WORKERS' RIGHTS IN BANGLADESH'S CARE ECONOMY:

DECENT WORK AND DEFICITS FOR PERSONAL CARE AND NON-CLINICAL HEALTHCARE WORKERS

Jakir Hossain
Mostafiz Ahmed
Afroza Akter

FRIEDRICH EBERT STIFTUNG
FES Bangladesh

কর্মজীবী নারী
KARMOJIBI NARI (KN)

WORKERS' RIGHTS IN BANGLADESH'S CARE ECONOMY:
DECENT WORK AND DEFICITS FOR PERSONAL CARE AND NON-CLINICAL HEALTHCARE WORKERS

Researchers:

Dr. Jakir Hossain, Professor, Institute of Bangladesh Studies, University of Rajshahi
Mostafiz Ahmed, Associate Professor, Social Work, Jagannath University
Dr. Afroza Akter, Independent Researcher

Assistant (Field Supervisor):

Farhana Afrin Tithi
Israt Jahan Poppy

Data Enumerators:

Farhana Jubaida
Zarin Tasnim
Sheikh Sahanaz
Nargis Akter
Shipu Saha
Sultana Sumi
Sadia Sultana

CONTENTS

LIST OF CHARTS AND TABLES

ACRONYMS

BLA	Bangladesh Labour Act
COVID-19	Corona Virus Disease of 2019
CSO	Civil Society Organisation
DIFE	Department of Inspection for Factories and Establishments
DoL	Department of Labour
EPZ	Export Processing Zone
FES	Friedrich-Ebert-Stiftung
FGD	Focus Group Discussion
ID	Identification
KII	Key Informant Interview
KN	Karmojibi Nari
ILO	International Labour Organisation
MLSS	Member of Lower Subordinate Staff
MoLE	Ministry of Labour and Employment
NSK	Nari Sramik Kantha
PPE	Personal Protective Equipment
SKOP	Sramik Karmochari Oikko Parishad
TU	Trade Union

ACKNOWLEDGEMENTS FROM THE AUTHORS

This study would not have been possible without several ‘institutions' and ‘individuals' support and cooperation. The authors are deeply grateful to Karmojibi Nari (KN) and Friedrich Ebert Stiftung (FES), Bangladesh office, for commissioning and financing this research.

The authors are especially thankful to the data enumerators and field supervisors who efficiently carried out the painstaking tasks of information gathering from the field.

They would also like to sincerely thank the 204 respondents for participating in the survey, the key informants, and those who participated in the Focus Group Discussions (FGDs) for their valuable insights.

Finally, also thanks to all the participants of the draft finding sharing workshop who provided their opinions and valuable inputs on the draft and ultimately helped to finalise the report.

Dr. Jakir Hossain, from Research Team

FOREWORD FROM NARI SRAMIK KANTHA (NSK) AND KARMOJIBI NARI (KN)

Warm greetings from 'Nari Sramik Kantha (NSK)!'.
With the support of FES Bangladesh, NSK has been working to establish labour recognition, leadership development, and decent work rights for women workers. NSK is a platform for women workers' leaders and related organizations dedicated to these goals.

Our observations reveal that women workers in the informal sector face significant exploitation and discrimination, worsened by the profit-oriented economic shift and insufficient government oversight. Despite the Bangladesh Labor Act 2006 being the primary legal framework for labour regulation, its enforcement is lacking.

In response, Karmojibi Nari and NSK, supported by FES Bangladesh, conducted research on Personal Care and Non-clinical healthcare workers to analyze current conditions and deficiencies in decent work standards in 2021-2022. The report, structured into five chapters, highlights significant labour rights violations, particularly in small parlours within the Personal Care sector. Issues such as the absence of appointment letters, job security, fixed wages, and government incentives during crises are prevalent.

The study recommends proper employment relations, fixed working hours, minimum wage establishment, wage increments, attendance bonuses, anti-harassment committees, and workplace safety policies. It also calls for social protection measures, including a universal pension scheme, health and group insurance, state-run funds, and performance-based incentives. Additional recommendations include forming unions, increasing worker awareness, enhancing participation in decision-making, expanding labour courts, ratifying ILO conventions, and ensuring broader social protection.

We hope this research will contribute significantly to making Bangladesh's economy more sustainable and protecting workers' interests. NSK plans to publish the findings at both national and international levels.

We express our gratitude to FES Bangladesh, the research team, and all contributors. Even if this research makes a small impact on realizing the rights of women workers in the informal sector, our efforts will be meaningful. Let us work together to implement the study's recommendations and ensure the recognition and labour rights of women workers.

With Thanks,

Shirin Akhter
Founder President, Karmojibi Nari (KN) &
Coordinator, Nari Sramik Kantha (NSK)

Dilnasheen Mohsen
President
Karmojibi Nari (KN)

FOREWORD FROM FES BANGLADESH

We are pleased to share the study "Workers' Rights in Bangladesh's Care Economy: Decent Work and Deficits for Personal Care and Non-Clinical Healthcare Workers," conducted in collaboration with Friedrich-Ebert-Stiftung (FES), Bangladesh, and Karmojibi Nari (KN). Since 2015, FES Bangladesh has championed workers' rights in both formal and informal sectors, with KN being a collaborative partner.

The research focused on the Personal Care (parlour) and Non-Clinical Healthcare sectors, utilizing a mixed-method approach that included surveys, interviews, focus group discussions, stakeholder consultations, and case studies.

Key findings indicate that while these sectors are regulated under the Bangladesh Labor Act 2006, many informal workers still face exploitation and rights violations. A significant number of informal workers lack formal contracts, with 86% not signing any upon employment, and many do not have ID cards or service books. Employers often dismiss workers without prior notice, and many workers endure excessive working hours, with 72% working over 10 hours daily. Night duty is mandatory for some workers without written consent. Minimum wage standards are absent, resulting in low wages for most workers. Child labour is also prevalent, particularly in hospitals and clinics. Workers face various occupational hazards, with beauty parlour workers experiencing back pain and colds, and healthcare workers dealing with needle pricks and slippery stairs. The availability of personal protective equipment (PPE) is inconsistent, especially in beauty parlours.

Discrimination and harassment are common, with 11% of workers reporting discrimination and 26% experiencing harassment, predominantly verbal and psychological. There is a lack of formal anti-harassment mechanisms and limited opportunities for worker participation in decision-making processes.The COVID-19 pandemic exacerbated these issues, particularly for beauty parlour workers, who saw significant income drops and irregular payments, though non-clinical healthcare workers were less affected.

The study advocates for proper employment relations, fixed working hours, minimum wage establishment, wage increments, attendance bonuses, anti-harassment committees, and workplace safety policies. It calls for social protection measures, including a universal pension scheme, health and group insurance, state-run funds, and performance-based incentives. The formation of unions, increased worker awareness, and participation in decision-making are recommended, along with government actions to expand labour courts, ratify ILO conventions, and ensure broader social protection.

We extend our gratitude to Prof. Zakir Hossain and his team for their dedication, and to Ms. Shirin Akhter, EX-MP and Coordinator of NSK and Ms. Sunzida Sultana, Additional Executive Director of KN, and the leaders of NSK for their support and guidance. We hope this report will aid policymakers, duty bearers, academicians, researchers, and professionals in further research and advocacy efforts.

Dr. Felix Gerdes, Resident Representative, FES Bangladesh
Arifa As Alam, Programme Advisor, FES Bangladesh

ABSTRACT

This research aimed to explore and analyse the status and deficits of decent working conditions for personal care and non-clinical healthcare workers in Bangladesh. A mixed-method approach – both quantitative and qualitative – was employed to collect data using a sample questionnaire survey with 204 workers (102 personal care workers and 102 non-clinical healthcare workers), key informant interviews, focus group discussions, consultations with relevant stakeholders, and case studies. Participants of the survey represented workplaces of different sizes and types, with non-clinical healthcare workers coming from small (1-49 beds; 36%), medium (50-99 beds; 31%), and large (above 100 beds; 33%) hospitals, and personal care workers from micro/small (3-10 workers; 67%) and medium/large (above 10 workers; 33%) beauty parlours.

Applicability of the Law to Care Work

From a legal perspective, the personal care and non-clinical healthcare sectors of Bangladesh are formal but informal in labour relations and practice. Because of the nature of recruitment and inadequacy of coverage of the legal provisions, the industrial relations in the sectors remain informal—providing opportunities for exploitation and violations of the rights of the workers much of which the workers are unaware of.

Bangladesh has no separate law for the workers of informal sectors; the Bangladesh Labour Act 2006 (BLA 2006) does not delineate between the formal and informal sectors. According to the provisions and definitions of the BLA 2006 the law covers both the workers and workplaces in the care economy sectors. The key informants' analysis of the current regulatory framework also highlights that although informal sectors currently remain outside of the legal practice, they are broadly covered. It is complex and critical to apply the BLA 2006 to the workers of unorganised sectors, yet it is the only legal instrument to govern and regulate the world of work in Bangladesh. There are many economic sectors that are not registered with the government, but the workers in those sectors cannot go unregulated, and disputes remain unsettled. The BLA 2006 is the only means of protection for them.

The State of Personal Care and Non-Clinical Healthcare Workers' Rights

Employment Opportunities: Many workers in the informal care economy sector have comparatively long working experience; 42% of respondents had been working for over eight years. Most workers are employed directly by their employers (roughly 96%); only a small percentage were employed by people they knew personally or labour-supplying firms (4%). Most care economy workers are employed on a permanent basis, although some seasonal workers are found in beauty parlours. The workforce in beauty parlours often increases before festivals such as Eid, Puja and Nabobarsha. Over 98% of respondents reported that their salary and benefits are paid on a monthly basis.

Stability and security of work: Contract signing is a rare practice for the workers of informal care economy sectors; 86% of respondents did not sign any contract during their enrollment in work. Only 22 respondents (11%), out of 204, acknowledged signing contracts with their employers, however, the appointment letter was given after they began working. A substantial portion of the workers do not possess an identity card and service book—46% of both sectors do not have an ID card, and over two-thirds do not possess any service book, as labour law requires.

In most cases, employers do not provide any prior notice when terminating workers. 14% of the respondents further claimed the benefits were either kept due or not provided at all in cases of termination. About a quarter of the workers reported that their workplaces had experienced job losses due to a variety of reasons, such as the employer's inability to provide salary or wages (30%), a lack of customers (32%), or the establishment being closed as a result of a government-declared holiday or lockdown (36%). Some workers also reported that their terminated colleagues had not received their due wage (8%) for the month they worked prior to the lockdown, or any service benefits (29%) accrued over the course of their employment.

Decent Working Hours: Most of the respondents (72%) work for over 10 hours daily. Only 10% of the workers reported having worked normal work hours (up to 8 hours per day), while the other 90 percent worked extra hours, ranging up to 2 hours (18%) to up to 4 hours (64%), and to over 4 hours (8%). The excessive work hours clearly are a violation of the normal work hours and permissible overtime hours under the BLA 2006. Nearly one-fifth of respondents said that night duty is mandatory for them (7% of personal care and 33% of non-clinical healthcare workers) while more than 44% do night duty sometimes. Almost none of the workers reported that the employers do take written consent for employing women workers during night time.

Adequate earnings and productive work: The provision of minimum wage is non-existent in both the selected sectors, and the workers are paid very poorly, which is not sufficient to cover their minimum living expenses. The average income of a non-clinical health worker (BDT 8657) is less than that of a personal care worker (BDT 8790). Only three percent of workers earn more than BDT 20,000 as monthly wages and over three-forth (78%) of respondents' monthly income is BDT 10,000 or less. The legal provision relating to the date of wage payment is usually followed; 66% of respondents' institutions provide salaries on a fixed date, with the majority of the respondents receiving their salary on/before the 10th date of the subsequent month.

More than half of the respondents in both sectors received festival bonuses. However, some workers inFGDs claimed that there is no provision for the festival bonus in the beauty parlour, but owners provide some amount of money such as BDT 500 to 1000 or a dress as a gift for extra work during the festivals.

Work that should be abolished: Although workers under eighteen (18) years are seen working in both sectors, their presence is more in hospitals and clinics. About 15 percent of

non-clinical health workers and 9 percent of personal care workers confirmed that their workplaces have workers under the age of eighteen (18).

Combining work, family and personal life: The existing practice of weekly days-off, different leaves, and rest periods in both sectors showcases a violation of Labour Law provisions - 24% do not enjoy weekly days-off regularly or ever; 64% of respondents report that sick leave is not specific at their workplaces, with such practices being more prevalent in parlours than in hospitals/clinics; 40% of the workers enjoy 1-10 days of festival leave, while about 29% enjoy one to five days. The non-clinical healthcare workers also claimed that Ayas and cleaners hardly enjoy any leave, even during Eid festivals. Maternity benefits are almost absent in both sectors, with only 17% of workers confirming the availability of maternity leave with pay. About 50% of respondents said that there is no precise rest time for them.

Women workers face difficulties in trying to balance work and family life. Approximately three-fourths of the respondents reported that it was either somewhat or very difficult to achieve this balance due to the workload in both the workplace and home, family responsibilities, and lack of leave; meaning they were unable to spend quality time with family members.

Safe workplace: Different types of occupational risks are commonly reported for work in beauty parlours and hospitals. While discussing occupational safety and hazards in the FGD, beauty parlour workers mentioned that hair-colouring and hair re-bonding harm their hand skin, and the thread used for plucking can cause cuts in hands and fingers. They further informed that many beauticians suffer from back pain because they work for longer hours while in a standing position; and there remains the possibility of catching a cold when a worker does a facial, which requires the use of water, for longer times. The healthcare workers, on the other hand, have mentioned the risks of the prickle of the needles, and risks of accidents from slippery stairs while lifting heavy objects.

Regarding the supply of Personal Protective Equipment (PPEs), seven in every ten respondents from the beauty parlour and nine in every ten from hospitals/clinics claim that employers provide PPEs to all workers. However, the non-availability PPEs is higher in beauty parlours (28%) than hospitals/clinics (7%).

Social Protection: The situation regarding the availability of social protection measures for workers in both beauty parlours and hospitals/clinics is dire. The workers' awareness of social protection provisions is remarkably low. The majority of respondents from both sectors do not know what kind of social protection is available at their workplaces. Moreover, 38% of beauty parlour workers and 29% of hospital/clinic workers reported the absence of any social protection.

Equal opportunity and treatment at the workplace: The workplaces of beauticians and non-clinical healthcare workers in Bangladesh are not discrimination free fully. 11% of beauty parlour workers and 26% of hospital/clinic workers have reported discrimination. In the beauty

parlour sector, the notable areas of discrimination are wage, leave, and scope of rest. On the other hand, for non-clinical health workers, significant discrimination avenues are leaves, working/shift time, and tasks/assignments.

Among different types of harassment, verbal and psychological harassment are more frequent. About 94% of the respondents from beauty parlours and 95% from hospitals/clinics have reported verbal harassment (e.g., slang language, scolding and insulting). However, psychological harassment (e.g., the threat of termination, and excessive workload) has been reported at a higher rate by hospital/clinic workers (62%) than those from beauty parlours (35%). In addition, 10% of non-clinical healthcare workers have noticed the presence of physical harassment. Despite the availability of harassment in the workplace, initiatives to address complaints are not formal always. If workers have any complaints of harassment, they report it to an assigned person selected by the authority, and the formal anti-harassment mechanism is absent.

Social Dialogue

The unavailability of trade unions (TU) and lack of workers' awareness of their presence have characterized both sectors - 74% of beauty parlours and 56% of non-clinical healthcare workers mentioned their absence. Awareness was lower in healthcare workers than in beauty parlours and most workers reported no initiatives to form trade unions in their respective workplaces. There were also no other organisations/associations available - 7% of beauty parlours and 3% of healthcare workers reported an association/organisation. Consequently, there was almost no opportunity to partake in decision-making. Nearly 80% of healthcare workers said employers never consulted them while making workplace decisions.Most beauty parlour workers raise demands to their employers alone, while hospital/clinic workers primarily communicate issues/demands to employers through their supervisors/managers.

Workers' Coping Mechanisms

COVID-19 caused a sharp drop in income for beauty parlour workers, while 70% of non-clinical healthcare workers were less impacted as they could stay at work. Beauty parlour workers suffered more, especially with wages and facilities. About half (49%) reported wage cuts and one-third (31%) faced irregular payment, while only 14 percent of hospital/clinic workers did not get bonuses during Covid-19. About 16 percent of parlour workers also said that their wages were kept due at that time. Workers of both sectors took several measures to cope, like taking loans, cutting costs, reducing food intake, using savings, buying groceries on credit, and changing occupations.

Stakeholders' Initiatives

Beyond the legal measures, workers of both sectors usually do not get any other protection/facility from the employers. However, some workers get skill development training

(beauty parlour 23%, hospitals/clinics 26%) and accommodation (beauty parlour 14%, and hospitals/clinics 10%).The employers of the beauty parlour sector sometimes provide on-the-job training to unskilled entry-level employees, but hardly provide formal/institutional training. The owner of the hospital/clinic does not provide any training but generally hires experienced workers.

Although beauty parlour owners were eligible to receive assistance from the government-provided financial packages to stimulate the economy, women parlour owners faced several difficulties such as appropriate information on support, application procedure, lengthy process and hassle created by bank officials. Initially, the government declared financial assistance to healthcare providers in public hospitals but didn't extend this to private hospitals when they began treating COVID-19 patients.

Advocacy Pointers

Employment Relations

- Proper execution of the provisions of law related to employment relations (written contract containing the conditions of job termination and termination benefit, employee register) for the care economy workers must be ensured.
- The workers must be given employment-related entitlements (e.g., appointment letters, service books, and occupation-based ID cards).
- Working hours fixed by law should be ensured.
- The minimum wage should be fixed by the tripartite wage board for both sectors, and the rate of annual wage increment should be fixed by law. Besides, attendance bonuses, transport costs, and refreshment allowances are to be introduced for the workers to face contingencies.
- Ensuring the establishment of functional anti-harassment committees at hospitals/clinics and
- Formulating specific guidelines for protecting beauty parlour workers.

Occupational Safety and Health

- The workplace should have a well-designed policy on workplace safety. The policy must articulate the guidelines of PPEs and their availability, quality, and uses. Besides, the policy should focus on how the workers are provided with training and adequate information on occupational risks and hazards at workplaces.
- Training should be arranged to enhance the awareness of the workers about occupational safety and health.

Welfare and Social Protection

- Different forms of Insurance (micro, group, health, accident, life) should be run.
- A pension scheme/enhanced gratuity system should be introduced.
- State-owned and run the contributory fund with the participation of government, employers and workers should be formed.
- Different financial incentive schemes for performance-based monetary benefits can be introduced.

Labour Relations and Social Dialogue

- Workers should be allowed to form and join occupation-based unions/associations without fear and resistance. TU is to be formed and other appropriate mechanisms are to be developed and followed to ensure workers' participation in workplace-related decision-making.
- Establishing an effective complaint mechanism for workplaces.

Rights Promotion and Enforcement, and Stakeholders' Initiatives

- TUs must prioritise the issues of the beauty parlour and non-clinical health care workers in their agenda. The national labour movement should increase the organising efforts, select specific issues, and determine the organising strategy considering the sectors' specific nature.

Awareness raising by trade unions:

- Making workers aware of issues of decent work is necessary which ultimately will make them capable to claim their rights as well as achieve a decent workplace.
- Employers' associations must take responsibility for the upliftment of the conditions of the workers. Employers' associations could undertake skill development training for the workers. Further, the associations should develop guidelines for parlour and hospital owners so that worker rights are respected.
- The following roles are important from the government:
- Broaden the scope of the inspection and increase the role of the Inspectors. The government may involve local civil administration in the inspection of different informal workplaces and trial of charges, offences, and unfair practices regarding the provisions of labour law.
- Expansion and decentralization of labour courts for enhanced access to the judiciary must be given priority. Initiatives are needed for making labour courts accessible to all informal workers.
- To have a harassment-free workplace at both beauty parlours and hospitals; the government must first ratify the ILO C 190 (Violence and Harassment Convention, 2019).
- The state of social protection of workers in both sectors is grim, which was more explicit during the COVID-19. Therefore, the government must ensure broader social protection coverage for workers.

1
Introduction

The vast majority of the labour force in Bangladesh is employed in the informal economy. Despite the good economic performance, the country is faced with growing informalization—an estimated 86% of the labour force is currently employed in the informal sector with an increase from around 79 percent in 2002.[1] Workers in the informal sector are characterized by varying degrees of exclusion, dependency and vulnerability resulting in a high number of working poor. The informal economy thrived in the context of high unemployment, underemployment, poverty, gender inequality and precarious work. It plays a significant role, especially in income generation, because of the relative ease of entry and low requirements for education, skills, technology and capital. However, most people enter the informal economy not by choice but out of a need to survive and access basic income-generating activities. Truly, while the informal economy derives certain benefits such as livelihood, and large entrepreneurial potential, the decent work deficit is a major concern.

Two major sectors of the informal economy—personal care workers, and non-clinical healthcare workers— are the focus of the study. Personal care workers in the country are involved in beauty parlours providing makeup, spa, facial mud baths, haircutting, colouring, waxing, eyebrow shaping, pedicure & manicure, hair colouring, body wraps, haircuts and oil massage. Personal care industries are worth USD 10 billion-plus industry in Bangladesh, employing an estimated 100,000 women in thousands of beauty-care service providers or beauty parlours/salons that have sprung up all over the country in the last decade.[2] Non-clinical healthcare workers include ayas,[3] wardboys, ward masters, stretcher-bearers, and other occupations including cleaners, gatekeepers, MLSS and *zamadars*[4] who make up the bulk of the human resource in the health sector of the country across the public and private spectrum.

The conditions under which most of these care workers in Bangladesh operate are informal, precarious, unhealthy and unsafe. For example, cleaners in hospitals and care centres deal with hospital-waste removal including garbage, blood and body fluids, human tissue and non-biological matter such as needles, wound dressings, and packaging. The ayas, ward boys, ward masters, stretcher-bearers, zamadars, and gatekeepers while providing direct patient care, face some of the very same exposure that doctors and nurses face.

1. *Labour Force Survey 2016, Bangladesh Bureau of Statistics*
2. *Akter, S. (2009). Personal Gets Revenue Glamour: Earnings Rise to Tk. 5.30 Crore. The Daily Star.*
3. *Women hospital assistants who assist patients with personal hygiene needs and tasks (e.g., giving baths, changing bedpans, and feeding).*
4. *Head of hospital cleaners, and security guards*

Work in the care economy is often plagued by informality (even though sectors are formal) and by low or irregular incomes, long working hours, small or undefined workplaces, unsafe and unhealthy working conditions. The provisions to provide workers with adequate income and other benefits for them and their families to participate with dignity in their communities are either inadequate or commonly violated. Also violated frequently are the long-established standards/rights provisions to provide a voice for the workers both at the workplace and at the labour market level (representation). Since they are not usually organised formally, they have little or no collective representation of employers or public authorities.

By its very nature, the characteristics of the informal care economy trap individuals and enterprises in aspiral of low productivity and poverty. With productive, decent and freely chosen employment, the goals of decent living standards, social and economic development, and personal fulfilment of the informal care economy workers are attainable. Unless we understand the state of rights realization for the informal care economy workers and the challenges faced in protecting and promoting workers' rights, we will hardly be able to identify factors needed to create an enabling environment where workers can exercise their basic rights.

Based on the context delineated above, the current study aims at exploring and analyzing the decent work condition—both status and deficits—of the personal care and non-clinical healthcare workers in Bangladesh. Addressing the issue of how personal care and non-clinical healthcare workers' rights are protected and promoted is paramount for a balanced strategy for workers' rights promotion and protection in the informal economy. Workers' rights strategy must pay particular attention to the "working poor," i.e., those unable to earn enough to lift themselves and their families above the poverty line. It explicitly should consider not just the number but also the quality of jobs created (wage or income level, working conditions, social security coverage, rights of workers). This study aims to formulate worker rights strategies by reviewing the current understanding of workers' rights along with the realities of the rights in the field of informal care economy as broad directions and priorities for implementing the future programme to promote rights. This study understands the problems and prospects of promoting workers' rights in the informal economy and identifies the factors necessary for creating an enabling environment where workers can exercise their rights.

This study employs a mixed-method approach—quantitative and qualitative aspects inform the assessment. As such, a sample questionnaire survey, key informant interviews (KIIs), focus group discussions (FGDs), consultation with relevant stakeholders, and case studies were conducted. A note on study methodology is annexed as Annex-1 For the sample survey, a set of questionnaires was prepared and administered to collect data from 204 personal care (102) and non-clinical healthcare (102) workers. The sample was selected from different locations in Dhaka, and both snowball and purposive sampling technique was adopted to select respondents. The respondents from personal care were only women; the selected sample was only from women's parlours, while non-clinical healthcare workers were equally divided between women and men.

The detailed socio-economic profile of the respondents is provided in Annex-2. These respondents also represent different sizes and types of workplaces. For non-clinical healthcare workers, respondents come from all types of hospitals, e.g., small- 1-49 beds (36%), medium – 50-99 beds (31%), and large – above 100 beds (33%), while personal care workers represent micro and small- 3-10 workers (67%) and medium and large – above ten workers (33%) beauty parlours.

The study is presented in three core sections. First, the legal and policy environment: with a focus on coverage, deficits, and implementation status, the existing laws and policies that address the issues of personal care and non-clinical healthcare workers are presented. Second, decent work conditions and deficits: focusing on the condition of personal care and non-clinical healthcare workers in terms of the decent work pillars and elements/indicators presented. Third, workers' coping mechanisms, stakeholder initiatives, and strategic directions: exploring what steps and strategies the personal care and non-clinical healthcare workers adopt and what initiatives diverse stakeholders provide to deal with various adverse situations, a strategic framework for promoting rights for the informal care economy workers.

2

Legal Framework for Bangladesh's Care Economy Work and Workers

From a legal perspective, Bangladesh's Personal Care and Non-clinical healthcare sectors are formal, but in labour relations and practice, it is informal. Because of the nature of recruitment and inadequacy of coverage of the legal provisions, the industrial relations in the sectors remain informal—providing opportunities for exploitation and violations of the workers' rights, much of which the workers are unaware. These workers are engaged in casual employment and personal and social relations rather than contractual arrangements with formal guarantees in delivering services with the primary objective of generating income. The activities often are not recognised, recorded, protected or regulated by the public authorities. With a focus on coverage, deficits, and implementation status, the existing laws and policies that address the issues of personal care and non-clinical healthcare workers are presented in this section.

International Labour Rights Framework for Informal Economy

Many provisions of international labour instruments, including Conventions or Recommendations, are relevant to workers in the informal economy. The assumption that workers in the informal economy are outside the scope of applying international labour standards is erroneous. It should be stressed that the fact that international labour instruments may not be widely applied in the informal economy does not mean they are irrelevant to it.

Several Conventions and Recommendations have provisions referring specifically and explicitly to the informal economy, while several other instruments contain implicit references to it. Furthermore, several ILO instruments apply explicitly to "workers" rather than the legally narrower term "employees" or do not contain language limiting their application to the formal economy.

Also, there is broad acceptance that all eight fundamental Conventions apply to the informal economy. Bangladesh is a signatory to seven of these eight conventions (except ILO Con. 138). They are:

- Freedom of Association & Protection of the Right to Organize Convention, 1948 (No. 87)
- Right to Organise and Collective Bargaining Convention, 1949 (N. 98)
- Forced Labour Convention, 1930 (No. 29)
- Abolition of Forced Labour Convention, 1957 (No. 105)
- Minimum Age Convention, 1973 (No. 138)
- Worst Forms of Child Labour Convention, 1999 (No. 182)

- Equal Remuneration Convention, 1951 (No. 100)
- Discrimination (Employment & Occupation) Convention, 1958 (No. 111)

Also relevant is the ILO Governance Conventions. When a standard initially applies only to workers in the formal economy, there is sometimes explicit provision for its extension to other categories of workers. These conventions are:

- Labour Inspection Convention, 1947 (No. 81)
- Employment Policy Convention, 1964 (No. 122)
- Labour Inspection (Agriculture) Convention, 1969 (No. 129)
- Tripartite Consultation Convention, 1976 (No. 144)

While some of these instruments explicitly reference the informal economy, others have only implicit provisions. In contrast, some instruments are pertinent in that they apply to specific categories of workers generally present in the informal economy. In general, the following points further highlight the relevance of the ILO conventions in the informal economy.

(i) ILO Conventions often have a provision to the effect that standards should be implemented in a way appropriate to national circumstances and capabilities;
(ii) It is untrue that ILO standards are only for those in the formal economy where there is a clear employer-employee relationship;
(iii) There are instruments which focus on specific categories of workers who are often in the informal economy;
(iv) Even when informal workers like in personal care and non-clinical healthcare sectors are not explicitly referred to in the text, indications of the applicability of a particular instrument can be sought within the framework of the ILO's supervisory system.

Labour Regulatory Frameworks in Bangladesh

The work and workplace governance for Bangladesh's informal economy includes the totality of labour-related national regulations and international commitments. National regulations consist of constitutional obligations, domestic laws, policies, norms, and contracts. The regulatory frameworks of workers' rights in Bangladesh can be broadly divided into two categories — i) directive principles, and ii) mandatory regulations.

Directive Principles of workers' rights

The directive principles include the Bangladesh Constitution, Bangladesh Labour Policy 2012, Conventions of the ILO, particularly those ratified by Bangladesh and other international commitments. All these documents provide promises and guidelines to realise the rights of the working community.

The constitution of Bangladesh declares several "Directive Principles for State" in some of its articles that assign several rights to the working people. Article 14 urges the State to emancipate peasants and workers from all forms of exploitation. Article 15 holds the State responsible for ensuring the right to work, such as guaranteed employment at a reasonable wage, proper rest, recreation and leisure. Article 20(1) recognises work as a right, and Article 34 prohibits all forms of forced labour and declares it a punishable offence. Article 38 guarantees the right to freedom of association and the right to form trade unions. Undoubtedly, all of these principles hold strong enough to ensure the rights of the working people at work.

The Labour Policy 2012 also promises to ensure, enforce, observe and exercise workers' rights following international labour standards, conventions and charters. Section 1.03(5) of the policy intends to enhance the democratisation of industrial and labour relations through the massive participation of the working people in social dialogue.

The ILO, since 1919, has adopted 189 conventions and various recommendations regarding the core rights issues of the working people intending to protect and ensure workers' rights at work worldwide. Bangladesh has, so far ratified 35 ILO Conventions, and to some extent, they have been translated into mandatory regulatory frameworks.

Mandatory regulations

Bangladesh has enacted and adopted some mandatory regulations in line with the directive principles to govern the work and workplace and to ensure workers' rights. The mandatory regulations include the Bangladesh Labour Act (BLA) 2006 (Act no. 42 of 2006), EPZ Workers Welfare Society and Industrial Relations Act 2019, and some other minor Acts. Currently, 21 labour and industrial laws are in operation, establishing the framework for industrial relations. In terms of coverage, the BLA 2006 is a crucial and complex one that applies to both formal and informal sectors of workers.

In terms of coverage, both the directive principles and mandatory regulations provide enough provisions to secure the core areas of rights—employment relations, occupational safety and health, welfare and social protection, labour relations and social dialogue, and access to justice—for the workers of the informal sector in Bangladesh.

Enforcement Mechanisms

The BLA 2006 has incorporated a good number of provisions relating to enforcement. It is the duty of the Ministry of Labour and Employment (MoLE), Directorate of Labour (DoL), and Department for Inspectorate of Factories and Establishment (DIFE) to enforce the labour laws to protect workers from unfair labour practices and all other exploitation. The labour law has also made provisions on the grievance handling mechanisms—non-adjudicatory and adjudicatory bodies—to handle grievances and to have access to justice through labour courts.

The Labour Law provides that the Government shall appoint a Chief Inspector and the requisite number of Deputy Chief Inspectors, Assistant Chief Inspectors or Inspectors to investigate workplace activities.[5] The inspector must inspect the employment conditions, working environment, level of labour standard compliance and fairness at work and workplace and impose punishment and penalties as provided in the laws. The inspectors are empowered to enter, inspect, examine, enquire or otherwise for the exercise of the powers under this Act and the rules, regulations, orders or schemes.[6] Besides, they may lodge complaints with the Labour Courts for action against any person for any offence or violation of any provisions of this Act or any rules, regulations or schemes.[7]

Under this Law, the Government has the power to establish as many Labour Courts as it considers necessary. The Law also provides that a Labour Court shall consist of a chairman and two members—one shall be the representative of employers and the other shall be the representative of workers.[8]

In addition, the Law provides that a Labour Court shall have exclusive jurisdiction to

(a) adjudicate and determine an industrial dispute or any other dispute or any question which may be or has been referred to or brought before it under this Act;
(b) enquire into and adjudicate any matter relating to the implementation or violation of a settlement which is referred to it by the Government;
(c) try offences under this Act; and
(d) exercise and perform such other powers and functions as are or may be conferred upon or assigned to it by or under this Act or any other law.[9]

The BLA 2006 has provided the opportunity to have access to the judiciary both individually and collectively. According to the provision, any collective bargaining agent or any employer or worker may apply to the Labour Court for the enforcement of any right guaranteed or secured to it or him by or under this Act or any award or settlement.[10]

Applicability of the Provisions to Regulate the Care Economy Work

In 2006 Bangladesh adopted the "Bangladesh Labour Act 2006 (BLA, 2006)" by compiling the provisions of the previous 25 labour laws that were in operation. A study on labour law claims that the current law is comprehensive. It has included broad aspects of worker rights and labour and industrial relations under its purview, including special provisions for specific worker groups. Thus, the Labour Law 2006 is the main instrument to protect the rights of the workers and ensure decent work for them these days.[11]

5. BLA 2006, sec. 317.
6. BLA 2006, sec 319(2)
7. BLA 2006, sec. 319(5)
8. BLA 2006, sec.214 (3 & 6)
9. BLA 2006, sec. 214 (10)
10. BLA 2006, sec. 213
11. Hossain, Ahmed, and Akter: 2010: 47

Bangladesh has no separate law for the workers of informal sectors. Besides, the BLA 2006 does not demarcate between the workers of formal and informal sectors. It governs and deals with the relations between the employer and employee related to the premises called "factory", "shop", "establishment", "commercial establishment", and "industrial establishment". According to the definition provided in the law, a "worker means any person including an apprentice employed in any establishment or industry, either directly or through a contractor, to do any skilled, unskilled, manual, technical, trade promotional or clerical work for hire or reward, whether the terms of employment be expressed or implied, but does not include a person employed mainly in a managerial or administrative capacity."[12] Thus, the law covers people who come under the purview of the above definition.

In the same way, the law covers any work that comes under the purview of the definition of factory, shop, establishment, commercial establishment, and industrial establishment contained in the BLA.

According to the provisions and definitions of the BLA 2006, the law covers both the workers and the workplaces in these care economy sectors. The key informants' analysis of the current regulatory framework also highlights the fact that although the informal sectors remain outside of the legal practice, these are broadly covered. To them, BLA 2006 applies to both the workers of formal and informal sectors. One of the informants says that *"it is very complex and critical to apply the BLA 2006 for the workers of the unorganised sectors but it is the only legal instrument to govern and regulate the world of work in Bangladesh"*[13]. Another key informant comments that there are so many economic sectors that are not registered to the government but the workers working in those sectors cannot go unregulated, and disputes are unsettled. The BLA-2006 is the only means of protection to them. It is applicable and should be applied to regulate the work and workplace of informal sectors.[14]

However, the current legal framework needs to consider the heterogeneity of the informal economy, the many different categories of work involved and the various drivers leading to both the growth of the informal economy and the informalization of the formal economy. Workers in the informal economy differ widely in terms of income (level, regularity, seasonality), status in employment (employees, employers, own-account workers, casual workers), type and size of the enterprise, location (urban or rural), and social protection and employment protection (type and duration of the contract, leave protection).

12. BLA 2006: 2(Lxv).
13. KII-1
14. KII-2

3

The State of Personal Care and Non-clinical Healthcare Workers' Rights

This section focuses on the condition of personal care and non-clinical healthcare workers regarding the decent work pillars and elements/indicators. To analyse the decent work conditions and deficits of personal care and non-clinical healthcare, this section considers the broad decent work agenda and the elements/indicators of decent work. The substantial elements of decent work are (1) employment opportunities; (2) stability and security of work; (3) decent working time; (4) adequate earnings and productive work; (5) work that should be abolished; (6) combining work, family and personal life; (7) equal opportunity & treatment on the job; (8) safe work environment; (9) social security; and (10) social dialogue, employers' and workers' representation.

3.1 Employment Opportunities

Many workers in informal care economy sectors have long working experience. Over one-third of respondents (42%) said they have worked for over 8 years. Among the sectors, personal care workers have long working experience. Around 51 percent of personal care workers have over 8 years of experience in the sector. About 5 percent of workers reported having less than a year of working experience. It is also found that workers keep their workplaces the same. About 9 percent of workers have worked there for less than a year. In contrast, a substantial proportion of the workers' work experience in the current workplace exceeds 8 years (19%). Above 3 percent of workers are working in their current workplaces over 16.

Workers are mainly employed directly by the employer. A high proportion of respondents (about 96 percent) have engaged in their current profession directly through their employer. Only a few workers reported that they were employed through personally known individuals or by labour-supplying firms (4%).

The informal care economy workers work both permanently and on a seasonal basis. The workforce in beauty parlours regularly increases prior to festivals, i.e., eid (Muslim main festival), puja (Hindu festival), and Nobo borsho (the first day of the Bangla year). These workers are recruited on a seasonal basis.[15] Whether recruited on a permanent or seasonal basis, workers mainly work monthly; over 98% of respondents reported that their salary and benefits are paid monthly.

15. The data collection period for this study did not cover any of the festivals in which a higher proportion of seasonal workers are in work. During COVID pandemic, many permanent workers lost jobs, and more importantly the seasonal workers are not engaged in the extent they were before pandemic. This possibly led to finding more permanent workers in the sector in comparison with the regular period.

3.2 Stability and security of work

Employment contract

Contract signing is a sporadic practice for the workers of informal care economy sectors. The study shows that the majority of the workers (86 percent) did not sign any contract during their enrollment in work. Out of only 22 respondents (11%) who have acknowledged signing contracts with their employers, most of them reported that the appointment letter was given only after joining the work.

A substantial portion of the workers needs an identity card and service book. 46% of the respondents of both sectors still need an ID card (see Table 3.1), and over two-thirds of the respondents do not possess any service book, as required by the labour law.

Table 3.1 The existence of ID card and Service Book

	Personal care workers		Non-clinical healthcare workers		Total	
	N	%	N	%	N	%
Identity card						
ID card with photograph	16	15.7	91	89.2	107	52.5
ID card without photograph	2	2.0	0	0	2	1.0
No ID card	84	82.4	10	9.8	94	46.1
don't know	0	0	1	1.0	1	0.5
Service Book						
Yes	0	0.0	1	1.0	1	0.5
No	87	85.3	63	61.8	150	73.5
Don't know	15	14.7	38	37.3	53	26.0

Source: Field Survey 2021

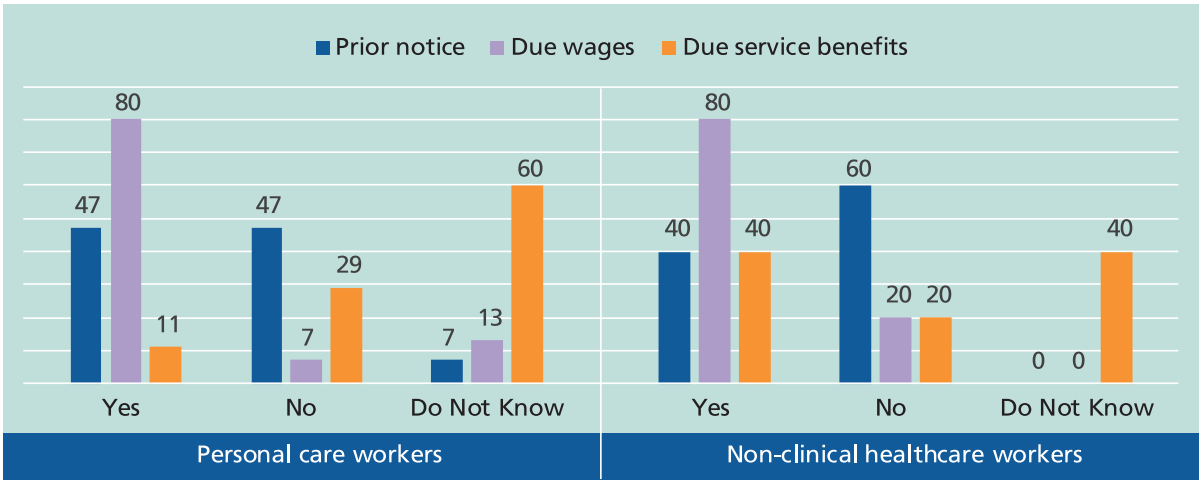
Job Termination

In maximum time employers do not provide prior notice in case of workers' termination. One-third of the workers responded that employers should provide such notice. When asked whether the workers get due benefits in case of termination, 14% of workers said that the benefits are kept due or not provided at all.

About one-fourth of the workers were informed that their workplaces experienced job losses during the COVID-19 pandemic. The job losses were because the employer was not able to able to provide salary/wages (30%), lack of customers (32%), and the establishment was closed due

to a government-declared holiday/lockdown (36%). A substantial portion of these job losses was without notice (46%), as the beauty parlours and small health care services were closed during the government's declared countrywide lockdown. About workers also reported that their terminated colleagues did not even receive the due wage (8%) for the month they worked before lockdown, and service benefits (29%) accrued over their work time (see Chart 3.1)

Chart 3.1 Whether legal provisions for termination are maintained?



Source: Field Survey 2021

3.3 Decent Working Hours

Working Hours and Overtime

Most respondents (72%) work over 10 hours daily. Only 10% of the workers reported having worked regular work hours (up to 8 hours per day), while the other 90 per cent worked extra hours, ranging up to 2 hours (18%) to up to 4 hours (64%), and over 4 hours (8%) after regular work hours (see Chart 3.2).

Chart 3.2 Daily hours of work

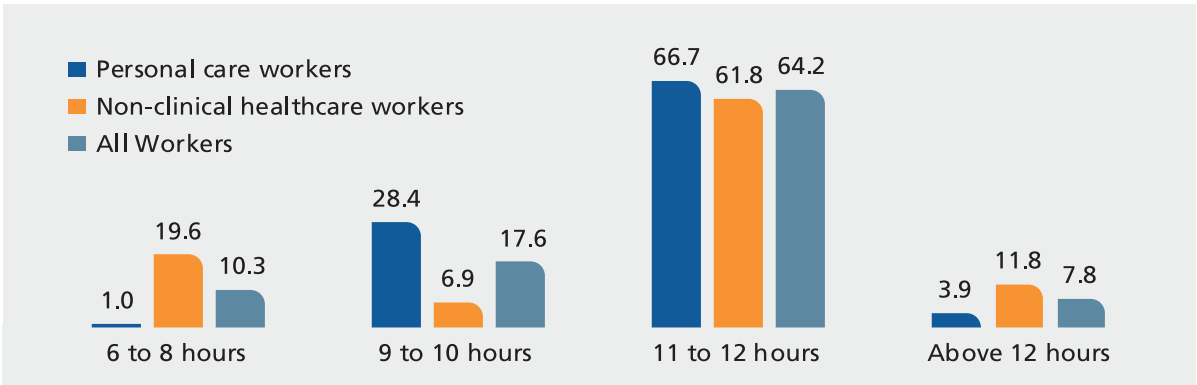


Chart 3. 2 Daily hours of work

Excessive work hours violate the regular and permissible overtime hours under the BLA 2006. Overtime hours are too not recognised by employers, even though work during overtime hours is mandatory for most workplaces. Only nine percent of the workers received extra payments for overtime hours. This violation also becomes more exploitative when workers who said that they are paid overtime payment responded that for over 56% of those workers, the extra hours are not paid in the manner of 'double the hourly rate' as provisioned by the labour law.

Mandatory Night Duty

Nearly one-fifth of respondents said that night duty is mandatory for them (7% of personal care and 33% of non-clinical healthcare workers), while more than 44% have to do night duty sometimes. Almost none of the workers reported that the employers take written consent for employing women at night. None of the respondents who reported the existence of night duty in their workplaces reported that they are paid in any form of premium payment for work during night time.

3.4 Adequate earnings and productive work

Decent work promotes adequate income for an employee, which is essential for his/her living. In terms of indicators, adequate earnings and productive work can be measured by wage rate and workers' participation in employer-provided work-related training. An adequate wage payment is important for the economic security of workers' households. Work-related training upturns workers' productivity and ensures their future earning opportunities.[16]

Minimum wages and wage payment

According to Bangladesh Labour Law 2006, the Government of Bangladesh has set minimum wages for entry-level workers in 42 different sectors. However, the non-clinical healthcare workers in hospitals are yet to be covered by government-declared minimum wages.[17] The Government declared that minimum wages cover the beauty parlour sector, but it has been updated for many years. Evidence from the present study reveals that minimum wage provision needs to be improved in both sectors. The majority of the workers (63%) in the present study reported having no minimum wages in their sectors. A lack of awareness is observed among many workers in this regard. More than one-third (36%) of respondents said they do not know whether their sector has a government-declared minimum wage. Workers' ignorance about the minimum wage is further evident when two non-clinical workers say they have a minimum wage. In contrast, the government has yet to declare a minimum wage for that sector.

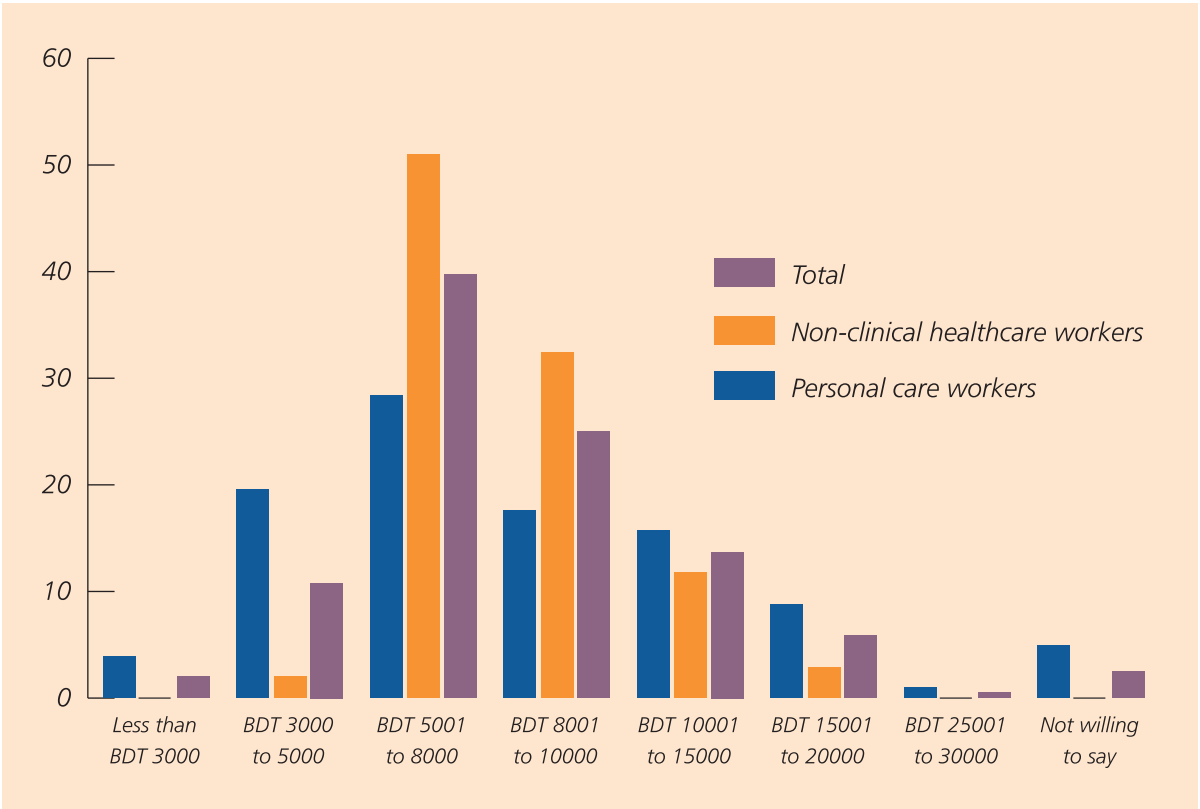
As per the decent work agenda, workers are entitled to receive adequate wages; however, the workers of both the selected sectors are paid very poorly, which is insufficient to manage the

16. Hossain, Ahmed and Akter, MDGs, Decent Work, and Women Workers in Bangladesh: Linkages, Status and Way Forward, Bangladesh Institute of Labour Studies, Dhaka: 2011

17. Mostafiz Ahmed and Muhammod Shaheen Chowdhury, Employment Security, Wage and Trade Union Rights in Four Industrial Sectors of Chittagong Region, Bangladesh Institute of Labour Studies and LRSC, Dhaka.

minimum expenditure of living of a worker's family. A study on garment workers revealed that to maintain minimum expenditure of leaving, a worker's family (of 4.4 persons) needs more than BDT 22 thousand per month.[18] The current study shows that only three percent of workers earn more than BDT 20,000 as monthly wages, and over three-fourths (78%) of respondents' monthly income is BDT 10,000 or less (Chart 3.3). Maintaining the workers' families with this limited income is difficult.

Chart 3.3 Monthly Income of Respondents



Source: Field Survey 2021

The present study's survey findings reveal that most of the respondents' monthly income is insufficient to maintain a decent life. Only 13 percent and 25 percent of respondents perceive that their income is sufficient or sufficient to maintain a decent life. A worker in an FGD said, "I could not maintain my family with my limited income if my husband did not earn. However, the person, a single earner of his family, certainly faces difficulties managing the family."[19]

18. DrKhondakerGolamMoazzem and MdArfanuzzaman, Addressing the Livelihood Challenges of RMG Workers: Exploring Scope within the Structure of Minimum Wages and Beyond, CPD, Dhaka: 2018
19. FGD with Non-clinical health workers, Dhaka.

In FGDs, it is also evident that at the entry-level, unskilled personal care (beauty parlour), workers earn only BDT 2000 to 4000. However, the employer provides accommodation in this case.[20] But the grievance is available against of few owners of small beauty parlours that they involved their workers in household work besides parlour tasks. A personal care worker claimed in an FGD that her employer provided monthly wages of BDT 2000 during the training period but engaged her in household work if there was no customer.[21] A nonclinical health worker earns BDT 2000 to 5000 at entry level, but no accommodation facility is provided to them from the employer side.[22]

The survey result also shows similar findings.It is noticed that the average income of a nonclinical healthcare worker is less than that of a personal care worker. The average income of a personal care worker is BDT 8789.7, while the average income of a non-clinical healthcare worker is BDT 8656.6.

The wage payment date has been fixed in most of the institutions of both sectors, but the date differs from institution to institution and between the sectors. However, the law provision relating to the date of wage payment is mostly followed in both sectors.[23] Around two-thirds (66.2%) of respondents confirm that their institutions provide salaries on the fixed date (Table 3.2), and the majority of the respondents received their salary on the 10th date of the subsequent month. About 19 percent of respondents said that they received their wages on the 5th date of the following months. Ten percent of workers reported they got their wages within 3rd day after the end of the wage period. Most of the workers who did not receive their salary on the fixed date, particularly personal care workers, got it within 10 to 15 dates of the following months. About seven percent of workers said they received their wages within 20 dates of the subsequent months. No workers in FGDs claimed that their employers kept them due to their wages.

Table 3.2: Whether wage-payment date fixed

	Personal care workers		**Non-clinical healthcare workers**		**Total**	
	N	**%**	**N**	**%**	**N**	**%**
Fixed	60	58.8	75	73.5	135	66.2
Not-fixed	41	40.2	27	26.5	68	33.3
Do Not Know	1	1.0	0	0.0	1	0.5

It is evident in the previous section that overtime work is almost absent in beauty parlours and

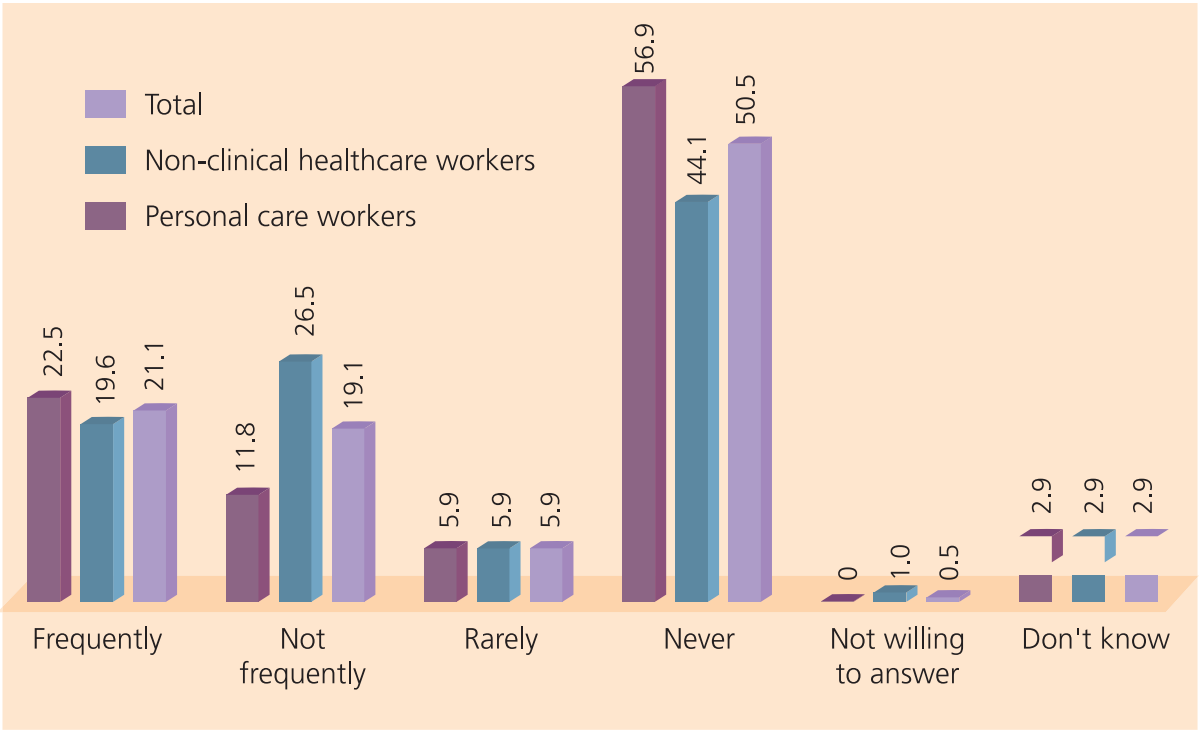
20. FGD with retrenched personal care workers, Modhupur, Tangail.
21. FGD with personal care workers, Dhaka.
22. FGD with Non-clinical health workers, Dhaka.
23. According to BLA 2006, the period of wages must not exceed thirty days and should be paid within the expiry of seven working days after the last day of wage period (section 122).

not available in hospitals. The respondents (18 persons) who confirmed the availability of overtime work at their workplace all reported receiving the salary and overtime on the same date.

Wage deduction

Deduction of wages is more or less common in both the selected sectors. It is reported frequently in more than 20 percent of cases, and about 50 percent of respondents somehow have experienced wage deduction. Wage deduction is most common in hospitals/clinics compared to beauty parlours (Chart 3.4). Absence at work and enjoying leave without early notice are reported to be two main reasons for the deduction of wages. A personal care worker says, "If a worker is late, the owner yells, but the salary is paid in full, but if (s)he remains absent, the owner deducts salary.[24]

Chart 3.4 Whether employers deduct salary/wages for any reason



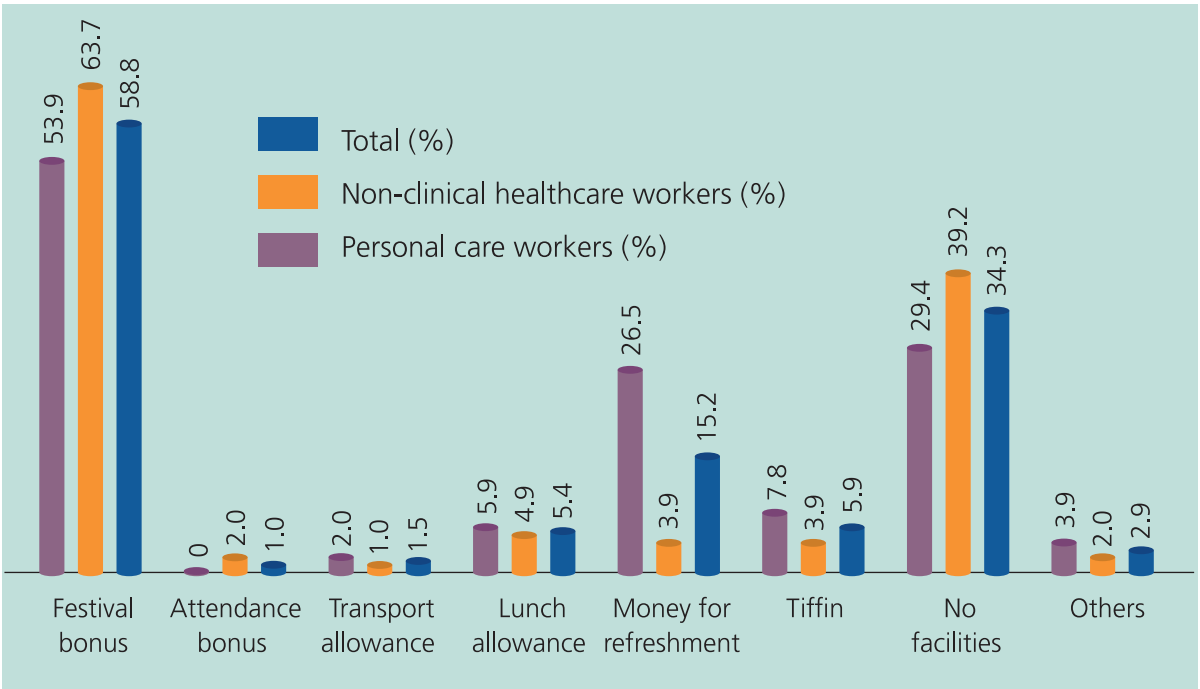
Source: Field Survey 2021

24. FGD with personal care workers, Dhaka.

Facilities other than wages

It is evident in the current study that except festival bonus, only some workers received other facilities like money for refreshments, lunch allowance and tiffin (e.g., snacks and bananas). More than half of the workers in both sectors reported receiving festival bonuses (Chart 3.5). A few workers in an FGD claimed that there is no provision for the festival bonus in the beauty parlour, but owners provide some amount of money such as BDT 500 to 1000 or dress as a gift for extra work during festival time.

Chart 3.5 Facilities other than wages received



Source: Field Survey 2021

3.5 Work that should be abolished

Decent work implies that workplaces should be free from child labour and forced labour. Bangladesh's law prohibits all forms of forced and bonded labour and has determined the minimum admissible age to work as 14. The adolescent workers (14-18 years) also have special work hours and only be engaged in work that is not hazardous and physically and mentally not degrading to them. The study evidence reveals that although workers under eighteen (18) years work in both sectors, their presence is more in hospitals and clinics. About 15 percent of non-clinical healthcare workers and 9 percent of personal care workers confirmed that their workplaces have workers under the age of eighteen (18).

Almost a similar finding has been observed in FGDs with parlour workers. The participants of FGD in Modhupur, Tangail, informed that even a few years before, many workers who were 12

to 13 years old worked in beauty parlours. However, now employers, specifically big parlours, do not want to recruit workers under 18 years of age. However, only some workers who are under the age of 18 years still work in some medium or small parlours. Nevertheless, quite different findings have been revealed in FGDs with non-clinical healthcare workers. Almost all the FGD participants reported that hospitals/clinics do not recruit workers under 18, and the age of aya (informal woman cleaner) and ward-boys is 25 years or more.

Regarding employment patterns, the survey result depicts that the majority of the workers (16 out of 24 workers) under the age of 18 years work permanently and then temporarily (4 workers). They also work as same as adult workers and for more than eight hours. Most of them (16 out of 24 workers) do not receive any extra facilities/benefits at their workplaces.

3.6 Combining work, family and personal life

The decent work component 'combining work, family and personal life' exposes the ability of workers to keep an appropriate balance between their working and personal life.[26] The indicators that ensure such balance include different leave (e.g., sick leave, casual leave, festival leave, annual leave and maternity leaves), weekly holidays, flexible work hours, etc. The existence of a daycare facility at the workplace, which is related to childcare, is also important for a better work-life balance.

Weekly day off, leave and rest

The practice of weekly days off in both sectors showcases the violation of Labour Law provisions. Survey findings of the current study reveal that a significant number of workers (24%) do not enjoy the weekly days off regularly or ever. As reasons for not receiving weekly holidays regularly, the survey respondents mainly indicate excess workload and owners' will.

Regarding other leave, the evidence shows that many workers in both sectors are deprived of different leave, notably casual and annual leave. About 26 percent and 35 percent of workers claimed that they never enjoy casual and annual leave, respectively. However, the casual and annual leave is not specific, said 37 percent and 27 percent of workers, respectively. "Few big parlours like 'Persona' provide annual leaves to workers, but for that workers to apply at least one month before enjoying leave, though finally, it depends on the willingness of the owner", said a participant in FGD.[27]

Most survey respondents (64%) also claimed that sick leave is not specific at their workplaces, and such practice is more in parlours than in hospitals/clinics. Regarding festival leave, it is found that the majority (40%) of the workers enjoy one to ten days of festival leave. About 29 percent of respondents enjoy festival leave for one to five days. A quite different scenario is observed in FGDs with parlour workers regarding festival leave. During the discussion, almost all the workers

27. FGD with retrenched personal care workers, Modhupur, Tangail

claimed they hardly enjoy festival leave. They said, 'Parlour workers do not get leave on special days. On festive days, such as during Eid, the parlour workers become upset because they do not get leave. Besides this, they do not get leave on Bengali new-year (1st Baishakh) and government holidays.'

Parlour workers from the ethnic communities who lost jobs during the COVID-19 lockdown claimed they had to work on Christmas day. On that day, their employers allowed leave only for one to two hours for prayer.[28]

Over one-third of respondents, however, informed that getting leave is not easy for them, and the situation is the same in both sectors. Reasons for not getting leave easily, the respondent workers mentioned— high workload (34%), owners do not allow leave easily (50%), misbehaving if they want to leave (12%) and having to inform advance (3%).

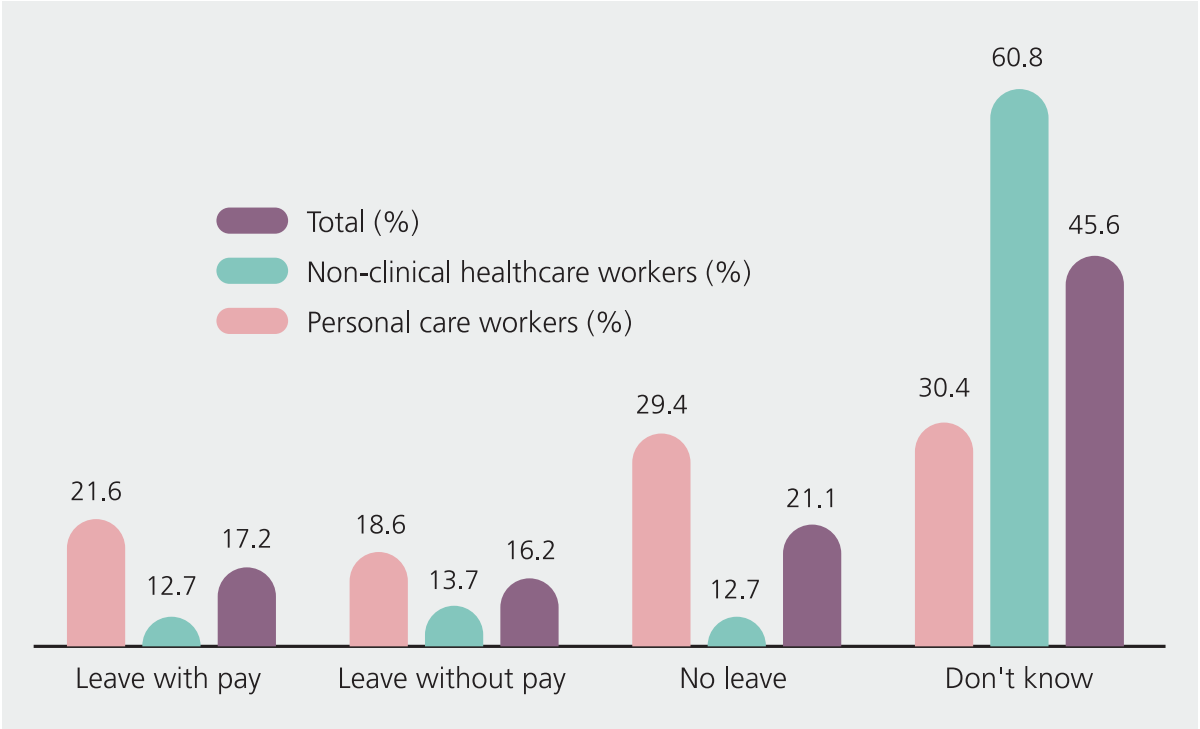
Rest is an important indicator for balancing work, family, and personal life. The survey evidence shows that the provision of rest is not available in a maximum of the institutions of both sectors. About 50 percent of respondents said there is no precise rest time for them. About 40 percent of workers confirmed that their workplace does not have a rest provision. The situation is relatively better in hospitals/clinics compared to parlours. Parlour workers generally take a rest in the gaps of work. Even they take lunch in the work gap, as they do not have a specific lunchtime.[29] Almost a similar picture has been observed during the FGD with non-clinical health workers. The non-clinical health workers also claimed that ayas and cleaners hardly enjoy any leave, even during the Eid festival. If someone has to go home on an emergency basis during Eid, others do the duty on behalf of her/his and in that case, she/he gets wages for that leave period.[30]

Maternity leave and benefit

The provision of maternity leave and benefits is almost absent in both sectors. However, a lack of awareness is observed among the workers about the availability of maternity benefits at their workplaces. There is also variation in maternity leave provision in different institutions. Only 17 percent of workers confirmed about availability of leave with pay at their workplace (Chart 3.6). Of 35 respondents who perceived their workplaces to have leave with pay, only three said that the workplace provides four months' leave with pay. On the other hand, only three respondents (out of 33) said their workplace provides leave without pay for four or more months.

28. Ibid
29. FGD with Parlour workers, Dhaka and Tangail.
30. FGD with non-clinical health workers, Dhaka.

Chart 3.6 Whether women workers get maternity leave with pay?



Source: Field Survey 2021

Daycare facilities

Daycare facilities at workplaces can improve female workers' efficiency and productivity. The arrangement of keeping children at the workplace during working time trims down working mothers' worries for their kids and helps to concentrate more on their duties. Both the survey and FGDs reveal that the daycare facility is almost absent in the two sectors specified in this study. Only 2 non-clinical healthcare workers and a personal care worker reported that their workplace has daycare arrangements for keeping children.

Balancing work and family life

Family-work-life balance is important as it helps reduce stress and increase productivity.[32] The survey finds that women workers face difficulties in balancing work and family life. About three-fourths of the respondents reported that balancing work and family life is challenging. They mentioned that it is due to workload in both the workplace and family, family responsibilities, non-availability of leave, and they cannot spend quality time with family members. Parlour workers said in FGD, *"Due to long working hours, I cannot provide adequate time to care for my children or in-laws. I also face more difficulties in managing my household*

31. Hossain, Ahmed and Akter (2011), Ibid
32. Ibid.

chores, particularly when I have to work on weekly holidays." A fifth of respondents further said that balancing work and family life is not hard.

3.7 Safe workplace

Different types of occupational risks are commonly reported for work in beauty parlours and hospitals. According to a previous study, although accidents are very low in beauty parlours, workers are exposed to chemical hazards due to using different colours. A typical one is that the finger skin of the beauticians becomes thinner, which might be attributed to the use of chemicals in rendering a variety of services.[33] In this study, while discussing in the FGD the occupation safety and hazards, beauty parlour workers have mentioned that hair-colouring and hair re-bonding harm their hand skin. They further claim that when beauticians do eyebrow plucking for many customers in a row, the thread used creates cuts in hands and fingers.[34] It is essential to mention that not all employers provide them with gloves. Although some employers, especially large and medium parlours, provide gloves, workers sometimes do not use those because of discomfort, as they claim they cannot work perfectly wearing gloves. While talking about the health hazards, they inform that many beauticians suffer from back pain because they work for longer hours while in a standing position; there remains the possibility of catching a cold when a worker does a facial, which requires the use of water, for longer times. On the other hand, the health care workers have mentioned the risks of the prickle of the needles and accidents from slippery stairs while lifting heavy objects.[35]

However, in the worker survey, low awareness of workplace safety and risks has been evident. Three in every five workers in the personal care sector and 44% of non-clinical healthcare workers do not find workplace risks. Besides, workers' lack of awareness regarding workplace risks is also remarkable. One in every four non-clinical health workers and one in every ten personal care workers do not know whether any risks exist where they work. Few workers in the personal care sector have talked about getting hit/burned by machines and chemical hazards. However, one of the respondents from hospitals/clinics has talked about these issues. Besides, the issue/risk of health hazards has been mentioned by hospital/clinic workers at a higher rate (28%) than those from the beauty parlour (15%). Besides, other dangers, such as accidents caused by slippery stairs and electrocution, have been perceived as workplace risks by very few proportions of workers in both sectors.

Although most workers get information on occupational risks from their employers, many are not provided with such information. Three in every ten respondents from beauty parlours and one in every five non-clinical health workers claim that at their workplace, employers are unaware of the risks of the tasks for which the workers are assigned. Non-clinical healh care

33. Amin, ATM Nurul, et al. (2016), Working Conditions of Indigenous and Tribal Workers in Bangladesh Urban Economy: A Focus on Garment and Beauty Parlours. Dhaka: ILO Country Office for Bangladesh.
34. FGD with beauty parlour workers in Mirpur, 20-10-2021
35. FGD with non-clinical healthcare workers, 20-10-2021

workers are not aware that it is also remarkable. One in every four non-clinical health workers does not know whether such information is provided. It indicates that employers need to comply with the legal provisions that require them to make employees aware of the risks of the job.

Regarding the supply of personal protective equipment (PPEs), seven in every ten respondents from the beauty parlour and nine in every ten from hospitals/clinics claim that employers provide PPEs to all workers. However, not providing workers with PPEs is higher in beauty parlours (28%) than in hospitals/clinics (7%). The nature of the job/sector and perceived risks might be the contributing factor.

Of the total respondents from hospitals/clinics, the majority replied that their hospitals/clinics did not provide treatment to COVID-19 patients. On the other hand, 30% (31 respondents out of 102) claimed that COVID-19-positive patients were admitted/treated at their hospitals. Of these respondents, most (26 of 31, 84%) informed that hospital authority provided them with information on how to deal with/treat COVID-19-positive patients; however, four out of 31 respondents (13%) were not provided such information.

It is also important to mention that only some of those providing services to COVID-19 got sufficient PPEs from the hospitals. For example, 68% of those whose hospital provided COVID-19 treatment received sufficient PPEs, whereas 23% did not. Besides, a few respondents were also reluctant to answer the question. Most hospital workers were provided with information on how to use the PPEs; 11% still needed to receive information on PPE use, and 4% refused to answer the question. It indicates that they fear talking about the situation as their employment is always vulnerable. Often, they are instructed not to talk about these issues to outsiders without informing the authority.[36]

Satisfaction among the respondents regarding the quality of the PPEs varies. Although the majority (79%) were satisfied, a few workers were not dissatisfied (7%) because the quality could have been better in their view, and sometimes PPEs were unavailable. Besides, 4% were somewhat satisfied because the quality was not always good.

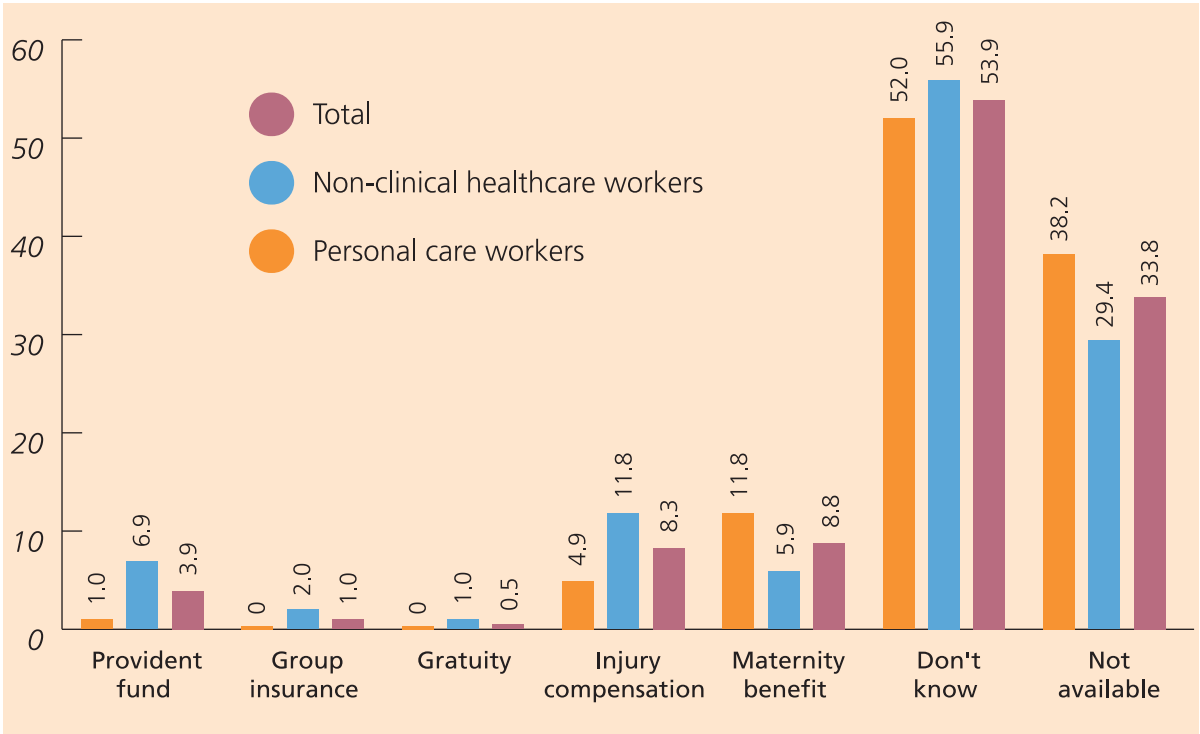
3.8 Social Protection

BLA 2006 has incorporated several social security/protection provisions, including provident fund, gratuity, group insurance, and maternity benefit. This study explores a dismal scenario on the availability of social protection for workers of both beauty parlours and hospitals/clinics. The awareness level of the workers on social protection provisions is also remarkably low. Most respondents from both sectors do not know what types of social protection exist at their workplaces (Chart 3.7). On the other hand, 38% of beauty parlours and 29% of hospital/clinic

36. Discussion with a Key Informant

workers specifically reported the non-availability of any social protection. Few beauty parlour and hospital sector respondents talked about injury compensation and maternity benefit provisions. Availability of provident funds was claimed by only 7% of non-clinical healthcare workers.

Chart 3.7 Availability of social protection measures at workplace or not?



Source: Field Survey 2021

3.9 Equal opportunity and treatment at the workplace

Elimination of discrimination in the workplace is one of the fundamental principles and rights at work.[37] However, the workplaces of beauticians and non-clinical health care workers in Bangladesh are not discrimination free fully. 11% of beauty parlour workers and 26% of hospital/clinic workers have reported discrimination. In the beauty parlour sector, the notable areas of discrimination are wage, leave, and scope of rest. On the other hand, for non-clinical healthcare workers, significant discrimination avenues are leaves, working/shift time, and tasks/assignments.

Although there are examples/incidences of discrimination, its occurrence is not frequent. Most of the workers from both sectors have mentioned that discrimination is not very frequent. In contrast, discrimination frequently occurs according to 9% of beauty care workers and 12% of non-clinical healthcare workers.

37. https://www.ilo.org/declaration/thedeclaration/textdeclaration/lang--en/index.htm

The discrimination prevalence rate is lower in beauty parlours because all workers are women. However, discrimination becomes evident in assigning tasks to the new employees since the owner's attitude/points of view is not the same always for all employees and even there are incidences of discrimination by the co-workers also.[38] On the other hand, no gender variation has been observed in the response of male and female non-clinical workers.

Harassments at workplace

One-third of the beauty parlour workers and one-fifth of the non-clinical health care workers have been informed about workplace harassment. Among different types of harassment, verbal and psychological harassment are more frequent. About the same proportions of respondents from both beauty parlours (94%) and hospitals/clinics (95%) have talked about verbal harassment. However, psychological harassment has been reported at a higher rate by the hospital/clinic workers (62%) than the respondents from beauty parlours (35%). Besides, none from the beauty parlour but 10% of non-clinical health workers have noticed the presence of physical harassment.

With regard to verbal harassment, respondents have reported different types including slang language, scolding and insulting. However, scolding is the most frequent among these types of verbal abuse/harassment in both beauty parlours and hospitals/clinics. On the other hand, regarding the psychological harassment/abuse, threat of termination is the prime in beauty parlour; and 'excessive workload' in hospitals/clinics.

Several persons commit harassment. In beauty parlours, the main perpetrators of harassment are the customers. Sometimes the owner of the parlour also harasses employees in connection with customers' (dis)satisfaction. A participant of the FGD describes: "Often it happens that, after receiving the service, a customer does not like our work and behave rudely. It happens mostly in the case of eyebrow plucking. Even sometimes, they refuse to pay the charge of the service. Consequently, the owner of the parlour also scolds us and behave roughly. However, it is true that a beautician never intentionally performs poorly.[39]" In hospitals/clinics, the prime perpetrators of harassment/abuse is the supervisors. Besides, a significant number of respondents from both beauty parlours and hospitals/clinics have mentioned that often harassment is committed by management personnel. Furthermore, in the case of non-clinical healthcare workers, the patient's attendants often harass them.

Workers of both beauty parlours and hospitals become victims of harassment at different places. Beauty parlour workers face harassment mainly at their workplaces, but for health care workers, harassment incidences occur at diverse locations including wards/cabins, at entrances/gates, and even inside the hospital.

38. FGD with beauty parlour workers in Mirpur, 20-10-2021
39. FGD with beauty parlour workers in Mirpur, on 20-10-2021

Despite the availability of harassment in the workplace, initiatives to address these complaints are not formal always. It might not be easy to form an anti-harassment committee for beauty parlours as per the guidance of the High Court because of the small size and fewer workers. However, the cases of hospitals are not the same; those are bigger, with many workers. Nevertheless, this type of anti-harassment mechanism is also absent in hospitals/clinics. Respondents from both sectors have mainly informed that if they have any complaints of harassment, they report it to an assigned person selected by the authority. In both cases, three in every five respondents, from the beauty parlour and hospitals have mentioned this. Complain boxes are available at workplaces of 10.8% of beauty parlour workers and 32% of non-clinical health care workers' workplaces. Besides, workers of these two sectors also complain to owners and managers, given the fact that complaining to the owner is more frequent in a beauty parlour (because of its small size, and closely work with employers/owners) than in hospitals; and complaints to managers is more in hospitals. It is essential to mention that some respondents do not find any mechanism at their workplaces, and few are unaware.

3.10 Social Dialogue

The unavailability of trade unions and lack of workers' awareness of TU's presence at the workplace have characterised both sectors. About three-quarters (74%) of the beauty parlour sectors and the majority (56%) of non-clinical health care workers specifically mentioned the absence of trade unions at their workplaces. It is essential to mention that the lack of awareness of the TU's availability is higher among the non-clinical workers (44%) than the respondents from beauty parlours (27%).

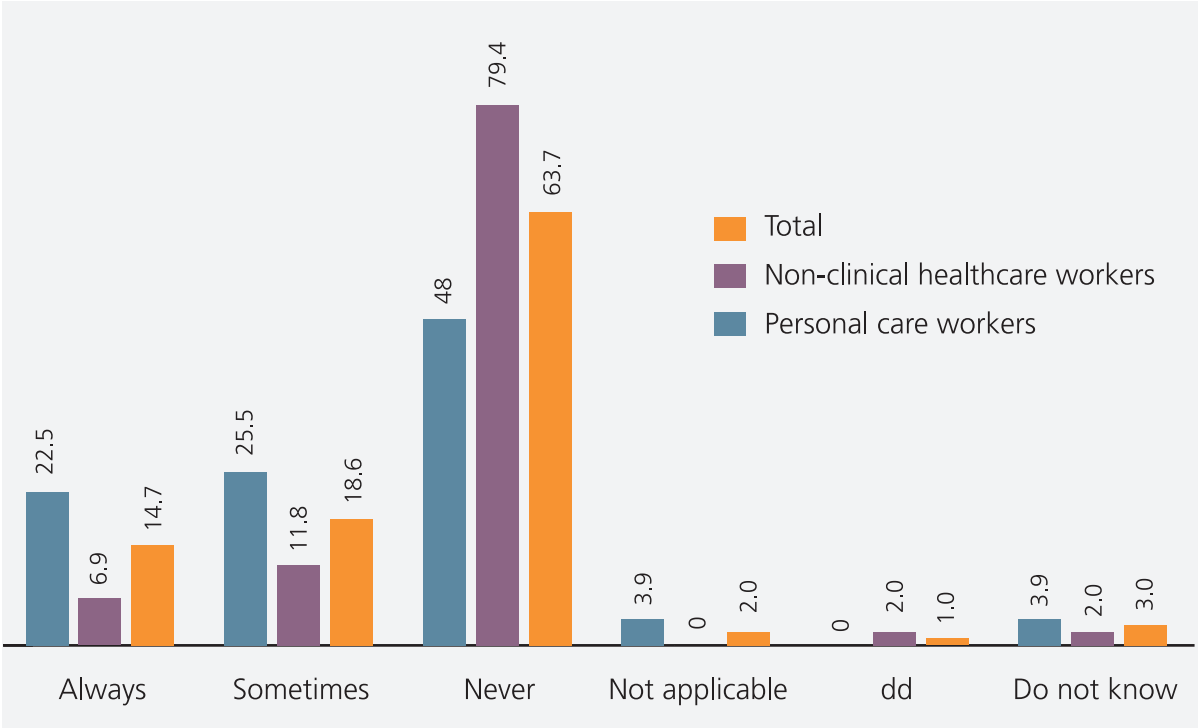
The absence of organising efforts for these workers is also remarkable. The majority of the workers of these two sectors have reported that they have not found any initiative to form TU at their respective workplaces. Likewise, the unawareness of TU's presence, large proportions of workers from both sectors do not know whether any move was taken to establish a union.

Similar to the non-existence of trade unions, other organisations/associations also do not exist for these workers. Only 7% of beauty parlours and 3% of health care workers have reported the availability of association/organisation. Beauty parlour workers have talked about cooperatives and Bangladesh Garo Parlour Association. On the other hand, all the respondents, who were informed about the association, have mentioned that 'welfare association' is present at their workplace.

Due to the lack of TU and other formal channels/mechanisms of voice and representation, it is very natural that workers' participation in workplace-related decision making is highly infrequent. Indeed, there is hardly any scope to give an opinion in the decision-making process unless employers ask opinions for any particular issue. Of the two sectors under this study, the situation is worse for non-clinical health care workers. About 80% of them have claimed that

employers/ management never take their opinion while taking workplace decisions that affect them. The proportion of workers claiming the same from the beauty parlour section is 48% (Chart 3.8).

Chart 3.8 Workers' participation in workplace decision making



Source: Field Survey 2021

In the beauty parlour sector, workers primarily raise demand/issues to their employers individually. However, the case is somewhat different for hospital/clinic workers who predominantly depend on their immediate supervisor/manager to communicate their issues/demands to their employers. Besides, a large proportion (51%) of healthcare workers also raise demand/issues individually. Workers also raise their demands to employers collectively. However, it must be mentioned that the means the workers adopt is not always exact; it differs based on the circumstances. Most disputes are settled in both sectors in an individual (and case-specific) and informal way. Around two-thirds of respondents from both sectors claim that the authority/owner solves the problem. Therefore, it is evident that the role of employers/ owners is dominant in the dispute settlement process. Since workers' organisations are absent and their opinions are rarely taken in decision-making, owners dominate the dispute settlement process. Instances of dispute settlement through discussion/conversation is higher for beauty parlour compared to hospitals/clinics. Personal negotiation is also a dispute settlement mechanism for 12% of beauty parlour workers and 9% of non-clinical healthcare workers.

4

Workers' Coping Mechanisms and Stakeholders' Initiatives

This section explores what steps and strategies the personal care and non-clinical healthcare workers adopt and what initiatives diverse stakeholders provide to deal with the various adverse situations. The initiatives of diverse stakeholders, including government, employers, and workers' organisations, are elaborated as coping mechanisms against decent work deficits and adverse situations.

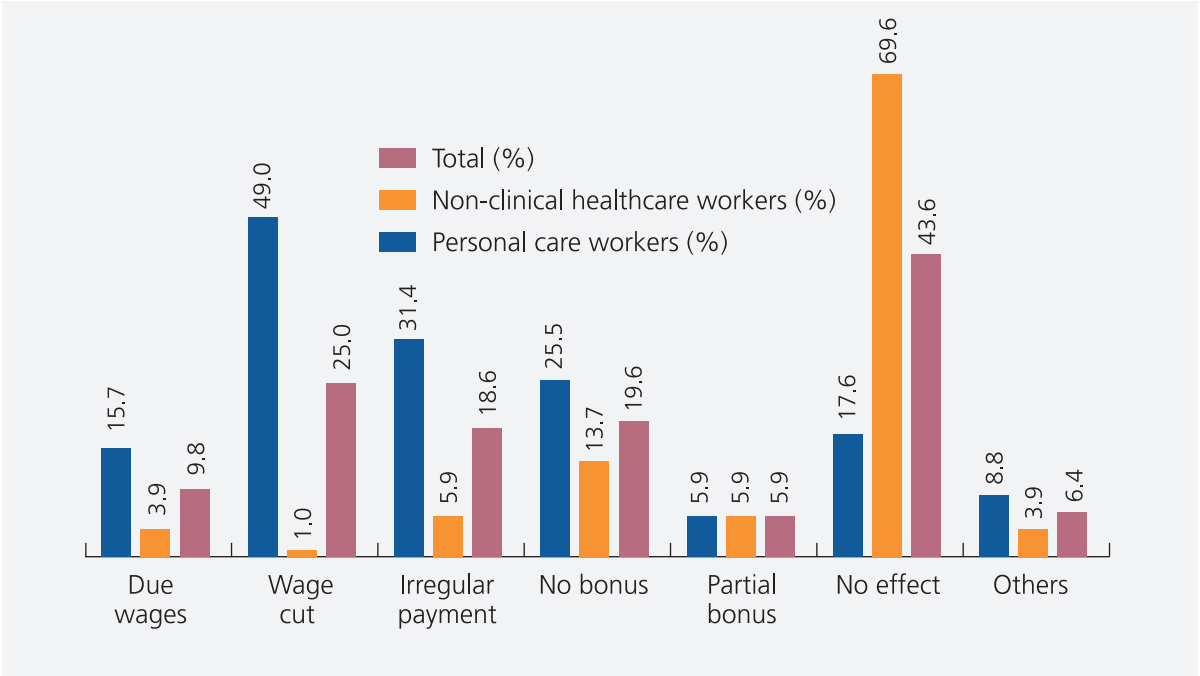
Workers' Coping Mechanisms

For workers' coping mechanisms, four areas are highlighted, i.e., income loss, work-life imbalance, workplace harassment, and future adverse situation.

Worker's income loss and coping strategies during COVID-19

The impact of the COVID-19 pandemic on care economy workers was paramount. This is especially the case for personal care workers. For all workers, the impacts had been in terms of having wages and benefits kept due, wage cuts, irregular payment, and non-payment of bonuses. 70% of non-clinical healthcare workers did not see much of an impact during COVID-19 as their workplaces remained open, while the bulk of the impact was felt for the personal care workers. The COVID-19 pandemic led to a major loss of income for both the beauty parlours and hospitals/clinic workers. The survey of the current study explores the impact on wages and facilities during COVID-19. The result shows that the workers of beauty parlours face the most adverse impact on wages and facilities compared to hospital/clinic workers. About half (49%) and one-third (31%) of respondent workers of beauty parlours claimed that they had experience deduction of wages and irregular payment, respectively. In contrast, only 14 per cent of hospital/clinic workers claimed they did not get a bonus during COVID-19. About 16 per cent of parlour workers also said that their wages were kept due at that time due to the COVID-19-led country-wide shutdown (Chart 4.1).

Chart 4.1 Impact on wage and facilities during COVID 19 (multiple response)



Source: Field Survey 2021

In order to cope with the income loss, both current and retrenched workers of both sectors have taken various measures. These included taking out loans, reducing expenditure, reducing food intake, using savings, and buying groceries on credit. In an FGD, the retrenched parlour worker told us that they are now working as a day labourer in the banana, pineapple and guava garden, and there they are weeding, clearing weeds, and picking fruits.[40] A key informant also gave the similar statement when he was asked about the coping strategy of retrenched parlour workers.[41]

Family-work life balance and coping strategies

The previous section reveals that balancing work and family life is tough for workers, and the prime reasons identified in this regard are workloads in both the workplace and family, family responsibilities, and not the availability of leave. However, they tried to cope with this situation in different ways.

Support from family members and colleagues is an essential coping mechanism to balance family and work life. The non-clinical healthcare workers said they maintain regular conversations with colleagues and are also benevolent with each other in their workplace. This supportive environment helped them a great deal in reducing their mental stress. A woman non-clinical health care worker also said in an FGD that as leave is not available at their workplaces if she

41. FGD, Modhupur, Tangail
42. KII with Md. Abdur Rahim, Chairman, Aronkhola Union ParishadModhupur, Tangail

needs leave, she manages it by exchanging duties with her colleagues.[42] The workers working in beauty parlours also follow the same strategy if their employers deny approving leave.[43]

Many of the women workers in both sectors also said that they seek family member's support to balance their family and work life. A retrenched personal care worker said, "I brought my mother from the village to take care of my child so that I did not have to worry about the child while I was at work."[44]

Another parlour worker also said that she has employed a maidservant to reduce her involvement in household activities."

Harassment at workplace and coping strategies

Evidence from various studies shows that workers, especially women workers are subjected to various forms of harassment at the workplace.[45, 46] Workers of the beauty parlours and hospitals/clinics also often face unwanted situations such as verbal and psychological harassment. The workers at the workplace are generally harassed by their male colleagues, senior colleagues, supervisors/bosses.

In beauty parlours, the main perpetrators of harassment are the customers. Sometimes the owner/supervisor of the parlour also harasses employees if any customer complains about the service. An FGD participant (who worked in a beauty parlour) said that often their supervisor behaved badly if they talked with other colleagues. The non-clinical healthcare workers are mainly harassed by the supervisor/management personnel and patients' attendants. To deal with this undesirable situation, the workers of both the beauty parlours and hospitals/clinics take various strategies, e.g., giving a complaint to higher authorities against the perpetrators, complaining against the perpetrators in the complaint box, and trying to avoid mistakes in work for customers/patient's satisfaction.

Coping strategies to deal with the future adverse situations

Everybody should have a coping mechanism to deal with the future adverse situations. Regarding coping strategies to deal with the future adverse situations both the workers of parlour and hospitals/clinics mentioned in FGDs that saving is most important mechanism in this regard. If anybody has an adequate amount of savings, it is possible for them to deal with any adverse situations. In an FGD, a parlour worker also said that asset development is also an important mechanism to deal with the future adverse situations.[47]

Statehooders' Initiatives

The initiatives of diverse stakeholders concerning the rights of the workers in beauty parlours and

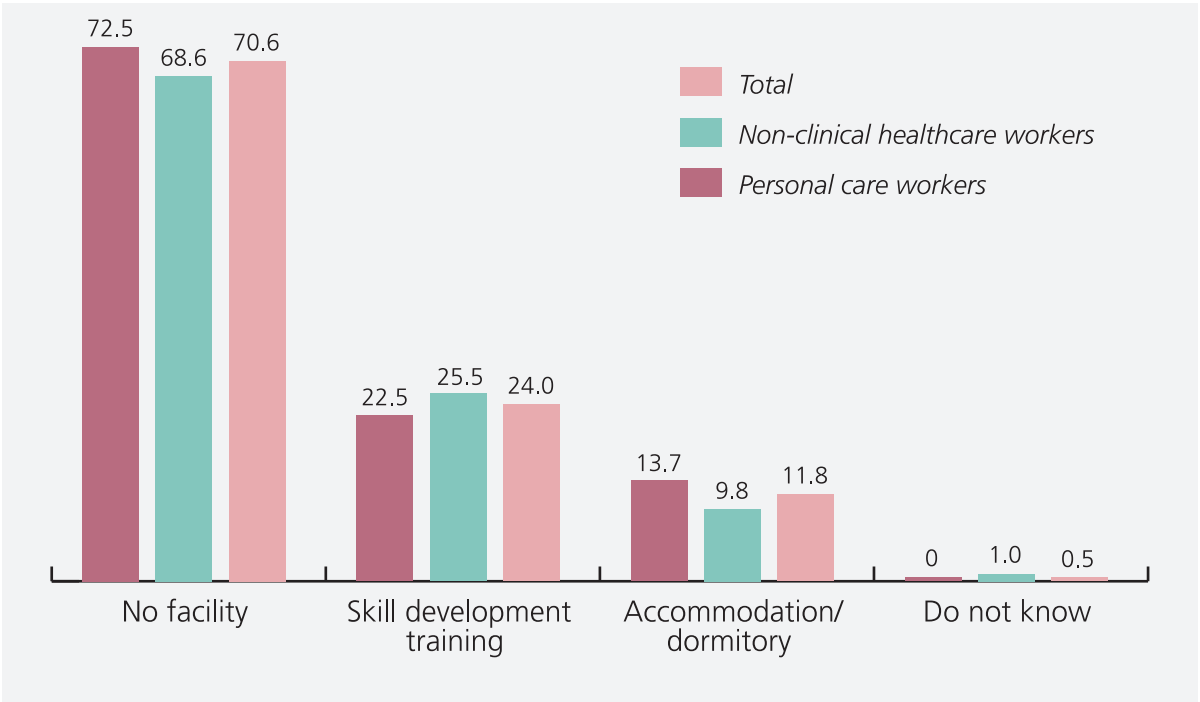
43. FGD with personal care workers, Dhaka.
44. FGD with retrenched personal care workers, Modhupur, Tangail.
45. Hossain, Ahmed and Akter, Ibid.
46. Karmojibi Nari, (2018). Monitoring Work and Working Condition of Women Employed in Ready Made Garments Industries of Bangladesh, 1st Phase, Dhaka.
47. FGD, Ibid.

non-clinical health care providers of private hospitals are explored here. The analysis has taken into consideration both the pre-COVID-19 usual days and the during-COVID-19 period.

Employers

From the findings of previous sections, it has been observed the implementation of the legal provisions for different indicators of decent work varies significantly in both beauty parlours and private hospitals. This section finds that beyond the legal measures, workers of both sectors usually do not get any other protection/facility from the employers. However, some workers get skill development training (beauty parlour 23%, hospitals/clinics 26%) and accommodation (beauty parlour 14%, and hospitals/clinics 10%).

Chart 4.2 Employer provided facilities



Source: Field Survey 2021

Training leads to higher productivity. The employers of the parlour sector sometimes provide on-the-job training to unskilled entry-level employees, but hardly provide formal/institutional training. Workers in FGDs informed that many personal care workers take training from the training Centre and then join in a beauty parlour. Some workers further start their work in a beauty parlour as interns (unpaid). When they can work well, the employer fixes their salary.[48]

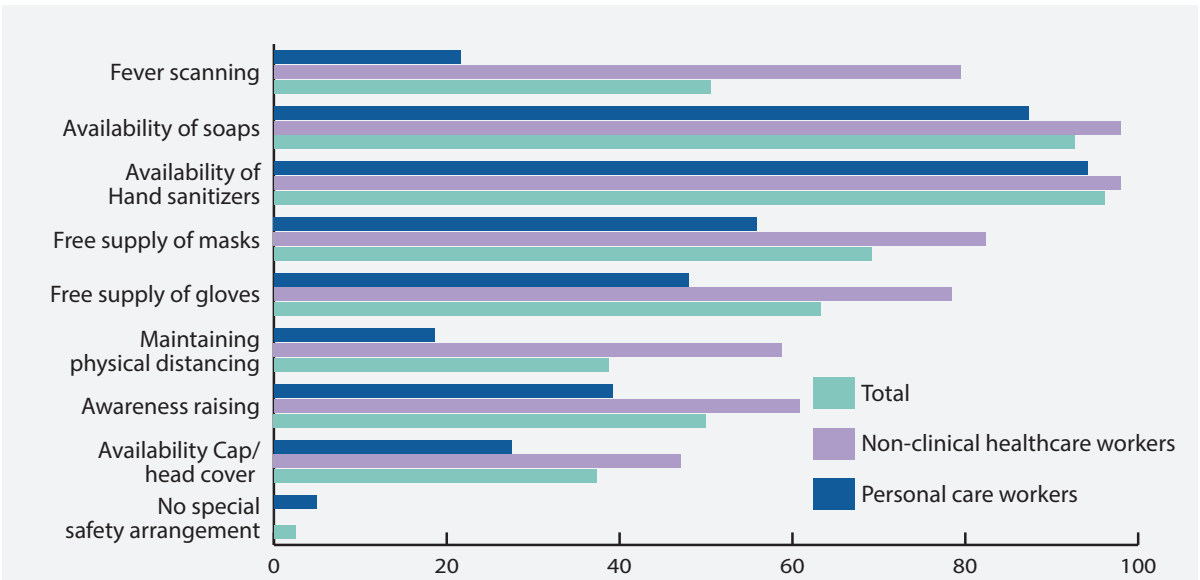
48. FGD, Ibid.

The owner of the hospital/clinic does not provide any training to the non-clinical healthcare workers. The owners of hospitals/clinics generally hire experienced workers.[49]

As there are some instances of employer-provided training, the incidences are not remarkable always. The most significant proportion of workers from both personal care and hospitals claimed that their employers never provide training on risk reduction. 19% of beauty parlours and 23% of hospital non-clinical workers have informed that training is always provided. On the other hand, employers often provide training according to 23% of beauty parlour workers and 26% of hospital workers. Pieces of training are provided on duties and responsibilities, fire training, related work (e.g., hair cutting, colouring, re-bonding, ironing, facial, and make-up, spa); protection against coronavirus, and safety training. Work-related training is noticeable in the beauty parlour sector, whereas for non-clinical health workers, duties and responsibilities and fire training are prominent.

Workers have talked about several special safety measures/arrangements the employers took during COVID-19. These initiatives were similar in both beauty parlours and hospitals/clinics. The most common initiative was ensuring the availability of hand sanitisers and soaps for handwashing. Workers of both sectors received free masks and gloves from their employers. Although employers increased physical distancing among workers and took awareness-raising steps, in hospitals/clinics, these measures were found at a higher rate. Besides, employers tried to raise awareness among workers through verbal instructions, posting instructions on walls, and training. Besides, the initiative to check body temperature was significantly lower in beauty parlours (22%) compared to hospitals (79%) (Chart 4.3).

Chart 4. 3 Workplace measures during COVID-19



Source: Field Survey 2021

49. FGD with Non-clinical health workers, Dhaka.

Workers' organisations

Organising efforts of the personal care and healthcare workers are limited in the country. A registered trade union does not exist for the workers of beauty parlours. Although an effort is ongoing to organise parlour workers, it has so far been able to reach a tiny fraction of the workers in this sector. Therefore, most of the workers have not found union formation move at their workplaces, and the rest are unaware of the efforts of trade union establishment for them.

The situation of unionization is also very poor for the healthcare workers. Only one union, the Private Health Institution Workers Union, exists for the private healthcare sector. The Chattogram-based union has so far been able to enlist around 500 members from the health and diagnostic centres in Chattogram.[50] Except for this initiative, no effort has been taken to organise private healthcare sector workers and their unions. However, it is true that the only existing union of health care workers of Chattogram has numerous limitations and faces various unfavourable circumstances, e.g., employers' direct and indirect threat and expulsion from the job, non-cooperation and negative attitudes of the administration.[51] Nonetheless, the union has been able to make some differences in areas of achieving weekly holidays, festival bonuses, maternity leave and other benefits.

It is undeniable that the national trade union movement has so far not been able to capture the issues of beauty parlour workers and non-clinical healthcare workers in hospitals holistically. However, it is also a remarkable fact that during the pandemic, the Sramik Karmochari Oikko Parishad (SKOP), a national platform of over a dozen labour rights bodies,[52] included the safety issues of the health care workers, including the demand for PPEs and quarantine facilities. In addition, SKOP further raised the issues of social protection for vulnerable workers, which directly aims at addressing the needs of the workers of beauty parlours and hospitals.

Government

Like any other sector, the pandemic affected the beauty parlour sector severely. Parlours were closed during the lockdown period resulting in an income loss for both employers and workers. To stimulate the economy, the government initially provided BDT 20,000 crore for the cottage, micro, small and medium enterprises, from which five per cent, BDT 1000 crore, was reserved for women[53]. Later, the government allotted an additional BDT 1500 crore for this sector. Beauty parlour owners were eligible to receive support from this fund at a subsidized four per cent interest rate. However, it was not so easy to receive support from the fund and women parlour owners encountered with several difficulties such as appropriate information on support, application procedure, lengthy process and hassle created by bank officials[54]. Many women even

50. Ahmed, Mostafiz and Muhammod Shaheen Chowdhury (2018). Employment Security Wage and Trade Union Rights in Four Industrial Sectors of Chittagong Region. Dhaka: BILS.
51. Ibid
52. https://www.dhakatribune.com/bangladesh/2021/08/06/skop-to-owners-take-responsibility-for-COVID-treatment-of-rmg-workers
53. https://www.thedailystar.net/frontpage/news/female-entrepreneurs-stimulus-schemes-hardly-reach-them-2107917
54. Ibid

were not aware of the support package. Overall, there is a dearth of data on how many parlour owners could avail the benefit, recover the business, and support their employees.

In the initial days of COVID-19, the government declared financial assistance to healthcare providers of public hospitals. According to a government circular, doctors, nurses, and other healthcare staff in the capital's public hospitals would receive Tk 2,000, Tk 1,200 and Tk 800, respectively, as daily allowances during their quarantine period, whereas, outside Dhaka, the doctors, nurses and other healthcare staff would get receive Tk 1,800, Tk 1,000 and Tk 650, respectively.[55] Although private hospitals came onto the scene of COVID-19 treatment, later on, no such provisions were made for them.

55. https://www.thedailystar.net/editorial/news/frontline-health-workers-should-be-paid-urgently-2074965

5

In Lieu of Conclusion: Pointers of Advocacy for Care Workers

Informal economic activities in personal care and non-clinical healthcare work are no longer interim, temporary or residual phenomena. It is rather a necessity as well as a reality than a choice. People are increasingly getting involved in it due to many reasons. The lack of sufficient work and employment opportunities in the formal sector, lack of necessary education, training, and skills to get formal and decent jobs, and poverty are the main causes of getting involved in such jobs despite being in the formal sector plagued with informal activities. A large segment of the working people is heavily dependent on these activities for their daily bread and survival. The two sectors are beset with insecurity. It is found that the people involved in the informal economic activities are deprived of the basic rights of the workers, denied just wage and work-related benefits, devoid of protective and security measures, and ignored of voice that could bring balance between efficiency and equity, and ensure decent work. Moreover, they are out of all formal channels of social dialogue and labour relations.

Because of the opportunities and challenges faced by the care economy workers, the justification for workers' economic security is numerous. One of them is the constraints to workers posed by risks of various sorts e.g., returns to labour and production, the system of social transfer, income-earning opportunities, job satisfaction, occupational health and safety, skill reproduction, and individual and collective representation. Workers' economic security too is justified on the grounds of non-satisfaction of needs of workers e.g., income, job, skill reproduction, representation, occupation health and safety are another of the justification. Also, justification comes from the arguments of fulfilling rights. Workers in the care economy as human beings have legally enforceable social, economic, political, and civic claims. The rights are legally binding obligations; human rights exist, because Bangladesh has ratified a certain number of human and labour rights treaties and because the national constitution and the legal framework confer rights on the workers.

The Needed Changes

The workers are faced with a range of opportunities to secure their livelihood (by reducing risks and fulfilling needs and rights) and at the same time are vulnerable to insecurities (greater risk, unfulfilled needs and interests, and lack of rights). Any intervention in the care economy should enable the workers to access opportunities and address their vulnerability by channelling their interests in risk reduction, needs fulfilment, and rights promotion. Such interventions have implications for not only economic (in)securities but also for other sources of (in) securities many

of which are structural in nature e.g., age, gender, education, and overall income/asset distribution.Because of the national and international obligations, and instruments available on workers' rights as well as the distinctive socio-economic context of the country, the informal care economy workers' rights focused intervention should dwell on the five themes– (1) employment relations, (2) occupational safety and health, (3) welfare and social protection, (4) labour relation and social dialogue, and (5) enforcement and initiatives – promotion and protection of workers' rights.

Employment Relations

- Proper execution of the provisions of law related to employment relations (written contract containing the conditions of job termination and termination benefit, employee register) for the care economy workers.
- The workers should be given employment-related entitlements (e.g., appointment letter, service book, and occupation-based identity card).
- Working hours fixed by law should be ensured.
- Compulsory labour should be stopped and extra time work should be counted as overtime and be paid as per law.
- Minimum Wage should be fixed by the tripartite wage board for both sectors. At least, a national minimum wage needs to be set by the tripartite board.
- Attendance bonus, transport cost, and refreshment allowance to be introduced for the workers to face contingencies (to provide income and earning security).
- The rate of annual increment of wage should be fixed by law.
- Child labour should be progressively abolished.
- Ensuring the establishment of functional anti-harassment committees at hospitals/clinics and formulating specific guidelines for protecting workers of beauty parlours.

Occupational Safety and Health

- The workplace should have a well-designed policy on workplace safety. The policy must articulate the guidelines of PPEs and their availability, quality, and uses. Besides, the policy should focus on how the workers are provided with training and adequate information on occupational risks and hazards at workplaces.
- Measures/trainings should be taken /arranged to enhance awareness of the workers about occupational safety and health.
- Programmes should be designed and implemented for skills development, particularly for the personal care workers.

Welfare and Social Protection

- Pension scheme/enhanced gratuity system should be introduced.
- Different forms of Insurance (micro, group, health, accident, life) should be run.
- State-owned and run the contributory fund with the participation of government, employer and workers should be formed.

- Different Financial Incentive schemes/pay-to-performance/ performance-based pecuniary benefits (employee-of-the-month award/employee-of-the-year award, financial premium plans, and profit sharing) can be introduced.

Labour Relations and Social Dialogue

- Workers should be allowed to form and join occupation-based unions/associations/ cooperatives without fear and resistance. TU is to be formed and other appropriate mechanisms are to be developed and followed to ensure workers' participation in workplace-related decision-making.
- Due to the lack of formal complaint mechanism at the workplace workers are susceptible to various forms of harassment. Establishing an effective complaint mechanism would be helpful to provide them with workplaces with lesser incidences of harassment, or in other words, greater opportunities to have a decent working environment.

Rights Promotion and Enforcement, and stakeholders' Initiatives

- Trade unions must prioritise the issues of the beauty parlour and non-clinical health care workers in their agenda. National labour movement should increase the organizing efforts, select specific issues and determine the organising strategy considering the sectors' specific nature.
- **Awareness raising by trade unions:** Many workers of beauty parlour and hospitals are not aware about the workplace issues that affect decent work situation. Their lack of awareness has been evident especially in areas of minimum wage, overtime provision, workplace discrimination, risk and harassment, all of which are integral part of decent work elements. Making these workers aware on issues of decent work is necessary which ultimately will make them capable to claim their rights as well as achieve decent workplace.
- **Employers' associations** must take responsibilities for the upliftment of the conditions of the workers. Employers' associations could undertake skill development training of the workers. Further, the associations should develop guidelines for parlour and hospital owners so that worker rights are respected.
- **Following roles are important from the Government:**
    - The Government should take initiative to bring the beauty parlour workers under the coverage of the labour law. Special attention of the government is needed towards the execution of labour law provisions.
    - It is required to broaden the scopes of inspection and increase the role of the inspectors. Government may involve local civil administration in inspection of different informal workplace and trial of charges, offences, and unfair practices regarding the provisions of labour law.
    - Expansion and decentralization of labour courts for enhanced access to judiciary must be given priority. Initiatives are needed for making labour courts accessible to all informal workers.

- Adequate governmental support for recovery of the sectors is also a dire need.
- To have a harassment free workplace at both beauty parlours and hospitals; the government must first ratify the ILO Convention 190 (Violence and Harassment Convention, 2019).
- State of social protection of workers in both sectors is grim, which was more explicit during the COVID-19. Therefore, the Government must come forward with broader social protection coverage for workers.

- **Strengthened watchdog role of the CSO:** CSOs are important partner/actor of social dialogue. Their roles must be expanded and strengthened to protect the rights of the beauty parlour workers and the non-clinical health care workers. Awareness raising and training for the workers; and researching their issues and advocacy and campaigning are the crucial roles where the CSOs should be engaged in.

ANNEXES

Annex 1: Methodology Note

Assessment Framework

To analyses the decent work conditions and deficits of the personal care and non-clinical healthcare workers of Bangladesh, this study took into consideration the broad decent work agenda and the elements/indicators of decent work. The Decent Work Agenda is a balanced and integrated approach to pursuing the objectives of full and productive employment and decent work for all at the global, regional, national, sectoral and local levels. It comprises four pillars, namely: (1) Standards and fundamental principles and rights at work; (2) Employment and income opportunities; (3) Social protection; and (4) Social dialogue. This study adopted the following decent work agenda and indicators to have a comprehensive understanding and analysis of decent work conditions (status and deficits) of the personal care and non-clinical healthcare workers in Bangladesh.

Decent work agenda and indicators

Decent Work Agenda	Indicators
Adequate earnings and productive work	Minimum and average wage, Basis of wage calculation, Payment system/monthly, Payment Forms, Overdue and Wage deduction, Training provision
Decent Hours	Daily hours, Weekly hours, Excessive hours, Night work, Daily break or rest
Work that should be abolished	Child labour,Minimum age of workers, Hazardous child labour, Forced labour, Bonded labour, Conditions for work
Combining Work Family and Personal life	Different types of Leave [earn leave, festival leave, length of maternity leave (paid and unpaid)], Unpaid Home-based work like childcare, caring for the adults and the sick, water collection, cooking, media use (hours; sick child leave; bringing children to workplace day care; access to telephone for personal use);
Safe Work Environment	Risk and vulnerabilities, Incidence of injury – fatal and non-fatal, Initiative of authorities to reduce occupational risk and hazards, Labor inspection from government, whether any occupational injury insurance exists, Role of employers in case of an accident, whether she suffered any accident and time lost due to accidents

Social Security	Provident fund, gratuity, accident compensation, pension; Access to safety nets and cash income support
Stability and Security of Work	Nature of work in terms of formal/informal character, Appointment letter, Service book, Valid documents in line with labour law, Dismissal or expulsion from job
Equal Opportunity and Treatment in Employment	Discrimination practices; Areas of inequality: Access to work, wage, workplace amenities
Social dialogue, workers' and employers' Representation	Trade union representation, Freedom of association, Dispute resolution, union membership

Study Process

This studytook the following implementation process, in which three distinguished phases are identified—i) conceptualization and issue identification, ii) research and analysis, and iii) presentation and validation. In the first phase, the study started with inception through conceptualization and issue identification brainstorming workshop. The workshop has finalized the strategy including methodologies and made an initial list of issues to be covered and the survey and other data collection tools finalised. The second phase is the implementation phase. At this phase, information was collected through the active utilization of various research tools. After information collection data was analyzed and a draft report was prepared. In the third phase findings of the draft report will be shared with different stakeholders through a workshop. Upon receiving the feedback on the draft report, the study would be finalized.

Study Tools and data collection

This study employed a mixed method approach—both quantitative and qualitative aspects inform the assessment. As such, the study team carried out a questionnaire survey along with key informant interviews (KIIs), focus group discussions (FGDs), consultation with relevant stakeholders, and case studies. Information was collected from secondary and primary sources.

The study team collected secondary information from various documents, newspaper reports, journal articles, and research works conducted on the condition of personal care and non-clinical healthcare workers in Bangladesh.

A set of sample survey questionnaires was prepared and administered to collect data from a total of 204 personal care (102) and non-clinical healthcare (102) workers. The sample was selected from different locations of Dhaka and both snowball and purposive sampling technique was adopted to select respondents. Initially, a questionnaire was developed in English incorporating appropriate questions and then it was translated into Bengali for the field data collection. A piloting was carried out to finalize the questionnaire.

A team of 8 field enumerators with guidelines from 2 data collection supervisors undertook field surveys in respective locations. The field enumerators personally contacted the respondents and obtained the desired information fairly and accurately by explaining the objectives of the study to the respondents and following the methodology and ethical codes of research. The filled-in questionnaires, validated by the field supervisor were submitted to the core team for quality control checks and subsequent computerization of data. The Research Team carried out extensive discussions on the issues that could not be captured in the set questionnaires.

Three (3) FGDs (two in Dhaka and one in Modhupur) were conducted by the Research Team . A theme list was prepared for conducting the FGDs focusing on the core issues of the study.

A total of 6 KIIs were conducted. KII respondents were from policymakers, civil society, national-level trade union leaders, and worker rights organisations.

Three (3) Case studies were conducted to document an in-depth analysis of decent work deficits and their implications in personal care and non-clinical healthcare workers' lives. These case studies were selected considering the issues identified during the survey and FGDs.

A consultation workshop is planned to include multi-stakeholders (e.g., workers, trade union leaders, employers, members of CSO, policymakers, and worker rights NGOs) to share the draft findings and incorporate comments for the finalization of the report.

Ethical consideration

This study followed some ethical considerations. The purpose of the study was explained to the respondents at the beginning. The interview was conducted based on informed consent. Respondents' consent was also taken for recoding the interviews. Respondents were assured that high confidentiality of the information would be maintained. The respondents were given the assurance that without his/her consent information given by them would not be used for any other purpose. Moreover, respondents were allowed to choose whether they would answer a particular question. They were allowed also to withdraw at any stage of the interview. Above all, the team were aware that we were not putting our respondents at risk.

Annex 2: Personal and Workplace Related Information of Study Respondents

	Personal care workers		Non-clinical healthcare workers		Total	
	N	%	N	%	N	%
Gender Distribution of Respondents						
Female	102	100.0	51	50.0	153	75
Male	0	0.0	51	50.0	51	25
Area wise distribution of Respondents						
Dhanmondi/Mohammadpur	21	20.6	21	20.6	42	20.6
Uttara	20	19.6	20	19.6	40	19.6
Gulshan/Badda	20	19.6	22	21.6	42	20.6
Mirpur	22	21.6	20	19.6	42	20.6
Sayedabad/Jatrabari/Old Dhaka	19	18.6	19	18.6	38	18.6
Age of Respondents						
less than 15 years	0	0.0	1	1.0	1	0.5
15 to 17 years	1	1.0	4	3.9	5	2.5
18 to 29 years	57	55.9	26	25.5	83	40.7
30 to 34 years	19	18.6	19	18.6	38	18.6
35 to 39 years	8	7.8	20	19.6	28	13.7
40 and above years	17	16.7	32	31.4	49	24.0
Marital Status of Respondents						
Unmarried	26	25.5	18	17.6	1	44.0
Married	75	73.5	79	77.5	5	154.0
Separated	1	1.0	0	0.0	83	1.0
Widow/widower	0	0.0	5	4.9	38	5.0
Level of education of Respondents						
Illiterate	0	0.0	14	13.7	14	6.9
can sign only	3	2.9	8	7.8	11	5.4
1 to 5 class	11	10.8	13	12.7	24	11.8
Primary pass	13	12.7	7	6.9	20	9.8
6 to 10 class	45	44.1	37	36.3	82	40.2
SSC	19	18.6	13	12.7	32	15.7
HSC	7	6.9	6	5.9	13	6.4
Bachelor and above	4	3.9	4	3.9	8	3.9

	Personal care workers		Non-clinical healthcare workers		Total	
	N	%	N	%	N	%
Whether the respondent is a member any ethnic group						
Yes	57	55.9	0	0.0	57	27.9
No	45	44.1	102	100.0	147	72.1
Total	102	100.0	102	100.0	204	100.0
Name of ethnic group						
No any ethnic group belong	45	44.1	102	100.0	147	72.1
Garo	55	53.9	0	0.0	55	27.0
Chakma	2	2.0	0	0.0	2	1.0
Position/designation of respondents						
No specified position	74	72.5	1	1.0	75	36.8
Ayah	0	0.0	26	25.5	26	12.7
Beautician	26	25.5	0	0.0	26	12.7
Cleaner	0	0.0	26	25.5	26	12.7
Security guard	0	0.0	23	22.5	23	11.3
Security supervisor	0	0.0	1	1.0	1	0.5
Senior beautician	2	2.0	0	0.0	2	1.0
Ward boy	0	0.0	25	24.5	25	12.3

About Nari Sramik Kantha (NSK):

Nari Sramik Kantha (NSK) platform was launched on November 23, 2016, through a collaboration between FES Bangladesh and Karmojibi Nari (KN) to create a strong and inclusive platform where women workers can unite to advocate for their rights, address workplace issues, and fight against violence, discrimination, and human rights abuses. By promoting solidarity and resilience among women workers, NSK is dedicated to building a safer, more equitable future for women in the workforce.

Facebook: *facebook.com/narisramikkantha16@gmail.com*

About Karmojibi Nari (KN):

Karmojibi Nari (KN) is a women-headed, and women-led national organization. Karmojibi Nari (KN) started its journey on the 1st of May 1991 - thirty-three years ago, and is still marching on the road to ensure women's rights, dignity, power, and authority women, especially women workers in Bangladesh. Throughout the years, Karmojibi Nari (KN) has organized formal and informal sector workers, focusing primarily on women.

The organization also emphasizes empowering women workers by strengthening their leadership capabilities. Additionally, Karmojibi Nari (KN) advocates with relevant stakeholders to improve existing regulations, amend outdated laws, and enact new legislation to ensure the well-being of workers.

Website: *www.karmojibinari.org*
Facebook: *facebook.com/working.nari@gmail.com*

About Friedrich-Ebert-Stiftung (FES):

Friedrich-Ebert-Stiftung (FES) was established in 1925 and is the oldest political foundation in Germany. It is named after Germany's first democratically elected president, Friedrich Ebert (1871-1925). Its mission is based on the basic values of social democracy: liberty, justice & solidarity. FES Bangladesh office was opened in 2013. In Bangladesh, FES aims to promote socially and ecologically sustainable economic policies, participation and international cooperation. We do so through research, training, discussions and exchange of knowledge together with our partners. We approach potentials and challenges of developments in Bangladesh at national, regional and international levels. We do this to link debates worldwide and create opportunities for stimulating exchanges on multiple levels to foster regional and global alliances.

Website: *https://bangladesh.fes.de*
Facebook: *facebook.com/fesBangladesh*

WORKERS' RIGHTS IN BANGLADESH'S CARE ECONOMY:
DECENT WORK AND DEFICITS FOR PERSONAL CARE AND NON-CLINICAL HEALTHCARE WORKERS

About authors:

Jakir Hossain, PhD, is an academician, consultant and expert on international labour standards, decent work, occupational safety and health, labour governance, and other related topics.

Mostafiz Ahmed is an academician, consultant and expert on decent work, workers' rights, minimum wages, the informal sector, social protection and gender.

Afroza Akter, PhD, is an independent Researcher specialising in qualitative and quantitative research. She has published several research articles and reports on decent work and labour law, minimum wage, social security, freedom of association and collective bargaining, and social dialogue.

Imprint:

©2024 Karmojibi Nari (KN)

Jointly published by
Karmojibi Nari (KN)
Friedrich-Ebert-Stiftung, Bangladesh

To order publication: *bangladesh@fes.de*

Funded by
Friedrich-Ebert-Stiftung (FES)

Responsible
Karmojibi Nari (KN)

Designed by Women In Digital

Cover photo
Training Toolkits for the NSK,
a joint initiative of KN and FES Bangladesh

ISBN: 978-984-37-0115-2

FRIEDRICH EBERT STIFTUNG
FES Bangladesh

কর্মজীবী নারী
KARMOJIBI NARI (KN)