Health and safety in garment workers’ lives: setting a new research agenda


This version is available from Sussex Research Online: http://sro.sussex.ac.uk/id/eprint/71473/

This document is made available in accordance with publisher policies and may differ from the published version or from the version of record. If you wish to cite this item you are advised to consult the publisher’s version. Please see the URL above for details on accessing the published version.

Copyright and reuse:
Sussex Research Online is a digital repository of the research output of the University.

Copyright and all moral rights to the version of the paper presented here belong to the individual author(s) and/or other copyright owners. To the extent reasonable and practicable, the material made available in SRO has been checked for eligibility before being made available.

Copies of full text items generally can be reproduced, displayed or performed and given to third parties in any format or medium for personal research or study, educational, or not-for-profit purposes without prior permission or charge, provided that the authors, title and full bibliographic details are credited, a hyperlink and/or URL is given for the original metadata page and the content is not changed in any way.
Health and Safety in Garment Workers’ Lives: Setting a New Research Agenda

Rebecca Prentice
Geert De Neve
Alessandra Mezzadri
Kanchana N. Ruwanpura

Abstract

Amidst new global initiatives to promote garment workers’ health and safety following a spate of deadly factory disasters across the Global South, this critical review calls for an expanded research agenda that looks beyond the workplace to examine the complex politics, spatialities, and temporalities of garment workers’ health and wellbeing. Drawing on ethnographic research on garment workers across South Asia, we argue against a narrow, technocratic, and depoliticised emphasis on physical infrastructures and building safety, and advocate instead a more holistic and politically-engaged research approach to the everyday health and wellbeing of workers. A conceptual focus on health and wellbeing offers a window onto workers’ employment experiences and reveals how routine work pressures, exhaustion and ill health are shaped by the dynamics of global supply chains, even well after workers have disengaged from these global circuits. Understanding how garment work affects workers’ wellbeing and their prospects for a fulfilling life requires research that moves beyond the workplace and covers the entire life course.

Keywords: garment workers, health and safety, well-being, labour geography, ethnography, South Asia
1. Introduction: From Safety to Health

The factory fires and collapses that gripped public attention over the last few years have brought renewed focus on the health and safety of global garment workers. Incidents like the 2013 collapse of the Rana Plaza garment factory building in Bangladesh, which claimed 1,134 lives, the 2012 Ali Enterprises factory fire in Pakistan that killed more than 250 workers, and the death of 13 people in a leather factory blaze in a suburb of Delhi in 2016 speak to the hazardous conditions in supply chains across South Asia and how the neglect of workplace safety imperils human life. Labour rights campaigners rightly use these high-profile failures of safety governance to draw attention to substandard working conditions. However, the prevailing emphasis on such deadly incidents runs the danger of presenting them as isolated and ‘exceptional’ tragedies and of distracting from the everyday, ongoing ways in which risks to health mark the routine workings of the ‘global sweatshop regime’ (Mezzadri, 2017a).

In attempting to prevent future disasters, the focus so far has been on improving the physical infrastructure of garment manufacturing. Bangladesh has seen the most intensive efforts, with a range of new safety initiatives. These include the Accord on Fire and Building Safety (‘the Accord’), a five-year (2013-2018) programme of factory inspections and safety upgrades created by transnational non-governmental organizations (NGOs) and trade unions (Reinecke and Donaghey, 2015). The Accord is a legally-binding pact between trade unions and multinational companies sourcing from Bangladesh that attempts to strengthen labour standards by making global brands and retailers responsible for the safety of the factories from which they source. As such, the Accord mirrors early twentieth century ‘jobbers’ agreements in the United States, which negotiated collectively bargained contracts between workers, manufacturers and buyers (Anner et al., 2013). Eager to avoid another deadly disaster threatening image-sensitive brands, more than 200 global apparel companies have signed it. The Accord has been criticised both nationally and internationally for focusing only on
Bangladesh, for creating a semi-private system that encroaches on the state’s responsibility to inspect factories, for overlooking the vast world of informal garment units, and for bolstering corporate power by strengthening buyers’ control over suppliers (see Labowitz and Baumann-Pauly, 2015; Anner and Bair, 2016; Scheper, 2017). Despite the many criticisms, the Accord has now been extended for an additional two years, though its narrow focus on building safety remains largely unchanged.

In this critical review, we draw from comparative research to propose an expanded research agenda that moves beyond ‘health and safety’ understood as the upgrading of physical infrastructures in order to consider the routine labour practices that turn production sites into unhealthy, risky, and even lethal zones for workers. This expanded worker health agenda encompasses the complex politics, spatialities, and temporalities of workers’ lives. We argue first that health and wellbeing cannot be addressed solely as a technical issue (Barrientos et al., 2010), without attending to the politics of labour and the global dynamics of supply chains, including production pressures, overtime work, and the right to organise. Second, as workers’ health is threatened on a daily basis, we advocate approaching ‘health and safety’ in a comprehensive way to recognise workers’ health and wellbeing, and not simply their physical safety against risks of fire and building collapses. Third, we propose an examination of garment workers’ health and wellbeing beyond the shop floor and throughout the lifespan, including experiences after leaving employment. For ‘health and safety’ interventions to be effective, health needs to be examined in a much broader way to understand how garment work fits into and shapes the prospects for an individual’s life trajectory.

As one of the most prominent garment-producing regions in the world (Lopez-Acevedo and Robertson 2016), South Asia offers a useful vantage point to examine these issues. Despite similar colonial histories, India, Pakistan, Sri Lanka, and Bangladesh have very different labour histories and now occupy separate niches in the global garment sector. At one end of the
spectrum, Bangladesh represents the world’s cheapest labour costs and specialises in high-volume, low-cost production for export (Zajak, 2017: 1010-1011); at the other end, Sri Lanka attempts to position itself as an ‘ethical’ producer with guaranteed labour standards while seeking to remain competitive in a cutthroat industry (Ruwanpura, 2016; Goger, 2013). In India, much of the industry works through outsourcing (Tewari, 2008), with production subcontracted to smaller, informal units and home workers (Mezzadri 2017a). Within these diverse positions in global supply chains, local meanings of ‘decent work’ and of health and safety also vary greatly, as does the institutional context of labour standards and health care.

While safety failures lead to dramatic, headline-grabbing responses, far less considered are the more diffuse experiences of workers’ everyday health and wellbeing. An ethnographic emphasis on health and wellbeing explores workers’ embodied experiences beyond the factory floor and beyond their time of employment; takes on board status, stigma and gendered experiences of work; recognises the relevance of the body, in both its ageing process and work-related depletion; and considers social reproduction and home-based labour. Furthermore, it acknowledges the connection between particular labouring processes and health outcomes. Overall, we argue that a focus on health and wellbeing offers a lens into garment workers’ wider employment experiences, and an intimate understanding of how these are shaped by the dynamics of global supply chains.

2. Critiquing Codes and Monitoring

Since the 1990s, ethical governance in the garment industry has largely taken the form of voluntary codes of conduct, which emerged as a response to public campaigning against sweatshops in Europe and the United States (Jenkins et al., 2002; Esbenshade, 2004). Because state-level labour inspectorates were perceived to be inadequate or corrupt, labour rights NGOs and development agencies based in the Global North pressed multinational companies to adopt
codes of conduct and to use third-party audits to monitor suppliers’ compliance (Ruwanpura and Wrigley, 2011). These codes are based on core conventions of the International Labour Organization (ILO), and include health and safety standards, minimum wage requirements, and a ban on child and forced labour (Locke et al., 2009).

This ‘soft law’ approach was intended to raise labour standards in a deregulated neoliberal environment where corporations were pressured to behave ‘responsibly’ (Palpacuer, 2017: 60, Sabel et al., 2000). In practice, however, codes-and-monitoring turned out to be a weak governance system with in-built conflicts of interest. First, powerful and self-interested actors can appropriate it. Auditors rarely act independently from their sponsor’s interests, and audits are hardly ever unannounced (Crane et al., 2017). This means that abuses like contract or child labour can be hidden by temporarily moving groups of workers out of industrial premises. Evidence also suggest that workers can be ‘schooled’ in how to answer auditors’ questions, and false records can be presented as evidence to conceal labour malpractices (Mezzadri and Srivastava, 2015; Crane et al., 2017).

Second, codes tend to address labour issues in a depoliticised and tick-box manner, requiring for example the introduction of factory-based worker advisory committees (that often remain under tight control of management), rather than supporting workers’ rights to form and join trade unions and engage in processes of collective bargaining (Barrientos and Smith, 2007; Egels-Zandén and Merk, 2014). The factories in the Rana Plaza building passed several social compliance audits that did not require support for basic labour rights; hence, on the day of the collapse workers who were fearful of entering an already cracked building could not exercise a right to refuse unsafe work (Sinkovics et al., 2016: 625). Furthermore, rather than working with suppliers to improve ethical compliance over time, multinational companies have often engaged in ‘cut-and-run’ tactics by abandoning factories—sometimes in the middle of an order—that do not meet the required ethical standards (Locke et al., 2009).
A third problem with codes is their use as a disciplining tool in the hands of local management. This has been clearly illustrated in Ruwanpura’s (2014) research on the implementation of health and safety codes in Sri Lanka’s garment factories. Here, management’s attempts to make factories ‘metal-free’ in adherence to health and safety codes became a disciplining tool to ban mobile phones from the shop floor, which management saw as affecting production targets. Similarly, orders to ‘stop and search’ whenever a needle was broken or lost on a production line came at a substantial cost for workers in terms of reprisal and the need to make up for lost productivity by working overtime.

And yet, meta studies of factory audits suggest that one of the few areas where codes-and-monitoring have created quantifiable improvements is ‘health and safety,’ pertaining to enhanced compliance with fire safety, lighting and ventilation, toilets and drinking water (Barrientos and Smith, 2007: 722). These improvements are however limited and reflect the codes’ visual bias towards physical and observable problems, such as fire extinguishers and numbers of fire exits (Mezzadri, 2017b: 187-88), rather than the social practices which may turn garment work into an unhealthy, stressful and risky business for workers. A central problem with codes-and-monitoring as an ethical governance tool is that it prioritises the interests of distant others over those of workers themselves.

As ethnographers who have developed a long-term, empirically-grounded knowledge of the garment industry across South Asia and witnessed the many failings of its current regulation from a workers’ perspective, we advocate putting front-and-centre workers’ own experiences and considering their interpretations of what threatens their health and what may enhance their wellbeing. By doing so, the topic of ‘health and safety’ becomes simultaneously broadened and made more specific. For example, the forced overtime that is the hallmark of ‘fast fashion’ production requires workers to work extended hours at an intensive pace. Low wages mean that workers struggle to buy nutritious food for themselves and their dependents.
When workers talk about these problems as part of their everyday lives, they reveal how intimate experiences of stress, exhaustion and hunger relate to the pressures of labouring under globalised production regimes (Ashraf, 2017). An expanded ethnographic focus on health and ‘wellbeing’ as experienced by workers allows researchers to go beyond narrowly defined concepts of occupational hazard, and to conceptualise a labour-centred health geography of global production. This should be attuned to both the productive and reproductive experiences of garment workers, as health concerns cut across both productive and reproductive domains, travelling from the factory gates to workers’ hostels and homes, as discussed below.

3. Spatialities and Temporalities of Health

Using health as a prism to refract a labour geography of global production attuned to relations of social reproduction necessarily involves engaging with the multiple spatialities and temporalities of garment work and post-work. This means empirically moving beyond the shop floor to ‘follow’ workers’ health and wellbeing into their homes and communities, and over their lifespan. ‘Health’ is a concept shaped by global, national, and local practices and institutions. What needs further exploration is how ‘health’ defined at national and even global levels relates to locally-expressed ideas of health and wellbeing among workers. This focus provides a framework for unspooling the linkages between how health is conceptualised at different levels: by multinational companies as part of their CSR strategies; among NGOs and trade unions as they consider campaigns and lobbying strategies; by the state that provides public health care while offering the populace as ready labour for foreign investors; and by local manufacturers and contractors who represent workers’ direct employers.

Apart from the above ‘levels’ of health-related concepts and interventions, the importance of the spatiality of health is acknowledged in Mezzadri’s (2017b) research on factories, workshops and homeworkers in the capital region of Delhi. She argues that in highly
informalised contexts, employers in both factories and non-factory settings systematically externalise the costs of health and safety, as well as those of social reproduction, away from the workplace onto workers and their households. The result is that workers and their relatives are left to deal with both immediate illnesses and the longer-term effects of ill health on their livelihoods. Codes of conduct—which are rarely implemented in workshops and home-based production sites anyway—ignore such processes of externalisation and therefore leave them hidden. An ethnographic perspective that foregrounds workers’ experiences inside and across the spaces of production and reproduction offers a more holistic understanding of how and where ill health is produced, endured and cared for.

In similar vein, an empirical focus on wellbeing draws attention to the temporalities of work. To consider how garment work affects the long-term health of workers, we must consider their ‘afterlives’—when workers have left garment employment, moved on to marriage, and/or returned to the village and other forms of wage labour. In garment factories throughout South Asia, workers migrate in large numbers from rural areas for factory employment. Such labour migration occurs within a gendered value complex that can make migration a risky and difficult undertaking with long-term implications, particularly for women. Hewamanne (2017), for instance, has explored this with reference to women workers in Sri Lanka’s Katunayake Free Trade Zone (FTZ), and showed how they face stigma for their engagement with what are locally seen as morally dubious factories and dormitories. The long-term effects of this social stigma back home, Hewamanne shows, are among the greatest threats to women’s health and wellbeing as former garment workers, as women have to work hard to gain a good name as respectable daughters-in-law, wives and mothers.

A focus on these ‘afterlives’ also crucially informs debates on the long-term effects of garment work on workers’ bodies. Findings from India suggest that garment factory workers stop labouring by the time they are 30-35 years old, not only because of capital’s strategies to
replenish the labour force with younger recruits, but also due to sheer physical exhaustion and accumulated health problems such as eye strain, back pain, coughs, and allergies (Mezzadri and Srivastava, 2015: 128-130). This point reinforces the case for using health as a tool to draw a labour geography informed by workers’ embodied encounters with, and beyond, the industry. By examining how labour regimes deplete working bodies, a focus on health also powerfully deconstructs facile neoliberal narratives that present factory employment as a liberating experience and a pathway to social mobility while ignoring the often severe bodily impacts of labour-intensive garment work in factories, workshops and homes (see Prentice, 2017; De Neve, 2014; Mezzadri, 2017b).

4. Conclusions: A Research Agenda

Despite the rise of new regulatory instruments, contemporary mainstream academic and policy approaches to health and safety seem almost exclusively concerned with securing minimum ‘health and safety’ standards across garment factories. Convinced of the critical limitations of these approaches, we propose instead a research agenda informed by a broader concern with health and wellbeing, centred on workers’ own understandings and narratives. This research agenda en folds different aspects of garment labour, including its impact on the body and long-term wellbeing of workers. This agenda considers the temporalities and spatialities of labour, by looking at workers’ experiences ‘beyond’ the shop floor and ‘after’ they leave garment employment. We ask how labour geographies can be extended and refined to capture the less visible effects and experiences of work and health. Through this approach, we not only aim to contribute to a labour geography informed by workers’ own agency (Herod, 2003; Carswell and De Neve, 2013; Ruwanpura, 2016), but also to conceptualise such agency as spanning across a lifetime.
We argue that in the face of the safety crisis in the global garment industry, we can build upon ethnographies and geographies of labour to explore these dimensions by foregrounding workers’ ‘health’ and ‘wellbeing’ in global garment supply chains. This approach recognises labour as a bodily engagement, expressed through idioms of capability, strength, and skill on the one hand, and depletion, stress, ill-health, and injury on the other. From a labour geography perspective, an ethnographic, bottom-up and holistic view of wellbeing can also enhance policy interventions by building on workers’ own understandings of what makes for ‘decent work’ and ‘good health,’ and on what they themselves suggest needs to be done to ensure more meaningful and sustainable improvements to their working lives.

Is garment work ‘good’ for workers in the Global South? Is it good for their social mobility, for their health and wellbeing, for their families and dependents? The dominant contemporary global and national policy initiatives to improve labour conditions for garment workers contain underlying assumptions about what makes for the health and wellbeing of these workers. Instead, we emphasise the importance of understanding how health is conceptualised from the ‘bottom up’ (from the lived experience of workers) as well as ‘top down’ (from global and national actors), and how examining the interconnections between these spheres offer the possibility for different understandings to emerge. We call for empirically-grounded, social, and embodied understandings of how work figures into people’s lives, of whether and how work strengthens or depletes bodies, and of how it contributes to or undermines social mobility and social reproduction across the lifespan. Focusing on health and wellbeing provides a window onto understanding how garment work fits into workers’ broader livelihoods and aspirations, and how these become fulfilled over time, or not. This extends labour geographies by exploring the spatialities and temporalities of labour, while also pushing for a conceptualisation of labour geography not only premised on labour time, but rather on different moments—productive and reproductive—in the lives of workers.
Acknowledgements

This output stemmed from an EASAS award made to Dr Kanchana N. Ruwanpura (University of Edinburgh) in 2015, which paved the way for a workshop on ‘South Asian Apparel Workers in the Post-Rana Plaza World: Worker Health Beyond the Factory Floor’ in July 2016.

References

Anner, M., Bair, J., 2016. The bulk of the iceberg: a critique of the Stern Center’s Report on worker safety in Bangladesh. Penn State Center for Global Workers’ Rights (CGWR).


