



## JOB ATTITUDE OF WORKING WOMEN IN RELATION TO REPRODUCTIVE HEALTH PROBLEMS

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### **Abstract**

The main objective of the present study was to examine the relationship between reproductive health problems and the job attitude of female workers in the garment industry in Dhaka city, Bangladesh. 100 female workers with medical cards were purposively sampled as respondent. The study employed the Reproductive Health Related Check List by Naz (2017) and expert physicians, as well as the Job Involvement Scale by Lodahl & Kejnar (1965), Organisational Commitment Scale by Mooday, Steer & Porter (1979), and Job Satisfaction Scale by Brayfield-Rothe (1951) as data gathering tools. The findings revealed that reproductive health problems were the strongest predictor of job attitude, explaining 14.5% of the variance in job involvement. Expressly, an unstandardised B coefficient of 1.25 and standardised beta value ( $\beta$ ) of 0.381 indicated that as reproductive health problems increased by one standard deviation, job involvement increased by 0.381 standard deviations. Furthermore, the ANOVA confirmed that reproductive health problems were statistically significant in predicting job attitude. These findings have important implications for policies and programs aimed at improving the reproductive health and job attitudes of female workers in the garment industry.

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**Keywords:** Female Worker, Job Attitude, & Reproductive Health,

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## 1. INTRODUCTION

With time, the number and demand of working women in Bangladesh are increasing! Women no more want to depend on others financially, as financial independence brings self-honour, self-confidence, and self-identity (Mili, 2010). In Bangladesh, women are traditionally expected to be homemakers and take care of the household chores and their children. However, nowadays, many women manage their household and professional work simultaneously. A few years ago, work options were limited to teaching, but the scenario has changed now. Women are working as bankers, telecom professionals, and lecturers and also running their own ventures successfully.

The term "women's work" may indicate a role involving children, as women are biologically capable of bringing a new life. This may also refer to professions that involve certain functions, such as midwifery and wet nursing, or roles related to raising children, particularly within the home: diaper changing and related hygiene, toilet training, bathing, clothing, and education with regard to personal care. Therefore it can refer to professions such as teacher (up to puberty), governess, nanny, daycare worker. "Women's work" may also refer to roles related to housekeeping, such as cooking, sewing, ironing, and cleaning. Although much of "women's work" is indoors, some involve going outdoors, such as fetching water, grocery shopping, food foraging, and gardening (Wikipedia, 2014).

### **Working conditions in Bangladesh's garment sector:**

The garment sector is the largest employer of women in Bangladesh (Ahmed, 2004) and provides employment opportunities to women from rural areas who previously did not have any opportunity to be part of the formal workforce. This has helped them to be financially independent and have a voice in the family (BGMEA, 2010). However, women workers face many problems and are paid far less than men due to their lack of education (Kabeer & Mahmud, 2004). Most come from low-income families, and their compliance has enabled the industry to compete with the world market. Women are reluctant to unionise because factory owners threaten to fire them (Ahmed, 2004).

Although trade unionisation is banned inside the Export Processing Zones (EPZ), the working environment is better than most garment factories operating outside the EPZs. Nevertheless, pressure from buyers to abide by labour codes has enabled factories to maintain satisfactory working conditions (BGMEA, 2010). Garment workers have protested against their low wages. Protests by workers, which began in 2006, have continued periodically since then, prompting the government to increase minimum wages (BGMEA, 2010). This has forced the government to increase workers' minimum wages (Kabeer & Mahmud, 2004). However, even

though having a baby is a human right, female garment workers are reluctant to exercise their rights because they fear of losing their jobs. According to Paul-Majumder (1998), the rate of miscarriage among garment workers is alarmingly high, and most experienced abortions more than once. In response, BGMEA has been implementing health education awareness and training programs since 1998, and UNFPA has already provided family welfare and reproductive health education services to more than 0.1 million workers (Mahtab, 2003). Despite these efforts, the current state of the garments industry and workers' rights, particularly on reproductive health issues, requires urgent attention. Few previous surveys have also highlighted similar concerns (Mahtab, 2003 & Paul-Mojumder, 1998).

#### **Women's Health:**

A comprehensive understanding of women's health requires a broad definition considering their role and position in society, particularly within the family institution. Health professionals in the Asia-Pacific region have adopted such an approach, recognising that the roots of disease and health hazards lie in society's social and economic structures. Women will continue to suffer as long as these socioeconomic structures remain unchanged. Unfortunately, the state of women's health in this region is poor. In this study, an attempt has been made to find and determine the significant factors influencing's health. The factors are economic, demographic, cultural, political, environmental etc. While these factors affect the health of everyone, they have particularly significant repercussions for women in terms of biological, demographic, community, political and environmental factors.

#### **Reproductive Health:**

According to the World Health Organization's (WHO) definition, health is not merely the absence of disease or infirmity but a complete physical, mental and social well-being. Reproductive health, or sexual hygiene, addresses the reproductive processes, functions and systems at all stages of life (WHO, 2008<sub>a</sub>).

#### **Reproductive Health Services:**

In Bangladesh, many healthcare professionals provide contraceptive and reproductive health services to women and men. These services are offered in various settings, including private practice offices, NGO clinics, SHOUJAR HASHI Clinics, publicly funded family planning, private clinics, Union based health centres, and private hospitals. Along with medical care, these facilities may also offer counselling or education related to sexual and reproductive family health. However, individuals do face inequalities in reproductive health services.

#### **Reproductive Health-Related Problems:**

Common reproductive health-related problems that people face on a daily basis include vulvovaginitis, abortion, sexually transmitted diseases, endometriosis, uterine fibroids, gynecologic cancer, polycystic ovary syndrome (PCOS), sexual violence, maternal death and disability, pregnancy-related problems (CDC, 2018). To address these issues, there is a need to strengthen the health and education systems and ensure the availability of essential health supplies such as contraceptives and medicines.

### **Job Attitudes:**

Job attitudes are evaluations of one's job that express one's feelings and beliefs. It also implies the attachment one experiences with current job. This definition encompasses the cognitive and affective components of these evaluations while recognising that these cognitive and emotional aspects need not be in exact correspondence with one another (Schleicher, Watt, & Greguras 2004). In this definition, we consider "job" a broad term that encompasses one's current position (visible), one's work or one's occupation (less obvious), and one's employer (less prominent still). One's attitudes toward one's work need not be isomorphic with one's attitudes toward one's employer, which often diverges. One's behaviour at work often depends on how he or she feels about being there. Therefore, understanding how people behave depends on understanding their job attitudes. Three particular job attitudes have the highest potential to influence people's behaviour at work. These are organisational commitment, job involvement and job satisfaction. Employees can use their full potential if they have organisational commitment, job involvement, and job satisfaction, as job performance is influenced by these factors (Muhammad & Haque, 2012).

### **Three Potential Job Attitudes:**

First, *Organizational commitment* refers to the degree of psychological identification and attachment an individual has with their work organisation (Schultz & Schultz, 1998). It also reflects a person's level of involvement and identification with a particular organisation. Second, *job Involvement* is the degree to which a person perceives his whole work situation as an essential part of his life and identity because of the opportunity it offers to satisfy his critical needs. It relates to work motivation (Bashaw & Grant, 1994; Hackett, Lapierre & Hausdorf, 2001; McElroy, Morrow, Crum, & Dooley, 1995; Blau & Boal, 1987). Thirdly, *Job satisfaction* is a positive attitude or pleasurable emotional state resulting from the appraisal of one's job as fulfilling one's essential job values, providing these values are compatible with one's needs (Locke, 1976). Finally, satisfaction in supervision refers to the satisfaction or favourable attitude towards the supervisor's behaviour which

improves job satisfaction. It is said that job involvement is positively correlated with job performance (Muhammad & Haque, 2012).

### **The rationale of the study:**

The garment industry is the backbone of Bangladesh's economy and plays a significant role in the socioeconomic well-being of many people (Sikder, Sarkar & Sadeka, 2014). It is the most significant contributor to Bangladesh's export earnings, with over 5100 garment factories employing over three million people, of which 85% are women. In the 2010 - 2011 financial year, the garment sector accounted for 78.15 per cent of the total income (Ahmed & Raihan, 2014). Working women must be physically fit to do their assigned work, but women nowadays suffer from various physical diseases. One of them is reproductive health-related problems which decrease dedication, involvement, and satisfaction; it increases lateness, absenteeism, and turnover toward the job (Trier, 1954; Zinth & Kerr, 1951). Consequently, the ultimate goals of garments can be interrupted. A few findings were found on reproductive health issues and job attitudes. However, there are no research findings regarding the reproductive health problems of working women and their job attitudes both in Bangladesh and other countries. Therefore the present study focuses on this considering its theoretical and practical importance. This can be helpful for other researchers, managing directors, and CEOs because they will be able to know how much reproductive health problems affect women's job attitudes negatively.

### **Research Question:**

What type of relationship exists between reproductive health and job attitude?

## **2. OBJECTIVE**

### **2.1. OBJECTIVE**

The main objective of the present study was to investigate the relationship of reproductive health problems with work attitudes among working women. The specific objectives are to –

- i. investigate whether there is any relationship between reproductive health problems and organisational commitment.
- ii. investigate whether there is any relationship between reproductive health problems and job involvement.
- iii. investigate whether there is any relationship between reproductive health problems and job satisfaction.

## **3. METHOD**

### 3.1 The participants

The target population of this study was the female workers of the garments factory situated in Dhaka city of Bangladesh.

### 3.2 Sample and Sampling Technique

A total of 100 female workers who have medical cards were selected following the purposive sampling method. The age range of the respondents was 18 to 40. Data were collected from different garment factories such as SS Garment, TSR Apperals and Samad Sweater, Dhaka. All respondents do their assigned work 8 hours per day without overtime. Their demographic details were recorded by PIF form.

### 3.3 The instruments

“The demographic data” of the respondents were recorded in PIF.

“Reproductive Health-related Problems Checklist” was prepared by Naz (2017) with the help of expert reproductive health physicians. The lowest and highest score is 1 and 20, respectively. A higher score indicates more reproductive health problems.

“Organisational Commitment Scale” was developed initially by Moody, Steer and Porter (1979) to measure the corporate commitment of the employees. It is 15 item scale. It contains 8 positive and 7 negative items. The questionnaire is graded on a seven-point Likert scale (1: strongly disagree to 7: strongly agree). For negative items, scoring was in inverse order. The sum of the items' scores was the scale's total score for an individual. High ratings indicate high organisational commitment. The test rest reliability of the Bengali version of the organizational commitment scale (Muhammad, 2012) was found significant ( $r=.85$ ); and high Cronbach's Alpha = .86 indicates high internal consistency of the scale.

“Job Involvement Questionnaire” was developed by Lodhal and Kejner in 1965 to measure the employees' job involvement. It is a six-item scale, contains 5 positive and 1 negative item and is assessed on a five-point Likert scale (1: strongly disagree to 5: strongly agree ; for negative item scoring was in inverse order). The sum of scores indicates high job involvement. The test-retest and split-half reliabilities of the Bangla version of the job involvement scale (Muhammad & Hauque, 2012) were found significant ( $r= .85$ ,  $r=.81$ ).

“Job Satisfaction Questionnaire” To measure job satisfaction, the Bangla version of eighteen items Brayfield-Rothe job satisfaction scale was used. This scale contains nine affirmatives and nine negative items and is assessed on a five-point Likert scale (1: strongly disagree to 5: strongly agree; for the negative item, scoring was in inverse order). The sum of the scores of all items was the scale's total score for an individual. A high score indicates more satisfaction with the job. The reliability and validity of this score are very high. The value of reliability and validity of the Job satisfaction scale are .87 and .93, respectively.

### 3.2 Procedure

For collecting proper information from participants, permission was taken from the concerned authority for data collection. After establishing rapport with participants, the researcher expressed the study's objectives and assured the confidentiality of the responses. Then, the respondents were requested to fill up personal information blank; after that, the booklet of the Bengali versions of the three scales were given to them. After respondents went through the instructions given on the front page of the booklet, were advised to start the task. At last the inventory booklet was collected from the respondents and respondents were thanked for their cooperation in the study. A total of three months was required for data collection.

### 3.3 The design

A cross-sectional survey design was used for the present study. All data were collected at a single point in time.

## 4. RESULTS

To analyze the data Pearson correlation and simple regression for each dependent variable were used for the obtained scores. The obtained results are presented in the table.

Table 1 Mean and Standard Deviation of Reproductive Health, Organizational Commitment, Job Involvement, Job Satisfaction

Variable	Mean	Standard Deviation
Reproductive Health	2.54	.98
Organizational Commitment	54.62	7.76
Job Involvement	13.97	3.21
Job Satisfaction	53.29	6.78

Table 1 represents the means and standard deviations of the present study variables.

Table 2 Correlation Matrix among Reproductive Health and Organizational Commitment, Job Involvement, and Job Satisfaction

Variables	1	2	3	4
1.Reproductive Health	-			
2.Organizational Commitment	-.072	-		
3.Job Involvement	.381**	.019	-	
4.Job Satisfaction	.057	-.137	.026	-

\*\*p < .01 & \*p < .05

The correlation matrix of table-2, indicates that reproductive health problems has the significant positive correlation with job involvement [  $r = .381$ ,  $p < .01$ ] and there is no significant relation with job satisfaction. There is no correlation exists between reproductive health problems and organizational commitment. Again, results show no significant correlation among organisational commitment, job involvement and job satisfaction.

Table 3 Selected Statistics from Regression of Job Involvement on Reproductive Health

Variables	R	R <sup>2</sup>	R <sup>2</sup> change	p
Predictor Variable : RH	.381	.145	.145	.001
Dependent Variable: JI				

Results of Table 3 indicate that the strongest predictor was reproductive health problems which alone explained 14.5% variance in job involvement.

Table 4 Simple Regression of Job Involvement On Reproductive Health

Model	Unstandardized		Standardized		p
	Coefficients		Coefficients		
	B	Std. Error	Beta	t	
(Constant)	10.793	.834		12.934	.001
RH	1.251	.307	.381	4.077	.002

Dependent variable: JI

The results presented in table-4 suggest that unstandardized  $B$  is 1.25. This indicates, when reproductive health problems increase by one unit, job involvement increases by 1.25 units. This interpretation is valid only if the effects of other variables are held constant. The value of standardized beta ( $\beta=.381$ ) indicates that as reproductive health problem increases by one standard deviation, job involvement increase by .381 standard deviations.

Table 5 The Overall F-Test for Regression of Job Involvement on Reproductive Health

Sum of variations	SS	df	MS	F	P
Regression	148.363	1	148.363	16.625	.001
Residual	874.547	98	8.924		
Total	1022.910	99			

From table 5, it can be said that reproductive health is a good predictor of job involvement. This result fits the model. It is also said that ANOVA tells us reproductive health is statistically significant.

## 5. DISCUSSION

The first objective was to investigate whether there was a significant relationship between reproductive health and organisational commitment. The results reported in Table 2 indicated that there was no significant correlation between reproductive health and organisational commitment. Typically, commitment arises when workers feel emotionally attached to their garment industry and wish to remain employed there. However, excessive workloads often impede their emotional attachment, and workers remain in their jobs primarily for salary or because alternative employment opportunities are limited, as previously noted by Mayer,

Allen, and Smith (1993). Previous research has also suggested that females exhibit high normative and overall commitment (Marsden, Kalleberg & Cook 1993; Khalili & Asmawi, 2012). The workplace environment often provides social interaction opportunities for many workers (Biggio & Cortese, 2013), including female workers who may lack education regarding reproductive health issues, all of which may affect the relationship between organizational commitment and reproductive health problems.

The second objective of this study was to investigate whether there is a relationship between reproductive health problems and job involvement. The results reported in Table 2 indicate a significant positive relationship between reproductive health and job involvement. The standardized beta (table 4) also shows a positive correlation between reproductive health and job involvement. The findings reveal that reproductive health is the best predictor of job involvement, which explains 14.5% of the variance in job involvement. Previous research has found no relation between work involvement and motherhood experiences. However, paid employment has psychological importance for many mothers of infants (Pistrang, 1984). Most of the time, reproductive health gets neglected and lack of knowledge and fear of termination can also restrain them from taking proper reproductive care. Previous research report that pressure to leave the job because of their pregnancy and withholding of maternity benefits cause stress, anxiety and hypertensive disorders of pregnancy among pregnant garment workers in Bangladesh (Akhter, Rutherford & Chu, 2017). Garment workers try to fulfil the production rate of authority by completing their assigned work with their health problems. If they cannot meet the production rate, they will suffer more, which makes them feel insecure.

The third objective was to investigate whether there is any relationship between reproductive health problems and job satisfaction. The results of table 2 indicate no significant correlation between reproductive health and job satisfaction. Despite having some level of job involvement, garment workers do not have an emotional attachment to their work due to excessive work pressure. Previous research has found that intrinsic motivation predicts job satisfaction (Raza, Akhtar, Husnain & Akhtar, 2015) and as intrinsic motivation increases, work engagement and enjoyment also increase. Additionally, workplace enjoyment can enhance job satisfaction (Masvaure & Maharaj, 2014). However, in this context, female workers mainly work in the garment to become economically independent. Furthermore, our findings suggest that female workers neglect their health conditions to meet workplace demands due to the fear of getting fired. Therefore, reproductive health condition has no significant relation to job satisfaction.

## 6. LIMITATION AND SUGGESTION

Although this study provides valuable insights into the relationships between reproductive health problems and work attitudes of female garment workers in Dhaka, it has some limitations. Firstly, the data was collected from a limited number of garment factories, which may not represent the entire population of female workers in the garment industry in Bangladesh. Additionally, some participants may have shown an unwillingness to cooperate, which could have affected the accuracy of the findings.

However, this limitation could be seen as an opportunity for future researchers to expand on this study by researching a more extensive and more diverse sample from different socioeconomic backgrounds and areas of Bangladesh. This would enable researchers to gather more representative data and use more sophisticated analysis methods to draw more robust conclusions.

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