



Business for Social Responsibility

Promoting Factory-based Women's Health Initiatives: Lessons Learned from Pakistan

August 21, 2007

1. METHODOLOGY

BSR spent a total of two weeks in Pakistan with visits to Karachi and Islamabad. The purpose of this scoping mission was to address the following:

- Ascertain **current reproductive health needs** in Pakistan;
- Determine **ideal project partners** including:
 - Gathering input from factory management on the viability of conducting reproductive health trainings within a factory based setting;
 - Assessing NGO partners that would be best suited to conduct trainings within the local and cultural context; and
- Seek **input on training curriculum and design** from reproductive health practitioners.

In order to meet the aforementioned objectives, BSR conducted the following in-country activities:

Factory visits: BSR visited a total of five apparel factories based in Karachi's extended industrial areas of Korgani and Landhi. Of these factories one focused on woven apparel, another factory produced knitwear, a third denim, a fourth towels and bed linens and a final facility was a vertically integrated mill. The selected facilities varied by product type, size and workforce and depending on a number of variables appeared to be willing or unwilling to permit reproductive health trainings within their facilities. All of the selected factories produce predominately for the US market.

Interviews with factory management focused on obtaining management's perception of the unmet health needs for their workers, reviewing on-site resources for workers and gauging factory willingness to participate in reproductive health trainings within factory settings. Discussions also aimed to understand any reservations that factory management may have around worker trainings.

Organizational meetings: BSR also met with a total of three organizations that were either focused on providing health education and trainings and / or had research expertise around reproductive health needs within poor communities. Organizations were asked for their thoughts on current unmet health needs in Pakistan and to also provide input on the proposed factory based pilots. These organizations included:

- Department of Community Health Sciences, Agha Khan University
- The Employers Federation of Pakistan
- Lawyers for Human Rights and Legal Aid

NGO outreach: BSR reached out to a total of five NGOs that operate within the reproductive health arena. These included a mix of advocacy, training (at the management and worker level) and service delivery organizations. NGOs were asked to provide their thoughts on the unmet reproductive health needs of female factory workers. BSR also vetted the idea of in-factory trainings with NGOs and explored potential partnership opportunities with them in developing and implementing factory based trainings.

These organizations included:

- The David and Lucile Packard Foundation, Pakistan Country Office
- Marie Stopes International
- Leadership Development Program for Mobilizing Reproductive Health (LDM), Institute of International Education
- Green Star
- Aahung

Worker Focus Group: One factory allowed BSR to meet with ten female factory workers. During this session BSR focused on better understanding the current profile and reproductive health needs of female workers within the apparel industry.

2. KEY FINDINGS

The most frequently cited unmet reproductive health needs included:

- Hepatitis B and C
- Nutrition Education
- Hygiene and Sanitation
- Pre and Post Natal Care
- Family Planning

Conversations on HIV/AIDS painted a more complicated landscape with an overwhelming belief among a number of service delivery NGOs and health care practitioners that infection rates within Pakistan are low and that too many international donor agencies and government resources are being deployed toward combating HIV/AIDS which would be better deployed toward providing more holistic reproductive health solutions and outcomes.

In terms of primary ways of transmission the most frequently cited method was through intravenous drug use, followed by MSM. A few NGOs cited growing concerns around heterosexual transmission noting that women are a particularly vulnerable population who face added discrimination and harassment if they seroconvert.

A growing concern for doctors and some NGOs is the limited – if any – access to care post detection, both in terms of counseling and ARV drug provision. Additional complications include religious and cultural taboos around addressing MSM transmission. A few health care practitioners criticized the government run media campaigns for skirting transmission facts and running confusing media campaigns.

In terms of overall program design, the most consistent advice from the different stakeholder groups was to provide **holistic** training as opposed to focusing on one particular health care need. Additionally many stressed the importance of a **sustainable** solution, where an ideal program would not just raise awareness but include **service delivery**. A few stakeholders also brought up the issue of women not having control over their own reproductive health. One solution to this issue was to frame any trainings as a female **empowerment** initiative; another suggestion was to focus on **raising awareness among men** as well as the broader community such as with dais (mid-wives) and village heads.

In terms of bringing factories on board, many stressed the importance of building the **business case for factory managers** from the on-set. A few also pointed to the importance of **private and public sector engagement**.

In terms of hurdles to consider, many cautioned around the **religious and cultural sensitivities** of providing reproductive health education to factory workers, particularly FP information to a predominately young, unmarried female workforce.

*“If we provided HIV training in our factories they would be burnt down” –
Factory Manager*

*“HIV is not an issue because most men in Pakistan are circumcised” –
NGO service provider*

Additional issues included the need to build **local NGO capacity**, with a number of NGOs being criticized for either being inactive, misinformed or under-resourced.

Many stakeholders cautioned against raising awareness without providing access to care. A final issue that was frequently raised is the issue of **turnover**, which could undermine the business case for factories to invest in their workforce.

Factories that were more open to the idea of conducting in-factory trainings were often larger and financially sound. Additionally these factories had oftentimes already invested in their workforce by providing an on-site clinics and/ or doctors. For factory management to truly buy into the business case for investing in the health needs of their work-force, most asked for a direct as opposed to agent-based relationships with their buyers and a reduction in social compliance audits.

Concerns raised by factories included questions around disruption of their production schedule if trainings are conducted during work hours. A few asked for any training curriculum to factor in cultural sensitivities, especially when training unmarried female workers. Finally one factory stated a refusal to participate unless HIV/AIDS training was removed from the curriculum.