

# A SURVEY OF CHINESE WORKING WOMEN'S REPRODUCTIVE HEALTH AND RIGHTS IN THE GARMENT SECTOR

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## **Introduction**

After new China was founded, a social welfare system was put in place based on the administrative separation of city and country. Under this system, the reproductive health and rights of women workers in the cities were protected through their work unit. In the countryside, women's reproductive health and rights were given some kind of guaranteed under a system of co-operatives. This system pre-supposed extremely little population movement and social change. But after 1978 the economy liberalized and state-owned enterprises were reformed. Rural people being leaving their homes to seek employment elsewhere, and a new term entered in the Chinese vocabulary: *dagong*.<sup>1</sup> Chinese society underwent a sudden transformation, and social welfare had no way to keep up with the pace of change. Within this public welfare "void", the reproductive health and rights of working women are being seriously violated. Moreover, these rights are seriously limited by China's policies of population control.

## **Survey method**

A sample survey was carried out in the garment industry in China's Pearl River Delta. This survey sought to better understand the situation of women workers' reproductive health and rights, analyze several different factors affecting these rights, and make recommendations for further action.

Data was gathered using participatory research methods. Women factory workers themselves were recruited to conduct interviews, and received training in survey techniques. The content of this training included background to the survey, the relevant information about the research subject, and interview techniques etcetera. Altogether 22 workers took part in the interviewer training. They conducted surveys simultaneously in five cities: Guangzhou, Shenzhen (inner and outer zones), Dongguan, Fuoshan and Huizhou. They relied on personal introductions to meet interviewees, and also approached other workers at random outside their factory compounds. They had no access to detailed factories documents. The sample yielded

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<sup>1</sup> Translator's note: *dagong* simply means "to work". But it carries connotations of hard work, of a casual, non-permanent or non-professional nature. It is usually associated with migrant workers. For example, a school teacher or accountant is not considered to *dagong*, but a factory worker, shop assistant, or even low-level office workers are.

from this method is potential insufficient. To improve the accuracy of results, a equal number of interviewees were conducted in each city, factory, and work department.

**Table 1: Number of interviewees from different sized factories, and different departments**

<b>Factory Size (number employees)</b>	<b>Number of Interviewees per factory</b>	<b>Number of departments represented</b>
50-300	approximately 5	3 or more
301-800	approximately 8	4 or more
More than 800	approximately 10	5 or more

The survey yielded 277 useable questionnaires, from 62 factories in five cities. On average, four to five interviews were conducted per factory (see Table 2 for the distribution of factories across cities). 29.2% of interviewees were from Shenzhen, which is balanced if one considers Shenzhen’s inner and outer zones as two quite different working environments. Factories have been divided into three groups for analysis, according to size (see Table 3).

**Table 2: Geographic Distribution of Interviewees**

	<b>Number of interviewees</b>	<b>Percentage of total factories surveyed</b>
Guangzhou	52	18.8
Foshan	50	18.1
Outer Shenzhen	26	9.4
Inner Shenzhen	55	19.8
Dongguan	51	18.4
Huizhou	43	15.5
<b>TOTAL</b>	<b>277</b>	<b>100.0</b>

**Table 3: Distribution of interviewees according to factory size**

<b>Factory Size</b>	<b>Number employees</b>	<b>Number interviewees</b>	<b>Percentage of total interviewees</b>
Small	Less than 300	103	37.2
Medium	301 - 2,000	137	49.5
Large	More than 2001	30	10.8
No response	N/A	7	2.5
<b>TOTAL</b>	<b>N/A</b>	<b>277</b>	<b>100.0</b>

## **Survey results**

### *1) Women workers' basic situation*

The survey showed that most women workers had attained a junior high school education. As for interviewees' age and educational background:

- 71.5% of respondents were between 21 and 35 years old.
- 15.2% were between 16 and 20 years old.
- 28.9% only completed primary school.
- 61.4% had completed up until the end of junior high school.

The recent labor shortage in the Pearl River Delta, has meant that migrant women are spending longer periods of time *dagong* than in previous times. Because they are spending more years working in the cities, their marriages and child-bearing are being increasingly influenced by life in factories. 39.7% of interviewees had never married, 59.2% were married, and 0.7% had been divorced.

91% of interviewees came from provinces outside Guangdong. Because of the nature of China's current system, migrant workers' living expenses are higher than local residents. These high costs mean that workers' eventually have to return to their home towns. In our survey, only 13.2% of interviewees were over 36 years of age. Older migrant women have gone home.

### *2) Pregnancy and sexual health*

In 1988 the Chinese national government enacted the *Regulation on Protecting Women Workers*. In 1994, the National Labour Bureau released the *Trial Regulations on Protecting*

*Women's Reproductive Health*, followed by regulations to protect women workers enacted by provincial and local governments. But basically these regulations have not been implemented or adhered to.

In this survey, no respondent was able to say with certainty that their employer had bought maternity insurance for them. Women do not receive the kind of protection they should, but rather receive all kinds of unfair treatment. Only 2.5% of survey respondents said with certainty that pregnant women at their workplaces were allowed to take health checks in work time. 40.4% said that this was not allowed, and 53.8% did not know. 7.2% said that their factory provided time and facilities for breast-feeding. 9.7% said that pregnant women were still allocated overtime, and in these factories, 70.4% of pregnant women worked the same amount of overtime as their non-pregnant co-workers. Two interviewees said that pregnant women at their factories were still allocated the night shift.

Because of this, many women leave and come back to work in factories after returning to their home towns to give birth. At surveyed factories, 66.1% had women who chose to resign their jobs after falling pregnant. 21.1% were unable to receive the wages owed to them at the time they resigned. Furthermore, 1.4% received no compensation when made redundant after becoming pregnant.

Nonetheless, there are some factories that provide women workers with some degree of protection. 33.9% of interviewees said that pregnant women in their factories could continue working up until the time of delivery, and then take 90 days paid maternity leave. 1.4% (four people) said that pregnant women can take leave if they miscarry or have an abortion.

Of all 277 respondents, 10.5% (29 women) had been pregnant before while working at a garment factory. None of them had maternity insurance, or had it provided by their employer. But some of these women did receive some protection. Some were able to continue working right up until the time of delivery, and then take maternity leave. Only some could take paid maternity leave. Some factories, however, were really awful. Those bosses do not give pregnant women any extra rest time, relief from strenuous work, or health checks. Because of the health complications of work under these circumstances, many of these women choose to quit work until after giving birth. Of the 29 interviewees who had been pregnant at a garment factory, nine quit their jobs after falling pregnant, four of whom could not claim wages owed to them. Four had to keep working overtime while pregnant. 14 were exposed to hazardous substances or practices (see section 6: Workplace hazards). Four women miscarried because work time was too long, pressure too great, or because of accidents. Two women's babies were still born.

### 3. Sexual activity and contraception

99 interviewees (37.5%) had no experience with sex. By contrast, 110 women were married (39.7%). Interviewees' had quite conservative attitudes to sex.

Of the 170 respondents with sexual experience (excluding eight women who did not answer questions in this section) 90% took measures to prevent pregnancy. Intra-uterine coils were most widely used, used by 66.5%. Only 10.6% used condoms, and 5.9% the contraceptive pill. Only 20 women (11.8%) choose for their partner to be the one to acquire contraceptive devices, or for the two of them to take responsibility together. That means that remaining 90% or so take responsibility for conception on their own, and bear the consequences of its failure.

Contraception does not always work. Of the 153 women who practiced contraception, 15 (9.8%) had experienced accidental pregnancy: five because of problems with condoms, four because they forgot to take the pill on time, three because they miscalculated the "safe period" in their menstrual cycle, two because their intra-uterine coils became dislodged, and two did not know the reason. Of the 17 sexually active respondents who did not practice contraception, three (17.6%) have been pregnant before. All these 15 women who had accidentally become pregnant chose to abort. None of them took leave from work.

### 4. Menstrual health

Almost 40% of interviewees have experienced irregular periods. Some have had irregular cycles, some experience unusual pain, and some had experienced noticeable increases or decreases in bleeding. 22 (20.2%) said that they go to work with serious period pain. 29 (26.6%) said that they don't dare ask their manager for time off because of period pain. Furthermore, 30.3% are anemic.

**Table 4: Interviewees experiencing irregular menstrual bleeding**

	Yes		No	
	Number	Percentage of total	Number	Percentage of total
<b>Irregular bleeding</b>	1	0.9	108	99.1

<b>Heavier or lighter bleeding than usual</b>	31	28.4	78	71.6
<b>Amenorrhea</b>	1	0.9	108	99.1
<b>Painful periods</b>	40	36.7	69	63.3
<b>Irregular timing</b>	74	67.9	35	32.1

### 5. Sexual health

Our survey included questions about AIDS. We found that only 1.4% of respondents were at all familiar with the disease. 9.7% did not know what AIDS was, and 58.3% thought that it had nothing to with them.

**Table 5: Interviewees' understanding of AIDS**

<b>Interviewee response</b>	<b>Number interviewees</b>	<b>Percentage of all interviewees</b>
<b>Have heard of it, but it has nothing to do with me</b>	106	38.3
<b>Understand a little</b>	128	46.2
<b>Relatively knowledgeable</b>	4	1.4
<b>Never heard of it</b>	27	9.7
<b>Did not respond</b>	12	4.3
<b>TOTAL</b>	<b>277</b>	<b>100.0</b>

### 6. Workplace hazards

In this survey, the main hazard that women faced at work was dust (for example, cloth fibres and hairs), noise, and high work pressure. 74.4% said that they came into contact with dust, 62.5% with noise, and 56.5% with high work pressure. 34.7% reported eye strain, and 33.9% muscle strain because of repetitive movement. 27.8% of workers felt that their workshop was either too hot or too cold. For these questions, interviewees could select more

than one work hazard.

Of those women exposed to these workplace hazards, not many were provided with personal protective equipment (PPE). 33.3% had protection for chemical substances, but some thought that it was inadequate. 36.4% had equipment to protect them from muscle strain, but only 25% thought that it was sufficient. 30.5% were provided with equipment to protect their eyes, but 6.9% felt it was inadequate.

There is still not enough priority placed on occupational safety and health (OSH). Only 19.4% of workers had any protection from dust, 11% from noise damage, and 9.3% from the high pressure of their work. 35% of interviewees felt that their protection from dust was inadequate. 15.8% thought they did not have enough protection from noise, and 46.2% from work pressure.

**Table 6: Work hazards at surveyed factories**

	Workers exposed to work hazards		Workers provided with PPE		Workers who felt that their PPE was sufficient	
	Number of interviewees	Percentage of total interviewees	Number of interviewees	Percentage of total interviewees	Number of interviewees	Percentage of total interviewees
Dust	206	74.4	40	19.4	14	35.0
Noise	173	62.5	19	11.0	3	15.8
Work pressure	140	50.5	13	9.3	6	46.2
Eye strain	95	34.3	29	30.5	2	6.9
Muscle strain from repetitive action	94	33.9	28	29.8	16	57.1
Workshop too hot or cold	77	27.8	24	31.2	2	8.3
Machines cause injury easily	20	7.2	5	25.0	2	40.0
Chemical hazards	15	5.4	5	33.3	0	0.0
Electromagnetic	12	4.3	1	8.3	1	100.0

and/or radioactive hazards						
Muscle strain for strenuous work	11	4.0	4	36.4	1	25.0
Handling heavy metals	8	2.9	0	0.0	N/A	N/A
Biological hazards, such as fungus	4	1.4	1	25.0	1	100.0

### 7. Working conditions and workers' interests

45.8% of women interviewed reported that the wages were higher for male workers at their factory than women, and that men and women generally hold different kinds of positions.

When workers enter a new factory they often have to provide documents to factory management. Besides the national ID card, which is required by law, all other documents the factory demands for its own purposes. When entering their current factory, 99.2% of interviewees in this survey had to provide their national ID card, 35.3% had to provide their migrant family planning and marriage certificate, 20.2% had to provide a certificate certifying that they were not married, and 13% had to provide a marriage certificate. Certain women may receive some particular treatment from management because of their marriage or family status.

**Table 7: Documents required by employers upon recruitment**

Document type	Required		Not required	
	Number of interviewees	Percentage of total interviewees	Number of interviewees	Percentage of total interviewees
<b>National ID card</b>	275	99.2	1	0.4
<b>Temporary residence permit</b>	27	9.7	249	89.9
<b>Marriage certificate</b>	36	13.0	240	86.6

<b>Migrant family planning and marriage certificate</b>	98	35.3	178	64.3
<b>Health check</b>	70	25.3	206	74.3
<b>Graduation certificate</b>	42	15.2	234	84.4
<b>Certificate certifying unmarried status</b>	56	20.2	219	79.1
<b>Employment certificate</b>	11	4.0	263	94.9

Moreover, in the general comments section of the survey, 1.1% of respondents indicated that they had to produce a “labor service certificate” (*laowuzheng*) 0.4% had to produce an employment certificate, 0.4% had to provide a photograph, and 0.7% had to provide a certificate of good health.

Perhaps for some people, the freedom to use the bathroom is perfectly reasonable. But for 22.4% of women surveyed (62 people), their factories imposed limits on use of the bathroom. Two women do not even receive leniency when they are menstruating or pregnant. That is to say that in the garment industry, one in five women cannot freely use the bathroom.

## Summary and Recommendations

Our survey results indicate that there are still gaps in the protection of women’s reproductive health and rights. Their special needs at work are ignored, particularly during their menstrual period. Work and childbirth are both normal parts of life, but as far as many women garment workers are concerned, these two things are major contradictions in their lives.

These survey results have painted a frightening picture. The current situation is the product of harsh management models and negligent attitudes on the part of government and society. At the same time, women workers have inadequate knowledge about reproductive health, and little concept of their rights, which makes them vulnerable to abuse.

On the other hand, the survey did reveal that in some places women have been granted protection of their reproductive health and rights, including maternity insurance and leave.

### Recommendations:

- i. The government must fulfil its responsibility, and urge employers to buy

maternity insurance for their female employees.

- ii. Women should receive more information and training about their reproductive health and rights.