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

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1. INTRODUCTION

The vast majority of the labour force in Bangladesh is employed in the informal economy. In spite of 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. But most people enter the informal economy not by choice, but out of a need to survive and to have access to basic income-generating activities. Truly, while the informal economy derives certain benefits such as livelihood, and large entrepreneurial potential, among others, 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 those who are involved in beauty parlours providing makeup, spa, facial mud baths, haircutting, colouring, waxing, eyebrow shaping, pedicure & manicure, hair colouring, body wraps, haircut and oil massage.Personal care industries are worth USD 10 billion plus industry in Bangladesh, providing employment for an estimated 100,000 women in thousands of beauty-care service providers or beauty parlours/salons those have sprung up all over the country in thelast decade.[2] Non-clinical healthcare workers include ayas, ward boys, ward masters, stretcher bearers, and other occupations including cleaners, gatekeepers, MLSS and zamadars 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, *zamaddars,* and gatekeepers during providing direct patient care face some of the very same exposure that doctors and nurses face.

Work in the care economy is often plagued by informality (even though sectors are formal in nature) 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 along with 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 of the workers both at the workplace and at labour market level (representation). Since they are not usually organised formally, they have little or no collective representation in relation to employers or to the public authorities.

By its very nature, the characteristics of the informal care economy trap individuals and enterprises in a spiral of low productivity and poverty. Without productive, decent and freely

[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.

chosen employment the goals of decent living standards, social and economic development, and personal fulfillment of the informal care economy workers remain illusory. 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 for the creation of 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 on workers' rights promotion and protection in the informal economy. Workers' rights strategy must put particular attention to the "working poor" i.e., those unable to earn enough to lift themselves and their family members above the poverty line, and 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). The aim of this study is to formulate worker rights strategies through reviewing the current understanding of the workers' rights along with the realities of the rights in the field of informal care economy as broad directions and priorities for implementation of the future programme to promote rights. This study understands the problems and prospects of promotion of 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—both quantitative and qualitative aspects inform the assessment. As such, a sample questionnaire survey along with 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 a total of 204 personal care (102) and non-clinical healthcare (102) workers. The sample was selected from different locations of Dhaka and both snow-ball and purposive sampling technique was adopted to select respondents. The respondents from personal care were wholly women while for non-clinical health care workers 50 percent were women and the other half were 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 health care workers, respondents come from all types of hospital 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 10 workers (33%) beauty parlours. Further detail on the respondents' representation of workplace category is provided in Annex 3.

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 the personal care and non-clinical healthcare workers are presented. Second, decent work condition 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 a various adverse situation, a strategic framework for promoting rights for the informal care economy workers.

2. LEGAL FRAMEWORK FORBANGLADESH'S CARE ECONOMYWORK AND WORKERS

The personal care and non-clinical healthcare sectors of Bangladesh fromlegal perspective areformal sectors but in labour relation and practice it is informal in nature. Because of the nature of recruitment and inadequacy of coverage of the legal provisions, the industrial relations in the sectors remain to be informal in nature—providing opportunities for exploitation and violations of the rights of the workers much of which the workers are unaware of. These workers are engaged in casual employment, 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 the 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 application of international labour standards is erroneous. It should be stressed that the fact that international labour instruments may not be widely applied in practice in the informal economy does not mean they are not relevant 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, a number of 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 make an explicit reference to the informal economy, others have only implicit provisions, while some instruments are pertinent in the sense that they apply to specific categories of workers who are generally present in the informal economy. In general, the following points highlight further 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 the Bangladesh's informal economy include 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 ones ratified by Bangladesh and other international commitments. All these documents provide promises and guidelines to realize the rights of the working community.

The constitution of Bangladesh declares several "Directive Principles for State" in some of its articles that assign a number of rights for the working people. Article 14 urges the State to emancipate peasants and workers from all forms of exploitation and Article 15 holds the State responsible to ensure right to work such as guaranteed employment at a reasonable wage, reasonable 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 right to form trade unions. Undoubtedly, all of these principles hold strength 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 the international labour standards, conventions and charters. Section 1.03(5) of the policy intends to enhance democratization of industrial and labour relations through massive participation of the working people for social dialogue.

The ILO, since 1919, has adopted 189 conventions and various recommendations regarding the core rights issues of the working people with a view to protecting and ensuring workers' rights at work all over the world. Bangladesh has, so far, ratified 35 ILO Conventions and to some extent they have been translated in the 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 consist of the Bangladesh Labour Act (BLA) 2006 (Act no. 42of 2006), EPZ

Workers Welfare Society and Industrial Relations Act, 2019, and some other minor Acts. At present there are 21 labour and industrial laws in operation, which establish the framework for industrial relations. In terms of coverage, the Bangladesh Labour Act 2006 is a crucial and complex one that is applicable for both formal and informal sectors' 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 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 practice and from 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 Inspectors and requisite number of Deputy Chief Inspectors, Assistant Chief Inspectors or Inspectors for investigating workplace activities.[3]It is the duty of the inspectors to inspect the employment condition, 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.[4] Besides, they may lodge complaint with the Labour Courts for action against any person for any offence or violation or any provisions of this Act or of any rules, regulations or schemes.[5]

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.[6]

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

(a) adjudicate and determine and 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.[7]

The BLA 2006 has provided the opportunity to have the access to 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.[8]

[3] BLA 2006, sec. 317.
[4] BLA 2006, sec 319(2)
[5] BLA 2006, sec. 319(5)
[6] BLA 2006, sec.214 (3 & 6)
[7] BLA 2006, sec. 214 (10)
[8] BLA 2006, sec. 213

Applicability of the Provisions to Regulate the Care Economy Work

In 2006 Bangladesh has adopted the "Bangladesh Labour Act (BLA 2006)" by compiling the provisions of previous 25 labour laws that were in operation. A study on labour law claims that the current law is comprehensive in nature. It has included under its purview broad aspects of worker rights and labour and industrial relations 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 in these days.[9]

In Bangladesh there is 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."[10] Thus, people who come under the purview of the above definition is covered by the law.

In the same way, any workplace comes under the purview of the definition of factory, shop, establishment, commercial establishment, and industrial establishment contained in the BLA is covered by the law.

According to the provisions and definitions of the BLA, 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 the informal sectors although currently remains outside of the legal practice, these are broadly covered. To them, BLA 2006 is applicable for 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."[11] 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 unsettled. The BLA is the only means of protection to them. It is applicable and should be applied to regulate the work and workplace of informal sectors.[12]

However, the current legal framework does not take into account the heterogeneity of the informal economy, the many different categories of work involved and the various drivers that are 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 enterprise, location (urban or rural), and social protection and employment protection (type and duration of contract, leave protection).

[9] Hossain, Ahmed, and Akter: 2010: 47
[10] BLA 2006: 2(Lxv).
[11] KII-1
[12] KII-2

3. THE STATE OF PERSONAL CARE ANDNON-CLINICAL HEALTHCARE WORKERS RIGHTS

This section focuses on the condition of personal care and non-clinical healthcare workers in terms of the decent work pillars, and elements/indicators. In order to analyse the decent work condition and deficits of the personal care and non-clinical healthcare workersthis section takes into consideration 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 of informal care economy sectors have long working experience. Over one-third of respondents (42%) said that they are working for over 8 years. Among the sectors, personal care workers have long working experience. Around 51 percent ofpersonal care workers have over 8 years of experience in the sector. About 5 percent of workers reported that they have less than a year of working experience. It is also found that workers do not change their workplaces frequently. About 9 percent of workers are working in their current workplace for less than a year. While a substantial proportion of the workers' work experience in the current workplace exceeds over 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 small number of workers reported that they were employed through personally known individuals or by the labour supplying firms (4%).

The informal care economy workers work both on a permanent basis and also on a seasonal basis. Workforce in beauty parlour regularly increases prior to festivals i.e., *eid, puja, nabo barsha.* These workers are recruited on a seasonal basis.[13]Whether recruited on either permanent or seasonal basis, workers mainly work on amonthly basis; over 98% of respondents reported that their salary and benefits are paid on a monthly basis.

3.2 stability and security of work

Employment contract

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

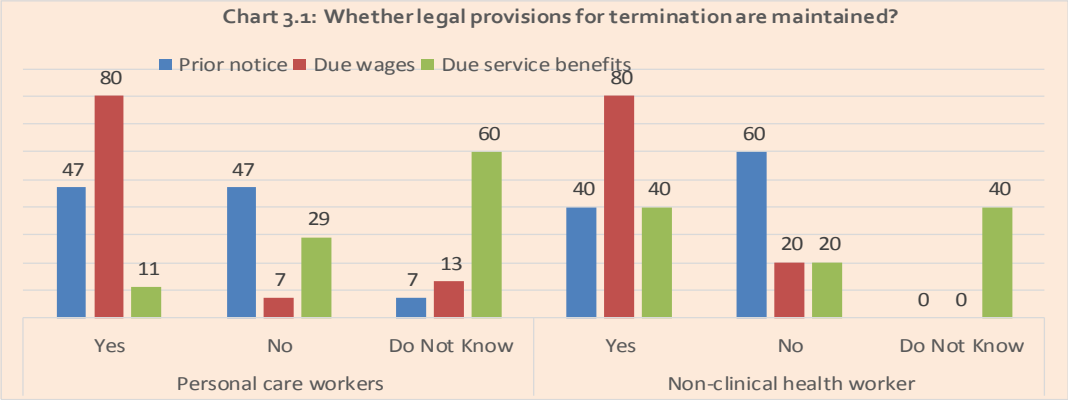
A substantial portion of the workers does not possess an identity card and service book. 46% of the respondents of both sectors do not have an ID card (see Annex Table 3.6), and over two-thirds of the respondents do not possess any service book, as required by the labour law.

[13] 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.

Job Termination

In maximum time employers do not provide prior notice in case of workers termination. One-third of the workers responded that the employers never 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 theCovidpandemic. The job losses were due to the fact that either the employer was not able to able to provide salary/wages (30%), lack of customers (32%), and the establishment was closed due to government declared holiday/lockdown (36%). A substantial portion of these job losses waswithout 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 prior to lockdown, and service benefits (29%) accrued over their work-time (see Chart 3.1).

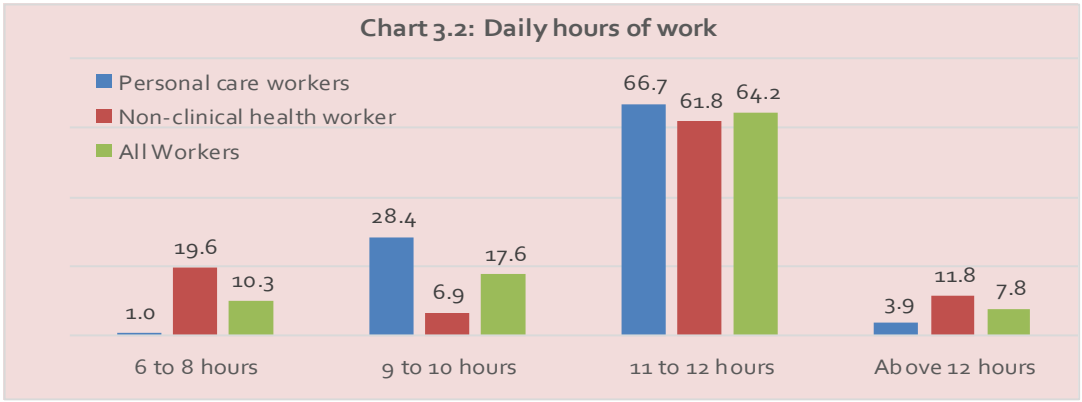


Source: Field Survey 2021

3.3 Decent Working Hours

Working Hours and Overtime

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



Source: Field Survey 2021

The excessive work-hours clearly is a violation of the normal workhours and permissible overtime hours under the BLA 2006. The overtime hours istoo not recognised by employers, even though work during overtime hours ismandatory for most workplaces. Only in the case of nine percent of the workers, extra payments for overtime hours are provided. 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 do take written consent for employing women workers during night time. None of the respondents who reported the existence of night duty in their workplaces reported that they are paid in any form premium payment for work during night time.

3.4 Adequate earnings and productive work

Decent work promotes adequate income for an employee that 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 amount of wage payment is important for the economic security of workers' households. Work-related training upturns workers' productivity and ensures their future earningopportunities.[14]

Minimum wages and wage payment

According to Bangladesh Labour Law 2006, the Government of Bangladesh has set minimum wages for entry-level workers of 42 different sectors. However, the non-clinical health care workers of hospitals are yet to be covered by government declared minimum wages.[15]The Government declared the minimum wages covers the beauty parlour sector, but not updated for many years. Evidence of the present study reveals, the provision of minimum wage is non-existent in both the selected sectors. The majority of the workers (63%) in the present study reported about having no minimum wages in their sectors. Lack of awareness is observed among a significant number of workers in this regard. More than one third (36%) of respondents said that they do not know whether there is government declared minimum wage in their sector. Ignorance of workers about minimum wage is further evident when two non-clinical workers said that they have a minimum wage, while the government is yet to declare minimum wage for that sector.

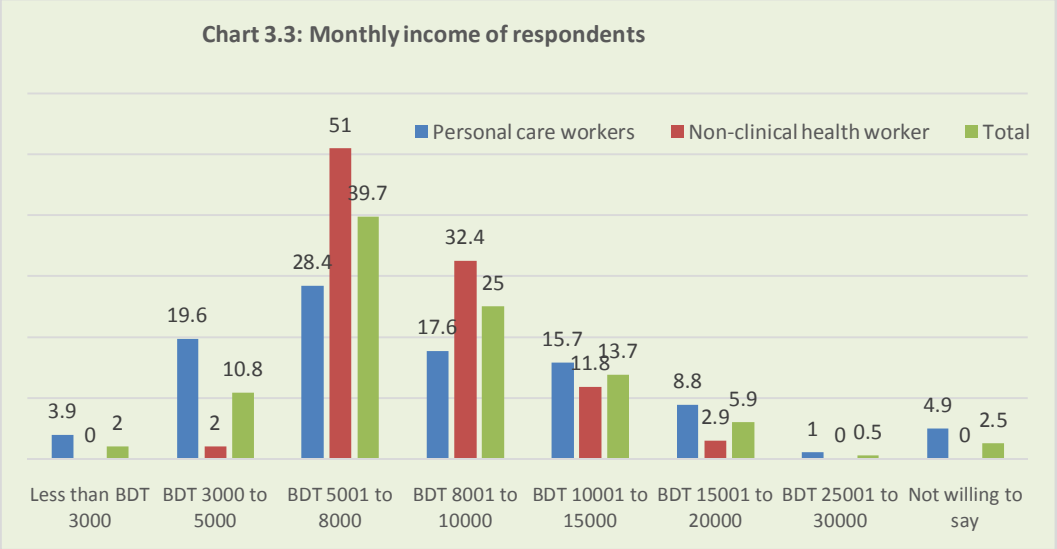
As per decent work agenda workers are entitled to receive adequate wages, however, the workers of both the selected sectors are paid very poorly and which is not sufficient to manage the minimum expenditure of living of a worker family. A study on garment workers revealed that for maintaining minimum expenditure of leaving, a worker's family (of 4.4 persons) needs more than BDT 22 thousand per month.[16]The current study shows that only three percent workers earn more than BDT 20,000 as monthly wages and over three-forth

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

[15]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.

[16]Dr Khondaker Golam Moazzem and Md Arfanuzzaman, Addressing the Livelihood Challenges of RMG Workers: Exploring Scope within the Structure of Minimum Wages and Beyond, CPD, Dhaka: 2018

(78%) of the respondents monthly income are BDT 10,000 or less (Chart 3.3). It is really difficult to maintain the workers' family with this limited income.



Source: Field Survey 2021

The survey findings of the present study reveal that majority of the respondents' monthly income is not sufficient to maintain a decent life. Only 13 percent and 25 percent of respondents respectively perceive that their income is sufficient or somehow sufficient to maintain a decent life. A worker in FGD said, "I could not maintain my family with my limited income if my husband did not earn. But the person, who is a single earner of his family certainly face difficulties to manage the family."[17]

In FGDs it is also evident that at theentrylevel unskilled personal care (beauty parlour) worker earns only BDT 2000 to 4000, though the employer provides accommodation in this case.[18] But the grievance is available against of few owners of small beauty parlours that they involved their workers to the household work besides parlour tasks. A personal care worker claimed in FGD that her employer provided as monthly wages BDT 2000 during the training period but engaged her in household works if there was no customer.[19] A non-clinical health worker earns BDT 2000 to 5000 at entry-level, but no accommodation facility is provided to them from the employer side.[20]

The survey result also shows similar findings.It is noticed that the average income of a nonclinical health 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 health worker is BDT 8656.6.

The date of wage payment has been fixed in the majority of the institutions of both sectors but the date differs from institution to institution and between the sectors. However, the law provision relating to date of wage payment is mostly followed in both sectors.[21] Around two-thirds (66.2%) of respondents confirm that their institutions provide salaries on

[17] FGD with Non-clinical health workers, Dhaka.
[18] FGD with retrenched personal care workers, Modhupur, Tangail.
[19] FGD with personal care workers, Dhaka.
[20] FGD with Non-clinical health workers, Dhaka.
[21] 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].

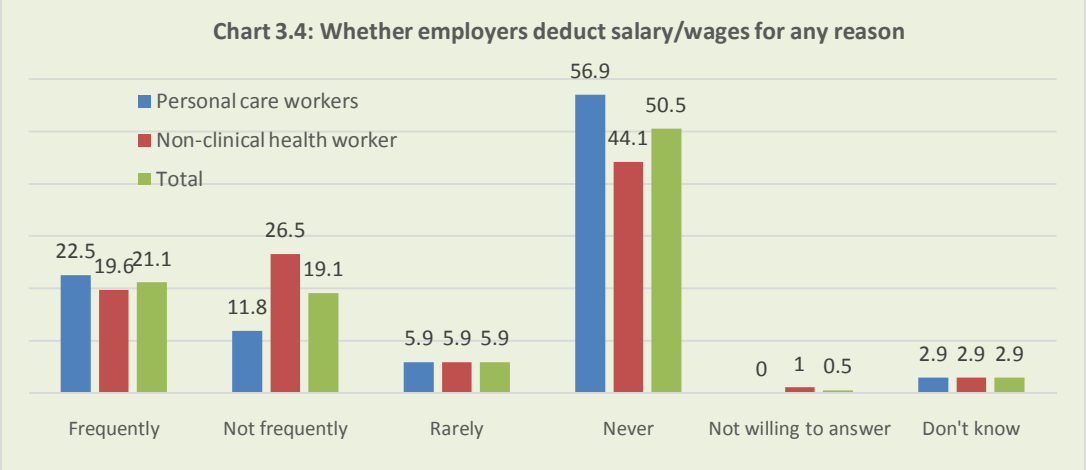
the fixed date (Table-), and the majority of the respondents received their salary on the 10th date of the subsequent month. About 19 percent of respondents said that they received their wages on the 5th date of the following months. Ten percent of workers reported they got their wages within 3rd day after the end of the wage period.

The workers who did not receive their salary on the fixed date majority of them particularly personal care workers got it within 10 to 15 dates of the following months. About seven percent of workers informed that 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.

It is evident in the previous section that overtime work is almost absent in beauty parlours and also not available in hospitals. The respondents (18 persons) who confirmed the availability of overtime work at their workplace all reported that they received 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 experiences of wage deduction. Wage deduction is most usual in hospitals/clinics compare to beauty parlours (Chart 3.4). Absence at work, and enjoying leave without early notice is reported two main reasons for deduction of wages. Personal care workers said in an FGD that if any worker is late, the owner yells but does not cut the salary, but if she has absent at work, owner deducts salary.[22]

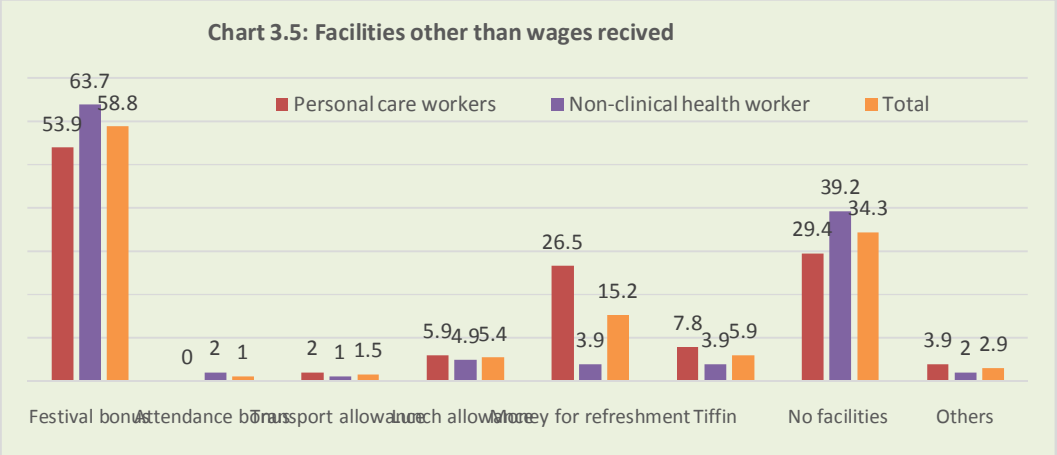


Source: Field Survey 2021

Facilities other than wages

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

[22] FGD with personal care workers, Dhaka.



Source: Field Survey 2021

3.5Work that should be abolished

Decent work implies that the 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 the existence of workers under the age of 18 is observed in both sectors, but mostly available 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 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 are12 to 13 years of old worked inbeauty parlours, but now the employers specifically of the big parlours do not want to recruit workers less than 18 years of age. However, few workers who are under the age of 18 years still work in some medium or small parlours. But quite different findings have been revealed in FGDs with non-clinical health workers. Almost all the FGD participants reported that hospitals/clinics do not recruit workers under theage of 18 and the age of aya and word boys are 25 years or more.

Regarding employment patterns the survey result depicts that the majority of the workers (16 out of 24 workers) who are under the age of 18 years work on a permanent basis and then temporary basis (4 workers). They also work as same as adult workers and for more than eight hours. The majority of them (16 out of a total of 24 workers) do not receive any extra facilities/benefits at their workplaces.

3.6Combining work, family and personal life

The decent work component 'combining work, family and personal life' expose the ability of workers to keep an appropriate balance between their working and personal life.[23] The indicators that ensure such balance include different leave (e.g., sick leave, casual leave, festival leave, annual leave and maternity leaves), weekly holidays, and flexible work hours, etc. The existence of a daycare facility at workplace, which is related to childcare, is also important for abetter work-family life balance.

[23]Work-life balance (ilo.org)

Weekly day off, leave and rest

The existing practice of weekly days-off in both sectors showcase 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 fornot receiving weekly holidays regularly, the survey respondents mainly indicate excess workload and owners will.

Regarding other leave, the evidence shows that a significant number of workers of both sectors deprived of different leave particularly the casual leave 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 workers respectively. "Few big parlours like 'Persona' provide annual leaves to workers but for that workerhas to apply at least one month before of enjoying leave, though finally, it depends on the willingness of owner", said a participant in FGD.[24]

Most of the survey respondents (64%) also claimed that sick leave is not specific at their workplaces and such practice is more in parlours compare to hospitals/clinics. Regarding festival leave, it is found that majority (40%) of the workers enjoy one to ten days festival leave. About 29 percent 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 claimed that they hardly enjoy festival leave. They said, 'Parlour workers do not get leave on any special days. On festive days, such as during Eid, the parlor 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 lockdown claimed that they had to work on Christmas day. On that day their employers allowed leave only for one to two hours for prayer.[25]

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

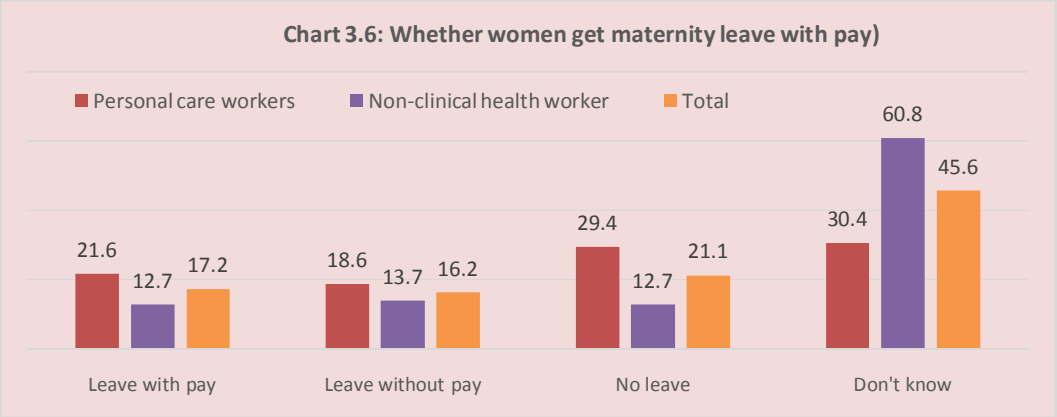
Rest is an important indicator for balancing work, family, and personal life. The survey evidence shows that the provision of rest is not available in a maximum of the institutions of both sectors. Near about 50 percent of respondents said that there is no precise rest time for them. About 40 percent of workers confirmed that their workplace does not have rest provision. The situation is quite better in hospitals/clinics compared to parlours. Parlour workers generally take rest in the gaps of works. Even they take lunch in the gap of work, as they do not have specific lunchtime.[26] 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 someonehasto go home on an emergency basis during Eid, others do the duty on behalf of her/his and in that case, she/he get wages for that leave period.[27]

Maternity benefit

The provision of maternity benefits is almost absent in both sectors. However, 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

[24] FGD with retrenched personal care workers, Modhupur, Tangail
[25] Ibid
[26] FGD with Parlour workers, Dhaka and Tangail.
[27] FGD with non-clinical health workers, Dhaka.

3.6). Out of a total of 35 respondents who perceivedtheir workplaces to have leave with pay, only three of them said that the workplace provides four months leave with pay. On the other hand, only three respondents (out of 33) said their workplace provide leave without pay for four or more months.



Source: Field Survey 2021

Daycare facilities

Daycare facilities at workplaces can improve female workers' efficiency and productivity. Arrangement of keeping children at the workplace during working time trims down working mothers' worries for their kids and help to concentrate more on their duty.[28]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 health workers and a personal care worker reported that their workplace hasdaycare arrangements for keeping children.

Balancing work and family life

Family-work life balance is important as it helps to reduce stress and increase productivity.[29] The survey finds that women workers face difficulties to bring a balance between work and family life. About three-fourth of the respondents reported that it is somewhat or very hard to bring balance between work and family life and as reasons they mentioned that it is due to workload in both the workplace and family, family responsibilities, non-availability of leave, and as they cannot spendquality time with family members. Parlour workers said in FGD, "Due to long working hours I cannot provide adequate time to care of my children or in-laws. I also face more difficulties to manage my household chores particularly when I have to work on weekly holidays." A-fifth of respondents further said that it is not hard at all to bring a balance between work and family life.

3.7Safe workplace

Different types of occupational risks are commonly reported for work in beauty parlours and hospitals. According to a previous study, although accidents incidents are very low in beauty parlours, workers are exposed to chemical hazards due to usages of different colours, and a typical one is that finger skin of the beauticians become thinner, which might be attributed to the use of chemicals in rendering the variety of services[30]. In this study, while discussing in

[28] Hossain, Ahmed and Akter (2011), Ibid
[29] Ibid.
[30] 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.

FGD about the occupation safety and hazards, beauty parlour workers have mentioned that hair-colouring and hairre-bonding harm their hand skin. They further claim that when the beauticians do the eyebrow plucking for many customers in a row, the thread used for plucking creates cuts in hands and fingers[31]. 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. The health care workers, on the other hand, have mentioned the risks of the prickle of the needles, risks of accidents from slippery stairs while lifting heavy objects[32].

However, in the worker survey, a low level of awareness on workplace safety and risks has been evident. Three in every five workers in the personal care sector and 44% of non-clinical health 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 of the personal care sector have talked about getting hit/burned by machines and chemical hazards. However, none 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 accident caused byslippery stairs, and electrocution have been perceived as workplace risks by a very few proportions of works of both sectors.

Although the majority of the workers get information on occupational risks from their employers, many workers 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 do not aware workers of the risks of the tasks for which the workers are assigned. Non-clinical health workers' lack of awareness is also remarkable. One in every four non-clinical health workers does not know whether such information is provided. It indicates that the employer do not comply with the legal provisions that require them to make employees aware of the risks of the job.

Regarding the supply of 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 hospitals/clinics (7%).The nature of the job/sector and perceived risks might be the contributing factor in this regard.

Of the total respondents from hospitals/clinics, the majority replied that their hospitals/clinics did not provide treatment to the 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 have (26 of 31, 84%) informed that hospital authority provided them with information on how to deal/treat the covid-19 positive patients. However, four out of 31 respondents (13%) were not provided with such information.

It is also important to mention that not all those engaged in providing services to the 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 of the workers in the hospitals were provided with information on how to use the PPEs; 11% did not receive information on PPE use, and 4% refused to answer the question. It indicates that they fear to talk about the

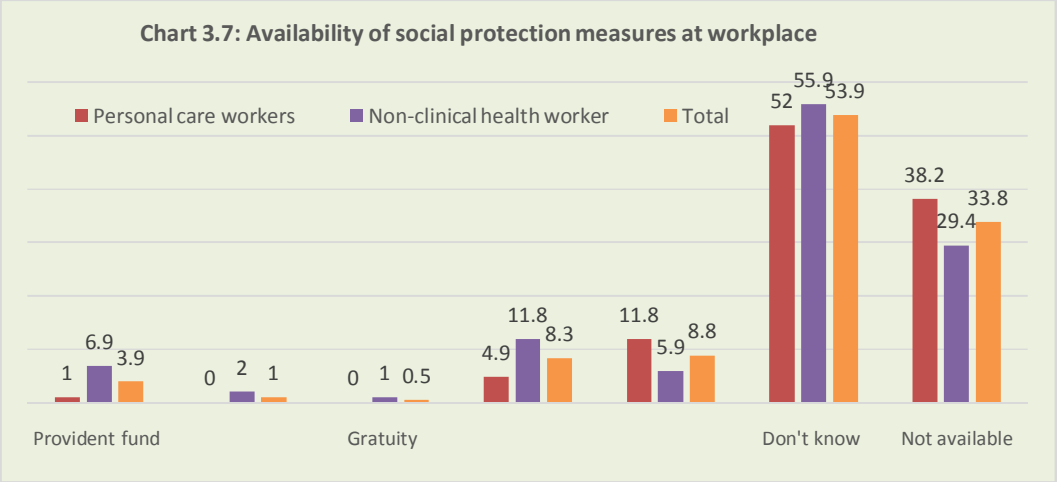
[31] FGD with beauty parlour workers in Mirpur, 20-10-2021
[32] FGD with non-clinical healthcare workers, 20-10-2021

situation as their employment is always vulnerable, and often they are instructed not to talk about these issues to outsiders without informing the authority.[33]

Satisfaction among the respondents regarding the quality of the PPEs varies. Although the majority (79%) was satisfied, a few workers were not dissatisfied (7%) because the quality was not good in their view, and sometimes PPEs were not available. Besides, 14% were somewhat satisfied because the quality was not good always.

3.8Social 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. The majority of the 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 parlour and 29% of hospital/clinic workers specifically reported the non-availability of any social protection. Few respondents of beauty parlour and hospital sector talked about the injury compensation and maternity benefit provisions. Availability of provident funds was claimed by only 7% of non-clinical health care workers.



Source: Field Survey 2021

3.9Equal opportunity and treatment at workplace

Elimination of discrimination in the workplace is one of the fundamental principles and rights at work[34]. 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 health 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

[33] Discussion with a Key Informant
[34] https://www.ilo.org/declaration/thedeclaration/textdeclaration/lang--en/index.htm

very frequent. In contrast, discrimination frequently occurs according to 9% of beauty care workers and 12% of non-clinical health care workers.

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.[35] 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 harass 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 scold us and behave roughly. However, it is true that a beautician never intentionally performs poorly."[36] In hospitals/clinics, the prime perpetrator 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 health care 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 ward/cabin, at entrance/gate, even inside the hospital.

Despite the availability of harassment at 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. Three in every five respondents, in both cases, from the beauty parlour and hospitals have mentioned this. Complain box is available at workplaces of 10.8% of beauty parlour workers and 32% of non-clinical health care workers' workplaces. Besides, workers of these two

[35] FGD with beauty parlour workers in Mirpur, 20-10-2021

[36] FGD with beauty parlour workers in Mirpur, on 20-10-2021.

sectors also complain to owners and managers, given the fact that complaining to the owner is more frequent in a beauty parlour (because of small size, and closely work with employers/owner) than in hospitals; and complaint 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.

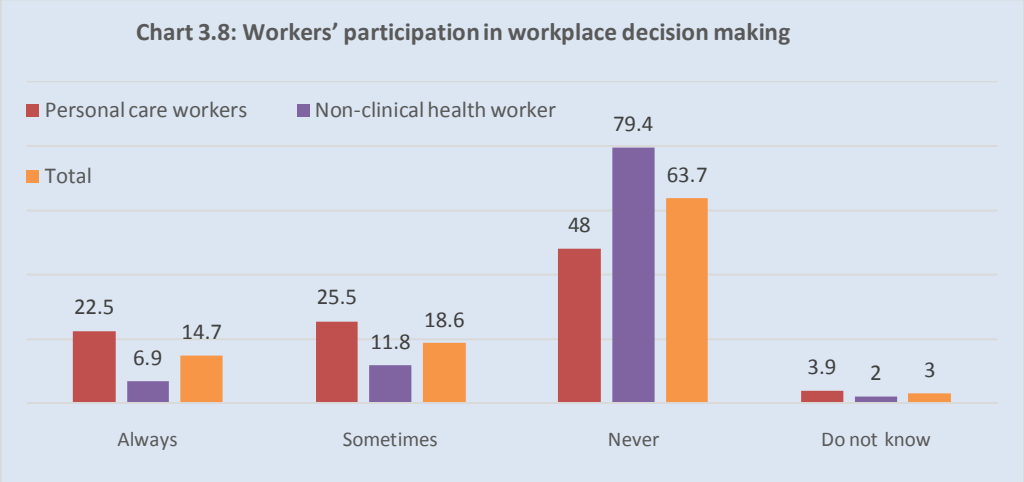
3.10 Social Dialogue

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).



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 hospitals/clinic workers who predominantly depend on their immediate supervisor/manager to communicate their issues/demands to the employers. Along with this technique, a large proportion (51%) of healthcare workers also raise demand/issue individually. Besides, often some workers together go to the employers and talk about their demands. However, it must be mentioned that the way/mechanism the workers adopt is not exact always; it differs based on the circumstances.

In an individual (and case-specific) and informal way, most disputes are settled in both sectors. Around two-thirds of respondents from both sectors claim that authority/owner solve 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 the decision-making process, owners dominate the dispute settlement process. Instances 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

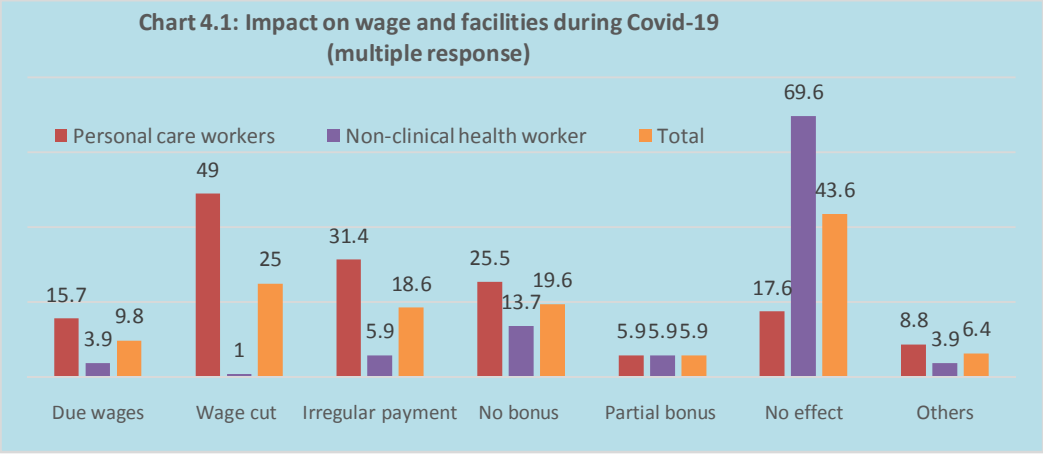
This section explores what steps and strategies the personal care and non-clinical healthcare workers adopt and what initiatives diverse stakeholders provide to deal with the various adverse situations. The initiatives of diverse stakeholders including government, employers, and workers organisations are elaborated as part of the existing scope of care economy workers to deal with decent work deficits and adverse situations like the Coronavirus pandemic.

Workers' Coping Mechanisms

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

Workers income loss and coping strategies particularly during Covid-19

The impact of the covid pandemic on care economy workers wasparamount. This is especially the case for personal care workers. For all workers, the impacts had been in terms of having wage and benefits kept due, wage cut, irregular payment, and non-payment of bonus. 70% of non-clinical healthcare workers did not see much of an impact during covid as their workplaces remained open, while the bulk of the impact was felt for the personal care workers. Covid-19 pandemic led to major loss of income for both the beauty parlours and hospitals/clinics workers. The survey of the current study explores the impact on wage and facilities during the covid-19. The result shows that the workers of beauty parlours face the most adverse impact in the areas of wages and facilities compare to hospitals/clinics workers. About half and one-third of respondent workers of beauty parlours claimed that they had an experience of deduction of wages and irregular payment respectively. While only 14 percent of workers of hospitals/clinics workers claimed that they did not get bonus during covid 19. About 16 percent of parlour workers also said that their wages were kept due in that time as result of covid led country-wide shut down (Chart 4.1).



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 a 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.[37] A key informant also gave the similar statement when he was asked about the coping strategy of retrenched parlour workers.[38]

Family-work life balance and coping strategies

The previous section reveals that balancing work and family life is really tough for the workers and the prime reasons identified in this regard are workload in both 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 isan essential coping mechanism to bring balance between family and work life. The non-clinical health care workers informed that they maintain regular conversations with colleagues and also is 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 a FGD that as leave is not available at their workplaces, if she needs leave, she manages it by exchanging duties with her colleagues.[39]The workers working in beauty parlours also follow the same strategy if their employers deny to approve leave.[40]

Many of the women workers of 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."[41] 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.[42][43] 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. A FGD participant (who worked in a beauty parlour) said that often their supervisor behaved badly if they gossip with other colleagues. The non-clinical health care workers are mainly harassed by the supervisor/management personnel and patients' attendants (please see the previous section for detailed information about workplace harassment). To deal with this undesirable situation the workers of both the beauty parlours and hospitals/clinics take various strategies e.g., giving complain to higher authorities against the perpetrators, complain against the perpetrators in complain box, and try to avoid mistake at work for customers/ patient's satisfaction.

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[37] FGD, Modhupur,Tangail
[38] KII with Abdur Rahim, Chairman ....., Modhupur, Tangail
[39] FGD with non-clinical health workers, Dhaka.
[40] FGD with personal care workers, Dhaka.
[41] FGD with retrenched personal care workers, Modhupur, Tangail.
[42] Hossain, Ahmed and Akter, Ibid.
[43]Karmojibi Nari, (2018). Monitoring Work and Working Condition of Women Employed in Ready Made Garments Industries of Bangladesh, 1st Phase, Dhaka.

Coping strategies to deal with the future adverse situations

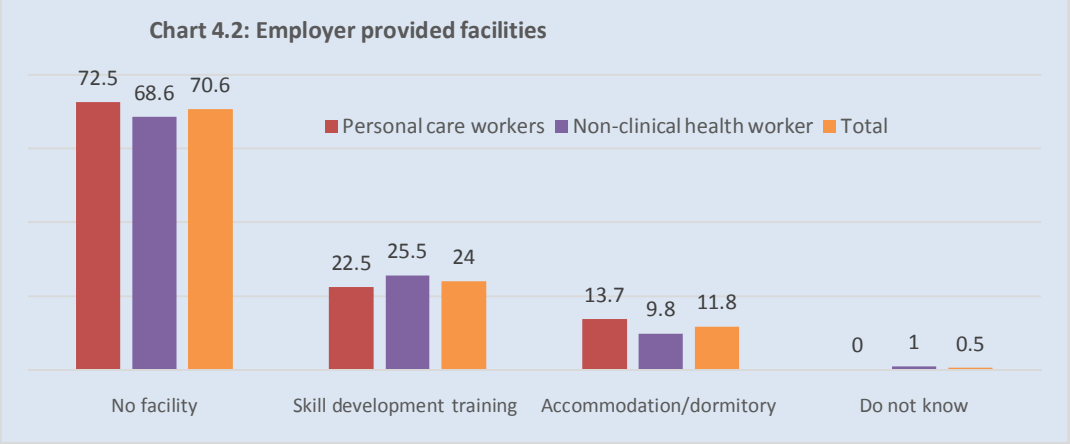
Everybody should have a coping mechanism to deal with the future adverse situations. Regarding coping strategies to deal with the future adverse situations both the workers of parlour and hospitals/clinics mentioned in FGDs that saving is most important mechanism in this regard. If anybody has an adequate 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.[44]

Statehooders' Initiatives

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



Source: Field Survey 2021

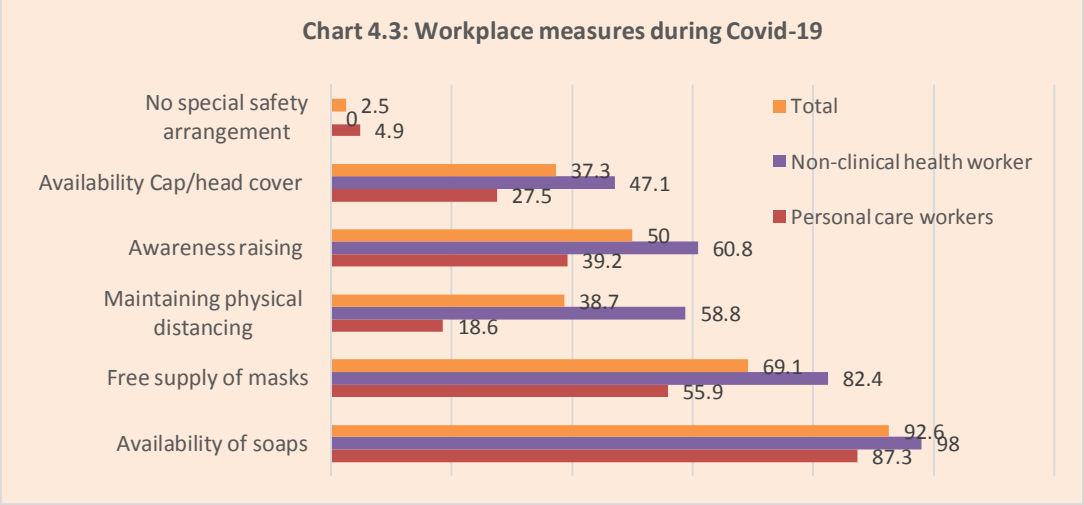
Training leads to higher productivity. The employers of the parlour sector sometimes provide on the job training to unskilled entry-level employees, but hardly provide formal/institutional training. Workers in FGDs informed that many personal care workers take training from the training Centre and then join in a beauty parlour. Some workers further start their work in a beauty parlour as an intern (unpaid). When they can work well, the employer fixes their salary.[45] The owner of the hospital/clinic does not provide any training to the non-clinical health workers. The owners of hospitals/clinics generally hire experienced/ skilled workers.[46]

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

[44] FGD, Ibid.
[45] FGD, Ibid.
[46] FGD with Non-clinical health workers, Dhaka.

hospitals claimed that their employers never provide training on risk reduction. 19% of beauty parlour 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, safety training. In the beauty parlour sector, work-related training is noticeable, whereas, for non-clinical health workers, duties and responsibilities and fire training are prominent.

Workers have talked about several special safety measures/arrangements taken by the employers during Covid-19. There was a similarity of these initiatives in both beauty parlours and hospitals/clinics. The most common initiative was ensuring the availability of hand sanitizer's and soaps for handwashing. Although the workers of both sectors have reported the free supply masks and gloves, those were made available at a higher rate in hospitals/clinics. Similarly, although employers increased physical distancing among workers and taken awareness-raising steps, hospitals/clinics found these measures at a higher rate. Different modes such as verbal, writing in the walls, training was applied for awareness-raising. Besides, the initiative to check body temperature was significantly low in beauty parlours (22%) compared to the hospitals (79%) (Chart 4.3).



Source: Field Survey 2021

Concerning the role of the owners' association, the role of the Beauty Service Owners Association of Bangladesh (BSOAB), established in 2016 and recently recognised as an organisation by the Ministry of Commerce.[47] is not remarkable in support of the workers. However, the association only provided some vulnerable/destitute parlour workers with food support/assistance.

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

[47] http://www.newagebd.net/article/140892/bsoab-gets-government-recognition

at their workplaces, and the rests are unaware about the effort of trade union establishment for them.

The situation of unionization is also very poor for the health care workers. Only one union exists for the private health care sector. The Chittagong based union has so far been able to enlist around 500 members from the health and diagnostic centres in Chittagong[48]. Except for this only initiative, no effort has been taken to organise private health care sectors workers and from their union. However, it is true that the only existing union of health care workers of Chittagong has numerous limitations and faces various unfavourable circumstances, e.g. employers' direct and indirect threat and expulsion from job, noncooperation and negative attitude of the administration and political party[49].Nonetheless, the union has been able to make some differences in areas of achieving weekly holidays, festival bonuses, and maternity leave and 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 nonclinical health care workers of hospitals in a holistic way. However, it is also a remarkable fact that during the pandemic, the Sramik Karmochari Oikko Parishad (SKOP) 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 of the 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. In order 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[50]. 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 were encountered with several difficulties such as appropriate information on support, application procedure, lengthy process and hassle created bank officials[51]. Many women even 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.[52] Although private hospitals came into the scene of Covid-19 treatment, later on, no such provisions were made for them.

[48] Ahmed, Mostafiz and Muhammod Shaheen Chowdhury (2018). Employment Security Wage and Trade Union Rights in Four Industrial Sectors of Chittagong Region. Dhaka: BILS.
[49] Ibid
[50] https://www.thedailystar.net/frontpage/news/female-entrepreneurs-stimulus-schemes-hardly-reach-them-2107917
[51] Ibid
[52] 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 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 arebeset 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.

In view 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 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 national constitution and the legal framework confer rights on the workers.

The Needed Changes

The workers are faced with 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). Workers' interests and needs include

(a) income security—adequate actual, perceived and expected income, either earned or in the form of social security and other benefits;
(b) representation security—individual representation and collective representation;
(c) labour market security—opportunities for adequate income-earning activities;
(d) employment security— the protection against loss of income-earning work and salary workers;
(e) job security—presence of niches in organisations and across labour markets allowing the workers some control over the content of a job and the opportunity to build a career;
(f) work security—shielding workers from unsafe working conditions in the organisation;
(g) skill reproduction security—workers' access to basic education as well as vocational training to develop capacities and acquire qualifications.

Any intervention in the care economy should enable the workers to access opportunities, and address the vulnerability by channelling their interests of *risks reduction*, *needs fulfillment,* 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, overall income/asset distribution.In view 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 the 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).
- 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 formulate specific guidelines for protecting workers of beauty parlour.

Occupational Safety and Health

- Workplace should have a well-designed policy on workplace safety. The policy must articulate the guidelines of PPEs and its availability, quality, and uses. Besides, the policy should focus on how the workers to be provided with trainings and adequate information on occupational risks and hazards at workplaces.
- Measures/training should be taken /arranged to enhance awareness of the workers about occupational safety and health.
- Program 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 benefit (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 union /association/ cooperative without fear and resistance. TU to be formed and other appropriate mechanisms is to be developed and followed to ensure workers' participation in workplace related decision making.
- Due to lack of formal complaint mechanism at workplace workers are susceptible to various forms of harassment. Establishing effective complain 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 organising 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' association must take responsibilities for the upliftment of the condition 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 form the part of the government:
    - Government should take initiative to bring the beauty parlour workers under the coverage of the labour law. Special attention of government towards the execution of labour law provisions.
    - Broadening the scopes of inspection and increased role of the inspectors. Involving 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. Making labour courts accessible to all informal workers.
    - Adequate governmental support for recovery of the sector is also a dire need.
    - 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*).
    - *Expanding social protection:* 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

In order to analyses the decent work condition and deficits of the personal care and non-clinical healthcare workersof 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 in order to have the comprehensive understanding and analysis of decent work condition (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-regular/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 labor,Minimum age of workers, Hazardous child labor Forced labour, Bonded labor, 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 child care, 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 any 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 labor 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 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 survey and other data collection tools finalised. The second phase is the implementation phase. At this phase information was collected

through active utilization of various research tools. After information collection data was analyzed and a draft report is prepared. In the third phase findings of the draft report will be shared with different stakeholders through a workshop. Upon receiving the feedback on 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 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 the secondary information from various documents, newspaper reports, journal articles, and research works conducted on condition of personal care and non-clinical healthcare workersin Bangladesh.

A set of sample survey questionnairewas prepared and administered to collect data from a total of 204personal care (102) and non-clinical healthcare (102) workers. Sample was selected from different locations of Dhaka and both snow-ball 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 supervisor undertook field survey 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 was 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.

3 FGDs (2 in Dhaka and 1 in Modhupur) were conducted by the studyteam. 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 policy makers, civil society, national level trade union leaders, and worker rights organisations.

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

A consultation workshop is planned to include multi-stakeholders (e.g. workers, trade union leaders, employers, members of CSO, policy makers, worker rights NGOs) to share the draft findings, and incorporate comments for 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. And then interview was conducted on the basis of the informed consent. Respondents' consent was also be taken for recoding the interviews. Respondents were assured that high confidentiality of the information will be maintained. The respondents were given the assurance that without his/her consent information given by them would not be used in any other purpose. Moreover, respondents were allowed to choose whether they would answer to a particular question. They were too allowed also to withdraw at any stage of the interview. Above all, the team were aware that we are not putting our respondents at risks.

Annex 2: Personal and Workplace Related Information of Study Respondents

	Personal care workers		Non-clinical health worker		Total	
	N	%	N	%	N	%
Gender Distribution of Respondents						
Male	102	100.0	51	50.0	153	75
Female	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
Sayedanad/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
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

	Personal care workers		Non-clinical health worker		Total	
	N	%	N	%	N	%
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

Annex 3: List of FGD Participants

SL	Name	Designation	Organization	Area
Non-Clinical Health Care, 20 October, 2021				
1.	Mst Nasreen Akter	Cleaner	Marry Stopes	Mirpur, Dhaka
2.	Jesmin Begum	Cleaner	Alok Hospital	
3.	Mita Naz Parvin	Aaya (Patient Care)	Ayesha Memorial	
4.	Momtaj Begum	Cleaner	Mirpur General Hospital	
5.	Shima Akter	Aaya (Patient Care)	Bardem-2	
6.	Jhorna	Cleaner	Popular Hospital	
7.	Md. Israfil	Security Guard	Ahsania Mission Cancer Hospital	
8.	Rehana Begum	Aaya (Patient Care	Marks Medical College & Hospital	
Beauty Care, Dhaka, 20 October, 2021				
1.	Sheikh Sumaiya	Butitian	Groovy Hair Beauty Parlor	Mirpur, Dhaka
2.	Tahmina Akter Tuli	Butitian	Merit Plus Beauty Parlor	
3.	Tasmia Akter	Butitian	Merit Plus Beauty Parlor	
4.	Bithi Akter	Butitian	Sathi Beauty Parlour	
5.	Sharmin	Butitian	Joti Beauty Parlor	
6.	Israt Jahan Sathi	Butitian	Hand touch Beauty Parlor	
7.	Fatema Akter Faria	Butitian	Reshmi Soya Beauty Parlor	
8.	Tanha Akter	Butitian	Bodhua Shaj Beauty Parlor	
Beauty Care, Dhaka, Madhupur, Tangail; Date: 23 October, 2021				

1.	Angali Nokrek	Beauty Care Worker		Gayra
2.	Parul Richil	Beauty Care Worker		Juloi
3.	Irin Richil	Beauty Care Worker		
4.	Segita Nokrek	Beauty Care Worker		Uttor Gachabari
5.	Eneta Mrong	Beauty Care Worker		Uttor Gachabari
6.	Sanchita Mrong	Beauty Care Worker		Uttor Gachabari
7.	Sonali Mrong	Beauty Care Worker		Uttor Gachabari
8.	Ruby Reme	Beauty Care Worker		Gayra
9.	Munnu Nokrek	Beauty Care Worker		Gayra
10.	Mishti Cicham	Beauty Care Worker		Juloi