The impact of COVID-19 on Bangladeshi readymade garment (RMG) workers

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ABSTRACT

This paper describes the potential impact of the coronavirus disease 2019 (COVID-19) pandemic on the readymade garment (RMG) workers of Bangladesh. It articulates the RMG workers' existing vulnerability during the COVID-19 pandemic based on currently available evidence and personal conversations/communications with RMG workers. COVID-19 has already impacted RMG workers' health (both physical and mental health status) and wellbeing, and resulted in loss of employment. We argue that the COVID-19 pandemic will have long-lasting effects on the garment workers, especially related to their health issues, financial hardship and inability to pay for essentials such as food, and future employment opportunities. The stakeholders (such as the international retailers/brands, Bangladesh Garment Manufacturers and Exporters Association, Government of Bangladesh) responsible for the global supply chain RMG factories should reconsider the health and overall wellbeing needs of the RMG workers during the ongoing COVID-19 pandemic.

Keywords Bangladesh, COVID-19, crisis, health vulnerabilities, readymade garment workers, starvation

Introduction

Parents working in a garment factory located in Gazipur (near Dhaka) had to sell their newborn baby, as they could not pay the hospital bill of BDT 25 000 (\$295). The father of the newborn baby said that they could not manage hospital bills as the garment factory, where both husband and wife used to work, was closed because of the COVID-19 pandemic. However, the local police rescued the baby and returned it to their parents.

The above story was published on 2 May 2020 in one of the most highly regarded national daily newspapers (*The Daily Prothom Alo*) in Bangladesh.¹ It is just one example of the terrible toll COVID-19 has had on the readymade garment (RMG) industry workers in Bangladesh. RMG workers were already established as a highly vulnerable group before COVID-19,^{2–7} with the evidence of heightened risk being reported including the evidence of rape and suicidal cases (during lockdown), infections and deaths related to COVID-19.^{8–11}

COVID-19 poses a serious threat to global public health in both developing and developed countries.¹² Bangladesh is at great risk from this public health emergency due to its insufficient preparedness to manage this potentially fatal

virus. Bangladesh, being a developing and overpopulated country, has made a slow start toward COVID-19 preparedness only declaring its first COVID-19 patients on the 8 March 2020.¹³ The late identification of COVID-19 infection in Bangladesh not only delayed preparedness to prevent and treat COVID-19 infections, but it also meant that those who are the most vulnerable and disadvantaged in the country have been more impacted by the disease. The RMG workers of Bangladesh are one such group. These workers have little or no education, are unskilled, have low socioeconomic and often rural backgrounds, and possess less bargaining power, resulting in their identification as vulnerable.^{2,3,14} This discursive paper explores the potential impacts of the COVID-19 pandemic on this recognized vulnerable group. The paper also outlines the current and longer-term impacts of the COVID-19 pandemic on the RMG workers and identifies existing support systems.

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Discussion

Due to the daily increase in the number of COVID-19 infections in Bangladesh, the [Government of Bangladesh (GoB)] declared a state of lockdown (closure of all public and private offices) in the country from the 26 March 2020, 15 which continued until 30 May 2020. As a result of the lockdown, Bangladesh Garment Manufacturers and Exporter Association (BGMEA) closed their factories in line with the government's lockdown instruction. In addition, clothing shipment processes became problematic due to the increasing global lockdown impacted by COVID-19, and while demand for online purchases may have increased, supply chains could not continue to meet demand given changes to freight options. As a result, ~10 million working people, including RMG workers, returned to their home towns from Dhaka (the capital city of Bangladesh, where the majority of the garment factories are located) as they would be unable to support themselves in Dhaka without work. Unfortunately, during the return journey safety measures related to the prevention of COVID-19 such as maintaining minimum safe social distance from others were not respected.¹⁶ Huge crowds were reported on buses, ferries and trains without maintaining personal protection, ¹⁷ which represents a serious risk for infection transmission.

The consequences of the COVID-19 pandemic for these RMG workers is dire and include uncertainty about whether they will be entitled to wages during the COVID-19 pandemic and related issues such as lack of money for essentials such as food, and concerns about the re-opening of factories during COVID-19 infection peak times. Other concerns are the health risks due to lack of preventative measures in the workplace, and the development of mental health conditions due to the impact of the loss of employment and the fear of contracting COVID-19. These issues are discussed in this paper.

Main findings of this study

In response to the COVID-19 pandemic, the Bangladesh Rural Advancement Committee conducted a national survey (between 31 March to 5 April 2020) among 2675 respondents from low-income backgrounds and found that 14% of the respondents had no food reserves at home, whereas 29% only had enough food for 1–3 days. With such shortages, and in the lockdown conditions, starvation is a potential outcome of COVID-19 for the vulnerable and those in the low-income bracket. Anthem warns of a potential hunger pandemic as a consequence of the COVID-19 outbreak that could be the greatest humanitarian crisis since the World War 2. In Bangladesh, this is already a reality, as one RMG worker explained: We will die by starving before being affected by

coronavirus (Female, age: 27, source: personal communication, 23 April 2020). Bangladesh, as many other countries, is struggling to meet the ongoing needs of their large population during the COVID-19 pandemic and is unable to provide the support packages being offered in developed countries. As a result, the COVID-19 lockdown and resulting economic recession will lead to major loss of income for the working poor who will be forced to leave home, break isolation guidelines and risk infection in an attempt to find ways to feed their family. One RMG worker told us he had to sell vegetables in a market as a way to help feed his family (Male, age: 30, source: personal communication, 25 April 2020).

On 25 March 2020, the Prime Minister of Bangladesh (Sheikh Hasina) announced a stimulus package of BDT 5000 crore (\$587 925 000) for the export-oriented sector to tackle the COVID-19 pandemic.²⁰ She advised the factory owners to use this money to pay the wages of the workers and employees. Unfortunately, the factory owners did not pay the full wages to the workers for the months of March and April 2020 and did not pay outstanding wages on time, which forced thousands of workers to demonstrate on the street demanding their wages be paid in full. 21,22 RMG workers are performing work that brings billions of dollars (over \$30.61 billion of exports in 2017-18 financial year) to the factory owners every year, 23 yet the factory owners are not seen to stand beside them during this critical crisis period. Some workers complained that they had not been paid for 2 months or more.

Bangladesh is currently in the highest peak in terms of infections and death rates. As of 7 July 2020, the total number of infected and COVID-19-related deaths are 165 618 and 2096 respectively.²⁴ During the ongoing infection (while COVID-19-related infections and death rates are increasing), the BGMEA suddenly declared that garment factories would be re-opening from 26 April 2020 with the permission of the government so that shipments of previously ordered clothing items could be completed. 25,26 RMG workers were reportedly contacted by the management of the factories and told if they do not return to work they would lose their jobs as well as any salary due. The return to work was made more difficult as public transport was not available and no alternative transportation was provided to bring them from their home villages, often in rural areas, to the factory location during the lockdown. Therefore, workers had to arrange their own means of travel to return to work, and these arrangements included using crowded trucks and small vehicles making them more vulnerable to infection transmission.

Returning workers were not informed whether they would be able to maintain social distance at the workplace or if they would have access to healthcare facilities in the case of becoming infected with COVID-19. It has already been reported that social distance is not strictly maintained inside the factories, and effective protective measures are not taken to protect workers.^{8,27} RMG workers inability to practice physical/social distancing or access healthcare facilities increases the risk of COVID-19 infections for the entire population²⁸ putting millions of lives at risk. New infections and deaths of RMG workers have already been reported after the re-opening of the sector. Research on COVID-19 infections among the RMG workers, conducted by the 'Bangladesh Garment Shramik Sanghati', found that 96 RMG workers have been infected by COVID-19 between 9 April and 6 May 2020.^{29,30} In addition, the deaths of a number of RMG workers with undiagnosed fever and respiratory symptoms have also been reported.^{10,11,31}

RMG workers returning to the workplace fear infection with COVID-19 because of the increasing amount of new infections and the number of deaths that have been reported in the national electronic and print media. Perceiving the virus as severe has also impacted the mental health status of the general public, ³² and the individuals who are working during this pandemic.³³ Fear of becoming infected with or dying due to the COVID-19 pandemic has the potential to impact mental health,³⁴ and the RMG workers are no exception. It is also worth noting that RMG workers' mental health is also affected by the tensions about their future in this sector. Unexpected outcomes, such as reported rapes and suicide cases during the COVID-19 pandemic period, may impact female RMG workers' mental health status into the future. For example, one rape case and one suicide death by a female RMG worker has been reported in the national daily newspapers during the COVID-19 pandemic period, 9,10 which would definitely increase anxiety and fear for safety among the female RMG workers.

What is already known on this topic

The global supply chains have been disrupted during the COVID-19 pandemic. It is thus worth considering the longer-term impacts of the COVID-19 pandemic on the nature of clothing supply chains. Clothing orders from the international brands/buyers have been canceled considerably since the COVID-19 pandemic outbreak. The 'Centre for Global Workers' Rights' and 'Worker Rights Consortium' conducted a study on the impact of the COVID-19 crisis in Bangladesh RMG sector on 27 March, with the participation of 316 Bangladeshi suppliers. The study reported that international brands and retailers have suspended clothing orders from Bangladesh for up to \$3 billion. From a country-specific perspective, 'Mosaic Brands', one large Australian retail company (which owns Katies, Rivers, Noni B, Rockmans,

Millers, Autograph, W.Lane and Beme) is holding or canceling orders and delaying payment worth a total \$15 million.³⁶ This outcome has the potential to create joblessness and lesser bargaining power for the RMG workers about wages and other rights-related issues. It is already evident that >1 million RMG workers have been dismissed from their jobs during the COVID-19 pandemic^{37,38} and RMG workers have marched on the street for reinstatement of their jobs.³⁹ Although the workplace may be unsafe, fear of losing jobs will eventually make them more voiceless in this already exploitative employment sector.¹⁴ Irregular wage payment has been a major problem in the RMG sector.⁴⁰ Disruption to the existing supply chain may justify factory owners' to continue to pay their workers' wages at irregular intervals.

Treatment facilities during COVID-19 may not be accessible to the vulnerable, including the RMG workers of Bangladesh, because of high costs, fear of deportation and discrimination. The existing support systems in Bangladesh have already been questioned mainly due to the lack of treatment facilities such as COVID-19 testing places, availability of testing kits and personal protective equipment for service providers and receivers. The GoB has already declared compensation/incentives (in case of their infections and deaths related to COVID-19) for the government officials who are working on the front line during the COVID-19 pandemic; however, no such declaration has been announced for the RMG workers in regard to factory re-openings.

What this study adds

Although infection and death rates related to the current pandemic may be low in Bangladesh due to the relatively young population, it is important to focus on preparedness (available treatment facilities, human capacity, emergency response system, etc.) of a specific country to reduce the risk of developing this potentially fatal infection. Unfortunately, no such preparedness was observed before the re-opening the RMG factories by the state or BGMEA in order to protect the RMG workers from potential health risks. Rather, the re-opening of the factories has been a purely economic decision.

The prevention of further transmission among the vulnerable people is the main challenge for Bangladesh now. No doubt, state and factory owners have chosen the option of protecting their 'livelihood' over the 'lives' of their workers by making the decision to re-open the factories at a time when the COVID-19 pandemic remains at a serious level. Although the European and North American countries are currently fighting the second wave of COVID-19 following importation,

countries (such as Bangladesh) with a comparatively fragile healthcare system are in a state of public health crisis.⁴³

Limitations of this study

To ensure social distance and self-isolation during the ongoing COVID-19 pandemic, we avoided any kind of face-to-face interactions with the RMG workers, relying instead on published literature, and publicly available information. As these conditions change over time, similar and difference issues may emerge.

Conclusion

As sufficient evidence is not yet available to determine the lifespan of COVID-19 on various surfaces (such as fabric, metal, plastic, etc.), 44 it is possible that the virus may be transmitted across the border if the clothes are made by the COVID-19 infected workers. Therefore, Bangladesh RMG sector requires urgent coordinated and effective actions by all actors including global health communities, BGMEA, international brands/retailers, the GoB, and the International Labour Organization to safeguard workers' health and overall wellbeing during the COVID-19 pandemic as well as the health of people in other countries. In addition, the global supply chain and RMG trade needs to be tenured for the long term to support the economic sustainability of Bangladesh. The production of clothing during the COVID-19 pandemic must not go ahead without an urgent overview of the system and the development of a plan to ensure the health and safety of workers. In conclusion, it is worth noting that the United Nations Development Programme has initiated a prompt assessment for global trades to conduct human rights due diligence in relation to the COVID-19 pandemic.⁴⁵ It is time for the Bangladesh government and the RMG industry to heed this warning.

Authors' contributions

HK and KU conceptualized the paper. HK undertook the searches, categorized the evidence used in the paper and prepared the first draft of the paper. HK, KU and MM contributed to the final write up of the manuscript. All authors read and approved the final manuscript.

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The first author personally communicated with a total number of 19 (female: 13, male: 6) RMG workers over-phone (from 23 April to 5 May 2020), with the aim to understand their ongoing status related to the COVID-19 pandemic. The over-phone communications helped as a point of reflection to

understand the 'on the ground' situation in relation to what is being reported in the paper located via search and media, and all were not directly quoted/mentioned in the paper due to ethical restrictions. The authors wish to thank all the participants who generously shared their views and stories during COVID-19 pandemic, which shaped this paper.

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Ethics approval and consent to participate

Not applicable.

Conflict of interest

The authors declare that they have no competing interests.

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