Sickness and Treatment: A Situation Analysis among the Garments Workers

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ABSTRACT

This was a descriptive type of cross sectional study among 522 garments workers as respondents. It was aimed to identify morbidity pattern, duration of illness among garments workers and also to determine treatment seeking behavior during illness. The socio-demographic characteristics of the respondents were the points of investigations.

It was revealed from the findings that the mean age of the respondents were 23.1years. They were mostly female (80%) and married (60%). About 60% respondents were found primarily educated and no one found illiterate. 90% respondents were found from nucleated family. The study shows 79% respondents were suffering from illness during the last 02 months and majority suffers (18.6%) and (43.6%) were found among 26-30 years age groups and 21-25 years age groups respectively. However, female sufferers were more (33.6%) than male (10%) in the 21-25 years age groups. Moreover about 42% respondents were suffering for 1-2 weeks and 28.8 are suffering for less than 02 weeks. On the otherhands, Loose motion, Cough, and Breathlessness were found prominent sign/symptoms among 38%, 29%, 28% sufferers respectively. Diarrhoea, Common cold and Respiratory Tract Infections were found as predominant diagnosis among 40.5%, 22.5% & 15.1% respondents respectively. Nevertheless majority 56% were seeking treatment from LMAF doctors. Conclusion: The study findings highlight awareness program among factory owners and garments workers towards preventing infectious and chronic diseases as well as to undertake modern scientific treatment. Improved health care facilities in the garments factory may be considered for early detection and treatment of cases to avoid complications.

Key words : Health seeking behavior, Morbidity pattern

Introduction

Health reflecting the soundness of physical condition essentially measures the quality of human life. But this is no longer considered merely as a humanitarian value independent of the social environment. It is rather viewed more an d more as an essential force for promoting socioeconomic progress in a society.

Information on the existing morbidity pattern and health seeking behavior of the garments workers is essential to provide need based health care delivery to any population. This information is rarely available. Mainly hospital data are available for disease pattern. Community based study can only reflect the true picture of the disease pattern in a given community and what are their preferences in seeking health care services.

The high incidence of morbidity cuts their household budget both ways i.e not only they have to spend large amount of resources on medical care but also unable to earn during this period. One possible consequences of this could be pushing families into a zone of permanent poverty[1].

Health seeking behavior refers to the sequences of remedial actions that individuals undertake to rectify perceived ill health[2]. It is initiated with symptom definition, whereupon a strategy for treatment action is devised. Treatment choice involves a myriad of factors related to illness type and severity, pre-existing lay beliefs about illness causation, the range and accessibility of therapeutic options available and their perceived efficacy, convenience, opportunity costs, quality service, staff attitudes as well as the age , gender and social circumstances of the sick individual[3]. As for health care system, in almost all the developing countries, the public and private health sector co-exit, complementing or conflicting with each other. Yet, in health planning least consideration is given to harmonize this co-existence in the larger benefit of the users[4]. Number of studies show that trends in utilization of a health care system public or private, formal or informal, by and large vary depending on factors such as age, gender, women's autonomy , urban or rural habitat, economic status, severity of illness, availability of physical infrastructure, type and cadre of health provider, etc[5.]

Like much of the developing world, medical pluralism, or existence of several distinct therapeutic systems in a single cultural setting is an important feature of health care in Bangladesh. Indeed a wide range of therapeutic choices is available ranging from self-care to folk and western medicine, although both illness incidence and treatment options are importantly determined by poverty and gender[6]. The type of symptoms experienced for the illness and the number of days of illness are major determinants of health seeking behavior and choice of care provider. In case of a mild single symptom such as fever home remedies or folk prescriptions are used . Whereas with multiple symptoms and longer period of illness, biomedical health provider is more likely to be consulted[7]. Traditional beliefs tend to be interwined with peculiarities of the illness itself and variety of circumstantial and social factors. This complexity is reflected in the health seeking behavior including the use of home prescriptions. The attitude of the health provider and patient satisfaction with the treatment play a role in health seeking behavior[8].

The overall situation of health care system is poor in developing countries like Bangladesh due to inadequate access to modern health services and poor utilization . One of the public health challenges in Bangladesh is therefore to identify vulnerable groups and to provide them with needed preventive and curative health services[9].

Bangladesh presently exports Ready Made Garments (RMG) to about 30 countries around the world. It has over one million workers who form over 60% of production workers in the RMG factories. More women whether pushed by poverty or pulled by opportunity are working outside the home. Food intake is particularly cut down, along with any other desires. So they are more vulnerable to suffer from many kinds of illness. So it is very important to know their morbidity pattern and to plan according to solve the problem of treatment seeking behavior.

To make existing health care delivery system more pro-poor, knowledge of their health seeking behavior is needed[10]. Identification of individual factors that may facilitate or impede the effective use of health care services may help us to identify those who may be particularly vulnerable and provide information that policy makers can use to target services to those in greatest need. Therefore, this study has been designed with expectation to determine the disease pattern and health seeking behaviours of the garments workers in Dhaka city.

Methodology

This was a descriptive cross sectional study carried out in some selected garments factories of Mohammadpur, Adabar, Shamoly & Mirpur area of Dhaka city. It was conducted during the period of January to June , 2012 to assess the morbidity pattern of the garments workers. Total size of the sample was 522 and was purposive in nature. Structured Questionnaire duly pre-tested were the instrument for data collection. It was collected through Face to face interview. All data were cleaned considering the nature of variables and maintaining quality control check. Data were processed and analyzed manually and by using computer.

Result

Table I Distribution of respondents by age & sex n = 522

Age in years	Numbers of respondents		Total
	Male	Female	
<15	0	0	0
	(0)	(0)	(0)
16-20	26	104	130
	(5)	(20)	(25)
21-25	63	251	314
	(12)	(48)	(60)
26-30	7	29	36
	(1.4)	(5.6)	(7)
31-35	5	21	25
	(1)	(4)	(5)
36-40	2	8	10
	(0.4)	(1.6)	(2)
>40	1	4	5
	(0.2)	(0.8)	(1)
Total	104	418	522
	(20)	(80)	(100)

N.B: Figure in the parenthesis indicates percentage.

About 85% respondents were found within age of 16 to 25 years and about 80% respondents were female. Mean age : 23.1years & Standard deviation : ± 7.73.
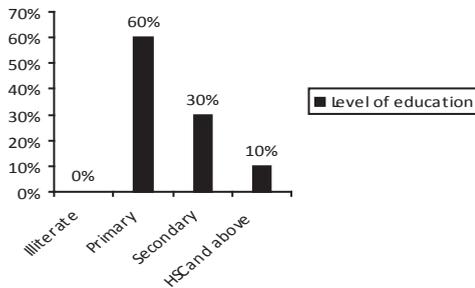

Figure 01: Distribution of respondents by level of education

Table II Distribution of respondents by marital status n =522

Marital status	Number of respondents	Percentage (%)
Married	313	60
Unmarried	157	30
Widow	10	2
Divorced	42	8
Total	522	100

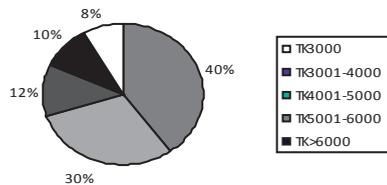About 60 % respondents were found married.

Figure 02 shows that most of the respondents 70% were found monthly income from
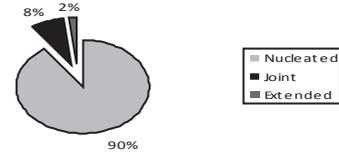TK 3000 to TK 4000. However 8% were found monthly income above TK 6000 only.

Figure 03 shows that about 90% respondents were found nuclear family

Table III Distribution of respondents' by suffering from illness by age and sex during the last 02 months n =522

Age in years	Number of respondents suffering from illness	Sex	
		Male	Female
15-20	52	16	36
	(10)	(3)	(7)
21-25	228	52	176
	(43.6)	(10)	(33.6)
26-30	97	21	76
	(18.6)	(4)	(14.6)
31-35	76	34	42
	(14.6)	(6.6)	(8)
36-40	43	19	24
	(8.2)	(3.6)	(4.6)
>40	26	10	16
	(5.0)	(2)	(3)
Total	522	152	370
	(100)	(29.2)	(70.80)

N.B: Figure in the parenthesis indicates percentage.

Suffering from illness were found highest among 21-25years age groups (43.6%) and 26-30 years age groups (18.6%) respectively. However, female suffered more (33.6%) than male (10%) in 21-25 years age groups.
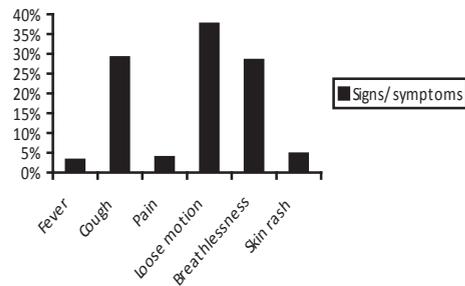

Figure 04 shows that Loose motion, Cough, Breathlessness were found predominant signs/symptoms among 38%, 29% & 28% respondents respectively.

Table IV Distribution of respondents' by diagnosis n = (multiple response)

Diagnosis	Number of respondents	Percentage (%)
Common cold	117	22.5
Diarrhoea	211	40.5
Arthritis	29	5.7
Chicken pox	45	8.6
Tuberculosis	29	5.7
Typhoid fever	17	3.2
RTI	79	15.1
RF	6	1.2

Diarrhoea, Common cold & Respiratory tract infections were found predominant diagnosis among 40.5%, 22.5% & 15.1% respondents respectively.

Discussion

In this study the mean age of the respondents was 23.1years with SD of ±7.73. Maximum proportion (85%) of the respondents were found within the age group 16-25 years. Age distribution corresponds with the other studies conducted among the same population[13]. There were more female (80%) respondents than male (20%) respondents, About 80% respondents were muslims and 18% were Hindu. Most of the respondents (60%) were married and 30%, 2% were unmarried and widow respectively.

The study shows that among the respondents 60%, 30% & 10% had completed Primary, Secondary and HSC above education respectively. No one was found illiterate. About 80% respondents were literate which correspondent to the adult literacy rate of Bangladesh11. About 70% respondents were found helper and operator. The monthly income of the respondents in this study ranges from TK 3000 to more than TK 6000. Most of the respondents (52%) were found monthly income from TK 3001 to TK 6000. However, 8% respondents were found monthly income above TK 6000. This was quite low even in relation to per capita income of Bangladesh[12].

The study shows that (79%) respondents were suffering from illness. Among them majority (18.6%) and (43.6%) were 26-30 years and 21-25 years age groups respectively. This morbidity pattern was similar with the study conducted in rural population of Tamil Nadu[14-17]. However, female suffered more (33.6%) than male (10%) in 21-25 years age groups. It also found that about (42%) respondents were suffering for 1-2 weeks and 28.8% were for less than 02 weeks.

The study reveals that loose motion, Cough and Breathlessness were predominant sign/symptoms among 38%, 29% & 28% respondents respectively. Regarding diagnosis of their illness 40.54%, 22.5% & 15.1% respondents were diagnosed as Diarrhoes, Common cold and Respiratory Tract Infections respectively. Ahmed et al found the same disease pattern in their study[14].

Among the sufferer, their mode of seeking treatment was different. Majority 56%, 21% & 10% received treatment from LMAF, Pharmacists & Kabiraj respectively. About 11% respondents had no consultation for their illness. Overall utilization of health facility is unsatisfactory which is same with the similar study in Pakistan16 and still far better than the health seeking behavior in Chakaria seen by ICDDR'b.

Conclusion

Existence of several distinct therapeutic systems in a single working environment was found to be an important feature of health care system in the study area. In this respect, effort to increase health related knowledge and skills to facilitate decisions to seek appropriate health care service should emphasized in improving health care delivery service in garments sectors. It is essential that garments sector should have full time employment of doctors. It is recommended that basic pharmaceutical training be made available to the full spectrum of health care providers in the garments factory. Moreover, the workers in this sector needs health awareness program in preventing infectious and communicable diseases along with chronic ailments in particular. Development of such awareness program will help disease prevention. It will thus improve the production and satisfaction of the employee as well. Further in depth large scale research should be conducted and findings may be considered to formulate policy to improve the overall scenario of health care delivery for garments workers in the country.

Recommendations

Considering the findings of the present study, there are following recommendations:

- The workers in the garments factory in the study area needs awareness program towards motivation in preventing infectious diseases.

- Respondents within 21 to 30 years of age needs special attention in regards to their health related problems and illness in particular.

- Early detection and treatment regarding infectious diseases & the members suffering from chronic ailments (arthritis) need special attention .

- The workers seeking non scientific treatment need motivation through awareness program towards modern treatment.

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