need for health and safety of garment workers to be addressed. This research, based on the interviews of over 500 workers support the urgent call for the expansion of the International Accord on Health and Safety into Pakistan.

In 2019, the Clean Clothes Campaign and partners published the *Pakistan Safety Report*.⁴ It estimated that a further 120 garment workers had died due to unsafe factory conditions since the Ali Enterprise disaster, while acknowledging that this figure was most likely an underestimation of the true number of such fatalities.⁵ Concerns over crises of building safety, fires, accidents and injuries at work persist. There are equally serious concerns over the daily grind of excessive working hours in harsh factory environments. Workers report cases of hypothermia, heat exhaustion, suffocation and choking, musculoskeletal complaints, headaches, depression and stress as regular features of working life.

In January 2021 the Clean Clothes Campaign (CCC) commissioned researchers at WISERD and Cardiff Business School, Cardiff University UK, to research into garment workers' safety and health, in partnership with the Labour Education Foundation (Pakistan), the Pakistan Institute of Labour Education & Research (PILER) and the National Trade Union Federation (NTUF) for Pakistan. The aim of the research, which is presented in this Report, was to systematically collect data relating to garment workers' experience of workplace occupational health and safety, including issues related to the global pandemic.

² Phu Huynh, "Employment and wage rising in Pakistan's garment sector," ILO, Asia-Pacific Garment and Footwear Sector Research Note, Issue 7, February 2017, https://www.ilo.org/asia/publications/WCMS_544182/lang--en/index.htm.

³ See Terwindt C. and Saage-Maas, M. (2016) Liability of Social Auditors in the Textile Industry, Germany, Friedrich-Ebert-Stiftung, ISBN 978-3-95861-726-1 Available at https://www.ecchr.eu/fileadmin/Publikationen/Policy_Paper_Liability_of_Social_Auditors_in_the_Textile_Industry_FES_ECCHR_2016.pdf

⁴ <https://cleanclothes.org/file-repository/pakistan-safety-report.pdf/view>

⁵ [ibid](#)

THE SURVEY

In Pakistan the garment sector is populated by a multitude of small workplaces, largely situated in the informal economy. ⁶ However, the factories that directly supply well-known brands are much larger and can employ thousands of workers. These larger factories are primarily located in Karachi, Faisalabad, and Lahore, and influenced the choice of these key cities as research sites for our study. ⁷

Eighty percent of respondents to our survey were employed at factories that employ more than three thousand workers. As large production units, it may reliably be assumed that they are more likely to be directly contracted and connected to the Brands they supply. This should mean that such factories would be more directly accountable to the Brands, and therefore more exposed to corporate auditing for social compliance with internationally recognised standards of decent work.

Between June and August 2021, fieldworkers administered our survey, which was completed by 585 garment workers, employed at approximately 64 factories across the three urban areas. A pictorial representation of the brands supplied by the factories where the workers are based (as indicated by workers' responses to the survey) may be seen in Figure 1.

The size of the brand name in the image (Figure 1) corresponds to its reported prevalence as a recipient of production from the factories where our respondents worked. As the brands Zara and others such as Pull Bear and Massimo are all owned by the giant firm Inditex, all Inditex brands appear in the same pale orange colour font.

⁶ See Pakistan Safety Report, published by Clean Clothes Campaign, International Labor Rights Forum, Labour Education Foundation, National Trade Union Federation, and Pakistan Institute of Labour Education and Research, September 2019, available at www.LaborRights.org/PakistanSafety

⁷ Full details of survey design are explained in Appendix I.



Figure 1: Brands Sourcing from Respondents' Factories

MAIN FINDINGS

In this Report we present detailed information on workers, their conditions and their experiences of occupational safety and health in Pakistan. **We find that:**

1. **Workers' safety, health and wellbeing is routinely put at risk by generally low pay and harsh working conditions.**
 - Poverty pay is especially detrimental to the wellbeing of all workers and particularly women.
 - In the context of demanding production targets and poverty pay, the majority of garment workers work high levels of overtime. The level of overtime is itself a cause for concern around worker well-being and safety.
2. **There are significant failings in basic areas of workplace health and safety provision**
 - **Almost half the workers surveyed do not have access to basic facilities like clean toilets, safe drinking water and regular scheduled rest breaks.**
 - **The experience of safety, health and wellbeing at work is gendered**, with women generally faring less well than male workers across a range of indicators.
 - **Mistreatment is common, with verbal abuse being an endemic feature of factory life and causing harm to worker dignity and wellbeing.**
3. **Across a range of measures, workers' experience and outcomes of safety and health is gendered.**
 - While a range of failings in provisions for workers safety, health and wellbeing were reported by male and female workers alike, it is generally the case that in female dominated workplaces workers are less likely to be able to rely on basic provisions associated with fire and building safety. A prime illustrative example would be the absence of fire doors in female dominated workplaces.
 - Women's wages decline with age and time employed, while their incidence of work-related ill health and misery increases.
4. **The impact of COVID was felt by all workers, but most acutely by women**
 - Women were generally more likely than male workers to lose wages and work as a consequence of the pandemic.

In view of these persistent concerns, it should be noted that it was also found that:

5. The presence of a trade union or works council is positively associated with access to safety and health provisions and registration for social security.

On the basis of our evidence, we invite the brands to respond to long-standing calls from Pakistan's labour movement to support the formation of a legally-binding Pakistan Accord, which will put transparency, enforcement, commercial obligations, and worker participation at the centre of a programme to safeguard the health and welfare of garment workers. We also call on Pakistan's national and provincial governments to ensure the safety and health of workers in all factories, whether or not covered by the terms of any future Pakistan Accord, and to involve local unions and other local workers' rights organisation in the design, governance and implementation of such initiatives.



Image: Garment workers in Pakistan, 2010. Credit ILO

REPORT ANALYSIS

Occupational Safety and Health at the Garment Workplace in Pakistan

The headline findings from the first phase of our enquiry into safety and health in the garment factories of Pakistan highlight key issues:

The Nature of the Workplace and OSH Facilities

- **Almost half** the workers surveyed **do not have access to basic facilities like clean toilets, safe drinking water and regular scheduled rest breaks.**
- **The experience of safety, health and wellbeing at work is gendered**, with women generally faring less well than male workers across a range of indicators.
- **Mistreatment is common, with verbal abuse being an endemic feature of factory life**

The Impact of COVID

- **Mistreatment of workers has increased since COVID**, and is particularly prevalent in factories where levels of employment levels have been reduced.
- **Since COVID, workers have variously experienced the extremes of intensified targets and decreased workload.** Non-payment of wages, delayed wages, wage cuts and forced resignations have been prevalent, **with women particularly badly affected by such changes at the workplace.**

Accidents and Work-Related Ill Health

- A large majority of men and women reported that they **work in tiring, painful or awkward positions.**
- Workers report **bone, joint and muscle problems, headache and eyestrain and stress, depression and anxiety as common work-related conditions,**
- **Women** report generally **higher overall levels of work-related ill-health than their male counterparts.**
- Reported **work related misery** is generally **higher among female workers**

Standards of Building and Fire Safety

- **A large majority** of workers reported that their workplaces **had fire alarms that are tested regularly along with firefighting equipment that was easily accessible and staff that were trained in its use.** However, the size of that majority is lower in factories where most employees are female.
- **Health and safety representatives, where present, are regarded favourably by workers,** who say they are they are taken seriously by management and give them confidence in reporting issues.
- **Where women comprise the majority of employees, provisions for building safety is likely to be relatively poorer when compared with male dominated**

workplaces. For example, workers in female dominated factories are more likely to report that their windows are barred, that stair wells are not separated from production floors and that fire doors are absent.

Across the spectrum of occupational safety and health, **outcomes for workers appear generally better where a trade union or works council is present.**

What is the Status of Workplace Facilities and Occupational Health?

Workplace Facilities

Pakistan’s labour law stipulates that workers cannot be required to work continuously for more than 6 hours unless they have had an interval of at least one hour for rest or meals. Yet only half of workers (52%) who responded to our survey reported that they had regular scheduled breaks.

The availability of basic workplace facilities like toilets, clean drinking water and rest breaks is shown in Table 1. Only around half of the workers surveyed were able to report that they had access to hygienic toilets (53%), safe drinking water (55%) and rest breaks (52%).⁸ The presence of a works council or trade union did not appear to be associated with access to such facilities, whereas the worker’s gender was. In every case less than 50% of our sample of male workers had access to breaks, clean water or toilets, whereas the majority of female workers did.

Table 1: Workplace Facilities

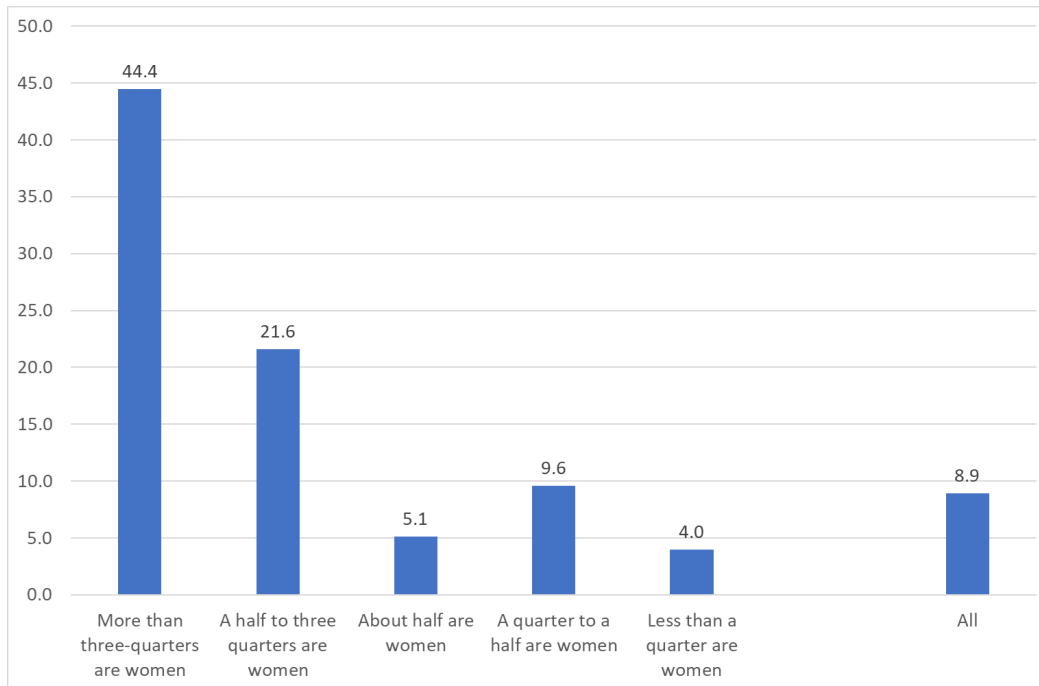
	Gender		Trade Union or Works Council		All
	Male	Female	No	Yes	
Access to					
Hygienic Toilets	42.7	86.8	57.1	41.8	52.9
Safe Drinking Water	48.7	77.5	58.2	47.9	55.4
Regular Scheduled Breaks	46.7	69.5	56.8	37.4	51.9

In terms of childcare, our research suggests that the presence of a trade union is positively associated with an increased likelihood of company provided childcare, but the main determinant is again the gender composition of the workforce. Figure 2 shows that childcare is more likely to be provided at those workplaces where a majority of workers are women. Thus, in those workplaces where more than three-quarters of the workers were female, around 45% of workers reported the availability of company provided childcare. This was as high as provision got, however. The

⁸ In this instance, women fared better than men, and were much more likely to report having access to hygienic toilets, safe drinking water and regular breaks.

majority of workers, irrespective of gender, do not have access to company provided childcare.

Figure 2: Company Provided Childcare and Workplace Gender Composition

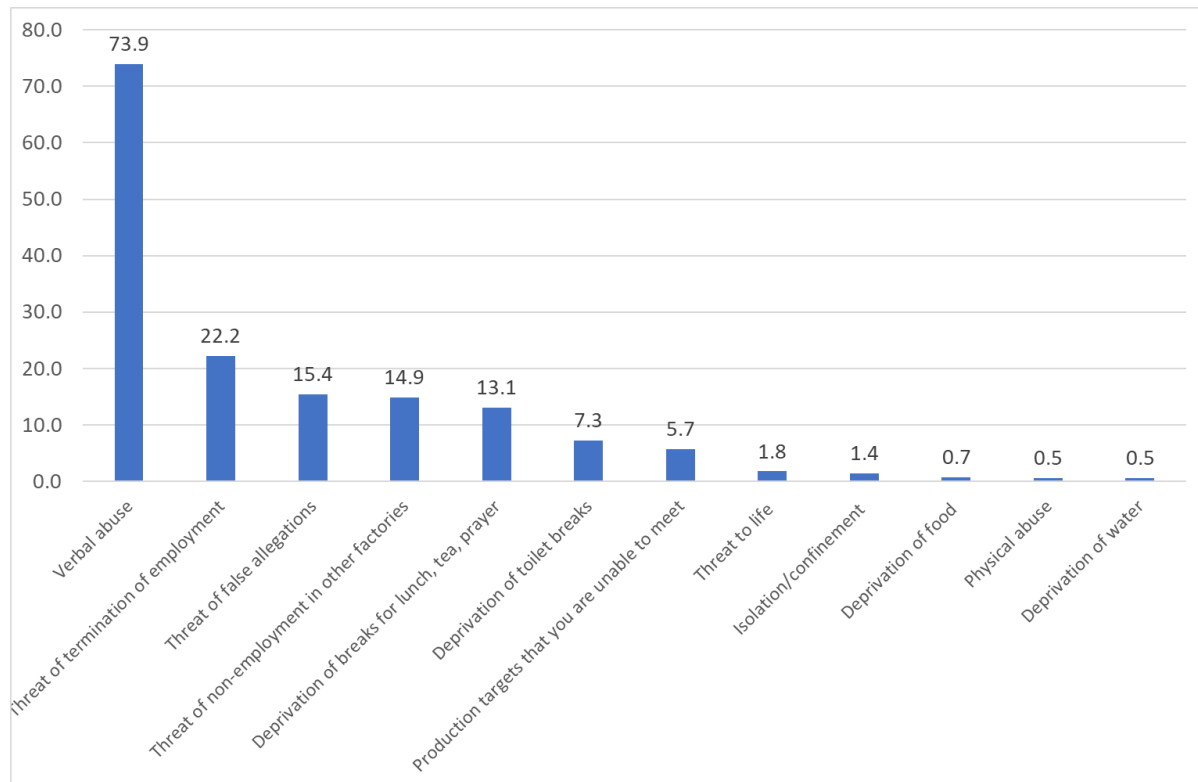


Is there Mistreatment at the Workplace?

Workers were asked about the treatment – specifically the mistreatment – that they were subjected to at work. Mistreatment can be complex in nature and for this reason the survey allowed workers to identify multiple issues from a list of 12 categories, including verbal abuse, false allegations of misdemeanours (including criminal activities),⁹ threat of dismissal, prevention of reemployment at other factories and deprivation of rest and toilet breaks. Figure 3 shows the results.

⁹ False allegations are frequently used to threaten workers leaders with being reported to the police or other authorities, or as justification for dismissal.

Figure 3: Mistreatment at Work



Approximately three quarters of workers (74%) reported that they had been verbally abused at their workplace. This was by far the most commonly reported form of mistreatment. The form such abuse can take will vary, but can have profound effects on workers' wellbeing and sense of dignity in their work.

More than 1 in 5 workers (22%) reported that they had been threatened with dismissal.

Approximately 1 in 7 workers reported that they had been threatened with false allegations (15%) and of being dismissed and then blacklisted to prevent their employment at other factories (15%).

More than 1 in 8 workers (13%) reported that they had been deprived of breaks for lunch, tea or prayer, with 7% of workers also reporting that they had been deprived of toilet breaks.

In this survey, reports of mistreatment were generally higher among men. 80% of men reported that they had been subject to verbal abuse compared to 52% of women respondents. Threats of dismissal were reported by 26% of men compared to 10% among women and 17% of men reported that they had been deprived of breaks compared to just 1% of women.

What is not clear from our findings is to what extent the reported differences in levels of mistreatment between men and women reflect actual conditions at the workplace or are the result of the under-reporting of abuse by those women who responded to our survey. It is probable that both factors played a contributory part in the recorded results. While more than half the women surveyed report having been subjected to verbal abuse, our fieldworkers confirmed that verbal abuse of women is generally deemed less acceptable in Pakistan. Women are also more likely to under-report where abusive comments by supervisors and managers are sexual in nature.

The likelihood that under-reporting was a feature of women's response to direct questioning about specific examples of mistreatment is further supported by women's consistently higher scoring than men on levels of work-related misery, as will be presented later in this Report.

What were the Effects of the COVID Pandemic?

The financial pressures from buyers in the highly competitive global garment supply chains are well known.^{10 11} Such pressures only intensified as a consequence of the COVID pandemic. Brands variously cancelled work completed, work-in-progress and future orders, precipitating factory lay-offs and factory closure in a range of producing countries.¹²

In this context, our survey sought to determine whether financial pressures created by the global pandemic had further eroded working conditions in Pakistan.

Respondents to the survey were asked how the level of employment – that is numbers employed – at their factory had changed since the beginning of the COVID pandemic. Approximately half of workers (49%) reported that numbers employed had remained about the same, 29% reported that it had decreased, while 15% report that it had increased. Such changes are important as our research suggests that lay-offs have had implications for the treatment of workers who remain employed.

Workers were also asked directly whether levels of abuse and harassment had increased since the pandemic. Overall, approximately 40% of workers reported that levels of mistreatment had increased, most markedly in factories where levels of

¹⁰ Anner, M. (2019). 'Predatory purchasing practices in global supply chains and the employment relations squeeze in the Indian garment export industry'. *International Labor Review*, 158 (4): 705–27

¹¹ <https://ler.la.psu.edu/gwr/documents/CGWR2017ResearchReportBindingPower.pdf>

¹² Anner, M. (2020) Abandoned? The impact of COVID-19 on workers and businesses at the bottom of global supply chains, PennState Center for Global Workers' Rights, March, <https://www.workersrights.org/wp-content/uploads/2020/03/Abandoned-PennState-WRC-Report-March-27-2020.pdf>

employment had decreased. In such factories, almost three-quarters of the workers reported increased levels of mistreatment, as may be seen in Table 2. Deterioration in conditions is observed across a range of factors, including the deprivation of breaks, threats of dismissal, threats of non-employment in other factories and false allegations.

Table 2: The Effect of the Pandemic on Mistreatment at Work

	Change in Numbers Employed at the Workplace			All
	Decreased	Stayed the Same	Increased	
Workplace Grievances				
Verbal abuse	80.4	83.8	48.8	77.1
Deprivation of toilet breaks	19.6	2.2	1.2	7.4
Deprivation of breaks for lunch, tea, prayer	39.9	2.9	1.2	14.1
Threat of termination of employment	57.7	5.0	13.1	22.7
Production targets that you are unable to meet	6.7	2.2	9.5	4.8
Threat of non-employment in other factories	44.8	1.4	7.1	15.8
Threat of false allegations	49.7	1.4	2.4	16.6
Threat to life	3.7	0.7	2.4	1.9
Increase in abuse or harassment since the pandemic	74.2	31.7	24.6	41.7
Forced Resignation	54.6	51.9	17.5	47.0

The base of Table 2 examines the prevalence of forced resignations. This has been a feature of employer behaviour reported in other production sites such as India. Typical employer strategies around forced resignations 'pre-pandemic' were designed to disrupt workers' continuity of employment in order to minimise tenure of service-related entitlements to benefits and legal protections. Thus, forced resignation might involve workers being required to sign a letter giving their notice to quit, before being

immediately re-employed and sent back to work. It is an unlawful practice but endemic to the sector, irrespective of place.¹³

In our research in Pakistan, Table 2 reveals that almost half of workers (47%) report that they had been forced to resign during the previous 12 months. It can also be seen that the rate of forced resignations is prevalent within those factories where levels of employment since the pandemic have either decreased (55%) or remained the same (52%) but is less common within those factories where employment has increased (18%).

In addition to mistreatment, workers were also asked to identify whether there had been any changes to their conditions of employment while working at their current workplace which could be *directly attributed* to the COVID-19 pandemic. Their answers are shown in Figure 4)

Approximately 40% of workers indicated that their workload, production targets or hours had increased since the pandemic. There were also a range of responses which appear to reflect the reduction in orders by major brands, associated with the pandemic and the adverse effects that are being passed down to workers.¹⁴

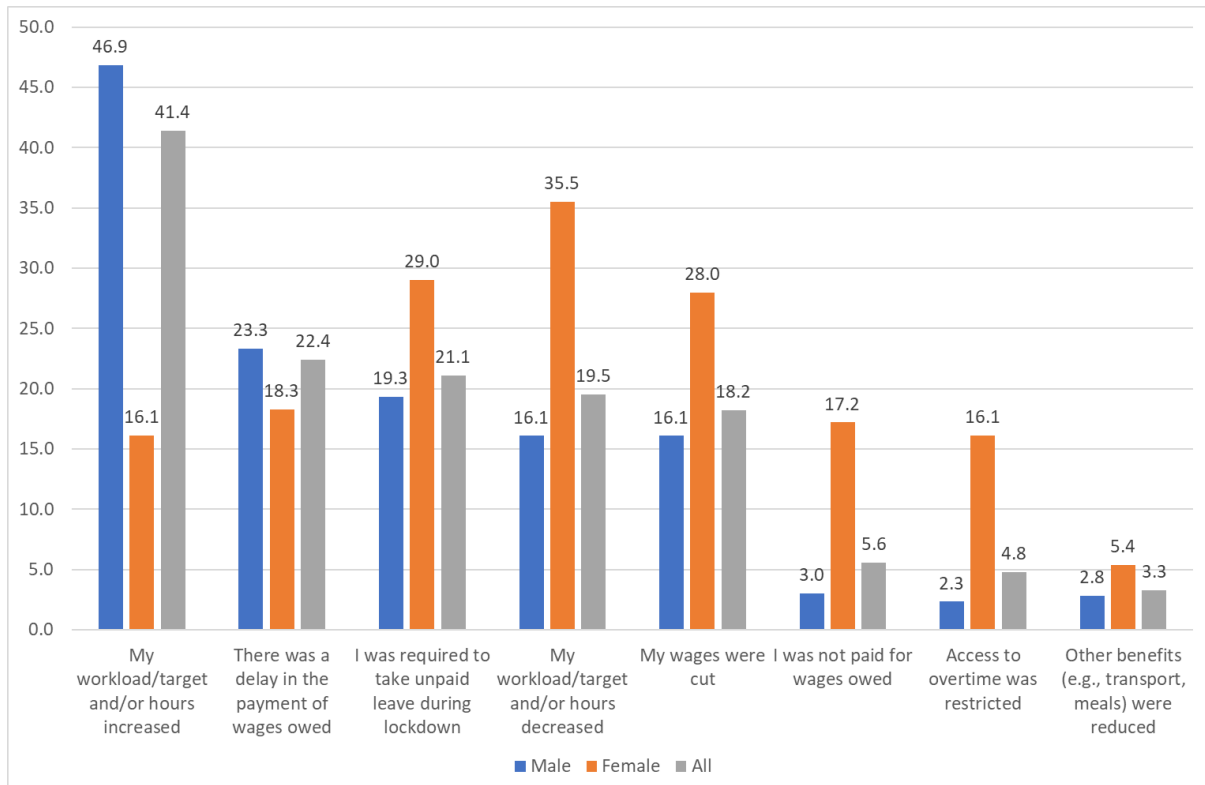
Approximately 1 in 5 workers reported that there was a delay in the payment of wages owed (22%); that they have been required to take unpaid leave during lockdown (21%); that the workload, production targets and hours had actually *decreased* (20%); or that their wages had been cut (18%).

The analysis further reveals that women have been more adversely affected by such contingencies. While men are much more likely to report that their workload has increased, women are more likely to report that their workloads have decreased, that their access to overtime has been restricted and that they were required to take unpaid leave. Women are also more likely to report that their wages were cut or that they were not paid wages owed.

¹³ Separate research in Indian factories suggests that in that location such employer practices changed post-COVID: workers who signed letters of resignation found themselves more at risk of not being immediately re-employed, but rather dismissed.

¹⁴ For similar effects in other production sites, see Anner, M. (2020) Abandoned? The impact of COVID-19 on workers and businesses at the bottom of global supply chains, PennState Center for Global Workers' Rights, March, <https://www.workersrights.org/wp-content/uploads/2020/03/Abandoned-PennState-WRC-Report-March-27-202>

Figure 4: Changes at the Workplace Directly Attributable to the Pandemic



Safety Measures During COVID

Table 3 presents findings on the provision of safety measures during COVID in relation to the presence of a union or a works council. It can be seen that between 65% and 75% of workers report that measures were put in place to maintain social distancing, improve ventilation and to improve hygiene. Such measures were more likely to have been reported by workers employed in those factories where the presence of a trade union or works council had also been identified. Approximately 90% of workers reported that they had been expected to wear a facemask, which they were responsible for providing.

Workers were also asked whether or not their factory undertook regular temperature checks of workers in light of COVID-19. Once again approximately 9 out of 10 workers

reported that temperature checks were being made. However, there are discernible differences in how workers record the expected response of their employers.

It can be seen that in those workplaces where workers have no access to any form of collective representation, over half of workers (54%) would be sent home without pay if they were found to have a fever. A further 27% reported that nothing would happen.

In contrast, among those workers who said that their factory had some form of collective worker representation, fewer than 1 in 5 (19%) reported that they would be sent home without pay, though 61% reported that they would be asked to take a COVID test. COVID safety training was also positively associated with trade union or works council presence.

These findings suggest that collective representation had a beneficial effect for workers' interests in the time of COVID.

Table 3: Workplace Response to COVID

	Workplace Voice – Trade Union or Works Council Present		All
	No	Yes	
Since the pandemic, have changes been made to the working environment:			
To maintain social distancing	63.8	76.4	67.1
To improve ventilation	67.3	81.1	70.9
To improve hygiene	74.4	82.6	76.6
Receipt of COVID safety training from employer	34.5	64.6	42.3
Required to wear face masks	90.7	87.8	89.9
<i>Of whom, expected to provide own</i>	96.2	91.5	95.0
Does your factory undertake regular temperature checks of workers	93.3	87.0	91.6
What would happen if a worker had a fever?			
Sent home with pay	6.7	12.5	8.1
Sent home without pay	53.6	19.2	45.5
Asked to take a COVID test	7.8	60.8	20.4
Nothing	27.2	4.2	21.7
Don't know	4.7	3.3	4.4

The Impact of the Pandemic on Living Standards

Reductions in wages, delays in their payment, reduced working hours and the requirement to take unpaid leave increased in parallel with COVID, and all these

violations added to the already precarious financial position of garment workers in Pakistan.

The survey asked workers whether, since the beginning of the pandemic, they had found it more difficult to access the necessities of life (see Table 4). Approximately a third of workers (30%) accessed government support during the lockdown, with this figure being higher among women (38%) compared to men (29%). In terms of access to the basic necessities of life during the pandemic, the data reveals that more than 8 out of 10 workers (83%) reported that they found it more difficult to afford medicines. A further 8 out of 10 workers (78%) also reported that they had found it more difficult to afford food. Approximately two-thirds of workers reported increasing difficulty in terms of being able to afford their rent. These findings help to emphasise how close workers are to crisis on a daily basis, as a result of poverty pay that allows no scope for saving or the accumulation of surplus funds.

Table 4: Access to the Necessities of Life

	Male	Female	Total
Since the pandemic began, have there been occasions when you have found it more difficult to afford any of the following?			
Medicines	87.7	69.2	83.1
Soap	40.3	37.7	39.7
Phone Top-Up	46.9	45.9	46.7
Sanitary Products	39.0	45.9	40.7
Gas	50.8	43.8	49.1
Food	77.9	78.8	78.1
Rent	65.1	63.7	64.8
Transport	52.4	66.4	55.9
Educational Expenses for Children	15.9	50.7	24.6
Support for family/dependants who don't live with you	24.4	47.9	30.3
None of the Above	3.6	1.4	3.1
Accessed Government Support	28.5	38.3	30.7
Total	100	100	100

Accidents and Work-Related Ill Health

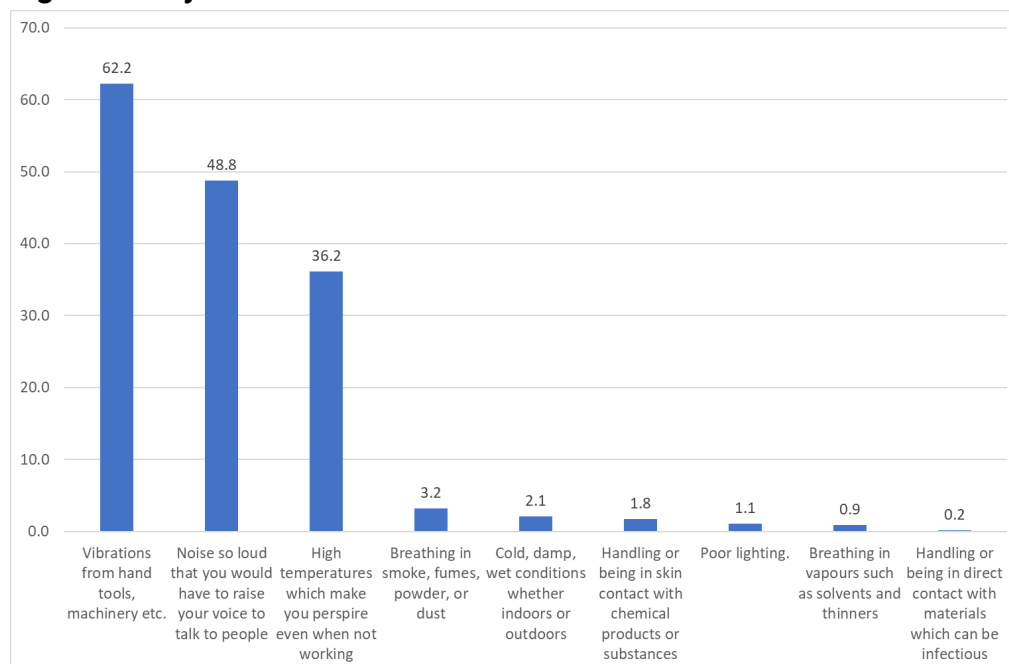
What are the Risk Factors for Workplace Accidents and Ill-Health?

Research across academic disciplines attempts to measure and examine the determinants of work-related health (see Poulakis and Theodossiou, 2013¹⁵ for a review). Risk factors can take a variety of forms, including exposure to physical hazards, ergonomic risk factors and psycho-social risk factors (see Parent-Thirion et al., 2007).¹⁶

Our survey asked workers about the different types of physical hazards they were exposed to at their workplaces. It can be seen from Figure 5 that three types of physical hazard are predominant: vibration, noise and temperature.

Almost two-thirds of the workers reported that they were exposed to vibration from hand tools and machinery (62%); approximately half (49%) stated that they were exposed to noise so loud that they had to raise their voices to talk to people; and over a third (36%) reported that they worked temperatures that were so high that it made them perspire even when they were not working.

Figure 5: Physical Risk Factors



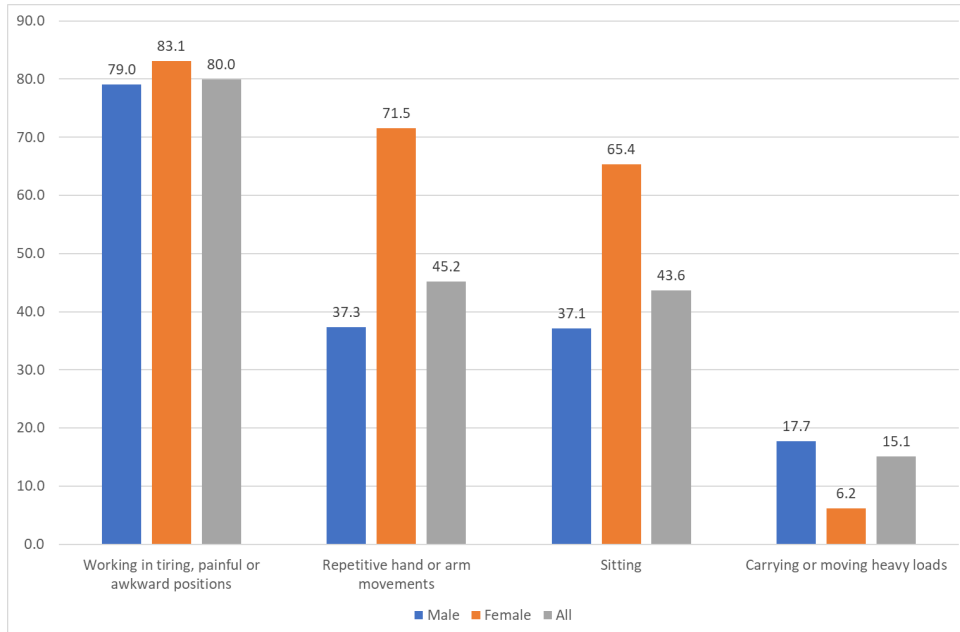
¹⁵ Poulidakas, K. and Theodossiou, I. (2013). The Economics of Health and Safety at Work: An Interdisciplinary Review of the Theory and Policy, *Journal of Economic Surveys*, 27(1), p.167-208.

¹⁶ Parent-Thirion, A., Fernández Macías, E., Hurley, J. and Vermeylen, G., (2007). *Fourth European Working Conditions Survey*, Publications Office of the European Union, Luxembourg.

In terms of differences by gender, women were more likely to report that they were working in loud, noisy conditions (61%) compared to men (45%).

More significant gender differences are observed in terms of ergonomic risk factors, as shown in Figure 6.

Figure 6: Ergonomic Risk Factors



Among both men and women, approximately 80% of respondents report that they work in tiring, painful or awkward positions. There are, however, differences in the way work-related ill health affects male and female workers. Such differences are undoubtedly related to the different roles being undertaken by men and women on the factory floor.

For example, men are more likely than women to be employed as 'helpers' (23% compared to 9%). Helpers may undertake tasks that involve moving work-in-progress from one area of the factory floor to another. It follows that, as they are more likely to be undertaking such roles, men are also more likely to report that their jobs involve risk factors like carrying heavy loads (18%) compared to women (6%).

Similarly, women are much more likely to report that they are undertaking repetitive hand or arm movements (72%) compared to men (37%). Women are also more likely to report that their jobs involved sitting (65%) compared to men (37%).

As a majority of both men and women are employed as machine operators (66% and 55% respectively), the reported differences in ergonomic risk factors suggests that the term 'machine operator' hides variation within the broad job role. It is reasonable to conclude that, as well as job allocation conforming to gendered stereotypes on the

factory floor, there may be differences in the exact types of machinery assigned to male and female machine operators.

How do you Feel about Work?

In addition to physical risk factors, our survey also considered job-related well-being as part of the environment for occupational safety and health (see Warr, 1990).¹⁷ As noted, Figure 6 reveals that a large majority of men and women reported that they work in tiring, painful or awkward positions.

The survey went on to ask workers how often they came home from work feeling exhausted. Responses are presented in Table 5. Levels of reported exhaustion appear similar for men and women. Approximately three quarters of workers reported that they either ‘often’ or ‘always’ came home from work feeling exhausted. Within that group, over a third reported that they *always* came home from work feeling exhausted.

Respondents were also asked, “How much of the time has your job made you feel miserable?” The lower panel of Table 5 reports the finding that approximately 4 out of 10 workers (42%) report that their job makes them feel miserable for most (or all) of the time. Among women, almost two thirds (65%) reported that their job makes them feel miserable most or all of the time.

Table 5: Feelings towards Work

	Male	Female	Total
How often do you come home from work feeling exhausted			
Always	34.1	36.6	34.7
Often	41.0	39.8	40.7
Sometimes	21.2	23.6	21.8
Hardly ever	2.2	0.0	1.7
Never	1.5	0.0	1.1
How much of the time has your job made you feel miserable?			
All of the time	0.5	7.3	2.1
Most of the time	34.2	58.1	39.8
Some of the time	51.6	29.8	46.5
Occasionally	4.0	2.4	3.6
Never	9.7	2.4	8.0
Total	100	100	100

¹⁷ Warr, P. (1990) ‘The measurement of well-being and other aspects of mental health’, *Journal of Occupational Psychology*, 63: 193-210.

We attempted to relate these reports of misery to selected characteristics in the working environment. Answers were coded to form an index of misery on a 5-point scale and are shown in Table 6. Those who reported that they were miserable were allocated a value of 5. Those who reported that they never felt miserable were allocated a value of 0. Across all workers, the average value of this index is 2.66. In our survey, female garment workers consistently expressed high levels of misery associated with their work. This is reflected in the index, where the average value of the misery index for women (3.31) is considerably higher than that for men (2.46).

While male workers on higher wages appear to experience relatively less misery than men on lower wages, for women neither having a permanent contract nor a relatively higher wage appears to make a difference to the generally higher levels of misery they report as a consequence of their work.

Access to safe drinking water and scheduled breaks is associated with lower levels of misery among both men and women, while verbal abuse and forced resignations are positively associated with higher levels of misery. In particular, male workers who reported increased levels of abuse since the pandemic also reported higher levels of misery caused by work.

Perhaps unsurprisingly, delay in the payment of wages since the pandemic was found to be associated with increased levels of misery among both men and women.

Table 6: Variations in Misery Index by Selected Characteristics

	Male	Female	Total
Gender Composition			
Mostly Women	2.73	3.88	3.33
Half Women	2.72	3.30	2.83
Mostly Men	2.12	2.57	2.20
Contractual Status			
Permanent	2.54	3.64	2.84
Piece rate or daily wage worker	2.37	2.51	2.40
Income			
<20,000 Rupees	3.26	3.26	3.26
20-22,000 Rupees	3.26	3.57	3.31
22-24,000 Rupees	2.28	3.33	2.38
24,000+ Rupees	1.92	3.27	2.08
Safe Drinking Water			
No	2.90	3.69	2.99
Yes	1.99	3.20	2.40
Scheduled Breaks			
No	2.88	3.62	2.99

Yes	1.98	3.16	2.35
Verbal abuse			
No	2.02	3.35	2.57
Yes	2.58	3.27	2.70
Forced Resignations			
No	2.21	3.23	2.52
Yes	2.73	3.31	2.81
Increase in Abuse Since Pandemic			
No	1.90	3.20	2.24
Yes	3.15	3.26	3.17
Increasing Workload/Hours in Response to COVID			
No	2.47	3.33	2.77
Yes	2.46	3.13	2.50
Delay in Payment of Wages Since Pandemic			
No	2.04	3.23	2.31
Yes	3.93	3.55	3.83
Medical Testing at Workplace			
No	2.49	2.97	2.56
Yes	1.93	3.72	3.17
Working Among Loud Noises			
No	2.06	3.06	2.24
Yes	2.99	3.47	3.14
Working at High Temperatures			
No	2.17	3.08	2.36
Yes	3.08	3.60	3.23
Sitting Down			
No	2.68	3.56	2.81
Yes	2.11	3.17	2.48
Work Related Ill Health Condition			
No	2.43	3.11	2.57
Yes	2.69	3.86	3.23
Workplace Injury			
Yes	2.93	3.50	3.29
No	2.44	3.02	2.52
Accidents Due to Hypothermia or Heat Exhaustion			
Yes	2.15	3.13	2.44
No	2.69	3.55	2.85
Accidents Due to Suffocation and Choking			
Yes	2.20	3.32	2.50
No	3.49	3.20	3.46
Separation of Stairwells			
Yes, with fire door	1.49	2.30	1.69
Yes, with normal door	2.64	2.92	2.66
No	2.75	3.67	3.57
All	2.46	3.31	2.66

The complexity of these findings on work related misery benefits from detailed scrutiny. For example, the issue of medical testing is another area where the experiences of male and female workers is distinct.

Among male garment workers, those in receipt of medical tests appear to view them favourably. However, women who receive medical testing at the workplace also exhibit higher levels of misery associated with work. The fact that women are subjected to more testing and also physical examination may be a factor influencing their response.

In terms of the working environment more generally, the findings for both men and women suggest that working environments have a profound effect on worker well-being.

Those work environments characterised by high temperatures and loud noises are associated with higher levels of misery.

Being able to choose to sit down is associated with lower levels of work-related misery.

Suffering from a work-related ill-health condition or having experienced an accident at work or having witnessed an accident at work associated with hypothermia or heat exhaustion were each associated with increased levels of misery among both male and female garment workers.

For men, being witness to accidents associated with suffocation and choking is associated with higher levels of misery.¹⁸

Finally, we found that a lack of appropriate separation between production areas and stairwell exits was also associated with higher recorded levels of misery.

In terms of differences that exist between male and female garment workers, analysis of the data (conditioned upon a variety of characteristics) shows that irrespective of individual aspects of working conditions, levels of misery among female garment workers remain consistently higher than those exhibited by males.

In this context it is also noteworthy that the feelings that female garment workers have towards their jobs are relatively constant no matter what their earnings or whether they are a victim of verbal abuse or forced resignation. In contrast, pay and forms of abusive behaviour are strongly correlated with the attitudes that men have towards their work.

¹⁸ In this case, women are not immune from similar levels of distress, but would not so frequently witness such accidents.

In our data it was not possible to pin down the lack of well-being or levels of misery to any single factor. However, on the basis of our findings taken as a whole, it is reasonable to propose that the regular and routinised working of overtime, poverty pay and the high incidence of a range of mistreatment at the workplace all contribute to levels of worker exhaustion, stress and misery. More research on the gendered experiences of safety, health and wellbeing at work would be valuable in this respect.

What are the most Common types of Work-Related Ill-Health?

Exposure to risk factors within the workplace will contribute to an increased likelihood of suffering from a work-related ill-health condition. A number of studies confirm that older workers are more likely to be vulnerable to such conditions (Davies et al, 2014),¹⁹ due to the cumulative effect of exposure to these risks over the lifecycle. As a general rule, cumulative effects tend to be more pronounced for musculoskeletal disorders (MSDs), but also industrial diseases associated with exposure to dust or toxins, such as silicosis.

The survey asked workers whether they suffered from any illness, disability or health problem that they believed has been caused or made worse by their work.

Overall, 12% of workers reported that they suffered from a work-related ill-health condition. However, women appear to be more affected than men as when these findings are broken down by gender, almost 1 in 4 female workers report that they suffer from a work-related ill-health condition compared to 1 in 12 male workers.

Figure 7 demonstrates a clear relationship between age and work-related ill-health amongst both male and female garment workers. Among those over the age of 40, a third of respondents reported that they suffered from a work-related ill-health condition.

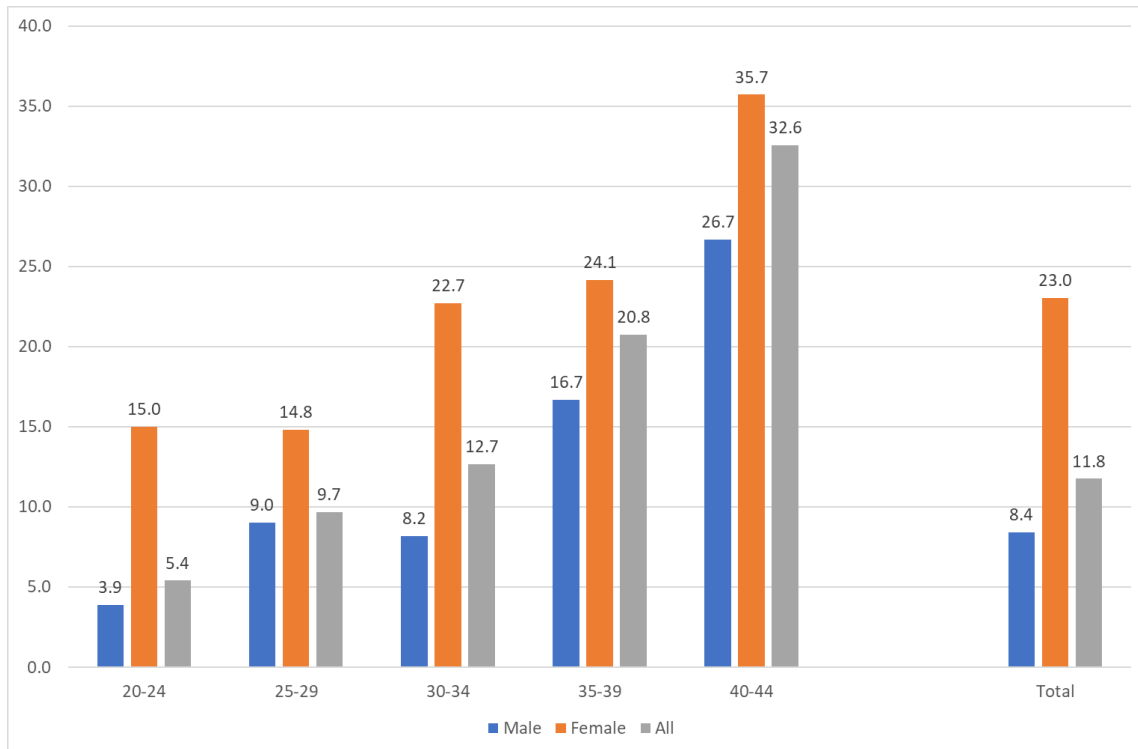
The gender differential in work-related ill-health can be observed right across the age distribution of workers. Women, however, appear to be particularly vulnerable to suffering from ill-health conditions at relatively early stages of their working lives as well as when they get older.

It should be noted that as part of our survey it emerged that women's earnings decrease with age and time employed in the industry in Pakistan. In other garment producing countries, female garment workers have referred to their bodies being 'mined' – by which they mean that their whole body is commodified and used up by

¹⁹ Davies, R., Jones, M. and Lloyd-Williams, H. (2016), Age and Work-Related Health. *British Journal of Industrial Relations*, 54: 136-159.

their working life. It is therefore notable that a female worker’s ‘value’ for her employer decreases over her lifetime. In contrast, while male workers in Pakistan are also likely to exhibit a relative increase in ill health with increasing age, their wages do not fall as women’s do.

Figure 7: Age- and Work-Related Ill-Health



Those who reported that they suffered from a work-related ill-health condition were asked to identify what types of illness had been caused or made worse by work during the last 12 months. Respondents were provided with a list of 10 conditions that they could select from.

Figure 8 shows the three most common work-related conditions cited by both men and women:

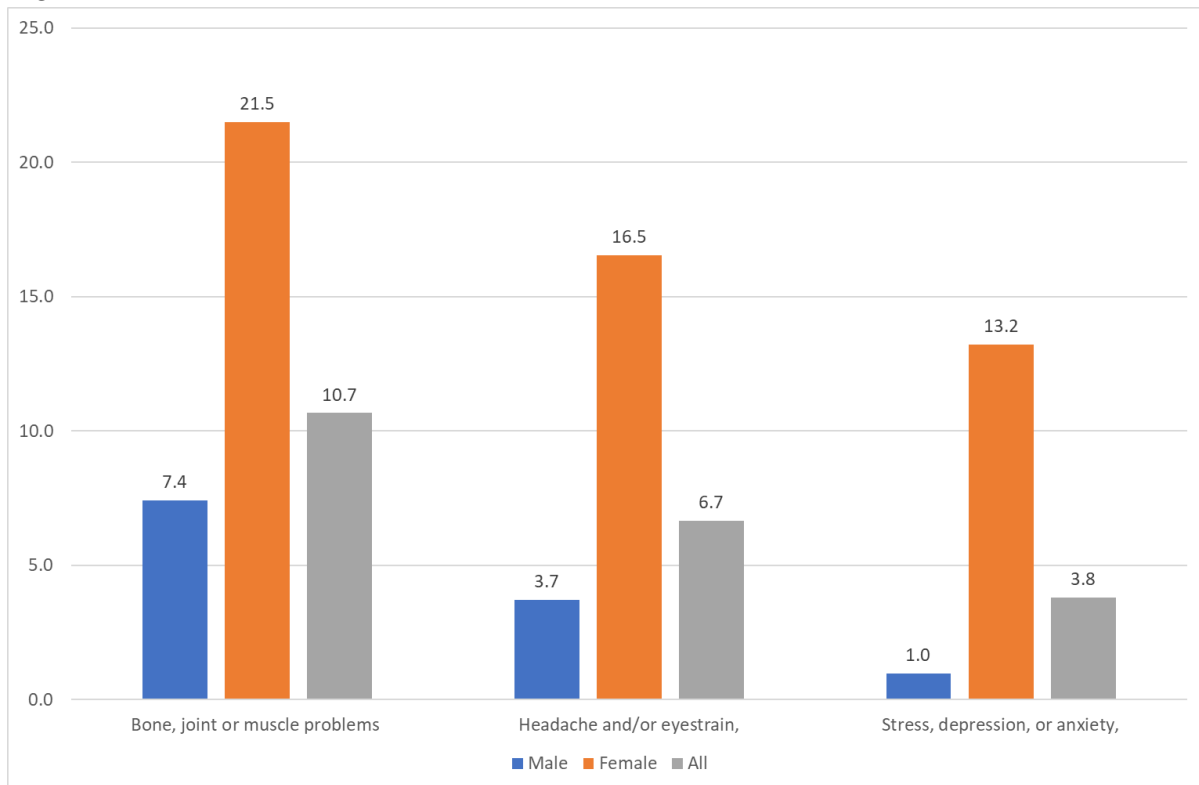
- ❖ bone, joint or muscle problems
- ❖ headache and/or eyestrain
- ❖ stress depression or anxiety

The incidence of each of these conditions can be seen to be considerably higher among women, reflecting their generally higher overall levels of work-related ill-health.

20

²⁰ In the garment sector more generally, female workers are often prone to urinary and gynaecological problems due to prolonged sitting, infrequent toilet breaks and insufficient hydration. In our survey just 4% of

Figure 8: Most Common Work-Related Ill-Health Conditions



The cumulative effect of age on the incidence of different work-related ill-health conditions is explored in Table 7.

It can be seen that among both men and women, the incidence of ill-health conditions related to bone, joint or muscle problems increased steadily with age. Almost 1 in 5 workers (19%) over the age of 30 report suffering from such conditions.

In terms of headaches and/or eyestrain, there appears to be a step increase amongst both men and women beyond the age of 30 in terms of the proportion who suffer from these conditions. A number of studies confirm that older workers are more likely to be vulnerable to the cumulative effect of exposure to workplace risks over the worker's lifecycle (Davies et al, 2014).

Emotional distress associated with work was less likely to be reported by men in our survey, but for women the incidence of sufferers from stress, depression and anxiety

the female respondents reported urinary or gynaecological problems and we should consider whether such complaints are under-reported here. While the results are consistent with only 4% of women in our survey specifically reporting deprivation of toilet breaks (compared to 8% among men), around 30% of women said they did not have regular rest breaks. Taking account of other evidence in the sector more generally <https://www.newagebd.net/article/114423/reproductive-health-concerns-of-apparel-workers> it is reasonable to question whether these medical complaints may have been under-reported in the present survey.

(SDA) is generally higher. It also appears to be even more prevalent among older women workers.

Table 7: Selected Work-Related Ill-Health Conditions by Age

	Male	Female	Total
Bone, joint or muscle problems			
20-24 yrs.	3.3	11.8	4.4
25-29 yrs.	7.9	16.0	8.8
30-34 yrs.	12.2	25.3	18.6
All	7.4	21.5	10.7
Stress, depression, or anxiety			
20-24 yrs.	1.7	0.0	1.5
25-29 yrs.	0.0	12.0	1.3
30-34 yrs.	2.4	16.5	9.3
All	1.0	13.2	3.8
Headache and/or eyestrain			
20-24 yrs.	3.3	11.8	4.4
25-29 yrs.	1.5	12.0	2.6
30-34 yrs.	9.8	19.0	14.3
All	3.7	16.5	6.7

What are the most Common Workplace Injuries and Accidents?

Workers were asked whether they themselves had had an accident resulting in an injury at work – or in the course of work – during the last 12 months.²¹ Table 8 reveals that almost half of women (44%) had had such an accident, compared to just 8% of males.

Aside from experiencing accidents themselves, workers were also asked whether, in the last 12 months, they had witnessed or been involved in incidents at the workplace. Table 16 shows that the three most common such incidents witnessed by workers were those associated with hypothermia or heat exhaustion (54%), suffocation or choking (19%) or fainting (12%). There may be some overlap between heat exhaustion and fainting, though malnutrition and dehydration would be other likely contributory causes of collapse. Suffocation can arise from fumes produced by generators or noxious chemicals. The increased exposure to risk of suffocation among men is likely to reflect the gendered nature of jobs undertaken and the location of workers across different areas of the factory floor.

²¹ The survey did not collect information about the severity of these injuries and whether, for example, these workers required medical attention or were forced to take time off work.

Table 8: Workplace Injuries and Accidents

	Male	Female	All
Experienced an Injury at work	7.6	44.2	15.6
Witnessed Accident			
Hypothermia or heat exhaustion	56.7	43.8	53.7
Suffocation, choking	21.9	9.2	19.0
Fainting	4.4	35.4	11.5

Are there Health and Safety Representatives, and do Workers get Safety Training?

Table 9 summarises the health and safety measures in place at factories where workers in the survey were employed. Only 5% of workers reported that Health and Safety representatives were present at their workplace.

Male workers were more likely to report that there is a health and safety representative present than women (6% compared to 3%). One in four women reported that they did not know whether there was a representative at their workplace.

In the minority of cases where representatives were present, workers recorded favourable attitudes towards them. Approximately 8 out of 10 workers answered that they are taken seriously by management, that they make a difference to the workplace, and that they feel comfortable to report issues to these representatives. Further analysis (not presented in a diagram or table format) reveals that workers are more likely to report the presence of health and safety representatives in those workplaces that have a trade union or works council present (13%) compared to those that have none (3%).

Workers were asked whether they had received any health and safety training from their employer. The bottom panel of Table 9 reveals that 57% of respondents had received some form of training. However, nearly all had received this training on starting their jobs, with only 2% of workers reporting that they had continued to receive regular training.

Men appear to be almost twice as women likely to receive Health and Safety training (63% compared to 33%). Analysis of our data revealed that educational attainment is a predictor of health and safety training in both men and women.²² However, our data showed that *at each level of educational attainment*, men are more likely to get access to training than women. The overall gender difference in access to Health and Safety

²² Around 47% of women workers in the survey did not progress beyond primary school compared to 25% of men.

training can therefore *not* be attributed to the higher levels of educational attainment observed among men more generally.

As is the case with the presence of health and safety representatives, levels of Health and Safety training are also estimated to be higher in workplaces where trade unions or works councils are present (77%), compared to those that have none (49%).

Table 9 : Workplace Health and Safety Measures

	Male	Female	Total
Health and Safety Reps at the Workplace			
Yes	6.3	3.2	5.6
No	88.6	71.8	84.9
Don't know	5.1	25.0	9.6
Attitudes towards H & S Reps (% agree)			
Taken seriously by management	5.5	0.0	4.2
Make a difference	5.3	1.4	4.3
Comfortable to report an issue	5.7	2.1	4.8
Health and Safety Training (% received training)			
Primary School (Grades 1-5)	54.2	27.8	45.3
Middle School (Grades 6-8)	60.8	30.4	56.2
Secondary School (Grades 9-10)	69.6	36.8	64.2
All	63.1	32.5	56.6

Are there Adequate Medical Facilities at the Workplace?

Table 10 shows that just 1 in 4 workers (25%) reported that there were appropriate medical facilities at their workplace. This is a complex issue in the context of factory life. While workers expect medical help if injured or unwell, in-house medical facilities have been criticised for their role in keeping those not who are *not* fit to work on the production line. Examples include the unregulated supply of painkillers to women with period pains in order to keep them working, resulting in adverse longer term health outcomes.

In addition, Table 10 reveals the degree of medical testing of workers in garment factories.²³ In Pakistan, medical testing is commonplace for a range of conditions. This practice predates COVID. In our survey, almost a third of women workers (31%)

²³ In this Report we are concerned only with Pakistan, but it should be noted that the targeted medical testing of women garment factory workers is recorded in other producing countries around the world.

reported that they had received a medical test at their factory. This figure was just 4% among men.

The most common type of test received by women was a physical examination (28%), although almost 1 in 10 female garment workers (9%) also reported that they received blood tests. Health screening of workers is often required under factory and public health regulations, often justified as a measure to improve the health of factory workers. However, the gendered experience of testing in garment factories is concerning, and more research is needed to understand the exact nature of how this relates to the factory regime in the context of the global supply chain.

Table 10: Workplace Medical Facilities and Tests

	Male	Female	Total
Appropriate Medical Facilities at Workplace	25.2	25.4	25.2
Does your factory give you medical tests? (% Yes)	4.2	30.8	9.3
Type of Tests			
Physical	0.5	27.9	5.8
Blood	3.7	8.7	4.7
Eye	1.9	1.0	1.7
Other	1.9	2.9	2.1

Standards of Building and Fire Safety

Are there Fire Alarms and Firefighting Equipment in Your Factory?

High profile factory disasters in the garment sector have been associated with insufficient fire safety equipment, an absence of functioning fire alarms, barred windows, cramped factory floors that block escape routes or even a complete lack of emergency exits.

Table 11 examines the issue of fire alarms and safety equipment. Nearly all workers (98%) reported that their workplaces had fire alarms and that, in large majority of cases, these were tested regularly (90%). Nine out of ten workers also reported that firefighting equipment was easily accessible, and that staff were trained in its use.

However, further analysis of survey responses revealed that the presence of fire alarms and firefighting equipment is lower in factories where a majority of employees are female. In these factories, while 91% of workers report the presence of fire alarms (among whom 84% report that the systems are tested regularly) only 78% of workers report the presence of firefighting equipment.

Table 11: Fire Alarms and Firefighting Equipment

	Fire Alarms	Fire Tests	Fire Equipment
Gender			
Males	98.4	88.9	89.7
Females	97.6	94.7	89.7
Gender Composition of Workforce			
Mostly Women	91.4	84.0	77.8
About Even	98.7	88.6	93.4
Mostly Men	100.0	93.0	89.6
All	98.2	89.9	89.7

Are Emergency Exits Accessible?

Respondents to the survey reported that, on average, their workplaces consisted of four storeys. The ability to escape from such buildings in the event of a fire requires an adequate number of emergency exit routes that are clear from obstruction and which workers are well practiced in using.

Table 12 reveals that across all workers the vast majority (97%) reported the availability of emergency routes and exits that were clearly marked, with lighting where needed. Nine out of ten workers (91%) also reported that they had access to escape routes that were clear from obstructions (such as the storage of boxes and fabrics) and that emergency doors could be opened easily. Similarly, over 90% of workers felt that there enough clear fire exits and routes to allow all workers in their factory to escape.

However, only 78% of all workers reported that fire drills were undertaken so that employees could practice how to use the emergency escape routes and exits. The remaining 22%, that is one in five workers, would appear not to be well practiced in what to do in the event of a fire.

The picture also gets more complicated if we break the figures down to look at factories by the gender ratio of the workforce. As women only account for a minority of the workforce, a relatively small proportion of workers in our survey reported that they work in female dominated factories (13%) compared to male dominated factories (43%). However, where factories are female dominated, the safety of these workplaces are a particular cause for concern.

In factories where women account for the majority of workers, only three quarters of workers reported that they had access to escape routes that were clear from obstruction and only 7 out of 10 workers (71%) judged that there was a sufficient

number of fire exits to allow workers to escape. In comparison with male dominated workplaces, those where a majority of the workforce is female appear to be relatively poorly served in terms of the availability of accessible fire exits.

The relatively poorer safety environment for female garment workers is also highlighted when responses to the questions on fire drills are examined according to the gender of the respondent. Only 59% of female garment workers report that fire drills were undertaken compared to 83% among male garment workers. Nearly half of women are therefore not well practiced in what to do in the event of a fire.

Table 12: Availability and Accessibility of Emergency Exits

	Are Emergency Exit Routes:			Fire Drills
	Clearly Marked	Obstruction Free	Sufficient in Number	
Gender				
Males	97.2	92.8	95.5	82.8
Females	94.4	85.8	78.0	59.1
Gender Composition				
Mostly Women	87.5	75.4	70.5	71.9
About Even	98.7	95.7	95.4	90.9
Mostly Men	97.8	91.3	95.6	67.3
All	96.6	91.3	92.2	77.9

In ensuring a safe escape route from multistorey buildings, emergency routes should be fully enclosed and separated from the rest of the building by fire-proofed materials. This requires the installation of fire doors that remain closed but unlocked at all times. One of their main uses is to separate stairwells from the production floor so that workers on the upper storeys can escape safely.

Respondents to the survey were asked to provide specific details about exit stairwells. It can be seen from Table 13 that approximately 15% of all respondents indicated that in their factory there was no separation between the production floor and the exit stairwell. Where doors are present, respondents answered that in a majority of cases they are normal doors (68%) as opposed to fire-doors (18%). Once again, however, the total figures obscure significant differences by gender, which emerge starkly from our data.

Over half of female respondents (57%) reported a lack of separation between the production floor and exit stairwell in their factories compared to just 3% of males. Furthermore, in workplaces with female dominated workforces, 58% of workers report

that there are no doors separating the exit stairwell, while in workplaces that are mostly staffed by men, this figure is just 1%. In factories where the staff are mostly men the likelihood of having proper fire doors exit stairwell rises ten-fold. For example, in male dominated workplaces, over a third (36%) report that fire-doors are present, compared with 3% in female dominated factories.

To ensure that workers have a safe means of egress in the case of an emergency, it is important that these doors remain unlocked at all times. Only 4% of male respondents reported that their fire-doors were sometimes locked. However, among female garments workers, 8% reported that these doors were sometimes locked. Likewise, among those employed in female dominated factories, 1 in 7 reported that these doors were sometimes locked. This represents a significant safety risk that should not exist – no fire door should be lockable.

Table 13: Accessibility of Fire Exits

	Is the exit stairwell separated from the production floor with...?			Total	Are these doors ever locked?
	A normal door	A fire door	Nothing		
Gender of Respondent					
Males	80.0	17.1	2.9	100	3.8
Females	24.6	18.6	56.8	100	8.2
Gender Composition of the Workforce					
Mostly Women	39.4	3.0	57.6	100	14.3
About Even	81.6	3.9	14.6	100	2.0
Mostly Men	63.1	36.0	0.9	100	4.7
All	67.8	17.5	14.7	100	4.2

Is there Space to Move on the Factory Floor?

The ability of workers to exit the building could be hindered if the area around their workstation is cluttered by piles of material, rejected clothes or finished merchandise. Respondents to the survey were therefore asked whether the space between their workstation and the aisles was clear from obstruction, as seen in Table 14. Women were more likely than men (69% compared to 44%) to report that the space around their workstation was clear.

This finding is relatable to the gender composition of the workforce. In workplaces where most of the workers are women, 56% of workers report that the aisles are free from obstruction. Where men account for the majority of the workforce, this figure falls to 37%. The layout of production lines, types of automation and management of work-in-progress is the most likely explanation for this difference.

In the event of a fire, the barring of windows with iron grills can prevent both the escape of workers and access by the emergency services. Across the whole of our survey sample, approximately one in eight workers (12%) reported that the windows of their factory were barred. However, when we look more closely at the data, the figure increases to one in four (25%) among the female workers who responded to the survey.

The gender composition of the workforce also increases the likelihood of barred windows being present. Among those who work in factories that are mostly staffed by women, over a third (36%) report that their windows were barred. This is compared to just 11% among those who work at factories that are mostly staffed by men.

Table 14: Working Environment

	Clear Aisles	Barred Windows	Cracks in Building
Gender			
Males	44.0	8.8	1.9
Females	68.5	24.8	9.8
Gender Composition			
Mostly Women	56.3	35.7	12.1
About Even	60.9	6.1	2.6
Mostly Men	36.8	11.3	2.2
All	49.5	12.3	3.4

Finally, as well as fire, a common cause of deaths within the garment sector in general and Pakistan in particular is building collapse. The emergence of cracks in buildings can give cause for concern regarding the structural integrity of these buildings.

Respondents to the survey were asked whether they had noticed any large cracks in their building.

Overall, 3% of all workers reported the presence of structural cracks. However, if the findings are unpicked to focus on women's experiences, 1 in 10 female respondents had noticed the presence of large cracks in their buildings. Where those respondents

worked in factories mostly staffed by women, the figures rise again, with approximately 1 in 8 (12%) reporting the presence of large cracks in their buildings.



Image: Ali Enterprises Building in 2016

CONCLUSION

This Report's findings highlight significant deficiencies in some of the most basic facilities and provisions for worker safety and health in the urban centres of garment production in Pakistan. These deficiencies are set against the cumulative harm of

poverty wages and harsh supervision of factory life that signals a lack of care for workers' dignity as well as their material conditions of work.

Individual workers bear the consequences of failings in occupational safety and health in a range of ways. They suffer from the pain and discomfort of tiring and painful work positions without adequate rest periods. They also face the risk of accidents, injury and longer term work-related ill health, in which the high levels of misery in work recorded by our respondents must be included.

However, the study also highlights the disturbing reality that many aspects of workers' experience are gendered. In many important respects, women fare worse than their male counterparts.

Perhaps the most obvious detriment that women workers experience is low pay that decreases further over their working lifetime, as their bodies are used up by work. But women's detriment extends beyond pay, to include unequal treatment across a range of areas of occupational safety and health, including fire and building safety. For example, our survey shows that female dominated workplaces are less likely to have fire doors and safely isolated stairwells, while being more likely to have barred windows. These are features of the workplace that may easily be hidden from scrutiny. There is a need for ongoing enforcement of standards of decent work and occupational safety and health.

Brands have failed in creating a safe and healthy supply chain and employers have failed in maintaining safe and healthy workplaces. The time is long overdue for engaged collective representation of workers' interests in safeguarding their own health, safety and wellbeing.

The conditions our survey highlights cannot any longer be ignored by those who preside over the global supply chain. Brands must act.

We therefore call on the Brands identified in this Report to support the expansion of the legally-binding International Accord for Health and Safety in the Textile and Garment Industry to Pakistan, which requires opening the signatory brands supplying factories' for inspections, remediation and monitoring of safety issues, establish an independent complaint mechanism, provide safety trainings, that will prioritise transparency, worker involvement, representation and participation alongside the enforcement and honouring of statutory instruments and commercial obligations.

It is also essential that Pakistan's national and provincial governments ensure the safety and health of workers in all factories, whether or not covered by the terms of the International Accord in Pakistan.

The involvement of local unions and other local workers' rights organisation in the design, governance and implementation of such initiatives will be of key importance. Only a programme such as this can be credible in safeguarding the health and welfare of garment workers in Pakistan.

APPENDIX I

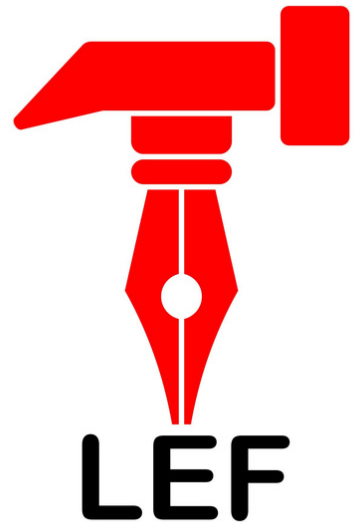
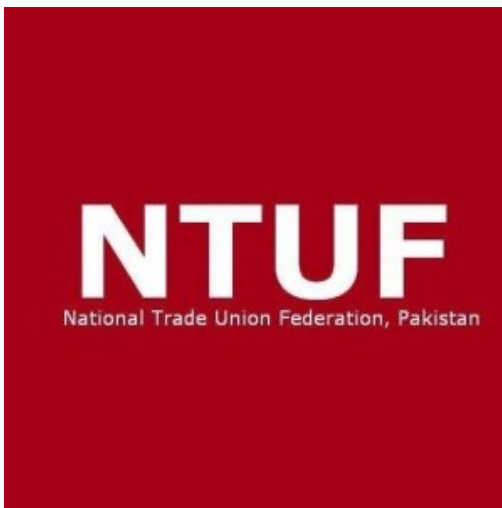
In addition to the development of new questions relevant for our enquiry, tried and tested questions used in previous studies of employment and working conditions were also selected and adapted for inclusion into our survey. The list of previous studies used as points of reference included the European Working Conditions Survey; the UK Skills and Employment Survey, the Workplace Employment Relations Survey and the UK Labour Force Survey. Questionnaire design was also informed by reviews of fire safety risk assessments. Translation of survey instruments was undertaken by members of the fieldwork team. Data was recorded by fieldworkers and collated through the use of LimeSurvey.

In light of COVID-19 and social distancing requirements, our research was undertaken by means of telephone surveys with individual workers. The surveys were administered by locally appointed fieldworkers who were familiar with the conditions that prevail in the sector, spoke local languages and were sensitive to workers' issues.

In terms of the recruitment of research participants, workers who were already in contact with our research partners were asked if they would like to take part in the research but no obligation was placed on garment workers to take part in the study. Fieldwork was conducted in the period from June to August 2021. An initial pilot of the questionnaire took place between 19th-30th June. Following revisions made in the light of findings from the pilot phase, mainstage fieldwork commenced on 19th July and was completed by 31st August. During this period, 585 garment workers provided complete responses to the questionnaire. They were employed, in the main, at large factory units in the urban centres of Lahore, Karachi and Faisalabad.

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Clean Clothes Campaign



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