Vulnerabilities of Women Workers in the Readymade Garment Sector of Bangladesh: A Case Study of Rana Plaza

Humayun Kabir
Myfanwy Maple
Syadani Riyad Fatema

Follow this and additional works at: http://vc.bridgew.edu/jiws

Part of the Women's Studies Commons

Recommended Citation

This item is available as part of Virtual Commons, the open-access institutional repository of Bridgewater State University, Bridgewater, Massachusetts.
Vulnerabilities of Women Workers in the Readymade Garment Sector of Bangladesh: A Case Study of Rana Plaza

By Humayun Kabir¹, Myfanwy Maple², and Syadani Riyad Fatema³

Abstract
The Bangladeshi readymade garment (RMG) sector is an important feature of the country’s economic development, as it is the highest contributor to Gross Domestic Product (GDP) in Bangladesh. This industry initiated a revolution in the employment sector particularly through involving women in the workplace, in a culture where employment of women remains rare. While offering new opportunities to women, this sector has failed to ensure a secure and safe working environment for female employees. Consequently, women workers are vulnerable to multiple hazards, frequent disasters, and adverse occupational health outcomes. These vulnerabilities have become a prime concern for national and international communities, particularly highlighted by the devastation of the Rana Plaza factory collapse on 24 April 2013. Within this context, this paper focuses on the existing nature of vulnerabilities produced from the routine work, as is required for women employed in the RMG sector. The study primarily draws on first-hand interviews with women who had direct work-related experiences with the Rana Plaza disaster. The findings suggest that the politicization of the RMG sector, the power of political forces, and factory owner’s tendency toward primitive accumulation (theorized as more money through less investment), are primarily responsible for this unprecedented disaster in the garment sector of Bangladesh. At an individual level, Rana Plaza survivors are still reeling from the disaster and in the absence of political will and social support, are deeply vulnerable to further morbidity and mortality related to this workplace disaster.

Keywords: Women garment workers, workplace safety, health hazards, politicization of workplace, readymade garments (RMG), Rana Plaza.

Introduction
The contemporary phase of globalization has created a unique prospect for women to be considered as important contributors to the global labour force (i.e. women consist 1.3 billion of the total global labour force, English, 2013:67). In the context of Bangladesh, the Ready-Made Garment (RMG) sector has flourished within the context of the country’s independence in 1971, and as a response to the modern globalization processes influencing the political and economic climate since (Ahmed, 2001:43). Specifically, in relation to the RMG sector, Kabeer (1991) argued exponential growth in factories has resulted from the external pressure of the international donor

---

¹ PhD Student, School of Health, University of New England, Australia. Assistant Professor in Sociology, University of Dhaka, Bangladesh.
² Professor in Social Work, School of Health, University of New England, Australia.
³ Lecturer in Sociology, Noakhali Science and Technology University (NSTU), Bangladesh.
communities (Kabeer, 1991:140). This was internally supplemented by neo-liberal forces which shifted the industrial sector away from sugar, jute, textile, and steel products to the RMG sector (Khanna, 2011:108). Thus, the rise of the RMG sector since Independence is a response to combined forces including the flow of neo-liberal economic strategy, globalization, and the pressure of international donor communities.

The rapid growth of the RMG sector was facilitated by important country-specific factors such as liberal industrial relation policies of the state, small startup investment required, reliance on relatively simple technology, and the availability of cheap labor with a lack of alternative job options for women (Kibria, 1995:289-290; Kabeer and Mahmud, 2004:95; Khosla, 2009:292). Bangladesh is a traditional patriarchal society in which women have not participate in significant numbers in the paid workforce. However, this new industry has changed this dynamic and is primarily reliant on a female workforce, with women making up more than 80% of the total labour force of this sector (Ahmed and Raihan, 2014:44). While women’s intensive and cheap labour has played an active role for instituting RMG as the most important export-oriented and foreign exchange earning sector, the employment conditions are inhuman, deprived, insecure, and dangerous (Paul-Majumder and Begum, 2000:15; Yasmin, 2014:52; Choudhury et al., 2016:6).

The Government of Bangladesh (GOB), with its relaxed industrial relations regulations, has been reported as being lenient and indifferent to concerns raised regarding the RMG sector workplace health and safety (Siddiqui and Uddin, 2016:697). Tragically, this failure to regulate the sector has resulted in preventable deaths. Most well-known of these disasters is the collapse of Rana Plaza situated at Savar, near the capital city of Bangladesh, in 2013. This building collapse killed 1134 workers and injured over 2500 (Barua and Ansary 2016:2). The impact of Rana Plaza collapse on survivors’ health is unknown yet being involved in such a large-scale disaster has initiated interest in understanding current and ongoing vulnerabilities of the survivors from a variety of sectors not limited to scholars, activists, organizations, state and international communities. This tragedy has highlighted the need to better regulate the RMG sector to protect workers, and particularly women, within this new industry.

Women as the Particular Vulnerable Group in the RMG Sector of Bangladesh

All RMG workers are vulnerable within the workplace. However, women are comparatively more vulnerable than male workers for several reasons. First, women employed in this sector are likely to come from rural and disadvantaged family backgrounds. Their relatively poor socio-economic backgrounds result in a lack of agency in which they are unable to demand better working conditions. They are poorly paid (less than their male co-workers) and are frequently exposed to verbal and physical abuse, violent behavior and sexual harassment, informal recruitment and so on (Paul-Majumder and Begum, 2000:18; Akram, 2014:41; Choudhury et al., 2016:6; Shoma, 2017:119). Within the traditional patriarchal Bangladeshi society, women are already viewed as weaker, with less physical ability and tightly controlled social and economic lives. For these reasons women workers are more willing to accept the exploitative type of job structure, where they are generally placed in the lower position, often dealing with risky chemicals or materials because they have few options for independent earning.

---

4 Neo-liberalism here indicates the nature of Bangladesh as a newborn state that shifted from a socialist economic system to free market economic system (where the state has become the promoter of privatization) (Khanna, 2011:109).
All RMG workers are vulnerable to various types of illness/disease and physical impairment as a result of working in unhygienic and unsafe conditions (Paul-Majumder and Begum, 2000; Absar, 2001; Ahamed, 2013; Ahmed and Raihan, 2014). Female workers are more vulnerable to harms related to these poor conditions due to social and cultural structures which leave them in lower skilled, and in more physically risky employment where the occupational hazards are greater (Paul-Majumder and Begum, 2000:15). Specific to the RMG sector, they also deal with the fabric dye and different types of raw materials that produce significant levels of environmental dust and other hazards. This is exacerbated by the lack of proper cooling and ventilation systems in the factories. Subsequently, some diseases are frequently reported within RMG workers, including back pain, fever, eye strain, cough, respiratory problems, stomach and chest pain, dysentery, diarrhea, diabetes, urinary infection, headache, obesity, and fatigue (Ahmed and Raihan, 2014:54; Fatema et al., 2014:106). These conditions are widespread and historically exist in the Bangladesh RMG context, with earlier research conducted by Amin et al. (1998:195) demonstrating that 73%, 69%, and 45% of the respondents suffered from head and ear complaints, general fatigue, and eye problems respectively. Similarly, research reported by Islam (n. d.) for the Canadian International Development Agency (CIDA) and Women’s Initiative Centre (Nari Uddug Kendra, an NGO with link to the North-South Institute in Canada) showed that majority of the female garment workers (68%) in the study suffered from diseases such as weakness and lethargy, gastric ulcers, and backaches that were the direct result of long hours of work, irregular eating and poor nutrition, lack of access to regular bathroom breaks, and so on. Most of these diseases, produced from routine work and hazardous working conditions, result in cessation of employment due to health limitations within a relatively short time, leaving relatively young women unable to secure future employment due to poor health.

With low and/or insufficient wages and short working term, there has been increasing numbers of women reportedly involved in sex work due to the gap between salary and living costs (Khosla, 2009:297). Cultural forces exist that add pressure to such decisions such as female RMG workers may engage in sex work so that they can increase the amount of money sent to their family members. British NGO, ‘Action Aid Bangladesh,’ reported that 20% of the women they interviewed from the RMG sector in Bangladesh were engaged with sex work at the workplace (Islam, n. d.). In some instances, women may consent to engage in this work activity, however, commonly this is not the case. Women are also reported as being sexually assaulted by male coworkers within the workplace (Ahmed and Raihan, 2014:46). As a result of sex work, whether voluntary or not, women become vulnerable to life-threatening diseases such as HIV, Hepatitis-B and sexually transmitted diseases (STDs), adding to the health vulnerabilities they experience from their employment activities in the RMG sector.

**Methodology**

This study utilizes the Marxist notion of ‘primitive accumulation’ to understand the context of female RMG workers’ vulnerabilities in Bangladesh. The concept ‘primitive accumulation’ is used by Kabeer and Mahmud (2004) to explain the strategy of the factory owners focus on maximizing their benefits through minimum possible cost (Kabeer and Mahmud, 2004:145), entirely driven by an economic imperative. In this context, RMG workers, who as discussed are primarily women, exist within an unsafe workplace with significant vulnerabilities with factory owners who are unwilling to invest money for improving workplace conditions (i.e. safety related issues) and appropriate remuneration. Thus, factories continue to operate in unsafe or hazardous
buildings rather than new, purpose-built facilities. In addition to the physical building, investing in safety-related equipment is not a priority within a profit-driven environment. It is proposed that if there was available of enough safety equipment in the Rana Plaza, more lives could be saved (Biswas et al., 2015:7). Within this pro-capitalist context, factory owners in Bangladesh put the lives of million workers in danger even while they are dependent on this manual workforce for their business to succeed. As a result of this poor infrastructure, the Bangladesh RMG sector experiences frequent disasters, such as the fire in the Tazreen Fashion in 2012 and the collapse of factory buildings, including the Rana Plaza collapse in 2013.

This qualitative study, utilizing in-depth interviews undertaken in 2015, sought to explore the vulnerabilities of female survivors of the Rana Plaza collapse, before, during and after the building collapse. Following the collapse, and end to their employment, some individuals relocated to other places across Bangladesh, some stayed close to the area (Savar, near Dhaka) of the factory. Seven were identified through snowball sampling for this study and consented to be interviewed for this study. All participants were given pseudonyms to protect their identities. The interviews were undertaken by (HK) and (SRF) and transcribed verbatim. Following this, the data were thematically analyzed (by HK) and theorized within the context of primitive accumulation (HK, MM, and SRF).

Female Workers’ Experiences of RMG Sector and the Rana Plaza Collapse

The lack of quality infrastructure in the Bangladeshi RMG sector results in frequent disasters resulting in significant morbidity and mortality of workers. A recent, tragic example of this is the extensive loss of life in the Rana Plaza collapse and significant injury among the survivors. Sefali Begum (Age: 23, Worked at Phantom Tac, Fourth Floor, Designation: Cutting Operator) shares her experience of the collapse and her resultant health:

I was working on the 4th floor on the eve of Rana Plaza collapse. At the time of working, suddenly, I noticed that many of the workers were crying and running aimlessly. Then I could notice that the building was collapsing over me. I ran and stayed beside a pillar. The whole building collapsed within two minutes. My leg was trapped in between two walls. I lost one of my legs. I also got hurt in my head by the fallen roof. My head, hands, back were badly injured. I was rescued after 5-7 hours of the collapse and sent to the Enam medical college hospital. After 27 days of treatment, I was released. I can feel pain in my body till now. I cannot move without the help of others. To be free from these kinds of sufferings, I tried to commit suicide twice.

For Sefali, like many others, the injuries she sustained in the collapse have resulted in significant disability which prevents her from seeking further employment. In addition, chronic pain and loss of function, resulting in reduced quality of life, and at the extreme in suicidal ideation, attempt and possible future death. As a consequence, these now disabled workers have become the burden on the other family members, who already struggle with poverty, due to low social class. There are few options for these women for basic survival. One option that has been increasingly reported is becoming involved in sex work as a way of meeting basic food and housing needs. Such work leaves women at risk of sexually transmitted infections, unwanted pregnancy, and isolation and/or exclusion from family networks.
Participants were asked about whether they had any experience of sex work as an earning source (whether as supplementary to other RMG work or as a result of the collapse and not being able to secure new employment). Rokshana Begum (Age: 28, Designation: Sewing Operator, Company: Ether Textile, Fifth Floor) commenced working at Rana Plaza nine months prior to the collapse. As a result of injuries sustained, she reports that she is now unable to do any kind of physically demanding work due to the loss of a hand in the collapse. Rokshana is solely responsible for caring for her elderly parents and herself. Rokshana reports that she was not engaged with sex work (on part-time or full-time basis) while working in the Rana Plaza, however, she has since had to commence full-time sex work to survive:

I have heard that men workers who survived the Rana Plaza collapse are now occupied in some other jobs. But who will employ me? The employer might think that I will not be able to invest my full physical labour due to losing my right hand during that collapse. Therefore, I now work as a floating sex worker to survive along with my parents. I am not worried to be infected by diseases. I cannot force the clients for using the condom because they do not want to use the contraceptive.

Rokshana’s narrative provides deep insight into the lack of power she has within the work she is now forced to undertake to survive. While knowing that she is vulnerable to sexually transmitted infections and unwanted pregnancy, she is unable to enforce safe sex with clients, as this would result in no work. As a floating sex worker, her clients are likely to be low class, such as rickshaw pullers and hawkers. Rokshana also reported knowing many female workers who survived the Rana Plaza collapse who are now engaged in sex work.

The Case of Rana Plaza Collapse: An Accident or Murder?

The day prior to the collapse of Rana Plaza, Bangladeshi media reported on cracks found in the building and for that reason, banks along with other shops within the Plaza immediately closed (Begum and Solaiman, 2016:748; Siddiqui and Uddin, 2016:688; Choudhury et al., 2016:125). However, factories housed in Rana Plaza continued to operate despite this threat.

As previously discussed, RMG workers are powerless and open to exploitation. One of the interviewees described how she and her co-workers were informed about the cracks in the factory building but were told they must continue to work. Putul Begum (Age: 26, Designation: Sewing Operator, Company: Phantom Apparels, Third Floor) explained why she continued to stay on at work on the day of the collapse:

I knew that Rana Plaza was vulnerable to collapse as there were so many cracks [on 23 April 2013] found in the building. I did not want to work on that day [24 April], however, I along with other workers were forced [by named local political leaders and the employers] to work on that day. Union leaders were threatened to bring all workers inside the factory. We were also threatened to be kicked out of the job if we did not work on that day.

Putul further added:
Some of my friends were beaten as well as physically abused by the owner of [company] to work on that day.

Putul’s narrative demonstrates that workers may not have been willing to be at work, knowing of the precarious state of the building. Further, factory owners may have been complicit in forcing them to be present even while being fully aware of the risks. In this example, the owner of the factory forced Putul and her colleagues to work on the day of the collapse, apparently taking no consideration of the risk to the employee’s lives. Owners of factories in the Rana Plaza were well aware that the building was built illegally, that there were significant safety risks and yet kept opening the factory putting lives at risk. This owner, along with the other factory owners with businesses located in the Plaza, are therefore complicit in the deaths of the many workers, and the injuries to those who survived. Morium Begum (Age: 21, Designation: Helper, Company: New Wave Bottoms, Second Floor), describes her experience, she closed her eyes and took a long breath and then shouted:

It was not an accident rather it was an absolute killing. Seeing the cracks before two days of the collapse, we didn’t want to enter into that building. We even protested on 23 April. But [the owner of the building] took a meeting with our trade union leaders and decided to continue working. We all started to work due to the fear of being kicked off from the job. So, we were compelled to join the office though we knew the building was vulnerable. After forcefully entering the factory the central gate was locked. I think we have got so many dead bodies due to the lack of proper exit doors. If there was proper escape plan then many of my friends could survive. Therefore, it is an absolute killing.

Given the societal and economic pressures already in existence pressuring these workers to attend a dangerous building, along with the clear indication that the building was at risk of collapse, the outcome of the Rana Plaza collapse can also be dubbed as ‘killing’ from the point of ‘sociological imagination’\(^5\). An accident is defined as any sudden occurrence, without any prior caution. In terms of a natural accident, the victims fall into calamity due to lack of consciousness about the upcoming consequences. However, in the Rana Plaza collapse, the workers and factory owners were all well informed about the cracks seen in the building a day before the tragedy occurred and knew other businesses closed as a precaution. Yet, the owner of the factory decided to keep the open the factory on that day and went so far as to ensure workers were unable to leave their stations. Therefore, it can be argued that Rana Plaza disaster happened due to the enforcement of the authority. The innocent workers could not deny the orders of their managers because of the fear to be dismissed from the job.

Following on from the collapse, the survivors (who are fit to work again) of Rana Plaza do not want work in the RMG sector. They experience considerable long-term trauma and are suffering from trauma-related mental ill-health. As Rana Plaza survivor Shibani Akter (Age: 21, Designation: Helper, Company: Ether Textile Ltd, Fifth Floor) explained:

I would never go back to work in the factories. I would prefer to beg than work again in the RMG sector. We got nothing from this sector. Factory owners used us

---

\(^5\) Sociological imagination means not to take the world before us as taken for granted, but rather to think about the facts beyond the screen; more precisely speaking, it requires us to ‘think ourselves away’ (Giddens, 2006:4).
like slaves. Workers’ lives are cheap to be bought here in Bangladesh RMG sector. If any worker found dead due to the fire or for any other incidences in the factories, the relatives of the dead workers usually get one to two lacs taka [equivalent $USD 1200 to 2400] and that’s it. So I should not choose to be dead. Since I am now in good physical condition, I am working as maidservant on an hourly basis. I am enjoying freedom working a maidservant because if I do not like any house I can switch to another.

The above statement highlights the extent of exploitation of the RMG workers in Bangladesh and the small price for a person’s life. The factory owners continue to prosper, while workers suffer. Consequently, a sudden disaster such as Rana Plaza collapse makes them more vulnerable (having no secured future) than they were before. Workers like Shibani, who is lucky enough to have returned to good physical health, choose not to put their life in danger. The RMG sector will become vulnerable should many workers make this choice, and as a result, RMG factories may shift from Bangladesh to another country where willing workers can be found. Similarly, scholars argue that the overwhelming majority of the survivors are either unable or do not intend to work again in the RMG sector due to the injuries and fear of Rana Plaza disaster (Barua and Ansary, 2016:4-5; Begum and Sloaiman, 2016:761).

Compensation

There are two possible kinds of results produced from the Rana Plaza collapse. These are death and injury (physical and psychological). Due to the death of workers, the dependent family members are now living with the financial crisis. On the other hand, workers who sustained severe injury and are now too disabled to work are fighting for financial compensation. Yet, in the context of extremely disempowered and disadvantaged workers and factory owners focused on profits over people, who will take responsibility? Bangladesh Garment Manufacturers Exporters Association (BGMEA) and many international brands who have their products made in RMG sector, have not been able to come to an agreement on whether compensation will be paid, nor to whom. This has a greater impact on female workers than their male counterparts. As men were likely in positions of more authority, along with societal norms that are permissive of men in the workforce, male survivors of the collapse are now mostly employed in another factory or occupation. However, women have far fewer choices, as they cannot perform all the roles men do, and they live in a society that is not permissive of economically independent women. This situation is even more difficult for poorly educated women, and those from rural backgrounds. Thus, the lack of compensation agreements has a greater impact on women, who were the majority of the Rana Plaza workforce.

Kajoli Akter (Age: 19, Designation: Helper, Company: New Wave Bottoms, Second Floor) explains her experience of the lack of the right to compensation and the issues she now faces since the collapse, saying: “We are the most affected people in recent years but we are deprived of our basic rights” [i.e. proper compensations, continuing treatment, and follow up of our health conditions].

Kajoli continues, adding:

I have lost my leg and now and I am not capable of doing the job again. After the collapse, some NGOs and government organizations helped us by giving money
and food. But now it has become an old issue for those who are supposed to look after us. I regret that I worked for the factory owner and they took maximum benefit from my work, however, I did not get proper and expected support from them. What they do just for media coverage. Victims like me do not get any attention from them.

Kajoli received about BDT 9500 (Approximately $115 USD) from BGMEA and BDT 45000 (Approximately $544 USD) from the government fund for the Rana Plaza victims. In addition, she received BDT 2000 and BDT 5000 (total approximately $85 USD) from a foreign donor organization. She says that those amounts are not enough to compensate for her disability resultant from Rana Plaza collapse. Some, like Kajoli, received some funds from the Rana Plaza Donors Trust Fund which was immediately after the collapse. However, it has been well reported that the aid from the western retailers was described as “woefully inadequate” (Begum and Solaiman, 2016:757) to meet the needs of the many survivors and families of the deceased. In addition to a lack of adequate funds, lack of coordination among BGMEA and incompetent management of these funds resulted in workers not being able to access compensation. It is now common for workers and trade unions to demand compensation year after year, yet the garment factory owners are reluctant to provide this and the State does not sanction compensation. Therefore, the injured workers and the family members of deceased workers of Rana Plaza are yet to receive adequate compensation.

Where compensation has been paid to women, they may not be able to enjoy the benefit due to the conservative patriarchal society, where women do not enjoy financial freedom or independence. Rahima Khatun (Female, Age: 23, Designation: Iron Operator, Company: Phantom Tact Ltd, Fourth Floor) who was fortunate to receive compensation, continues to suffer:

My husband took the money that I received as compensations. Right now I am disabled to do any job due to serious fractured in my backbone. After taking money my husband left me. I have heard that he got married again. Now I am begging on the city street. My daughter who is only nine years old pushing my small wheelchair so that I can beg.

Bangladesh is a predominantly patriarchal country where men are positioned in the dominant place. Here fathers and/or husbands are the decision makers even though daughters/wives have the capabilities to earn. Rahima explained that she did not want to give the money to her husband. However, she thought that after he took her compensation money her husband will take the responsibility of the family. In reality, this did not happen. She is now significantly disabled and begging to look after herself and her young daughter.

Discussion

The concept of Primitive Accumulation provides a useful lens through which to understand the Rana Plaza collapse. Within a society that has loose industrial relation regulations, and strong individualized economic gains for certain privileged individuals, profits are prioritized over workers lives and wellbeing. This context has resulted in very poor outcomes for the survivors of the Rana Plaza collapse and their families. Women are disproportionally affected due to the conservative, patriarchal context of Bangladeshi society. Further hampering a resolution to these
issues, the State, BGMEA and trade unions have been unable to work collaboratively to find solutions. In 2016, three years after the collapse, only 21.4% of the survivors are employed (Barua and Ansary, 2016:5).

Generally, there would be an expectation that the State would provide for citizens who find themselves disabled, or unable to work, following a tragedy such as the Rana Plaza collapse. However, it is clear that the Bangladeshi Government has not provided such a safety net for these people. Furthermore, the ongoing demand of the workers for compensation and rehabilitation are defeated by the capitalist character of the state and the permissive environment in which these companies operate. Because BGMEA leaders constitute about 10% of the members of parliament (MPs) of Bangladesh (Mawla et al., 2013:6), they can easily manipulate, violate and modify the existing rules and regulations that could actually benefit the workers of Bangladesh RMG sector. Accordingly, the state has become impotent in taking strong action against BGMEA to keep their promises regarding the rehabilitation of the workers of Rana Plaza yet. Troublingly, the participants of this study clearly articulate their vulnerability to death and disability knowing that the factory owner was aware of the danger and continued to force them to work on the day of the collapse. Such behavior is easily hidden or condoned in a cultural context where factory owners have significant political influence and power. Bangladeshi trade unions do not offer adequate protection of workers’ rights for several reasons. First, the movement of the trade union in Bangladesh was historically weakened by dividing it into several fractions and each of them allied with different political parties and played the role as a labour front of those political parties (Khanna, 2011:111). This fractured context results in a lack of protection for rights of the workers. Secondly, factory owners are mostly found to employ women workers who, as women in a traditional patriarchal society have less inherent power, have fewer chances to join in trade union activities and those who stand up for workers’ rights are quickly removed from their positions (Oxfam International report, 2004:4). Moreover, factory owners mostly show hostile attitudes towards the trade union activities. Union leaders also very often threatened by the factory owners and due to the fear of losing jobs, they are kept inactive in the Bangladesh garment factory sector. Within this complex context, all those who may have been able to act to protect these women were unable, unwilling, or not permitted to assist. One solution could be to publicise the plight of these women through the international media. Yet, with no in-country champions, and strong opposition to highlighting these issues to the international community to ensure the survival of the RMG industry, little past the initial collapse has been promoted in international media.

Lastly, tighter safety and building regulations may have prevented the collapse and/or reduced the death toll and injury levels in the collapse. Appropriate emergency and evacuation procedures which are common-place in high and middle-income countries (where the products of this industry are predominantly sold) would likely have been effective in saving lives. Yet, as the participants in this study articulate – they were forced to both work and forced not to escape the collapsing building. This collapse is just one example, and the issue remains current. Those who remain employed in the RMG sector remain vulnerable to future disaster. An All Party Parliamentary Group (APPG) reported in 2013 that about 60% of the factory buildings, assessed by Bangladesh University of Engineering and Technology (BUET), are vulnerable to collapse (APPG report, 2013:11). Thus, it is not a matter of if another disaster occurs, but when.
Conclusions

There is no way to disregard the contribution of Bangladesh RMG sector in providing employment for a greater number of women. Today women can earn an income and contribute to their own, and their family’s economic future. Therefore, the traditional and cultural norms, such as men as the bread-earners and women as the bread-eaters, are being changed. Thus, women workers, arguably, enjoy economic freedom through their involvement in the RMG sector. While these gains are positive for women, they occur in a context in which factory owners prioritize their own profits over the wellbeing of their employees. The Rana Plaza collapse is an ideal example of how the factory owners put their worker’s life in a definite endangerment status quo. Regardless of the commitments made to rescue survivors and their family from vulnerable circumstances after the collapse of Rana Plaza limited progress can be observed in this regard (Barua and Ansary, 2016:5; Choudhury et al., 2016:145). Injured and wounded workers from the Rana Plaza collapse have become a burden on other family members, are fighting extreme poverty, experience significant disability and/or health issues and turn to precarious work (including sex work, begging) to survive. For these people, suicide also becomes an option. Thus, as Akram (2014) rightly argues, occupational hazards increase the risk of extreme poverty for these workers (Akram, 2014:43).

There is no straightforward solution. Nevertheless, we argue that the human rights of these workers require all agents related to Bangladesh RMG sector to collaborate to secure the RMG sector workplace’s so that no future events, such as the Rana Plaza collapse, occur. Improved working conditions and tighter building codes (Absar, 2001:12) are an immediate priority. Those who have been injured or disabled in the Rana Plaza collapse, or other workplace accident, require appropriate compensation to allow them to live a meaningful life, free from exploitation and poverty. We propose that this should include free and quality health treatments for the rest of their life. Given the international reliance on the products of these factories (i.e. cheap clothing), restrictions on the manner in which owners operate their factories to ensure worker health and safety is an international imperative. In this regard, factory buildings should be chosen on the basis of whether the building is constructed following the Bangladesh National Building Code of 1993 (BNBC-93) (Wadud et al., 2014:1129), and to ensure ongoing maintenance is upheld, unexpected visits conducted by tightly controlled inspectors should be routine.

The theory of primitive accumulation, it is argued, in a socio-political environment that is permissive of corruption, provides the context for significant human right abuses and has resulted in real harm to factory workers employed at Rana Plaza. The factory owners of Bangladesh RMG sector are found to be unwilling to take proper safety measures at the workplace for minimizing the cost and maximizing profit which eventually makes RMG workers vulnerable. If the factory owner of Rana Plaza invested more to ensure safety, a large number of deaths and injuries to young productive women (primarily aged between 18-20 years) could have been avoided (Institute for Global Labour and Human Rights, 2014). We have argued that several actions can be immediately implemented to secure the future of women working in the RMG sector of Bangladesh.
References


