

Understanding Drivers and Prohibitors of Women Garment Workers' Mental Health & Wellbeing

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Gender and Mental Health and Wellbeing at Work

Discussions around mental health generally consider one's holistic state of emotional, psychological, physical, and financial health and wellbeing. Discourse surrounding workplace mental health and wellbeing (MHW) has evolved considerably in the past decade. The far-reaching stressors of climate change, a pandemic, conflict, and our fast-paced globalizing economy are shaping MHW analysis and interventions. Understanding drivers of stress and mental illness in the workplace is materially relevant to business. Globally, it is estimated that 12 billion working days are lost every year to depression and anxiety, costing nearly \$1 trillion USD.¹

Women and girls are disproportionately impacted by MHW challenges due to gender norms and inequitable social structures at home, in the workplace, and within broader societies. From as early as 15 years old, women and girls experience stress, sadness, worry and anger more frequently than men and boys.² In manufacturing settings,

risks of gender-based violence and harassment (GBVH) compound with other gendered workplace stressors, such as discrimination, lack of access to work-related opportunities and benefits, pay inequity, and work-life imbalances, to affect women's ability to remain securely employed, satisfied, and healthy. When working conditions are not fair and safe, women's mental health and overall wellbeing may suffer, impacting individual productivity and, in turn, the business. Studies have shown that garment factories with high instances of sexual violence and harassment face high costs related to turnover, absenteeism and presenteeism, and face both business and social risks.³ Investing in systems that mitigate these risks and support good MHW for women workers can accelerate progress towards gender equality by empowering women to become full agents of their own lives and actors in their homes and communities, which can unlock broader business and societal benefits.

¹ World Health Organization, 2022; Trautmann et al., 2016

² World Economic Forum, 2022

³ CARE International, 2017

Understanding Drivers and Prohibitors of Women Garment Workers' Mental Health & Wellbeing

[Women Win](#) and the [International Center for Research on Women \(ICRW\)](#) conducted a study, funded by [lululemon](#), to understand how the mental health of women workers in the garment supply chains relates to overall wellbeing. The research aimed to better understand drivers and prohibitors of mental health and wellbeing for women garment workers in Bangladesh, Vietnam, and Sri Lanka, key sourcing countries for the garment industry. Factories within these countries show diverse levels of maturity on worker wellbeing, mental health, and gender equity. Prior to recent initiatives⁴ to study worker wellbeing in factory settings, the industry's understanding of MHW was based on audit results. For this reason, Women Win and ICRW's research consulted local stakeholders and applied innovative direct engagement tools to better understand what women garment workers value, need and prioritize

in pursuit of their own MHW. By approaching an under-researched topic in a worker-centric way, the study and its central MHW Framework contribute to the growing body of research and development of tools to help suppliers and brands support holistic worker wellbeing.

Who Should Read This Brief?

This brief is intended for brands, suppliers, and industry partners, interested in better understanding the drivers of MHW among women workers in select Asian countries' garment industry. The MHW Framework and research findings can help the sector identify actions to strengthen women workers' resilience and MHW, and co-create structural solutions.



⁴ See for example: SHINE, Harvard's Sustainability and Health Initiative for Net-Positive Enterprise (<https://shine.sph.harvard.edu/>)

Research Methods

The research employed a participatory approach, engaging local women garment workers, women's rights organizations, mental health experts, and researchers in each of the three countries to elicit contextual knowledge and grounded realities about:

What are the unique aspects of mental health, beyond general wellbeing, with a focus on women garment workers?

What constitutes good mental health and wellbeing for women garment workers?

What are the key determinants of mental health and wellbeing in the garment factory setting, according to women workers?

Research entailed a review of:

1. Literature on definitions and determinants of mental health at work (e.g., World Health Organization, International Labor Organization)

2. Existing workplace wellbeing surveys and research related to worker wellbeing in the garment supply chains (e.g., Nike, Levi-Strauss, Harvard SHINE)

3. Workplace gender tools (e.g., ICRW's Factory Gender Equity Self-Diagnostic Tool, Worker Voice Surveys, and Building Blocks for Women's Economic Empowerment; Women Win's DTL tool as implemented in agricultural settings).

The newly developed Factory Workplace Mental Health and Wellbeing Framework (**Figure 1**) advances the field by filling a notable gap in the available literature with a comprehensive list of relevant workplace MHW indicators. This Framework also formed the basis of the Drawing the Line (DTL) cards developed for worker engagement. The Framework was then piloted with 264 participants (using the DTL) in nine factories to gauge applicability of the categories and to learn from women themselves.

Drawing the Line (DTL):

Direct engagement with women workers was conducted using DTL. This unique qualitative tool facilitated interactive discussions through a card game designed to elicit opinions on what MHW means to participants. The DTL sessions were conducted in factories directly with women garment workers to allow for them to share their views on MHW based on their lived experience. (A small sample size and self-reported data mean that learnings may not be representative of all garment factory workers across the three focus countries.)

Figure 1: Factory Workplace Mental Health and Wellbeing Framework

Supportive and Pro-Social Work Culture

Workers work with colleagues, peers, and supervisors they can trust and rely on – in a work environment based on trust, fairness, and respect.

- Work culture of trust and respect
- Freedom from gender bias and discrimination
- Job Satisfaction

Professional Growth Opportunities

Workers have the resources and support needed to access professional and skill building opportunities such as mentorship, sponsorship, leadership training etc. to help their professional growth and development.

- Ability to move to new roles
- Access to skills training workshops
- Being recognized at work

Economic and Financial Security

Workers have the means to be financially secure to take care of their individual and families' basic needs.

- Fair and stable wages
- Job security

Freedom from Bullying, Harassment, and Gender-based Violence

Workers work in an environment that is free from bullying, harassment, sexual jokes, and all forms of gender-based violence including physical, sexual, psychological and economic violence.

- Freedom from bullying and harassment
- Level of confidence in reporting channels
- Awareness on anti-harassment policies

Support for Caregivers & Working Parents

Workers have support from all levels at the workplace to care for children, elderly, and other dependents. And are able to fulfil work duties without compromising family responsibilities.

- Reliable childcare support
- Manageable workload
- Maternity leave and benefits

Access to Healthcare Resources, Benefits, and Services / Healthy Work Environment

Workers have access to healthcare resources targeted toward promoting their physical, mental, and reproductive health.

- Mental health literacy and care for workers and their families
- Access to wellbeing resources such as rest days and leisure opportunities
- Emotional support from a manager or supervisor during crisis or times of emotional stress/trauma
- Access to gender-responsive healthcare, including regular health checkups
- Positive state of mind

Safe Physical Working Conditions

Workers have the adequate resources and equipment needed to perform their jobs productively without risk of injury, bodily harm, or death at work or during work commute.

- Safe work policies and provisions
- Reasonable working hours with adequate rest



Key Learnings

The research yielded six overarching learnings on gendered aspects of women worker's MHW in select Asian countries' ready-made garment factories.

1. Mental health is gaining traction as foundational to overall health and wellbeing.

Worker mental health is materially relevant to business, yet empirical research on MHW in the garment industry is sparse, representing an opportunity for expanded study.

2. Disparities in MHW outcomes exist by gender and other intersecting identities.

Gender-responsive physical and mental healthcare can help women cope with stress and anxiety.

3. Women's MHW is linked to economic security.

However, career advancement is not always perceived as essential for MHW.

4. Normalization of gender-based violence and harassment diminishes women's MHW.



5. Factory working conditions are among the most important drivers impacting women workers' every day MHW. Respectful work cultures, support for working parents, and occupational health and safety are vital enablers of a mentally healthy factory workforce.

6. Regional differences exist in the conceptualization of MHW. Brand-supported, factory-led action should be contextualized to local realities to respond effectively to women workers' needs.

1 Mental health is gaining traction as foundational to overall health and wellbeing. Worker mental health is materially relevant to business, yet empirical research on MHW in the garment industry is sparse, representing an opportunity for expanded study.

Discussions around mental health generally consider one's holistic state of emotional, psychological, physical, and financial health and wellbeing. Health institutions and international agencies increasingly recognize mental health as a critical component of global public health due to its contribution to overall health and wellbeing. Mental health affects how people think, feel, and act, and has profound impacts on one's relationships, work, and quality of life.

The widespread prevalence of mental disorders globally is often accompanied by a lack of comprehensive understanding regarding the underlying causes of stress, anxiety, and depression. This knowledge gap can lead to insufficient or ineffective interventions. Estimates reveal that over 80 percent of people living with some form of mental illness or disorder reside in low- and middle-income countries, where poverty and limited access to

health services are widespread.⁵ A study of South Asian countries found the prevalence of common mental disorders to be 14.2 percent.⁶ These statistics may underrepresent the prevalence of mental illness due to misdiagnosis, lack of adequate diagnostics, data collection or reporting mechanisms, and social stigma.⁷

While the concept of MHW is gaining traction, talking about MHW remains taboo in many cultures, thereby impacting awareness and pursuit of MHW supports. For instance, interviews with mental health experts in the three select countries referenced a general dearth of research and stigmatization of mental health, noting that the common translation of *mental health* is *mental illness*; This constitutes a major barrier to seeking help. Nuanced conceptions of MHW vary by context and are outlined according to each study region below:



⁵ World Health Organization, 2022

⁶ Naveed et al., 2020

⁷ World Health Organization, 2022

Bangladesh

Mental health experts defined MHW as a combination of good physical, social, psychological, and emotional health; a healthy state where an individual is able to think clearly, make their own choices, and control their own life. They expressed that Bangladeshi women are more likely than men to suffer from poor MHW because traditional gender roles restrict their mobility and agency.

According to workers, MHW comprises being physically healthy; not having work or family-related tensions; not suffering from stress, anxiety, or depression; being able to handle factory work alongside family responsibilities; and maintaining good relations with co-workers, supervisors, and family members.



Sri Lanka

Mental health experts defined MHW as a combination of individual capacities, social networks and material support, and one's physical environment such as safety, job security, economic conditions, and quality of work. It also includes the ability to make one's own choices, and is gendered, as women are more likely to experience violence, including physical, psychological, and digital.

According to workers, MHW is holistic, involving feeling good, both physically and mentally, and both at work and at home. Participants recalled seeing advertisements for improving mental health and achieving a more fulfilling life, but most would be hesitant to seek professional mental health support due to the cultural stigma of mental illness.



Vietnam

Mental health experts explained that mental health terminology has negative connotations. Terms like *sức khỏe tinh thần*, an expression equivalent to mental wellbeing, and *sức khỏe tâm thần*, referring to psychiatric health conditions, are often used interchangeably to indicate MHW in contrast to physical health. Stigmatization of mental health as an illness is a major barrier to workers seeking help.

Cultural and geography surfaced differences in workers' perceptions of and priorities for workplace MHW. For instance, workers in the north of Vietnam were more likely to prioritize a stable job with fair wages, while those in the south were more likely to prioritize flexibility that enables life outside work.



In the garment industry, women's MHW can be disproportionately affected by poor working conditions, such as long hours, non-livable wages, and limited access to basic rights, all of which can create or exacerbate a range of MHW challenges. Many women garment workers perform the lowest paid roles with little job security and are met with demanding and unequal power relations that have deleterious impacts on their health, safety, and wellbeing.

Research on the barriers and solutions to MHW directly related to industrial workplaces remains limited. Studies concerning the MHW of women garment factory workers are even more sparse, particularly in Asia. Some research exists on workers' mental health that is directly linked to *maternal* health, but it is insufficient to understand the full picture of women's MHW in garment factories.⁸ Women's MHW is typically understood as a subset of general worker wellbeing and research most often highlights stress emanating from risks of gender-based violence.

In addition, there is particularly scant evidence on gender-responsive strategies for promoting MHW of factory workers in Asia. More research is needed to specifically explore this issue and to evaluate the effectiveness of MHW interventions for women workers, including comprehensive efforts that consider social and environmental dimensions of an individual's health.



⁸ The nature of work in garment factories—including pressure to meet production quotas, pressure to leave the job because of pregnancy, and withholding of maternity benefits—can cause stress, anxiety and contribute to hypertensive disorders of pregnancy (Akhter et al., 2017b). Pregnancy-related discrimination is a leading cause for women leaving the garment sector in Bangladesh; women

may also avoid taking leave for fear of getting fired, putting their health at risk (ILO, 2020). Even after birth, women may leave young babies behind with relatives due to lack of proper childcare facilities near industrial workplaces. Women workers' mental health tends to suffer due to separation from their children and limited support in efforts to make a living (Akhter et al., 2017a).

2 Disparities in MHW outcomes exist by gender and other intersecting identities. Gender-responsive physical and mental healthcare can help women cope with stress and anxiety.

Gender disparities in MHW stem from widespread norms that vary but exist in every society. Gender norms are the unwritten and often subconscious rules for how women and men “should” behave to fit in with and be accepted by family and community members.⁹ Women and girls often experience stress in gender normative roles, for instance performing the majority of unpaid household and care work. Those who do not comply with traditional gendered expectations may face discrimination and backlash in their social relationships, aggravating their MHW.

At work, women remain disproportionately impacted by mental health challenges, economic obstacles, and societal barriers compared to men.¹⁰ Women are often concentrated in low-level and low-wage roles without adequate labour rights protections and may lack job security and essential provisions, such as paid maternity leave and quality and accessible child-care facilities. The double burden of household and care responsibilities alongside paid work further adds to women’s physical and mental load. In many cases heightened stress and anxiety levels leads women to withdraw from the workforce altogether.

Intersecting identities exacerbate women’s MHW outlook and challenges. For instance, women factory workers with ethnic minority and/or migrant status often face additional barriers at work, which compound existing workplace challenges and attendant stressors. In Sri Lanka, as women increasingly migrate from their hometowns for work in industrial areas, internal migrant worker and ethnic minority status can amplify experiences of isolation and social exclusion. DTL respondents illustrated how this plays out against the backdrop of a national economic crisis, expressing that workers who speak only Tamil face greater discrimination and exploitation risks in the factories as workload and production pressures mount. Sensitive research by context is needed to better understand the specific impacts of ethnicity, migrant status, and other identities such as disability, religion, sexual orientation and gender identity and expression on one’s MHW, and to identify appropriate solutions for mitigating risks that especially vulnerable groups face.

On a macro level, overlapping issues increase women’s vulnerability. For example, climate disasters, public

⁹ Cislighi and Heise, 2020

¹⁰ See for example: World Economic Forum, 2022; UN Women, 2018; World Bank, 2012

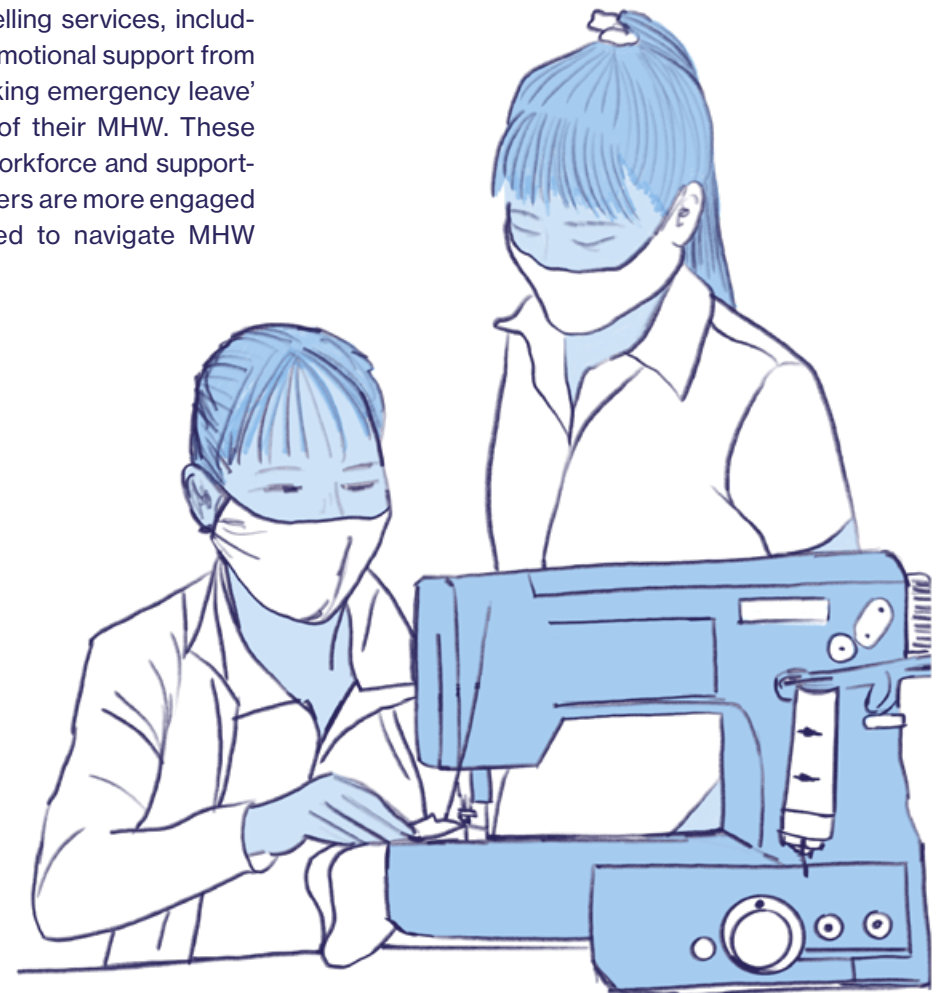
health emergencies, and conflicts in many parts of the world more severely impact socially excluded groups. Displacement and destruction limit people's access to medical services during and in the aftermath of crises and render access to MHW resources almost impossible. Disasters are "threat multipliers" that intensify existing societal inequalities, leaving women and girls among the most impacted by climate shocks and conflict.¹¹ The "shadow pandemic" of GBVH that accompanied COVID-19 also caused many women to experience a spike in hidden violence and economic vulnerability, just as access to necessary services and MHW resources became highly constrained.¹² Where MHW services are available, research shows women are more likely than men to open up about their MHW challenges and seek mental healthcare or counselling; however there is little evidence indicating that their specific mental healthcare needs are met.¹³

Differences in behaviors and needs call for gender-responsive healthcare interventions, such as developing gender-sensitive assessment tools, training providers on key physical and MHW issues uniquely impacting women (e.g., forms of GBVH and trauma-informed care), and integrating mental health issues and services into general worker wellbeing programming to ensure that the socio-emotional needs of a diverse workforce are addressed. Workers in all DTL sessions prioritized 'access to gender-responsive healthcare and counselling services, including regular health checkups' and 'emotional support from a manager or supervisor when taking emergency leave' as the most important enablers of their MHW. These practices contribute to a healthy workforce and supportive work environment, where workers are more engaged and productive, and are equipped to navigate MHW challenges they may face.

¹¹ See for example: UN Women, 2022; numerous reports from UNDP, UNEP, UNFPA, WHO, World Bank, IOM

¹² UN Women, 2021

¹³ Sagar-Ouriaghli et al., 2019; Mackenzie et al., 2006; Terlizzi, 2021



3 Women garment workers' MHW is linked to economic security. However, career advancement is not always perceived as essential for MHW.

Participants in DTL sessions shared that when they feel financially secure, they are more able to focus on their work and be productive, and are less likely to experience stress, anxiety, and depression. Participants confirmed that financial security can reduce stress and anxiety over meeting basic needs such as food, shelter, and health-care, providing a sense of stability and wellbeing. Workers across all participating factories strongly value their economic and financial security. Low wages make it difficult for women workers to meet basic needs, contributing to stress and anxiety. Job insecurity is another major source of stress as women worry about losing their jobs and being unable to support their families. These insights corroborate existing research on economic drivers of stress. For instance, a study in Bangladesh found that women garment workers had significantly more job stress than men in the industry at all salary ranges. Additionally, workers in the lowest salary ranges had significantly more job stress compared to those in the highest salary brackets.

Professional growth and career advancement did not emerge as a top driver of MHW for women workers in the DTL sessions. Possible explanations include women's sense of primary responsibility for taking care of family needs, a lack of women role models in factory leadership, and a low desire to align with supervisors if the women perceived that this could cost them allyship with fellow line workers.

Research in other industries shows women's access to skills training, workplace recognition, and advancement into leadership roles are important for productivity and necessary for gender equality. Although career advancement did not emerge as a driver for mental wellbeing in the pilot, creating an enabling environment for women garment workers' professional growth may well result in positive MHW outcomes as enabling these conditions are necessary to facilitate women's economic empowerment. With other changes in organizational culture and

social norms, skill building and professional growth opportunities can support equitable career opportunities and help women workers increase their earning potential. Advancement can lead to greater financial security and independence, which may have a net positive impact on women's overall wellbeing, provided that other attendant risks associated with economic empowerment are mitigated, such as backlash in the home or community as women's power and gender roles evolve. Greater representation of women in supervisory and leadership positions may also positively affect the MHW of the teams they oversee, as women leaders may be more attuned to the needs of other women in the workforce. However, more research is needed to confirm these trends in Asia's garment industry.

4 Normalization of gender-based violence and harassment diminishes women's MHW.

Freedom from GBVH is essential for women's MHW. While forms and rates of workplace GBVH vary across industries, recent studies show that groups such as women, minorities, LGBTQIA+ and nonbinary people continue to experience psychological, sexual, and physical harassment in economies around the world at all levels of education and economic status.¹⁵ When women are exposed to bullying and abuse, they experience stress, anxiety, and trauma. Given the highly gendered nature of the garment industry, in which women workers make up the majority of lower-level roles while men predominate in supervisory and managerial roles, the prevalence of verbal, psychological, and sexual abuse contributes heavily to poor mental health and trauma symptoms among women workers. For instance, in a 2019 survey of 200 women garment workers in Bangladesh, 80 percent reported experiencing sexual violence and harassment in the workplace.¹⁶ Acceptance of bullying and harassment practices and low confidence in safe, effective reporting and remediation mechanisms escalates fear and anxiety among women workers.

In industries like garment manufacturing, where a gendered power differential exists between management

and subordinate roles, it is critical for brands and suppliers to address GBVH. Many brands require codes of conduct and grievance mechanisms but do not strengthen factories' capacity for consistent management of and response to worker complaints. Thus, while factories may have anti-violence and/or anti-harassment policies in place, workers (and management) may have varying levels of understanding on what constitutes GBVH and/or how to address workplace GBVH. This discourages reporting and enables GBVH to continue unchecked. DTL participants confirmed this, expressing confusion around grievance reporting channels and/or low trust in ability of the systems to take their complaints seriously and protect their jobs.

The existence of gender disparate MHW outcomes and the normalisation of GBVH, underscores the need for brands and suppliers to involve factory leadership in efforts to improve the situation. This includes engaging both men and women in managerial and supervisory roles in efforts to build their gender perspectives, develop empathetic leadership skills, and promote allyship to support women with the resources necessary to thrive at work.



¹⁵ See for example: Park and Mendos, 2019

¹⁶ ActionAid, 2019

5 Factory working conditions are among the most important drivers impacting women workers' every day MHW.

Findings from the DTL sessions corroborate existing research on factory workers' attitudes about factory conditions and how poor or fair working conditions can exacerbate or relieve feelings of stress, worry, and anxiety. Overall, several MHW enabling factory conditions were identified:

Respectful work cultures boost women's voice, self-esteem, and agency. Women workers in the DTL sessions noted that their lower level of authority compared to men makes it difficult to voice their opinions to male coworkers and leaders. This is consistent with existing research in garment factories that reveals how colleagues or supervisors disrespecting or scolding other workers contributes to a high stress working environment where accidents and errors are likely to occur. In all DTL sessions, workers reflected that a supportive work culture in which they feel respected and valued is key to reducing distractions and enhancing performance at work. When women can voice their opinions and be genuinely heard, it strengthens their overall feelings of belonging and wellbeing.

Support for working mothers reduces the double burden and improves MHW. Women workers who are caregivers often face a double burden, juggling work, child-care, household chores, and other responsibilities. This can lead to high levels of stress, anxiety, and burnout. Workers reported that the double burden negatively impacts their MHW, particularly when they do not receive adequate employer support. Flexible work arrangements, access to affordable and reliable child-care, and household and community support can help to ease women's burdens and improve MHW. Receiving adequate maternity leave and benefits would provide significant peace of mind for women workers; almost all workers explicitly noted that this benefit was accessible in their factories. Other workers pointed out that access to quality child-care facilities within their communities would help ease women's worry and anxiety.

Feeling safe at work improves workers' MHW. Working conditions have a substantial impact on workers' perception of their physical and emotional safety. DTL respondents cited confidence in their factory's chemical safety, machine safety, and personal protective equipment, as well as limited overtime as key factors that allow workers to maintain their MHW and productivity. In Vietnam and Bangladesh, workers rated feelings of safety at work as very important for their MHW.

These findings demonstrate how women workers' MHW is shaped by structural drivers. Research into gender norms and power dynamics in specific workplace and sociocultural contexts can illuminate men's prevailing behaviors and underlying beliefs, as well as women's attitudes and ways of relating to men in these settings. Organizational power analysis can also uncover how companies may influence positive or negative MHW outcomes through the prevailing practices of employers (suppliers) and brands (buyers) that operate according to norms and pressures of the wider industry.

Lack of responsible purchasing practices can undermine worker wellbeing goals by causing performance pressure in factories to intensify. While brands may stipulate the requirement for good supplier performance on worker wellbeing in the supply chain, their purchasing practices may impact a suppliers' ability to support MHW among its

workforces. A 2023 study of 64 apparel companies reaffirmed this disconnect. Ninety-three percent of brands factor in suppliers' human rights and/or gender equality performance in contracting, yet only 27 percent enable suppliers to meet their human rights and gender equality expectations through responsible purchasing practices, such as providing fair prices and targeted support to suppliers, avoiding short lead times and last-minute changes, and making payments on time.¹⁷ Without such practices in place, suppliers may resort to subcontracting to third-party firms without authorization, hiring casual workers, and/or requiring unrealistic production quotas and excessive overtime – conditions that undermine safe, fair working environments and timely wages, especially for women workers. Brands that purchase responsibly can help enable workplaces that support women's mental health, and, by extension, further gender equity and human rights in their supply chains.

¹⁷ World Benchmarking Alliance, 2023



6 Regional differences exist in the conceptualization and manifestations of MHW. Brand-supported, factory-led action should be contextualized to local realities in order to respond effectively to women workers' needs.

Conceptualization and manifestations of MHW differ by geography, culture, economic, and political context. Contextual variables are associated with women workers' understanding of MHW, awareness of supports and willingness to seek help, and priorities for improving/maintaining overall MHW.

Knowledge and attitudes are shaped by language. Terminology regarding MHW in each country points to ethnolinguistic differences that visibly impact on social beliefs and behaviors. While perceptions of MHW may be neutral or positive in some settings, the cultural and linguistic contexts of former British colonies, such as Sri Lanka and Bangladesh, are affected by archaic legislation, namely Britain's 19th century Lunacy Act. While obsolete in Bangladesh since 2018, in Sri Lanka, the 1873 Lunacy Ordinance (amended to the Mental Diseases

Ordinance in 1956) continues to influence legal and social practices, such as construing persons with mental illnesses as “mad”, “deranged”, or “of unsound mind” and denying these individuals basic human rights.¹⁸ While Sri Lanka is slowly normalizing mental healthcare, policymakers have stopped short of repealing old legislation. A draft mental healthcare framework has languished in Parliament since 2007, reflecting an urgent advocacy need.¹⁹

The workplace MHW indicators that were prioritized in the DTL sessions varied among the three study countries, reflecting unique perspectives and differing worker needs. For example, respondents in Sri Lanka notably identified 11 essential enablers of MHW, while Bangladesh and Vietnam identified eight and seven respectively. The enablers deemed “most important” to women workers are summarized by country below.



¹⁸ Dey et al., 2019

¹⁹ Hapangama et al., 2023

Figure 2: Essential Enablers of Workplace Mental Health and Wellbeing

Workplace enablers, identified as most important by women factory workers

Bangladesh

- Access to gender-responsive healthcare, including regular health checkups
- Emotional support from a manager or supervisor during crisis or times of emotional stress/trauma
- Fair and stable wages
- Freedom from bullying and harassment
- Manageable workload
- Maternity leave and benefits
- Reasonable working hours with adequate rest
- Safe work policies and provisions

Sri Lanka

- Access to gender-responsive healthcare, including regular health checkups
- Emotional support from a manager or supervisor during crisis or times of emotional stress/trauma
- Fair and stable wages
- Freedom from bullying and harassment
- Access to wellbeing resources such as rest days and leisure opportunities
- Awareness of anti-harassment policies
- Confidence in reporting channels
- Recognition at work
- Mental health literacy and care for workers and their families
- Reasonable working hours with adequate rest
- Work culture of trust and respect

Vietnam

- Access to gender-responsive healthcare, including regular health checkups
- Emotional support from a manager or supervisor during crisis or times of emotional stress/trauma
- Fair and stable wages
- Maternity leave and benefits
- Confidence in reporting channels
- Reasonable working hours with adequate rest
- Work culture of trust and respect

The priority enablers identified may reflect how context-specific social identities can exacerbate MHW challenges for certain women in the garment industry. In general, across the study countries, women garment workers hold low status. In Sri Lankan society for instance, derogatory terms such as 'garment kelle' ('garment girl') are often used to refer to women workers. In Sri Lanka, the garment workforce is negatively perceived as promiscuous, leading to social stigmatization of women workers by family and community members and as well as risks of GBVH.²⁰ Women workers may also experience further marginalization based on their specific social identities, such as belonging to an ethnic minority or being an internal migrant. Many workers in Sri Lanka live far away from their traditional social networks and lack needed support systems. Studies have shown women who are unfamiliar with the predominant factory language of Sinhala face further discrimination, are given higher production targets, and are shamed and sexually harassed regarding their clothing style, making them more vulnerable to trauma, depression, and anxiety.²¹

In Bangladesh, stigma associated with mental illness can prevent workers from seeking help. Systems may be more mature, but services do not necessarily flow through to individuals or generate positive outcomes for women workers. Vietnam's negative connotations of mental illness and strong emphasis on collectivism can make it difficult for workers to speak up about their MHW challenges. And in Sri Lanka, there is deep cultural value placed on hard work, which can pressure workers to perform at the expense of their MHW.

MHW interventions must not be "one size fits all" but reflect women's differing needs in each setting. The DTL methodology confirmed that better MHW at work was widely desired, even though particular preferences and needs varied depending on individual experiences and cultural context. By acknowledging the political, economic, and sociocultural contexts of behavioral drivers, companies can tailor more responsive interventions and instate policies that accommodate workers' diverse needs while still meeting business imperatives.



²⁰ Hancock et al., 2016; Fernando, 2015; Hewamanne, 2008; Hewamanne, 2017

²¹ Perera et al., 2014

Conclusions

This research yielded several important considerations for the industry and stakeholders:

The value of **gender-responsive workplace policies** for mental health and holistic wellbeing.

The importance of **direct engagement with affected women workers** to better understand the sociocultural context of MHW and identify specific identities facing the greatest risks.

The importance of **involving men and leaders** in fostering gender equity and ensuring decent work for women in the garment industry.

The need for a **context-specific lens** in identifying the relevant social, economic and political differences in the structural determinants of MHW within key sourcing regions.

While the report focuses on MHW at work, one's overall MHW status has individual as well as structural determinants. Workers' MHW reflects wider issues in the industry and economy that are reinforced by policymakers and regulators in government organizations, marketing and procurement teams of private organizations/brands, and factory leadership. Improving women workers' MHW in the long-term requires understanding and addressing the deeper drivers of MHW, such as power dynamics at play in work environments, social and gender norms, industry norms and trade policy.

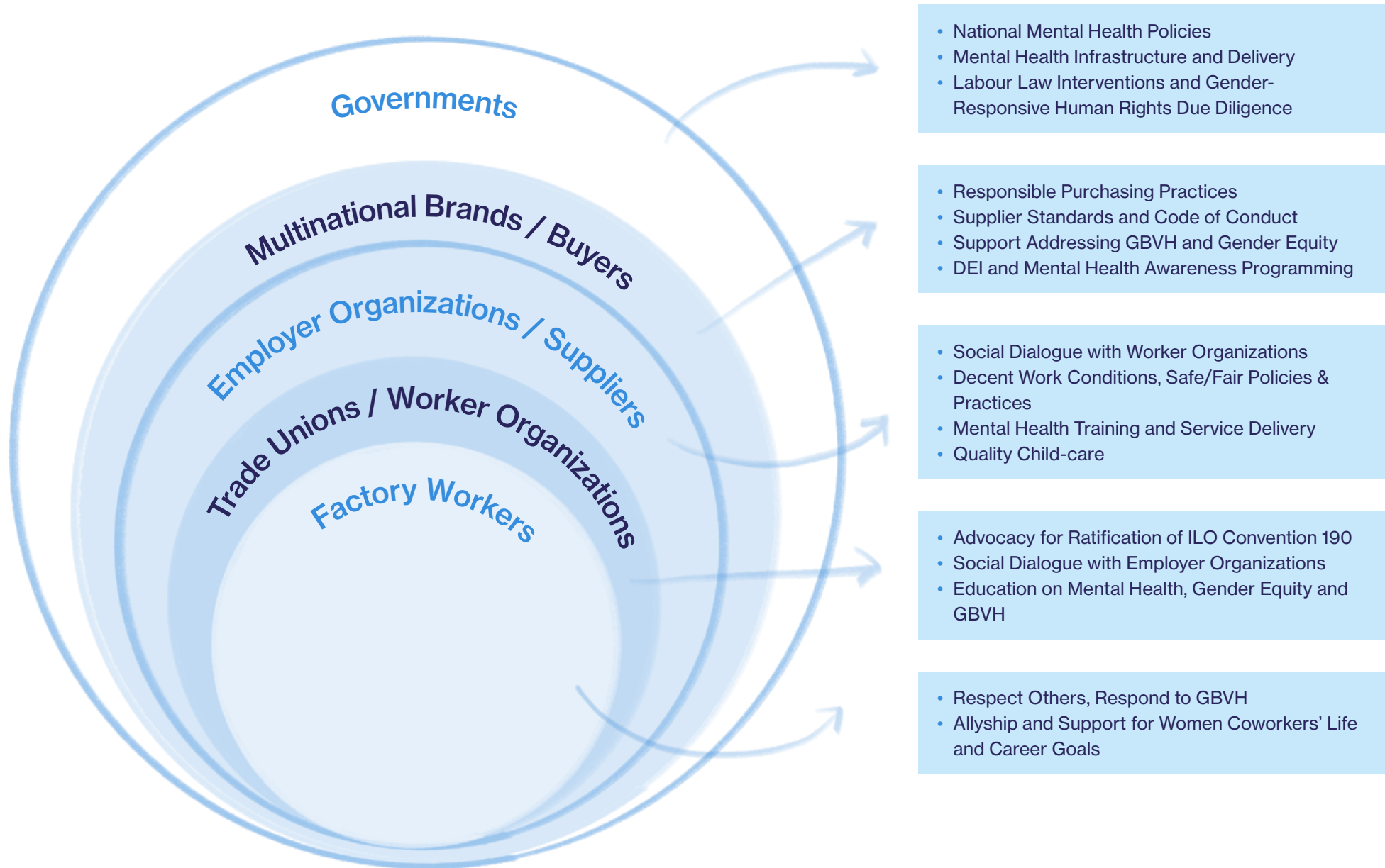
Private sector research and interventions should avoid pathologizing individual workers and focus on the role buyers and suppliers can play in creating a conducive, safe, and enabling work environment for women. This includes identifying the levers that perpetuate or ease pressure on garment manufacturers who pass this pressure onto their workforces, and high potential business-led efforts to improve economic and working conditions for women.

Business and social impact evaluations are also needed to validate best practices and scale adoption. Evidence on the economic, social and personal costs of depression and anxiety to employees, employers, and society is widely cited²² and used as justification for investment in workplace engagement on MHW support, particularly in the US and EU. Research in countries that host garment manufacturing is still needed to catalyze public and private investment in mental health care policies, infrastructure, workplace interventions, and community-based programming, such as awareness campaigns on the topics of gender equity, MHW, and destigmatizing mental health care.

Through an ecosystem approach, numerous opportunities to strengthen women's resilience emerge. These include further contextual research that centers on the voices of women workers, and evidence-based practices spearheaded by governments, multinational brands/buyers, employer organizations/suppliers, trade unions/worker organizations, and factory workers themselves.

²² National Occupational Health and Safety Commission (2003), Knudsen et al. (2010, 2012, 2013), Harvey et al. (2011); cited in Modini et al. (2015)

Action Opportunities Across the Ecosystem



Invitation and Acknowledgements

You are invited to join Women Win in advancing gender equity and worker wellbeing in the garment industry and beyond. Please contact Nada Van Schouwenburg to learn more about the research and join the conversation with other worker champions:

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