

**Life Skills Education (LSE)  
Workplace Policy on HIV/AIDS  
for the Garments Workers**



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## **PREAMBLE**

Since the first detection of HIV/AIDS in 1981, Bangladesh has remained a low prevalence country for HIV infection. As of today, 1207 HIV infected cases have been identified in the country. Among them 123 AIDS victims have died. Considering the current epidemic in Africa and in some countries in Asia among the general population, this number seems to be very low for Bangladesh. However, Bangladesh has all the characteristics of high-risk behavior, which can initiate an epidemic in the future. These include a high rate of pre- and extra-marital sex, low condom use, very high turnover of clients to sex workers, low knowledge regarding HIV transmission, lack of awareness but significant prevalence of STIs, existence of needle/syringe sharing by drug users, high prevalence of STI among sex workers and HIV infection among injecting drugs users (IDU).

In addition, Bangladesh is surrounded by countries where prevalence of HIV/AIDS rate is high and many people go to these countries for various purposes, including sex shopping. All these conditions have made Bangladesh, a vulnerable place for HIV/AIDS epidemic. It is a well recognized fact that such an HIV/AIDS scenario has a profound implication on the Readymade Garments (RMG) sector in Bangladesh as the average age of the workers in this sector is between 19- 24. Studies have revealed that there is significant increase among the young population getting engaged in risky pre and extra-marital sexual relations with their peers; drug abuse and having wider access to sex workers in Bangladesh. This implies that the young population working in the RMG sector is becoming increasingly vulnerable to the threats posed by HIV/AIDS which may in turn directly affect the economy of Bangladesh.

It is worth to mention that the export-oriented readymade garments (RMG) sector over the past decade alone registered a phenomenal growth rate of 15 percent per annum, which is outstanding by any standard. The industrial base which sustained such high growth level also enjoys a robust expansion, from less than 50 factories in 1983 to more than 4490 in 2008, with the number of RMG workers reaching approximately 2.4 million. The RMG sector alone contributed 75.64 percent of Bangladesh's total foreign export in 2008. Therefore, the implications of cost of HIV/AIDS, given the present scenario and predicting the future, in human and economic terms to Bangladesh cannot be underestimated. If the current trend in the behavior of young workers does not change, the impact of HIV/AIDS on the RMG sector would be higher than that in any other business sector in Bangladesh.

It should be recognized that without clear commitment and proactive steps by both the Government of Bangladesh and the local RMG coalition against HIV/AIDS, along with that from the overall economy, the individual households, poor population and the marginalized sections of the society will bear the brunt of the problem. Understanding the current scenario, this 'Life Skills Education (LSE) Workplace Policy on HIV/AIDS for Garment Workers' has been designed to provide a comprehensive framework to effectively intervene into the problem. It could be noted that this policy has been formulated under the fund provided by the Global Fund for AIDS, Tuberculosis and Malaria Project, Round-6, Package 911, which has been supervised by the Government of Bangladesh, managed by Save the Children, USA, and implemented by jointly Marie Stopes Clinic Society, BGMEA, Asiatic MCL and Population Council.

In the light of the most successful global practices, LSE approach has been adopted to empower the RMG population with knowledge about HIV/AIDS and to prevent risky behavior among RMG workers that can lead to proliferation of HIV/AIDS. The policy seeks to create an enabling environment to discourage risk taking behaviors among the RMG workers through providing LSE to empower the RMG workers in their efforts to prevent HIV/AIDS. This policy also attempts to facilitate a sustainable platform for multi-faceted cooperation between various stakeholders, i.e. the Government of Bangladesh, BGMEA, the RMG workers, civil society, NGOs and international donor organizations in their combined efforts to prevent the proliferation of HIV/AIDS in the RMG sector.

## **CHAPTER I**

### **1.1 THE CONTEXT: REALITY PERCEPTION**

Bangladesh has remained a low prevalence country for HIV/AIDS proliferation since its first detection in 1989. As of today, only 1,207 HIV infected cases have been identified in the country. Among them 123 AIDS victims have died.<sup>1</sup> Despite such apparently comforting picture compared to a large neighboring country like India or the epidemic in Africa, Bangladesh embodies all the features of high-risk behavior. Such behavior may, if not properly checked, assume epidemic proportions. High-risk behaviors include: pre and extra-marital sex, low condom use, very high turn-over of clients to sex workers, low knowledge regarding HIV transmission, lack of awareness but significant prevalence of STIs, needle/syringe sharing by drug users, high prevalence of STI among sex workers and HIV infection among injecting drugs users (IDU).<sup>2</sup> In addition, Bangladesh is surrounded by countries where the prevalence of HIV/AIDS rate is high and many people visit these countries for sex tourism. All these conditions make Bangladesh a vulnerable place for the rapid proliferation of HIV/AIDS.

In a number of recent studies it has been identified that the predominant actors and recipients of HIV/AIDS are young people aged 15-24. Studies have also revealed that there are significant increases among the young population getting engaged in pre- and extra-marital sexual relations with peers, drug abuse and having wider access to sex workers in Bangladesh.<sup>3</sup> A baseline survey of youths of garment industries on HIV/AIDS supported by GFATM identified the following current characteristics of HIV/AIDS in Bangladesh:

- About 22 percent of unmarried males and 2 percent of unmarried females have had pre-marital sex;
- The most common sex partner were peers and sex workers. However, only 35 percent of the workers reported use of condoms in the last 6 sex acts;
- Although 85 percent of the youth have heard about HIV/AIDS, only 22 percent were able to report 2 ways of transmission and prevention of HIV/AIDS;
- A significant portion of the youth harbor misconceptions such as coughing and sneezing can spread HIV/AIDS;
- Knowledge about STIs was further poor among the youths. More than 50 percent of the male youths and 75 percent females never heard about STIs.<sup>4</sup>

Such scenario has a profound implication on the Readymade Garments (RMG) sector in Bangladesh, as the average age of the workers in this sector are between 19- 24. The RMG industry is one of the fastest growing sectors in Bangladesh that employs a large number of young populations. Around 2.4 million workers are employed in 4,490 apparel manufacturing units throughout Bangladesh.

The RMG sector contributed 75.64 percent of Bangladesh's total foreign export.<sup>5</sup> Current trend suggests that the young workers are increasingly becoming exposed to risky health behaviors which may eventually lead to epidemic. Following trends could be identified:

- Average age of male workers is 24 and 19 for female workers;
- Most of the workers are Internally Displaced Persons (IDP) or have migrated to the urban settlements from rural areas. This has significantly changed their socio-economic behavior and livelihoods;
- They mostly belong to diversified poor socio-economic background;
- The workers are very young, having poor knowledge of personal hygiene, sexual and reproductive health, safer sex practices, STI and HIV/AIDS. They have limited access to reproductive and sexual health care and preventive measures;
- About 30 percent of workers reported one illness per week which increased chances of absenteeism;
- There is a wide gap between knowledge of HIV/AIDS and practices to prevent transmission of STIs and HIV/AIDS among RMG workers;
- There is a high number of workers with low moral values due to several factors, including socio-cultural transition caused by migration, lack of entertainment, lack of parental guidance. Such factors increase the possibilities of risky sexual behavior.

### **1.2 IMPACT ON THE RMG SECTOR: PRESENT AND FUTURE**

The implications of the cost of HIV/AIDS, given the present scenario and predicting the future, in human and economic terms to Bangladesh, cannot be underestimated. If the current trend in the behavior of young

workers does not change, the impact of HIV/AIDS on the RMG sector would be higher than in any other business sector in Bangladesh. These costs are:

- **Impacts on Costs on Labor in Factories:** Health and related benefits offered by factories to their employees play a critical role in determining the cost of labor inputs. High prevalence of STIs and emerging threats posed by the proliferation of HIV/AIDS would significantly increase the cost of labor.
- **HIV/AIDS Reduces Productivity:** HIV/AIDS reduces businesses' productivity because it causes an increased level of illness and absenteeism in the workforce. Factors that reduce workers' productivity include affected workers' failing physical and emotional health, HIV/AIDS-related absenteeism and the initially limited performance of new workers covering for, or replacing, sick or deceased employees.
- **HIV/AIDS Affects Markets:** Due to increase in labor cost and reduced productivity level of adults, reputation of individual RMG concerns, and financial outputs are likely to be affected negatively. This would eventually expose the RMG sector vulnerable to international standards and international market.
- **Impacts on Bangladesh Investment Climate:** HIV/AIDS may influence business and investment decisions in a globalizing world. Globally operating enterprises will be less inclined to invest in regions where labor costs are on the increase and where labor demographics develop negatively due to HIV/AIDS prevalence. In a globalised business world, it becomes more difficult to make individual companies liable for the costs and the impact of the HIV/AIDS pandemic.
- **Invisible Costs:** Due to HIV/AIDS, productivity will be affected in terms of increased absenteeism, organizational disruption and the loss of skills and institutional memory. Rising staff turnover, loss of skills, loss of tacit knowledge and declining morale will result in a lack of order within the organization. Invisible costs such as decreasing morals and loss of institutional knowledge are difficult to measure but will affect productivity and have a significant impact on the over-all economy of Bangladesh.

### **1.3 PREVENTING HIV/AIDS: OBJECTIVE OF THE POLICY**

Although HIV/AIDS cases are reportedly low currently, fuelled by poverty, migration, and gender inequalities it is rising silently among certain pockets of the population and is already prevalent in neighboring countries. Without a clear commitment and proactive steps by the Government of Bangladesh and the local RMG coalitions against HIV/AIDS, along with that from the overall economy, individual households, the poor population and the marginalized sections of the society will bear the brunt of the problem. Understanding the current scenario, this Policy on Preventing HIV/AIDS through LSE in the RMG Sector has been designed to provide a comprehensive framework to effectively and timely intervene into the problem.

**1.4 Objectives of the Strategy:** The most important objectives in terms of behavioral and attitudinal work in connection with HIV/AIDS prevention in the RMG population in Bangladesh are:

- To provide and empower the RMG population with knowledge about HIV/AIDS;
- To prevent risky behavior among RMG workers that can lead to proliferation of HIV/AIDS and to create an enabling environment to discourage risk taking behaviors among RMG workers;
- To provide Life Skills Education (LSE) to empower RMG workers in their efforts to prevent HIV/AIDS and to provide easy access to HIV Education, Counseling and Behavioral Change Communications;
- To prevent discrimination against and exclusion of infected persons and the persons at risk of infection;
- To increase competency among health personnel, compliance and/or welfare officers and social-workers working in the RMG sector;
- To facilitate a sustainable platform for multi-faceted cooperation between various stakeholders, i.e. the Government of Bangladesh, BGMEA, RMG workers, the civil society, NGOs and international donor organizations.

## **CHAPTER II**

### **2.1 RESPONDING TO HIV/AIDS: PRINCIPAL FACTORS**

Success in HIV/AIDS prevention in the RMG sector requires a series of sustained, specific, concrete and robust action from all the stakeholders involved. Policy implementation tools and programmatic actions based on the following principles have to be undertaken irrespective of the level of the problem:

- Ensure that human rights are promoted, protected and respected and measures taken to eliminate discrimination and combat stigma;
- Government should take a proactive role in building and maintaining liaison among all sections of society, including BGMEA, factories, the workforce, NGOs, faith-based organizations, the education sector, media, the private sector and political leaderships;

- Involve and consult with the experts in HIV/AIDS sector to periodically review any policy on HIV/AIDS and design, implement and evaluate appropriate prevention strategies;
- Address cultural norms and beliefs, recognizing both the key role that these norms and beliefs may play in supporting the prevention of HIV transmission;
- Promote gender equality and address gender norms and its relations to reduce the vulnerability of women and young girls;
- Promote widespread knowledge and awareness of HIV transmission process and how infection could be averted;
- Promote the links between HIV prevention and sexual and reproductive health;
- Support the mobilization of factory-based responses throughout the continuum of prevention and awareness/sensitization initiatives;
- Ensure sufficient mobilization of financial and technical resources, and human and institutional capacity by the stakeholders involved in this process;
- Ensure that adequate investments are made in facilitating LSE, advocacy for prevention, and sensitization activities in mass scale by the stakeholders including international donor agencies.

## **2.2 TIMEFRAME: MEETING DEADLINES IN IMPLEMENTING THIS POLICY**

Based on Bangladesh's commitment to meet the MDG timeline, all RMG workers, male or female, regardless of age and health conditions, should be sensitized, informed of and educated in the issues relating to the prevention of HIV/AIDS and STIs through access to appropriate knowledge, life skills education, and services in a socially and legally supportive environment. By the end of 2015, the main deliverables that can be envisaged are:

- Awareness among the RMG workers in Bangladesh;
- Establishment, initiation and implementation of HIV/AIDS surveillance, program monitoring and evaluation activities throughout the RMG sector;
- Increase of investment in human and financial resources to prevent HIV/AIDS/STI;
- Development of mechanisms to periodically evaluate activities of the HIV/AIDS sensitization programs and propose recommendations for next steps.

## **2.3 RESPONDING TO HIV/AIDS: GUIDING PRINCIPLES**

This policy rests on global consensus declarations on human rights, including the rights of all persons living in the society, and on the Government of Bangladesh's constitutional obligation to guarantee fundamental human rights, dignity and non-discrimination based on sex, religion, health or ethnic identities. To ensure this, this policy adapts the following eight guiding principles:

- **This Policy should be an Ongoing Process:** This policy should be periodically reviewed and revised considering the HIV/AIDS scenario and evolving behavioral trends among the RMG workers. In this regard, education, access to information, affordability of relevant services, and access to communication tools need to be facilitated.
- **This Policy should be Coordinated with National Planning Frameworks:** Since HIV/AIDS is a common issue for all people across the society, it should be well coordinated with the existing HIV/AIDS policies of the government and the strategies undertaken by various stakeholders.
- **This Policy should be Gender Sensitive:** This policy should include all segments of RMG workers regardless of sex. Special attention should be provided to the female segment as they belong to a traditional and conservative society. Such conservative structure impedes females to seek access to health facilities and acquire knowledge regarding HIV/AIDS. Therefore, it is essential to facilitate an enabling environment for women to have access to information, education, services and communication tools regarding HIV/AIDS.
- **Wide-scale Support from Various Stakeholders:** Various stakeholders such as the Government of Bangladesh, BGMEA, factory owners, health practitioners, international donor agencies, the media and political leaderships are the ultimate facilitators to achieve an acceptable scenario of preventing HIV/AIDS as stated in this policy. All initiatives and programs undertaken by these stakeholders should be well coordinated and must be implemented in consultation with each other to avoid possible overlapping and duplication.



- **Sustainability of interventions:** In designing interventions, long-term sustainability should be kept in mind. To the extent possible, interventions should be anchored in existing programs, life skills and the capacity building of the RMG workers and factories.

- **Representation of Workers at all levels of Planning and Implementations:** Along with BGMEA and other stakeholders, i.e. Government of Bangladesh, factory owners and NGOs, for effective implementation of this policy, RMG workers need to be made an integral part of the entire process. Participation of all segments of the workers, particularly the female segment, has to be ensured.

## 2.4 RESPONDING TO HIV/AIDS: PRINCIPAL INTERVENTIONS

To effectively implement this policy on HIV/AIDS in the RMG sector, the Life Skills Education (LSE) approach could be considered as an effective way to create a multi-dimensional prevention framework. The LSE approach seeks to improve knowledge on sexual and reproductive health and rights, STI and HIV/AIDS and bring about positive behavioral change among the young RMG workforce. The cornerstone of this HIV prevention policy through LSE, therefore, is education, counseling and Behavior Change Communication (BCC). These efforts should be combinedly geared towards an increasing awareness about HIV transmission and prevention; reducing negative attitudes about HIV/AIDS; promoting abstinence, monogamy, safer sex and condom use; reducing risky behaviors associated with HIV transmission and increasing protective behaviors. The following tools should be considered as principal tools for the implementation of this policy:

- *Mass Media:* The mass media could play a major role through the broadcast of drama on television, radio programs, public service announcements, mobile SMS, short documentaries and posters to reach a broad audience. The use of mass media is particularly effective at reducing stigma regarding HIV/AIDS and encourages preventive measures such as condom use. Mass media may also be effective at reaching RMG workers with HIV prevention information and reducing stigma and discrimination;

- *Peer Education and Counseling:* While the mass media is effective for influencing changes at a societal level, peer education and counseling are effective at increasing awareness and skills that affect behavior change among individuals and groups. Supervisors and Welfare and Compliance Officers working in the factories would play a vital role in facilitating peer education and counseling.

- *Life Skills Education (LSE):* LSE is considered as a process for promoting and sustaining healthy changes in behavior in individuals and the RMG sectors through participatory development of appropriately tailored health messages, trainings and approaches that are conveyed through a variety of communication channels. LSE would help individuals to rationally choose health and behavior choices within the context of their life-goals and social environment. Through LSE, RMG workers would become empowered to protect themselves from risky behaviors that would hinder their future life-goals. LSE should not only focus on knowledge acquisition but on skills and capacity building. LSE would therefore eventually improve the work skills of the RMG workers.

## CHAPTER III

### 3.1 INSTITUTIONAL INTERVENTIONS

The key roles to implement this policy rest with a number of institutions, i.e. the Government of Bangladesh, BGMEA, the private sector, garments factory owners, the media, NGOs and international donor agencies. Institutional interventions could be facilitated through three inter-linked approaches:

- *Public-Private Partnership:* To facilitate the process of prevention, BGMEA should work with the Government, health-based NGOs and the international donor community;

- *Supply Chain Support:* BGMEA should play an effective role in influencing on its own supply chain or local businesses to introduce this HIV/AIDS policy;

- *Corporate Social Responsibility:* As a part of CSR practices, garments factory owners should take a proactive role in implementing this policy through creating workplace policy on HIV/AIDS. BGMEA should be mandated to coordinate the implementation of this policy. Local corporate philanthropic contributions for combating HIV/AIDS are rare, if they exist at all. Such contributions should be encouraged.

### **3.2 INTERVENTION OF THE GOVERNMENT OF BANGLADESH**

As a facilitator of this policy, in preventing HIV/AIDS in the RMG sector, the Government of Bangladesh has a critical role to play. The government should undertake the following interventions:

- Provide technical and regulatory support in: developing information resources customized for RMG workers, disseminating cost-effective models for assessing risk, designing and executing HIV/AIDS initiatives;
- Promoting HIV/AIDS programs and ensuring the spread of best practice in line with the Millennium Development Goals and national policies on health and HIV/AIDS;
- To monitor the trends of HIV to control and project HIV related factors;
- Review all the HIV related data in the RMG sector and subsequently ensure the uniformity and comprehensiveness of the national HIV prevention and control program initiatives;
- Support NGOs especially those with strong local networks, in acting as a catalyst to implement LSE programs in RMG factories;
- Encouraging NGOs to develop partnerships with BGMEA and actively draw attention into AIDS programs;
- Request donor assistance, explore various financing options, including finding ways to increase the role of the private sector and make better use of existing resources by strengthening the *supply chain*;
- Ensure effective logistics management systems so that the government can estimate HIV needs, mobilize resources, make timely actions, and move resources effectively to end-users. An effective supply chain can stretch limited resources by reducing losses due to untimely decisions and wastage of resources. Improving logistics will require investments in skill building and management systems and, in many cases, assistance from international agencies.

### **3.3 INTERVENTION OF BANGLADESH GARMENTS MANUFACTURERS AND EXPORTERS ASSOCIATION (BGMEA)**

In facilitating initiatives and implementing programs to prevent HIV/AIDS among RMG workers, BGMEA should play the principle role in collaboration with the Government of Bangladesh, garment factory owners and the management, NGOs, media and international development partners. BGMEA should intervene in the following ways:

- Establish a high-level committee which includes representatives from different related ministries, BGMEA, NGOs, media and international organizations dedicated to address and provide strategic guidance in preventing HIV/AIDS in the RMG sector;
- Establish a technical assistant group, which includes representatives from health and education sector, factory owners, NGOs and international organizations for LSE curriculum development and training of the trainers, to provide HIV/AIDS/STI surveillance, HIV monitoring and evaluation of the situation;
- Establish a monitoring cell at BGMEA to provide, monitor and evaluate LSE related programs in the garment factories in order to empower the workers to prevent HIV/AIDS;
- Ensure that all the garment factories implement the objectives and initiatives focused in this policy paper;
- Ensure that all the garment factories provide facilities, upgrade relevant infrastructure, strengthen human resources for HIV/AIDS awareness programs, provide incentives and certificates to the LSE participants, and provide reporting and exchanging of information of HIV/AIDS/STI surveillance program;
- Provide curriculum for LSE and contents for communication activities in collaboration with the Government of Bangladesh and the NGOs;
- Establish a group of master trainers and peer educators on HIV/AIDS/STI related LSE programs to capacitate the RMG factories;
- Promote LSE programs to prevent HIV/AIDS as a Corporate Social Responsibility practiced by RMG factories to international buyers;
- Obtain sustainable funds and strengthen technical cooperation from the international development partners to carry out programs relating to the prevention of HIV/AIDS in the RMG sectors.

### **3.4 INTERVENTION OF THE RMG FACTORIES**

RMG factories are the catalyst in effectively implementing this policy. Strict adherence to this policy would result in an effective structure in reducing the vulnerabilities of the factories to HIV/AIDS, promote CSR and international compliance, and facilitate bargaining and negotiation capacities with international buyers. The factories should provide the following activities in order to attain maximum benefits:

- Sensitize the management to provide trainings to the trainers of HIV/AIDS related programs;

- The owners and management staff should have firm commitment to improve health conditions of workers, improve productivity and reduce the factory's vulnerabilities to HIV/AIDS/STIs and other health related issues;
- Strengthen the collaboration among factory units, i.e. management, trainers and workers, NGOs selected by BGMEA, and other institutions to provide LSE;
- Adapt a work plan policy on preventing HIV/AIDS as endorsed by BGMEA;
- Use the factory's own resources in terms of financial, administrative and human resources to provide LSE to workers, in order to ensure long-term sustainability of such programs;
- Strengthen capacity of staff at all levels through organizing training courses, training on the job and supervising the implementation of overall health related programs including HIV/AIDS.

### **3.5 INTERVENTION OF INTERNATIONAL DEVELOPMENT PARTNERS**

The experience of international organizations and the support of the international development partners are important in the prevention and treatment of HIV/AIDS in Bangladesh. In order to implement programs for prevention of HIV/AIDS in the most effective way, international development partners may provide financial and technical assistance to the Government of Bangladesh, BGMEA and NGOs.

- International development partners should continue to provide long-term financial support and technical assistance for an effective HIV/AIDS prevention regime in the RMG sector;
- It could be envisaged that joint public-private venture along with technical assistance from the international organizations would be an important source for the sustainability of HIV/AIDS programs in Bangladesh. However, the Government of Bangladesh and BGMEA should play an important role in the delivery of HIV/AIDS programs to end-users;
- Long term and sustainable assistance for developing contents for LSE and BCC, capacity building of the industry, implementation of HIV/AIDS related programs and initiatives, trainings, delivering and managing of the awareness and sensitization tools and the necessary supplies of contraception could be provided;
- Given the socio-economic, cultural and demographic structures in Bangladesh, international development partners should strive for greater consistency and coherence in policies and programs, to allow for longer-term planning.

### **3.6 MEDIA RESPONSES**

Given that broadcasting reaches a wider audience, mass media is a critical communication medium for awareness raising and HIV/AIDS education. The Government, BGMEA and NGOs should use mass media, namely television and radio, to broadcast programs that would attempt to eliminate stigmatization of and discrimination against HIV/AIDS, promote prevention and voluntary testing, and encourage people to avoid high-risk sexual behavior.

## **CHAPTER IV**

### **4.1 CREATING A RESPONSIVE WORKPLACE**

In order to implement this policy, BGMEA should endorse a Workplace Policy on Preventing HIV/AIDS which should provide the framework for action to prevent HIV/AIDS in RMG factories. This should provide the basis for putting in place a comprehensive workplace program, combining prevention, information and the protection of rights. Depending on the particular situation, it may consist of a detailed document just on HIV/AIDS, setting out the program as well as policy issues; it may be part of a wider policy or agreement on safety, health and working conditions, or it may be a short statement of principle.

As this policy focuses on LSE as the tool to enable a responsive work environment to prevent HIV/AIDS among the RMG workers, a workplace policy would be an effective facilitation guideline to carry out LSE programs as required. For the purpose of workplace policy, LSE should be considered as a process for promoting and sustaining healthy changes in the behavior in individuals and the RMG sectors through participatory development of appropriately tailored health messages, trainings and approaches that are conveyed through a variety of communication channels.

### **4.2 CREATING WORKPLACE POLICY ON PREVENTING HIV/AIDS**

BGMEA may design a Workplace Policy of the RMG factories which should encompass the following components:

- Establish consistency within the factory and compliance with local and national laws;

- Set a standard of expected behavior for all workers;
- Ensure confidentiality and privacy;
- Balance the needs of the factory, management, co-workers and individuals;
- List of resources, both within and outside the company, for information and services and HIV-prevention education in the workplace;
- Provide guidance and counseling to all the workers and their spouses on how to address HIV and where to go for assistance;
- Provide clear guidance to supervisors and managers in the factory.

Therefore, an HIV work place policy consists of a set of guidelines that states a factory's position and practices for preventing the transmission of HIV and for handling cases of HIV infection among workers. The policy must be designed to be sensitive to the character of the factory based on its service, location, and size, while providing clear and appropriate guidance on what is already known about HIV and its relation to workers. Dissemination of information about the policy to the workers both through regular staff communications is important. To successfully implement an LSE program management, workers, and labor leaders must fully understand the policy as well as the importance and content of the LSE program. If all workers understand these issues, factories would be able to maximize their benefits.

#### **4.3 LIFE SKILLS EDUCATION IN CHANGING THE HIV/AIDS SCENARIO**

In the context of the HIV/AIDS situation in the RMG sector, and given the extent of unawareness in Bangladesh, providing LSE should be an essential component of a comprehensive program that includes prevention, services (medical, social, psychological, spiritual) and commodities (condoms, needles, and syringes, etc.). Before individuals and the industry as a whole can reduce their risk or change their behavior, they must first understand the basic facts about HIV and AIDS, develop favorable attitudes toward prevention, learn a set of skills, and have access to appropriate products and services. The workers must also perceive their environment to be supportive of changing behaviors or maintaining safe behaviors and seeking appropriate care and support.

Therefore, an effective LSE program should aim to:

- Increase knowledge of the basic facts of HIV/AIDS and STIs through various communication tools i.e. audio and visual equipments, posters, leaflets, peer discussion; focused group discussions;
- Stimulate dialogue on the underlying factors that contribute to HIV;
- Promote essential attitude changes such as perceived personal risk of HIV infection and a nonjudgmental approach on the part of compliance and supervisory officers and welfare and health care workers;
- Reduce stigma and discrimination;
- Create a demand for information and services;
- Promote services for prevention, care, and support;
- Improve skills and sense of self-efficacy.

The LSE objective could be materialized through:

- Introducing training materials on LSE approved by BGMEA which meet international standards; develop training framework on HIV/AIDS/STI surveillance, and provide fact-sheets on HIV monitoring and evaluation;
- Designing a training schedule that is developed by the factories so that the normal production and delivery mechanism are not hampered;
- Allocating space during or after work hours or during off-peak hours, based on production season and timing, to provide LSE to the RMG workers every week at the factory premises;
- Providing certificates to the participants of the LSE program, resources in the form of various incentives, if trainings are provided outside of the working hours or regular breaks, and periodically provide information to BGMEA on HIV/AIDS related data. BGMEA, with its partners, should undertake a comprehensive strategy to make LSE as more prominent tool in prevention efforts. It should be designed by an inter-agency team commissioned by BGMEA and with the assistance from international development partners, focusing on helping the RMG sector to carry out deep prevention efforts through LSE. In view of the above factors the key activities therefore are:

- **Develop a framework for designing and implementing LSE:** In order to clearly transmit prevention message to RMG workers, it is required to efficiently design an LSE delivery framework, a workplace policy and facilitate a multi-dimensional implementing structure.
- **Development of appropriate materials and tools:** For the successful implementation of this policy it is essential to develop effective materials, curriculum and tools for BCC. Dissemination of messages and LSE related to HIV/AIDS/STI need not be thought of as stand alone intervention, rather it should be integrated, to the extent possible, in various information and communication campaigns already in existence.
- **Coordinating Activities:** there is a need to undertake coordinative activities between Government policies and priorities, NGO initiatives and capacities, GFATM project and BGMEA's commitments, in order to ensure better and greater impact.

## **FACILITATION GUIDELINE TO IMPLEMENT THE WORKPLACE POLICY**

In the present context of the HIV/AIDS situation in the Readymade Garments (RMG) sector and given the extent of emerging volatility in Bangladesh, providing Life Skills Education (LSE) should be an essential approach in mitigating the risks of HIV/AIDS proliferation. LSE could be facilitated through a comprehensive program that should include prevention, services and commodities (condoms, needles, and syringes, etc.). The objective of this Workplace Policy to facilitate LSE is to sensitize the individuals and the industry as a whole to change their risky behaviors, to provide basic knowledge about HIV and AIDS, to develop favorable attitudes toward prevention, to equip them with a set of skills, and to have access to appropriate products and services. Therefore, effective LSE should aim to:

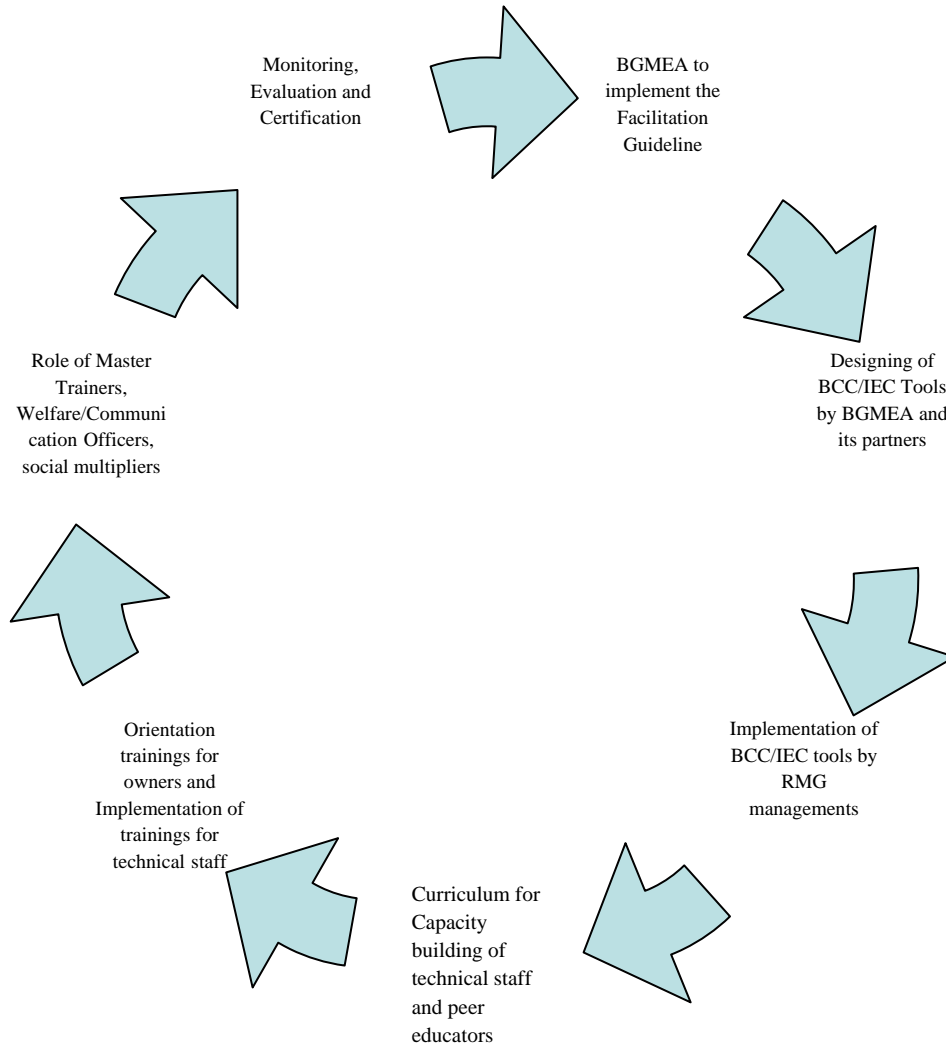
- Increase knowledge of the basic facts of HIV/AIDS and STIs through various communication tools i.e. audio and visual equipments, communication and education tools; and focused group discussions;
- Promote essential attitude changes such as perceived personal risk of HIV infection and a nonjudgmental approach on the part of compliance and supervisory officers and welfare and health care workers;
- Reduce stigma and discrimination;
- Promote services for prevention, care, and support; and
- Improve skills and sense of self-efficacy.

Implementation of this facilitation guideline on LSE, aimed at the RMG workers, depends on the support of BGMEA, its partners and the management of the RMG factories. The following flow chart refers to the ideal process of implementing an efficient and effective facilitation of LSE programs involving every stakeholder.<sup>1</sup>

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<sup>1</sup> Stakeholders: BGMEA, service providers in health, communication and welfare, RMG owners and the management, RMG workers, the media, NGOs, the donor community and other social actors.

## Flow Chart: Process of Adopting and Implementing the Facilitation Guideline



Therefore, it is essential to adopt a multi-modular and broad based response. This LSE facilitation mechanism should be implemented through three key components:

### Component I: Educational and Communication Tools

- 1. Information, Education and Communication (IEC) and Behavior Change Communication (BCC) Tools:** Various communication tools i.e. audio and visual equipment, posters, illustrations, flip charts, leaflets, curriculum for peer discussion and modules for focused group discussions could be developed. It could be advised that these tools and messages should be developed by BGMEA in collaboration with master trainers/supervisors/compliance or welfare officers in the RMG factories and the RMG workers. Such approach would assist in designing realistic messages in a manner, medium and language that is understandable and acceptable to RMG workers.

**1.1 Developing IEC/BCC Tools:** BGMEA may develop an interactive, learner-centered approach to the peer-education program, audio-visual contents and curriculum based on the needs and interests of the workers. It is also required to consider the different needs of male and female workers. A panel of experts could be established and communication organizations could be engaged to design and draft these materials with support from BGMEA and workplace staff.

**1.2 Implementation of IEC and BCC Tools:** In order to implement IEC/BCC components multiple channels of communication should be used e.g. drama, TV, radio, outreach work at the workers level through social multipliers such as religious and community leaders and health/social workers. Peer education programs are also an extremely important and effective strategy for changing the risky behaviors. In this regard, it is essential to develop LSE curriculum that should include information on HIV/AIDS and positive illustrations.

## **Component II: Training and Capacity Building of the Technical Staff**

**2. Training and Capacity Building of the Owners, Mid-level Management, Master Trainers, Welfare/Compliance Officers:** Factory owners, Senior and Mid-level management, Master trainers, Welfare/Compliance officers are the key actors in developing skills of the RMG workers. It is required to provide orientation trainings to the owners to inform and sensitive the issues relating to HIV/AIDS and necessary to provide LSE to the targeted population. Along with the owners, senior and mid level Management, Master Trainers, Welfare/Compliance Officers can foster fulfilling relationships between the industry and workers. Therefore, it is very much essential to provide thorough training and regular follow-up workshops and practice sessions for factory owners and the abovementioned staff to equip them with different IEC/BCC tools and health related information.

**2.1 Implementation of Training and Capability Building Activities:** BGMEA may undertake training and capacity building activities. BGMEA should introduce criteria for the skills and qualities that the Master trainers, Welfare/Compliance officers should have, and then Welfare/Compliance officers may nominate others for peer educators. Welfare/Compliance Officers should also be assigned to carry out the following activities:

- Stimulate dialogue among peer educators and the workers on the underlying factors that contribute to HIV;
- Provide video and drama presentations and other curriculum;
- Train peer educators;
- Provide one-on-one time talking with workers;
- Provide leaflets, flip charts, comics and brochures;
- Offer counseling, support and referral to services.

**2.2 Master Trainers:** Master trainers are responsible for promoting demands for LSE, providing extra knowledge to the technical staff, outcome oriented assignments, and assessing needs of the workers. Therefore, periodic trainings of the Master trainers should be facilitated. A training package on life skills education for Master trainers could be developed which would help them in disseminating latest information and communication techniques to deal with the needs of workers.

**2.3 Peer Education and Peer Educator:** Peer education should be based on the reality that would make people change their attitudes or risky behavior not only based on what they know, but on the opinions and actions of their close, trusted peers. Peer educators can communicate with other workers in a way that the Management, Compliance/Welfare Officer may not, and can therefore serve as effective role models for change. Given the socio-cultural realities of Bangladesh, peer educators should be engaged on the basis of same age or slightly older than the average age of the RMG workers with whom they are



working. Peer educators should be effective and credible communicators who have inside knowledge of the intended audience and use appropriate language/terminology as well as non-verbal gestures to allow their peers to feel comfortable when talking about issues of sexuality and HIV/AIDS.

### **Component III: Timeline and Evaluation**

- 3. Timeline and Spaces:** There is a need to maintain a time frame/calendar for periodic discussions between the management and the technical staffs, to implement LSE programs, and review, monitor and evaluate the success of LSE programs. It is essential for the RMG management to allocate space during or after the work hours or during off-peak hours, based on production season and timing, to provide LSE to the RMG workers every week at the factory premises.
- 3.1 Evaluation:** BGMEA should provide fact-sheets on HIV monitoring and evaluation to the technical staff to evaluate the progress and effectiveness of LSE programs and understand the needs of the RMG workers.
- 3.2 Certification:** A certificate could be provided to the participants in the LSE program in order to encourage other workers to participate in these programs.

### Operational Matrix for Implementing the Workplace Policy

Component	Activities	Medium of transfer	Output	Observations
LSE Workplace Policy	Adopting and implementing of the workplace policy	BGMEA	BGMEA adopt and facilitate the process of implementation to reach the targeted population	It could be advised that these tools to implement this workplace policy should be developed in collaboration between BGMEA, master trainers/supervisors/compliance or welfare officers in the RMG factories and the RMG workers.
<b>Component I: Educational and Communication Tools</b>				
Various communication tools i.e. audio and visual equipments, posters, illustrations, flip charts, comics, leaflets, curriculum for peer discussion; modules for focused group discussions	Projection and dissemination to RMG workers	RMG Factories management, Master trainers, Welfare/Compliance officers, Peer educators	LSE programs in the RMG factories	A panel of experts could be established and communication organizations could be engaged to design and draft these materials with support from BGMEA and workplace staff
<b>Component II: Training and Capacity Building of Technical Staff</b>				
Capacity building of technical staff through LSE curriculum and trainings	Training and regular follow-up workshops and practice sessions	BGMEA, master trainers, technical staff, peer educators	Stimulate dialogue; Provide audio-visual presentations and other curriculum; Train peer educators; Provide communication tools; Offer counseling, support and referral to services	BGMEA may undertake training and capacity building activities. BGMEA should introduce criteria for the skills and qualities that the Master trainers, Welfare/Compliance officers should have. Welfare/Compliance officers may nominate others as peer educators.
Training package for the Master	Workshop, training sessions, publication of	BGMEA	Promoting demands for LSE, provide extra knowledge to	A training package on LSE for Master trainers would equip them with latest information and communication techniques

trainers	manual		technical staff, outcome oriented assignments, and assessing needs of the workers	to deal with the need of workers
<b>Component III: Timeline and Evaluation</b>				
Timeline	Calendar	RMG Factory Management	Efficient and regularization of LSE programs	There is a need to maintain a time frame/calendar to periodic discussions between the management and the technical staff, to implement the LSE programs, and review to monitor and evaluate the successes of LSE programs.
Evaluation	Fact-sheets on HIV monitoring and evaluation	Technical staff in the RMG factory	Evaluation of progress and effectiveness of LSE programs and understanding the needs of the RMG workers	BGMEA may provide a prescribed fact sheet which should be duly filled up and returned to BGMEA