

DOES A PEER HEALTH EDUCATOR MODEL IMPROVE THE SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS STATUS AMONG MIGRANT FEMALE WORKERS IN BANGLADESH?

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BACKGROUND

Bangladesh is an influential contributor to the garment industry because of its high quality production and low labor costs. In turn, **the garment sector is the largest employer of women in Bangladesh and has provided employment opportunities to women in rural areas who previously did not have an opportunity to participate in the formal workforce.**

For the last three decades, Dhaka has faced some of the highest rates of urbanization in the world, with migrants from rural areas settling into Dhaka's metropolitan areas as well as in adjacent suburban areas in different types of settlements (NIPORT et al. 2008). A significant proportion of these migrants are women, many of whom migrate to Dhaka to join the 4 million women working in the garment sector; their migration is often influenced by various factors such as poverty, joblessness or natural disasters.

The Evidence Project conducted an operations research evaluation study of **BSR's HERproject intervention, which is designed around a Peer Health Education model**, in Bangladesh. The study measured, among other things, socioeconomic and migration status-related differences in knowledge and practices related to SRH at intervention and comparison factories, prior to implementation.

METHODS

The study used one to many propensity score matching and ended up with a sample size of 1,200, where 257 participants from treatment factories were matched with 943 participants from comparison factories, from a larger sample of 2,165. Initial data analysis includes descriptive statistics comparing the characteristics of respondents in the intervention and comparison factories. The baseline survey was designed to generate results and evidence on a range of SRH and FP indicators for women employed in the garment sector.

DATA COLLECTION
TOOK PLACE AT

10
FACTORIES



TREATMENT

COMPARISON

FINAL SAMPLE MAKEUP

1,200

FEMALE FACTORY WORKERS OF REPRODUCTIVE AGE (18-49 YEARS OLD) FROM 3 DISTRICTS IN DHAKA



1/3 WERE 18-25 YEARS OLD
98% MUSLIM
90% CURRENTLY MARRIED

FOR MORE INFORMATION

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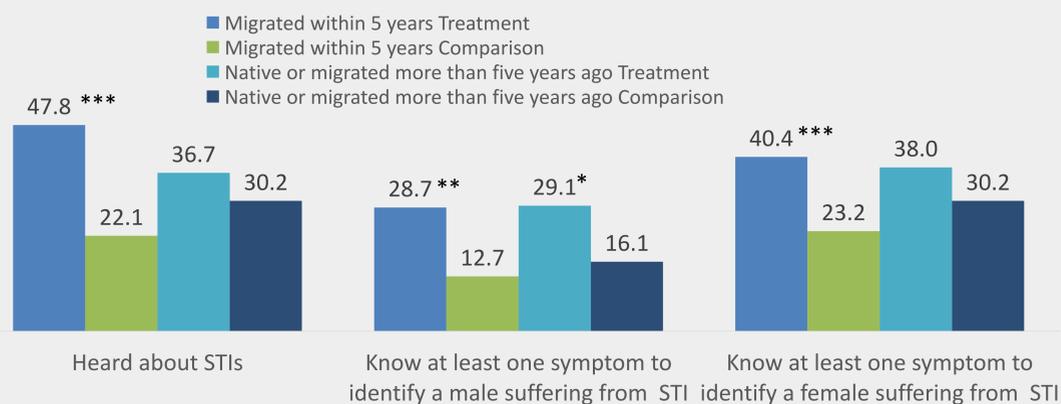
The Evidence Project's global workplace programs

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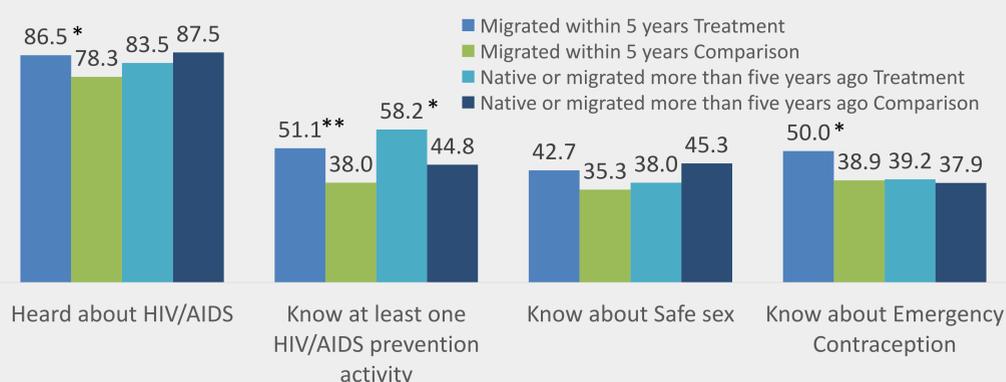


RESULTS

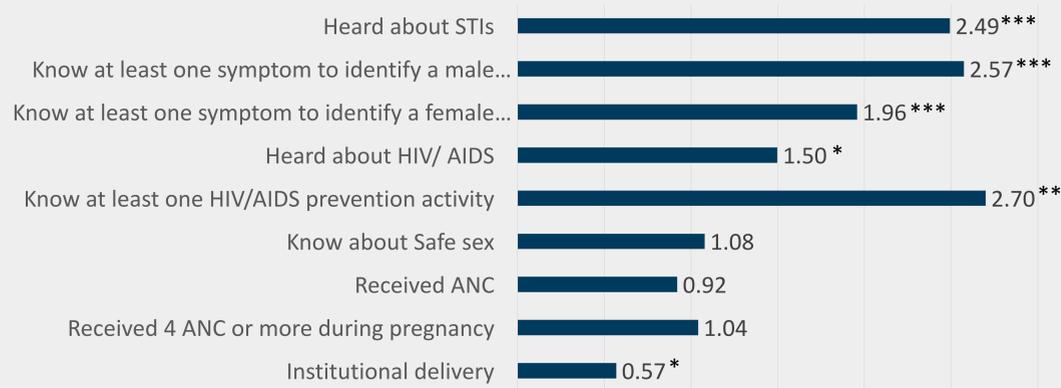
BIVARIATE RESULTS: AWARENESS OF STIs(%)



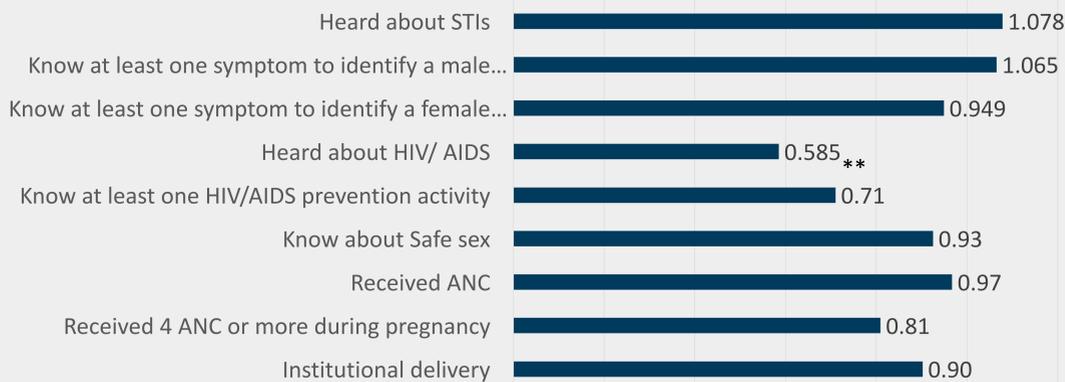
BIVARIATE RESULTS: AWARENESS OF SRHR ISSUES(%)



MULTIVARIATE RESULTS: ADJUSTED ODDS RATIOS OF HERhealth EXPOSURE ON SRHR



MULTIVARIATE RESULTS: ADJUSTED ODDS RATIOS OF MIGRATION STATUS ON SRHR



*p<0.05, **p<0.01, *** p<0.001

CONCLUSION

- Young, poor & less educated female factory workers had lower levels of knowledge regarding SRH issues.
- Women who were more educated were more likely to be aware of STIs.
- The association of recent migration status with low levels of HIV/AIDS awareness indicates a need to target this vulnerable group.
- The Peer Health Educator model was found to be effective for improving the SRH knowledge of these female workers.