



Learning package 3:

Garment factories

Cambodia's garment manufacturing industry is flourishing and women comprise the majority of its workforce. Tailored sexual and reproductive health information and services help these women to access important care.

Cambodia's garment industry workforce is overwhelmingly female: an estimated 85% of its over 700,000 employees are women, predominantly of reproductive age. Many garment factory workers migrate to urban areas for work, and have limited knowledge of reproductive, maternal and newborn health (RMNH). Away from their usual social support networks, it is important that garment factory workers have access to reliable RMNH information and services so that they can confidently make informed decisions about their health and seek appropriate care.

From 2013-18, Partnering to Save Lives (PSL) partnered with 25 garment factories in Phnom Penh and Kandal province to promote positive RMNH behaviours, with a focus on sexual and reproductive health. PSL implemented an innovative behaviour change communication (BCC) package, *Chat! Contraception (Chat!)*, introduced quality improvement measures in garment factory infirmaries, and made a comprehensive referral directory available to help workers reach services outside of infirmaries.

This Learning Package outlines the key activities that PSL implemented in garment factories and the lessons learned along the way. As Cambodia's garment industry continues to grow, it brings continued opportunity to reach large populations of women of reproductive age with health education and services.

PSL initiatives in garment factories

PSL's BCC and quality improvement activities in garment factories focused on sexual and reproductive health, particularly safe abortions and family planning. Activities included:

- Quality improvement in infirmaries:
 - Training and coaching;
 - Quality assessments and action plans;
 - Support for procurement and physical improvements.
- *Chat! Contraception* BCC package:
 - Activity-based sessions;
 - Video dramas;
 - Mobile quiz application
 - Dedicated male engagement activities (*Chat! for Him*).
- Referral package, comprising:
 - Referral directory, containing details of service providers in all *khans* in Phnom Penh and selected locations in Kandal province;
 - Factory-specific summary sheet, focusing on service providers around the factory;
 - Referral slips (pilot only).

“[Chat!] made us more aware of contraception and we know more about reproductive health...and how to prevent violence at home.”

Garment factory worker

Context for PSL garment factory activities

Cambodia’s garment industry has grown enormously in recent years. With such a highly concentrated population of women of reproductive age, there is a strong need to ensure that factory workers have access to reliable RMNH information and services that can improve health and well-being and limit pregnancy-related absences and staff turnover.

When PSL began, its baseline survey found that garment factory workers’ use of reliable, modern family planning methods was low. While half of the surveyed workers reported being sexually active, less than a third of them used modern contraception, and nearly 20.0% had previously had an abortion. These results were coupled with very low self-efficacy scores for negotiating sex and use of family planning. Only 5.0% felt confident discussing family planning use with partners, and just 3.7% felt they could refuse sex under different conditions. These results indicated a need for empowering BCC activities that would help female workers develop the confidence to assert their sexual and reproductive health rights, and male partners to engage in respectful relationships and support positive RMNH behaviours.

PSL also conducted quality assessments in factory infirmaries that commonly found a lack of adequate equipment, supplies and resources to provide information and services to women. Infection control procedures were often weak, records management was limited, and high staff turnover meant frequent loss of knowledge and experience. Further development was therefore needed to establish the infirmaries as reliable and attractive sources of information, services and referrals for workers.

Responding to these issues, PSL introduced *Chat!* with concurrent activities to improve service quality in infirmaries and strengthened referrals to appropriate care.

Resources developed by PSL

PSL developed the following resources for use in garment factories.

BCC resources

- PSL RMNH BCC framework for garment factory workers (2016)
- *Chat!* Contraception Facilitator Toolkit
- *Chat!* video dramas
- ‘Good Old Sister’ mobile application
- *Chat!* Contraception for Him resources

Referrals

- Health Facility Referral Directory

Quality improvement

- Infirmery quality assessment tool
- Training curriculum for infirmery staff

Evidence and learning

- Survey reports: PSL baseline (2014), midline (2016) and endline (2018) surveys
- PSL final evaluation report (2018)

Bringing national standards to Cambodia’s private industries

As private sector investment in Cambodia grows, there is a commensurate need to strengthen regulatory measures that protect workers’ conditions and rights.

Alongside factory-based activities, PSL, with the Ministry of Labour and Vocational Training (MoLVT), helped to lead and facilitate discussions on the National Guidelines for the Establishment of Enterprise Infirmaries. MoLVT launched the guidelines in December 2017, which will be applied in factories across the country. In particular, PSL encouraged factories to consider appointing midwives in the infirmaries, and strengthening infirmaries’ capabilities for counselling and referral-making. The new guidelines invite factories to develop their services beyond the minimum standards and requirements, and provide positive examples of good practices for guidance.

PSL also applied the principles of the National Family Planning Guidelines to its quality improvement initiatives in garment factory infirmaries so that service providers are operating with an agreed, standard clinical framework.

Key results

PSL tracked data on garment factory workers’ knowledge, self-efficacy and behaviours from 2013-2018 via three surveys (baseline, midline and endline). The data at right is a snapshot of the key results as they changed over time.

Behaviour change/referral indicator	Baseline	Midline	Endline
Percentage of garment factory workers accessing RMNH services in the last 12 months	6.8%	10.5%	11.5%
Percentage of female workers of reproductive age using modern methods of family planning	10.6%	20.3%	25.2%
Percentage of sexually active female workers using modern methods of family planning	24.2%	40.4%	43.1%
Percentage of current modern family planning users who use long-acting or permanent methods	11.5%	15.0%	13.5%
Percentage of female workers who know that abortion is legal	7.9%	16.5%	15.3%
Percentage of female workers who know how to access a safe abortion	20.1%	44.1%	55.0%
Percentage of female workers who feel empowered to discuss and use modern family planning	5.3%	24.8%	25.0%
Percentage of female workers who are confident to refuse sex	3.7%	26.4%	28.0%



Credit: Marie Stopes International Cambodia

Left: Savy, a garment factory worker in Phnom Penh, works hard so that her daughter can have a good education. She has limited resources and wants to invest them in her existing family. Savy visited the factory infirmery for basic family planning services and now uses modern contraception.

Recommendations

PSL activities within garment factories improved workers' RMNH knowledge and their access to relevant services. To consolidate and build upon these efforts, PSL recommends to:

- Collaborate with MoLVT and industry bodies from the garment manufacturing sector to implement and monitor the new National Guidelines for Establishment of Enterprise Infirmaries.
- Incorporate data on family planning services from factory infirmaries into the Health Information System.
- Collate and document evidence of return on investment from workplace health programs. Advocate for industry involvement and investment in programs.
- Strengthen internal systems and commitment within garment factories to continue workers' health and well-being initiatives independently.
- Support continuous quality improvement in garment factory infirmaries with dedicated supplies and equipment budget and internal performance monitoring and enhancement systems. Continue to offer training and coaching opportunities for staff.
- Ensure that infirmaries are equipped with the details of National Social Security Fund facilities and are able to make referrals for services by external providers.
- Support scale up of BCC, including *Chat!*, that uses women's empowerment activities and expand to new garment factories.
- Share learning and experiences with peers in similar labour markets that also have low-skilled workforces and potential need for RMNH information and services.
- Advocate for replication of garment factory health promotion, referral and service delivery models across other labour markets that recruit poor, low-skilled employees (for example, the construction industry, plantations).

Next steps

PSL results in garment factories demonstrated that targeted BCC activities can change workers' attitudes and behaviours, and that quality improvement is necessary in factory infirmaries to attain and maintain a consistently satisfactory standard of care. Both of these processes require ongoing investment and activity to uphold the level of improvement that has been observed to date.

As PSL draws to a close, there are still outstanding issues and challenges to improving garment workers' health and well-being. Discriminatory attitudes among infirmary providers and limited spaces for confidential service delivery act as barriers that must be addressed to enable inclusive clinical environments. Workers themselves need to continue developing the awareness and confidence to make informed RMNH decisions – outcomes that *Chat!* achieved among its participants, but which need to be scaled up so that all women can grow these capabilities.

Factory managers, brands and industry bodies can all play a role in implementing programs that continue improving RMNH outcomes for their workforce. For example, collaboration between the garment manufacturing sector and the government will be necessary for implementing the new National Guidelines for Establishment of Enterprise Infirmaries. Investment and leadership from the garment industry can also help to sustain workplace health and well-being activities. For businesses, as much as workers, there are strong reasons to participate: when women are able to plan their pregnancies and manage their RMNH, they are better able to engage in the workforce. Participation, and therefore productivity, increases. Documenting this return on investment and building an evidence base for worker well-being will be an important enabler of private sector involvement in future initiatives.

As PSL ends, there is still considerable potential to improve RMNH outcomes for Cambodian women by implementing programs with the garment sector. Ongoing investment and collaboration between private industry, government and non-state implementing partners will be key to building upon achievements and learning to date.

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Partnering to Save Lives



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