



Maximizing Women's Health in the Workplace

Guidance for Companies to Improve Women's Health in Supply Chains
HERproject Partners' Meeting | June 2010

About HERproject

Launched in 2007, BSR's HERproject links multinational companies and their factories to local NGOs to create sustainable workplace programs that increase women's health awareness. Working with HERproject partner Extending Services Delivery, BSR also demonstrates the return on investment for factory-based women's health programs.

HERproject is active in Bangladesh, China, Egypt, India, Pakistan, and Vietnam. Participating companies include Abercrombie & Fitch, Clarks, Columbia Sportswear, HP, Levi Strauss & Co., Li & Fung, Nordstrom, Primark, and Timberland. For more information about HERproject, visit www.herproject.org.

On June 2 and 3, 2010, BSR and 25 of our HERproject partners from China, Egypt, India, Pakistan, and Vietnam gathered in Dhaka, Bangladesh, to share best practices and challenges of our factory-based women's health education program.

The corporate sector can play a big role in tackling gender equity by creating jobs for women and equipping them with the necessary skills. However, in order to employ women, major health challenges that currently act as barriers to women's full and productive economic participation will require attention. AIDS, for example, is the leading cause of death among women of reproductive age in low- and middle-income economies around the world¹. Menstrual hygiene, nutrition and anemia, family-planning products and services, pre and post-natal care, and communicable diseases like tuberculosis are also major concerns.

Such health challenges are significant for poor women and their families in developing countries. These challenges impact not only their personal lives, but affect their workplace performance as well. Leaders from the public to the corporate sector increasingly agree that investments in women pay off for families, communities, and business.

Over the past three years of implementing HERproject, or Health Enables Returns, BSR and our partners have learned details about the health-related challenges female workers are facing in factories in China, Egypt, India, Pakistan, and Vietnam. We've also seen some simple and cost-effective solutions that can help companies meet women's health needs more effectively in the workplace.

Based on our collective experiences and growing expertise, we developed five major recommendations to help companies and their suppliers better address women's health challenges in the workplace. As we've seen so far, addressing these challenges can reduce absenteeism and turnover, improve worker morale and worker-management relations, and boost productivity and production quality.

These recommendations need not be limited to factories, but applied within any workplace with a large population of women, especially migrant women, who may have limited access to health information and care.

Recommendations

1. Learn about women's health issues in your supply chain, and share the business case for improving them with new and existing suppliers.

BSR has found qualitative and quantitative returns on investment (ROI) from our workplace women's health programs in China, Egypt, India, Pakistan, and Vietnam. The ROI has been in the form of reduced absenteeism and early leave

¹ WHO, "Women and Health: Today's Evidence, Tomorrow's Agenda", [UNAIDS Press Release](#), November 2009

requests, improved productivity and worker-management relations, and reduced new-worker-recruitment costs. Our partners, Extending Service Delivery, also found an ROI of US\$3:US\$1 for a workplace women's health program they did in Bangladesh in from 2006 to 2007.

Such ROIs make a powerful case for investment, which you and your colleagues can present to new and existing suppliers to encourage them to invest in workers' personal health, and especially in women's health. This also applies internally: Share what you learn with your procurement departments to promote internal alignment. Procurement departments may doubt the value of workplace women's health programs, and demonstrating their value may support improvements in department collaboration.

Suppliers' social compliance officers and social welfare officers can play a powerful leadership role, and so can factory nurses as well. Line and floor supervisors can also play a role by supporting women's health needs and allowing them leave to visit the nurse or use the toilet. Buyers and supplier management can help build support among supervisors by emphasizing tactics like using lean production periods for workers' health trainings.

Factory staff will benefit from orientations on health issues and their business relevance. A potential model to use is a "master trainer model," in which social compliance officers could be trained on health issues and then they could provide trainings to human resources, production, and other management staff.

Companies can work together with their suppliers to plan an approach to workers' health challenges and relevant programs and policies. Another tactic is to set up supplier roundtables to share good practices in worker health programs. BSR can support such efforts and can provide guidance on best practice.

2. Incorporate women's health and hygiene into auditing protocols.

Because female workers' personal health has such a significant impact on business, it follows that it would help both workers and management to incorporate a few personal health issues into auditing protocols.

In many cases, it may make sense to expand or refine existing auditing protocol, for example:

- » *Factory clinic and nurse:* In most countries, national law stipulates the requirement of a clinic and a factory nurse, and brand audits monitor compliance. However this resource tends to be underutilized by workers and management. Boost utilization by also auditing clinic staff qualifications, clinic facility quality and uptake, and factory clinic referral system to external health services.
- » *Toilet facilities:* Factories are required by law in most countries to provide separate toilet facilities for men and women. However, most factories restrict workers' use of toilets, have a limited provision of facilities per worker, and can have facilities that are unclean and without sanitation products such as soap or bins to deposit feminine hygiene products. Health education can improve workers' personal hygiene and contribute to facility cleanliness. Engaging facility cleaners in health education can also support this objective.
- » *Safe and nondiscriminatory working environment:* Incorporate women's unique risks and needs into existing protocols. For example, special needs of pregnant women, workers' suffering from health conditions including HIV+ or tuberculosis, or women struggling with mental health issues.
- » *Display of information for workers:* Many companies require workplaces to display information regarding fire safety, other occupational health issues, and in some cases, workers' basic rights. Firstly, companies should ensure

that this information is presented in a way that is relevant to workers—for example, in a factory with a majority of illiterate workers (and women are more likely to be illiterate than men in most countries), informational posters with words will not be helpful. Companies can also require that some basic health information on issues like HIV/AIDS, nutrition, family planning, and pre and post-natal care, be shared in addition to occupational health and safety information.

Formalizing female workers' personal health into audit protocols will help companies recognize suppliers who have taken a proactive approach to workers' health and especially female workers' health. Likewise, creating a monitoring mechanism will act as an incentive to encourage suppliers to create or participate in workplace health programs.

3. Encourage suppliers' formation of health committees with participation by female workers, human resources, and clinic staff.

Women are often less likely to take leadership positions on internal workplace committees, such as welfare committees, health and safety committees and others. At the same time, they often have unique needs or concerns on issues like health, childcare, sexual harassment, overtime, and personal safety.

To this end, some companies had success forming separate committees for women's issues—"gender committees"—which have helped them identify and address female employees' needs more effectively. Committees can focus on women's health issues, and could be tasked with monitoring personal health issues for both male and female workers, such as health education, hygiene and sanitation, and clinic-service improvement.

Such committees can be made up of female workers, human resources staff, clinic staff, compliance officers, and supervisors. Committees will require some preparation and training in order to be effective, and will need clear roles and responsibilities defined by supplier management.

4. Encourage equal representation of women in human-resources and clinic-staff positions to support female workers.

In many developing countries, conservative cultures dictate a certain level of reserve in all communications between men and women. As a result, it may be difficult for female workers to communicate with male supervisors, human resources staff, and clinic staff. With regard to the staff that is hired to support workers, such as welfare officers and clinic nurses, it may help female workers to have at least one female resource available to them.

Encouraging equal representation of women in more senior or other worker-facing positions will help increase uptake by women of services, and may improve worker-management communications in general as women become more comfortable with sharing their opinions within the workplace.

5. Explore with your suppliers options for offering women's health-related benefits, services, or products within the factory.

The provision of certain benefits, services, or products within the factory may disproportionately benefit women, and may therefore support loyalty and retention of female employees. Support for women's health-related issues may also reduce absenteeism and early leave, and it may improve productivity.

Some areas for investment include:

- » *Provision of hot meals and vitamin supplements:* Providing meals that are of decent quality, are hygienically prepared, and are nutritious can improve workers' health and particularly women's health. Anemia is an enormous issue among women in the developing world. For example, approximately 9 million women in Bangladesh are anemic² and almost half of poor women in the country suffer from malnutrition³. In addition to significant personal and maternal health implications, malnutrition and anemia impact women's energy and focus levels, and can lead to fainting and absenteeism. Another area that might be explored is iron supplements. When properly dispensed (e.g. not with food or tea/coffee, and ideally given with vitamin C), iron supplements are a cost-effective means of reducing anemia.
- » *Provision of women's health products:* Some women's health products, especially sanitary napkins, can be safely dispensed within the factory setting. Many programs exist to obtain the napkins at a reduced cost and sell them at a subsidy to workers. We have had great success with this in Pakistan. Do note that many of the challenges around menstrual hygiene are awareness related, so any provision of sanitary napkins should be accompanied by an awareness-raising campaign. Other women's products, such as family planning, could be provided in factory clinics or at mobile clinics that visit the factory, though precaution must be taken to avoid unlawful pregnancy testing, pregnancy prevention, or termination of pregnancy by factory management.
- » *Build partnerships with external service provider for women's health-specific needs:* Many NGOs and government programs provide women's health services including pre- and post-natal care, family planning, and women's health examinations, as well as gender neutral sexually transmitted infection testing and services. For example, Marie Stopes International has fixed and mobile clinics providing women's health services in many developing countries, including Vietnam. In addition, many governments also offer subsidized services through their Ministries of Population or Ministries of Health, for example, HERproject has partnered successfully with local and national government in China, Egypt, and Pakistan. BSR or other HERproject partners can provide lists of local services that factories can take advantage of.

Contact HERproject at getinvolved@herproject.org to learn more about our programs and how our lessons can help you.

² Nutritional Surveillance Project, Bulletin No. 10, Bangladesh, March 2002, <http://www.hki.org/research/NSP%20Bulletin%2010.pdf>

³ Health, Nutrition, and Population Group, World Bank, "Socio-Economic Differences in Health, Nutrition, and Population: Bangladesh", April 2007