

**Narratives of Struggle and the Inclusion of
Physically Challenged Women in the Garment
Manufacturing Industries of Bangladesh**

By

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Declaration

This dissertation has been documented and submitted to the Department of Anthropology, the University of Dhaka, Bangladesh, to fulfil the Doctor of Philosophy (PhD) programme. I declare that all data and documents presented in this thesis are original and have not been submitted to any other academic programme besides the departmental seminars required for the degree.

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Certificate

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Abstract

Physically challenged women signify a substantial part of the global population and encounter numerous adversities in developing countries. O'Reilly and International Labour Office (2007) mentioned that physically challenged women confront more significant difficulties and challenges than their male peers in Bangladesh. They face double discrimination due to their gender and physical impairment in seeking healthcare, education, vocational training and employment opportunities. They are hardly included in the mainstream labour market through rehabilitation programmes and are less likely to get equality in training, and if they acquire successful vocational training, they are more likely to work part time jobs or remain unemployed. In Bangladesh, among the non-government organisations working for physically challenged persons, the Centre for Rehabilitation of the Paralysed (CRP) has been prominently providing an extensive range of high quality services to physically challenged people since its establishment in 1979. CRP- Ganakbari is a sub-centre of the main centre, which plays a significant role in including physically challenged women into mainstream society and running successful Income Generating Activities (IGA) by providing them vocational training facilities. Marks and Spencer, a world known retailer, started the Marks & Start project in Bangladesh to train and employ physically challenged persons. CRP, Marks and Spencer have joint forces since 2006 to train physically challenged women in industrial sewing and employ them in Marks and Spencer sourcing garment manufacturing industries in Bangladesh.

The study aims to narrate the struggle and inclusion of physically challenged women in garment manufacturing industries. The thesis is based on the primary data collected from physically challenged women in garment manufacturing industries regarding their experiences during 2018-2019. The study was conducted in two garment manufacturing industries- Rupali Garment Manufacturing Industry and Sonali Garment Manufacturing Industry (pseudo names) where physically challenged women are referred for employment under the Marks & Start project run by Marks and

Spencer Company and CRP's partnership. Detailed narratives and in-depth information was gathered from 50 respondents by applying various methods and techniques. Though physically challenged women were the principal respondents, rehabilitation personnel of CRP and staff of garment manufacturing industries and community people were also included as the research respondents to know about various issues on their life struggles and inclusion in the garment manufacturing industries. The reflexive position of the researcher has enriched the data collection and analysis. It includes Bourdieu's Theory of Practice and Foucault's power, knowledge and discourse for analysing the research findings.

The study identified that physically challenged women have various impairments and thus covered all types of them to identify whether any particular impairment has more challenges for inclusion and retainment in the labour force of garment manufacturing industries. Impairment by birth, fever, accident and family based violence, including the violence of husband are identified as the primary causes of their physical impairment. Lack of timely proper treatment is an issue for physical impairment for many; majority of the informants informed that first, their parents took them to traditional healers such as *kabiraj*, *fakir* and *hujur* for treatment; when their physical condition deteriorated, then they were taken to physicians. Ultimately, they could not continue the treatment for lack of funds and returned to the *kabiraj*.

Most of the informants' struggle for livelihood started after their father's death and, in some cases, when their parents depended on their brothers' income for living. Being neglected, they tried to escape the family chaos and began searching for their subsistence. Most physically challenged women have secondary education but could not pass SSC primarily because of economic adversity. Several of them started working as domestic help, garment industry workers, and tailors, and some worked as teachers at different NGO schools for physically challenged children and adults. They heard about the inclusion of physically challenged women in garment manufacturing industries of the CRP programme from their relatives, neighbours, Upazila Social

Welfare Office, distant villagers, locals who work at CRP and sometimes from other physically challenged women. It seems that Bourdieu's social and cultural capital fits well for their reaching to CRP. Upon arrival at CRP, the doctors, physiotherapists, occupational therapists and social workers checked their physical impairment and assessed each physically challenged woman to decide the appropriate treatment and skills training suited her individually. The programme encourages the trainees to aim for high quality during the training and become competent professionals in their respective fields. Trainees receive completion certificates after the training programme, which may be an institutional cultural capital in the field of employment. During training, the social welfare and compliance officers from different industries visit and select physically challenged women trainees according to their industry needs. Marks and Spencer company bears the expense of each trainee 50 per cent, and the industry owner (who selects them) bears 50 per cent. In completing training under the Marks & Start project, the garment manufacturing industry's authority picks physically challenged women from CRP and tests their skills. If they pass the skill test, the authority recruits them as machine operators. If they fail, the garment manufacturing industries either recruit them as assistant operators or send them to the industry training centre to develop their skills. The physically challenged workers enjoy some facilities while simultaneously encountering some significant challenges. Though the terms and conditions of physically challenged and regular workers are equal, the management deals with them more humanely and has some unwritten facilities for them. The most significant challenges the physically challenged women confront in working the garment manufacturing industry are accessibility problems, incompatible per hour production targets, timing problems, accommodation, lack of recreation and long working hours, which affect their vulnerable health. However, most physically challenged women said about their excellent relationships with supervisors and co-workers regarding the work environment. Informants are usually satisfied with their job, have no intention to switch, and want no further training.

Among the 34 physically challenged women, 19 are leading conjugal lives though more physically challenged women are officially married. Most of the physically challenged women of the study bear their family expenses from their earnings as their husbands have irregular income, are unemployed, and depend on their income. Their expenses are mainly house rent, daily food, parents' necessities, rearing children, tuition fees of children and siblings and medical costs. Only seven physically challenged women's husbands have a regular income and contribute to family expenses. Abandoned, physically challenged women with children and those having children and husbands without a regular income are economically vulnerable. Despite economic vulnerability, 41 per cent of the physically challenged women have some savings.

Many informants said that family members thought of them as a burden before working in the garment manufacturing industries. Some community members look down upon them for their physical impairment and for working in the garment manufacturing industries. The attitudes of the family and community members became positive towards them when they started to contribute to their families and act as agents by working in the garment manufacturing industries. Positive attitudes towards physically challenged women influence their inclusion in the family, community, workplace and everywhere in society and encourage them to accomplish fundamental goals. The research findings indicate that it may take time to change the attitude toward physically challenged women at the individual or community level but not impossible.

This research expects to contribute to future studies by providing reliable information about physically challenged women, their life struggle and inclusion in garment manufacturing industries, as there is hardly any study in this area. These findings would also help the policymakers to develop a systematic and logical policy addressing the inclusion of physically challenged women.

Chapter 1

Introduction

1.1 Background of the Study

1.2 Rationale of the Study

1.3 Objectives of the Study

1.4 Understanding Disability

1.5 Anthropology and Disability

1.6 Chapters Outline

Chapter 1

Introduction

On a shady afternoon, I slowly entered the room of Moyna, a physically challenged woman in her 30s. Sitting in a wheelchair, she greeted me with a warm smiling face and indicated a chair to sit on. While sitting, I wanted to know how she was. She replied, “I am fine and trying to lead an esteemed life by the grace of the Almighty Allah. I have struggled for my subsistence and finally got a job in the garment manufacturing industry. I am not getting any additional benefits in the workplace. I still strive daily from dawn to dusk and work hard as my non-physically challenged fellow workers. We, the physically challenged persons, want to work with honour in society. If society gives us the opportunity, we will be able to illuminate our potentiality.”

Moyna is a wheelchair user physically challenged woman who became paralysed from her knee after an accident at fourteen. Since then, she has been deprived of society’s benefits and strived for inclusion in the broader society. After struggling for better subsistence in many places, she took training on handicrafts for six months at the Centre for Rehabilitation of the Paralysed (CRP) and dreamt of a better life. The new phase of struggle of her life started when CRP sent her back to the village as a part of the Community Based Rehabilitation (CBR) programme. By taking the training of CRP as institutional cultural capital (Bourdieu, 1986), she tried to manage her livelihood and survive in society. However, she could not sustain anywhere for her identity as a physically challenged woman. Finally, she took training on industrial sewing under the Marks & Start project of CRP and joined the garment manufacturing industry in 2008. Like Moyna, many physically challenged women are receiving

training under the Marks & Start project of CRP and working in the Marks and Spencer sourcing garment manufacturing industries of Bangladesh.

World Bank (2017) estimated that one billion people or 15 per cent of the world's population, experience disability and disability prevalence are higher for developing countries. According to the alternative CRPD report from 2019, around 24 million people, out of 160 million, have disabilities in Bangladesh (Thompson, 2020). The 2011 World Report on Disability points out that the female disability prevalence rate is 19.2 per cent, as it is 12 per cent for men. Primarily disability was viewed as a medical and individual matter and considered the product of particular impairment (Kazou, 2017). Increasingly disability gained attention as a significant issue and included in mainstream development courses rather than isolated programmes and charity. Hossain (2008) claimed that during the last 50 years, persons with disability and their supporters, those who work for them ceaselessly attempted to bring a noteworthy change around disability issues- particularly in developed nations. If we can provide physically challenged women equal rights and appropriate interventions, they would contribute economically and socially to the nation. In Bangladesh, government and non-government organisations recently have taken initiatives to include physically challenged persons in mainstream development process. Still, in the case of physically challenged women, the coverage is minimal and inconsistent. Therefore, rehabilitation providers must address the needs of physically challenged women adequately.

This study was designed to narrate the life struggle and inclusion of one of the most vulnerable groups, i.e. physically challenged women working in garment manufacturing industries of Bangladesh. The lives of these women are tried to

improve by rehabilitation and inclusion in the garment manufacturing industries. An attempt has been made to analyse the issues from the theoretical perspectives of Pierre Bourdieu and Michel Foucault. Focus was mainly on Bourdieu's Theory of Practice and Foucault's concepts of power, knowledge and discourse.

1.1 Background of the Study

Bangladesh is a developing country with a per capita income of US\$ 2064, a GDP growth rate of 5.24 per cent (Statistical Pocketbook, 2020) and 24.3 per cent of the population below the poverty line (Farashuddin, 2018, p.1). Bangladesh has made a good progress in various sectors such as poverty alleviation, infant and maternal mortality reduction, gender equity in education and other socio-economic sectors. However, the increasing number of physically challenged persons remains a severe concern for the country.

Thompson (2020) proclaimed that The Constitution of the People's Republic of Bangladesh assures each citizen's fundamental human rights regardless of sex, races, colour and religion, etc. It also bans any discrimination between different social groups due to disability. According to the constitutional provisions and commitments in the international arena, the Government adopted the United Nations Standard Rule on the Equalization of Opportunities for Persons with Disabilities. It formulated the National Policy for Persons with Disabilities in 1995. To protect and foster the rights of persons with disabilities, the Bangladesh Parliament in 2001 enacted the Disability Welfare Act 2001. The Rights and Protection of Persons with Disabilities Act (2013) replaced the Disability Welfare Act (2001). It bans all forms of discrimination against people with disabilities in the workplace and the education system. Both organisations and individuals can face trial for non-compliance. A national committee was

established to oversee and coordinate the rights and protection of persons with disabilities. Organisations for people with disabilities, non-government organisations (NGOs) and international non-government organisations (INGOs) criticised The Disability Act for failing to recognise the marginalisation of women with disabilities.

Although the disability community has been promoting accessibility and appropriate community support in more developed countries, people with disabilities in less developed countries generally have little access to any services or supports (Lightfoot, 2004). O'reilly and International Labour Office, (2007) mentioned that physically challenged women are facing countless difficulties in our society. They also mentioned that many physically challenged women cannot access health care, education, vocational training and employment opportunities. They are considered less suitable for vocational training and rehabilitation programmes. In most cases, even though they complete training, they remain unemployed or work part time jobs. Stereotypical attitudes on sex and gender roles encourage physically challenged men's employment and exclude physically challenged women from particular jobs. Being excluded from required social amenities, even disability related services, they undergo exclusion day by day from everyday life activities.

According to BGMEA (2020), Bangladesh has a considerable garment manufacturing industrial unit. The garment manufacturing industries provide jobs to about 4.1 million workers, and the number is growing. Nearly 40 million people are indirectly dependent on this sector, including workers in the backward and forward linkage industries. It is, therefore, the potential provider of employment in the country. This sector employs a significant proportion of female workers coming from the rural areas of Bangladesh. The physically challenged women are getting limited employment

opportunities in the different garment manufacturing industries of Bangladesh. Though the garment manufacturing industrial unit has been flourishing in providing a level field for women in employment, the same is not the case with another marginalised population segment of physically challenged women.

CRP is working for mainstreaming the physically challenged person into society. It treats and rehabilitates physically challenged person irrespective of their economic means and provides medical treatment, vocational training and support services focusing on physical, social, emotional, psychological and financial features. It promotes to development of skilled personnel in healthcare and rehabilitation to provide benefits throughout the countryside. CRP has established centres in different parts of the country in collaboration with other organisations to spread the services to the marginalised and rootless physically challenged person. It also raises awareness on disability issues nationally, regionally and internationally.

CRP at Ganakbari is a sub-centre of the main centre that plays important role in including physically challenged women into the mainstream society. It has a training centre for dressmaking embroidery, block printing, batik, beadwork, karchupi work, mushroom cultivation training etc. The hostel superintendent of Ganakbari said that physically challenged women who take training from CRP sometimes their guardians do not come to take them back home after their training. Even they do not want to go home after training because they get facilities in movement at CRP. However, CRP has to send them back home according to institutional rules of the Community Based Rehabilitation (CBR) programme. Moreover, CRP has limitations to provide job to many physically challenged women. When Marks and Spencer Company started to

work with CRP, they got the opportunity to manage jobs for physically challenged women.

Marks and Spencer is a world known retailer, launched the Marks & Start project in Bangladesh to train and employ physically challenged people. CRP has been the project implementing partner of Marks and Spencer in Bangladesh since 2006. Marks & Start project of CRP Ganakbari is set up for physically challenged women. This project aims to gather the physically challenged women residing in different districts, and various villages, provide them training on industrial sewing, and manage jobs for them in different garment manufacturing industries to make them independent. The helpless physically challenged women were not recruited by the garment manufacturing industries previously. With the interference of Marks and Spencer Company, garment manufacturing industries began to include them. However, crossing the family lines and joining the rehabilitation institution, proving themselves suitable for a particular training type, gaining a training certificate and getting a job, and adapting to the challenging environment of garment manufacturing industries are filled with difficulties for the physically challenged women. The present study questions how physically challenged women struggle for better livelihoods, and CRP provides them with vocational training on industrial sewing to include them in the garment manufacturing industry. The study further questions how physically challenged women cope with the institutional practices of CRP and garment manufacturing industries, perceive their livelihood and act as agents in the workplace, family, and community with their vulnerable health.

1.2 Rationale of the Study

From the existing literature, it appears that the lives of most physically challenged women in Bangladesh are disappointing. They are discriminated, excluded, stigmatised, marginalized and have negligible access to health care, employment, education or vocational training opportunities and overall social services (Thomas and Thomas, 2002; WHO, 2011; DFID, 2000; Lightfoot, 2004; Nokrek *et al.*, 2013; Hussain, 2008). Anthropology studies the mainstream as well as marginalised people of society. Physically challenged women are a marginalised segment and face many problems and challenges in Bangladesh situation. Thomas and Thomas (2002) elucidated that women with disability face triple handicap and discrimination due to their disability, gender, and developing world status. Women with disability faces certain unique disadvantages compared to their male counterpart, especially in marriage, reproduction, and other traditional domestic activities. Thomas and Thomas (2002) also claimed that women in the conservative societies in the sub-continent usually do not go outside their houses to seek health care because of the traditional social and cultural norms in the village. Here, women's health needs are usually considered the last place in the hierarchy of family needs. Family members regard women's education as an 'unnecessary luxury' and do not allow women to go out and work to earn. Women with disabilities encounter these constraints in traditional societies of developing countries which worsen their problems, marginalise and prevent them from occupying their rightful positions.

In developing countries, rehabilitation services for physically challenged persons are still in the early stages, and there is an insignificant change in their lifestyle (Hossain, 2008). Among different non-government organisations, CRP has provided wide ranging high quality services to physically challenged people since its establishment in 1979.

Although physically challenged women comprise a significant portion of our population, very little information are available in this regard. Most of the research on disability primarily focuses on health or social welfare aspects (DFID, 2000). There is hardly any academic study on the life struggle of physically challenged women, the barriers they face everywhere in the society, including workplace and how they work in the most arduous garment manufacturing industry and contribute to their families hence there is a knowledge gap in this field.

This comprehensive study narrates the struggle of physically challenged women centred on various issues and their inclusion in the garment manufacturing industries. The study expects that the findings will fill the information gap on the life struggle of physically challenged women and their inclusion in the garment manufacturing industries, thus reducing the knowledge gap in this field. The research will help the rehabilitation providers and policymakers to address the precise needs of physically challenged women in inclusion policies and programmes to improve their status quo. This study will facilitate future researchers to understand physically challenged women better by providing reliable information on their life struggle and inclusion in garment manufacturing industries, thus significantly contributing to the study of disability.

1.3 Objectives of the Study

Broad Objective

The aim of the study is to narrate the struggle of physically challenged women and their inclusion in garments manufacturing industries especially focusing on health, education, vocational training, employment opportunities, and other socioeconomic aspects with gender concern.

Specific Objectives

The present study sought to accomplish the following specific objectives, which are pertaining to the struggle of physically challenged women and their inclusion in the garment manufacturing industries.

1. The study will focus on the rehabilitation process and identify the challenges in their inclusion in the garment manufacturing industries.
2. It will identify the struggle of physically challenged women to cope with the institutional practices of garment manufacturing industries.
3. The research will explore the health challenges and health care of physically challenged women.
4. The study will examine the socio-economic vulnerability and agency of physically challenged women.
5. It will look into informants' attitudes and perceptions about their lives and livelihood and their community people as a whole.

1.4 Understanding Disability

Disability is a notion that gives us the idea that a person with a disability is physically or mentally incapable of performing any task, which is essential for everyday living as a human being. Once, the physically challenged persons were confined to the home environment in our society because of shame, feeling of disgrace and insecurity. This vulnerable behavioural pattern is also expected and encouraged by the family members and community. It was regarded as a curse and divine punishment for the affected person and the family. Disability may occur by birth, accident, disease etc. The impact of disability on a person's life is severe, even if there is a minor disability. It is hard to understand and define disability that may vary across time and space. The

definition and concepts of disability connote society's perceptions towards the physically challenged person, which may vary from country to country. Scholars, WHO, and other international organisations are continuously developing concepts, definitions, and models regarding disability. The models and concepts developed by western industrialised countries do not sometimes match the social circumstances of developing countries. There is a continuous endeavour to modify the old concepts and develop new concepts. This reminds us that physically challenged is still an evolving concept, and we are novices of the notion of physically challenged. Hossain (2008) argued that western scholars have developed traditional and new terminologies and transmitted them to developing countries. In developing countries, development professionals are instructing people about the understandings and concepts of the old terminology. Significant changes to the meaning of these terms will only create misunderstanding among people who already understand the term impairment, disability and handicap. According to WHO (1980, pp. 27-29), "an impairment is any loss or abnormality of psychological, physiological, or anatomical structure or function." "Disability is any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being." "Handicap is a disadvantage for a given individual, resulting from impairment or a disability that limits or prevents the fulfilment of a role that is normal (depending on age, sex, and social and cultural factors) for that individual."

Kazou (2017) stated that before the 1970s, disability was viewed from a medical perspective and was considered the product of individual impairment, which needs medical intervention, rehabilitation and personal adjustment. Then a new social approach emerged to understand the nature and consequences of disability. This new approach opposed formerly influential medical and individual understandings of

disability. It focused on the impact of social and economic exclusion, discrimination, environmental barriers and other disadvantages experienced by a person with impairments. Persons with Disabilities' Rights and the Protection Act 2013 categorize disability in the following types:

1. Autism
2. Physical disability
3. Psychological
4. Visual disability
5. Speech disability
6. Intellectual disability
7. Hearing disability
8. Hearing-Visual disability
9. Cerebral palsy
10. Down syndrome
11. Multiple disabilities

Physical Disability

The study is concerned with women who have a physical impairment. The person who has lost one or more of their body parts or organ sensation totally or partially, permanently or temporarily and is physically unfit is considered a person with a physical disability. Mannan (1996) classified physical disability as the person who lost one hand or one leg and became weak is called Monoplegia. The loss of a right-hand leg and unequal or fragile is called Semiplegia. The loss of a right hand, leg and left leg or to its opposite in such a way becomes paralysed or weak is categorised as Diplegia. The loss of the lower part from the hips is defined as Paraplegia, and the loss of the legs and one hand is called Tetraplegia.

Though different researchers in their study have used the term physical disability, physically handicapped, and physically impaired, this study has chosen the term physically challenged. Since the study is about women, I have chosen the term physically challenged women. The term sounds more suitable for this study because despite having different physical impairments, the women are working in the most arduous sector garment manufacturing industries of Bangladesh. They perform their everyday domestic activities from washing and cooking to conceiving, delivering and rearing a child. In performing these roles, they face many challenges because of their physical problems. They are continuously struggling to overcome the barriers created by their physical impairment. Gobalakrishnan (2013) categorised the physically challenged into four types: physically handicapped, blind, deaf, and dumb. By physically challenged women, this study has indicated those women who have visible physical impairment such as one hand problems, one leg and one hand problems, two legs problems, backbone problems, paralysed, etc.

1.5 Anthropology and Disability

Anthropology studies human behaviour concerning social groups. The field of anthropology contributes immensely to the understanding of disability though it is a relatively new area of anthropology. Ruth Benedict's essay 'Anthropology and the Abnormal' (1934) was the first recorded study on disability in anthropology (Staples and Mehrotra, 2016). Benedict (1934) contends that the psychological classification of "normal" and "abnormal" is not absolute instead characterised by culture. Anthropological research demonstrates that behaviour that we consider abnormal, from the Western European cultural perspective, is believed regular and valued in some other society. Reid-Cunningham (2009) stated that during the 1950s, Margaret

Mead, a student of Benedict, proposed disability in anthropological study to understand human nature entirely.

Disability was a marginalised field in anthropology until mid-1970, and it was considered a private problem for unfortunate families and their members before 1970 (Frank, 2000). Anthropological studies in disability flourished during the 1980s. Joan Ablon has significantly contributed establishing the anthropology of disability and the role of anthropology in disability study. Ablon explores many issues in her work on people with genetic conditions and has created interest among anthropologists with disability and those who want to study disability (Shuttleworth & Kasnitz, 2004). According to Kasnitz and Shuttleworth (1999) anthropologists with disabilities have portrayed their experiences and the effects of disability on their life in their research. Others have viewed disability as a social problem based on their self-reflection and personal understanding. Medical, social and cultural anthropology have widened the discourse on disability in the public and academic arena. According to anthropologists, disability is socially constructed. Cultural principles characterised it for regulating bodies, behaviours and role fulfilment rather than functional loss or impairment (Armstrong and Maureen, 1996; Holzer, 1999; Ingstad and Whyte, 1995; Susman, 1994, p. 15 cited in Reid-Cunningham, 2009). Medical anthropology focused on disability in all societies around the globe (Inhorn, 2007). Reid-Cunningham (2009) mentioned that Disability and Culture newsletter is the primary source for anthropological and other social science theories about disability. A medical anthropologist Louise Duvall began the Disability and Culture newsletter. Recently Deva Kasnitz has been one of the most prominent voices in the anthropological discourse on disability. He strongly advocates for anthropology to involve more fully with disability studies. Russell Shuttle Worth sometimes together and sometimes

individually revolutionised the discussion of disability. They brought disability to the centre of anthropological discourse.

The present study provides an in-depth analysis of the life struggle of physically challenged women and their inclusion in the garment manufacturing industries and thus contributes to the anthropological study of disability.

1.6 Chapters Outline

The dissertation is comprised of 9 chapters. A brief outline is provided below.

Chapter 2 reviews relevant literature on the issues of health and reproduction, livelihood and employment opportunity, education, rehabilitation and inclusion and gender, body and sexuality of physically challenged persons.

Chapter 3 analyses the theoretical perspective of Bourdieu's Theory of Practice and his concepts of capital, habitus, and field; Foucault's concepts of power, knowledge and discourse were also outlined here, discussing how the researcher has used these concepts to explore different issues of physically challenged women and their struggle and inclusion in the garment manufacturing industries of Bangladesh.

Chapter 4 outlines the methodology used in conducting the research including the rationale for using qualitative research methods, why narratives were used, how the question of ethics were addressed and how the researcher collected and analysed data.

Chapter 5 analyses the rehabilitation process and the collective roles of CRP, Marks, and Spencer in rehabilitating and creating employment opportunities for the physically challenged women in the garment manufacturing industries. This chapter also narrates the struggle of physically challenged women to secure a better livelihood and for inclusion.

Chapter 6 explores the institutional practices of garment manufacturing industries and the resilience physically challenged women show to cope with the institutional practices of garment manufacturing industries.

Chapter 7 deals with the health challenges and health care of physically challenged women. It explores their health condition, how the healthcare system of Bangladesh influence their health care, changes in health seeking behaviour and the effects of work hour on health. It also examines the role of CRP and the garment manufacturing industries in maintaining the comprehensive health of physically challenged women.

Chapter 8 explores the agency of physically challenged women after their inclusion in garment manufacturing industry reflecting on their socio-economic condition, marital status, and family life.

Chapter 9 presents the conclusion, which summarises the research findings in fulfilment of the research questions and objectives.

Chapter 2

Review of Relevant Literature

2.1 Health and Reproduction

2.2 Livelihood and Employment Opportunity

2.3 Education

2.4 Rehabilitation and Inclusion

2.5 Gender, Body and Sexuality

Chapter 2

Review of Relevant Literature

A review of relevant literature is significant for any research. It is necessary to review previous literature to progress for new research. The study aims to narrate the struggle of physically challenged women and their inclusion in garment manufacturing industries, mainly focusing on health, vocational training, employment, and education with gender concerns. There is hardly any literature on physically challenged women's inclusion in the garment manufacturing industries. A literature review was done on research reports, articles, journals, books, and PhD works on disability issues, which different organisations, anthropologists, sociologists, psychologists, and other social scientists have done. I have reviewed the literature to understand the intensity of the problems and gain insight into the lifestyle of physically challenged women working in the garment manufacturing industry. Besides these, the study also included reviews of the literature on theory and methodology to construct a theoretical framework and to have an in-depth understanding of methodological issues relevant to the research (discussed in detail in chapter 3 and chapter 4, respectively). In reviewing the literature, it is observed that different researchers used the term persons with disability to indicate both males and females having different types of disability and women with disability were used to mean women who have different types of disability. The present study used the term physically challenged women and discussed the reason in chapter one. The literature review focused on relevant issues pertaining to the research, including literature in Bangladesh, regional and world contexts.

2.1 Health and Reproduction

Physically challenged women represent a substantial part of the global population and exist in almost every society. Very little academic research has been done on the health and reproductive health of physically challenged women in developing countries, including Bangladesh. Sexual and reproductive health, as the most obscuring factor, excludes physically challenged women from empowerment and marginalises them in all spheres of society.

In Bangladesh, a study carried out by Centre for Services and Information on Disability (2002) argued that reproductive health is a crucial and sensitive issue in Bangladesh. The conservative society of Bangladesh is not favourable for open discussion on reproductive health issues. The study found that a majority of the girls with a disability had a severe problem with shock, intense fear, depression and embarrassment when they face their first menstrual period. Women with speech and hearing problems face severe difficulties during their physical change as they cannot communicate or share their experiences with those who can support them. The study also found that it is problematic to teach girls with intellectual or multiple disabilities to take care of their personal hygiene for e.g. menstruation. Although very few girls and women with disability were informed about the safety or convenience of various birth control methods, they did not consider them user friendly.

Rahman (2013) in a study found that women with disability are refused to care by a physician because of their disability. They have easy access to public health clinics, specialists and emergency departments, but they have no access to reproductive health care services. Andersson (2010) in his study on Tanzanian women living with physical disabilities showed that the women living with physical disabilities see themselves as fitted and healthy sexual beings though they face many challenges.

Groce *et al.* (2009) also found that persons with disability have the sexual and reproductive need as like as normal man. Basson (1998) describes that the sexual wellbeing of physically challenged women is ignored because of society's misconceptions. Different prejudice about women living with disabilities is circulating, saying that women with disabilities are distinct, asexual, and cannot be mothers.

Fiduccia and Wolfe (1999) wrote that physicians often apply the birth control method to women with disabilities, which normal women report as having side effects. They pointed that most disabilities do not affect women's sexuality; therefore, women with disability need effective contraception. There is a misconception that women with disability are asexual, and the disability specialist best serves women with disability, thereby restricting them to accept the gynaecological service they need. According to them, sexuality is the most agonising element of physically challenged women's lives, and they are facing dangerous stereotypes that they should not reproduce. Their ability to have children is a threat to the majority culture because of the notion of 'disability breeds disability.' Moyo (2010) found that in Uganda and Zimbabwe, women with disabilities face diverse challenges in accessing services and information for their sexual and reproductive rights concerns. Various negative societal barriers have rendered women with disabilities marginalised or wholly excluded from claiming and receiving these rights in extreme cases. The study concluded that ensuring universal access to sexual and reproductive health would not be achieved in Uganda and Zimbabwe, including other African countries, without the meaningful involvement of women with disabilities.

Women with disabilities are keeping away from antenatal and postnatal services because of the idea that they should not be pregnant, and they are discouraged when

they are decided to have a child (Maxwell *et al.*, 2007). Amalo (2013) mentioned that women with disabilities face many challenges in accessing sexual and reproductive health. The key challenges were discrimination, and stigma within the community, including health staff concerning the sexuality of physically challenged women. UNFPA (2009) and Khanal (2013) found in their study that women with disabilities are 'asexual' and considered unsuitable for marriage and motherhood. Human rights violation is commonly observed among the women with disability and they are sometimes sterilized forcefully, which is against human rights (Frohmader and Ortoleva, 2012).

Hussain (2008) in a report on women with disabilities in Bangladesh stated that women with disability depend on government and private hospitals, qualified physicians' chamber, *kabiraj*, quacks, pharmacy and clinic and religious persons etc., for treatment. Only 7.2 per cent of them regularly seek medical advice for their disability. The study also showed that 75 per cent of women with disability seek health care services from family members, neighbours and household helps. Proper attention and cooperation from staff of various health facilities were reported by 66.8 per cent, and 28.8 per cent mentioned that they are provided with preferential treatment by the staff of the health care facilities and institutions.

The present study narrates the health and reproductive health condition and health-seeking behaviour of physically challenged women working in the garment manufacturing industries. The study also explores the problems and issues that physically challenged women face regarding reproductive health and the reproductive health services they get in their workplace.

2.2 Livelihood and Employment Opportunity

Nokrek, Alam and Ahmed (2013), in their research paper, revealed the livelihood challenges and successes of the poor people with disabilities when they entered into income generating activities. They revealed the social and economic exclusion of impoverished people with disabilities in the southwest coastal region of Bangladesh. They mentioned that adequate social protection and income generation could reduce this social exclusion. They mentioned that a significant proportion of underprivileged people with disabilities go without government safety net benefits. Better access to quality health provision, availability of appropriate assistive devices, more inclusive infrastructure and building, public transport and schooling are also urgently needed for a person with a disability in Bangladesh. Widespread discrimination against the persons with disabilities in Bangladesh creates severe barriers to life improvement for these extreme poverty stricken people. Social and political activities are urgent need to challenge the stigmatisation and exclusion of impoverished people with disabilities in Bangladesh, especially in rural areas.

Mohapatra (2012), in his research, seek to determine the opportunities and challenges for the person with disability in a rural village in India. He focused on employment, education and training, self-employment and social security as crucial aspects of livelihood. He furthermore found that besides discrimination and barriers, the lack of available opportunities is a significant challenge. The condition of the road and lack of transport limited their options. Village politics, negative attitudes of stakeholders and administrative complications deprived them of procuring benefits. They depend on their family and charity support for livelihood. Lack of awareness, self-interest and negative attitudes of the family members prevents them from being independent in their livelihood.

A study conducted by CSID (2002) on the employment status of people with disabilities in Bangladesh observed that people with disabilities are widely marginalised in the employment sector. Lack of practical experiences and vocational skills hindered their income generation scope. If people with disabilities could acquire some skills in any professional area parallel with regular education, it would be considered a qualification for income generation. Simultaneously it is also essential to create opportunities to utilise their acquired capacity through employment. The study found that the income of people with disabilities was insufficient compared to their needs. The critical difficulties revealed by the person with a disability in their workplace are lack of cooperation, negative attitude, lack of accessibility and adaptability, lack of initiatives in the further development of skills, and lack of awareness of employers in realising the difficulties. Most of the respondents with disabilities in that study did not feel comfortable responding to the queries regarding their work environment and the attitude of the management. Forty-six per cent informed that they were receiving equal privileges in the workplace. The attitude of family members and the workplace is positive. Almost all employed person with a disability has an economic contribution to the family.

According to DFID (2000), employment plays a vital role in the empowerment and inclusion of people with disabilities in society. The development of skills and training strategies can facilitate the inclusion process. Many people with disabilities have proven their competency in running their self-businesses.

Haq (2003), in his study, attempted to examine employment and career opportunities for women with disabilities in Malaysia in terms of the level of education and vocational training, categories of disabilities, and barriers to employment. The study findings expected important economic and social implications for reducing

unemployment among women with disabilities in Malaysia. He pointed that the employer employed women with a disability because of their tertiary education and affirmative image.

Boylan (1991), states that the male oriented labour market policies ignore the fact that many women are responsible for their family's financial security. However, special aids and adaptation have made it easier for people with disability to become part of the workforce. Employment programme for people with disability is male oriented biased towards employing males with disability.

A study conducted by Rahman (2013) shows women with physical disabilities feel shy in a public place and are not mentally strong enough to do any work though they have strong power and capability to do. Many employers assume that recruiting a person with a disability in their payroll will be considered a burden. They fail to see people with disability as individuals with individual strengths. Employment and self-income generation activities are essential for the economic self-reliance of people with disabilities. Considering this, the Bangladesh government declared a 10 per cent quota for people with disabilities, but the stated percentage had never been implemented properly (NFOWD, 2009). According to European Commission (2002) in European Union, people with disabilities face problems in securing and maintaining a job. The probability of getting a job for a person with a moderate disability is 47 per cent, and for a person with a severe disability is reduced to 25 per cent. The employment rate is considerably lower among women with disability. Of women with a severe disability, only 25 per cent are working, and 44 per cent of women with moderate disabilities are employed. Girls and women with disabilities are significantly disadvantaged in accessing primary education, vocational training and retraining, which is a prerequisite to employment of people (Akhter, 1997).

Women with a disability have less participation in the labour force; they are less likely to have a job or business and earn significantly lower than men with a disability (Stoddard *et al.*, 1998).

SACDIR and CSID (2016) carried out a study to determine the employment chances and barriers, livelihood options and employability for persons with disabilities, specifically in the RMG and leather industry in Bangladesh. They observed a noticeable development in the employment status of persons with disabilities. They argued that due to continuous efforts of the government of Bangladesh and civil society organisation, ready-made garments and leather industry and self-employment open up the opportunities. In interviews with different stakeholders, including persons with disability, the study reveals that despite having various legislative and policies towards advancing the rights of persons with disabilities, the respondents believe that there are many gaps in implementing procedures to ensure employment for persons with disabilities. The study identified that lack of clear organisational policies in the ready-made garments and leather industry, negative attitudes regarding the skills and abilities of persons with disabilities, attitudinal, environmental and institutional level barriers and non-provision of health benefits and insurance and incentives are the main obstacles for improving the employment opportunity of persons with disability. The government's political will, committed civil society organisations and active disabled peoples' organisations can take initiatives for inclusive employment for persons with disabilities.

The study conducted by SACDIR and CSID (2016) focused on the employment chances and barriers, livelihood options and employability for persons with disabilities, specifically in Bangladesh's RMG and leather industry. However, we

found many studies on regular RMG workers about their socio-economic condition, health status and violence in the workplace, some are discussed below.

Bhuiyan (2012), in his study, tried to explore the socio-economic status of garments workers in Dhaka city. He found that their socio-economic condition is not satisfactory though they work dawn to dusk even up to late at night. They cannot buy their daily essentials as they are ill paid. Their children are deprived of their parental care, suffer from malnutrition, and live in unhygienic condition. They have no time or scope for recreation. During the study, they found that the worldwide economic downturn has affected the RMG sector of Bangladesh as some workers have lost their jobs and the trend of the work declined.

Ahmed & Raihan (2014) conducted a study on female workers in Bangladesh garment manufacturing industry to determine their health status. The workers in this sector live from hand to mouth and cannot maintain their basic needs from their income. They cannot afford to maintain minimum health care, medical services, hygienic accommodation as well as access to other amenities is a dream to them. So they had to suffer from different types of physical complexity. In addition, the garment factories' work environment is not congenial to ensure good health. Furthermore, garment workers are frustrated about their future due to lower earnings, which affects their mental and social stability. Their study findings reveal that the majority of the female workers in the garment sector suffer from the diseases like problems in bones, abortion complexity, dermatitis, back pain, eye strain, pruritus, malnutrition, respiratory problems, hepatitis (Jaundice), gastric pain, fatigue, fever, abdomen pain, common cold, and helminthiasis. The study mentioned that occupational hazards, absence of leave facilities, health facilities and safety measures, staff amenities, long

working hours, lack of safe drinking water, first aid box, safe working counselling or psychological counselling etc. are the leading causes of their health problems.

In the readymade garment sector of Bangladesh, many female workers continue their work even if they suffer from various diseases and illnesses, as they have no other alternative to survive in society. The competitive strength of the garment sector in the world market is seriously affected by the health problems of the workers since it dramatically decreases the workers' productivity. The policymakers, authorities and concerned bodies should take special care to ensure a healthy and productive workforce in our country to fulfil the dream of Bangladesh.

Akhter, Rutherford and Chu (2019) have examined the violent acts in the workplace of the RMG industry in Bangladesh and found multiple forms of violence toward female workers causing physical and mental harm to women. Female workers described their personal experience of physical and verbal abuse in the workplace, but they did not make complaints for fear of losing their jobs. They are not allowed to bring their cell phones to work. The gatekeeper searches their bags when they enter the factory and seizes the phones, so they are isolated from the outside during working hours. Consequently, they face problems when their family members are sick at home. The female workers mentioned that if they cannot complete their hourly targets, they are verbally abused and shamed in front of all and their payments are curtailed. The female workers revealed that they regularly experience the threat of losing jobs. If they lose their jobs, they would be highly economically vulnerable and endure that with deep affliction.

Majumder and Begum (2006) in their book, identify the gender differentiated socio-economic effects in Bangladesh's export oriented garment manufacturing industry. Their study findings show that women's employment in Bangladesh's garment

industry has narrowed the gender gap in employment, income, social prestige, control over income, decision making, etc. Simultaneously, it has widened the gender gap in health, social security etc. Uncertainty and hesitance are increasing among female workers than male workers. Occupational tension and gender discrimination are prominent in wage rates. Women cannot reap the benefit of their employment because of gender inequalities. They recommended to address appropriately these gender imbalances and eliminating or reducing the gender gap emerging from women's participation in the garment manufacturing industry.

The current study narrates the struggle of physically challenged women to access livelihood and jobs. The study also seeks to identify the barriers they face as physically challenged women in accessing jobs and adapting to garment manufacturing industries' working environment and culture.

2.3 Education

Driedger and D' Aubin agree with Boylan (cited in Huggins, 2003) that the illiteracy rate is high among women in general in developing countries as opposed to men. Women with disabilities are yet more likely to be illiterate. The experiences shared by women with different degrees of disability, reveal that access to educational opportunities, facilities are less for women with disability than male and able women. The reason is that parents may be reluctant to pay the fees or feel that they must keep their daughter with a disability at home or protect her. In addition, lack of transportation to school or assistive devices such as crutches or a wheelchair intensified the problems. Hussain (2008) in a report mentioned that lack of financial resources, negligence of parents and family members and non-availability of school close to home prevent them from accessing education. He also observed that persons

with disabilities make efforts for education, but they discontinue or drop out at a later stage. The study on women with disability further mentioned that financial constraints; communication to an educational institution was expensive, failure in evaluation and carelessness of parents and family members were responsible for drop out or discontinuing education. However, those who continued their education mentioned that their family members constantly encouraged them to seek education by providing necessary money, facilitating their travel to school and constant motivation and encouragement.

Groce and Bakhshi (2011) argued that inclusive education efforts for children are essential. More attention is needed to provide literacy skills to illiterate and marginally literate adolescents and adults with disability. A concerted effort to improve basic literacy and numeracy skills through inclusion in general adult literacy programmes and disability specific adult literacy programmes is urgently needed. It will help reach the goals for education and poverty eradication established by the new United Nations Convention on the Rights of Persons with Disabilities and Millennium Development Goals.

Centre for Services and Information on Disability (2002) noticed in their study that in Bangladesh, the problems related to attitude, accessibility to existing facilities, and awareness level of others also act as barriers to girls' education and women with disabilities. A vast percentage dropped out due to teasing and inaccessible environment. The study also revealed that among women with disability, only 3.75 per cent have gone to university education and shocking findings is that no one has received any skill training that could offer her an opportunity to enter the job market. The highest enrolment is in primary education, and a massive dropout rate (64 per cent) occurs at the primary and secondary level. Meekosha (2004) showed that

women with disabilities achieve lower educational outcomes than male with disabilities. Education affects the social and work life of people significantly. It is difficult for people with disability to access the school and continue their studies, which jeopardise their integration into the labour market (European Commission, 2002). According to United Nations (2019), persons with disabilities are less apt to attend school and complete primary education and remains illiterate than persons without disabilities. Generally, one out of three primary school age children with disabilities is out of school, contrasted to one of every seven children without disabilities. These trends reflect the lower literacy rate (54 per cent) of persons with disabilities compared to persons without disabilities (77 per cent). According to Akhter (1997) in our country, the negative attitude of the parents deprived most of the children with disability of education. They think that their children are not fit to go to school. The reasons that people with disability face unemployment problems after completing their education. Therefore, the parents believe that their educational accomplishments will not give the family any output or gain.

Rahman (2013) claimed that there is no sufficient special school and college for persons with disability in Bangladesh. Consequently, they admitted to public school or college with non-disabled where are criticised by the non-disabled. The study observed that most women with physical disabilities do not get the chance of education because their family sends them to primary not further send them to secondary school. Their family members and other person compel them to stay at home, and only 10 per cent get the opportunity of an education. He also argued that in Bangladesh, the number of specialised educational institutions for the persons with disability is located in urban area. As a result, the women with physical disability in rural areas do not have the opportunity to attend those educational institutions.

Mannan (1996) in her book highlighted the disability situation globally and Bangladesh perspectives. She mentioned that 12 million populations in Bangladesh are disabled. It is indispensable for us to take the initiative for a coordinated action programme by engaging them suitable work with their capacity, thereby ensure the participation of the disabled in nation building and production. The people with disabilities are not only the problem for themselves, but they are also creating the national problem of dependency. If we develop them as human resources through special education and training and engage them for productive purposes, they will become a national asset rather than a social burden.

This study examines the barrier to the education of physically challenged women and how education level influences their struggle for livelihood, vocational training and position in the garment manufacturing industries.

2.4 Rehabilitation and Inclusion

Thomas and Thomas (2002) mentioned that most women with disabilities live in developing countries. Disabilities have created inequality and marginalised both men and women. In developing countries, women with disabilities face difficulties accomplishing stereotyped gender roles and accessing rehabilitation services dominated by male professionals. Poverty and inadequate resources are the main obstacles in accessing rehabilitation services for women with disability in developing countries. In many traditional societies, even male CBR workers are not permitted to enter the home, let alone talk to the women. The conservative attitude of the family prevents them from accessing health care, education or vocational training. Community based rehabilitation should eliminate the misconceptions about marital, domestic and motherhood roles and bring a change in their attitude. If appropriate

measures were, taken, women with disabilities would be capable of bearing family responsibilities and contributing to the family economy. Doing this they would act as a motivator for other women with a disability and their families.

In their study, Hansen, Mahmud and Bhuiyan (2007) focused on CRP's rehabilitation enterprise of taking people with spinal cord injury back to their former occupations. The organisation identifies work rehabilitation as fundamental to most rehabilitation programmes. Reappearance to paid employment is viewed as the most significant outcome measure of fruitful inclusion into society. Their study focused on many dire problems surrounding disability, poverty and vocational rehabilitation in Bangladesh. Fifty per cent of that study participants were fruitfully included in paid employment, and three quarters returned to previous occupations. The participants considered the work rehabilitation programme the single most influential factor behind their return and cooperation in the family. They also stated that severe economic struggles and inaccessible workplaces were the most common difficulties. Participants of that study suggested improving the existing work rehabilitation programme by introducing pre-assessments of work sites. They also urged further focus on follow up assessments, introduce some measure of financial assistance, further involvement of family, employers, and the community, and increase the programme's duration, including suggestions for workplace modifications for successful inclusion.

In their study, Gruber, Titze and Zapfel (2013) explained that the main objective of vocational rehabilitation is societal inclusion through individualised and lasting inclusion into the labour market. They have noticed that people with disability are unemployed and marginalised in Germany compared to people without disabilities. They often confront multiple exclusions because of inadequate educational opportunities and limited participation in the labour market. Meekosha (2004), in her

work, presented that women with disability are less visible in rehabilitation and vocational training. However, they do take rehabilitation; they have fewer employment opportunities. Individuals with disability are devalued for their smaller amount of economic substance. Hence, rehabilitation is geared to potential productivity.

Nagata (2003) in his research, showed that in a modern Arab nation, there is a stout notion that it would be suitable for women with disability to learn sewing and cooking. In contrast, their male counterparts will learn computer skills and electrical engineering. In Lebanon, in a family where a son and a daughter is disabled, they are treated differently. The son is sent to school, and the daughter is not. In Jordan and Egypt, an instant incentive of income generation is offered for the women with disabilities after receiving vocational training to invite assistance from disinclined families.

Hossain (2008) described and analysed that Community Approaches to Handicap in Development (CAHD) is a new approach for addressing disability in less developed Asian countries. He argued that development is partial if it excludes persons with disability. By introducing the CAHD approach into the activities of community development organisations, negative and exclusionary atmospheres may be changed into productive ones for persons with disabilities and entire communities. His study explained the benefits of both institutions based and community based rehabilitation. He also showed that development groups think of disability as a medical problem in developing countries, which needs medical intervention. Therefore, the cost of excluding persons with disabilities from development initiatives becomes high, which will be borne by the community itself (DFID, 2000).

Amoah and Charan (2017) described that rehabilitation helps an individual achieve the highest possible level of function, independence, and quality of life. Usually, rehabilitation assists people to achieve greater independence after illness, injury or surgery. Rehabilitation centres facilitate individuals to recover from various ailments, both physical and mental. It includes a group of physicians, especially trained therapists, nurses, psychologists, nutritionists, biomedical engineers, and chaplains who form a circle of care concerted around the patient and their family. It helps an individual to back into his or her community. There are many rehabilitation centres for handicapped or people with disability. Some rehabilitation services are gender or age specific, and the patients feel more comfortable in the rehabilitation centre. WHO (2011, p.95) defines rehabilitation as “a set of measures that assist individuals who experience, or are likely to experience, disability to achieve and maintain optimal functioning in interaction with their environments.” Rehabilitation targets improvements in individual functioning - means improving a person’s capacity to eat and drink individually. Rehabilitation also involves changing the individual’s circumstances – for example, by establishing a toilet handrail. It lessens the impact of a broad range of health conditions. Rehabilitation typically occurs for a specific period. It includes single or multiple interventions delivered by an individual or a team of rehabilitation workers. It can be needed from the severe or initial phase immediately after recognising a health condition to post-acute and maintenance phases. Rehabilitation involves identifying a person’s problems and needs and relating the issues to the person’s and the environment’s relevant factors. It also defines rehabilitation goals, plans and implements the measures, and assesses the consequences. Educating individuals with disabilities is vital for creating knowledge and skills for self-help, management, decision making and care. When becoming

partners in rehabilitation, people with disabilities and their families experience better health and functioning.

This study narrates the struggle of physically challenged women in accessing rehabilitation programmes, how they take vocational training under rehabilitation programmes and obtain a certificate to be included in the labour force. The study also reveals the rehabilitation process and identifies the problems in implementing rehabilitation for their inclusion in garment manufacturing industries.

2.5 Gender, Body and Sexuality

According to Wendell (1996), women are physically different from men. Feminist, poststructuralist and postmodernist writings discussed the cultural construction and symbolic form of body and body parts. Feminist continuously works to shape our thinking that bodily suffering is socially curable phenomena. Wendell said consciousness of the body is the consciousness of the pain, distress and physical difficulty. People with disabilities contribute to our cultural understanding of the body because of their substantial bodily experiences. Pain is the physical, psychological and social context that builds and transforms our experience of the body. People with disability concentrate on their body to prevent deterioration of the physical condition and survival. Yet, the bodily experience of persons with disability is taken for granted. It is difficult to explain and even deceptive. People with disability often prefer not to identify the self with the body. If a person with a disability has a strong sense of self, it can alleviate the debilitating symptom, making life difficult from moment to moment. The sense of self negotiates its ability to carry out the task with the sick body.

Bordo (1993) discussed the feminist construction of the politics of the body. The female body is not a site of individual self-determination. Somewhat it is socially shaped and historically 'colonised' territory. Feminism inverted and converted the old metaphor of the 'body politic' to a new metaphor, the politics of the body. In the old analogy of the body politic, the state or society perceived as a human body, with different organs and parts symbolising other functions, needs, social constituents, forces and so forth. Now feminism conceives the human body as itself a politically inscribed entity, its physiology and morphology shaped and marked by histories and practices of suppression and control. The cultural work of old feminist discourse was to expose the oppressiveness of femininity. It could not be expected to give much due to shaping and decorating the body or their subversive potential. Later generation feminist theorist found both Foucault and deconstructionism to help elaborate such ideas. Foucault and feminism are in some way the mirror image of one another. He attracted feminist with his deep and complex understanding of the grip of systematic power on the body and the 'power' of bodies to resist that grip. Both are essential to an entirely theoretical understanding of power and the body.

According to Meekosha (2004), gender and sex are closely connected. There are diverse ideas about how sex is related to biological and physiological organisms. Gender often means the cultural understanding of sexed bodies, embedded in the whole system of a society's roles and norms. Therefore, a sex-gender binary system parallel to the culture was established. The gender relationship between sexes in communities is operating hierarchically. Generally, in some society man is considered more powerful and dominant, while women are considered less potent and weaker. These power relations produce labels of masculinity and femininity personalities and behaviour that are expected of men and women. The approved ways to perform

gender role are women as the nurturer and men as breadwinner, and so on. On the other hand, according to Mead (1935), the Arapesh-both men and women displayed a personality that, out of their historically limited concerns, they would call maternal in its parental aspects and feminine in its sexual elements. The Arapesh men and women were cooperative and responsive to the needs and demands of others. The study found that sex was not a powerful driving either for men or for women. Meekosha (2004) claimed for people with disability gender have minor implications. Yet, the image of disability is intensified by gender. Men and women with disability relate their experiences in significantly gendered terms, with both the content and styles reflecting how gender expectations are lessened by disability status. Both gender and disability are traditionally considered as a product of biology. Similarly, disability as biology has been considered as determining choices and behaviours of people with disability.

Gesser, Nuernberg and Toneli (2014) conducted a study in southern Brazil on the experience of sexuality in women with a physical disability. They emphasised that gender and disability conjointly limit sexual and reproductive rights. They found that the respondents were characterised as asexual throughout their lives, their role as mother and wife is unrecognised, and their relationship with the body is stigmatised as disabled. The normative discourses of gender and body function violently in the constitution of the body with disabilities. These are appropriated by women and constitute the way they experience sexuality.

Darling (2013) argued that traditional societal norms expect women to be physically attractive, nurture their family members, and depend on men for their livelihood and protection. In the case of women with disability, this expectation is denied because they need care for themselves and are viewed more negatively than men with

disability. These views are constituted by disability and gender based stereotypes to which women with disability are exposed from an early age. This study identifies the barrier physically challenged women face in performing specific gender roles and societal posture toward a female body with a disability.

The literature review emphasises different issues related to the study of physically challenged women. The above discussion shows that different studies were conducted on health and reproductive health, education and vocational training, rehabilitation, employment and livelihood opportunity and gender perspective of disability. Though all these issues are related and have conjoint effects on physically challenged women's lives, there is hardly any academic study on the physically challenged women working in the garment manufacturing industries focusing on these issues. However, there are many studies on garment workers' socio-economic conditions, health status and other issues, but there are no academic studies on physically challenged garment workers. The present one is a comprehensive study on the struggle of physically challenged women working in the garment manufacturing industries. The study focused on the rehabilitation process, the challenges they face in entering the workforce and coping with the institutional practices of garment manufacturing industries with their vulnerable health. The study also focuses on their socio-economic condition, agency, and family and community members' attitudes towards them. Thus, the study attempts to reduce the knowledge gap, which is my contribution to the academic field.

Chapter 3

Theoretical Perspectives

3.1 Pierre Bourdieu's Philosophical Position

3.1.1 Theory of Practice

3.2 Michel Foucault's Philosophical Position

3.2.1 Discourse

3.2.2 Power and Knowledge

Chapter 3

Theoretical Perspectives

The analysis of this chapter concentrates on theoretical perspectives. Pierre Bourdieu's Theory of Practice and Michel Foucault's concepts of power, knowledge and discourse were pronounced here to analyse the struggle and inclusion of physically challenged women in garment manufacturing industries.

3.1 Pierre Bourdieu's Philosophical Position

Pierre Bourdieu, a French sociologist and professor at the College de France, is well known worldwide as one of the most eminent social scientists of the second half of the 20th century. Jenkins (1992) stated that Bourdieu's sociological stand focuses on his endeavour to transcend the compulsory and ritual choice between subjectivism and objectivism. It can be absorbed into a series of homologous oppositions 'the person versus society, 'action versus structure', 'freedom versus necessity' etc. According to Wacquant (2006), Bourdieu argues that objectivism held that social reality comprises arrays of relations and forces that enforce agents, irrespective of their consciousness and will. On the other hand, subjectivism proclaims that social reality is the total of the uncountable acts of interpretation where people conjointly construct meaningful ways of interaction. Bourdieu declares that the antagonism between these two approaches is artificially maiming.

Bourdieu (1990), in his introduction to *The Logic of Practice*, writes that the opposition between subjectivism and objectivism is the most ruinous one, which artificially separates social science. Jenkins (1992) explained that Bourdieu tried to reduce the dichotomy of subjectivism and objectivism by developing a theoretical

model of social practices According to him, theory without empirical research is empty and empirical research without theory is blind. He has established a body of social theory and claimed that it is certainly not possible to detach theory from practical work. The present study set up the main elements of Bourdieu's Theory of Practice as the theoretical framework.

3.1.1 Theory of Practice

According to Bourdieu (1977, p.72), social reality is a procedure of "dialectic of the internalisation of externality and the externalisation of internality." Jenkins (1992) argued that Bourdieu's emphasis on the visible social realm of practice is not new. Under various slightly different rubrics – Sociology and Social Anthropology discuss social interaction, everyday life, and social behaviour. Bourdieu attempted to construct a theoretical model of social practice. The distinctive features of practice are that all practice is located in space and time. Interaction takes time and occurs in space. Practice as a visible objective social phenomenon cannot be understood outside of time and space. According to Bourdieu, practice is not consciously organised or orchestrated. Practice happens when one thing follows on from another. Practice theorists seek to understand how humans create their social (including political and economic) relations and how social ties make humans (Dougherty, 2004).

Jenkins (1992) described that in his ethnographic analysis of Kabylia, the kinship and inheritance strategies of the Bearn peasantry and Kabyle marriage pattern, Bourdieu made an effort to connect freedom and constraint that characterises social interaction. He depicts practice as the outcome of the process, which is neither wholly conscious nor unconscious. It is a continuing process of learning, which initiates in childhood and through which actors know without knowing the right thing to do.

Suminar (2013) claimed that Bourdieu viewed social practices as a product of dialectic relationships between structures and agencies. In this process, objective structures and meanings of subjective structures (agency) come together. Bourdieu called this congregation social practice.

The present study attempts to examine the institutionalised practices of CRP and garment manufacturing industries. It focused on the authorities' mechanisms to manage the physically challenged women worker. The study also identifies how the management maintains certain practices and new practices are emerged out because of the interaction of staff, other members of the institution and physically challenged women workers in the course of time and institutional environment. The study also narrates the struggle of physically challenged women to cope with institutional practices.

Bourdieu offered three core theoretical concepts in analysing social practices – habitus, capital, and field that produce agents' social practices. Bourdieu illustrated the dialectic relationships among habitus, fields, and capitals in an equation: $(\text{Habitus} \times \text{Capital}) + \text{Field} = \text{Practice}$ (Bourdieu, 1984, p.101). This equation tells that practice consists of the interaction of an individual's habitus and the amount of capital accrued by that individual within the social field. This study elaborates on the three core concepts of Bourdieu's theoretical frameworks, which helps to narrate physically challenged women's struggles in different arenas and inclusion in the garment manufacturing industries.

Habitus

According to Jenkins, (1992) habitus is the core concept of Bourdieu's Theory of Practice. He attempted to explain the dichotomy between theories and practice using

habitus. Bourdieu is conscious of individual's activities in their daily lives. He does not view social life merely as the aggregate of individual behaviour. His concept habitus is a bridge building practice between objectivism and subjectivism.

Asimaki and Koustourakis (2014) stated that objectivism considers that the structure exerts a force on the individual and influences his socialisation and integration into the social realm. On the other hand, subjectivism considers that individual action is not defined and produced by structure. The actor freely makes choices. Here the structure is restricted, and the actor's freedoms get preference. Bourdieu wanted to reconcile this dichotomy with his concept of habitus.

Habitus as “the strategy generating principle enabling agents to cope with unforeseen and ever changing situations, are only apparently determined by the future (Bourdieu, 1977, p.72).” “The habitus, the durably installed generative principle of regulated improvisations, produces practices which tend to reproduce the regularities immanent in the objective conditions of the production of their generative principle, while adjusting to the demands inscribed as objective potentialities in the situation, as defined by the cognitive and motivating structures making up the habitus (Bourdieu, 1977, p.78).”

Suminar (2013) mentioned that habitus explains how objective structure and subjective insight influence human activities. It is a set of regulatory systems of thought and action, which are, to some degree, a product of former experience.

Calhoun (2013) believes that one can internalise social structure and generate new practices by one's habitus. By producing new practices, an individual breaks some dimensions of old structures and adjust to the unique situations that place individuals in structures and shapes their trajectories through them. Habitus is a state of doing

anything and, at the same time, a dominant factor in the reproduction of a recognised pattern of action.

Webb, Schirato and Danaher (2002) mentioned that Bourdieu incorporated some points with habitus. First, knowledge (the way we realise the world, our beliefs and values) is continually created through the habitus, rather than being inertly recorded. Second, we are inclined towards definite attitudes, beliefs or ways of behaving because of the power exercised by our cultural trajectories. These dispositions are transposable across fields. Third, the habitus is always constituted in moments of practice. Finally, it works at an unconscious level. Habitus is, in a sense, very arbitrary; there is nothing usual or essential about the values we hold, the desires we pursue, or the practices in which we involve.

Jenkins (1992) showed that habitus is a Latin word in Bourdieu's social practice, which denotes a conventional or usual condition, position or appearance, especially the body. The dispositions and reproductive classificatory schemes are the core of the habitus and embodied in actual human beings. This embodiment has three meanings in Bourdieu's work. First, the habitus only exists 'inside the heads' of individuals and the head is a part of a body. Second, the habitus only exists through the exercise of individuals and their interaction with each other and the rest of the environment talking, moving, and making things. Third the practical taxonomies are at the soul of the generative systems of the habitus are embedded in the body.

Jenkins (1992) also said Bourdieu used the notion of hexis, to mean the embodiment of the habitus. Habitus implies actions, the behaviour and style of actors to conduct themselves, their attitude and the way they walk and move. The meaning of habitus and hexis indicates the centrality of the body. Bodily hexis combines the personal and

social world into which they are born. It is the long lasting way of standing, speaking and thereby of feeling and thinking of individual.

Bourdieu (1977, p. 72) explained that habitus is ‘systems of durable, transposable dispositions.’ Asimaki and Koustourak (2014) stated that the dispositions that an individual acquire during childhood from the field of family Bourdieu called this primary habitus. This primary habitus is long lasting and more influential. The dispositions are also transferable. We understand that the set of personalities the actors internalise and possess through everyday interactions can be influenced and changed under different circumstances.

The present research reflects on the disposition that physically challenged women acquire during childhood through socialisation in the field of family and how the physically challenged women walk, talk or move their bodies from one position to another. The physically challenged women internalise the external, which means the experience they gather in everyday life and how social and cultural messages shape their thoughts and actions. How they feel, act and perceive the world, how they internalise their position and the attitude of family and society towards them. The disposition that physically challenged women acquire and possess through their experiences and socialisation can be influenced in a different context. The study also examines how rehabilitation and inclusion in the garment manufacturing industries affect their perception of society and the world and how they break traditional attitudes and adapt to new circumstances.

Capital

The second illuminating theme of Bourdieu’s theory is capital. Individuals achieve dispositions depending on the successive positions in society, with a particular

endowment in the capital (Wacquant, 2006, p.7). The amount of capital an actor can secure from society shape his habitus. Bourdieu argues that capital functions as a social relation in a system of exchange, and the term is spread ‘to all the goods, material and symbolic, without distinction, that present themselves as rare and worthy of being sought after in a particular social formation’ (Bourdieu, 1977, p. 178).

According to Bourdieu (1986), capital can be found in four categories: economic, social, cultural, and symbolic capitals. Using these four forms of capital, an agent struggles to occupy a position in society. An agent can acquire as well as exchange this capital in their everyday interaction.

Bourdieu (1986) regarded social capital as a channel of access to other forms of capital. Marginson and Wheelahan (2007) stated that Bourdieu’s social capital is a tool, which generates social privilege and explains the type of social exclusion. Bourdieu’s social capital is a causal mechanism for both accesses to power and privilege, and the failure to access the power results in social exclusion. According to Bourdieu and Wacquant (1992, p.119) social capital is the amount of the assets, genuine or virtual, that accumulate to an individual or a group by the excellence of having long lasting and systematised connections of mutual understanding and acknowledgement.

Bourdieu (1986) stated that economic capital means income, wage and other financial resources and assets. It is instantly transferable to other forms of capitals. Bourdieu (1986) described, cultural capital can be converted to economic capital in specific conditions and can be established in educational credentials. Embodied or incorporated state, objectified state and institutionalised state are the three forms of cultural capital. Embodied state or incorporated state of cultural capital is the

enduring set of disposition of the body and mind. This embodied form of cultural capital cannot be instantly bought or sold as goods or property, nor can it be exchanged as a gift or bequest; instead, it can be converted into an integral part of an individual habitus. Suminar (2013) showed that one could consciously acquire this cultural capital and “inherit” passively. Here inherit does not mean genetic inheritance; instead, it means which an individual learns over time from the family through socialisation, culture and traditions. Embodied cultural capital includes norms, values, and habits transmitted to an agent through socialisation and learning process, which helps the agent to avail social opportunities (Bourdieu, 1986). The study examines how family socialises physically challenged women and how they internalise their physical impairment in terms of embodied form of cultural capital. The research also explores health related behaviour, values and attitudes. It is expected, if the embodied cultural capital of physically challenged women is positive, it helps to secure more societal benefits.

Bourdieu’s (1986) objectified state of cultural capital includes all forms of goods or material objects such as art, books, dictionaries, paintings, monuments, instruments, machines etc. Both skills and knowledge are essential to praise a certain thing, and economic capital is compulsory to purchase it. For instance, an individual only requires financial capital to possess a sewing machine but to appropriate and use them following their specific purpose (defined by the cultural capital, scientific or technical type, incorporated in them); he must have access to embodied cultural capital. Objectified cultural capital regarding disability includes whether the physically challenged women have access to information technology and the skills and knowledge to get the disability health services, rehabilitation, education and job information.

Bourdieu, (1986) stated that the institutional form of cultural capital provides academic credentials confirming an individual's qualifications and certifying his competency to accomplish particular skills. Suminar, (2013) stated that this form of cultural capital has a conspicuous role in the labour market. It allows different forms of cultural capital to be expressed in a single qualitative and quantitative measurement. The institutional acknowledgement easily converts the cultural capital into economic capital and serves as a heuristic that sellers can use to explain their capital and buyers can use to describe their requirements for that capital. The study shows how physically challenged women struggle to receive training and obtain a certificate as institutional cultural capital and use that certificate to secure a job in the garment manufacturing industries. Therefore, Bourdieu has embodied cultural capital and objectified cultural capital ally with "knowledge and skills", and "qualifications" transmits to his description of institutionalised cultural capital (Dobson, 2011).

Symbolic capital refers to the accumulation of prestige, honour, and recognition based on the dialectic between knowledge and recognition (Suminar, 2013). Bourdieu (1986) distinguishes three capitals: economic capital (money, property), cultural capital (knowledge, skills, educational qualifications), and social capital (connections, membership of a group). At the same time, he argued that all these forms of capital could be apprehended as symbolic capital (prestige, honour). For instance, social capital always functions as symbolic capital since it is "governed by the logic of knowledge and acknowledgement." The research examines how much symbolic capital physically challenged women could accumulate after their inclusion in the garments manufacturing industries.

Field

The concept of field is linked to habitus and capital. An agent, based on his previous experiences, explains the field. Positions are arrayed in the social structure, and every individual occupies a place in society according to their skills. The position influences the person to acquire capital and, at the same time, affects the wealth accumulated by the person. Jenkins (1992) contended that to Bourdieu “a field is a social arena within which struggles or manoeuvres take place over specific resources or stakes and access to them.” Power relations constructed field. The position is arrayed based on supremacy, subordination or equivalence (homology) because of the goods or resources (capital) they manage, which are at risk in the field. In Bourdieuan language, the field is linked to a structured place of forces and struggles, consisting of a well-ordered system and a distinguishable network of relationships that influence an individual’s habitus (Bourdieu, 1986). We can easily define the field where various resources (capitals) are scattered, and an agent competes for those resources. The power of an individual in the field depends on his position and the amount of capital they can accumulate. According to Bourdieu and Wacquant, “social agents are not “particles” that are mechanically pushed and pulled about by external forces. They are, instead, bearers of capitals and, depending on their trajectory and on the position they occupy in the field by their endowment (volume and structure) in the capital, they have a propensity to orient themselves actively either toward the preservation of the distribution of wealth or toward the subversion of this distribution (Bourdieu and Wacquant, 1992, pp. 108-109).” Thus, the concept of habitus, capital and field are internally linked. With the help of Practice Theory, the study attempts to analyse how physically challenged women are excluded in different fields of mainstream society, how they unravel this exclusion based on habitus and battle to accumulate capital to struggle in the social field.

3.2 Michel Foucault's Philosophical Position

Foucault's work focuses on the nexus between social structures and institutions and the individual (Mills, 2003). He established tools and methods to offer a diverse way to examine how contemporary concepts and ideas develop and change historically (McSherry, 2013). Foucault's thinking is critical for this study to understand the relationship between rehabilitation institutions, garment manufacturing industries, physically challenged women and the larger society. I have used Foucault's concepts of discourse, power and knowledge to analyse the struggle of physically challenged women and the role of rehabilitation institution for their inclusion in the garment manufacturing industries.

3.2.1 Discourse

The concept of 'discourse' is multidimensional. Anthropologists, sociologists and philosophers used discourse to portray the discussion and the meaning behind them by a group of individuals who hold specific thoughts in common. The notion of discourse initiates from Latin 'discursus', meaning "running to and from", and generally denotes "written or spoken communication" (Pitsoe and Letseka, 2013). According to Van Dijk (2009), discourse is a multidimensional social phenomenon. It is simultaneously a linguistic object, an action, a form of social interaction, a social practice, a mental representation, an interactional or communicative event or activity, a cultural product or even an economic commodity. In other words, the notion of discourse would involve many dimensions and fundamental notions, that is, theory, such as meaning, interaction and cognition. Foucault defined "discourse as the general domain of all statements, sometimes as an individualisable group of statements, and sometimes as a regulated practice that accounts for a certain number of statements (Foucault, 1972, p. 80)."

Danaher, Schirato and Webb (2000) explained that discourse is one of the most frequently used terms from Foucault's work. German philosopher Friedrich Nietzsche largely influences Foucault's work. Nietzsche contended that any form of knowledge or truth evolves in culture because one group has enforced their will over others. Following Nietzsche, Foucault advocates that truth and knowledge are knotted with power. Both Nietzsche and Foucault point out that dominant discipline and discourses are not simply the new guarantors of power. Their development and the knowledge and truth they produce result from power struggles that have triumphed over other disciplines and forms of knowledge.

Danaher, Schirato and Webb (2000) further mentioned that Foucault defines discourse in different ways throughout his work. The critical element of discourse is the statement. To Foucault, discourses are an amalgamation of statements that establish relationships with other statements. They share space and establish contexts. They may also disappear and be replaced by other statements. Statements are uncommon because, while a discourse can take in an unlimited number of statements, usually a restricted number constitutes any discourse, and these are referred to repeatedly. According to Foucault, discursive practice occurs at a particular time as a series of events that create effects within a discursive field.

Mills (2003) mentioned that Foucault saw discourse as a system that structures our way to perceive reality and, at the same time, constrain our perception. Foucault says that there is always a discursive realm. Everything is constructed and apprehended through discourse. Pitsoe and Letseka (2013) indicated that discourse is a social construct. Those who have the power and means of communication have created and disseminated discourse. Foucault grasps that discourse shapes the truth, morality and

meaning. Danaher, Schirato and Webb (2000) showed that Foucault's archaeology works through the historical archives of many societies to bring to light the discursive formation and events. By using discursive formation and events, society has created knowledge and games of truth and governed itself. Foucault's 'games of truth' emphasise that public institutions authorise their activities by claiming to be speaking the truth. These truth claims are dependent on institutional and discursive practices. Foucault explains the game of truth, as a set of procedures that create results that may be considered valid or invalid or produce truth more simply.

Foucault (1981) said, in each society, the generation of discourse is at once controlled, chosen, organised and redistributed by a certain number of strategies whose role is toward of its power and threats, to gain dominance over its chance events, to avoid its laborious, arduous materiality. According to Danaher, Schirato and Webb (2000) Foucault's work on discourse has implications for understanding the operations of institutions. An institution is a comparatively durable and stable set of relationships between people and objects. For example, education is made up of an array of institutions such as schools, universities, kindergartens, and bureaucracies. These institutions consistently have a physical presence, for instance, a classroom. They should also be understood as being constituted by relationships: between school principals and teachers, teachers and students, parents and school boards, etc.

3.2.2 Power and Knowledge

Foucault's discourse is an essential methodological concept in unravelling power within the poststructuralist era. Power and knowledge are joined together in discourse (Pitsoe and Letseka, 2013). Mills (2003) argued that Foucault is concerned to set up the interconnection of power and knowledge and power and truth in his writing.

Truth, power and knowledge are intricately connected. We need to analyse the role of power in the production of knowledge. He illustrated how knowledge is formed and circulated in societies through different institutions and practices.

Danaher, Schirato and Webb (2000) disclosed that Foucault reasoned that the knowledge and truth formed by the human sciences were tied to power. It was used to control and normalise individuals. For example, 'madness' does not just exist – disciplinary knowledge produced it. The state drafts procedures and laws that determine legally who is normal and healthy and who is morally or physically perverted and dangerous. However, those policies and laws are based on the knowledge produced by disciplines and institutions. In other words, knowledge, in a sense, authorises and legitimates exercising power.

According to Foucault (1977), we must stop to describe power negatively, such as it excludes and represses; in fact, power produces reality and realms of objects and rituals of truth. The individual and the knowledge are the productions of power. Mills (2003) mentioned that in his works such as *The History of Sexuality* (1978), *Power/Knowledge* (1980), *The Birth of Clinic* (1973) and *Discipline and Punish* (1977), Foucault focused on the analysis of the effects of various institutions on groups of people and the role those people play in affirming or resisting those effects. Foucault criticised the notion that a group of people or institutions possesses power, oppresses, and constrains. Instead of viewing power negatively as coercing and suppressing, he argues that power is productive and gives rise to new forms of behaviour.

According to Foucault (1978), power is everywhere; it is no longer an institution or individual strength, but a position one assigns in a particular society. Power cannot be

acquired, snatched, or shared; one only holds on to or allows to slip away. Power is exercised from innumerable points. Where there is power, there is resistance; resistance is not exterior to power and is everywhere in the power network. One is always inside power; there is no way of escaping it.

Danaher, Schirato and Webb (2000) described Foucault's power as a complex flow and set of relations between different groups and areas of society rather than held and used by individuals or groups. It changes with time and situations. Disciplinary institutions and practices that arose in the eighteenth and nineteenth centuries applied Foucault's understanding of power. We can consider discipline in two ways. One is tied to punishment, and the second is related to a body of skills and knowledge. The first meaning views discipline as a negative force, tied up with punishment and coercive behaviour. The second values discipline as a positive force, tied up with self-empowerment and achievement. They also added that Foucault relates these two understandings of discipline through his concept of power and knowledge. He goes away from the conventional view that knowledge development and achievement inevitably make people more powerful or beneficial. To a certain extent, knowledge makes us its subjects since we make sense of ourselves by referring back to different bodies of knowledge. For example, we enter into diverse academic disciplines of school, college, or university as students and achieve certificates and degrees, given accreditations and making us appropriate for different jobs. However, as students, we must introduce ourselves to the school system. It can watch our improvement, evaluate us, and mould our attitudes and behaviours differently. Subsequently, discipline and knowledge build us as specific sorts of people. Foucault (1977) stated that when the human body enters the machinery of power, it explores, breaks down and rearranges it. Discipline produces subjected and practised bodies, 'docile' bodies.

Danaher, Schirato and Webb (2000) argued that discipline is concerned with producing docile and healthy bodies that can be used in work and regulated in time and space. How space can be utilised to control individuals by considering how a factory constructs diverse spaces such as different areas of an assembly line in which people work. Each individual requires specific skills and confers a specific rank (floor manager, head machinist, bolt cutter). The staff can go from one place to another on the assembly line, depending on the requirements of the institution and the abilities of the individual concerned and with their position in the precise and metaphorical space of the institution changes. Therefore, disciplinary power accords a person a space within each institution and a rank within a system. Such ranking enables institutions to regulate people's movement throughout their space and the progress they can make from one task to another. In this way, discipline individualises bodies by providing them with a location that does not give them a fixed position but distributes them and circulates them in a network of relations and time. The prison emerged as a major institution in society. In prison, the coercive force of disciplinary power is used directly and obviously. As criminals are against society's values, society imposes disciplinary forces upon the prisoner. Therefore, the supposed rehabilitation coerced, monitored and trained the prisoner to perform routine duties repetitively. Different tests and psychological studies repeatedly questioned their behaviours, outlooks and values.

McSherry (2013) mentioned that Foucault states that if it is not possible to correct or rehabilitate the individual, the institution can function as an elimination instrument and exclude the subject from society due to failure to adapt. The study sees how physically challenged women are dropped out due to failure to cope with the institutional practice of garment manufacturing industries.

Biopower

Biopower is another mechanism of power. Danaher, Schirato and Webb (2000) stated that Foucault developed the concept of biopower as technologies advanced and used to analyse, regulate, monitor, and define human behaviour and attitudes. The knowledge and technologies conjointly want to regulate, control and dominate individuals to make them docile bodies, what Foucault named biopower. According to Foucault, biopower assists capitalism in two significant ways. Firstly, supplying a healthy, active, well-organised population as a workforce, and secondly, the very comprehensive and performance specific arrangements of space and individuals in places like schools and military barracks offered the organisational models for nineteenth century factories. Guizzo and Lima (2015) contended that biopower stands on two essential pillars. One is the anatomo politics of an individualised body, which emerged in the 17th century and involved the discipline of the body. Another is the biopolitics of the population means exercising power over life not individually but in a collective way. This power relation focused on the productive capability of the population like birth, reproduction, productivity, growth, health.

Governmentality is another concept related to the idea of power or control. It mainly analyses how the government designed and uses its techniques and procedures to control human behaviour (McSherry, 2013). According to Foucault (1983), government does not refer to the state's administrative structure; instead, it is a technique to direct the free act of individuals or groups. It means not only political and economic subjugation but also considered and calculated modes of action intended to act upon the other people's actions. Instead of forcing people to act in a particular way, the government is about constructing the possible action arena for people.

In this research in the field of disability, there are various institutions such as disabled people organisations, rehabilitation institutions and garment manufacturing industries. These institutions have many relationships: rehabilitation personnel and physically challenged women, rehabilitation management and industry management, employer and physically challenged employee, supervisor and physically challenged employee, physically challenged women worker and their non- physically challenged /normal co-worker. Discourse constitutes these relationships. Disciplinary knowledge produces disability; CRP outlines policies and rules to determine normal, healthy and physically challenged. The research examines how different institutions exercise their power over physically challenged women and how they conform or resist that power, whether rehabilitation institutions and garment manufacturing industries act as a coercive or negative force or a positive force to train and include the physically challenged women. After long struggles, how the physically challenged women came to rehabilitation institutions, took training and prepared to work in the garment manufacturing industries in an assembly line with their particular skills and a specific rank. Furthermore, it examines how garment manufacturing industries use various techniques and technologies to monitor and conduct the physically challenged women in specific ways and how they struggle to cope with the situations.

Chapter 4

Research Methodology

4.1 Reflexivity

4.2 Field Work and Field Experiences

4.3 Geographical Location of the Study Area

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Chapter 4

Research Methodology

The discussion of this chapter illustrates the methodological aspects of research. Research methodology usually demonstrates a set of procedures or techniques for conducting a research. The main thrust of the research is on qualitative aspects of anthropological research. Qualitative research is a type of scientific research. It is also known as field research. Qualitative research in anthropology means in-depth research that inquires the values, thoughts, manners of a particular population set. Following constructivist worldviews, qualitative research advocates that there is no single reality for a given phenomenon but multiple, relative dimensions of reality, which can only be partial, captured using subjective and naturalistic methods (Kielmann, Cataldo and Seeley, 2011). According to Mack *et al.* (2005) there are some advantages of qualitative methods, firstly qualitative research methods are more flexible. Being flexible, they allow greater spontaneity and adaptation of the interaction between the researcher and the study participant. Secondly, in qualitative methods, the relationship between the researcher and the participant is often less formal and participants have the opportunity to respond more elaborately and in detail. Thirdly, qualitative research methods use open ended questions and give participants the opportunity to respond in their own words rather than forcing them to choose from fixed responses. It is very effective for exploratory research. Considering these advantages, I have chosen qualitative methods for my study. Here, I have discussed different methods and techniques for collecting, analysing, and interpreting data. Through various methods and techniques, I have tried to narrate the struggle of physically challenged women and their inclusion in the garment manufacturing industries.

The starring role of rehabilitation institution was also focused on their inclusion in the garment manufacturing industries, specifically in health, education, vocational training, condition of workplace, power, gender and body politics and other socio-economic aspects. The study also incorporated quantitative data compatible to particular purposes and areas of inquiry.

4.1 Reflexivity

Here I acknowledged the reflexive account of my experiences. By reflexivity, I mean the changes that happened to me due to the research process and how these changes have affected my research process. Qualitative research concentrates more on reflexivity, and most qualitative researchers do not separate how they collect data from what they collect (Marvasti, 2004). According to Jootun, McGhee and Marland (2009, p. 45), since the researcher's values, beliefs, experiences, and interests influence the participants' behaviour and collected data, qualitative studies are apt to a level of subjectivity. The awareness of the reciprocal influence of both participants and researchers on the process and outcome is essential to ensure rigour in qualitative research.

Nazaruk (2011) claimed that anthropologists shape their work through their self-reflective personality in many cases. They label their work as objective and put their authentic sign on the research paper. They are not exaggerating the results, and their work may be objective but only so far as it is possible to maintain a distance through the subjective handling of data. Reflexivity was born in anthropology with the writing of Malinowski, who revamped modern anthropology with his famous ethnography of the Trobriand Islands. He first became responsible for a crisis of objectivity concerning the fate of hermeneutical anthropology. Nazaruk considers that though

Malinowski, in his diary, cursed his study subjects (the Trobriand people), he edified their human condition in his ethnographic monograph. He stated that the diary analysis shows that all subjective elements are silenced in the monograph, and Malinowski's reflexivity challenged the conventional distinction between subjective and objective writing styles. He adds that it has become clear that objectivity is imbued in a subjective position. Reflexivity in anthropology refers to how the studied 'object' of research reacts towards fieldwork to mould new epistemological research areas. Reflexivity is the practice of reflecting upon oneself and one's work, of being self-aware and self-critical. In anthropology, Robert Redfield and James Clifford's works exemplified it well.

Reflexivity means making the research process transparent. Though sometimes it exposes the messy nature of our social world and research, it is valuable because it enables us to be conscious of our research's social, ethical, and political impact. Being reflexive, I described here what happened during my research process. The particular moment and the interaction with the subject made me rethink my research goals and questions. Being reflexive first, I would like to clarify how my personal history influenced my research. I am a Bangladeshi by birth and was brought up in the village. I have been living in Dhaka since 1998, first for education and now for marital and job purposes.

I had gone through a family crisis with a physically challenged brother in my childhood. He became deaf and dumb after a heavy fever at three. My parents initially could not understand and took him to a doctor for treatment. He recovered from the fever but permanently lost his hearing and speaking skills. Then my parents took him to qualified physicians in Dhaka for treatment. The doctors prescribed him a hearing

aid and told that ninety per cent of his hearing capability had been damaged and would not be cured. Then they began to run after *Kabiraj* in different districts and spent a considerable amount of money. It is the story of 1991 to 1992. Being experienced living with a physically challenged brother, I was always sympathetic to physically challenged persons. I observed that they were doing hard work in the garment manufacturing industry. When I was taking life histories and case studies, they lamented and described the tragic history of their lives. Although I sometimes consoled them, saying that their condition would be better soon, their condition hurt me. I also became emotional and remembered my brother's condition, which slowed my smooth data collection. When I visited their residence to take life histories and case studies, I was stunned to see their lifestyle, housing and sanitation conditions.

Reflexivity is a continuous process of reflection by researchers on their values (Parahoo, 2006) and of recognising, examining, and understanding how their “social background, location and assumptions affect their research practice (Hesse-Biber, 2007, p. 17 cited in Palaganas *et al.*, 2017).” Our position, that is, based on class, gender, race etc. and who we are, is affected by the socio-economic and political environment, which plays a vital role in the research process, in the field and as well as in the final text (Palaganas *et al.*, 2017). My village and urban background facilitated me in interpreting the participants' information about their family background in village culture and job positions and lifestyles in urban settings. My professional position and working through CRP have influenced my informants. Some informants' thought of me as one of the staff of CRP and were pleased by my presence. It was a great challenge to make them understand that I was a researcher. Some informants wished to be a teacher like me. Some told me that they did not get the disability allowance card provided by the government and sought help from me to

get the card. Besides my crucial role as a researcher, I suggested going to the local chair. While inquiring about information on health issues, they asked me how they would overcome the diseases. Though I had no medical license, I gave them some medical knowledge according to my prior health knowledge and suggested going to the factory doctor. The key to reflexivity is to make the relationship and the influence of the researcher and participants explicit (Jootun, McGhee and Marland, 2009). This process determines the filters through which researchers are working (Lather, 2004), including the “specific ways in which our agenda affect the research at all points in the research process (Hesse-Biber 2007, p. 17, cited in Palaganas *et al.* 2017).” Though I did not keep any distance from my informants while collecting data, I was conscious about keeping myself as neutral as possible while presenting the data and their narratives. I got advantages because of my gender position in dealing with my female informants. The informants began to think of me as their true friend, and they thanked me for working for them. However, I had to seek permission from CRP management and the garment manufacturing industry’s management at every step, which was sometimes tiresome.

4.2 Field Work and Field Experiences

Conducting fieldwork is one of the most significant steps in anthropological research. A researcher must work with people for long periods in a natural setting (Fetterman, 1989). Fieldwork is so essential that it is termed “a central rite of passage” for a subject (Gupta and Ferguson, 1992). According to Roy (2013), fieldwork is intensely personal. Many have criticised the concept of “the field” in recent decades. They consider that the conventional conception of “the field,” determined from classical anthropological inquiry, has a few blemishes in its pertinence to modern human studies. In classical anthropology, “the field” was a distant place to which

anthropologists travelled to document an “exotic” culture, a perception that may be seen as ethnocentric. The concept of “the field” was primarily based upon the perception of place as a geographically finite location. In different words, anthropologists are waiting to discover a culture set in a very distant site.

I received the final approval from the University of Dhaka for conducting this research in 2017. I have thoroughly read this area for almost two years under the supervision of my supervisors. I obtained approval from CRP’s Ethics Committee for conducting my fieldwork in May 2018. However, I started my fieldwork in garment manufacturing industries in October 2018, but my observation and informal conversations with CRP were ongoing from the very beginning of the research. I kept all experiences accumulated over time in my diary and tried to keep them in my mind.

Since I was a qualitative researcher, my engagement with the field was often about balancing being a participant and an observer. I have selected field area to address my research questions. One of the fields of my study was CRP-Savar, the head office of the Centre for the Rehabilitation of the Paralysed, CRP sub-centre at Ganakbari Marks & Start project. My core field was two garment manufacturing industries where the physically challenged women were working after receiving training from CRP on modern industrial sewing. Rupali Garment Manufacturing Industry and Sonali Garment Manufacturing Industry are two pseudonyms for garment manufacturing industries. Locality adjacent to the industry where physically challenged women lived was another significant field of study.

CRP’s rehabilitation officer informed that different garment manufacturing industries had recruited more than a thousand and five hundred physically challenged women under the Marks and Start project of CRP. He further told me that to collect data from

them, I need to communicate with the monitoring and evaluation department of CRP. With the help of a monitoring and evaluation officer, I got permission from the Ethics Committee of CRP to conduct my fieldwork. Then the assistant manager of the rehabilitation wing and the project manager helped me to conduct my fieldwork. The project manager told me that some management section is not positive about data collection on their industries. She contacted Rupali Garment Manufacturing Industry and Sonali Garment Manufacturing Industry (pseudo names) for data collection and informed me that I can start the fieldwork.

On the first day of my data collection in 2018, I started at 6:30 am from Dhaka and reached about 9:30 am in the Rupali Garment Manufacturing Industry in Tongi; upon my arrival, the gatekeeper showed me the reception. There I introduced myself as a researcher, and the receptionist introduced me to the senior welfare officer of the industry. With a visiting card, I entered the garment manufacturing industry with her for the first time in my life. The production was going on, and everyone was busy; only a few looked at me. She introduced me to the human resource officer, and the officer told me that CRP's rehabilitation officer had told her about me. She said that the students from CRP had collected data the previous few days. The production officer would be unhappy if he heard again about data collection as it causes disturbance in the works and thus a loss in production. She said you might collect data today, but you have to collect data after a few days. The senior welfare officer then told me to sit at an official desk away from the production place and told me that she would send informants to me one by one. She asked me to take time, not more than 20 minutes. The first interview took 50 minutes, and the second interview took about 45 minutes. She was in continuous moving. She came at 12:15 pm, told me it was launch time, and requested me not to do any more interviews on that day. She also informed

me that it would be best if I communicate with her next time before going. I requested her to observe physically challenged women in the production place, and she took me to the floor to show the work of physically challenged women. The journey from Dhaka to Tongi was troublesome, but the attitudinal environment was not bad on the first day as I was worried.

According to the suggestion of a senior welfare officer, I communicated with her and went to the Rupali Garment Manufacturing Industry after a few days. That day she gave me a place (official desk) to sit where many other male staffs were working. Birks, Chapman and Francis (2007) suggested that interviews should occur in a neutral location. I felt discomfort in interviewing, and the informants were not answering spontaneously, but I continued. At the end of the first interview, the senior welfare officer said, “35 minutes have passed; you are still interviewing the first one.” I requested her to give me time because it is doctoral research work, but she insisted on completing it as fast as possible. That day, I interviewed four informants. Each interview lasted an average of 40 minutes. During the lunch break, I had my lunch with her in the industry cafeteria, and at that time, I continued my informal conversation with her on various issues related to the physically challenged worker. In this way, I conducted my fieldwork, but it was not smooth every day.

One day senior welfare officer introduced me to the production officer, and they both returned to their workplace. There was continuous monitoring on the floor from the authority. While waiting for an interview at the second floor official desk, a person came to me and inquired about who I was. I introduced myself as a researcher and said I came through CRP, which he said okay. Another day, while I was interviewing, two people came to me and asked who I was and what I was doing. Although I

informed them about the authority's permission and they said okay, I felt embarrassed and quit the interview that day. I have witnessed a fire drill programme in Sonali Garment Manufacturing Industry. In both industries, I had to wait a long time for an interview because the workers were working in a production line and came after the production officer's permission.

4.3 Geographical Location of the Study Area

CRP (Centre for the Rehabilitation of the Paralysed), located at Savar, about 25 km west of Dhaka, was established in 1979 by a small group of Bangladeshis and Valerie Taylor. In 1969, Miss Taylor first came to Bangladesh with the Voluntary Service Overseas (VSO) in the Christian Hospital, Chandraghona, to serve as a physiotherapist in the Chittagong Hill Tracts. She was appalled at the dearth of facilities for the physically challenged person and the often poor diagnosis by local doctors. Because of the 1971 independence war, Bangladesh won its independence from Pakistan but worsened the condition of the physically challenged person. CRP was opened in 1979 on the grounds of Shaheed Suhrawardy Hospital at two cement storerooms after many setbacks. The capacity promptly grew from four patients to about fifty. CRP moved premises three times; the last moved in 1990 to the present site at Savar (www.crp-bangladesh.org, n.d.).



Office of CRP

Another study area was Ganakbari, the sub-centre of CRP. The key study area was Rupali Garment Manufacturing Industry and Sonali Garment Manufacturing Industry. One was at Tongi Barabari, and another was at Sreepur in Gazipur District, located just north of the capital city of Dhaka, Bangladesh. Gazipur City Corporation is the newest and was formed in June 2013. This City Corporation covers 57 wards populated by over 3.5 million people and has an annual growth rate of 5.21 per cent. The Gazipur City Corporation is composed of parts of the old Gazipur Sadar (district) along with the former Tongi Municipality (CARE Bangladesh, 2014). The Bangladesh Bureau of Statistics estimated that within the City Corporation, there are approximately 750,000 poor residents, of which 700,000 live in 1,410 slums or informal settlements. According to McKinsey and Company (2011, Cited in CARE Bangladesh, 2014), the garment manufacturing sector contributes 13 per cent to the GDP and 75 per cent to the export earnings of Bangladesh. Garment manufacturing industries are primarily located in Dhaka megacity, including Savar, Narayanganj and Gazipur City Corporation. It takes three hours by bus to reach Rupali Garment Manufacturing Industry at Tongi Barabari with heavy traffic jams, and four hours to reach Sonali Garment Manufacturing Industry at Sreepur by bus with traffic jams.

4.4 Study Population

The study populations were the physically challenged women who took training on modern industrial sewing under the Marks & Start project of CRP and were employed in different garment manufacturing industries. The study also included CRP personnel related to rehabilitation programmes, the staff of the two garment manufacturing industries, and the community of physically challenged women near the garment manufacturing industries as the study population.

4.5 Sample Size

Marshall (1996) said that appropriate sample size for qualitative research could adequately answer research questions. It is not necessary to collect data from everyone in a community to get valid findings. The population sample is only selected for any given study (Mack *et al.*, 2005). According to my research objectives, 34 physically challenged women with a visible physical disability, five CRP personnel and three staff of the garment manufacturing industries and eight community people of the physically challenged women were selected for the study. The study covered a total of 50 informants.

4.6 Sampling Procedure and Selection of Sample

Maxwell (2005, p. 88) defined purposive sampling as a strategy in which “particular settings, persons, or activities are selected deliberately to provide information that cannot be gotten as well from other choices.” According to Neuman (2014), purposive sampling is the most commonly used sampling method in qualitative research. It is a valuable sampling type for particular situations and is used in field research. It applies the judgment of an expert in selecting cases with a specific purpose in mind. It is inappropriate if the goal is to have a representative sample or pick the “average” or the “typical” case. He mentioned that purposive sampling is appropriate in three situations. First, purposive sampling is appropriate to select unique cases that are exceptionally informative. Second, a researcher may use purposive sampling to select members of a difficult to reach, specialised population. Third, researchers also use purposive sampling to identify particular cases for an in-depth investigation to gain a deeper understanding. I have selected the informants purposively according to my study objectives. The welfare officer of the two garment manufacturing industries provided me with a list of physically challenged women employed in the industry

after receiving training from CRP. The Rupali Garment Manufacturing Industry provided me with a list of 66 physically challenged workers. The Sonali Garment Manufacturing Industry provided a list of 33 physically challenged workers. I have selected 29 physically challenged women workers from Rupali Garment Manufacturing Industry and five physically challenged women from Sonali Garment Manufacturing Industry. In total, 34 physically challenged women were selected purposively according to the visible physical impairment to fill up the objectives and depict the representative picture of the study. CRP's rehabilitation wing provided me with five of their staff, Rupali Garment Manufacturing Industry provided one staff, and Sonali Garment Manufacturing Industry provided two staff as the sample. Before providing them, they asked about my study purpose and told me that these persons could provide the most valuable information about my study. Among the 34 physically challenged women, I have selected 10 to take data from life histories, case studies and FGD. I have selected eight community people of physically challenged women workers for FGD.

4.7 Categories of the Informants and Sources of Data

Information was collected from various types of informants to meet the study objectives and tried the best possible level of diversity.

Table 4.1 Categories of the Informants and Sources of Data

Informants Categories	No of Informants	Sources of Data
Physically challenged women working in the garment manufacturing industries	34	In-depth Interview, Observation, Limited Participant Observation, Case Study, Narratives and Representation, Life History, FGD, Telephone Conversation
Staff of CRP	5	Key Informants Interview, Observation, Informal Conversation
Staff of garment manufacturing industries	3	Key Informants Interview, Observation, Informal Conversation
Community people	8	FGD, Informal Conversation
Total	50	

4.8 Profile of the Physically Challenged Women Informants

This section provides a profile of physically challenged women informants under study.

Table 4.2 List of Physically Challenged Women Informants

SI NO	Name	Physical Impairment	Home District	Marital Status
1	Khaleda	Right eye	Barisal	Married
2	Anu	Left leg and hand	Jamalpur	Separated
3	Sanu	Left leg	Mymensingh	Married
4	Jamuna	Right leg	Gazipur	Unmarried
5	Momina	Right leg	Naogaon	Unmarried
6	Khairun	Two legs paralysed	Barisal	Unmarried
7	Rina Rani	Abnormally short	Rangpur	Unmarried
8	Alyea	Right hand	Mymensingh	Married
9	Kakoli Rani	Left leg	Rangpur	Married
10	Shefali	Leg and backbone curved	Mymensingh	Married
11	Rahela	Right leg	Gazipur	Divorcee
12	Shapla	Spinal cord	Barisal	Unmarried
13	Dalia	Backbone, abnormally short	Natore	Divorcee
14	Ojufa	One hand and leg , joint pain	Bogra	Married
15	Noyon	Spinal cord	Gaibandha	Abandoned
16	Sabina	Right hand	Netrokona	Widow
17	Nilu	Two legs	Faridpur	Married
18	Arifa Akhter	Right hand	Tangail	Unmarried
19	Baby	Right leg and hand	Mymensingh	Married
20	Alpona	Both legs	Naogaon	Married
21	Hasu Begum	Right hand	Mymensingh	Married
22	Nitu Biswas	Left leg	Netrokona	Abandoned
23	Taslina	Left leg	Natore	Married
24	Sadia	Right side weak both leg and hand	Sirajganj	Married
25	Buli Akhter	Right leg	Sylhet	Unmarried
26	Morjina	Paralysed	Kushtia	Married
27	Moyna	Paralysed	Jessore	Unmarried
28	Jorina Ferdous	Left leg	Comilla	Unmarried
29	Rubina	Both hand and leg	Madaripur	Married
30	Khuki	Both leg	Norshindi	Married
31	Nazma	Right hand cut off	Gazipur	Married
32	Asha	Left hand curve	Gazipur	Married
33	Marufa	Face curve	Gazipur	Married
34	Jyotsna	Abnormally short	Jamalpur	Married

Source: Fieldwork 2018-2019

Table 4.3 Ages of Physically Challenged Women and their Age of Impairment

Age of the Physically Challenged Women	No of Informants	Percentage
15-19	3	8.82
20-24	9	26.47
25-29	9	26.47
30-34	11	32.35
35-39	2	5.88
Total	34	100
Age of Impairment		
By birth	11	32.35
0-5	9	26.47
6-10	9	26.47
11-15	3	8.82
16-20	2	5.88
Total	34	100

Source: Fieldwork 2018-2019

Previous studies have shown that garment manufacturing workers are mostly young, and most of the workers engaged in the garment manufacturing industries are mainly aged 15 to 30 years (Begum, 2016). In the present study, among the 34 physically challenged women workers, 21 physically challenged women are from the age group 15 to 29, and 11 are from the age group 30 to 34. The average age of the informants is 27. Among the 34 informants, 11 informants became physically challenged by birth, 18 informants became physically challenged below 10 years, and five became physically challenged after 10 years.

4.9 Selection of Key Informants

Key informants are excellent sources of information because of their knowledge, skill and exposure to the socio-economic conditions of the informants; these people are well-informed informants. Every society has people who can provide complete life or valuable information about particular aspects of life. As key informants are crucial for rich, in-depth, diverse information regarding the study informants or study issues, I have strategically selected eight key informants according to my inquiry content; five were CRP personnel, and three were staff of garment manufacturing industries.

4.10 Ethical Considerations and Consent from Informants

Ethical considerations and informed consent are essential for ensuring respect for informants during research. It is unethical to research without securing approval from the participants before starting fieldwork. I procured permission from CRP and the garment manufacturing industry's authority to conduct fieldwork on their physically challenged workers. Pseudo-names and identities were used to maintain the privacy of the garment manufacturing industries and the informants. Before the formal interview, I established a rapport, described the research goals, and sought the verbal consent of the informants.

4.11 Data Collection Methods and Techniques

According to Myers and Avison (2002), a research method is an inquiry strategy which transforms from basic philosophical assumptions to research design and data collection. The choice of research method influences how the researcher collects data. Specific research methods also signify different skills, assumptions and research practices. Generally, a method can use several techniques to achieve the goal of the study. My primary method was the field method. Schatzman and Strauss (1973) said that the field method is more likely an umbrella of activity beneath which any technique may be used to gain the desired knowledge and processes of thinking about the information. I have used the following methods and techniques to collect accurate data and information during my fieldwork.

Although a large part of this research data was gathered from in-depth interviews, case studies, and life histories, I have also followed observation, limited participant observation, and informal conversation techniques and conducted FGD (Focus Group Discussion). Detailed narratives were also collected from the informants. Considering

the sensibility of the issues and ensuring adequate time for the FGD, life histories and case studies were conducted in their residences. Additional information was collected from a few informants through telephone conversations during the COVID-19 situation to capture their vulnerability. By triangulation, I tried to maintain the accuracy of my research information. Burns (2000) described that qualitative researchers often worry that their subjectivity may affect the data they generate. Therefore, he advocated using triangulation and colleagues' criticism as an additional check for bias. I was aware that my subjectivity might have affected data collection, analysis and interpretation. I have used these methods and techniques to describe the subjective life experiences of physically challenged women and tried to portray these women's social realism. However, I was conscious that the meanings and interpretations produced by them are not fixed entities; they are created through social interaction and changed over time. I also aimed to capture these dynamics in my research.

Narratives and Representation

Narrative analysis has gained popularity in many disciplines of social sciences, including anthropological research. In simple terms, the narrative approach comprises a person's life story and the meaning of that person's experiences. This personal understanding narrates past events and links to the present. The theme of the story describes the feelings and experiences of human groups. The researcher analyses the story to interpret the social and personal worlds and show how people represent their lives to others through the story. Narrative inquiry research involves in-depth study, which provides researchers with deep insight into collecting, interpreting, and describing people's stories about their lives. As a reflexive activity, it pays attention

to translating live experience into written description and strives to describe a truth (Reck, 1983).

On the other hand, representation usually means describing something or portraying someone in a specific way. In anthropological work, the problem is representing and describing living people. How does an author choose what to say and write and not to disclose? Marcus and Fischer (1986) phrased this as the “crisis of representation” to refer specifically to the uncertainty within the human sciences about adequate means of describing social reality. While I took the life histories of the physically challenged women, they gave an account of their lives- the social, economic, and political spaces they inhabit. Fetterman (1989) said life histories are usually quite personal, and the individual is not entirely representative of that group. However, life histories are still invaluable in depicting the targeted culture capturing the individual perceptions of the past and providing a distinctive look at how personal and cultural values shape his or her perception of the past. I tried to analyse how the physically challenged women recall and review their lives, narrate their personal histories, construct their identities in the story, challenge the people and events in their lives, link the past events to the present, and then narrate and represent reflexively.

In-depth Interviews

In-depth interviews are the core of qualitative research. We can elicit people’s views and opinions about the world through in-depth interviews. It is usually conducted face to face, including an interviewer and an interviewee. It is not an excuse to interview an individual or criticise cultural practices; it is also an opportunity to learn from an interviewee (Fetterman, 1989). According to Johnson (2001), in-depth interviewing arises with common sense perceptions, explanations, and understandings of some lived cultural experiences. It aims to explore the contextual boundaries of that experience or perception,

reveal what is usually concealed from ordinary view or reflection, or penetrate to further reflective understandings about the nature of that experience.

In-depth interviews are invaluable for collecting data from informants when inquiring about sensitive issues. As a researcher, I developed a relationship with my informants to obtain in-depth data. Instead of having a fixed idea, I have heard from the informants and used various ways of eliciting information- encouraging reflection and longer answers rather than a limited set of possible answers. Since most of my informants were less privileged women, I tried to realise their thoughts, self-perceptions and aspirations. Reinhartz and Chase (2001) mentioned that the interview might have a liberating effect on some women, mainly from the unprivileged background. Researchers interviewing women should understand the underlying impact of the discussion on the woman herself. She may create her own thoughts, understand her identity, and find “her voice”.

As mentioned earlier, I have conducted in-depth interviews with 34 physically challenged women who took training from CRP on modern industrial sewing and work in the garment manufacturing industries. A semi-structured questionnaire was used to collect data from physically challenged women, containing questions on socio-economic background, physical problems, vocational rehabilitation, employment sector, and community life. Each interview lasted from 40 to 50 minutes with physically challenged women tentatively; however, informal follow-up interviews were done in their residences to get more in-depth information.

I had to interview some physically challenged women workers in the garment manufacturing industries two times. During the interview, the production officer called them for emergency needs, and I had to quit and interview them another day. I visited them at their residence during holidays, including Friday, to have a good insight into

their living and the impact of work on their lifestyle, housing and sanitation condition. It was a comparatively comfortable atmosphere for my data collection.

Observation

Kielmann, Cataldo and Seeley (2011) said what we see concerning what we know about a particular setting is known as observation. Particularly in unfamiliar settings, we automatically tend to use our sense of observation to gather knowledge about human behaviour and the environment around us. I observed my informants at every step. As a researcher, I took detailed field notes to record my observation.

Participant Observation

Participant observation has been the most crucial method utilised in anthropological fieldwork since the discipline's inception (Malinowski, 1922; Radcliffe-Brown, 1922). Fetterman (1989) claimed that in participant observation, the researchers usually participate in the social world of the group under study. This is done in their natural setting, maintaining a professional distance that allows sufficient observation and recording of data. Bernard (1994) regarded participant observation as the foundation of fieldwork and cultural anthropology. He explains that it is a strategy for fieldwork and facilitates data collection in the field. He notes that all participant observation is fieldwork but not all fieldwork is participant observation. Jorgensen (1989) asserted that participant observation is excellent for studying the processes, the relationship between people and events, the organisation of people and events, the continuity of time and patterns, and the immediate social and cultural background of human existence. He mentioned that participant observation is particularly suitable when little is known about the phenomenon, there are significant differences between insiders' and outsiders' views, and the phenomenon is concealed from the outsiders and the public

view. Van der Geest and Sarkodie (1998) argued that conducting participant observation is not easy or impossible, to be more precise. It is a dream, an ideal, and a contradiction in terms. Actual participation impedes the type of observation which is required. According to Neuman (2014, p. 435), in the Chicago School's second phase, from the 1940s to the 1960s, scholars developed participant observation as a distinct technique by expanding the anthropological technique to study a researcher's society. Three principles emerged: (1) study people in their natural settings, (2) study people by directly interacting with them repeatedly over time and (3) develop broad theoretical insights based on an in-depth understanding of members' perspectives of the social world. Iacono *et al.* (2009) stated that researchers would travel faraway places to study the customs and practices of less known societies in participant observation. It involves participating in a situation while at the same time recording what is being observed. Hence, participant observation has been associated with qualitative methods, as the data collected by this technique tend to be predominantly qualitative, it is challenging for the researcher.

Nevertheless, it offers the chance to catch unique insights into the organisation or social groups. Participant observation has become increasingly popular in organisational research because of its peculiar customs and practices. I could not do participant observation in the garment manufacturing industries since everybody was busy with their work; I only observed there. I participated with the informants in their living places in a limited way. I took lunch with them, offered my prayer, and sometimes went to the grocery shop to observe how they buy things; I helped them push tube well, took snacks and stayed four to five hours with them in some places, which was close to participant observation. Participation enabled me to experience their activities directly, understand the events happening in their lives and record my perceptions. As a

participant observer, I was cautious about what to observe and how. As a researcher, through a good rapport with the physically challenged women, I participated in their everyday life and ensured that my presence in the group would not disturb them. I documented the social situation under study through field notes. After each fieldwork period, I analysed the field notes to know what to look for during the next period of participant observation. Data analysis always followed participant observation and recording field notes, which helped me, collect more data, field notes, and study. However, I could not use a tape recorder because I noticed that they had changed their usual way of talking when I started tape recording as they were not used to or comfortable with that though I had their consent before recording. Some participant observers advocate 'going native' and 'becoming the phenomenon' (Jorgensen, 1989), but most anthropologists advocate maintaining some distance and objectivity (Bernard, 1994). However, I tried my best to be reflexive in doing my research.

Conversation

Informal conversations and interaction with members of the study population are also essential components of participant observation (Mack *et al.*, 2005). Conversation analysis endeavours to explain people's methods for generating orderly interaction through talk (Silverman, 2001). My informal conversation continued with CRP staff before I started my fieldwork and with the teams of the garment manufacturing industries during fieldwork and physically challenged women during a visit to their residence to have a better rapport building and ease the participants and to have better understanding of their situation and trust building with the informants.

Key Informant's Interview

The key informant is an invaluable ally in qualitative research, and the best fieldwork cannot be done without key informant (Foster, 1967). A key actor can provide comprehensive historical data, knowledge about contemporary interpersonal relationships (including conflicts) and resources of information about the differences in everyday life (Fetterman, 1989). My key informants' helped me to synthesize my observations in the field. Key actors can be highly effective and efficient sources of data and analysis. In this study, I interviewed eight key informants using unstructured questionnaire; five were CRP staff and three were garment manufacturing industries staff. They provided me with valuable information regarding vocational training, the life struggles of physically challenged women, and the prospects and challenges of including them in the garment manufacturing industries. The interview with CRP personnel and staff of the garment manufacturing industries was approximately one hour to one and half hours. I have cross-checked the information provided by key informants to obtain the most accurate information.

Case Studies

The case study method is suitable for investigating an issue in-depth and providing an in-depth description of events. In particular, it studies the processes and relationships within a context. It is used to gain in-depth information to complement other qualitative and quantitative research techniques. In this study, the case study method was used to have an in-depth experience of the social life of physically challenged women working in the garment manufacturing industries. Case studies assisted me in finding out major sensitive social, economic and biological issues, i.e. marriage, dowry, family violence, pregnancy, sexual life and sexual harassment etc. It enabled

me to narrate, reveal and understand problems, issues and different relationships of physically challenged women, which other techniques might fail to consider. The case study method organises social data to preserve the integrity of the social objects being studied. Here I have selected 10 sensitive cases and the diversity of their challenges for the study.

Focus Group Discussions

Focus groups effectively extract data on cultural norms and summarise issues concerning cultural groups or subgroups (Mack *et al.*, 2005). I have conducted FGD on eight physically challenged women working in the garment manufacturing industry. I have also undertaken FGD on the community people of physically challenged women. FGD provided me with a deep understanding of their attitude and perceptions. Focus groups are composed of small groups of people, typically with 6 to 12 members, with a moderator who gets people to talk about the issues under study (Neuman, 2014). In the focus group, the researcher usually tries to elicit a group's emotions, ideas and feelings about a specific issue. In the focus group discussion, I asked respondents questions to encourage discussion and tried to understand the group's senses, norms, and values in their responses.

4.12 Data Analysis and Presentation

Qualitative analysis searches for patterns in data and ideas that help explain those patterns (Bernard, 1994). According to Neuman (2014), analysing data organises, integrates, and examines data systematically, and we search for patterns and relationships among the specific details. We connect particular data to concepts, advance generalisations, and identify broad trends or themes to analyse. The analysis allows for deepening understanding, developing theory, and advancing knowledge. As

a qualitative researcher, I tried narrating and explaining the collected information. The data analysis began from the beginning and continued throughout the fieldwork. As a researcher, I expanded my field notes as soon as possible, which I maintained in a diary regularly. After every visit and interview with the physically challenged women, CRP officials, and garment manufacturing industries officials, I immediately jotted down anything I observed necessary so that no information is lost during the write-up. I elaborately recorded my daily observations on the laptop using Microsoft Word in the evening. I transcribed all the interviews with informants in Bangla and translated them into English during the analysis. I carefully examined empirical information to reach a conclusion based on reasoning and simplifying the complexity of the data. I remained faithful to what was in the original raw data and emphasised whether sufficient data were collected. I strived to avoid errors, false conclusions, and misleading inferences in data analysis. I was cautious and aware of possible fallacies or illusions. I always sought the most genuine, valid, accurate, or earnest picture and explanation among the alternatives. I have presented some quotes and comments from the informant to avoid excessive analysis and maintain the integrity of data. I have used Bourdieu's Theory of Practice and Foucault's concepts of power, knowledge and discourse in different ways in analysing data gathered from interviews and other methods.

Chapter 5

Narratives of Struggle for Inclusion through Rehabilitation

5.1 Rehabilitation Procedure of CRP

5.2 Vocational Training - A Step for Inclusion

5.3 Struggles for Livelihood and Approaching to CRP

5.4 Obstacles of Rehabilitating Physically Challenged Women

5.5 Attitudes of Physically Challenged Women towards CRP

5.6 Role of CRP in Reducing Gender Discrimination and Violence

Chapter 5

Narratives of Struggle for Inclusion through Rehabilitation

The analysis of this chapter reflects on rehabilitation, which plays a pivotal role in including physically challenged women in mainstream society. This chapter includes the collective roles and institutional practices of CRP, Marks and Spencer in rehabilitating and creating employment opportunities for physically challenged women in the garment manufacturing industries. This chapter also narrates the struggle of physically challenged women for rehabilitation to secure a better livelihood. How do they struggle with traditional societal attitudes to come to CRP, internalise the rules and regulations of CRP, and take vocational training? How do they change their primary habitus, develop secondary habitus with the influence of objective structure, and prepare themselves for work in the garment manufacturing industries? Does the rehabilitation process address the specific needs of physically challenged women? Keeping these research questions in mind, I have organised this chapter. Here I have discussed the relationship of Marks and Spencer with CRP, Marks and Spencer with garment manufacturing industries, the relations of CRP with garment manufacturing industries and rehabilitation providers with physically challenged women. Bourdieu's Theory of Practices is deployed in understanding the institutional practices of CRP. I have used Practice Theory to analyse the interplay of structure (CRP, garment manufacturing industries and society) and agency (Physically challenged women). According to Bourdieu (1977), the objective or subjective (cognitive) structure does not influence human action. Instead, it is a product of dialectic relationships between them. The research examined practice theory to understand how the structures of social space create practices and how practices

create social space. The study tried to narrate which capital physically challenged women use to come to CRP and how much economic, social, cultural and symbolic capital physically challenged women could accumulate for their struggle in the social field.

Foucault's power, knowledge and discourse were also used to understand the institutional practices of CRP. Biopower is a type of 'power' exerted primarily by the state. I wanted to show how CRP analyses, regulates, controls, explains and defines physically challenged women's bodies and behaviour using biopower. Governmentality is another concept related to the idea of power or control (McSherry, 2013). By these concepts, the research identified how institutions such as CRP and garment manufacturing industries use power. This chapter also examines whether rehabilitation institutions act as a coercive or negative force or a positive force with empowerment and achievement.

5.1 Rehabilitation Procedure of CRP

Rehabilitation is indispensable for the inclusion of physically challenged people in mainstream society. The nexus between rehabilitation and disability is very usual. Foucault stated that the concern of rehabilitation started in prison and was followed by other institutions (Shelley, 1979). According to Termpaperwarehouse.com (2013), the prison has a barbaric history of origin in the medieval age; since the 18th century, prison changed the nature and form of punishment and combined the elements of rehabilitation with the penalty. According to Michel Foucault, prisons cannot be separated from the societies they serve. They are the symbol of the present order of society. In the past, the objective of prisoner rehabilitation was to reform prisoners' character, and now its focus is on preventing re-offence. Rehabilitation strategies

differ according to the nature of the offender, the sort of crime committed, and the institutional practice. Techniques differ from educational and vocational training to aid the offender in learning a skill for using outside the prison, psychological rehabilitation and dealing with various problems the individual offender may experience. Rehabilitation occurs inside prisons and, in some cases, after release. Help continues to be provided through Resettlement Programmes to ease the transition into the community. Shelley (1979) mentioned that Foucault stated that modern disciplinary society emerged at the close of the 18th century by introducing the new Prison-Walnut Street Jail in Philadelphia. He claims that prison sets the pattern for other social institutions. Schools, hospitals, and factories have copied the form of institutional dominance imposed by the prison, and the routinized control it maintains has thus become a symbol of the entire disciplinary society.

CRP is a non-profitable, nongovernment organisation that treats and rehabilitates physically challenged people regardless of their economic means. CRP's holistic approach caters for patients' physical, emotional, social and economic needs during and following treatment. CRP Ganakbari is a sub-centre of CRP that is indispensable in including physically challenged women into mainstream society and running successful Income Generating Activities (IGA). It was established in August 1995. It is a residential, vocational training centre for physically challenged women located 15 km from Savar. CRP provides food and accommodation to each trainee. Trainee bears the cost of personal things. It has 48 beds for trainees' accommodation and provides training on tailoring and handicrafts. The Tailoring and Handicraft course duration is six months and covers basic dressmaking skills and block printing, batik, embroidery, and designs that customers demand. It also includes basic business management techniques. Each trainee receives a certificate on training completion, an essential step

for inclusion in society. For recreation, all trainees participate in multicultural programmes such as singing, writing and reciting poems and stories, producing puppet shows and activities to demonstrate their talents, develop their communication skills and build confidence. Before leaving for their community, CRP provides each successful graduate with a hand-operated sewing machine and seed money as capital to ensure a new start to the next stage in their lives. After leaving, the centre trainees receive follow-up visits from CRP's Social Welfare Department and Community Based Rehabilitation (CBR) workers to check how they cope and provide further input. The recently developed guidelines on CBR recognise that the rehabilitation process is not one dimensional; instead, they incorporate health, education, livelihood, social inclusion and empowerment components (MacLachlan and Mannan, 2013).

Hostel superintendent of CRP Ganakbari informed that the physically challenged women who took training on different programmes, CRP sends them at home according to institutional rules. Since there are limited seats, there is no provision for staying. Whatever rehabilitation takes place inside CRP, many physically challenged women experience considerable difficulty reintegrating into society because of the traditional attitudes of others. Usually, physically challenged women do not want to go home because they get facilities in movement at CRP. The home environment is unsuitable for physically challenged women to move freely, especially for wheelchair users.

Moreover, the attitude of the family members and community people is not favourable for living in the community. Consequently, when CRP's staff tells them to go to the village according to institutional practice, they refuse to go. According to Bourdieu, a dialect relationship between structure and agency produces new social practices (Suminar, 2013), such as creating job opportunities in the garment manufacturing

industries. Their extreme vulnerability is reflected in the fact that these physically challenged women sometimes say that they will suicide if they are sent home. Here we can agree with Foucault that where there is power, there is resistance (Foucault, 1978). The institutional power of CRP wants to send them into the community, but they resist. A wheelchair user woman died asleep, which was suspected to be a suicide case. Another wheelchair woman got lost from her home; CRP and the family members do not know where she is. CRP has limitations in providing jobs to every physically challenged woman. The hostel superintendent said that when Marks and Spencer buyers stood beside CRP, they got an excellent opportunity to provide a job for physically challenged women.

5.2 Vocational Training - A Step for Inclusion

Marks and Spencer is a world known retailer. Their Corporate Social Responsibility (CSR) committed them to make local communities better places to live and work. Marks and Spencer created a social project named Marks & Start to fulfil their aim. Through their project Marks & Start, Marks and Spencer provide work opportunities to people of different ages and lifestyles and, consequently, helps them be prepared to access the world of work. This project helps over 2,500 people globally each year, many of whom face barriers to accessing work. Among the beneficiaries, physically challenged person is one of them. Marks and Spencer started the Marks & Start programme in Bangladesh to train and employ physically challenged people. CRP has been the project implementing partner of Marks and Spencer in Bangladesh since 2006 (www.crp-bangladesh.org, n.d.).

CRP, Marks, and Spencer have joint forces to train physically challenged persons and employ them in Marks and Spencer sourcing garment manufacturing industries of Bangladesh. According to Gilbert (2001), Foucault points out that power is not

possessed and is arrayed in the interests of a group or class. Power does not remain in a particular place from where it is exercised. Instead, power should be viewed as circulating throughout the social world in the form of a chain that links together various institutions with particular social practices. Power links family, welfare agencies, Marks and Spencer, CRP and garment manufacturing industries with particular social practices in this study. Such practices are collecting physically challenged persons from villages, physiological assessment, adapting them to the institutional environment, vocational training, and job placement in the garment manufacturing industries. Various discourses characterise disability, knowledge and power in different types of complementary and contradictory relations (Prince, 2016). In Bangladesh, these discourses include family and rehabilitation centres, disability and physically challenged; exclusion and inclusion; vocational training and employment; CRP and Marks and Spencer, Marks and Spencer and garment manufacturing industries, CRP and garment manufacturing industries, training providers and trainees, line chiefs and physically challenged employee etc. Under the Marks & Start project, Marks and Spencer have established two training centres at CRP. This project provides three different sorts of training: sewing, linking and computer operations. CRP launched the 'Industrial Sewing Machine Operator Training Programmes' at CRP Ganakbari in 2006 under the Marks & Start, a project for physically challenged women. Foucault's disciplinary power is used to understand the vocational training procedure of CRP.

Danaher, Schirato and Webb (2000) claimed that discipline is a type of power comprising a whole set of instruments, techniques, procedures, application levels and targets. We can think of discipline in two main ways. One is tied to punishment- an action that we perform on other people or ourselves, which is viewed as a negative

force and coercive behaviour and the other relates to a body of skills and knowledge—a set of qualities that we need to master in order to be recognised and valued within a particular field. It values discipline as a positive force tied up with self-empowerment and achievement. Foucault connected these two understandings of discipline with the concept of power and knowledge. The development and acquisition of knowledge through training make physically challenged women more powerful. Nevertheless, knowledge makes them subjects because they make sense of themselves by referring back to various bodies of knowledge. The research reveals that to be a trainee of CRP, physically challenged women must pass the physiological assessment to enter into a different training category and gain certificates, making them suitable for working in the garment manufacturing industries. Trainees receive professional training in operating modern industrial sewing. There are two training programmes, a two-month course and a four-month course. The programme aims to prepare highly employable multi-skilled machine operators with physical impairment. Marks and Spencer started their project Marks & Start in 2006 with six women at CRP Ganakbari, aiming to bring physically challenged women from different districts and villages, provide them training on industrial sewing, and make them independent. Before starting each session under the project, Marks and Spencer's buyers obtain a commitment from the garment manufacturing industries management regarding the number of workers the industry will recruit during the project year. There are six sessions in a year. The actual selection process is carried out on a bi-monthly basis. In 2019 from April to May session, there were about 30 seats for industrial sewing training, but they could collect only 20 physically challenged women. Though the project was for women, under the pressure of social workers and the condition of some vacant seats, they included seven to eight physically challenged men for training in that session. They

hoped that in the next session, the seat would be increased to 50. After Marks and Spencer's interference, the helpless, physically challenged women who were not recruited by garment manufacturing industries began to get a job in this sector. CRP can also recommend physically challenged women for a job without training in considering their circumstances. CRP, Marks and Spencer hunt physically challenged people nationwide and motivate them to come to CRP. The assistant manager of the rehabilitation wing informed that they manage physically challenged individuals countrywide by community mobilisation. Every Upazila has Disabled People Organization (DPO) and Upazila Disabled Development Councils (UDDC). They help them in accessing physically challenged people. DPO is the organisation of persons with disabilities, meaning most persons involved at all levels have disabilities. CRP personnel also knock at Jatio Protibondi Unnayon Foundation (JPUF) and some NGOs to motivate physically challenged persons. Candidates must be between 18 and 30 years of age. When JPUF organise the programme, they invite CRP personnel. Staff from CRP authority join the programme and introduce CRP there. JPUF has a list of physically challenged people searching for a job. Both JPUF and CRP try to manage a job for them. They identify potential recruits with the help of the local District and Upazila Disabled Development Councils. Once chosen, the councils are requested to bring the selected applicants to CRP. There is a discourse on their arrival at the centre and taking the training. The doctor, physiotherapist, occupational therapist, and social worker check their physical impairment and assess each trainee to decide on the appropriate treatment and what skills training suits them well. Institutional forms of cultural capital require support from an institution to verify an individual's qualifications guaranteeing their competence to perform particular skills (Bourdieu, 1986). Doctors, physiotherapists, occupational therapists,

and social workers work as institutionalised cultural capital. All trainees undergo at least two thorough medical check-ups during the training programme. Through free health check-ups, CRP tries to understand whether physically challenged women have any contagious diseases. They check their gynaecological condition, whether they have any complexities or not, and whether they need any treatment. The CRP doctors give them a fitness certificate after the check-up to prove they are physically capable of a particular type of training. CRP's disciplinary rules determine who is fit and unfit to receive training as a machine operator. If they need any assistive device, CRP provides them free of cost; if the price is very high, they take partial charge. Jamuna Rajbonshi said that when she went to CRP, the doctor checked her physical condition and prescribed medicine for one month. Since she could not walk straight, CRP provided her with crutches. By providing assistive devices, they try to regulate subjects. For illiterate people, CRP helps them read and write letters, numbers and signatures. Rina Rani, a physically challenged informant, said she was illiterate, and CRP taught her how to write the name and read the number. The duration of training was from 8:00 am to 5:00 pm. The training was for eight hours every day and one hour was lunch break. They could not use mobile phones during training. After the break, they could communicate with their family over the mobile phone. If there was an emergency phone call during the training, they took permission from the trainer and talked with the family members. During training, their parents and relatives could visit them. They could go home during different festivals. Several groups and individuals of disciplinary positions in CRP developed these policies, which we can refer to as 'discursive norms' following Foucault. Physically challenged women abode the rules and regulations of CRP, expecting it would benefit them. Agreeing with Foucault, we can say that people freely choose to submit to the dictates and laws

of the state in exchange for their protection (Danaher, Schirato and Webb, 2000). One of the personnel of CRP involved with this project informed that when they select physically challenged women for training, they take an overview of their lifestyle. They are kept under close supervision to pick up what they can and cannot do. Using biopower, rehabilitation providers of CRP analyse, regulate, control, explain, define physically challenged women, their bodies and behaviour, and make the docile body cope with the new situation (Danaher, Schirato and Webb, 2000). By docile Foucault means,

“The human body was entering a machinery of power that explores it, breaks it down and rearranges it. A ‘political anatomy’, which was also a ‘mechanics of power’, was being born; it defined how one may have a hold over others’ bodies, not only so that they may do what one wishes, but so that they may operate as one wishes, with the techniques, the speed and the efficiency that one determines. Thus discipline produces subjected and practised bodies, ‘docile’ bodies (Foucault, 1977, p 138).”

Foucault’s study of power and knowledge (Foucault and Gordon, 1980, p.125) shows that ‘power’ had to be able to access the bodies of individuals, to their acts, attitudes and modes of everyday behaviour.’ However, to be a trainee of the Marks & Start project, physically challenged women must be acquainted with the training system so that the training providers can monitor their progress, pass judgments upon them and mould their attitudes and behaviours in various ways. In this way, discipline and knowledge make them certain people for a particular job. CRP, as a disciplinary institution, attempts to mould the bodies and minds of physically challenged women who come to take rehabilitation. Through a comprehensive study, they try to assess what physically challenged women would pick and what they would not. In this case,

if rehabilitation providers give 100 per cent input, they can pick up 60 per cent. It takes time to change their primary habitus. For instance, when they come to CRP, they do not want to eat meat and prefer to take a meal with a *vorta* (mash food) item. For this reason, CRP includes the item of *vorta* in the food menu for them. Gradually rehabilitation providers tell them it is not possible to provide *vorta* always. Here, we see that the structure exercises force on the individual and affects their socialisation and integration into the social world as Asimaki and Koustourakis (2014) mentioned that Bourdieu insists that the dispositions we acquire during childhood in the family field, which implanted a primary habitus, are long lasting and more decisive. The dispositions are also transferable. This means that the set of dispositions that the agents acquire and possess through their experiences, socialisation and generally the course of their life influences and acts effectively on other, different contexts of their lives. Slowly, CRP reduces *vorta* items and habituates them to eat meat, egg, and lentils (*dal*) provided by CRP. They steadily change their village habit and maintain breakfast, lunch and dinner routinized by CRP. We agree that habitus is “the strategy generating principle enabling agents to cope with unforeseen and ever changing situations (Bourdieu, 1977, p.72).”

The hostel superintendent informed me that the project aims to train them as machine operators. Those who cannot operate the machine for extreme physical impairment they are trained to work as assistant operators or helpers to carry a bundle of clothes from one place to another place, fold the cloth, cut the thread and work as a needle man (the person who carry needle in the floor). Those who have passed SSC are trained to check the quality of garments, work as receptionists and ironmen, and sort out large, medium and small garments. Here we can understand that rather than forcing people to act a certain way, the government is about structuring the “possible

field of action”. Here government does not refer to political structures or the management of states; instead, it indicates how the conduct of individuals or groups might be directed (Dreyfus and Rabinow, 1983).

When training is proceeding, they motivate physically challenged women how to cope with the industrial environment. They take them to visit different garment manufacturing industries once a month to gain a practical understanding of the workplace. The trainees learn the industry environment and the nature of the work and get into the spirit of working. These visits ensure a greater eagerness to learn during the training and foster a competitive mentality among the trainees, leading to better results in training. In Foucault’s early work, we can associate with Nietzsche’s idea that ‘the author is dead’, suggesting that people are not free agents; instead, their thoughts and actions are orchestrated for them (Mahon, 1992).

The Marks & Start project trainer informed that they provide training according to the demand of knit and woven garment manufacturing industries. The project provided training to 2312 physically challenged persons from 2006 to 2019.

Table 5.1 Trainee from 2006-2019

Year	Number of Trainee
2006-2007	30
2007-2008	30
2008-2009	76
2009-2010	76
2010-2011	94
2011-2012	135
2012-2013	170
2013-2014	136
2014-2015	210
2015-2016	267
2016-2017	286
2017-2018	312
2018-2019	490
Total	2312

Source: CRP 2018-2019

Among them, 75 per cent to 80 per cent are female. Under the project of Marks & Start, they are supplying physically challenged women as workers in 80 garment manufacturing industries. Here agreeing with Foucault, we can say the disciplinary technologies of biopower facilitated the development of capitalism by providing a healthy, active, disciplined workforce (Danaher, Schirato and Webb, 2000). Generally, knit garment manufacturing industries give more facilities to physically challenged women. CRP was committed to providing 550 physically challenged persons in the garment manufacturing industries from April 2019 to March 2020. From April 2018 to March 2019, they committed to providing 500 physically challenged persons in 80 garment manufacturing industries, and they almost fulfilled the target; only 10 were less. Following Foucault, we can say discipline is a more efficient form of power than repression (Foucault, 1977).

The programme encourages the trainees to aim for high quality during training and helps them become competent professionals in their respective work fields. Trainees receive completion certificates after the training programme, which may be an institutional cultural capital. Using the certificate, they try to get a job in the garment manufacturing industry to gain economic capital. The industry management considers their certificates and recruits them according to their needs. Agreeing with Suminar (2013), we can say that institutionalised cultural capital comprises institutional acknowledgement, usually in the form of academic credentials or requisites of the cultural capital held by a person. This concept performs its most conspicuous role in the labour market. It expresses a wide array of cultural capital in a single qualitative and quantitative measurement. The institutional acknowledgement eases the transformation of cultural capital to economic capital by working as a heuristic that

sellers can use to explain their capital and buyers can use to describe their needs for that capital.

The authority from Marks and Spencer monitors the Marks & Start project without prior notice. If CRP fails to ensure at least 50 per cent of skilled workers, they have to show written causes to Marks and Spencer of their failure to reach the optimum level. The use of power might be anywhere in the hierarchy, as those who supervise are, in turn, supervised. During training, the social welfare and compliance officer from different industries visit and selects physically challenged women according to their industry requirements. Marks and Spencer bear the expense of each trainee at fifty per cent and the industry owner at fifty per cent. Approximately per head budget is around Tk8000, the industry provides Tk4000, Marks and Spencer provides Tk4000 and CRP provides the services. All are constituted and apprehended through discourse. Different institutions and practices produce knowledge and maintain circulation in societies. Here we find Foucault's ideas on knowledge and power that knowledge is not dispassionate, somewhat an integral part of a struggle over power. These two elements depend on one another (Mills, 2003).

The social welfare officer of garment manufacturing industries informed that Marks and Spencer Company, through the Marks & Start project, create employment opportunities for a physically challenged person. For this work, they have a link with CRP. Marks and Spencer offer Rupali Garment Manufacturing Industry the condition, "We will provide you order if you inform us as a part of Corporate Social Responsibility (CSR) how many physically challenged people you will employ in your industry yearly?" In this case, Rupali Garment Manufacturing Industry is committed to the buyer to employ 12 to 14 physically challenged people yearly, and Sonali Garment Factory is committed to employing eight to ten physically challenged

people. Therefore, we can agree with Foucault that power is an omnipresent and ever-changing flow that moves around depending on how different groups, institutions, and discourses negotiate, relate to, and compete. This relationship between power, knowledge and truth gives rise to multiple forms of subjugation (Danaher, Schirato and Webb, 2000).

Moreover, the owner of Sonali Garment Manufacturing Industry willingly decided to employ one per cent of the physically challenged person yearly. During training, the senior welfare officer of the garment manufacturing industry goes to CRP to select the physically challenged women to recruit. Each industry usually selects two to three physically challenged women. The vouchers for the monthly expenses of those physically challenged women are sent to the garment manufacturing industry. Besides these, the garment manufacturing industry owners donate a gift in different programmes of CRP. In 2019 in a competitive programme, the owner of the Sonali Garment Manufacturing Industry donated a Scooty as the first prize, which cost Tk140000. The industry provides money for the treatment of the physically challenged person. They spent about taka two lac for a physically challenged couple. The industry also aided a physically challenged man in setting artificial hands. One of the CRP personnel informed me that usually, they do not train pregnant women. Sometimes, they hide their pregnancy and take training. After training, they take them to the garment manufacturing industry and inform the industry management that they will join after delivery and send them to their family. In this case, they do not provide any reproductive health services except some verbal guidelines over the phone. After entering the garment manufacturing industry, if anybody becomes pregnant, the industry takes care of her.

5.3 Struggles for Livelihood and Approaching to CRP

A livelihood is a way of securing the requirements of life. Access to sustainable livelihood can end or reduce vulnerability and include physically challenged women in mainstream society. According to Nokrek, Alam and Ahmed (2013), various factors affect the livelihoods of physically challenged persons. Rural areas face significant challenges in maintaining income-generating activities and livelihood compared to urban areas because of the scarcity of work opportunities, inadequate education and healthcare facilities, and higher levels of discrimination. Physically challenged people face not only economic challenges but also experience various forms of social or cultural exclusion, discrimination or stigma.

This section finds that physically challenged women face many challenges in accessing livelihood. Almost all the physically challenged women under study struggled for a better livelihood from their childhood. The economic adversity of the family destined them to think about earning despite having a physical impairment. School and college are a source of cultural capital where they could gain an education. Groce and Bakshi (2011) mentioned that physically challenged girls have less access to primary school than either physically challenged boys or non-physically challenged girls. If they attend, they rarely complete primary school, progress to secondary education, or undertake vocational training that would enable them to become economically self-sufficient. Most informants completed their primary education and went to the secondary level but could not pass it. Grasping limited education as cultural capital and labour power as economic capital, most physically challenged women started their struggle for livelihood in the social arena. Capital does not exist, and function except concerning a field and the position of the agents in the fields is determined by the amount of capital they have (Bourdieu and Wacquant,

1992, p.101, Calhoun, 2013, p.16). Webb, Schirato and Danaher (2002) claimed that a person's power within the field depends on the person's position and the quantity of capital she or he can accumulate. Bourdieu used two terms, reproduction and transformation, to explain the competition for capital inside the field. Here we see how agents adjust their expectations concerning the capital, such as educational background, social connections, and the class position they are ready to attain in terms of practical limitations imposed upon them by their place in the field. The study shows how physically challenged women utilize different capital to access rehabilitation services and obtain a better livelihood. Some physically challenged women with moderate impairment started their work as domestic help. Sometimes they worked in the garment manufacturing industries using resources such as individual experiences, primary education and labour power. However, they could not sustain themselves there. They struggled with structural factors of the garment manufacturing industries, which were not supportive of the work of a physically challenged woman. Khaleda, a one eyed, physically challenged woman, worked in seven to eight garment manufacturing industries before coming to Rupali Garment Manufacturing Industry. After completing primary education, she worked as domestic help and sometimes in the garment manufacturing industry. When the industry fired her, she worked as domestic help. Several garment manufacturing industries fired her for her eye problem (the eye is rooted out), and a few of them for her underage. Some garment manufacturing industries recruited her, but when buyers created pressure not to hire workers less than 18 years, they fired her. At age 20, she entered a factory at Postogolla, where she got a Tk2000 salary. Since she had no National Identity Card and was tiny in physical appearance, the factory management thought her underage (below 18) and fired her. One day, a neighbour said that CRP is providing jobs to

physically challenged women in the garment manufacturing industries. Hearing this, she went to CRP with the help of that neighbour. CRP proposed four months of sewing training for her. She informed CRP that she is the only earning person in her family, and the family members would starve if she were jobless. She further added that she has experience working in the garment manufacturing industry. Then CRP tested her capacity to work in the garment manufacturing industry and immediately managed a job for her in the Rupali Garment Manufacturing Industry. Like Khaleda, many physically challenged women tried to join garment manufacturing industries by using their resources, such as limited social capital (connection with neighbours and relatives), cultural capital (little education) and economic capital (labour power). However, the garment manufacturing industries did not recruit them for their physical impairment. Thus using this insignificant capital, they constantly struggle with structural factors of society for livelihood. Jyotsna, an abnormally short, physically challenged woman from Sonali Garment Manufacturing Industry, informed that she tried to join different garment manufacturing industries, but none recruited her for her too short hands. Her cousin was a visually impaired person. He provided her with the address of CRP and told if she could take training from CRP, they would manage the job for her. Hearing this, her mother and grandfather took her to CRP. CRP provided her with two months of training, but she stayed there for eight months since CRP could not manage the job for her. She has learnt whatever she needs to make a T-shirt from loop join to side sewing. After staying eight months at CRP, she joined Sonali Garment Manufacturing Industry.

At times, physically challenged women tried to manage their livelihood by tailoring. With the help of social capital (connections with neighbours and relatives), they came to Upazila Social Welfare Office, became a member of the Upazila Social Welfare

Office, and took training on tailoring. The duration of the tailoring course was generally two months. There they had the opportunity to pay the fees after learning to sew. After completing the training, the office managed loans according to institutional practice, provided them with a sewing machine, and helped them start tailoring at home. Through tailoring, they started to contribute to their family economically, but it became difficult for them to get sewing orders after a few days. Sometimes they worked in the Upazila Social Welfare Office as a peon or cashier without any salary but petty cash. Sometimes their duty was to collect physically challenged persons from the different unions and manage them to be members of the Upazila Social Welfare Office. Rahela, with her leg impairment, worked at Upazila Social Welfare Office. Her duty was to go home to each physically challenged person of every union of Gazipur Upazila and manage them to be a member of the Upazila Social Welfare Office. The office started with five physically challenged persons, and within one year, its membership grew to 2500.

Sometimes persons with ill motives took bribes from them and cheated them, saying they would arrange government jobs for them. Jorina Ferdous, a physically challenged woman from Comilla, visited her maternal aunt in Chittagong, where a neighbour told her to communicate with CRP at Savar. Returning home, she informed her family members, and they communicated with Upazila Social Welfare Office to learn about CRP. There her father got acquainted with a person who demanded Tk10000 and told him that he would manage a government job for his daughter. Hearing this, her father borrowed Tk10000 and offered the man. The man grabbed the money but did not manage the job.

The physically challenged women who passed the secondary level worked at NGOs, teaching physically challenged children and adults. Moyna, a paralysed woman from

her paternal cousin, came to know about Banchte Shekha NGO, and she wanted to go there after hearing that many physically challenged persons stay there. However, going there was not smooth because her mother did not agree to send her thinking of her social safety and tried to abstain her from going there, saying that they would remove her kidney and eye and kill her. She convinced her mother in many ways and went to the NGO with her sister and mother. The founder of that NGO comforted her with a hug and told her to stay with them. Moyna's sister and mother stayed with her for the whole day, took a launch and talked with the founder of that NGO. Then her mother said, "It might be good; you may stay here." The NGO's founder empathised with understanding her situation, and provided her with a wheelchair. There she taught physically challenged children. Her food and clothing were free. The founder of the NGO personally provided her with cosmetics to cheer her up. However, she always thought, "Here, I only get food and clothing, but I want to do something for my mother." Her struggle for better living continued on the cognitive level.

In continuation of their struggle, physically challenged women develop connections with kin and neighbours. Since they have no economic capital, they cannot offer gifts or spend money to establish the relationship. Fine (2010) criticised Bourdieu's definition of social capital because, like other concepts in his theory of practice, he portrays human nature as self-centred, only performing tasks for other community members because they will get something in return. However, the present study sees the relationship as charity and sympathy for physically challenged women. With the help of social capital, they connected with government service providers, NGOs, and employers who work for physically challenged persons.

Some physically challenged women heard about the rehabilitation programme of CRP from their neighbours, some from the Upazila Social Welfare Office, some from far

away villagers, village brother who works at CRP, relatives and sometimes from peer physically challenged women. Since their cultural and economic capital was limited, their social capital was also limited. We can agree with Bourdieu (1986) that people with high cultural or economic capital can quickly build up social capital as other forms of capital help create a sense of distinction that makes their association alluring to others.

Their history of coming to CRP was another struggle. We see that social capital played a significant role in their coming to CRP. Some physically challenged women came to CRP with male family members and relatives, such as a paternal uncle, maternal uncle, brother, nephew, brother-in-law, and grandfather, and some came with the help of GO and NGOs. Sometimes they did not get any guardian to come to CRP. Then they requested their neighbour, villagers and peer physically challenged persons to take them to CRP. Most of them come to CRP for vocational training with their social capital. We concur with Bourdieu that social capital is also an avenue for accessing other types of capital. Bourdieu said social capital is the amount of the resources, genuine or virtual, that accumulate in an individual or a group by possessing a durable network of more or less institutionalised relationships of mutual acquaintance and recognition (Bourdieu and Wacquant, 1992, p. 119). The physically challenged women used social capital to gain economic, cultural and symbolic capital. Moyna, a wheelchair user paralysed woman, worked at Banchte Shekha NGO. One day she saw a brother of her neighbour who came to the NGO to provide therapy for his son. In discussing with him, she learned that he takes his son to CRP every Wednesday. She became eager to learn about CRP, and the man presented CRP; in this way, there is a fountain, a flower garden and a lovely place, and she could get a job there. She became excited to go there. She wrote a letter to CRP personnel, gave it

to the brother, and gave him Tk200 as economic capital for carrying the letter. Some sentences of that letter were: “I am Moyna, you have never seen me. I was a rose. A sudden storm took away my petals. I want to be independent. I want to go to CRP. I want to earn and do something for people. Please! Please! Give me the opportunity.”

When the neighbour’s brother gave the letter to CRP rehabilitation personnel, he dropped tears from his eyes and replied to the letter Moyna saying, “Dear little Moyna, from today, you are my younger sister. We will bring you to CRP very soon. Here is my phone number. Communicate with me.”

Receiving the reply, she communicated with CRP personnel. He told her to go to CRP in January 2003. In December 2002, she wanted to go home from Banchte Shekha NGO; as the founder was out of the country, she left without formal approval from the NGO.

Sometimes they had to struggle with family members to come to CRP. Since family members did not know about CRP, they did not allow them to go there thinking about social safety. While conducting FGD on the community of physically challenged women near the garment manufacturing industries, they informed that they had heard about CRP from the physically challenged women since they started to live there. Before that, they did not know about CRP even they did not hear the name. Villagers and family members have the wrong conception of the NGOs, including CRP, that such organisations do business with human body parts. Moyna said that though she managed everything to go to CRP, her mother, relatives, and villagers told her that they (CRP personnel) would remove her kidney and eyes and sell her to a horrible place (brothel). Her mother said, “You can go after my death.” When all her attempts went in vain, she started to starve, pretending to be dying. Her aunt (kaki) said, “You need not earn. We will marry you off.” Her younger brother was studying in Jessore.

The villagers called him over the phone to come home. She told her brother, “I want to go to CRP.” Her brother asked, “What is CRP?” Then she gave him the phone number of CRP personnel. Her brother talked to CRP personnel and took her to CRP, and she was pleased to see CRP. They took her to the vocational section, and the vocational section sent her Ganakbari for training. She took training in handicrafts for six months. She wanted to take more training; then they provided her with training on CD and TV repair and a certificate.

Some physically challenged women first came to CRP for treatment. Shapla, a spinal cord injured, physically challenged woman, has an appalling history of coming to CRP. She took treatment from CRP at the age of 10 with the help of her grandfather. She came back home after treatment. Since she had a stepmother at home, the home was not a pleasant place for her. She worked at her paternal uncle’s house as domestic help. Her aunt (*kaki*) tortured her for a silly mistake. Lastly, at 14, she began to work at her grandfather’s house, but her grandfather tried to abuse her sexually. When she could not tolerate the multifaceted torture of her stepmother, and other family members, her cultural capital of knowledge helped her remember CRP. The embodied form of cultural capital she gained while receiving treatment at CRP at the age of 10 helped her think she could secure a job if she could reach there. We concur with Calhoun (1993) that individuals can interpret and interrogate other fields based on their previous understanding and experiences or habitus of a particular field. She thought of going to CRP, but she knew that none of her family members would help her to go there. Since she had a stepmother, she could not develop social capital with her kin. She came to her maternal aunt’s home and told her aunt to send her to CRP. However, none of them knew CRP and was unwilling to take responsibility for sending her there, considering her social safety.

When her kin denied her expectation, she became frustrated and felt utmost exclusion. We can affirm with Marginson and Wheelahan (2007) that Bourdieu's social capital is a mechanism that reproduces social privilege and explains the nature of social exclusion. When one can gain social capital, they have more probability of accessing social power and benefits and incapability to access it leads to social exclusion. One day, while gossiping about different family matters, a woman from her aunt's neighbourhood said that her eldest son was paralysed, and he was staying in Munshiganj. Her younger son would go to Munshiganj to take his brother to CRP. Hearing it, she became cheerful and went to her (aunt's neighbour) home and requested her younger son to take her to CRP with him. At first, the boy was hesitant to take her, but finally, he agreed, considering the social ties of their family with her aunt's family. After undertaking an awful journey using different transports, they finally reached Munshiganj. Her journey to Munshiganj was so horrifying for her and she described it in this way,

“The boy was only 13 or 14 years old with whom I had started from Patuakhali, and I was also a girl of 16. We both got on a bus, and the bus started to move in the village path. There were few vehicles on that path. I noticed whether I could see any highways, but I could see no highways. I was thinking myself where I was going and where the boy was taking me. However, I am not asking anything of the boy, thinking if the boy gets annoyed. All the time, panic seized me, and I dropped tears throughout the journey. After three hour's journey, the bus stopped at a bus stand. Then the boy told me to come down and walk with him. After walking about half a mile, we reached at ferry *ghat* when the sun was already setting. I saw many ferryboats, and we were waiting for a ferryboat. There were a few small shops at the ferry *ghat*. At that time, a man from a shop called me. I took the boy with me and went to the man. The man warned me that the place was terrible and unsafe for women. Be careful! If anybody asks about your company, say I have a man with me. We both ride in a ferryboat. There were no women in the boat except me. I covered my whole head and upper body parts and sat with the boy at a corner of the boat. We were on the boat the whole night, and I could not sleep for a moment. When we got off the boat, I heard the *azan* of Fazer prayer. The boy hired a rickshaw; until then, I was suspicious. At last, the rickshaw stopped in front of a slum. When I saw the crutches of his brother, I got relief and took a long sigh.”

The boy's brother was a physically challenged man with one leg paralysed and depended on crutches. He was a fishnet maker. He used to go to CRP for therapy. After staying three days at the residence of the physically challenged man, she went to CRP with him. The physically challenged man signed a letter as a guardian of Shapla and left her in CRP. Here we see that limited social capital plays a significant role in Shapla's coming to CRP. Hearing her misery, CRP sent her to Ganakbari for training. She first took training on crochet, batik and Karchupi work. CRP provided her with a job in a boutique house. Twenty girls from CRP were employed there.

Morjina is another wheelchair user physically challenged woman who became paralysed from an accident after marriage. She took treatment of CRP for six months. After treatment, when her condition improved, the CRP doctor referred her to the vocational hostel. Then CRP head office sent her to Ganakbari, as her hands were fit. They tried to train her to maintain her livelihood back in her village. They provided her training for six months to make fashion bags, mobile bags, iron covers, shoe making, etc. When she became sick, she was taken to CRP head office for treatment and back to Ganakbari. She stayed there for three and a half years. Her husband and children were in the village when she was at CRP. After completing the training, the CRP administration decided to send her back to the village with a machine. Since she was a wheelchair user, it was difficult for CRP to manage a job for her. Her husband came to take her, but she cried that she would not go to the village. She wanted a job and stayed at CRP. Ojufa also came to CRP for treatment purposes. Then she took training from CRP for three months. When she was at CRP, her brother visited her. After training, she wanted to buy a sewing machine. According to Bourdieu (1986), an objectified state of cultural capital includes all forms of goods or material objects, such as works of art, book, paintings, machines etc. To possess objectified cultural

capital, an individual only requires economic capital; to use it, he or she must need embodied cultural capital. Concurring with Bourdieu, we can say that Ojufa has acquired embodied cultural capital (learnt sewing), but she has no economic capital to buy a machine. CRP provided her with a machine as objectified cultural capital. She went home with that machine. However, at home, she could not earn from sewing. When the Marks & Start project started, she contacted CRP and took two months of training under the Marks & Start project. She took double training, but she has no certificate. She said CRP staff came with a file and submitted her paper to the industry. She could not understand the value of the certificate she obtained from CRP after training for lacking knowledge about institutional cultural capital. The main copy might be in her file, and she did not collect it for ignorance, but the rests of the informants were aware of their certificate. They preserved the main copy and submitted the photocopy to the garment manufacturing industry.

The physically challenged women who took treatment and vocational training from CRP before starting the Marks & Start project faced difficulties in their livelihood when CRP sent them back to the community. Moyna completed her training but did not agree to go to the village, thinking of what she would do. The authority convinced her that they would try to manage a job and told her to communicate with them. Her brother came to take her home. He scolded her, saying they would not provide her with a job. When she went to the village, the villagers teased her for failing to get the job. The situation was not favourable, and she was uncomfortable going to Banchte Shekha as she left Banchte Shekha without institutional permission and went to CRP instead of Banchte Shekha. She wanted to establish a boutique shop her brother disagreed. Her mother made him agree to give her money (economic capital) to set up a shop. Then her brother rented a shop in the local market for her. There she started

handicraft work (boutique shop), taking ten women as employees. Her shop was running well. Some mischievous people gathered in her shop within three to four months to gossip. Many men proposed to marry her. Her brother stopped her from running the shop, fearing losing honour and prestige, and took her back home. No obstacles could stop her zeal to be independent. By this time, she went to Satkhira district, where physically challenged women made soap, powder and handicrafts in an NGO. She worked there for a few days. Since she owned a cell phone, she was connected to CRP with this objectified cultural capital. One day when she called CRP over the phone, they told her there was an arrangement for the job, but she had to go to Sylhet. She agreed and came to CRP. She went to Sylhet with other physically challenged women from CRP. There she made dolls. The selling price was hers. The income depended on how many pieces she could make. After six months, the project stopped. The CRP personnel went to Sylhet and brought them back to Ganakbari. She took further training under the Marks & Start project and stayed at CRP Ganakbari for two years. Though she took training under the Marks & Start project, CRP faced difficulties managing a job for her in the garment manufacturing industry since she was a wheelchair user.

Khairun is a physically challenged woman with two paralysed legs. She took six months of training under the ILO project. Nevertheless, she had to stay at CRP for five months, as CRP could not arrange a job. She took training for four months under the Marks & Start project and obtained a certificate. Then she got a job in the garment manufacturing industry. Rahela is a physically challenged woman with one leg problem. One day a member of Union Parishad came to their house and took her to the Social Welfare office. The officer took her to Agargaon Social Welfare Office with other physically challenged persons. There Prime Minister donated her one goat

and Tk10000. The officer told her to be a member of the Social Welfare Office of Gazipur Upazila. She became a member, and her duty was to search for physically challenged people of that Upazila and make them members of the Social Welfare Office. She worked in that office for nine months. She said she did not get any salary for the first five months but got Tk300 monthly for the last four months. Once, a doctor from CRP came to Upazila Social Welfare Office to provide free health check-ups to physically challenged persons. She helped physically challenged patients visit the doctor.

At last, she visited the doctor. The doctor told her, “If you take training from CRP, you will get a job.” Then she took the address of CRP from Social Welfare Office and went to CRP in 2004. She took training on tailoring from CRP head office for three months. She also took treatment for her leg. The doctor provided her with physiotherapy, and they tried to fit her leg through traction. However, it was not cured. After completing training, she went back home and thought about what she would do. She again communicated with the office of the Upazila Social Welfare Office. From 2005 to 2006, she worked in the Social Welfare Office, with a monthly salary of TK300. In 2006, she went home and informed me that she did not get a regular salary. One day the officer told her to go to CRP for the second time. In June 2007, she went to CRP and took training on industrial sewing under the Marks & Start project. Three months after training, CRP took her to Rupali Garment Manufacturing Industry to show the industry environment and then she got a job there.

Some physically challenged women first came to garment manufacturing industries with their kin working in those industries. Even sometimes, they escaped from the home with their relatives who worked in the garment manufacturing industry. With the help of social capital (relatives, neighbours), they searched for jobs in the garment

manufacturing industry. Nilu's aunt worked in Rupali Garment Manufacturing Industry. She escaped from the family with her aunt in search of a job. However, the garment manufacturing industry did not recruit her and told her to go to CRP. Nilu came to CRP in 2009, and training providers suggested training. However, she was not willing to take training and wanted a job immediately. CRP managed her job in Rupali Garment Manufacturing Industry. Since she did not know how to operate a machine, she was given the job of matching the collars. Though she did not take training from CRP, she had to come through CRP because of the chain of power of Marks and Spencer, CRP and the garment manufacturing industry. Kakoli Rani was looking for a job in Rupali Garment Manufacturing Industry, but one of the security guards advised her to come through CRP, which would be easier for her recruitment as she is a physically challenged woman. A physically challenged neighbour provided her with the address of CRP. She went to CRP with the neighbour, trained, and got the job.

In the modern world, computers, the internet (objectified cultural capital) and knowledge; experiences (embodied cultural capital) help individual's access disability related information and resources. Since they had no access to computers and the internet, they did not have accurate information regarding the garment manufacturing industry job. Consequently, they came to the garment manufacturing industry first by using their social capital, such as kin and neighbours. However, the industry authority told them that if they could show the certificate of CRP (institutionalised cultural capital), they would provide them with the job.

Another physically challenged woman, Rubina, went to her sister's house in Gazipur searching for a job. She requested one of her brothers-in-law (cousin's husband), who worked in the garment manufacturing industry, to manage a job for her in the garment

manufacturing industry. However, her brother-in-law (sister's husband) suggested that she should be admitted to Mirpur's paramedical training centre and told that they would establish a dispensary for her after completing the training. According to his decision, Rubina was admitted to the paramedical training centre at Mirpur. The duration of training was four months, and her father paid the course fee. After completing training, she went back home, but nobody thought about her employment. During training, Rubina got acquainted with a security guard of Mirpur CRP. He gave her the address of Savar CRP and told her about training. She went to Savar CRP but did not seek treatment at CRP. She took training from CRP in 2005. The training was on computer and photoshop, and the duration of the training was three months. She appeared in the interview for a job at CRP several times but did not get the job, as she was weak in English. However, when she took training under the Marks & Start project, she got a job in Rupali Garment Manufacturing Industry.

Dalia, a physically challenged woman, came to CRP for her nephew's treatment with her brother. Her brother discussed with the CRP doctor about her treatment. The doctor told her brother that they could operate on her backbone, but there was a possibility of becoming paralysed. The staff of CRP motivated Dalia to stay at CRP and take sewing training. Dalia's brother and she disagreed. CRP staff convinced them, saying that she will get the job if she could take training on sewing. Then her brother discussed the issue with her parents and admitted her to CRP for training. Dalia and her family members had no knowledge regarding CRP's training, so at first, they did not permit her to stay at CRP. However, CRP's staff using their institutional power created consciousness and motivated them about possible job opportunities in the garment manufacturing industries. We can say that CRP is also helping them in increasing their cognition and skill level by motivating, networking and developing

human capital. Agreeing with Foucault, we can say that power is productive and gives rise to new forms of behaviour (Mills, 2003).

Sometimes physically challenged women came to CRP with CRP personnel, which can also be considered social capital. As Jamuna Rajbonshi said, “A brother of my village worked in CRP. I heard from him that many physically challenged women earn their bread on their own. To become self-dependent, I wanted to go there. Then he took me to CRP.” Khairun said that she took treatment from CRP. When she returned home, a social welfare officer of CRP went to her home and told her to inform CRP whenever she felt any problem. He often visited Barisal CRP and looked after her. Then after three years, when the Marks & Start project started, he took her to CRP. Here we see that CRP personnel are also working as social capital to give access to physically challenged women in the labour market.

Some physically challenged women came through NGOs. Baby came to CRP in 2013. She told a brother from her village took her to Goripur Upazila Disability Welfare Songstha. There she was appointed as a cashier. They provided her with the address of CRP. She went to CRP with her village brother and wanted to take training on the computer in CRP, but there was no vacant seat. For this reason, she took training in sewing. She took four months of training.

Asha was a member of Kaliakoi Protibandui Songstha and came to CRP in 2012 through the NGO. One day she went to the Social Welfare Office to make a card to travel cheaply as a physically challenged woman. There, a man asked her whether she would do a job. She thought that the man was making fun and she felt sad. However, the man provided her with the address of CRP and told her to go there. She communicated with the CRP head office. CRP provided therapy and traction to keep

her hand straight and took her to Ganakbari. There she took training on thread cutting. CRP offered her TK1000 after training and managed a job for her in the Rupali Garment Manufacturing Industry.

Taslima is a physically challenged woman who came to Singra Thana Sadar in Natore when she was in class nine. There she stayed at a hostel. She passed her degree from Singra Chalan Bill Mohila College. After completing her BA degree, she tried to get a job in primary school because her family contacted a person for Tk400000 and gave him Tk100000 on the condition that the rest of the money would be paid after joining. However, she did not get the job. She got back the money in instalments of Tk10000 and Tk20000. Then she worked in a Non-MPO high school for one year without a salary. She also gave Tk100000 because school management demanded the money for the permanent post. Her elder brother provided the capital by land bond. However, she did not get the job. She got Tk70000 returns. However, she had a great desire to get a good job. She took six months of training on the computer from Singra Thana. After marriage, she stayed with her husband at Bagger Bazar in Tongi. Two physically challenged girls lived beside her, who worked at Rupali Garment Manufacturing Industry. They told her to go to CRP. Then she went to CRP, taking one of her neighbours with her. She wanted to take training on the computer, but CRP authority told her that if she took training on the computer, she had no job certainty. If she takes training in sewing, they will provide her job in the garment manufacturing industry.

For this reason, she took training on sewing for two months under the Marks & Start project and got the job. During the focus group discussion, several physically challenged women said they got an amount of money after completing training; others

said they did not get it. When I asked CRP personnel regarding this matter, she said they started giving them money, a bag, and a few necessary things when they joined the industry to meet their daily necessities before getting the salary. They noticed that some physically challenged women fled away with bags and money. Therefore, they stopped the practice of offering cash and bag.

5.4 Obstacles of Rehabilitating Physically Challenged Women

CRP personnel encounter many obstacles when they go to the community to motivate and bring physically challenged women to the centre. It is tough for them to convince the family members of physically challenged women by going to every house. When they go to the village, physically challenged women express their desire for work and wish to have a job, but the family members cannot trust the personnel of CRP. They question where a young girl will stay. At times, the villagers think of them as women traffickers, but those who know CRP agree spontaneously.

The hostel superintendent said they usually get these physically challenged women from the Community Based Rehabilitation programme. Sometimes organisations use their social capital, such as staff from different organisations come and supply physically challenged women. Recently a school for the deaf and dumb of Barisal provided them with three girls; one was raped three times. It is challenging for CRP to ensure security for physically challenged women, as they also want freedom and intimate relationships like all normal women. If they go out of CRP by themselves, they are more likely to be raped, trafficked, and put into an exploitative situation, including sexual harassment. The physically challenged women with physical impairment are comparatively quiet and more likely to follow the rules than deaf and dumb. The assistant manager of the rehabilitation wing informed me that the home, CRP and workplace environment is not the same. They face significant difficulties in

changing some village habits of physically challenged women and making them habituated to the new environment of CRP. It takes time to adjust them to the new setting.

For this reason, they do not get sufficient time to train enough to be sufficiently skilled in industrial sewing. Two months are not sufficient to be fully skilled at present; CRP does not have any plan to increase the duration of the training. However, both CRP and the physically challenged women trainees try their best to achieve the efficiency of the training programme. Here we can agree with Foucault (1977) that disciplines are mechanisms for ensuring the ordering of human groups to exercise power at the lowest cost and highest efficiency and effectiveness. It increases the docility and utility of disciplined people.

The hostel superintendent informed that sometimes they face problems managing a job for severely physically challenged women. Occasionally authority from different garment manufacturing industries visits the project of CRP. Hostel super requests them to recruit extremely physically challenged women.

Another significant problem is that the CRP and garment manufacturing industry machines are different. The physically challenged girls and women come from the village. They are ignorant about the modern industrial sewing machine. Therefore, CRP uses a low-speed machine to train them to avoid accidents. However, in the industry, the machine is the latest and at full speed; for this reason, most of them cannot qualify for skill tests. There are several reasons for physically challenged women being dropped from the garment manufacturing industry. For example, sometimes they dislike the industry environment and systematic lifestyle. Sometimes they dropped out because of the misbehaviour and attitude of the supervisors.

In the industry, morning is the pick hour for production, but they often cannot get up early and become late for the workplace. Sometimes they fail to meet the per-hour production target; particularly physically challenged women who operate the machine with one leg fail to reach the production target. Mentally ill persons are not included in the Marks & Start project. After training and joining the garment manufacturing industry, if anyone becomes mentally depressed, CRP and garment manufacturing industries jointly first counsel her to cope with the situation. They send her back to the guardian if the conditions do not improve. Thus, physically challenged women are excluded from the rehabilitation programme and garment manufacturing industry jobs due to failure to conform to the system and are sent to their families. The research findings are in line with Foucault that if there is no possible 'correction' or rehabilitation of the individual, the institution serves as a 'mechanism of elimination' and excludes the subject due to a failure to conform (McSherry, 2013). After getting the job, it becomes difficult for physically challenged women to get a house for rent. The project manager informed that CRP arranged their accommodation near the garment manufacturing industry with other physically challenged women working there after providing a job. However, after one or two months, they usually develop friendships with other workers and change their residence; CRP welcomes that. The assistant manager of the rehabilitation wing said they usually have to rent a house in a slum area or shanties when they get a job in the garment manufacturing industry. In these cases, the house owner is hesitant to rent a room as they are not used to dealing with physically challenged women. After getting a room, they sometimes feel insecure and uncomfortable sharing their things with others. CRP will introduce a new rule that the owners of the garment manufacturing industry will arrange the accommodation of physically challenged women. It is expected that if every garment manufacturing

industry ensures accommodation, the dropout ratio will decrease. One of the reasons for dropping out is that sometimes they are harassed on their way, and they do not even share with the rehabilitation providers.

One of the trainers of physically challenged women informed that once, an advocate from Bagerhat brought three dumb girls who had no guardian. They trained them, provided jobs in the Sonali Garment Manufacturing Industry, and arranged accommodation with other girls. A few days later, one girl got lost and could not be found again. Another girl became sick and had a problem with her uterus; then CRP took her to Enam Medical College Hospital, where she had a hysterectomy. Then she is fine and working in the industry.

Sometimes after getting the job, they leave the job within one month, stealing clothes from the industry. Then they join another industry outside the Marks & Start project by using their resources. When they cannot sustain themselves, they want to return to the previous industry, making it difficult for CRP to rearrange their job. It creates a wrong impression about CRP in the industry. Some physically challenged women suffer from an inferiority complex due to others' attitudes towards them though sometimes they also get the appreciation of some other girls. If any physically challenged women show good performance in the garment manufacturing industry, the owner sometimes provides them rewards to encourage them to continue their work.

A rehabilitation provider involved with this project for 13 years informed that the authority renews the Marks & Start project yearly. It is difficult to say that the project is 100 per cent successful, but they try to benefit physically challenged women. The hostel superintendent stated that she is 100 per cent satisfied with the project because they are working and creating opportunities for the marginalised section of society.

5.5 Attitudes of Physically Challenged Women towards CRP

Physically challenged women expressed their satisfaction with CRP. Morjina expressed her feeling in such a way... “I got a new life after admission to CRP; I was so sick before coming to CRP, I could not eat for even nine days; they tried to feed me and pushed four bags of saline in my hands and legs. The treatment continued for six months. May Allah give Valerie a long life to rescue helpless women like me. She provided me clothes, soap, oil, and a trolley to move.”

Khuki, another physically challenged woman from Sonali Garment Manufacturing Industry, evaluate CRP very positively. She said they got the opportunity to work in the garment manufacturing industry because of CRP. Still, the rehabilitation providers come to the industry and give them different suggestions about how to do well in their carrier. If CRP organises any programme, they take them to CRP. They enjoy the different cultural programmes, and the authority distributes gifts among them. She said, “Parents are my first teacher. However, CRP is also like my parents. Valerie is like my mother. Today I became self-dependent.” Noyon said, “My life at CRP was full of happiness. If I could stay at CRP forever! In CRP, besides training, they taught us household activities and discipline, how to clean the house, take breakfast, lunch, dinner and bath timely.” Nitu Biswas is one leg-impaired woman who is grateful to CRP because CRP managed the job for her. She expects from CRP that CRP will help her in fitting her leg.

Nazma cried and said that even her parents did not care for her like CRP. Only oil and soap were their own cost, and everything was free. CRP personnel come to the industry monthly. She said, “My day at CRP was very nice. I saw the light of the world through CRP.”

However, two of them commented that they took training from CRP, are working in the garment manufacturing industry, and get a salary; CRP only does a little for them after sending them to the industry. They commented that CRP personnel have come to the industry with new girls for the job. However, they do not meet them. CRP organises the programme for them yearly. In the programme, they encourage those who are working for eight to ten years. They do not invite new physically challenged women to the programme, which depresses them. However, most of the studied women mentioned that CRP keeps in touch with them and counsels them when needed.

5.6 Role of CRP in Reducing Gender Discrimination and Violence

In Bangladesh, acute gender inequality has penetrated all spheres of social structure. This patriarchal setting deprived women of almost all spheres of their lives. Social norms, customs and traditions, high illiteracy rates and poor employment options in a patriarchal society have hampered the inclusion of women into mainstream development activities in developing countries. Among them, physically challenged women are the maximum disadvantaged group. Physically challenged women and girls encounter higher rates of gender based violence, sexual abuse, neglect, maltreatment and exploitation (UN, 2006). They go through triple discrimination because of their gender, disability and poverty (DFID, 2000; Nokrek, Alam and Ahmed, 2013)). In Bangladesh culture, a physically challenged man gets more benefits than a physically challenged woman in the family structure. The family encourages the physically challenged men to get an education, vocational training and job while discouraging physically challenged women from going outside and, to some extent, confining them in the family environment. Considering these cultural problems, the Marks & Start project attempt to give women the opportunity to be

included in the garment manufacturing industries. They do not find female trainees in electricity training, but they get males and females equally in computer training. In its comprehensive development programmes and other project planning, monitoring and evaluation, CRP consider women's position, role, and potentiality. CRP supports increasing awareness of violence against women and fighting violence against women in the community and provides legal support to victimised women. CRP planned to launch programmes to raise consciousness on gender issues at all levels of the organisation to achieve a gender sensitive and congenial working environment.

Shapla is a spinal cord injured, physically challenged woman who experienced violence from her stepmothers and later from her uncle, aunts and other relatives while she had to stay with them (which are discussed in detail in chapter 8). When CRP heard about her family violence history, she called her father to take her home and told him that she would stay at her father's home unless CRP would take legal action against him. She stayed at her father's house and ate at her uncle's house, as her stepmother did not give her food. After one month, CRP called her father over the phone to take her to CRP. When they came, CRP told her father that his economic condition was not bad, so he had to give Tk10000 for her operation and sign a bond. Her father said that he had no money. Then Shapla gave her father TK10000 to give to CRP. However, of the uncertainty of being cured, her operation did not occur. CRP gave back her money. Anu said that when she took training, a few men took training in that session. Both men and women were treated equally. When rehabilitation providers of CRP counselled them about sexual and reproductive health, they counselled men and women separately.

One of the CRP personnel said that they provide job opportunities to physically challenged women than physically challenged men. They provide training to

physically challenged men but cannot give the job to every man trainee. Most of the physically challenged who are admitted to CRP for treatment are men. The Marks & Start project emphasised training for disadvantaged, physically challenged women. In Bangladesh, women still go outside less than men. That is why they get few women trainees. CRP staff who work at the community level bring physically challenged men, considering the number because it is easier to motivate men than women. While Marks and Spencer enquire about the higher number of men than women brought by CRP, they inform Marks and Spencer about their commitment to bringing more women in the future. Since gender discrimination is the most concerning issue worldwide, physically challenged women trainees get importance in Marks & Start project and garment manufacturing industries to reduce gender discrimination.

Chapter 6

Struggle for Coping in the Garment Manufacturing

Industries: A Pathway towards Inclusion

6.1 Challenges in Entering and Occupying Position

6.2 Review of Terms, Conditions and Job Security

6.3 Challenges and Facilities in Workplace

6.4 Relations with Co-workers and the Supervisors

6.5 Job Satisfaction

6.6 Technique of Managing Physically Challenged Women Worker

6.7 Safety Measures in the Garment Manufacturing Industry

6.8 Recreation

6.9 Gender Position in the Industry

Chapter 6

Struggle for Coping in the Garment Manufacturing Industries: A Pathway towards Inclusion

This chapter explores the struggle of physically challenged women to cope with the institutional practices of garment manufacturing industries. It examines the position, condition and acceptance of physically challenged women in the garment manufacturing industries. The study also identifies various mechanisms used by the management of garment manufacturing industries to monitor physically challenged women workers. How certain practices are maintained, and new practices have emerged because of the interaction between the garment manufacturing industries staff and physically challenged women workers in time and institutional environments. What is the impact of institutional practices upon physically challenged women workers? What are the institutional constraints upon them to cope with the rules and regulations of garment manufacturing industries?

The study of power relationships in the garment manufacturing industries involves disciplinary power. This power technique emphasises the productive forces of the human body, which is known as the “disciplinary technology of labour.” This form of power considers man as the body under surveillance, trained, utilised, and punished if necessary (Haque, 2016). According to Senellart, Ewald and Fontana (2009), Foucault claimed that ‘biopower’ is a new form of power that emerged in the eighteenth century in modern western societies. The mechanism through which the basic biological features of the human species became the object of a political strategy is called biopower. Foucault also added that it was not punitive but rather productive and focused on human life as a whole. An attempt has been made to connect Foucault’s concepts of power and biopower with research findings.

6.1 Challenges in Entering and Occupying Position

Occupation is a significant factor in the social inclusion and economic independence of the labour force. It is an essential human right and is crucial for each human being, including physically challenged women. The undeniable fact is that physically challenged women are discriminated against in employment. O'Reilly and International Labour Office (2007) claimed that in most countries, the unemployment rate of physically challenged persons was two to three times higher than the unemployment rate for others. Physically challenged persons were primarily engaged in low paid jobs with little social and legal security and often segregated from the mainstream labour market. ILO observed physical barriers such as inaccessible transport, housing and workplaces as the main reasons for the unemployment of physically challenged persons. Physically challenged persons confront many barriers in their struggle for inclusion. Although both physically challenged men and women are subject to discrimination, physically challenged women are double disadvantaged by gender and disability status bias. Physically challenged women are more likely to be poor, illiterate or without vocational skills, and most of them are unemployed than their male counterparts. They have less access to rehabilitation services, are more likely to be without family or community support, and often suffer greater social isolation due to their physical impairment.

According to UNICEF (2015), the readymade garments (RMG) sector has been one of the leading factors in the economic development of Bangladesh over the past decades. Bangladesh has become the second largest garments exporter globally after China since its rapid expansion in the late 1970s. Most garment workers are women who migrated from rural to urban areas in search of employment. The RMG industry provides them with a first opportunity to enter the formal workforce, offering an essential source of

income, economic independence and greater decision making power. Although the RMG industry has effectively provided work opportunities for women, this is not the case for another marginalised population group- the physically challenged women. The study covers physically challenged women for whom CRP provides vocational training targeting their employment opportunities in garment manufacturing industries. Nevertheless, CRP still faces challenges in managing the job for extremely physically challenged women. Senior social welfare officer of the Rupali Garment Manufacturing Industry and Junior Executive Admin Human Resource (HR) and Compliance of the Sonali Garment Manufacturing Industry said the industry system includes physically challenged women as workers from the Social Welfare and Corporate Social Responsibility (CSR) perspective. They bring physically challenged women from CRP who receives training under the Marks & Start project and test their sewing skills by setting them in the machine. If they fail to reach the target level per hour, they (the authority) do not include them as machine operators. The per hour production rate is 100 pieces for every worker. If physically challenged women can reach 70 to 80 pieces, they recruit them as machine operators; otherwise, they employ them as helpers or assistant operators. As a helper, they generally cut the thread of the garments, match collar cuffs, put tags on the garments, and sort out and fold large, medium and small garments. The senior social welfare officer of the garment manufacturing industry also informed that from CRP, they only learn how to run the machine, and their performance is not as desired. If they cannot cope with the work chain, the per hour target production level will collapse, so they are recruited as assistant operators. The assistant operator can use the machine if the operators are absent or go to the washroom. In this process, they train them within three to four months. They motivate them to learn to work swiftly and get promotions as operators. After three to four months, IE (Industrial

Engineer) again tests their skill. The physically challenged women workers who pass the skill test are promoted as operators, and those who cannot pass, remain in the same post. Rahela, a physically challenged woman, joined the Rupali Garment Manufacturing Industry in 2009. Since the CRP machine and industry were not the same, she could not run the machine. She started to work as an assistant operator and gradually learnt to operate the machine. She ran the machine with her left leg since her right leg was impaired; consequently, she first failed to meet the production target. Now she is trained enough to meet the production target. She is now a senior operator and senior most among the physically challenged workers. Here we can affirm with Foucault (1980) that power is productive rather than coercive. Discipline worked through a system of punishment and gratification. Through disciplinary work, the workers gain rewards, move up the scale, and become more senior industrial workers (Danaher, Schirato and Webb, 2000). The senior social welfare officer of Rupali Garment Manufacturing Industry informed that since the salary has increased since December 2018, the industry management decided not to recruit any assistant operator (helper). Therefore, they encourage the assistant operators (helpers) to increase their skill and become operators as soon as possible. The welfare officers from the garment manufacturing industries said most of the physically challenged women came from CRP, and one or two came to the industry gate from different places and the Center for Disability Development (CDD) for the job. The Junior Executive Admin Human Resource (HR) and Compliance Officer of Sonali Garment Manufacturing Industry informed that in recruiting physically challenged women, they estimate in which sector what sort of workers the industry needs. Accordingly, when CRP invites them to different conferences, seminars and workshops on the physically challenged person, they attend the programme. Conferring to industry needs, they select physically

challenged women. Suppose they need four operators; they select them based on their type of physical impairment and skills. If Marks and Spencer buyers demand them to recruit seven physically challenged women, they can recruit five physically challenged women. After recruiting, IE tests their skill; if they fail skill tests, they send them to the industry training centre to be skilled. We can agree with Foucault that the new demands of factory production in Europe in the eighteenth and nineteenth centuries suggested that people had to acquire the skills necessary to operate machinery, use apparatuses, and endure the long day arduous conditions (Danaher, Schirato and Webb, 2000).

A fitness certificate is essential for joining the garment manufacturing industry. In completing training, each physically challenged woman undergoes a medical check-up at CRP before joining the garment manufacturing industry. When they join, they must submit the training and fitness certificate to the garment manufacturing industry management. The garment manufacturing industry also checks their medical fitness. A few physically challenged women in the study went home before joining the garment manufacturing industry because of severe physical problems. They did not undergo treatment for CRP because of their habitus of taking treatment from local *kabiraj* and village doctors (quack). We can say habitus is a set of regulatory systems of thought and action, to some degree, a product of prior experience (Suminar, 2013). Their habitus made them think that *kabiraj* and the village doctor could cure them. For that reason, they went home for treatment before joining the garment manufacturing industry. Among them, Anu was an informant from the Jamalpur district. After completing training, when she felt extreme pain in her hands and legs, she went home and sought treatment from a village doctor who was her distant relative. When Anu felt better, her niece working in the garment manufacturing industry, took Anu to Rupali Garment Manufacturing Industry. Industry management wanted to see the certificate

she obtained as an accomplishment of training from CRP. This certificate is a cultural capital, which is institutionally recognised and possessed by every physically challenged woman who took training from CRP. This certificate plays the most prominent role in the labour market for physically challenged women. This institutional recognition eases the conversion of cultural capital to economic capital. However, Anu left her certificate at home and later brought it, and then industry management recruited her. Most garment workers are women, and many have migrated from the countryside to cities, searching for work. Garment manufacturing industries only provide employment opportunities for these women by checking their National Identity Cards. In the case of physically challenged women, they have to show their certificate of training from CRP since there works a chain of power in recruiting them. Otherwise, the most challenging workplace garment manufacturing industry, where per hour production is assigned, will not recruit physically challenged women.

Noyon is a physically challenged woman from Gaibandha. After training, during her medical check-up doctor suspected that she was suffering from tuberculosis (TB), and the doctor advised her to test for TB. Then she went to the village, taking leave from CRP and tested for TB in a clinic in the village; unfortunately, the test report was bone TB positive in her broken bone. She returned to CRP with the report; CRP did not let her join the garment manufacturing industry. Then her brother requested CRP personnel saying, “My sister needs the job badly. I will take her to a physician for treatment.” In this condition, later, CRP offered her Tk2200, took her to Rupali Garment Manufacturing Industry, and associated her with a woman worker in that industry for accommodation. She joined Rupali Garment Manufacturing Industry in 2017 as an assistant operator in the production branch.

In the industry, they generally work as assistant operators (helpers), assistant cutters (helpers), assistant operators sewing, operators, ordinary operators, senior operators, folders, junior operators sewing, quality inspectors, ordinary quality inspectors, junior cutters and computer operators. One can change her position by showing skill and required performance. Agreeing with Danaher, Schirato and Webb (2000), disciplinary power allows an individual a space within each institution and ranking within a system. Institutions regulate the movement of people throughout the area and progress from one task to another in this order. In this way, discipline individualises bodies by providing them with a location that does not give them a fixed position but distributes and circulates them in a network of relations and time.

Jamuna Rajbonshi completed her training from CRP and joined Rupali Garment Manufacturing Industry as a machine operator. She worked there for two years. After two years, the industry stopped the work she did. Then she became a helper; she thinks it is a demotion for her. Shapla joined the industry in 2009 as a folder man. As a folder man, she folds the garments, which is very light work. Since she has a severe problem with her spine, the floor in charge ordered the supervisor to allot her light work. She has been working in the industry for ten years.

Some physically challenged women left the garment manufacturing industry after working for a few months or years for various reasons. Several of them left the industry for a marital purpose. Some of them did not find the job suitable and interesting for them. Usually, they come back within one year. Nilu joined the garment manufacturing industry in 2009. After working for many years, suddenly, she left the industry as she did not enjoy the work. She stayed at about one year at home but did not feel well and returned to the industry. She re-joined the Rupali Garment Manufacturing Industry in

2018 as an assistant operator. Dalia, another informant, joined the Rupali Garment Manufacturing Industry in 2011 and worked as an assistant operator for five years. In 2016, her parents married her off, but unfortunately, her marital life lasted six months and ended with divorce. Then she came back to the industry in 2017. Rubina joined the garment manufacturing industry in 2008 for the first time as a helper. After working for seven years and four months in the industry, suddenly, she fell and broke her hands in September 2015. Then she had to resign according to industry order. She recovered and joined the industry for the second time in October 2015 after 23 days; however, she cannot work at the same pace as before.

There were two wheelchair users in this study. Although they took training under the Marks & Start project, they had difficulty obtaining a job in the garment manufacturing industries, as they were wheelchair users. One day authority from Rupali Garment Manufacturing Industry visited the Marks & Start project of CRP. They saw an intelligent and innocent face sitting in a wheelchair. They wanted to know about her, and CRP staff introduced Moyna. She is paralysed but very interested in work. They also said that she had passed HSC. She has training not only in sewing but also in computer, CD and TV repair. The industry authority selected Moyna as the first trial of wheel chairperson. She was surprised to hear the news. Then CRP provided her with 15 days of training on cleaning the room and the necessary skills for cooking and household activities to stay alone and take care of herself. It is the practice of CRP that, in the case of exceptionally physically challenged women, they provide them with training on household activities. She joined the Rupali Garment Manufacturing Industry in 2008. The industry management walked the whole floor to find a suitable place for her wheelchair and managed her sitting. Since she has computer training, she works on excel worksheets and reports on cutting and sewing. She has been doing this work for

two to three years. She maintains the balance sheet of how much fabric is going for cutting, accessories and how many meters of clothes a shirt requires.

Morjina another, wheelchair user, told her history of joining that one day when the Marks and Spencer manager came to visit Marks & Start project of Ganakbari, she went to him and said, “Sir, I need a job. I have two sons. How will I maintain my livelihood if I go home? I will feel better if I get a job and concentrate on work. I am helpless, Sir.” The manager instantly called different garment manufacturing industries over the phone for her job prospect. All industry authorities said there was no work arrangement for the wheelchair user. Only the Rupali Garment Manufacturing Industry authority said, “We have a wheelchair user worker.” Then the industry selected her for quality checking. After selection, CRP arranged two months of training for her on quality checking. CRP took her to the industry during the training period to show the work environment. She joined the industry in 2009. When she entered the industry, everybody respected her and began to take extra care of her because she was selected by Marks and Spencer buyer directly. She checks the style number and size of the garments and writes down the buyer’s name. She also records the number of bundles of cuffs and collar pieces and the size and number of shirts that will be produced.

Sonali Garment Manufacturing Industry have different training sections. Nazma and Marufa joined the industry as quality inspectors and took quality checking training from the industry training centre. They said they had learnt more from the industry training centre than CRP. There is a close connection between power and social reproduction. Power as a tool of social reproduction shapes individual workers to play a part in power’s operations (Pitsoe and Letseka, 2013). The training centre is an institution for social reproduction and serves the purpose of social phenomena of reproduction and transformation.

Job Duration and Designation of Physically Challenged Women

Duration or length of service of physically challenged women varies from a few months to several years, depending on their physical condition, skill and interest. The following table presents detailed service conditions of the physically challenged women of the study.

Table 6.1 Date of Joining, Designation and Length of Service while Conducting Fieldwork

SI	Informants	Designation	Date of Joining	Length of Service
1	Khaleda	Assistant Operator	4/09/2018	8 months
2	Anu	Assistant Cutter	11/01/14	4 years 1 month
3	Sanu	Assistant Operator	8/03/2016	2 years 6 months
4	Jamuna	Assistant Operator Sewing	3/05/2014	4 years 9 months
5	Momina	Assistant Operator Sewing	15/11/2016	2 years 3 months
6	Khairun	Operator	01/12/2011	7 years 2 months
7	Rina Rani	Assistant Operator Sewing	5/04/2014	4 years 10 months
8	Alyea	Assistant Operator Sewing	20/06/2013	5 years 6 months
9	Kakoli Roy	Ordinary Operator	4/01/2018	1 year 1 month
10	Shefali	Assistant Operator Sewing	6/03/2018	1 year 1 month
11	Rahela	Senior Operator	9/06/2007	11 years 7 months
12	Shapla	Folder	2/02/2009	10 years 1 month
13	Dalia	Assistant Operator Sewing	7/04/2017	2 years 1 month
14	Ojufa	Junior Operator Sewing	4/03/2010	9 years 1 month
15	Noyon	Assistant Operator Sewing	5/07/2017	1 year 8 months
16	Sabina	Sewing Operator	9/01/2013	6 years 1 month
17	Nilu	Assistant Operator Sewing	18/04/2018	1 year 1 month
18	Arifa Akhter	Assistant Operator Sewing	2/05/2015	3 year 8 months
19	Baby	Assistant Operator Sewing	9/01/2013	6years 2 months
20	Alpona	Assistant Operator Sewing	12/01/2016	3 years 1 month
21	Hasu Begum	Ordinary Operator	20/07/2016	2 years 6 months
22	Nitu Biswas	Assistant Cutter	4/05/2016	2 years 7months
23	Taslina	Quality Inspector	12/05/2017	2 years 1 month
24	Sadia	Ordinary Quality Inspector	2/02/2019	4 months
25	Buli Akhter	Assistant Operator	12/02/2018	1 year 2 months
26	Morjina	Junior Cutter	10/05/2009	10 years 1 month
27	Moyna	Computer Operator	14/10/2008	10 years 4 months
28	Jorina	Junior Operator	11/05/2012	7 years 1 month
29	Rubina	Assistant Cutter	10/03/2015	4 years 2 months
30	Khuki	Junior Operator	01/12/2012	6 years 2 months
31	Nazma	Quality Inspector	01/10/2012	6 years 6 months
32	Asha	Quality Inspector	01/09/2012	6 years 5 months
33	Marufa	Quality Inspector	02/02/2014	5 years 3 months
34	Jyotsna	Assistant Operator	15/04/2015	3 years 4 months

Source: Fieldwork 2018-2019

Table 6.2 Length of Services

Month/Year	No of Informants
4 months - 2 years	7
2 years 1 month - 5 years	13
5 years 1 month - 8 years	9
8 years 1 month - 11 years	4
About 12 years	1
Total	34

Source: Fieldwork 2018-2019

Their length of service is from four months to about 12 years, and most are in employment for around two to five years. Among 34 informants, seven physically challenged women are working in the industry for four months to two years, and 13 are working for two years, one month to five years. Nine women work for five years one month to eight years, four women work for eight years one month to 11 years, and one physically challenged woman works for about 12 years. Among the physically challenged women, three women have less than one year job gap. They usually take interval on personal issues such as monotonous work schedules and marital purposes.

6.2 Review of Terms, Conditions and Job Security

Although the terms and conditions of ordinary and physically challenged women workers are the same, the management considers the physically challenged workers humanely and has some unwritten amenities, such as setting fewer production targets. If the production target for regular workers is 100 pieces per hour, the target for physically challenged women is 70 to 80 per hour. The terms and conditions are mentioned below.

Their office time is from 8:00 am to 5:00 pm, and the minimum salary is Tk8000. They must work by wearing the industry's cap, ID card and uniform. They must not enter the industry with food items. Their sick leave is 14 days; casual leave 10 days;

festival leave is 11 days, and maternity leave is 112 days. Besides these, they enjoy one day leave after every 18 working days. If absent for more than ten days, they will lose their job. There is no special leave for physically challenged women. They have overtime benefits from 5:00 pm to 8:00 pm if there is any extra work and one wants to do. For overtime, they get Tk39 to Tk49 per hour. With overtime, they get Tk9000 to Tk11000 salary. Among the informants, two physically challenged women get Tk15000 salary; one had passed HSC and the other completed BA degree. Their education level influenced their position and salary in the garment manufacturing industry. Usually, the organisation provides an appointment letter and ID card to each employee. Of the physically challenged women workers interviewed, everybody had ID cards; the majority said they had an appointment letter.

Nevertheless, some said they did not know anything about their appointment letter. Several of them said that they had lost the appointment letter. In the case of regular workers, there is the chance of being exploited by the owners of the garment manufacturing industry very easily.

According to Ahmed (2016), generally, the garment manufacturing industry management fires workers from their jobs for little and minor mistakes. If they rage against the oppression and mistreatment of the owners, they fire the workers, and firing workers does not cost the owners any liability. He considers workers entirely powerless and voiceless; the owners have unquestioned and untrammelled authority over them. This study finds that physically challenged women enter into an employment contract with the industry authority by agreeing to conditions such as pay, working hours, duties and so forth, as they have no choice. Bhuiyan (2012) found that garment workers have no job security. They may be suspended, demoted, transferred or even fired by the company for no reason. Though there is a clause in the

service rule that the sacked employee should get at least one month's salary from the company if he/she is sacked from the company without any cause (surplus, lack of work), the unpaid salary is not given sometimes. Very few companies abide by the rules of Govt., BGMEA. Each company has its own rules as the company like to have them. However, in this study, it appears that in the case of physically challenged women, CRP plays a vital role on their behalf.

The world's economic downturn has started worldwide due to Covid-19, which caused obstruct in various aspects of the garment manufacturing industry. The industry fired several workers, including physically challenged women, during Covid-19. On October 19, 2020, at night, one of my informants of the Rupali Garment Manufacturing Industry called me over the cell phone and told me in a crying voice, "From today, I am jobless. My company fired many workers; about 15 were physically challenged. My economic condition is dreadful as I have borne my mother's and two children's expenses with my scanty income and could not save anything. How do I maintain my livelihood? Madam, please do something for me." She also said the authority told due to Covid-19, there was no order and told them to have patience and wait. When they get the order again, they will call them. She further said, "I have no way to go home because we have a piece of habitable land inherited by my brother. In March 2020, when government declared 1st step locked down, I went home. I got a 60 per cent salary, but I had no place to live in. After long arguments, I lived with my brother paying him money. My sister in law (*vabi*) told me to bring my children from my maternal home to me when the industry opens. I took my boy with me and admitted him to a madrasah near the industry. I have to pay the monthly fee. Now I am so helpless. My son's education will be stopped. All my hopes duped in the dark." I told her to communicate with CRP in this regard, and she

informed me that she has already spoken, but they said the training centre is also closed. She informed me that the fired workers are going to organise a movement.

According to Haque (2016), garment workers in Bangladesh drive different movements on the various issues related to employment and workers' overall conditions. They lead the movement for salaries, bonuses, increments, and increasing facilities for industry workers. They also move against verbal abuse, physical assault, forced overtime, denial of paid maternity leave, unsanitary conditions, failure to pay wages and firing. They called her, but she decided not to join the movement because she dislikes being stigmatised. After one day, she again called me over the phone and said that the manager of the Marks & Start project of CRP discussed about the fired physically challenged workers with the industry authority. The senior social welfare officer asked why CRP's physically challenged workers joined the movement. She also informed me that the project manager listed 23 physically challenged workers whom they fired. Among the 23 physically challenged women, nine joined the movement. She also said that firing the physically challenged workers has become a matter of discussion in their community. The community people were concerned about the jobless status of physically challenged women as they have very little scope of work in the labour market. The physically challenged women went to the leader of the physically challenged persons of Gazipur Zilla, where the factories are situated, who said that he informed the matter to CRP. It was observed that they refer the leader as a commando. Here we see Foucault's bottom-up power model focuses on how power relations penetrate all societal relations. It enables an account of the mundane and daily routines in which power is enacted and contested and allows an analysis that focuses on individuals as active subjects, as agents rather than passive dupes (Mills, 2003). After one day, she again informed me over the phone that the

fired workers went to BGMEA, and the authority also went and gave them one-month salary. She got in total Tk10000.

Another day, I received a phone call and found a known voice from the opposite saying, “Apu, I am Moyna; we are not fine.” She informed me that their industry fired many workers; among them, about 20 to 25 were physically challenged. However, they did not fire her. She said, “I kept fasting (*Nofol Roza*) today, expressing my gratitude to Allah for saving my job and praising Allah that those who lost jobs get back the jobs.” She also informed me that, as there were not enough orders from the buyer, the industry owner decided to reconstruct one of the buildings. The authority said that if construction work is over and they get the order, they will call them again.

Nevertheless, the fired workers organised a movement in the industry gate, and the physically challenged workers attended. The authority was dissatisfied with organising the movement and declared that those attending it would not get their job. She was on leave in May and June of 2020 during 1st step locked down for Covid-19. She did not go home since it was difficult for her to move. She said, “Apu, please pray for me since I do not lose my job. Where will I go? I have no parents. I have a brother, but he is busy with his family.” Though she did not lose her job, participate in any protest, or contract anyone regarding this, due to the uncertainty of the RMG sector for Covid-19, she is afraid of losing job, as there was no other alternative in the job market for the women like her.

6.3 Challenges and Facilities in Workplace

Several studies show that garment workers in Bangladesh face different challenges and are vulnerable inside the work environment; women are relatively more susceptible than male workers for several reasons. Women working in this sector are

probably coming from the countryside and underprivileged family backgrounds. Their poor socio-economic background leads to a scarcity of agency in which they cannot fit into higher working conditions. They are ill-paid (less than their male co-workers) and often exposed to verbal and physical abuse, violent behaviour and sexual harassment, and informal recruitment (Kabir, Maple and Fatema, 2018).

This section explains the obstacles faced by physically challenged women in their workplace and the facilities they get. Physically challenged persons experience environmental obstacles that complicate physical access to employment (European Commission, 2008). Rupali Garment Manufacturing Industry has two wheelchair users physically challenged women workers. The study observed no ramp system in the industry gate; a wooden slab works as a bridge between the road and the industry gate. The gatekeeper helps them enter the industry gate when they come to gate. The social welfare officer of Rupali Garment Manufacturing Industry said there is a separate stair for physically challenged workers. There is an extra gate for the physically challenged workers' entry and exit. Rupali Garment Manufacturing Industry has an elevator for pregnant women and physically challenged employees. Besides these, they can use any elevator. Noyon works on the fourth floor, and she faces problems climbing up the stair. When she reaches the industry, the elevator is closed, and she has to climb up the stair, which is very difficult for her with her broken spine. Shapla and Jorina Ferdous work on the second floor. They climb up and down the stair, and it takes time. Despite permission to use the elevator, both of them climb up the stair with other workers to show their capability to climb up to the second floor. Jyotsna works in Sonali Garment Manufacturing Industry. She works on the fourth floor. She climbs up and down the stair, even being pregnant, as there is no provision for an elevator in the building.

The physically challenged women confront the most significant challenge in fulfilling the production target since all activities are production centred in the industry. Begum (2016) stated that the constitution of Bangladesh recognises productivity as a basic need for development and covers the right to work and reasonable wages. However, these constitutional guidelines have not become a formal national occupational health and safety policy. War on Want is a movement of people committed to global justice. According to War on Want (2011), employers deserve production targets in an eight-hour shift, but 64 per cent of the women workers said that targets are unrealistic within the legal working time. In comparison, 75 per cent of workers fail to meet their targets within the time allotted. Workers reported working an extra 11 to 20 hours per month to meet targets and thereby ensure their basic salary, while 23 per cent work 21 to 30 hours extra.

Employers view physically challenged women as unproductive workers who cannot adjust to the workplace (Haq, 2003). Momina joined the garment manufacturing industry in 2016 as a helper (cut thread) then she was promoted to operator. Momina said that the person in charge is always hesitant to give them work because he thinks the physically challenged women could not fill up the production target. However, she does not fear any hard work. Khairun informed that showing production hour by hour in the industry is challenging for them. It always creates pressure on their vulnerable health. She suggested that if CRP management could manage fewer working hours, it would be better for them. Alyea is dissatisfied because she can run a machine, but the authority does not give her a machine because she thinks the authority is afraid of her not filling the production target. She is eager to run the machine, but she can run the machine only when any machine operator is absent that day.

Timing is another challenge for the physically challenged worker. All the workers enter the industry before 8:00 am creating a heavy rush at the industry gate and adjacent road. It is difficult for physically challenged workers to enter the industry in this situation. Of her leg impairment and walking problem, Sanu comes early in the industry. She said, "I cannot walk in the crowd." Like Sanu, most of the physically challenged women said that they tumble if they walk in the crowd. The physically challenged women enter the garment manufacturing industry within 7:30 am to overcome this problem. Since they come to the garment manufacturing industry at 7:30 am, they have to take breakfast at 7:00 am. As a result, they become hungry before lunchtime. There is no scope for carrying food on the industry floor; they bring their lunch and keep it in the cafeteria. Ojufa expressed her discomfort "We cannot carry food into the industry, even a bar of chocolate. One day I came to the industry with a fever, carrying chocolate in my handbag. The supervisor snatched away my ID card and the chocolate and complained to the authority. When the authority called me, I saw the persons of authority taking snacks. When I told them about my sickness, they wanted to give back my chocolate and ID card, but I took only my ID card and came back saying, you take it." In the industry, the worker's lunchtime is from 12:30 pm to 1:30 pm. However, for physically challenged women workers, the time starts from 12:20 pm. They are allotted extra 10 minutes for lunch. However, they cannot use the whole lunchtime. They come earlier to make up their outstanding work or always have fear in mind for lagging behind the schedule. Industries allowed 15 minutes earlier breaks for physically challenged women workers to avoid the crowd. They cannot bear the mobile phone in their workplace. Consequently, they cannot get information if there is an accident, death, or bad news about their family members. One of the informants, Noyon, informed that one day she returned to her residence at

8:00 pm after completing her overtime duty. She saw many calls on her cell phone. When she called back, she got the news of her uncle's death. In a melancholy voice, she said, "If I got the news in the morning, I could go. My uncle helped us after my father's death." However, Moyna informed that she could carry the mobile phone as she was working as a staff.

Some study shows that harassment is a widespread phenomenon faced by garment workers. Ahmed (2016), in a study, found that working as a garment worker costs any woman a lot of self-respect and dignity. Most workers in his study have said harassment is prevalent in their industry, and most have experienced both verbal and physical harassment. He observed that harassment, primarily verbal and physical abuse is the most significant characteristic of the garment manufacturing industries. He also mentioned that linemen, the floor in charge and supervisors are mainly the abusers. They use sexually offensive language to insult and condemn workers.

However, any harassment is forbidden in both the studied garment manufacturing industries. Khaleda from Rupali Garment Manufacturing Industry informed that this industry honours the physically challenged women workers. She also said that if anybody rebukes the physically challenged worker in this industry, she or he will lose her/his job. Nevertheless, Noyon informed that sometimes people laugh at her in the industry as she bends down while walking.

The work environment is sometimes incompatible with their skill and ability. Khaleda, a one-eyed woman, works in the fusing section of the industry. There she sews the collar bokrom of the shirt. However, working in this section is inconvenient because the room is hot and has no fans. If the fan is used, the pieces of bokrom fly away. She wants to join the sewing section but hesitates to ask. Jamuna Rajbonshi has been working in Rupali Garment Manufacturing Industry for two years after training

from CRP. The industry obliterated the machine she used, and she could not operate the new machine for her leg problem. She thinks she could run the machine if they train her for a few days. However, the authority did not permit her, as they believed she would not reach the optimal production level. Rina Rani, Jyotsna and Dalia's height is about 2.5 feet. They said they could not run the machine because it was too high for their height. The machine of CRP was low, on which they received training. Now in the industry, they work as helpers. Rina Rani and Dalia expressed their discontent that they would get more salary if they were machine operators. Jyotsna is also willing to work as a machine operator, but currently, because of her pregnancy, she is not eager to operate machines and work as a helper.

Rahela said that if any regular worker could produce 150 pieces per hour, a physically challenged woman could have a maximum of 90 pieces. As a result, the supervisor is not rude to her as she is a senior operator and can meet the production target. However, they misbehave with other physically challenged women. Three physically challenged women resigned due to failure to meet the production target. In the industry, supervisors always pressurise workers for work, which is the same for physically challenged women. Jorina Ferdous has worked in Rupali Garment Manufacturing Industry for many years, but she was not promoted to a higher position. She said that the workload has increased in comparison to previous years. Sometimes, if supervisors request extra work, regular workers can refuse, but the physically challenged workers cannot because they always think there is no alternative for them.

Most physically challenged women said they had learnt more in the industry than in the CRP. If they cannot attend the office for a sudden sickness they inform the concerned authority over the phone. The next day they pass the leave application from

the PM (production manager). Rahela said if they feel sick supervisor gives them a gate pass for one hour. If the sickness is severe, the authority permits leave for them. Besides these, if they feel any health problems, they are allowed to leave early. The authority asks for a medical certificate if they are absent from work.

The senior welfare officer informed that they have a physically challenged woman named Rupa who walks depending on a stick (on maternity leave during fieldwork). When she became pregnant, the industry approved leave for her and sent her salary to her home. She had to bear the expenses of her family with the income. Moreover, the industry also employed her family members. Kabeer (cited in Islam and Rakib, 2019) analysed that pregnant women are worried, hide their pregnancy in fear of losing jobs, and do not know the legal provisions of the employment contract. The industry owners dismiss a female worker if they discover she is pregnant or applies for maternity leave. In this study, Jyotsna expressed her gratification that the industry will provide her maternity leave for 112 days with a salary. During her first delivery, the industry sanctioned 112 days of maternity leave and gave her salary in two terms. She delivered her first baby in the hospital by C-Section. She does light work such as cutting thread, raising stickers and helping the operator. She walks around when she feels unwell at her work. Morjina, a wheelchair user physically challenged woman, said there is no permission to take lunch on the floor. Workers take a meal in the industry canteen. Only pregnant women and wheelchair users can take lunch sitting on the floor.

Another striking problem for the RMG workers is the accommodation problem. Bhuiyan 2012 found that where RMG workers live, there is a lack of required spaces, a tremendous water crisis, a crisis of cooking places, no privacy, sound pollution, and

poor sanitary and sewerage system, in a word the site where the garment workers live is somewhat grimy. Ahmed (2016) found that most of the houses are below standards. Landowners built those houses arbitrarily and improperly. The number of toilets is very inappropriate compared to the number of inhabitants' rooms in a row. There are no attached bathrooms or kitchens. Everyone shares only one kitchen, and there are fixed time slots for the dwellers to use the kitchen. The size of a room is 10/5 feet. A family of five to six members lives in a single room because they cannot afford the cost of two rooms. He added that most workers lack proper housing facilities; they seek poor housing conditions to reduce costs. The situation seems better than in the past due to increased income and average housing improvement. The overall housing situation remains unsafe. After buying food, they can barely spend money on housing. They cannot be choosy but can only live in one place to sustain life.

The physically challenged women worker when joining the garment manufacturing industry, CRP helps them in managing their living place. CRP links them with physically challenged women already working in the garment manufacturing industry. Rehabilitation personnel of CRP, social welfare officer, and compliance officer from the industry make a linkage and arrange their accommodation. This study found that most physically challenged garment workers live in rented shanties. They do not like to share a room and live in a single room. Physically challenged women having a conjugal life live with their husbands. The size of the room is about eight feet by seven feet. The rent for each room is from Tk1800 to Tk4500. In Sonali Garment Manufacturing Industry, there is a hostel facility for women workers, including physically challenged women; those who are single can stay there. Khuki and Marufa said that before their marriage, they lived in an industrial quarter where they cooked by themselves. After marriage, they started living with their husbands in rented

rooms. Some respondents of the Rupali Garment Manufacturing Industry knew about the Sonali Garment Manufacturing Industry's quarter and wished they had similar quarters. Community people during FGD said every garment manufacturing industry should have a quarter for single physically challenged women. If they can stay in the quarter, they can save Tk2000 to Tk2600 monthly, and in this way, they can save a considerable amount of money yearly, which they can spend for their family purpose. It will save their time and protect them from harassment. They stay in the locality single. Sometimes physically challenged women feel so sick that they need urgent treatment. As they have nobody there, the neighbour fell into problems with them. Then the question arises of who will take them to the hospital and who will take the financial responsibility. Suppose they take them to the hospital, and then the question arises of who will pay the bill. The poor neighbours do not have enough money to spend on sick, physically challenged women. They commented that the industry should have a quarter with arrangements needed for physically challenged women.

6.4 Relations with Co-workers and the Supervisors

The relationship between RMG workers and their employers is a conflicting interest, where both parties want to maximise their benefits. The employer expects more work at the cost of the least wage, while the workers want to increase their wages. A working relationship with a fellow worker is conflicting though there is evidence of cooperation. Ahammad *et al.* (2017) asserted that every individual in the workplace shares a special relationship with fellow workers. Human beings are not machines to start work at the push of a button. They need people to talk, discuss ideas with each other, and work towards a common goal as a unit. Women have to compete with their fellow labourers for work in an assembly line. In a study, Akhter, Rutherford and Chu

(2019) showed that women workers said their supervisors often shout, insult, criticise and abuse vulgarly in the workplace. Shouting was the foremost typical style of abuse, and female workers felt that the supervisors lacked fellow feelings. They additionally mentioned that supervisors condemn them in front of others. Several women workers mentioned that the supervisors' insult them like they are not human beings and 'maltreat them as a maid.' Some women workers in their study mentioned physical abuse experiences in their workplace though it is less common than verbal abuse. The most common styles of physical abuse reported were slapping, pinching, pushing and throwing consumer goods items into their faces. The women shared that they feel weak and panicky because supervisors are physically stronger than them. They have the power to make them unemployed. They cannot defend themselves; they only keep silent.

The present study shows that there is a chain of power relations in the garment manufacturing industry from authority to workers, where workers are at the bottom of the power relation. The physically challenged workers are directly related to the floor in charge, supervisor, line chief, lineman, production manager and social welfare officer. The interview of physically challenged women workers occurred in the garment manufacturing industry. The environment was not always auspicious because the staff, officers, and others always kept their eye on me. When I wanted to know the informants' relationship with the concerned supervisor and co-workers, among the 34 informants, 26 informants informed me that they had a good relationship with their supervisor and co-worker. Shapla expressed her content that she got love and sympathy from every person in the industry. MD of the industry donated her refrigerator. The supervisor always allots her light work. There is a specific order from the authority to permit her to leave without delay. She never takes unnecessary

leave. Dalia said that her co-workers help her. She works very carefully. If she faces any problem, she first informs her supervisor, and he helps her. Alpona said that she has a good relationship with the supervisor; co-workers help her if she fails to complete her work on time. Moyna has a good relationship with the industry staff and her co-workers. She always tries to maintain a good relationship with everybody in the industry. She said, "I am paralysed; I may need the help of anybody at any time." Rubina has a good relationship with the supervisor and in charge, though she has arguments too. She never wants to show her incapability to her co-workers. Co-workers bring water and serve food for her during lunchtime in the canteen. Khuki said that work is equal for everybody, so there is no hostility among them. If she sometimes lags in her work, co-workers cooperate with her. She said that she and her co-workers have mutually good relationships. Similarly, Marufa enjoys her work and maintains a good relationship with her co-workers.

On the other hand, seven informants informed that sometimes supervisors scolded them. They said that the relationship is conditional; when they can work more and fulfil the target of per hour production, the supervisors behave well, and if they fail, supervisors misbehave. Here we can say Foucault's biopower develops a relationship of productivity in human life (Foucault, 1978). Anu has been working in Rupali Garment Manufacturing Industry for about four years. Here she bundles the industrial product. She knows to run the sewing machine; however, she cannot do this for her impaired leg. When she feels unwell, she cannot work fast; in such a situation, her supervisor uses harsh words to her, but she keeps quiet most of the time. Sometimes her supervisor tells her that she does not need to come the next day; when her patience crosses the limit, she replies, 'If Human Resources (HR) forbids me, I will not come.' Harmonising with Foucault (1978) we can say that 'power' is everywhere and

functions at all levels. However, he also states that 'power' relationships cannot function without resistance, he says where there is power, there is always 'resistance'. By this resistance, he did not mean revolution to change power relations. This resistance is more about agency and transforming from the bottom up. Foucault wants people to be active members of the process. For instance, Anu knows the industry's policies for recruiting physically challenged women. She also knows the supervisor has no power to dismiss her job. Her fellow workers said that some are cooperative and some are not friendly to her. However, she never does any lousy behaviour with anybody. In the same way, Khairun, Alyea, Noyon and Sabina also said that supervisors behave well if they can work properly and complete the work on time; otherwise, they rebuke them. The supervisor expects equal work from them as normal workers; there is no work exemption for them. However, they inform that the floor in charge is usually good; they only tell the workers to hurry up. The co-workers are friendly, but they hesitate to seek help from them. Asha said that her co-workers always condemn her to the supervisor. At times, they quarrel with co-workers and sometimes love them. Buli Akhter said that the supervisor rebukes her if her performance is poor. He says they are getting an equal salary, but why do they not work equally? Regarding co-workers, she said, "My co-workers are always under work pressure. How will they help me? Despite that, sometimes they help me in completing my work." Morjina told in charge and supervisors are good. However, her fellow workers were jealous of her because the Marks and Spencer buyer directly recruited her, and the industry management was very concerned about her. Now they are sympathetic by seeing her susceptibility. Jorina Ferdous informed me that if she fails to fill up the production target. Her supervisor rebukes her and says that Rupali Garment Manufacturing Industry employed her; no other industry would hire her, so

she feels sad, though she does not share it with anybody. Thus there are mixed experiences of the physically challenged workers with their superiors and co-workers; most of the conflicting relationships arise from the compatibility of fulfilling the production target. However, in general, they have a congenial and sympathetic working atmosphere.

6.5 Job Satisfaction

Job satisfaction is usually related to wage satisfaction and facilities. Nokrek, Alam and Ahmed (2013) found wage discrimination within the workplace. Most of the present study informants informed that wage is insufficient to meet their daily basic needs. The following table presents the job satisfaction status of the physically challenged women.

Table 6.3 Job Satisfaction

Job Satisfaction	No of Informants	Percentage
Satisfied but wants further training and to switch	7	20.58
Satisfied, no intention to switch and further training	23	67.64
Wants to switch near village	2	5.88
Do not enjoy the work	2	5.88
Total	34	100

Source: Fieldwork 2018-2019

Among the 34 informants, around 88 per cent physically challenged women said that they are satisfied with their job and around 68 per cent have no intention to switch to another industry and do not need further training, around 21 per cent want further training and want to switch to another industry to get a better salary. Some physically challenged women said they have no alternative that is why they are satisfied; if they get better jobs, they will leave the current industry. Khaleda is satisfied because the Rupali Garment Manufacturing Industry environment is comparatively good. She worked in many garment manufacturing industries and knew the industry environment. Here she is satisfied with her salary. However, she cannot manage her

family with this income. For this reason, she wants to switch to another job. She heard that there would be training from the government in a nearby garment manufacturing industry; after three months, they would provide her with Tk6000 and a job. She thinks the salary would be better than the present one and submitted her previous documents there. However, she worries about bearing her family expenses during these three gap months. Momina wishes to switch if she gets a better salary, but she is confused about getting a better job. Khairun has three certificates; two certificates from CRP and one from the government as a skilled operator. She is eager for further training, but sometimes her physical condition does not support her. Noyon wants to change the job if she gets a better salary than the present; she wishes to get starting salary of Tk9000.

Nilu, Hasu Begum, Nitu Biswas, and Taslima from Rupali Garment Manufacturing Industry informed us that they are satisfied with the salary. They do not want to switch to another industry and wish to do the job lifelong. Anu has no intention of switching to another job; she commented that no garment manufacturing industry would recruit her for her physical impairment. Alpona is not satisfied with her wage but does not want to switch anywhere. She took training on sewing in CRP but did not get a job on sewing, as her leg is impaired; she cannot fill up the production target. Two informants want to switch near the village, and two do not enjoy their work. Sanu and Jamuna Rajbonshi want to switch if they get work in any garment manufacturing industry near their home. Sabina said she does not enjoy the work because most of them left the job with whom she joined the industry. Buli Akhter does not enjoy the work; she feels insecure and can leave the job anytime. The following table shows the status of training related jobs for physically challenged women.

Table 6.4 Get Training Related Job

Get Training Related Job	No of Informants	Percentage
Get training related job	21	61.76
Did not get Training related job	10	29.41
Did not take training	3	8.82
Total	34	100

Source: Fieldwork 2018-2019

Job satisfaction is also related to whether they get training related jobs. According to Berik and Rodgers (2008), Bangladesh garment manufacturing industry owners are reluctant to spend resources on training and development facilities. The fact is that efficiency improvements can directly balance training costs. Among 34 informants, 21 (61.76 per cent) got a training related job, and 10 (29.41 per cent) did not get a training related job. They all have certificates. Some did not get training related jobs because the machine used for training in CRP and the industry is not the same. Some did not get training related jobs because of their severe health problem, as they could not fill up the production target. Anu is working here for about four years. Though she took training from CRP on industrial sewing for three months, she works as a helper. She knows to operate a sewing machine. She wishes that if she could join the sewing section, she would get more salary. However, she gets severe leg pain if she operates the machine. Therefore, she did not get training related job.

Shefali took training from CRP two times. The first time, she took training on ordinary tailoring for six months. The second time she took training on industrial sewing for two months under the Marks & Start project. She got a certificate for two months of training. Nevertheless, she did not get training related job. During recruitment, the authority told her they would test her skill after three months and promote her to a machine operator. However, five months have passed she did not

receive any initiative from the garment manufacturing industry authority regarding this. She wanted to take training on the computer programme, but there was no vacant seat for her. For this reason, she took training in sewing. Alpona said her position is an assistant operator. She took training on sewing in CRP but did not get the job on sewing, as her leg is impaired; she cannot fill up the production target. Buli Akhter said she took training for two months on industrial sewing. However, she did not get training related job. Her work is ordinary bundling. Three informants did not take training though they came through CRP, and the reasons were discussed earlier.

6.6 Technique of Managing Physically Challenged Women Worker

Danaher, Schirato and Webb (2000) mentioned that surveillance is one way of disciplining and managing bodies, which Foucault refers to as a panopticon. Bentham's model of the panopticon was a tower placed in a central position within the prison. From this tower, the guards would observe every cell and the prisoners inside them, but prisoners would never see the guards. They would assume that they could be observed at any moment and adjust their behaviour accordingly. Foucault says it is logical to discipline the workforce. The best way of managing prisoners was to make them the potential targets of the authority's gaze at every moment of the day. As part of the system, this authoritative gaze operates as a general principle of surveillance throughout the social body, not a particular person. This gaze logic was not confined to the prison but moved throughout the various institutional spaces in society. All this disciplinary procedure and panoptic gaze emerged to produce a docile, healthy and calm workforce to serve the factories of the industrial revolution.

In this research, the garment manufacturing industries have CCTV for monitoring and supervising the workforce. The higher authority room is surrounded by glass to enable

maximum visibility. There is continuous surveillance of the garment manufacturing industries by the authority. The challenges the authority face with physically challenged women that in a line works 28 workers. There is a production target per hour for every line and worker. The physically challenged women cannot work efficiently. For this reason, the supervisor sometimes tells them not to give him physically challenged workers. Then the welfare officer manages them, saying, “It is the order of sir.”

Junior Executive Admin, the HR and Compliance of Sonali Garment Manufacturing Industry said they have to remember which person has what kind of physical impairment; accordingly, they have to arrange work for them. If anyone has leg impairment, the authorities must provide a unique chair for the worker in the workplace. They must regularly counsel them on how they should behave, work and take care of their health. They also counsel the co-worker of the physically challenged worker. The senior welfare officer of Rupali Garment Manufacturing Industry informed that the speechless, physically challenged worker throws things when angry. One worker hurt another worker three times with scissors. Then they called her guardian and told to take her home. A physically challenged woman worker hurt another worker with a nail. Then they counselled her and said she would lose the job if she does it again. They become sick frequently and do not share their problem willingly. However, the HR and Compliance officer of Sonali Garment Manufacturing Industry said that the physically challenged women are not disturbing as they work silently. The physically challenged women are manageable and try to give their maximum effort, however, their main barrier is movement.

6.7 Safety Measures in the Garment Manufacturing Industry

This section explores the safety measures followed by the industry management to keep workers safe, including the physically challenged workers, from the incident of injury. According to Begum (2016), safety is protection from the incident or risk of injury. Industrial safety or employee safety refers to the protection of workers from the danger of industrial accidents. Fire has been a continual crisis in our garment manufacturing industry recently. Islam, Rakib and Adnan (2016) mentioned that at the beginning of the RMG industries, industry buildings were unplanned, resulting in the conversion of ordinary buildings for industrial purposes. Consequently, several disastrous collapses occurred, such as the Rana Plaza and Tazrin incidents, which snatched away thousands of lives and wounded another thousand. These incidents have made safety issues a priority.

The Clean Clothes Campaign (CCC) is devoted to improving working conditions and supporting worker empowerment in the global apparel and sportswear industries. Since 1989, CCC has been committed to ensuring respect for the fundamental rights of workers (Foxvog *et al.*, 2013). According to the Clean Clothes Campaign (2012), deaths and severe injuries are high due to a lack of training, procedures, and equipment for workers, managers, and emergency service personnel. Locked, blocked and inadequate escape routes have also been common phenomena. Over the first few years, many fires and construction safety tragedies have shown the industry's systematic failure to comply with national and international standards. CCC (2012) also mentioned that fires occurred at all production levels, from large scale suppliers to small subcontracting industries. Therefore, the response needs to be within the entire industry, not just between industries. Every industry owner must act appropriately to rectify these problems and ensure employee safety. All buildings,

including industry extensions, must comply with legal standards, and electrical equipment should be appropriately maintained. At the same time, they must ensure that managers, supervisors, and workers have adequate training in fire and safety procedures, that exit routes are sufficient for the number of workers employed by the industry, and that they are kept free at all times. The industry gate should remain unlocked whenever a worker is in a building. It is also essential that industry owners adopt a more positive attitude, allowing appropriate workplace representatives to deal with workers' issues, and recognise the role that unions and workplace safety committees can play in maintaining worker safety standards.

One day in Rupali Garment Manufacturing Industry, I was sitting in the interview staff room when I suddenly heard an outcry. There was a first aid kit in the staff room; I saw a man running with the first aid kit. Later, I realised that a physically challenged woman was coming to me for an interview, but she fell on her way and turned over her nail. They provided her first aid treatment and sent her back to her seat. Another day, while I was interviewing in Sonali Garment Manufacturing Industry, one of the officers came to me and said, "Madam, today we have a fire drill programme." Then he instructed me to follow the instructions and come out of the building during the fire drill. He mentioned that there might be a buyer audit during fire drills, they will not consider who is the visitor, worker and who is an officer, and the rule of the industry is that nobody will stay on the floor during the fire drill. According to his directions, I saw everybody following that came out from his or her room and began to start walking. Thousands of people, officers, and workers, even physically challenged workers, came out and began to walk, and I began to walk with them. Finally, I saw the destination: an open ground and everybody was standing serially. I sought a security guard's help regarding standing in a safe place, and the guard told

me to stand with the officers. There was a brick-made stage, and the industry's assistant manager was standing at that stage and delivering a speech addressing the mass. He said the day was not for the fire drill because they had a fire drill occasion in the previous month.

Nevertheless, they performed this fire drill programme that day only for six persons who did not join the previous fire drill programme, were sitting on the floor during the fire drill and violated the fire drill rules. In his speech, he firmly declared that if anybody stayed on the floor during a fire drill in future, he/she would be fired. After 10 minutes' speech, the programme ended, and everybody returned to his or her work. That day I interviewed senior social welfare officers and compliance of that industry. I said that I had seen some physically challenged women workers in line during the fire drill programme. How do you deal with physically challenged women during a fire drill? She replied that there are indications for the two sides' workers of the physically challenged women workers to hold down them during the fire drill. They call them "Buddy" (Like sisters). "Buddy" means "friendship", which, in this context, means selecting a co-worker and helping them adjust to their new environment. Everything will seem unfamiliar to the new employee, the industry environment, co-workers, the sewing floor, machine, work, supervisors, line chiefs, and many others. Through the Buddy training programme, they train new employees to deal with their new environment, people and any other issues.

For this reason, supervisors, line chiefs, welfare officers from the industry, representatives from Marks and Spencer and CRP participate in Buddy training. Junior Executive Officer Admin HR and Compliance said they have the warning to come down as soon as possible during the fire drill. Generally, physically challenged

workers work on the second floor, and checkers help them to come down. His personal view was that there should have a wheelchair on the ground floor so that the physically challenged could ride and move quickly. I wanted to know about the fire drill programme in Rupali Garment Manufacturing Industry. The informants said the industry provides training about what to do when a fire breaks. Sometimes authority informs them first that a fire drill programme will occur, and they come down and sit in the H.R room. However, sometimes they do not inform them before and observe what they do. When a fire drill programme happens in the industry, there is an order for two side's workers to hold down the pregnant and physically challenged workers. They have an order for staying on the floor during an earthquake. The physically challenged workers can participate in all activities equally. When the 5S music rings, they do five things.

1. Sort: they sort out the important and unimportant things and remove the unimportant things.
2. Set in order: they set all the things in order to save time when needed.
3. Shine: they clean the machine and surroundings.
4. Standardise: they think they should standardise the cleanness.
5. Sustain: they remember they should sustain this practice.

The physically challenged women workers are – trained to do these things and they can do it.

6.8 Recreation

Human beings require entertainment in their free time to invigorate the mind. Bhuiyan (2012) claimed that it increases work efficiency. Unfortunately, our garment workers scarcely have time for recreation. In some cases, even during the holiday, they need to

work. When they get time, they go to watch the cinema or to parks with their dear ones. They additionally visit their town homes to see their folks and others. On holiday, they appreciate videos by their game plan, cook better foods and go shopping to buy necessities. Bhuiyan's study identified that they wear bright dresses on public holidays like *Pohela Baishakh* (the first day of the Bangla year) and 16 December, etc. Some industry owners organise a yearly outing for the workers and other staff, appreciating cultural programmes and indoor games. He found that 46 per cent of the garment workers like to enjoy the cinema (in the cinema hall or video at home), 39 per cent like to go outside (with their dear ones), nine per cent like shopping, and six per cent have no particular recreation plan at all. They like to spend time with neighbours and rest by sleeping in the house.

The present study found hardly any recreation in the lives of physically challenged women workers. Khaleda said the industry remains open occasionally, and the regular workers come wearing a better outfit. They wear a new dress, come to the industry, and do half-day duty and go to enjoy the cinema. However, the physically challenged women workers do not adorn themselves. They come as usual. Physically challenged women workers typically stay at home on their holidays. Moyna said that there was a park near her residence. She sometimes hires a woman from her neighbours on a payment basis to take her to the park. She moves there in her wheelchair. She wishes to take me to the park. She has a WiFi connection, for which she pays Tk500 monthly. Since she has a WiFi connection, she can enjoy drama; cinema and hear songs whenever she wishes as she could accumulate economic and cultural capital. Among other physically challenged women, only Momina and Taslima have TV and enjoy TV programmes for recreation. Sometimes physically challenged women from next door come to enjoy TV programmes. During their holiday, they meet with their

peer physically challenged women, share their sorrow and happiness, and develop their social capital.

6.9 Gender Position in the Industries

The social order of Bangladesh is male centric. As a result, there are few female workers in the labour force. The garment manufacturing industry has changed this male centric social order and created a dynamic and female dependent labour force, where women make up over 80 per cent of the absolute labour force of this area (Ahmed and Raihan, 2014).

One of the physically challenged women, Khaleda said that physically challenged men work harder in the industry than physically challenged women. She said that physically challenged women could work in the same place. Sometimes they sit down, sometimes stand, and the physically challenged male workers constantly have to work and carry bundles from one place to another. Khaleda said there is no discrimination between physically challenged workers and able, male or female, as the production target is the same for everyone. Anu also informed that everyone, both physically challenged male and female, in the garment manufacturing industry is treated equally.

Khaleda informed that rehabilitation providers from CRP come into the garment manufacturing industry to monitor whether they are abiding by the rules and regulations of the industry and whether they can mix with other workers in the industry. They counsel them on how to prosper in the workplace and get a promotion. The rehabilitation personnel involved with the Marks & Start project informed that they visit the industry to improve the mental health of physically challenged women workers and overcome their reproductive health problems. Staff from garment

manufacturing industry management and CRP counsels them jointly. Here the study sees that power in a workplace does not merely flow from the top to down; on the contrary, it circulates relationally through organisational practices (Hall, 2001). While counselling, they face the problem that somebody openly shares the problem, some do not share, and somebody exaggerates the problem. Thus, the authority needs to be at the same time gender sensitive and concerned about the psychophysiological issues of the physically challenged women workers.

Chapter 7

Health Challenges and Health Care

7.1 Nature of Physical Impairment

7.2 Causes of Physical Impairment

7.3 Influence of Health System on Health Care

7.4 Health Care Seeking Behaviour – Before and After Inclusion

7.5 Health Problem after Long Working Hours

7.6 General Health and Reproductive Health Care

7.7 Sexuality and Body Image

7.8 Health Care in the Garment Manufacturing Industries

Chapter 7

Health Challenges and Health Care

The health sickness practice is a universal phenomenon. Usually, human beings are concerned about their ailments. They have a multifaceted perception of life and death, illness and treatments. This chapter deals with physically challenged women's health challenges and health care. It identifies different types and causes of physical impairment. It is necessary to determine the background causes of physical impairment to take preventive steps or rehabilitation plans to provide proper health plans, management, and policy recommendations for physically challenged women in Bangladesh (Sultana and Gulshan, 2014). It also explores Bangladesh's healthcare system's influence on their health care seeking behaviour and health condition, the effects of work hours on health, struggles to get better quality treatment and the health cost of physically challenged women. It also examines the role of CRP and the garment manufacturing industries in maintaining the comprehensive health of physically challenged women. The study has used Bourdieu's Theory of Practice, to explore the structural and cultural factors and to understand the individual experiences in health care seeking. The study focused on cultural and economic capital to investigate the obstacles encountered in the treatment process and the health system's experiences of informants. When the study proceeded, some informants mentioned that social connections and networks play an important role in negotiations with their health system. The study gathered the medical history of the informants and applied Foucault's clinical gaze to understand the health system.

7.1 Nature of Physical Impairment

Numerous types of impairment can affect a human being; some of these conditions are more common; for example, different physical impairment includes mobility impairment, visual impairment, hearing loss, chronic pain and seizures. However, this study has chosen informants with the most visible physical impairments mentioned in the table below. Though the particular impairment of each case is pinpointed in the methodology section, here, the categories of similar impairment of the informants are presented.

Table 7.1 Nature of Physical Impairment

Nature of Impairment	No of Informants	Percentage
One leg	9	26.47
One hand	6	17.64
One leg and one hand	3	8.82
Two legs	3	8.82
Spinal cord	2	5.88
Paralysed	3	8.82
Face curve	1	2.94
Eye (eye is removed)	1	2.94
Abnormally short	2	5.88
Multiple problem	4	11.76
Total	34	100

Source: Fieldwork 2018-2019

Among the 34 physically challenged women, 9 (26.47 per cent) said they have impairment in their one leg, either right or left. Of the nine physically challenged women, informants Sanu, Nitu Biswas, Kakoli Rani, Taslima and Jorina Ferdous have impaired left leg. Sanu has no strength in her left leg when she walks; she bows down, holds her left leg with her left hand, and walks. The foot of her left leg is deformed, and she feels pain while walking. Nitu Biswas also has a problem with her left leg, her foot is impaired, and she bends on the left side when she walks. Kakoli's left leg is thin and strengthless, and she also turns her left side when she walks from her

childhood. Taslima's left leg is also deformed; her foot is bent and looks very unusual. Jorina Ferdous's left leg is straight, and she cannot fold her leg at the knee; she spreads her entire leg from the waist when she sits. She works in the industry sitting in a high chair and standing.

Momina, Jamuna Rajbonshi, Rahela and Buli Akhter have right leg problems. Momina's right leg is deformed; she uses a wooden stick to walk. Jamuna Rajbonshi's right leg is paralysed from her waist, and her right leg is short and has no strength. Rahela's right leg is also paralysed; she bows her right side when she walks. When I went to Rahela's residence to take life history and case study, she came to a certain distance to receive me at her residence. I expressed my sorrow for disturbing her on a weekly holiday. She replied, "It is nothing, I did very little for you, but you have come from a long distance for our wellbeing. Very few people think of us". I asked her whether she feels pain while she walks. Rahela said that her walking looks abnormal but feels no pain and has habituated walking from childhood. Her residence is not very close to the industry, but she goes there by walking every day.

Alyea, Arifa Akhter, Sabina, Hasu Begum, Nazma and Asha are physically challenged women informants having one hand problem. Alyea's right hand and fingers are deformed, thick and thin. She has less strength in her hand than in other body parts. Arifa Akhter's right hand is paralysed; she works only with two fingers. Sabina's right hand fingers were cut off, and she has only the palm of her right hand. Hasu Begum informed that she always has pains in the joint of her right hand, she cannot raise her hand, and it has become lean and thin. Nazma's right hand is cut off from the elbow. Asha's left hand is deformed.

Anu, Baby and Sadia have one leg and one hand problem. Anu said by birth, her one leg and one hand are deformed, her left leg is deformed, and the condition of her leg is worse than her hand. Baby has a problem in her right leg from the waist by birth, her foot on the right leg is curved, and she has no strength in her hand. Sadia said she has less strength in her right hand and right leg.

Nilu, Alpona, and Khuki are informants having two legs problems. Nilu's two legs are highly deformed, and though her walking looks unusual, she said she feels no pain while she walks. Alpona's legs are thin, and she feels no strength in her leg when she walks. Khuki's legs are deformed, and she walks with a stick.

Shapla and Noyon informed me that they have a spinal cord problem. Khairun, Morjina and Moyna are paralysed. Khairun's two legs are paralysed, and she walks with the help of crutches. CRP made the crutches, but she paid the cost. Morjina is paralysed from the waist to the legs, and Moyna from her knee to the legs. Both of them are using wheelchairs.

Shefali, Ojufa, Rubina and Dalia have multiple physical impairments such as leg impairment, hands and backbone impairment, abnormally short, two legs and two hands partially paralysed. Shefali said her left leg is short, the fingers of the right leg are deformed, and the right side with backbone is skewed. Ojufa's two hands and two legs are deformed. She feels pain in her legs and hands and every joint. Rubina's two hands and legs are partially paralysed; she has little strength in her two legs and two hands. Her hands and legs are thinner than other body parts; she trembles and loses balance while walking. Dalia is abnormally short and has a problem with the backbone.

Rina Rani and Jyotsna informed that their hands, legs, and body patterns are abnormally short. Marufa’s face is deformed and looks unusual, and Khaleda is a one eyed woman. The study found no physically challenged woman whose two hands are entirely inactive. At least one of their hands is active wholly or partially. One of them works with only two fingers.

7.2 Causes of Physical Impairment

This section explores the factors that cause, maintain and contribute to disease or illness, physical impairment and make them physically challenged. According to Baer, Singer and Susser (2003), the human body is the composite of a dialectical relationship between biological and sociocultural evolution. Not only physiological variables but also cultural and emotional factors mediated its processes. Bhasin (2007) stated that individuals believe that evil spirits, evil eyes, sorcery, and witchcraft are the leading causes of the ailment everywhere. Stink eye or *nazar laga* is one of the reasons for diseases. Many societies have a cultural explanation for disability. Divine discontent, witchcraft or evil spirits and reincarnations are all reasons. Class, gender, family structure, economics, education, and regional and national development shape physically challenged women’s feelings and status.

Table 7.2 Causes of Physical Impairment

Causes of Physical Impairment	No of Informants	Percentage
Fever	15	44.11
By Birth	11	32.35
Accident	5	14.70
Family violence	1	2.94
Violence of husband	1	2.94
Unknown reason	1	2.94
Total	34	100

Source: Fieldwork 2018-2019

According to Sultana and Gulshan (2014), the causes of disabilities are diverse in Bangladesh. Inherent, accidents, disease and old age are the leading causes of different types of disabilities. Area, sex, religion and division are significantly related to different types of disabilities. Rural people are less likely to be physically or mentally disabled than their urban counterparts.

The present study shows that among the 34 physically challenged women, 15 (44.11 per cent) informants became physically impaired because of fever and evil air (*kharap batash*). It is a matter of regret that most of the physical impairment could have been prevented if they had undergone the proper treatment. Most of the women became physically challenged by extreme fever. Because of their family's economic condition, superstition, and lack of knowledge, family members took them to *kabiraj* for treatment. Due to the improper treatment of *kabiraj*, the diseases turned into physical impairment instead of being cured.

Similarly, in their study, we see that Nokrek, Alam and Ahmed (2013) found that 50 per cent of impairments were due to disease and illness such as polio, *kala-azar* (black fever) and high fever. They mentioned that most informants said that due to a lack of money, their parents did not have access to proper treatment, which led to chronic disability. In the present study, Sanu informed that she fell ill with a severe fever in her childhood. Since her father died, her mother took her to *kabiraj*, who provided her *panipora*, *telpora* and *jharfuk*. A local homeopathic doctor prescribed her homeopathic medicine. After suffering from a fever for many days, she recovered from the fever, but she became physically challenged.

Jamuna Rajbonshi said that she fell into a severe fever when she was three. Her parents took her to *kabiraj*, who treated her with *jharfuk*. When she recovered from the fever,

her right leg became paralysed. Similarly, Momina fell into a severe fever at eight. Her legs and neck were swelled severely and became skewed. Her mother massaged oil and garlic then her neck became cured, but her leg was not cured. Khairun also fell into a severe fever in 2004 when she was 12 or 13. Her two legs were paralysed from her backbone and waist. Kakoli Rani informed that when she was one and a half years old, her mother went to her maternal uncle's house, where she fell ill with a high fever. Her mother and maternal uncle took her to a doctor. The doctor pushed her injection to cure her fever, but they did not continue the treatment because her family members said evil spirits and *kharap batash* befell on her and took her to *kabiraj*. After the *jharfuk* of *kabiraj*, she recovered from the fever, but her leg became skewed. They still believe that her leg is deformed because of the mistreatment of the doctor. Shefali, at the age of three, fell ill with a high fever and typhoid; her grandmother took her to *kabiraj*, and instead of being cured, her left leg became short. When she was in Class VI, her right backside became skewed. The fingers of her right leg also became skewed gradually.

Rahela is 36 years old, physically challenged woman. When she was one and a half years old, she suffered from severe typhoid, her parents took her to *kabiraj*, but she did not recover. One day her condition was so bad that everybody thought she was dead, and the village doctor declared her dead. Every member of her family prepared a grave and clothes for her burial. Suddenly an old woman came with tangled hair (*jatachull*) and said, "She is not dead." She plucked some grasses and read mantra, chewed that, and put that in Rahela's mouth, and then Rahela got sense back. The woman went unnoticed; her parents searched for her many times, but they never saw the woman in the village. Rahela survived, but her leg had impaired, and she had difficulty in walking.

Ojufa fell ill with severe typhoid when she was in class five, and her parents took her to *kabiraj*; after the treatment of *kabiraj*, her two hands and two legs were deformed. Jorina Ferdous also suffered from severe fever when she was two or three years old. She had an abnormally large abscess (*Goir*, local term) in her body, including her leg. Her neighbour's brother was a village doctor (quack) who cut these with a blade, inserted clothes into the wounds to clean these, and brought out pus from her legs. It took one month for her to recover, and she started to walk lamely. Many *kabiraj jharfuked* her, but she did not recover. Rubina suffered from severe fever when she was eight years old. Her parents could not take her to the doctor; they also took her to *kabiraj* for *jharfuk*. Her hands and legs gradually became lean and thin when she was ten. Khuki's two legs are deformed, and she walks with a stick. A severe fever, typhoid attacked her at age five or six. Similarly, Nitu Biswas, Hasu Begum, Taslima, and Sadia also became physically challenged after suffering severe typhoid, cast by evil air (*kharap batash*) and lack of proper treatment.

In this research, the second highest informants, 11 (32.35 per cent) women, became physically impaired by birth. According to Sultana and Gulshan (2014), among the 0.8 per cent physically disabled, the majority were disabled since birth. When a child is born with a physical impairment, it makes those parents' lives miserable and distresses them until their death. "By birth, my one leg and one hand are deformed. My left leg was twisted severely, and a village doctor (quack), a distant relative, treated me. I feel better after his treatment but was not cured," told Anu in a wretched voice.

Accidents are significant causes of physical impairment in Bangladesh. In this study, five women became physically challenged by accident. Khaleda has only one eye, when she was four, her brother was cutting sugarcane, and the knife entered her eye accidentally. The vision was permanently damaged, and the doctor removed the eye in

fear of infection when she was eight years old. Sabina accidentally cut off her fingers in the paddy thresher machine in her childhood. One day while Morjina was cooking in the kitchen, the mud wall fell upon her and paralysed her. When Moyna was eight to nine years old, she became senseless when a running bus knocked her down on the way to school. The people on the road took her to a nearby pharmacy, and a pharmacy salesperson treated her with an injection, and then she became paralysed. She thinks she became paralysed because of the maltreatment of the pharmacy salesperson. Nazma fell from a tree when she was seven to eight years old. Then her right hand was broken. Her parents took her to *kabiraj*, and her hand was severely infected after the treatment of *kabiraj*. Then her parents admitted her to Tangail Kumudini Medical College Hospital; the doctor cut off her hand from the elbow in fear of spreading the infection.

Violence is another cause of their physical impairment. In this study, two informants became physically challenged by violence. One is from family violence (violence from stepmother and kin), and another is violence from husband. When Shapla's parents were divorced, and both of them remarried, finding no roof over the head of the pity girl, her grandparents sent her to her uncle's (*kaka*) house for domestic help. Due to heavy work pressure, insufficient food, and the torture of the aunt (*kaki*), she suddenly felt pain in her spine and gradually became skewed permanently.

Noyon became physically challenged because of the violence of her husband. She informed me that her husband beat her and kicked her out of bed for dowry one day. Her spinal cord and waist bone were broken, and she became senseless. When she got the sense, she cried out in pain, and her husband said to everyone that she had fallen in the washroom. One woman gradually became physically challenged and did not know why (may be lack of nutrition and poor hygiene). Alpona's legs are thin, and

she has no strength in her legs when she walks. When she was six years old, her legs became lean and thin. Her parents did not understand the cause of her physical impairment.

Agreeing with Groce *et al.* (2011), we can say that chronically poor people are often at risk of ill health and injuries, leading to disability through several routes. They usually live in poor housing, cannot afford nutritious food, are more likely to have unsafe or dangerous jobs, and have a higher probability of being victims of violence. When they become sick or injured, these all around needy individuals are less inclined to manage the cost of the medical consideration that would keep an ailment or injury from turning into a perpetual disability.

7.3 Influence of Health System on Health Care

This section explores how a healthcare system develops in a capitalist society and deprives the vulnerable group of physically challenged women. According to Mahmood 2009 (cited in Ahmed *et al.*, 2015, p.27), Bangladesh was a part of India throughout the British colonial legacy. During the partition of British India on 14 August 1947, Bangladesh became the eastern province of Pakistan (East Pakistan). Thus, Bangladesh inherited a highly centralized healthcare system from the previous British colonial power, which was then influenced by health policies in Pakistan until its independence in 1971. Modern health systems developed in Bangladesh, mainly in government owned healthcare institutions funded by government tax revenue. Vaughan, Karim and Buse (2000) argued that although some health indicators have improved significantly since the 1970s, mainly due to large scale government programmes, the health status remains poor. Since the late 1990s, the health sector has completed extensive institutional reforms to encourage greater fairness and efficiency in using resources under the

influence of external donors. In 1996, different organisations, including the World Bank, pointed the finger at the government that they may not continue receiving more credit until they implement a comprehensive door to door policy.

Ahmed *et al.* (2015) claimed that the Health and Population Sector Strategy (HPSS) approved in 1997 gave the health sector an additional direction towards efficiency and cost-effectiveness through advocating specific institutional and governance reforms within the health sector. They mentioned that the health system in Bangladesh is a diversified system with four main agents defining the structure and functions of the system: The government, the private sector, non-governmental organisations (NGOs) and donor agencies. The government or public sector is the first key agent who, by the constitution, is accountable not only for policy and regulation but also for providing overall health services, including financing and employment of health staff. According to them health care providers can be classified into two most significant types in the private sector. First, the private sector (both for-profit and non-profit) consists of expert physicians of different systems of medicine; secondly, traditional medicine is widely practised in the private sector. In many developing countries, most of the population continually uses traditional medicine (TM) to meet its primary healthcare needs (WHO, 2002). Magic (sorcery), charms, incantations, religious passages, spiritual approaches, amulets, sacrifices, ceremonies, and even intrusive physical and mental torment are all part of traditional healing procedures (Haque *et al.*, 2018). Besides, numerous NGOs and donors in Bangladesh are engaged in healthcare.

Physically challenged persons and health are relatively interconnected and associated with various primary health conditions (World Bank and WHO, 2011). Health care is necessary for preventing and treating impairment. Access to general health care for a physically challenged person is often forgotten or ignored. Consequently, in low-income

countries, physically challenged people show higher rates of not receiving health care services than non-physically challenged people (World Bank and WHO, 2011). There is a need to ensure equal access to health services for physically challenged people. Existing research on obstacles to the health care of physically challenged people in developing countries is limited.

The present study identified healthcare challenges for physically challenged women in Bangladesh healthcare system by collecting information on health seeking behaviour. Physically challenged women require primary healthcare and specialist services such as rehabilitation or assistive devices. Most physically challenged women mentioned that inaccessible transports are a significant obstacle to entering healthcare. There is no provision for ramps in Bangladesh's transportation system, therefore inaccessible for them. Moreover, some hospital buildings have no ramps, and toilets are especially not accessible for physically challenged women. Consequently, physically challenged women with severe physical impairment face difficulties accessing such facilities, especially when they are alone.

Moyna is a wheelchair user looking to consult a good gynaecologist, but she was worried about how to get there. She was also looking for help to move her wheelchair to ride on public transport. She mentioned that a few years ago, she went to an NGO to inquire about health services; at the time, her mother and sister held her arms and hauled her to a rickshaw to sit where people put their feet. They pulled her down, took her to a wheelchair, and sought treatment in reaching that NGO. When she went to CRP, her brother helped her. Now Moyna has none of her own to support her in reaching the healthcare centres. Now, if she wants to move to any public place, she must hire someone, however, it is also challenging because nobody wants to do this job.

The physically challenged women require general health care such as prevention, treatment of diseases and medical appointments same as a normal man. Still, many hurdles prevent them from accessing mainstream healthcare services. Four years ago, after joining Rupali Garment Manufacturing Industry, Jorina Ferdous went to the National Institute of Traumatology and Orthopaedic Rehabilitation (NITOR), a specialized public hospital for people having physical impairment primarily by accident and illness for treatment. She took leave for two days from the garment manufacturing industry and went to Dhaka. On her way, she sat in a seat beside the driver spreading her leg since she could not fold her impaired leg. She bought a ticket and visited the doctor after standing for two hours in a long queue in the hospital. She told the doctor that she bears her family's expenses working in the garment manufacturing industry, and the doctor felt sympathy. The doctor sent her to a renowned private hospital name Ibn Sina Hospital for an X-ray. Her finding Ibn Sina Hospital with her straight leg was difficult. She reached Ibn Sina Hospital by walking, with the information of the passers-by, which is far from NITOR. When I wanted to know why the doctor sent her to a private hospital instead of doing the X-ray in the public hospital, she replied that she also asked the doctor the same; the doctor said the X-ray at Ibn Sina Hospital would be better. Jorina Ferdous experiences of accessing the public sector for treatment help us consider the mainstream healthcare system's lack of services, especially for physically challenged women. Because of their economic vulnerability, lack of education, and transportation barriers, these physically challenged women rarely see a hospital physician. Although they obtain this facility after long strife, the services' difficulties discourage them from returning for follow-up visits, leaving them reliant on traditional healers.

7.4 Health Care Seeking Behaviour – Before and After Inclusion

Bhasin (2007) asserted that the investigators of illness and healing in several cultures agree that some healthcare seeking behavioural aspects are universal. Treatment practices utilized by the patients or their families for their benefit vary from the sequential exclusion of one system in preference to making choices that combine components of many procedures. Abel (2008) commented that health related cultural capital could not be looked at in isolation from social and economic capital because of their constant interaction and overlap.

Bourdieu's general notion of cultural capital can be used to define health relevant cultural capital as comprising all culture based resources available to people for acting in favour of their health. Incorporated or embodied cultural capital includes health related values, behavioural norms, knowledge, and operational skills. Health books and internet access (as health knowledge sources) represent objects of objectified cultural capital closely linked to health and health promoting behaviour. This section explores the health care seeking behaviour of physically challenged women before and after inclusion in the garment manufacturing industry and the impact of different capital on their treatment struggles.

Table 7.3 Health Care Seeking Behaviour: Before and After Inclusion

Health Care Seeking Behaviour Before Inclusion		
Nature of Treatment	No of Informants	Percentage
Kabiraj	18	52.94
Hospital doctor	9	26.47
Village doctor (quack)	5	14.70
Pharmacy salesperson	2	5.88
Total	34	100
Health Seeking Behaviour After Inclusion		
Nature of Treatment	No of Informants	Percentage
Factory doctor	16	47.05
Pharmacy salesperson	10	29.41
Hospital doctor	7	20.58
Village doctor (quack)	1	2.94
Total	34	100

Source: Fieldwork 2018-2019

The healthcare seeking behaviour of most physically challenged women are chaotic. They never seek specific treatment. The healthcare seeking behaviour of physically challenged women is divided into two phases before inclusion and after inclusion. Before inclusion in the garment manufacturing industries, the majority (52.94 per cent) of the informants were habituated to traditional healing systems; they usually call the healer *kabiraj*, *fakir* and *hujur*. The cultural legacy of Bangladesh includes conventional healing practices and comprises an essential part of an individual's way of life in this country (Haque *et al.*, 2018). The study noticed that the informants first approached traditional healers when the problem intensified; some then moved to physicians. Because of their lack of cultural and economic capital, they cannot reach qualified physicians and modern treatment facilities. If some of them avail of the facilities, they could not continue the treatment for economic capital. Here we can agree with Rahman (2013) that the treatment services are not well equipped, and treatment cost is unbearable. Again, they went to *kabiraj*. In this study, the condition of Ojufa, Morjina, Noyon and Nazma's health condition became severe after getting treatment of *kabiraj*. Instead of being cured, their body parts became infectious because of the unhygienic bandage of *kabiraj*. Some physically challenged women simultaneously took several therapies. They sometimes went to *hujurs*, who usually provide *panipora* for drinking and *telpora* for massage to cure all spiritual disorders. Sometimes the religious verses were recited and blown on the face and impaired body parts as a healing practice. Simultaneously they went to the local doctor and pharmacy salesperson (self-taught practitioner of allopathic medicine).

Most of the physically challenged women who have the problem by birth were reluctant to receive treatment. Some of them went to *kabiraj*. They did not rush after several treatments because of a common saying in the village that by birth problem is

not curable. Jyotsna is extremely short by birth. Her parents never sought the treatment of a doctor because everyone told them that the issue at birth does not cure. Dalia is short and had a backbone problem at birth and, never went to the doctor; her parents took her to *kabiraj* for *jharfuk*. Nilu's two legs were also tremendously deformed at birth, her parents took her to a *kabiraj*, but they did not take her to the doctor.

In this study, some of the physically challenged women informed that they approached the hospital doctor, but the doctor told them their impairment was impossible to cure as they had grown up enough. Some informed that doctors said treatment is possible by surgery, but there is uncertainty about being cured. Jamuna Rajbonshi said that she fell in severe fever when she was three years old. Her parents took her to *kabiraj*, and the *kabiraj* treated her with *jharfuk*. When she recovered from the fever, her right leg became paralysed. When she was growing up (about 10 to 12), she asked her parents if everyone could walk normally; why her leg is like this? Being pressured, her parents took her to the doctor, but the doctor said, 'it is not possible to recover as she has grown up enough.' Her family members were abode by the decision of the doctor. Because of doctors' institutional and cultural capital, they thought doctors were the most knowledgeable persons in this field. She still feels that if she gets the treatment of a qualified doctor, she will recover, but she cannot afford that for lack of capital. Jamuna Rajbonshi's thinking shows how patients can actively ignore physicians' comments and build their cultural health capital.

Rubina's two hands and two legs are partially paralysed, she has little strength in her two legs and two hands and her hands and legs are thinner than other body parts. She had suffered from a severe fever when she was eight years old, her parents had no economic capability to take her to the doctor, and they took her to *kabiraj* for *jharfuk*.

Her hands and legs gradually became lean and thin when she was ten. When she began to earn from the garment manufacturing industry, she sought treatment from a doctor, but the doctor said it was not curable. The foot of Taslima is deformed and unusual. Her parents treated her first by *kabiraj*. Later, they went to the doctor, but the doctor told them that only surgery is the treatment, but it may cause harm rather than cure. Kakoli Rani mentioned that her parents took her to *kabiraj* when she became lame. After marriage, her husband took her to a homoeopathic doctor; she felt weak in her leg after taking the drug. Then they consulted with a hospital doctor, and the doctor forbade her to take homeo medicine but could not cure her, only prescribed her some medication to relieve pain and could not give any clue to recover. Khairun was admitted to Barisal Medical College Hospital when her leg became paralysed. The doctor sent her to Dhaka Medical College Hospital, and then she was referred to Bangabandhu Sheikh Mujib Medical University (BSMMU) hospital. The doctor prescribed her physiotherapy. Though she received physiotherapy, her condition did not improve. She also took treatment from the National Institute of Traumatology and Orthopaedic Rehabilitation (NITOR), where the doctor suggested surgery on her leg. However, the doctor was confused about the certainty of the success. Then her parents decided not to operate on her leg.

An individual's embodied cultural capital (Bourdieu, 1986) improves with age and life experience. Embodied cultural capital, such as knowledge of health systems and life experiences, positively influenced some informants' access to health services, information seeking and understanding of their disability. Anu's habitus, knowledge and experiences shaped how she approached the situations. Anu's left hand and left leg were deformed by birth. Four years ago, when she was in bed for six months for a leg infection, her parents took her to Mymensingh Medical College Hospital; the

doctor advised cutting off her leg from the knee in the hospital. Her parents informed her distant relative, a village doctor who treated her beforehand; he prohibited cutting off her leg. He advised them to take her home and said he would treat her. On returning home, she took the treatment by the village doctor, her distant relative. After his treatment, she felt better and was capable of walking. At that time, her father spent Tk80000 for her treatments in the hospital and village doctor by selling his lands, and he became a borrower. After getting better, Anu commented to the village doctor that 'he has power in his hand.' Anthropologists writing about the symbolic power of medicines have suggested that understanding the "power of the hand" may influence choices about which practitioner to consult for ailments (Van der Geest and Whyte, 1988; Nichter, 1996). Nichter (1996) claimed that in South India, a particular practitioner cured an illness that the other practitioner had failed to treat. Subsequently, the "power of the hand" showed that the successful practitioner's hands possessed an extraordinary power that could heal a particular illness or cure a specific age group of sufferers.

Some physically challenged women think their treatment was wrong and could not have approached better treatment due to a lack of economic and social capital. Momina said that after severe fever when her leg and neck became skewed. Her mother took her to a local doctor. The doctor diagnosed it as polio and pushed her injection, and then her right leg became deformed, thick and thin. She commented that the doctor might not identify the real reason for her illness and had given the wrong treatment. Then her mother took her to *kabiraj* who said he could not treat her disease because it was due to the ill spirit as her grandfather was a *kabiraj* who went to another house for *jharfuk* without closing his home, and the evil spirit harmed his granddaughter. He suggested that only her grandfather could provide her treatment by

caring of the ill spirit. When her mother took her to her grandfather, he asked for payment for treatment, but due to economic insolvency, her mother could not afford that, and as a result, she did not get the treatment.

Social capital caters for informants with comprehensive information and interpretations about their disability and access to health services. Family members, friends, social contacts, and contacts of contacts were the vital resource of health seeking for many of the informants. Personal relationships with rehabilitation providers, disability related NGOs, friends, and contacts with knowledge of the disabled health field helped informants gain extra information, advice, and treatment that the health system was not addressing.

Ojufa informed that when her hands and legs got twisted, her parents took her to a *kabiraj*. *Kabiraj* gave her *jharfuk* and massaged with ghee, oil and garlic in her hands and legs. He bandaged her hands and legs with special medicinal leaves known for healing ingredients (*akandapata*). He changed the bandage every week, in this way; he continued her treatment for one month. After one month, *kabiraj* said it would not be cured. Then her father took her to a local doctor; the doctor alerted her father that her physical condition was worsening, prescribed her some medicine, and advised her father to provide her enough food. One day, a hawker woman told her to buy a medicine from her and said it would cure her pain if she takes it. She purchased that drug ate, and felt better. However, when her hands and legs became more curve, her uncle and cousin took her to CRP. They knew about CRP because her paternal cousin (*fufato bon*) fell from the roof of the five storied building and took treatment at CRP in 2009. Her uncle (*fufa*) and her father took her to CRP for treatment. She used social capital (kin and relatives) to access resources during her treatment. In CRP, the doctor told for surgery, which would cost Tk30000; hearing this, her father did not

agree to continue her treatment and brought her back home. But Ojufa did not forget the medicine the hawker woman provided her as she always preserves the cover of the medication; she shows it in the pharmacy and buys and intakes it. I wanted to see the medicine; it was prednisolone (steroid), which cost her Tk100 per month.

Some physically challenged women informed that economic capital is not a problem at present, but their problem is cultural and social capital. Because they have saved an amount of money and want better treatment, but they do not know where they will get better treatment. Moreover, they have none to take responsibility for their treatment. Nitu Biswas's foot of left leg is deformed, and she bends on one side when she walks. She suffered from severe typhoid when she was 10 to 12 years old, her parents took her to *kabiraj*, and the *kabiraj* has given her *jharfuk* and *dimpora*. Then they took her to a doctor. The doctor diagnosed polio as her foot was deformed and pushed her injection; however, she was not cured. CRP doctor told her if she could give Tk150, 000, they would fit an artificial leg. She provided the leg measurement but could not manage time to go there. The doctor suggested taking calcium and painkiller; if she feels unwell, she buys medicine from the nearby pharmacy and takes these medicines.

Jorina Ferdous, another physically challenged woman, sought treatment from the National Institute of Traumatology and Orthopaedic Rehabilitation (NITOR) four years ago. According to the doctor's prescription, she had an X-ray, and after viewing the X-ray report, doctor advised her to admit to the hospital and manage Tk20, 000 at the initial stage and gave her an estimation of Tk50, 000 for the total expense. Since she went alone, she did not get admission and was asked to go with a guardian. She returned and could not manage her guardian for treatment in the NITOR. Then she showed her report to the doctor of the medical centre in the industry and the doctor

also suggested doing her operation as soon as possible. Now, she feels doubt whether it will cure or not. Currently, the treatment cost is not a problem for her as she has saved some capital from her salary for treatment. However, she is thinking of who will take responsibility for her operation. She is not willing to go to CRP because, at present, in CRP, there is a heavy rush and serial. She could accumulate economic capital by saving money from her salary, but she could not manage cultural and social capital for her treatment.

Baby's leg is extremely deformed by birth; it becomes infectious when she walks. She cannot remember whether her parents took her to the doctor or not. However, her parents informed her they had visited a doctor in Mymensingh; they went to the hospital but could not meet the doctor, as they did not get an appointment. For lacking of embodied cultural capital (knowledge and experiences), they could not understand how to get an appointment with a good physician. Since they did not contact earlier, they could not avail themselves of this social opportunity. She did not take any treatment from CRP because of her embodied cultural capital that, by birth problem is not curable. Buli Akhter informed that she had a problem with her right leg from the waist by birth; her parents took her to *kabiraj* and the village doctor but could not seek treatment from a hospital doctor for lack of economic capital. She received treatment from CRP and did an X-ray according to the doctor's advice. However, for lack of embodied cultural capital, she could not understand that she should immediately go to the doctor for a follow up visit; she thought she will show it whenever she will visit. Buli Akter had an X-ray report by this time; her economic capital had ended, and she was thinking that after managing economic capital, she would again visit the doctor. The study noticed that physically challenged women delay treatment due to a lack of economic capital.

Morjina said it was in 2006 when a mud wall fell upon her; her husband first took her to a nearby hospital. In the hospital, the doctor treated her with an injection and said that her backbone was broken and that it was impossible to give her treatment there. They suggested taking her to the National Institute of Traumatology and Orthopaedic Rehabilitation (NITOR); instead of going there, the people at her in-law's house took her home and ultimately to *kabiraj*. *Kabiraj* bandaged in her whole backside for seven days; after opening the bandage, he saw a massive infection in her entire backside. Then her husband took her to Dinajpur Medical College Hospital for infection treatment; it took one month to cure the infection. Then they took her to Joypurhat Adhunik Sadar Hospital, where the doctor advised an X-ray. Seeing the X-ray report doctor also advised them to take her to the National Institute of Traumatology and Orthopaedic Rehabilitation (NITOR). Instead of taking her there, her husband took her home and to different *kabiraj*. One day hearing her misery, her paternal aunt (*fufu*) visited Morjina, and she took Morjina to her home and sent her to Dhaka with her cousin.

Although the family members of her in-laws' house prohibited her husband from going to Dhaka, he went with her. After taking her to Dhaka, her cousin used up the money for other purposes and did not take her to the doctor. One day her husband discussed the problem with a pharmacy salesperson and said, "My wife is paralysed, and I am seeking a good doctor." The pharmacy salesperson advised him to take her to CRP, and then her cousin and husband took her to CRP. The CRP staff took her in a wheelchair, checked her outdoors, and told her that she needed admission for treatment but had no vacant seat. Then they returned to Dhaka, but after a week, her brother said to her that he could not keep her in Dhaka. Seeing her misery, a woman of her brother's neighbour extended her helping hand and took Morjina to her (woman's) home. The woman also took her to a *kabiraj* who treated her for six days, increasing her misery. Then Morjina

communicated with her stepmother, and the woman helped her reach her stepmother. Her stepmother took her to an orthopaedic doctor in Rajshahi; the doctor saw the X-ray report and advised her to take her to CRP. When they said that they went to CRP, but there was no vacant seat, the doctor in Rajshahi referred her to a doctor at CRP. Her stepmother took her to CRP again. She fell into tears at the CRP gate, and then some people at the CRP gate told her to go to the Social Welfare Department of CRP. Seeing the doctor's reference, CRP admitted her for treatment, and it was 2007. The treatment continued for six months. Irving Zola (1981, p.241) rightly said that a sick person could not be expected to be "a group of willing supplicants rushing with open arms to seek aid." It takes "a quite complex set of social events" to see a doctor. He also added that patients' time dimension of medical problems is often ignored, and most of the sickness becomes chronic when they meet a doctor. This indicates that they have already lived with and probably adjusted too many facets of their conditions. They have done several things to cope with their difficulties; perhaps some have worked, and some have not. I agree with Irving Zola that the disease is not only a unique phenomenon fixed in a single individual in the modern sense; instead, always a social phenomenon that involves family, friends, and many aspects of a person's life.

Shapla's spine became skewed because of the hard work and torture of the paternal aunt (*kaki*); her grandfather took her to *kabiraj*. The *kabiraj* treated her with *telpora* and *panipora*. Then he took her to a village doctor who treated her with an injection in her two arms for several days, but she was not cured. Then her grandfather took her to CRP; after CRP's initial treatment, she felt better. Now she is continuing her treatment at CRP. She needed an operation on her spine. She worked in a boutique house where CRP sent her. The owner of that house raised TK250, 000 for her operation. The boutique house was closed by this time, and they sent her to CRP.

Alpona told when she was six years old; her legs became lean and thin for unknown reasons (malnutrition). She took treatment at ASHA hospital for six years. The hospital took her to NITOR several times by ambulance, and they bore all the costs. When she was 10 to 11 years old, she had an operation on her two legs four times. However, there was no change in her condition. Here I concur with Peerson (1995) that medicine and surgery jointly gained importance and power over their subjects in accomplishing further knowledge. People within the vulnerable state of illness were obsessed with physicians' experience treating disease and equivalent time's guinea pigs of the clinical gaze for analysis purposes. Patients have very little or no say in using power over their bodies. Specialized medical terminology is the barrier between the doctor and patients, supporting the doctor in a superior position. Chambon, a leader in French medical reforms, argued that since society offered the sick and wretched food, shelter, and treatment of their ailments with medical supplies and personnel, hospital patients owed their bodies to the community and explicitly to the medical profession. Chambon justified implementing this contract on economic, scientific, and humanitarian grounds.

Noyon informed that after physical violence from her husband, she became senseless. Then he took her to the doctor; the doctor said that her spine was broken down. The doctor pushed her Voltaren injection to release her pain and advised to have an X-ray and take her to NITOR; otherwise, the doctor alerted that she would be paralysed, but her husband did not follow doctor's advice and fled away. After returning home from doctor, she started to walk with the help of a stick. She took treatment from a *kabiraj* at Rangpur, *kabiraj* made a bandage on her waist and tried to set the broken bone, but he failed. Instead of being cured, her waist became infectious. She sought treatment from a local doctor, but the doctor told her that her bone had already been

decayed. In the meantime, her brother took her to a doctor in Gazipur who came from NITOR. The doctor first advised an X-ray; viewing the X-ray report, he said there were three injuries in her spine and suggested surgery. When her brother told the doctor about her economic crisis, the doctor advised taking medicine. She was economically so vulnerable that she could not take medication and did not continue the treatment.

The study noticed a change in the treatment seeking behaviour of physically challenged women after inclusion in the garment manufacturing industries. After joining the garment manufacturing industry, when they feel sick usually, they do not go to traditional healers because, in the urban area, these services (traditional healing) may not be available. When they become sick, the majority (47.05 per cent) of them go to industry doctors. Still, many physically challenged women go to pharmacy salespersons (self-taught allopathic medicine practitioners) and hospital doctors; only one informant still goes to the village doctor (quack). When I asked them why they go outside for treatment instead of industry doctors, they replied that if they approach the industry medical centre, the doctor writes down prescriptions, but they have to buy medicine from outside. The industry medical centre only provides paracetamol tablets, antacids, and oral saline.

Hasu Begum's informed that her hands became lean and thin because of severe typhoid when she was six months old. Her parents tried their best for her treatment, but she did not recover. She always feels pain, and to relieve pain, she buys a painkiller from a nearby pharmacy and intakes it. She does not go to the industry doctor; if she feels any problem, she goes to the pharmacy salesperson. When I asked her why she does not go to the industry doctor, she replied that the doctor of industry

only provides a prescription, and they have to buy medicine from outside. Therefore, they go to a pharmacy salesperson where the pharmacy salesperson provides them with advice, and they can purchase medicine accordingly. One of the main reasons for not going to an industry doctor is that the medical centre is on the fifth floor of Rupali Garment Manufacturing Industry. They must show their production per hour, and it takes time for the physically challenged women to go to the fifth floor though they have permission to use the elevator. If they go to the medical centre, their work is delayed, so getting advice and medicine from pharmacy salesperson at a time is more manageable. Moreover, they are accustomed to going to the pharmacy salesperson.

Some informed that they had developed one kind of social capital with the nearby pharmacy salesperson who provides them advice. Sometimes, they buy medicine in credit from the pharmacy salesperson that they write in an account in the patient's name. They pay the medical bill at the end of the month when they get their salary. Almost all the informants said that they intake medicine. The salesperson usually suggests them calcium and painkiller. A common phenomenon is that almost all the informants suffer from different aches and intake painkillers to relieve aching. Usually, they buy such drugs from nearby pharmacies without a doctor's prescription. Most of the informants informed that they do not take treatment from CRP because, there is a heavy rush in CRP; moreover, they must take leave from the industry to go there.

7.5 Health Problem after Long Working Hours

Mahmud *et al.* (2018) revealed that employees and workers in the garment manufacturing industry follow a rigid and tedious routine. They showed that employees and workers hardly have any rest time during working hours. The strict working schedule forces them to work in a particular posture for long periods, which causes a

variety of physical problems. According to the Clean Clothes Campaign November (2012), each worker has the right to work in a benign and favourable environment which is not harmful to their health. The ILO Constitution sets forth the principles to shield workers from sickness, illness, and injury from employment and establishes various conventions to endorse these principles. ILO Convention 155 on Occupational Safety and Health Plans Action was taken by the government and enterprises to foster occupational safety health and develop working conditions. The garment manufacturing industry in Bangladesh has created employment opportunities for rural and marginal women from the beginning. Still, female workers' health status is not good enough to do the work properly.

Ahmed and Rahian (2014), in their study, found that the female workers in the garment manufacturing industry usually suffer from the diseases like bones decays, miscarriage, dermatitis, back pain, eye strain, itching, malnutrition, breathing problems, hepatitis (Jaundice), gastric pain, weakness, fever, abdomen pain and the common cold. The magnitude of the problem ranges from mild to chronic headaches.

In this study, physically challenged women are already physically susceptible. Long working hours have intensified their problems. After working long hours, physically challenged women usually suffer from waist pain, leg pain, back pain, finger pain, arms pain, hands pain, headache, hand swells, eye burn, and infection in the leg, and some feel paralysed in their legs. Khaleda is a one eyed woman suffering from severe eye aches and headache; she must rinse water in her eyes and face repetitively. She always carries painkillers in her bag. She goes to the medical centre three to four times monthly. The doctor prescribed her to use spectacles, but its cost was Tk800. For this reason, her husband forbade her to buy that. Though Khaleda earns and purchases the spectacles

with her income, she is indecisive about buying them, which depicts the traits of a patriarchal society.

Anu, a physically challenged woman, is suffering from severe pain in her left leg, and she takes painkillers unless she cannot sleep the whole night. Sanu informed me that her walking is unusual and sometimes slips and feels pain. CRP advised her to wear special shoes; however, she could not manage time to go there to make the shoe. When I talked to CRP personnel regarding the timing problem for treatment, she said that usually, industry permits leave whenever they want to go to CRP for treatment. There is a lack of consciousness among them. Sanu usually does not go to the doctor in the fifth floor medical centre for treatment because of her leg problem. After long working hours, her leg swells, and she rests for some time. Momina feels pain in her leg every night. However, she does not intake any medicine. Even she does not go to the industry doctor on the fifth floor for fear of setbacks in work. She is losing weight, suffering from insomnia, and has no taste for eating. She feels tension from the insecurity of life; she fails to fulfil her production target in the industry, and the quality of her work degrades over time. When I first met her in the garment manufacturing industry, I saw her energetic despite her impaired leg. After two months, when I went to her residence to take the life history and case study, I saw her health had broken down within two months due to some gynaecological problem.

Nitu Biswas and Jorina Ferdous informed that after long working hours, their two legs swell. Though their problem is in one leg, they feel pain in two legs as they run the machine with one leg and to get relief from the pain, they intake painkillers. Morjina, a paralysed woman who uses a wheelchair, need to use a catheter even during work in the industry. She has been suffering from an infection at the bottom of her feet for one

month. She could not seek to see a CRP doctor for the travelling barrier. She did not go to the industry doctor because it was difficult for her to go to the fifth floor in a wheelchair though she was allowed to use the elevator. Her husband brought antibiotics and painkillers from a pharmacy salesperson with whom she often consults about her physical problem. The study observes that they could go to the industry doctor on the fifth floor with a wheelchair since there is an elevator and permission to use it. They think it is easy to visit a pharmacy salesperson after the industry break when they return. I saw her face was full of anxiety about whether she will be cured or not. I tried to boost her mental strength, saying she would recover soon. Many anthropological studies have argued that whereas positive expectations might positively affect the state of health, negative perception might also give birth to negative results (Hahn, 1997; Moerman, 2000, cited in Roy, 2013).

Asha works with one hand, but both her hands swell after long working hours. If she stands for a long time, her legs swell. She has severe pain in her waist, hands and legs. She does not intake any medicine for that. If she feels very sick, she goes to the industry medical centre. Rina Rani is abnormally short by birth. If she works long hours and does hard work, her legs swell, and she feels pain. She also took treatment from a doctor who suggested regular walking as she gained weight. However, she feels unwell if she walks excessively. Sometimes her blood pressure becomes high, and she must intake medicine for high blood pressure.

7.6 General Health and Reproductive Health Care

Begum (2016) asserted that a healthy worker is always cheerful, intelligent looking, productive, and an invaluable organisational resource. Workers with ill health exhibit diminishing efficiency, higher unsafe acts and increased absence. Intelligent

management provides health services to their workers, considering the returns. The services vary from the simple facility of the first aid kit to comprehensive medical care. She added that the services should include pre-hiring medical check-ups for all employees, first aid treatment following an accident, training in first aid for all employees, and treatment of minor illnesses, such as colds, coughs, and headaches. It should also include check-ups of the eyes, teeth and ears of employees, special care of the workers working in painting and welding sections and maternity and child welfare, including family planning, sufficient ventilation, good lighting, tree planting and good residential quarters. She also suggested rehabilitation and job placement of extremely injured workers who have been cured but have disabilities.

Ahmed and Raihan (2014) stated that the RMG workers live from hand to mouth and are unequipped to keep up with the fundamental requirements of their inadequate income. They cannot yield trivial health care, medical services, healthy housing, and access to other amenities is a dream for them. Therefore, they had to undergo different types of physical complexity.

The present study shows that the problem is acute in the case of physically challenged women, and they are more likely to be associated with more health risks. Some physically challenged women are severely sick. Shapla informed me that sometimes her monthly expenses on treatment reach Tk6000. The bone of her leg is decaying. In March 2019, she had severe pain in her spine and knee, and the industry sent her to CRP. CRP sent her to NITOR. The doctor of NITOR wanted to operate on her spine in a private clinic that would cost Tk600000. Then CRP communicated with a foreign specialist at Square Hospital (an expensive private hospital) and decided not to go for surgery, as there was no remedy assurance.

Nevertheless, Shapla insisted on the operation, and CRP told her to do her family responsibility. Due to the complexities of the health issues and uncertainty of being cured of physically challenged women, the doctors and the institutions cannot take decisions that are sometimes expected and demanded by physically challenged women. Rubina's health condition is not good enough; she often suffers from a fever. Recently she was attacked by a dog, and the dog bit her, and she was receiving treatment from Joydevpur Sadar Hospital. The industry arranged free treatment for her, but she had to go there at her own cost. After the dog's bite treatment, the doctor advised her to receive physiotherapy for her physical problem, but she did not receive it, as she could not manage her time. She said if she can walk with the help of another person, she feels better, but there is no such provision. As she cannot sit in an ordinary chair, in the industry, he works sitting in a unique chair.

Regarding reproductive health, most physically challenged women talked about irregular menstruation and abdominal pain. However, most do not share their problem with doctors for their shyness and fear of social stigma. Some of them use sanitary napkins, and others use the rejected clothes of the garment manufacturing industry because they lack adequate money. Only two informants informed that they felt discomfort in using the pad. Sonali Garment Manufacturing Industry provides free Senora sanitary napkins. Some informants of that industry buy pads from the outside shop since they feel shy to receive pads from the industry. Jamuna Rajbonshi informed that she uses clothes during menstruation. Though she feels abdominal pain during menstruation, she does not share it with a doctor, as she feels shy and are not aware of reproductive health. Though the doctor is female, she shares other health problems with the doctor, except for her menstruation.

Momina was a very resilient girl; she had spirit and eagerness for work. Recently her health has broken down, and she informed me that her menstruation is irregular and sometimes stops for a few months, and when it starts, it continues for 15 to 20 days; she uses clothes for menstruation. She also has severe white discharge. The doctor advised her to use sanitary napkins, and she used that for two months, but now, she does not use them for the high cost. Khairun is an unmarried, physically challenged woman who recently had a cyst operation in her uterus. Suddenly she felt pain in her lower abdomen. At first, she took treatment at Tongi City hospital, where the doctor diagnosed a cyst in her uterus and needed an operation. Her mother took her to the village as there was none to take care of her in the city. Later, she had an operation at Barisal Sher-e-Bangla Medical College Hospital; she felt pain in the left side of her lower abdomen after many days of operation. She was on leave for one month and six days with pay. Since the sanitation system of the garment manufacturing industry is healthy, she uses sanitary napkins during her menstruation and feels no problem. Shapla informed that her menstruation is irregular; she has menstruation two times a month. She has a tumour/fibroid in her uterus; she took treatment at a clinic; the doctor prescribed her medicine for four months, but she did not get rid of the problem. Then following CRP's advice, she went to CRP, and a doctor in CRP diagnosed an infection in her uterus and prescribed her seven injections. After treatment, she felt better, but after a few days, her infections in the uterus became acute, and she had a hysterectomy. She has undergone treatment with the help of CRP. When I felt sad, she said there would be no problem, as she would never marry.

Jorina Ferdous said her menstruation is irregular; she uses a sanitary pad at her own cost. Sometimes industry provides them with iron and calcium tablets. When the industry medical centre distributes the tablet, the regular workers run and take the iron

and calcium tablet, but the physically challenged women feel unwell to climb up the stair to reach the medical centre on the fifth floor. Moreover, they informed that the industry management does not announce it openly, and the physically challenged women sometimes do not get the news of distributing free medicine. She said CRP personnel come to the industry and counsel them regarding reproductive health.

Most of the physically challenged women who have children gave birth at home. Some of the physically challenged women expressed their sentiment that they encountered negative attitudes from the staff when they sought treatment from the hospitals. Concurring with Andersson (2010), we can say that physically challenged women are scared of going to hospitals, which creates a significant health danger while delivering babies. They face much stigma at the hospitals; the nurses shout, “Even you!”

Anu also informed me that now she has no severe reproductive health problems. She delivered a daughter at home before training from CRP and joining the garment manufacturing industry. However, she said she felt severe pain in her legs during her menstruation period. She uses rejected clothes from the industry during menstruation, as she cannot buy sanitary napkins because of financial problems. The cost of medicine, food, and house rent rendered her highly vulnerable. Being separated from her husband, she does not use contraceptives. Sanu also delivered her daughter at home in the village. When she was pregnant, she stayed in a rented room in Gazipur; there, she worked as the domestic help of the owner and did not have to pay the rent. A neighbour worked in a health complex and supplied her with iron and calcium tablets during her pregnancy. However, during her delivery, she went to her natal home, as there was no one to take care of her in Gazipur. After delivery, she has regular menstruation; she uses sanitary napkins and buys them from the pharmacy.

However, the industry provides provisions to buy sanitary pads from industry medical centres at discounted price. She uses contraceptives at her cost. Alyea informed me that her menstruation was off for three months; since she was married, her parents took her to the doctor because they thought she had conceived. The doctor diagnosed that she was not pregnant and prescribed medicine to regularize her menstruation. Kakoli Rani suffers from heavy bleeding during her menstruation. She consulted with a female doctor outside the industry but did not share her problem with the industry doctor, as she did not want to disclose her problem in the workplace for fear of social stigma. The doctor told her it was not a severe problem and suggested taking vitamins. She also uses clothes during menstruation. She feels problems in intercourse because of her deformed leg. Rahela's menstruation is regular, and she uses a pad.

In this study, only a few married physically challenged women uses contraceptives. The married, physically challenged women having a conjugal life; only Nazma, Baby, and Sanu use contraceptives. The rest of the informants do not use contraceptives because they want a baby, have irregular intercourse with their husbands, or have irregular menstruation. Ojufa does not use any contraceptives, as she wants a baby. Her menstruation is regular, stopping after one or two days; she wears clothes because she feels uneasy using the pad. The industry does not provide them with iron and calcium tablets every month. Last day she went to the industry doctor to pass her leave. The doctor willingly provided her with three strips of iron tablets.

Noyon conceived in 2011, three years after her marriage. During her pregnancy, she took the TT vaccine, calcium, iron, and folic acid from a nearby health complex in her village. She felt no severe problems during her pregnancy. During her delivery, she was admitted to the hospital. She suffered prolonged delivery for three days. The doctor advised for C-section, but she refused. After three days, she delivered a baby

boy in 2011. At that time, she was not physically challenged. Regarding reproductive health, Noyon said that her menstruation is regular, but she feels pain in the lower abdomen and buys sanitary napkins at her own cost. The industry provided iron and calcium tablets, but she did not get the message on time. She usually goes to the industry doctor when she suffers from dysentery, fever, and headache. The doctor provides saline and paracetamol tablets. She always feels pain in her body. She always carries antacid and paracetamol tablets with her, as she has none to look after her. Baby does not feel any problem or tension during menstruation in the workplace. She uses a pad. She shared with me that she came to the industry by walking when she was pregnant, which was agonising for her. However, the industry did not pressure her for work, and she had permission to leave early. The industry provided her with iron and calcium tablets for up to nine months. She got maternity leave for 112 days with a salary.

Abandoned Nitu Biswas has regular menstruation, which prolongs four to five days. CRP advised her to stay clean, so she uses a sanitary pad this time. Alpona feels no problem regarding menstruation, she has had reproductive health knowledge since she was 10. She received training on reproductive health from a Christian organisation in her district, Naogaon, which provides training on reproductive health to all Christian girls when they reach 10. Most informants informed that they face no problems regarding reproductive health. Industry management also counsels them on using a sanitary pad and maintaining hygiene during menstruation. Morjina did not go to the doctor during the pregnancy because of a lack of consciousness and money. During delivery, she suffered pain for three days. A *Dai* (traditional birth attendant) did the delivery, and she gave birth to a son. When her first son was three years old, she conceived unexpectedly because she did not use contraceptives and gave birth to a

second son. Her husband took care of her during her childbirth. Now (in 2019, during fieldwork), her husband is 80 years old; she does not have intercourse with her husband. If her menstruation stops, she takes medicine, consulting with a pharmacy salesperson to regularise her menstruation. Rubina said her menstruation is irregular; she uses clothes since she feels uneasy using the pad. She has irregular intercourse with her husband, as she has a co-wife. Rubina does not want any child. She mentioned her moving is difficult, let alone having a child. She feels shy about buying contraceptives, so she tells her husband to bring contraceptives for her, but he does not pay any heed.

Khuki and Nazma from Sonali Garment Manufacturing Industry informed that their menstruation is regular and they do not feel problems regarding menstruation, as there are enough washrooms and soap in the industry. Both of them use sanitary napkins since the industry provides free sanitary napkins. The industry also offers free contraceptives, and both of them use contraceptives. Nazma informed me that she is shy about taking contraceptives from the industry; her husband buys them from outside. Nazma and Khuki want to conceive, but both think of how their days would be if they conceive, who would take care of them, and how they would continue their job.

Moreover, Khuki feels problems in intercourse as her husband has a problem with the spine. Asha, another informant of the Sonali Garment Manufacturing Industry, informed me that her menstruation is irregular. She does not take contraceptives because she wants to conceive and have a baby, but her husband is not interested in having a child.

Marufa and Jyotsna are two pregnant workers in Sonali Garment Manufacturing Industry. Marufa said she went to her village home a few days ago and felt abdominal pain. Her parents took her to the doctor, who prescribed a urine test. The test result revealed that she had been pregnant for one and a half months. Her husband and all her family members were happy to hear the news. Her husband took her to the doctor. Usually, her sister takes her to the doctor. She does not know about folic acid. She did not inform the news of the pregnancy to industry authority. During the interview with the social welfare officer, I told her the pregnancy news of two employees, Marufa and Jyotsna. The social welfare officer said she was informed about Jyotsna and added that she got facilities from the industry during her first pregnancy. She conceived a second time with a short interval by getting maternity benefits. However, she expressed her frustration about Marufa for not informing her. The social welfare officer said they counsel them monthly, saying they must inform the authority as soon as possible if they become pregnant. Despite that, they do not inform her, and consequently, when any complicacy arises, she has to take them to the hospital. Jyotsna was pregnant for seven months. She can go outside to eat food, as she is pregnant. Industry provided her with iron and antacid tablets monthly. She did not go to the doctor for two months because of work pressure. Her work is delayed if she goes to the medical centre, but the doctor told the supervisor to allow her to see the doctor. She measured her weight and blood pressure when she went to the doctor. If she felt sick, the doctor prescribed medicine, and she bought the medicine from outside. She used a sanitary pad during menstruation and purchased contraceptives outside before pregnancy. If she used the industry provided contraceptive, she felt dizzy. She said that when the industry would allow her maternity leave, she would go home and be admitted to the hospital for delivery.

7.7 Sexuality and Body Image

The arguments concerning sexuality and body image of physically challenged women are presented in this section. I tried to explore how physically challenged women are suppressed primarily for their bodies and how the ideal of physical fitness, norms of femininity, and medical practices contribute to creating “docile bodies” that society desires. Furthermore, how physically challenged women desire to achieve the “perfect body” through disciplinary practices such as physical fitness activities, dieting, and body weight monitoring is also discussed here. The study also explored how physically challenged women are sexually abused though considered asexual.

Pylypa (1998) argued that according to Foucault biopower is the dominant system of social control in terms of the interaction of power and resistance. Foucault asserts that sexuality in eighteenth century Europe served as an object of oppressive surveillance and control. Such persecution is directed to an escalation of every individual’s craving for, in and over his or her body. The sexual body began to resist in the 20th century. When control by repression lost its force, power reasserted itself as control by desire. The new message: ‘Get undressed-but be slim, good-looking, tanned (Foucault, 1980, p. 57)!’

Pylypa (1998) claimed that power creates a desire for the perfect body through disciplinary practices such as physical exercise and monitoring body weight. The passion for the fit, slim, and healthy body these three ideas are knotted and have created two types of discourse. First, the health discourse incorporates the knowledge produced by the medical profession and the popular discourse of health, which takes a scientific tone later. This discourse presents the fit and slim body as healthy and treats the overweight or unfit body as unhealthy and aberrant. The media and advertising industry have created the second type of discourse that portrays the fit and thin body as healthy, beautiful, and sexy. On the contrary, the unfit body is ugly, unsexy, and unpopular.

Health is thus likened to fitness and slimness and achieved through the proper adherence to disciplinary regimes of diet and exercise imposed upon oneself.

Nichter and Nichter (1991) asserted that power relations shape our bodies. Foucault has pointed out at great length; the body is a site of subjectification and disciplinary work. Pylypa (1998) affirmed that Foucault argues that power creates the types of bodies that society requires. Fitness and dieting create disciplined bodies appropriate to the capitalist enterprise. Such bodies are productive, controlled, and habituated to external regulation and self-restraint. The desire for thinness and fitness is associated with femininity.

In the present study, Moyna is a wheelchair user paralysed woman; she cannot move her legs but can only move her hands and body, thereby gaining a lot of weight. She wants to be slim; therefore, she exercises sitting on her bed and follows a diet chart by herself. Moyna does not eat rice at night and only eats a small amount of rice at lunch, bread at breakfast, and cucumber at dinner. She often measures her weight on her way to the garment manufacturing industry and comments that if she became fat, she would look ugly, unsmarts, and would not be able to work in the garment manufacturing industry with her unfit body. Moreover, she participates in different programmes of CRP, so she wants to be slim and fit. Anu is slim and tall and is married; she expressed that many people look at her when she beautifies herself, and people appreciate her beauty by commenting on how beautiful a girl she is! They also grieve that she is a physically challenged woman (*protibondi*) though she is very beautiful!

Khaleda informed that when they adorn themselves, people look at them and sometimes make taunting comments. If they look at ordinary women once, they look at physically challenged women several times. Embellishing and changing the body with dresses, cosmetics and ornaments is associated with femininity (King, 2004).

Here we see that Moyna, a wheelchair user paralysed woman, is fascinated with dressing up nicely, using cosmetics and ornaments. She has regular expenses on her makeup and lipstick, eyeliner and eye shadow. Since she likes cosmetics and those who love her gift her cosmetics, she also mentioned that she always goes to the office adorning her. She commented that our physically challenged women are not conscious of their dress up, and most of them go to the office in an untidy condition. Even educated, physically challenged women are not aware of their getup. Consequently, when an emergency meeting arises, they feel shy and do not talk and want to stay unnoticed; then, she has to talk about their problems and issues. Since she looks smart and can talk in an organised way, CRP invites her to speak in different seminars regarding the physically challenged person.

Physically challenged women usually do not fall into the classic beauty of body and fitness, which makes them vulnerable emotionally and exclude them from core social relationships such as marriage. Physically challenged women are treated as asexual or not standard marriage material, so when Moyna wanted to marry, none accepted her wishes. However, that does not save them from the vulnerability of sexual harassment. When Moyna rode on a rickshaw alone, the puller touched her sensitive body parts, and when she felt disturbed, he rather enjoyed that.

7.8 Health Care in the Garment Manufacturing Industry

Focusing on Foucault's biopolitics, this section reveals how the garment manufacturing industry and CRP collectively provide health services to physically challenged workers. According to Guizzo and Lima (2015), Foucault affirmed that at the end of the 18th century, a new form of power, biopolitics, emerged to maintain life and population wellbeing. Bio politics organise power over life in its collective

way, which constructs power relations that focus on the biological process of life, such as birth, reproduction, growth, productivity and health. Both the studied garment manufacturing industries have a medical centre to provide health services to the workers. Factory management told the workers, including physically challenged women, that if they feel physical problems in their assigned work, they must inform the social welfare officer and go to the medical centre. The assistant manager of the rehabilitation wing of CRP said that the garment manufacturing industries sometimes inform them that their physically challenged woman worker is sick, and then they bring her. At first, they try to give treatment at CRP. If they can provide treatment from CRP, the cost is less. Otherwise, they must take them to different hospitals. CRP has a MoU with Enam Medical College Hospital, Popular Hospital, and Ibn Sina Hospital at Savar to treat their sick employee. Hospitals provide treatment with the certainty that CRP will pay the bill. CRP sends the bill to the industry, and the industry management pays the bill. Asha informed me that if she feels sick or has any other problem, she first informs the industry authority. Sometimes they are cured by the treatment of an industry doctor; sometimes, they are sent to an outside hospital for treatment and, sometimes, to CRP. One rehabilitation personnel involved with the project informed that a few days ago, Sonali Garment Manufacturing Industry informed CRP that a physically challenged girl was severely sick. CRP took her to Enam Medical College Hospital, and the doctor diagnosed a tumour in her uterus; she had a hysterectomy. Regarding reproductive health, CRP only counsels physically challenged women on how to use contraceptives and a pad, especially when they are wheelchair users. Moin, Duvdevany and Mazor (2009) mentioned that sexual counselling might contribute to better sexual satisfaction and life satisfaction. It should be an inherent and indispensable part of any rehabilitation treatment for

physically challenged women. Rahela said she heard that the industry provides iron tablets. However, she did not get the tablet in her long service duration. She only heard that the industry medical centre was distributing iron, calcium and vitamin tablets; when she went, they said the programme was closed. Recently both the Garment Manufacturing Industries have been linked to the Hello Plus project of CARE Bangladesh. This project aims to create awareness among the workers regarding their health, balanced diet, hygiene, sanitary pad use, family planning, pill, condom, iron, and folic acid. The workers work in the industry from Saturday to Thursday on a tight schedule. For this reason, they cannot approach the government's reproductive health services. Therefore, to provide the government reproductive health services in the industry, the industry management communicates with the government health complex and civil surgeon office and provides these reproductive health services. As part of this programme, the industry's welfare officer goes to the civil surgeon's office, brings the iron tablets, calcium tablets, *sukhi* contraceptive pill, condom, sanitary pad, and TT vaccine, and supplies these free to the workers. However, the Rupali Garment Manufacturing Industry cannot provide free sanitary pads. They provide it at a cheap rate. Many workers cannot take treatment from an outside hospital for packed work schedule, so they are linked to the BRAC Hospital at Gazipur. The hospital is open from Sunday to Friday, and workers can take free treatment from the hospital.

In providing these health facilities, they face troubles with dumb workers. The physically challenged women workers do not always share their problems. Their main problem is accessibility as our transport system, and hospitals are not accessible. Recently two physically challenged girls were losing weight. They were suffering from excessive bleeding during menstruation and had anaemia. The social welfare

officer took them to a nearby private hospital for blood screening, other tests and X-rays, as suggested by the doctor. The industry management bore the expenses. The industry authority managed four bags of blood and permitted leave for them. The social welfare officer of Sonali Garment Manufacturing Industry informed me that they provide sanitary pads and contraceptives free of cost. At first, they noticed that the workers, especially physically challenged workers, did not come to take pads. After the break, they check workers and provide them with pads. They have a yearly calendar containing the different schedules for counselling and distributing reproductive health related materials and medicine. According to the calendar, they counsel the physically challenged women on why they should use sanitary napkins; provide training on how to use the sanitary napkins and where they will dispose of them. Sonali Garment Manufacturing Industry takes special care of pregnant, physically challenged women workers. They counsel the pregnant workers separately about the danger sign. There are also 24 hours' ambulance services for workers, including physically challenged workers. However, in a study by Ahmed (2016), most garment workers mentioned the lack of medical facilities in the industries.

Chapter 8

Socio-Economic Condition, Agency and Changing Perceptions

8.1 Family Background and the Role of Agent

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Chapter 8

Socio-Economic Condition, Agency and Changing Perceptions

The discussion of this chapter reflects on socio-economic condition, agency and changing perceptions of physically challenged women. According to Asimaki and Koustourakis (2014), Bourdieu affirms that the personalities that individuals acquire during childhood in the family field are primary habitus that is long-lasting and more decisive. However, this primary habitus is not permanent or remains unchanged. Different social environments generate different systems of disposition. The dispositions that the physically challenged women acquire and possess through their experiences and socialization can be influenced in a different context are secondary habitus and ‘transplanted’.

Shah (2010) mentioned that a family is a small unit and an essential agent of socialization of the children, which plays out specific roles and meets the requirements of society. It transmits messages to the children about the social and cultural order of the society in which they are born. This chapter explores how social and cultural messages shape their thoughts and actions. How do they feel, act and perceive the world? How they internalize their position and the attitude of family and society towards them. Dura-Vila, Dein and Hodes (2010) asserted that family members, relatives, friends, and experts might attribute different implications, meaning and values to the term physically challenged. Understanding child development and perceptions of the child’s failure to perform typical actions and related social issues may affect parental and family adaptation and help seeking. This perception may affect how guardians access wellbeing and social services and how the services are coordinated for physically challenged women. This chapter also

discusses the family background and how the rehabilitation and inclusion in the garment manufacturing industry influence their lifestyle and perceptions of society and the world and helps them act as agents.

8.1 Family Background and the Role of Agent

This section explores the family background and how physically challenged women act as agents despite their vulnerability. It attempts to describe the occupation of the family head, the family structure of the parent's family and their role as agents.

Table 8.1 Occupation of the Family Head

Occupation of the Family Head	No of Informants	Percentage
Agriculture	13	38.23
Day labour	4	11.76
Factory job	3	8.82
Rickshaw puller	2	5.88
Petty trader	2	5.88
School teacher	1	2.94
Father's pension	1	2.94
Fisherman	1	2.94
Family dependent on their income	7	20.58
Total	34	100

Source: Fieldwork 2018-2019

The physically challenged women come from different districts of the country. The occupation of most of the informant's family is agriculture. Other occupations are day labour, rickshaw pulling, petty trading, factory job, fisherman and school teaching. The family size of workers is larger than the national average; the average family size of women workers is 4.73, more significant than the national scenario of 4.04 (Karmojibi Nari, 2019, p. 3). However, seven to eight members' families are typical among 12 physically challenged women workers' parents' families. About 11 physically challenged women workers' parents' families consist of five to six members. Though in most cases their parents' family structure is larger than the national average, the married physically challenged women workers' family structure is less than the national scenario. The married physically challenged women's family

usually consists of husband, wife and one child. Though some have two children, they keep their one child in the village to their mother to lessen their responsibility, which sometimes burdens their vulnerable health.

Two physically challenged women, Dalia and Morjina, have physically challenged family members. The parents of 17 informants are still alive, Moyna and Morjina have no parents, and the rest have single parent. Among the informants, ten informed that their fathers were not alive, and they became unshielded after their father's death. Two informants, Nilu and Taslima's elder brothers, stay aboard and bear the family expenses; as a result, their condition in the family is good. Some informed me they were ignored in the family after their father's death when their parents depended on their brothers' income, and some were neglected after their brothers' marriage.

Rubina informed that they had a happy family, and every one of her family loved her despite her physical impairment. When her second brother married, her sister-in-law (*vabi*) always used unpleasant words for her physical impairment, and the family situation became chaotic since her mother protested that. When her tolerance level crossed the limit, she told her younger brother to take her to the city at her sister's house. Though he disagreed with taking her for her physical impairment, he finally took her to Gazipur at their sister's house. Thus, she came out of the family chaos, received training from CRP, got a garment manufacturing industry job, and started acting as an agent. Her physical condition does not always support her for work, but when she remembers the previous hectic days of her family, she feels resentment and thinks she must work.

The data revealed that the physically challenged women act as agent to uplift the conditions of their natal home, especially for their mothers. Some informants'

mothers depend on their income from the garment manufacturing industry. Among them, Khaleda, Noyon, Hasu Begum and Sanu bear their mother's expenses, and their mother looks after their children. Khaleda is a one-eyed married woman told that her father died three years ago. She has three brothers and two sisters. The eldest brother is a gambler and bears no responsibility to his mother and his own family. He always wants money from Khaleda, and she sends him TK100 now and then through bKash. Khaleda's immediate younger brother works in a hotel. Her two sisters' husbands are also addicted to gambling, and they have no peace in family life—the youngest brother studies in school. At the time of her father's death, he handed her the responsibility of her mother and the youngest brother. She sends money for her mother, youngest brother and daughter, hiding from her husband.

Noyon is 30 years old married, physically challenged woman from Gaibandha. Her father was a farmer and cultivated people's land. They were three sisters and two brothers; one brother died of blood cancer. She remembered the days when her family members maintained their livelihood by extracting Taro root (Kachurmukhi) beside the street and selling it in the market. After her father's death, the family became helpless; her paternal and maternal uncles sometimes helped them. She bears the expenses of her mother. Since her mother looks after her child and adopted child, her brother does not bear her mother's expenses.

Hasu Begum is 30 years old woman from the Mymensingh district and married off 13 years ago with a rickshaw puller. She has a boy and a daughter and left them in the village to her mother when she joined the garment manufacturing industry. She bears the expenses of her mother, including her children. Similarly, Sanu also sends money to her mother and daughter.

Momina is 24 years old unmarried, physically challenged woman from Naogaon. She married off her younger sister and brother after her father's remarriage and death with her income from the garment manufacturing industry. The family members wanted to marry her off, but she disagreed. She wanted to be self-reliant. She lives in Chowdhury market near the industry with her maternal sister. Her brother worked in the garment manufacturing industry but is now unemployed. Since he is never stable in his occupation, she bears the family expenses, including her mother's expenses.

Buli Akhter is 19 years old physically challenged worker from Sylhet, resides near the industry with her mother, whose father is dead. She has five sisters and four brothers. Except for her younger brother, all are married. Nazma is 24 years old physically challenged woman from the Gazipur district. She was married in 2018. She has two sisters and a brother. Her two sisters are married, and her brother studies at the undergraduate level. She bears her mother's and brother's expenses since her father had died.

Ojufa, 28 years old physically challenged woman from Bogra, bears her parents' expenses (father and stepmother) since her father is sick and cannot earn. She lost her mother in her childhood and has a stepbrother and a stepsister. Her stepbrother works in a company and is separated from her parents after his marriage. They became landless due to river erosion. Three years ago, she married a man with a cloth selling business. Now she lives near the industry in a rented room with a girl from CRP and works in the same garment manufacturing industry.

Among the 34 informants, 12 physically challenged women informants' fathers are still active in their occupations. The rest of the informants' parents depend on their brother's income. Jorina Ferdous is 25 years old physically challenged woman from the Comilla district. Her father is a farmer, and she has five sisters and two brothers.

The family was large, and her father could not meet the family's needs with his scanty income from cultivation, so he had borne the family expenses by borrowing money from people. Later, he repaid the loan by selling his lands. Her elder brother was unemployed at that time. Now all her brothers and sisters are married except her. Her father still cultivates their land.

Furthermore, it was observed that some informants' parents also moved from the village to an urban area in search of a job. Their family members also work in different garment manufacturing industries. Rina Rani is 23 years old unmarried, physically challenged woman from the Rangpur district. She lives with her parents near the garment manufacturing industry. Her father works in a quilt shop and gets a Tk8000 salary; her mother is a homemaker. She has a brother, 22 years old, who has completed his BSS honour's degree and studying for an MSS degree. She bears the education expenses of her brother from her earnings from the garment manufacturing industry. Here she is also acting as an agent for the betterment of the family. Her paternal aunt works in Rupali Garment Manufacturing Industry. When they were in Rangpur, the family's economic condition was poor. Her father shared the family's economic crisis with her aunt, and she suggested him to shift the whole family to Gazipur. According to her suggestions, they shifted to Gazipur in 2014.

Alyea and her husband live in the supermarket near the industry with her parents. The family consists of six members. Alyea's father is a petty trader, and her mother works in the garment manufacturing industry. She has three sisters and one brother. One sister works in the garment manufacturing industry, and the brother studies in Madrasah in Class III; two sisters stay with their grandmother in the village. Jyotsna is 23 years old married informant from Jamalpur who lives with her parents in Gazipur and works in the Sonali Garment Manufacturing Industry. Her father also works in the

garment manufacturing industry and gets Tk9000 as a monthly salary. She also contributes to the family as an agent from her salary.

8.2 Divorce of Parents – A Parameter to Understand Vulnerability

Parents' divorce is also essential for analysing the socioeconomic vulnerability of physically challenged women. Some informants' parents are divorced in this study. Shefali, Morjina and Shapla's parents were divorced, and they all had a stepmother. Among the three physically challenged women, two were brought up by their grandparents, and paternal aunt (*fufu*) and one lived with her stepmother. The study observed that their parents' divorce somehow played a vicious role in their physical impairment.

Shefali is 23 years old informant from Mymensingh who lives in a single family with her husband and six years old son near the garment manufacturing industry. She studied up to Class VII. Her parents are alive, but she has no relationship with her parents. When she was three years old, her parents got divorced. Her maternal grandfather was economically solvent, and her paternal grandfather also had lands. Her paternal uncles wrote all the lands in their names, depriving her father. Since her father's financial condition worsened, her maternal uncle took her mother back to her natal home. Thus, her parents became separated and later on got divorced. Her grandmother brought her up as her father remarried. Her grandmother could not provide her necessary food for economic hardship. Gradually her right side became skewed.

Morjina from Kushtia informed that her father worked in Jessore Cantonment. She was born into her father's second family. Her father was a man of evil character. When she was born, her mother decided to divorce her father. Therefore, she did not

take care of Morjina. Her stepsister brought her up. In this unhappy situation, her younger sister was born. Then her mother divorced her father. Leaving Morjina, she went away, taking her younger daughter. Her father married for the third time. Her stepmother took care of her until her biological baby was born. When she was six to seven years old, she started to take care of her stepsister in her father's third family. She studied up to Class V. They were, in total, five sisters and one brother. Her father used to beat and torture her stepmother in front of her. In this adversity, she has reached the age of 14 and married off to an aged man against her will. After marriage, her unhappiness increased, and she got into an accident in her husband's home, which made her paralysed permanently. Her father died of cancer in 2007 at Combined Military Hospital (CMH). Her stepmother and stepsister get her father's pension and freedom fighter allowance for their expenses and deprive her of the allowance.

Shapla is also a victim of the divorce of her parents. She is 26 years old. Her home district is Patuakhali. After her birth, her parents got divorced. Her paternal aunt (*fufu*) brought up her by feeding her breast. Her father was a farmer who remarried, and her stepmother did not accept her. When she was eight, her grandparents sent her to her uncle's (*kaka*) house. Her uncle was a ticket master of the railway. There she stayed as domestic help, and she must draw water from the well with a bucket and do all the household activities. Her aunt (*kaki*) gave her insufficient food to eat, and sometimes she had to starve. Due to heavy work pressure and lack of nutritious food, her spine was skewed, and they left her in the village. Nobody took responsibility for her treatment. Her grandfather took her to different *kabiraj* and local doctor and then to CRP for treatment. After the treatment of CRP, gradually, her condition improved. CRP discharged her, but nobody came to take her home. Her grandfather came to take her home after many phone calls. She used a wooden stick for her walking support. At

that time, she was 10 to 12 years old. When she came home, nobody at her home agreed to give her food and shelter. Her younger aunt (*kaki*) arranged her food and shelter in her father's and uncle's household by turn.

Nevertheless, her stepmother disagreed with giving her food and shelter. Younger aunt (*kaki*) provided her with food and shelter for one month. Then her paternal aunt (*fufu*) took her to her home, but her economic condition was not good to maintain her. Then she returned to her grandparents. Her grandparents established a separate household from her uncles and lived with her. Her grandmother stayed with them (her grandfather and her) and with her uncle in Dhaka for three months by turn. When her grandmother was in Dhaka, she relied on a stick to cook for herself and for her grandfather. Her uncle and aunt could not tolerate that, and they took away whatever she made. By this time, she has grown to 14. Then her aunt (*kaki*) took her to town again. She stayed with her two cousins and uncle, and her aunt went to the village during harvest. She cooked and did all household activities. Again, she must draw water from the well with a bucket. This time her spine skewed severely and permanently, and her uncle again left her in the village. Hearing her misery, her mother came and took her, but she could not take her to her family. She kept her in her maternal uncle's family, and there was poverty. Then she came back to her grandparents. By this time, she had thought of committing suicide several times.

Patoari (2020) specified that according to the country's existing law, a man or woman could legally terminate his or her conjugal life by divorce, which nobody can prevent, but children are the primary victim of the divorce of their parents which is consistent with the above findings. Here we can agree with Aktar (2013) that health care is a significant challenge for children in broken families. They lack a balanced diet, and as a result, they often suffer from malnutrition. In the absence of parental care, their

psychological development is also affected. Economic insolvency leads them to work in an unsuitable environment. Health problems at an early age can harm their future. The abovementioned findings also agree with Alam *et al.* (2001) a divorced woman usually takes shelter in her parent's family. Parents' families consider the children a burden and barrier to the mother's remarriage. When the mother remarries, children are deprived of their mother's love, care and affection when living with their father. The father's remarriage puts the children under the stepmother's care, which puts the children in miserable conditions through physical and mental torture, and the life of many children become unprotected.

8.3 Education – A Way to Develop Agency

The garment workers are low profile regarding academic education. Bhuiyan (2012) surveyed 100 workers; only two attended SSC but did not pass. They outlined poverty, ignorance, and easy accessibility of jobs, society, and the dowry system as the causes of less education among garment workers. They found that most of the guardians of garment workers are poor and illiterate. They think the job is better than education and female education will not bear any fruitful result for their family. Instead, working in the garment manufacturing industry will bring some money, which will help them to run the family smoothly.

Moreover, jobs for women are easily accessible in the garment manufacturing industry. If anybody tries, he or she may have a job overnight without difficulty in this industry. They found that some guardians allowed their children to be involved in the service getting inspiration from others. Most guardians claimed they would need a large amount of money for their female children's marriage, so they prefer working in the garment manufacturing industry to education.

Table 8.2 Education

Education	No of Informants	Percentage
Can Sign	3	8.82
Primary	9	26.47
Secondary	16	47.05
Higher secondary	5	14.70
Graduate	1	2.94
Total	34	100

Sources: Fieldwork 2018-2019

This study shows that 16 (47.05 per cent) physically challenged women workers have secondary level education; only Alpona and Sadia have passed SSC. The rest of them could not fill up the form for examination for economic adversity. The study also found that 9 (26.47 per cent) physically challenged women workers have primary education, and 5 (14.70 per cent) have gone to a higher secondary level. Among them, only Marufa have completed a higher secondary level. She is a 30 years old physically challenged woman from the Gazipur district. Her father was a school teacher, and she has two brothers and one sister. All her brothers and sister have completed MA degree, but she could not achieve higher education for her physical impairment. Moyna, Baby and Rubina have studied up to a higher secondary level but could not appear in the HSC examination because of their family's economic crisis. Though Nazma appeared in the HSC examination, she failed and discontinued her study. Rubina is 36 years old physically challenged woman from the Madaripur district. After passing SSC, she was admitted to a college and continued her education with private tuition. She could not appear in the HSC examination since she could not arrange a fee to fill out the form. Then she started working in BRAC NGO as an adult education teacher and got Tk500 as remuneration.

Three physically challenged women workers never attended school and can only write their signatures. They learnt signing while receiving training from CRP. Only Taslima has completed graduation, and her husband has passed HSC. Her father was a petty trader. Her other brothers and sisters could not cross the secondary school level. According to Bourdieu (1986), education as intuitional cultural capital provides academic credentials confirming an individual's qualifications and certifying his competency to accomplish particular skills. We learned from the earlier discussion (chapter 5 and 6) that their education level influences their training and position in the industry. For those who have passed SSC, CRP provide them with specific training (such as quality checking of garments), and the industry provides them with those positions, and they get a better salary which helps them act as agents.

Garments workers mainly send their children to government primary schools, madrasahs or NGO schools for education (Bhuiyan, 2012). In this study, 11 physically challenged women workers have children, and only four women keep their children with them. Among them, three women's children study in madrasahs; they stay there the whole day. After completing their work in the garment manufacturing industry, they take their children from the madrasahs. Only Taslima's son studies in an NGO school. The remaining seven informants keep their children in the village, where they also study in government primary schools, madrasahs and NGO schools. Here we can say that physically challenged women are providing education to their children and contributing to developing their agency by working in the garment manufacturing industry.

8.3 Marital Status and Conjugal Life

Though getting married is an expected cultural practice in Bangladesh society, according to Rahman (2013), marriage opportunity is limited for physically challenged women. Khanal (2013), in his study, stigmatised physically challenged women as sexless, incapable of leading a conjugal life, and unfit for marriage and motherhood. The study narrates the marital status and conjugal relationship of the physically challenged women working in the garment manufacturing industries and their struggles in family life.

Table 8.3 Marital Status

Marital Status	No of Informants	Percentage
Married	19	55.88
Unmarried	9	26.47
Abandoned	2	5.88
Divorced	2	5.88
Separated	1	2.94
Widow	1	2.94
Total	34	100

Sources: Fieldwork 2018-2019

The present study finds that most of the physically challenged women are married. In this study, among the 34 informants, 19 (55.88 per cent) are married, continuing a conjugal life within various family hitches and struggling to maintain the relationship. The main difficulties they face in their marital lives are that husbands continuously threaten to divorce for dowry, threaten to earn or divorcee and their husbands demand them to hand over the total amount of money they earn from the industry job. Some must bear the expenses of their husbands. Their husbands also quarrel if they fail in intercourse. Only seven physically challenged women's husbands contribute to family maintenance, and the rest of the husbands do not have any economic contribution to the family.

Bhuiyan (2012) found in his study that 68 per cent of garment workers have a marriage with garment workers, whereas 27 per cent of them work in the same industry (that may be termed “garments workers family”). Among the 19 married physically challenged women, three women’s husbands work in different industries, and three physically challenged women’s husbands work in the same garment manufacturing industry. Taslima and Baby have peaceful family lives among the three physically challenged women workers whose husbands work in the same industry. Khuki and her husband are sometimes unhappy as they are exceptionally physically challenged.

This study’s two informants (Khuki and Sanu) have physically challenged husbands. One has a vision problem, and another one’s problem is in the spine. Sanu from Mymensingh informed that she was married in 2010 with a visually impaired man in her district. The man was an orphan, illiterate and landless. Since she had no guardian, the villagers married her off to this person. However, he did not demand dowry during the marriage ceremony; now, he demands money, shows anger and threats to leave her. He does not contribute to the maintenance of the family. She said that before doing the job, she was scared of him, but now she does not care about his threat as she earns, and he only creates chaos in the family. Jyotsna from Jamalpur got married after entering the garment manufacturing industry in 2015. Her husband’s home town is Netrokona. He is illiterate and a mason. Her brother-in-law arranged the marriage, and her father offered Tk20000 as dowry in the marriage. Her husband was alcohol addicted and used to beat her up. Now his behaviour improved, as he is ageing as she said. Her husband takes away all her salary. If she keeps Tk1000 for her necessities, he becomes furious. She has to pay Tk3400 for house rent. She has a three years old daughter. She never went to her in-law’s house because they threatened to kill her

since they did not accept their marriage. She added that her husband takes away her money, telling her he is constructing a house for her in his village. She has planned to go to her husband's home during the Eid ul-Fitr vacation (the most significant Islamic religious ceremony) with her family members. She wants to see whether he is constructing a house or not; she decides that if he does any cheating, she will not give him a coin further. She is aware of the consequence that he may leave her, but she does not care anymore. We can agree here that the garment manufacturing sector has given helpless women freedom, a strong voice and ground (Ahmed, 2016) to stand against the oppression of a patriarchal society.

Among the 19 married physically challenged women who still have a conjugal relationship with their husbands, 13 informants live with their husbands, and four informants' husbands live away from them for job purposes. Jyotsna's husband work as a mason in his district, Asha's husband, is a truck driver and carries goods in different districts, Nazma's husband work in a restaurant and Nilu's husband is a farmer. They come to their wives weekly and monthly. Two physically challenged women, Rubina and Ojufa, have co-wives, and their husbands come to them monthly.

The married women either continue a conjugal life or are abandoned, divorced, separated, and widows who once led a conjugal life; among them, 11 of the informants have children. There is a common notion that a physically challenged mother gives birth to a physically challenged child. According to Fiduccia and Wolfe (1999), there is a notion that 'disability breeds disability' in the majority culture. However, in this research, among the 11 women, none gave birth to a physically challenged child, and some had more than one child. The abandoned, divorced, separated, and widow informants led a minimum of six months of conjugal lives. Fine and Asch (1981) said that of those married with partners absent, separated, divorced

or widowed, more are physically challenged women than physically challenged men. If physical impairment occurs after marriage, men are far more likely to divorce their physically challenged wives. However, a wedding rarely breaks down if the man becomes physically challenged (Hannaford, cited in Mapuranga, 2016).

Only two of the 34 informants became physically challenged after marriage. One is abandoned, and another is continuing her family life as her husband is about 80 years old. Morjina is a wheelchair user physically challenged woman. When I interviewed her in the industry, she said that her husband did not leave her though she is a paralysed woman. I felt interested and went to her residence with another physically challenged woman to gather her life history and case study. When I reached her house, I saw an 80 years old man at her door, and the physically challenged woman with me greeted him as *dulabhai* (husband of sister). Still, I could not understand that the older man was Morjina's husband.

We entered the room and saw Morjina sitting on her bed. While talking, the older man prepared tea and bought biscuits to entertain us. He tried to join our discussion, but Morjina shouted, "Why are you standing here?" Then the man went away, and Morjina started her story by saying that when she was 14, her paternal aunt (*fufu*), stepmother and brother-in-law (step-sister's husband) married her to this older man in 1999. It was her husband's second marriage. After the divorce from his first wife, he did not marry for 12 years. She refused to marry the man, but her relatives forced her to marry him. On the day of her wedding, she fled to her natal home from her husband's home. Her husband came, lifted her on his shoulder and took her to his home. In this way, she left her husband's home five times. Last time her father prepared the divorce letter. By this time, she had conceived since she did not use contraceptives. Her sister and father took her to the doctor to abort the baby, but the

doctor forbade abortion. Getting the news, her husband went to her natal home with the village chairperson and took her to his home. While conducting the study the son was 19 years old and studied in a madrasah.

Noyon is an abandoned woman who became physically challenged battered by her husband. She informed me that her brother-in-law (sister's husband) brought the proposal for her marriage. The man was an auto rickshaw driver and chose her for marriage. Her paternal uncle pressured him to bring his guardian, but he could not bring them. Despite that, her brother-in-law married her off to the man in 2006. After marriage, the man stayed in her father's house as a *ghorjamai* (bridegroom who stays in the bride's house after marriage). She could not conceive for three years; the man wanted to marry again. After marriage, she went to her in-law's house once or twice. As her husband did not marry with the consent of his parents, her mother-in-law always tried to break down their conjugal lives.

After seven months of her son's birth, one day, her brother-in-law (the husband's brother) came to her home with some eggs. When her husband ate the egg, he started behaving cruelly toward her. She thought it was *dimpora* (eggs used for witchcraft) that her mother-in-law sent to break their conjugal life. One day her husband beat and kicked her out of bed. Then she became senseless and broke down her waist. Since then, she started to walk with a stick. One day, she told her husband to look after her son and went to a *kabiraj* for treatment. After returning home, she saw her husband left her son on the bed and escaped from home. Since then, she does not know where he is.

Nitu Biswas is 30 years old, another abandoned woman from Netrokona. She was married early, and her husband left her for physical impairment. She lives single near

her brother's family, who also works in Rupali Garment Manufacturing Industry. Anu is separated because of the torture of her husband for dowry. She informed me that her parents married her off at 18. Her husband was a gambler, sold household things for gambling purposes, and abused her physically and verbally. She has a daughter of five years. Her parents separated her from her husband, and he married again. Her uncle's mother-in-law was the matchmaker of her marriage. Anu commented that though the woman knew the gambling character of the man, she arranged the marriage since Anu was a physically challenged girl. At the time of her marriage, her family offered TK60000 cash to her father-in-law. Her husband told her that her father offered the money to his father and to bring money for him, so she stayed only a few days in her in-laws' house. Her husband does not know about her job. She thinks he will disturb her for money if he knows about her job.

Nevertheless, she did not divorce him considering the future of her daughter. She thinks that when she would arrange a marriage for her daughter, she may need her husband; by this time, his gambling character may change. Moreover, though she is separated, she tells everywhere she has a husband, whatever he may be. This psyche depicts that a husband is a woman's identity in a patriarchal society like Bangladesh.

Marriage through romantic love has become a part of Bangladeshi culture. Among the informants, seven of them married through romantic love affairs. The rest of the informants' marriages were arranged by their families. Dowry was a common issue in an arranged marriage. I observed the incidence of physical impairment, rehabilitation and their job affect their love, affair, marriage, and conjugal relation. Two of them had an affair on their way to the industry and later married. Khaleda said, "I was married in 2009. My husband had a cardiac problem before marriage. While working in another garment industry, I fell in love with him. The man was working in the

nearby dyeing factory. When we wanted to marry and informed the family, the man's elder brother came and demanded Tk80000 dowry from my family. My elder brother and father agreed to pay Tk60000. His brother told my father that the daughter is a one eyed woman; if you can offer Tk80000, the marriage will occur; otherwise, the marriage will be cancelled. Then her father agreed to provide the demanded amount. After marriage, my family failed to offer the dowry since my elder brother engaged in gambling and lost a considerable amount of money. Consequently, when I went to my in-laws' house three times, my brother-in-law and mother-in-law forbade me to go to their home. I have a good family relationship with my husband, but I bear most family expenses from my salary.”

Rubina, another physically challenged woman said, on her way to industry she was acquainted with a man who worked in a *Somiti* (micro-credit group). His home district is Gazipur. He has passed SSC and became a cashier of that *Somiti*. He wandered behind her to open a saving account. After six months of persuasion, she felt disturbed, and at last, she opened a saving account in that *Somiti*. When she opened the account, the man started going to her rented room and developing an affair with her. The man was the father of two children. He managed her sister-in-law (*vabi*) over the phone and proposed to marry her.

Rubina's sister-in-law (*vabi*) addressed her parents, saying that wedding is *farz* (must) in Islam and good luck for the family that the man wants to marry the physically challenged woman. In 2012 *Pohela Boishakh* (1st day of the Bengali year), her family arranged her wedding. She took seven days' leave from the industry for her marriage ceremony and went home with the man. The man did not demand dowry from them, yet her father offered Tk20000 for her marriage ceremony. One day after her marriage, she stayed at home, and her husband went back to his home. When she

returned to Gazipur to her workplace, her husband took her to his home. Her in-laws scolded her husband and did not say anything to her. Then she returned to her rented room. Her husband often came to her and did all the household work for one year. After one year, she bought a cow for her husband from her salary. The cow has given birth to a calf. She bought another cow for him from her salary. Then her husband resigned from the job with the excuse that he must take care of the cows and started to avoid her. Now he comes to her once a month after she calls him over the phone several times. He bears no expenses of her. He cultivates his land and gives her about 25 to 30 KG of rice yearly. When she went to her husband's family earlier, she bought gifts and food items for them, and everybody loved her. However, she cannot go now; movement is challenging for her.

Two physically challenged women developed a love relationship in the same industry. Baby fell in love with a regular worker in the industry in 2014. The family of the man did not demand dowry from her. They went to the village together, and the family arranged their marriage. Khuki, after joining the industry, got involved in an affair with a man in the printing section. She informed her family and wanted to marry the man. Her parents denied the relationship and disagreed with their marriage since the man was physically challenged. Tobias and Mukhopadhyay (2017) also found in their study that all the participants faced challenges in initiating and maintaining romantic relationships, and they did not get much support from family or society. Khuki's husband has a problem with his leg and spine. However, she insisted on marrying the person, and her younger brother helped to marry the man against her parents' will.

The mobile phone is a vital communication tool used for various purposes. It is frequently used in developing romantic love relationships. In the present study, three physically challenged women fell in love through mobile phones. Nazma informed

me that she had an affair with a man for two years over the phone. She informed him about the impairment of her one hand, knowing that he married her. She did not go to her in-laws' house even for a day, as her in-laws did not accept the marriage. Her husband does not bear her expenses. Though he did not demand dowry during the marriage, now he demands money and an android phone from her. He behaved well until six months after their marriage, and gradually his behaviour changed. He charges why she sends money to her mother and pressures her to resign from the job, and says then he will bear her expenses, but she cannot trust him. He works in a Club in Uttara, comes to her weekly or monthly and creates chaos.

Asha is 32 years old informant from the Gazipur district. She has three sisters and two brothers. Among them, two brothers are married. One is working in the shop, and another brother is an electrician. One sister is married. Her father died when she was 14 years old. Asha said, "I married an illiterate truck driver one year ago who drives in different districts. I had an affair with him over the phone and married ourselves. Nobody in my in-laws' house accepted me." She commented that her husband has an intention to divorce her. She is waiting for the day when she will conceive and have a baby. She said if she gets a baby, she would not be worried about whether he would divorce her. I asked her that her husband wants to divorce her and why does in this situation she wants to conceive? She replied that nobody would marry her again. Then she must stay alone rest of her life. If she can give birth to a baby, she or he will be her future company. The social and cultural environment where Asha was brought up shaped her thinking in this way.

Two informants, Rubina and Ojufa's husbands, previously had a family with children. Rubina knew that, but Ojufa's husband hid it from her. Four years ago, in 2015, Ojufa married a man who had clothes selling business with whom she had an affair

over the mobile phone. She did not inform him about her physical impairment, but the man saw her physical impairment and married her when he went to her home. The man also did not inform her about having a family and two sons. She lives near the industry, and her husband visits her monthly. He buys some food for her when he comes. Those who married through love relation among them, except Khuki's husband rest of the informants' husbands threaten them to leave. Khuki thinks her husband is exceptionally physically challenged and has a problem with the spine and leg, so he never abuses her.

Extramarital relations are illicit relationships between a man and woman without legitimate marriage. Patoari (2020) stated that this social pandemic is detrimental to deceived wives and offspring. A cheated wife decides to end intimate relationships without thinking a second time. Jahan *et al.* (2017) mentioned that in Bangladesh, almost 90 per cent population is Muslim and extramarital relation is strongly prohibited in Islam. The remaining ten per cent of the people are Hindu, Christian and Buddha. Bangladesh's Hindu, Christian, and Buddhist beliefs also strongly criticise extramarital relationships.

In this study, Kakoli Rani's husband had an extramarital relationship. She is 27 years old Hindu woman from the Rangpur district, a mother of a two-year-old son. Her father is a farmer, and her mother is a homemaker. She lives near the industry with her elder brother's family. Her two brothers work in different garment manufacturing industries, and her one sister works in Rupali Garment Manufacturing Industry. Kakoli Rani said, "I worked in a garment manufacturing industry in Tongi near Dhaka. My parents took me home and arranged a marriage for me with an unemployed man. After marriage, my father sent one to two sacks of rice to my in-laws' house. My husband helped me in household activities. My mother-in-law could

not tolerate me. She used to rebuke and torture me physically and mentally. She also encouraged my husband to be involved in extramarital relationships. Getting support from his mother, he was involved in an extramarital relationship and fled away with his lover. Then I left my in-laws' house with my two-month-old son and went to my natal house. Leaving my son to my mother, I took training from CRP and joined the Rupali Garment Manufacturing Industry. My husband returned to me after nine months of joining the industry. My brother and brother-in-law (husband of sister) wanted to beat him. However, I pardoned him and resurrected my conjugal life with him." She accused her mother-in-law of the incident and added that her husband fled away with another girl because of her mother-in-law's black magic, and he came back when the effects of the black magic ended. Her marital life is happy, but her husband quarrels with her when she fails to have intercourse. Now he works as a street food seller whenever he wishes.

Some physically challenged women said their husbands threatened them to earn; otherwise, they would remarry. Kibria (1998) found in his study that several women spoke of being pressured by family members they take a job in the garment manufacturing industry, which, if possible, they would have preferred not to do. In this study, two physically challenged women's husbands pressured them to earn. Shefali said that her parents were separated, and her grandmother brought her up. Nine years ago, when she was 13, she was taking training on tailoring in CRP. Her grandmother took her from CRP and married her off to a rickshaw puller. Her grandmother gave Tk50000 as dowry in her marriage. After marriage, her husband, in-laws and every one of her husband's family tortured her physically and mentally. At the time of her delivery, she was at her in-law's house. She gave birth to a son. Her husband threatened her that he would marry again if she does not do any job. Hearing

this, her husband's cousin, a sister-in-law, took her to Dhaka, managed training for her under the Marks & Start project, and then she got a job. Now she spends all her salary on her family purpose. Her husband pulls a rickshaw whenever he wishes.

Dowry is a social evil that enters in different forms within the marriage system of all socioeconomic statuses. According to Pataori (2020), a substantial portion of violence against women occurs in Bangladesh due to dowry. Sometimes marriage is arranged because the bride's parents or family has to pay a dowry to the bridegroom or his family during or after marriage demanded by the bridegroom's parents. If the bride's family fails to fulfil the demand of the bridegroom, the bridegroom himself or his family members start torturing the bride physically and mentally. In some instances, the victim commits suicide to relieve intolerable suffering. In some cases, victims decide to divorce their husbands to relieve them from the curse of dowry.

The present study finds that two physically challenged women's husbands divorced them for failing to fulfil the demand for dowry. A divorced informant, Dalia from Natore, said she had worked in the Rupali Garment Manufacturing Industry since 2011. In 2016, she went home because her parents had arranged a marriage for her. Her husband was a carpenter and a lame person. He did not demand dowry during the marriage. However, after marriage, he demanded a hefty dowry and started torturing her. Since her family failed to offer it, he divorced her. Her conjugal life ended within six months, and she returned to the industry in 2017.

Rahela, another victim of dowry said that in 2000 when she was 16 or 17 years old, her parents arranged marriage for her with a normal man in her neighbourhood. He has passed HSC and bore family expenses by private tuition besides cultivating his land. However, her in-laws and husband were informed about her physical

impairment. Her father offered a bed, quilt, and pillow in her marriage ceremony but no cash. After marriage, they demanded cash and began to abuse her verbally. By this time, she had given birth to a son. The son died of pneumonia one month after the birth. Then she gave birth to a daughter after one year. After the daughter's birth, every person in her in-laws' house became brutal to her. One day her husband kicked her out of the bed with her daughter; she fell on the wall beside the bed and got hurt severely. Hearing the news, her father took her to her natal home and took legal action against them. Therefore, her father-in-law and husband were sentenced to three months in prison, and she got divorced.

On the other hand, Taslima and Sadia informed that their marriage occurred without a dowry. Both have arranged marriages. Taslima was married off in 2011. Her husband was an orphan and passed HSC staying at her maternal uncle's house as a lodging master. When he passed HSC, Taslima's relatives made him understand that he had no guardians and that he would get many guardians if he got married to Taslima. Then he agreed to marry her and did not demand a dowry from her. Sadia got married in 2017, and her husband did not receive a dowry from her family. She lives here with her husband, who works in a restaurant and earns very little though he was a graduate. Her husband helps her with household work.

In this study, one physically challenged woman, Salina, is a widow. She informed me that her parents married off her in 2017. Her husband worked in the garment manufacturing industry. During the marriage ceremony, his family did not demand dowry from her family. The man had a cardiac problem by birth, and they did not know that. He died in June 2018. She considers that Allah took him away because he was a good man.

A few informants' marriages occur in the condition of *ghorjamai* (husband staying in the wife's place after marriage), and the family accepts the condition because their girls are physically challenged. Marufa's family was trying to marry off her. Her brother-in-law, who was working in Gazipur, was the matchmaker of her marriage. The condition of her marriage was that her husband would stay in her father's home as *ghorjamai*. Her in-laws were not alive, and she had never gone to her in-laws' house. However, during the marriage, her husband was *ghorjamai*, but now he earns, and they live renting a separate room near the industry. Alyea married an unemployed man in 2017 and he was trying to manage a job. She and her husband live with her parents, and her family bears her husband's expenses. She gives her total salary to her mother, and her mother gives Tk1000 to her husband every month as pocket money. Noyon's marriage also happened in the condition of *ghorjamai*; however, now she is abandoned because her husband left her for her physical impairment.

Among the physically challenged women, nine were unmarried, and several wished to marry and thought of who would marry them. A few of them want to stay alone thinking the miserable condition of marital life with this vulnerable health. So in some cases the study agrees with Singh and Kiran (2015) that physically challenged women were isolated and had a lower chance of marrying than normal women.

Moyna said, "I want to marry, I consider myself fully fit for marriage, but nobody wants to marry me. They think my life is worthless. They never try to understand that my mind is not *protibondhi* (impaired). I cannot express to you how difficult my life is without a life partner. Can you please find a husband for me? He will get love, respect, and money from me. I can do household activities. I can clean my room and clothes." However, when I talked to her a second time, she changed her decision and said she would not marry. She thinks the person who will marry her will waste her

money and then leave her and spoil her life. She said that she heard those who will not marry our *Rasul* Prophet Mohammad (SM) would not recommend Jannah for her or him. She is searching the references to the saying of Prophet Mohammad (SM). Here we saw a discourse embedded in her head, and a conflicting situation exists in her cognition level between the saying of Prophet Mohammad (SM) and societal values where nobody wants to marry her. She is in a constant dilemma about whether she will marry or not.

Momina an unmarried, physically challenged woman, said that when her family members wanted to marry her off, she refused and wanted to be self-reliant. Now she wants to marry, thinking she is earning and depends on none for her living. Only the aged man with a family and children wants to marry her. Jamuna Rajbonsi is about 28 years old unmarried, physically challenged woman from the Gazipur district. I asked her whether she wanted to marry or not. She replied, “Who will marry me?” She lives near the garment manufacturing industry single. Her mother died, and her father is alive. She has a brother and four sisters. Everyone is married except her. One sister is separated from her husband and lives with her father. She sends money for them whenever she can manage. Khairun is 26 years old unmarried, physically challenged woman from Barisal. She stays with other girls in a rented room near the industry. In reply to the question of whether she wants to marry or not, she said that everyone has a mind if Allah wishes she would marry.

8.5 Income and Expenditure

Bhuiyan (2012) found in his study that RMG workers earn their bread through hard work. They render to the owner from dawn to dusk or more. They have no occasions; they are compelled to work on the holidays; their wages are paid one month later by

showing various causes. Ahmed (2016) says that it is almost impossible to maintain the expenditure of a family in city life with the amount of money garment workers get.

Considering the development of the socio-economic condition of the workers of the garment manufacturing industries, the Bangladesh government has announced the minimum monthly wage for 4.4 million garment workers by around 51 per cent Tk8000 from the existing Tk5300 with effect from December 2018. The increased salary is Tk8000; Tk4100 is the basic wage, Tk2050 house rent, Tk600 medical allowance, Tk350 conveyance allowance and Tk900 food expenditure (The Daily Star, 2018).

Table 8.4 Income and Expenditure of the Family

Monthly Income and	Income	Expenditure
	No of Informants	No of Informants
Less than 8000	0	4
8001-9000	2	3
9001-10000	8	9
10001-11000	11	8
11001-12000	4	5
12001-13000	0	1
13001-14000	1	1
14001-15000	1	0
Above 15000	7	3
Total	34	34

Source: Fieldwork 2018-2019

When I started my fieldwork in October 2018, their basic salary was Tk5300, and with overtime, they got around Tk7000 to Tk8000. In January 2019, when the workers received their new salary for December 2018, they did not accept that and protested. A study by WRC (2019) mentioned that police and assailants responded violently in that movement in favour of employers. On 16 January 2019, the workers stopped their movement, and factories resumed their activities. Their starting salary is now Tk8000; with overtime, they usually get about Tk10000 to Tk11000. Generally, they have the opportunity of overtime from 5:00 pm to 8:00 pm in the Rupali

Garment Manufacturing Industry and 5:00 pm to 10:00 pm in the Sonali Garment Manufacturing Industry. Most physically challenged women workers can do only two hours of overtime regularly, and a few cannot do regular overtime for their severe health problems. They have an attendance bonus system. The system is that if a worker maintains time regularly, he or she will get Tk500 bonus with her salary. Khaleda joined the Rupali Garment Manufacturing Industry in 2018. She gets a Tk11000 salary, including overtime, and from this salary, she sends Tk2000 to her mother for her daughter. Her husband knows that she only sends Tk500 to her mother. She must pay an instalment of the loan she borrowed from a *Somiti* for her husband's treatment. Her husband contributes only Tk2000 to Tk2500 for family expenses and spends his earnings on his parent's and medical purposes. She cannot manage her family with this amount. She cleans the household floor during lunch breaks to meet the family's needs. There she gets Tk1000. She is very regular in her attendance and gets her attendance bonus regularly; she spends her attendance bonus on her son's snacks.

A few physically challenged women's family income is more than Tk15000, including their husband's income. This study indicates that among the 19 physically challenged married women leading a conjugal life, only seven women's husbands have regular income and contribute to the family expenses. The remaining 12 physically challenged women bear their family expenses from their earnings. Their husbands have irregular incomes, unemployed and depend on their income. Their expenses include house rent, daily expenses on food, their parents' necessity, rearing children, siblings or children's tuition fees, and medical costs. Physically challenged women having children and husbands without regular income are more vulnerable than married without children and unmarried women. Sanu often sends Tk1500 to

Tk2000 to her mother without informing her husband. Her husband demands money from her every month, as he has no regular income. While I was interviewing her in March 2019, her husband took Tk8000 from her to pay the due bill of a grocery shop as he claimed that he had bought goods for family expenses. For this reason, she could not pay the house rent for that month.

The economic vulnerability of abandoned, physically challenged women with children is severe. Noyon is an abandoned woman with two children, her son and one who is adopted (she adopted her sister's daughter after her death). After paying Tk2200 for house rent, she buys her grocery for Tk1500. She sends Tk2000 to her mother as her one child stays with her mother. Her son stays with her, and she pays his monthly tuition fees. Every month her money runs out before the end of the month, and she buys groceries on loan.

The study observed that almost all the informants have an economic contribution to their parent's families. They usually send Tk500 to Tk5000 to their parents from their salary every month or after one or two months. Anu gets Tk9000 to Tk9500, including overtime. With this income, she rented a room with Tk3000 monthly, stays single, and spends Tk3500 on her living expenses. She sends Tk2000 for her father, mother, sister, and daughter. Her daughter stays with her parents in the village and studies in Class IV. Momina sends Tk4000 every month for family expenses. Her family members do not want to take her money. However, considering the family's wellbeing and self-content, she sends the money. She brought electricity and water supply lines into her village house at her own cost. She established a grocery shop for her brother and gave Tk30000 to her brother-in-law (sister's husband) to buy an auto rickshaw (locally known as CNG). Rina Rani, Alyea and Marufa give their full salary to their mothers. When Rahela first joined the garment manufacturing industry in

2007 and got a Tk3000 salary with overtime. She sent her father Tk2000 and lived hand to mouth with the rest of the amount. Gradually, her salary increased, and her two sisters completed graduation with her income. Now her daughter studies in Class X. She married her daughter off at a very young age as she fell in love with a man. Now she is bearing the expenses of her daughter and unemployed son-in-law, which disheartens her.

Alpona gets a Tk10000 salary with overtime. She gets Tk39 per hour of overtime. The rent of her room is Tk3000. She sends Tk5000 for her parents two times yearly when they sow crops. Taslima's salary is Tk9395, including overtime; she gets Tk13000 to Tk14000. Every hour of overtime, she gets Tk48. Her husband also works in the same industry and gets the same salary. Her house rent is Tk4500, and they share the house rent. Morjina gets Tk11000 with overtime. She gets Tk45 per hour for overtime. Her month-to-month cost of medication is Tk1500. Her house rent is Tk2600; the same house rent is 3000 for non-disabled people. She gets a TK400 discount for being physically challenged. She sends Tk2500 for her son's education expenses. Khuki of Sonali Garment Manufacturing Industry gets Tk10000 monthly, including overtime. She cannot do regular overtime due to health reasons. Khuki's husband also works in the same industry in the printing section and gets an equal salary. They rented a house for Tk4000 near the industry. She sends her in-laws Tk1000 to Tk2000 and her parents Tk1000 to Tk2000 monthly. She commented that they send their parents' an equal amount of money to avoid any family conflict. Nazma gets Tk12000 salary with overtime. Though they have the option of overtime until 10:00 pm, she cannot stay until 10:00 pm. She goes home at 8:00 pm because she feels pain in her hand if she does excess overtime. Her house rent is Tk3500. Before marriage, she gave all her salary to her mother as she lived with her family. Now she gives Tk7000 to her

mother and lives with her husband. Asha’s salary is Tk8000; with overtime, she gets Tk10000-Tk11000. She can do two hours of overtime. She stays in a rented house, which costs her Tk2000. Before marriage, she stayed in the industry quarter for one year and saved the house rent. There she stayed with three other girls in a room. Besides their income from industry, some get Tk4200 after six months as disability allowances. However, some said they could not attend the village to draw their disability allowance, as they would have missed the attendance bonus. Their family members draw the allowances in their favour and spend that money. Several of them informed me that they do not have any disability cards, so they do not get disability allowances and sought help from me to get a disability allowance card. A few of them informed me that they had spent enormous money to get the card but did not get it.

8.6 Loan, Savings and Investment

Bhuiyan (2012) described that garment workers could hardly accomplish their needs on their earnings. Most workers cannot save money for their future. It is reasonable to say that they are always in the debit account.

Table 8.5 Loan, Savings, and Investment

Loan, Savings and Investment	No of Informants	Percentage
Loan	5	14.70
Savings	14	41.17
No loan no savings	12	35.29
Investment	3	8.82
Total	34	100

Source: Fieldwork 2018-2019

According to Ahmed (2016), garment workers live a comparatively good life as their salary has increased, but these workers probably will not be able to manage two months of foodstuffs if they stop working. Moreover, they cannot save enough money to secure a promising future. The case is similar for the physically challenged women workers. They draw loans from different local NGOs and *Somiti* with high interest

and repay from their salary on a monthly instalment basis. They usually take a loan for their husband's and parents' treatment, to keep land on the mortgage, for their brother or sister's marriage, and to build a house to live in. Sometimes they have to pay back father's loan. "Khaleda informed that when her husband was sick, she took Tk30000 from *Disha Somiti* as a loan from her village in Barisal. She must pay back the loan in Tk3500 monthly, and three instalments remain. When her father became sick, he mortgaged his land property, including his homestead, to the Krishi Bank and took Tk30000 as a loan. The money was spent on his treatment purpose. He died, but these Tk30000 grew into Tk65000. She paid back Tk10000 from her salary, again it became Tk65000. The authority from the bank hung a notice mentioning that the bank would acquire the land. The villagers suggested they should apply for the debt waiver, but they still did not apply because nobody of her brothers and sisters wanted to take the responsibility."

Selina spent seven lac taka for her husband's treatment. She took two lac taka as a loan from a *Somiti*. Her husband died, but she repays the loan from her salary every month. Anu took Tk80000 loan from a village *Somiti*, and with Tk20000 from selling her cow, she mortgaged land for one lac taka. The condition of the mortgage is that her family will cultivate the land and have the crops. When the landowner returns the money, the family will return the land. She continues giving Tk2000 monthly instalments to *Somiti* to repay the loan. Momina took a loan of Tk10000 from a *Somiti* on the condition that she must pay Tk11100 after six months. She spent that money on the marriage ceremony of her brother. Her mother pays back the loan from the money she sends for their family expenses. Buli Akhter also took a small loan from a *Somiti* for her mother's treatment and paid back the loan from her salary. Asha took three lac taka loan from BRAC Bank and built a house in her natal home for

living. She repays the loan in a monthly instalment of Tk10000. She kept land on a mortgage, and her brother-in-law (sister's husband) ploughs the land and supplies her with rice. Jorina Ferdous's house rent is Tk2600. She sends Tk4000 for her parents' monthly expenses and pays back her father's loan. She refunded the loan of Tk10000 that her father borrowed for her job.

Bhuiyan (2012) found that most female workers deposit their savings in NGOs (BRAC, PROSHIKA and ASA). Only 6 per cent have regular bank deposit schemes such as fixed deposits and others. Interestingly study found that more than 45 per cent of the workers have insurance policies like life insurance, pension bima, and marriage bima (insurance for the children, which will be helpful in the marriage for the same in future).

About 41 per cent of physically challenged women in this study have some savings. They have a saving account in Sonali Bank, Islami Bank, Grameen Bank, Krishi Bank, Janata Bank, Alfa Life Insurance Corporation, Post Office and Christian Credit Office. Some have savings as ornaments. Some spend their savings building a house for their parents and paying back their fathers' loans. Jamuna Rajbonshi had no loan. She had savings, but she spent her savings on her father's treatment and building a house for their living. Khairun informed me that she has no loan. First two years, her salary was not sufficient to save anything. In January 2019, when their salary increased, she opened a DPS in Sonali Bank in her village for five years, she saves Tk4000 monthly. Rahela bought 10-*Gonda* (a traditional unit of measurement of land area) land from her father for three lacs, fifty thousand takas, and built a portion of a building with a tin roof for her living. After completing five years of service, the industry offered her Tk48000. The amount she got from the industry's particular saving scheme where she saved Tk100, the industry gave Tk100, and MD gave Tk100

monthly. She bought an auto rickshaw for her brother with the money. Shapla saved two lac taka in the post office.

Arifa Akhter saves Tk2000 in Islami Bank and Tk2000 in Grameen Bank for three years. After completing five years, she will get the total amount with profit. Alpona has a saving account at Naogaon Christian Credit Office, every month; she sends Tk5000 through bKash. The savings account is for five years, which has already crossed over three years. After five years, she will renew this savings account. Nitu Biswas's monthly salary is Tk9000 to Tk10000 with overtime. For overtime, she gets Tk42 per hour. She saves Tk2000 in the post office in a ten years' scheme, and she has deposited for four years already. Her brother deposits it in favour of her. Dalia sends Tk5000 every month to her mother through bKash, TK2000 for her brother's education and TK3000 to save in her account in Janata Bank. The bank will return the money with profit after five years.

Nilu also has a DPS in the Sonali Bank in the village. Every month she sends Tk4000 to her mother, Tk2000 for family purposes and Tk2000 for her DPS. She had an account formerly where she saved one lac taka in monthly instalment of Tk1500. Now she saves Tk2000 monthly. She will get the profit after 12 years; six years have already passed.

Morjina's husband has a house in Dinajpur Municipality. They rented that house, and the money she saves in her account in Krishi Bank. She has two DPS, and she had a *bima* (insurance) account in the Alfa Life Insurance Corporation and saved Tk500 monthly instalments for 12 years. She opened a DPS three years ago in Krishi Bank, where she saved Tk1000 monthly. After three years the bank provided her Tk37000 that she saved again in that bank.

Jorina Ferdous, after meeting her family's necessities, saved two lac taka, and with this money, she mortgaged 10 *Katha* (a unit of land measurement) land. She gave that land to the cultivator (*borga cashi*). After excluding the crop production expenses, they divide the crops into two shares. She sells her share and saves the money to her parents. She has planned to buy land after saving a significant amount of money. She has also made a finger ring with five grams of gold, two pair of ear rings with eight grams and three grams of gold and a necklace with one tola of gold from her salary. Rubina had a DPS in Sonali Bank, from where she got Tk41000. She provided one lac taka loan to her brother from her disability allowance and salary, and her brother gave her Tk8000 profit after 14 months. Her elder sister borrowed Tk23000 from her. Besides this, she spent Tk8000 on the appendicitis operation of her niece. She mortgaged land for Tk20000 on the condition that she would cultivate and enjoy crops from the land until they returned the money. She gets crops whose value is Tk6000 to Tk7000. Her brother deals with those in favour of her. She has an account in Krishi Bank and has planned to save her money in future in this account. She also has a saving account in Alfa Life Insurance Corporation. There she saves Tk500 monthly. It would be matured after 12 years. She also has another account in BRAC Bank, where she saves Tk100 monthly. The social welfare officer of the industry helped her to do it. She borrowed money from her homeowner to buy a refrigerator and wardrobe and paid back the money in instalments from her salary. Her homeowner is a kind woman who often tells her why she buys these household goods, as she has nobody. However, Rubina desires a smart life for herself. Marufa gives her total salary to her mother. Her parents have a plan to buy a piece of land for her by saving the money. The study observed that unmarried physically challenged women and married physically challenged women without children could save more than the others could.

8.7 Balancing Family Life and Workplace

Nowadays, because of the rapid expansion of technology and changing global scenarios, the work environment is continuously changing, and working people face problems balancing work and family life. The conflict between workplace and family roles is a common problem for working people. Tiwari (2017) mentioned that work and life are essential for any organisation to manage where employees need to balance their personal and professional lives. They need to understand how much and how long they require to work hard to be a win-win situation for an employee in satisfaction from work and professional life. He further mentioned females are the most sensitive employees for any organisation, as they are constantly discriminated against in Bangladesh. Some of them are trying to deal with such discrimination successfully. According to Bangladeshi tradition, females are always more responsive to family responsibilities. Now they are more active in the professional world and equally responsive towards their work. Married female employees face the hardships of the professional world where they must be 100 per cent effective at the workplace as competition is very high. This race of becoming experts in their profession makes female employees more compromising to their employer over their families or creating dilemmas about what to choose or prioritise, either work or family.

In the case of physically challenged women workers, balancing family life and work is extremely difficult for their health problems. The fact is that they are working in garment manufacturing industries, victimised by familial and social circumstances. The work is a burden on their susceptible health.

Moreover, the most challenging field is the garments sector, where normal workers become fatigued to cope; the work in this sector for physically challenged women is

strenuous beyond imagination. Besides, they cannot escape their gender roles, such as cooking, cleaning, rearing children, and other household tasks. The problem is far more intense for the physically challenged women workers who have children. Since physically challenged women need to be taken care of, it is unbelievable for many how a physically challenged mother can perform her mothering and nurturing role. Khaleda has a son and a daughter. Her son is seven years old, a student of Class I and stays with her. Her daughter is three years old and stays with her mother and sister in the village, as there was none to take care of the daughter. She sent her daughter to her mother when she entered the garment manufacturing industry. She hardly sees her daughter, as she does not go to her native village because of the high transportation cost though she misses her daughter a lot. She feels less tension for her son because they live in a rented room in a flat. She bought a TV; her son watches TV in his leisure time and goes to school on time. Anu also feels tense if she hears anybody in her family is sick at home. She has a five years old daughter, and she is always worried about her. When she took training from CRP, she left her daughter to her mother. Here she wakes up at 5:00 am and does all her household work. I noticed her extreme physical weakness.

Sanu also has nobody to take care of her daughter, so she left her daughter to her mother when she took training in CRP. Her daughter is now six years old. She wants to bring her daughter to her, but for security reasons, she cannot keep her daughter with her. Moreover, her husband is a vagabond. Shefali keeps her son in a madrasah during office time and brings him from the madrasah at 5:00 pm. Sometimes if she cannot take her son for overtime duty, her husband takes their son from the madrasah. She spends her total salary on her family purpose and her husband helps her with household activities.

When I visited Noyon first time, she informed me, “My son and daughter (adopted her sister’s daughter after her sister’s death) live with my mother. However, six months ago, my brother married, and his wife refused to keep my children. Now my brother insists on bringing the children to me. Now I am thinking of what I should do. I think I will bring my son and admit him to a madrasah where he will stay and study. I wake up at 5:00 am; offer my prayer, cook, and then go to the industry. Who will take care of him if I bring him?” Later, she informed me that she had brought her son to her and admitted him to a madrasah near her workplace.

Baby lost her first child at birth in the hospital. Her second baby is six months old. She joined the garment manufacturing industry when her baby was three months old. Her mother and mother-in-law brought up her baby three months by turns. Now her father-in-law is paralysed. For this reason, her mother-in-law cannot stay with her. Therefore, she had to send the baby to her mother in the village.

Taslina has a five-year-old son who studies in the nursery class. She managed a woman on a payment basis to look after her son when she stays in the industry. She gives the woman Tk700 monthly and a meal. The family and work of most physically challenged women workers in garment manufacturing industries have been affected severely due to the work-life balance. Their family life is more affected than their job. An organisation can ensure the work-life balance of women workers by providing decent wages, accommodation, transportation facilities, daycare centres, children’s education and reducing the workload (Chowdhury *et al.*, 2015).

8.8 Changing Attitude of Family and Community Members

Community attitudes enormously influence social integration and inclusion (Denny, Denieffe and Pajnikihar, 2017). In the community, physically challenged women struggle for significant social inclusion. This section will reveal the attitude of family members and community people towards physically challenged women and their livelihoods. Mannan (1996), in a study, noticed that 60.5 per cent of physically challenged person's family members have negative attitudes towards them, and 45.5 per cent opined that their decision is not considered positively by their family members. Most of the informants of the present study informed that family members thought of them as a burden and never considered their opinion before working in the garment manufacturing industries. Community members criticise them both for their physical impairment and for working in the garment manufacturing industries. Physically challenged women think that, at present, they can earn their bread, provide monetary help, and give loans whenever the family members want. Hence, the family members become sympathetic to them and consider their opinion positively. One of the informants, Khaleda from Barisal, expressed her frustration saying, "My husband is a pious man. He loves me. If anybody criticises me for my impaired eye, he rebukes him or her. Nevertheless, he has greed for money. Before joining the garment manufacturing industry, I was jobless for two years. He used to beat me and threatened me to divorce, but now he does not beat me". She also added that village people and relatives are ruthless. They condemn her and never address her by her name; they always call her by her disability, such as *kana*. She feels humiliated but cannot protest. One of her grandfathers at home says *kana* (one eye is removed) "watches television with one eye ha ha ha...!"

However, her community people near the garment manufacturing industries are poor but excellent. They help her in time of need, such as give loans and look after her when she becomes sick. I agree with Aiden and McCarthy (2014) that attitudes are transient and change from person to person, from group to group and even within groups over time.

Anu is always suffering from her leg problem, her family members are sympathetic to her, and her parents always think of her future. However, the people at her in-laws' house constantly criticised her for her physical impairment. Shapla cried and lamented that there is sometimes accident in various industries. The family member of her co-workers inquires about their conditions over the phone, but nobody calls her. Since she had a stepmother, family members were cruel to her from the beginning (discussed earlier). When she started to earn, her father and paternal uncle wanted money from her. Since she refused to give them, they do not communicate with her.

During Eid vacation, everybody in the locality goes home, and she stays alone. That time she feels insecure. The people of her neighbourhood are good when she can give them food and necessary goods. Sometimes they are so cruel that they do not come to see her if she feels sick. She commented that they think she may have different problems because she is a physically challenged (*protibondhi*) girl. Dalia said bus drivers and helpers cooperate with her when she goes home. When people see her, some feel sorry, and some laugh at her. Everyone in her community becomes surprised at how she can work. At first, her family did not agree to send her to work, but now they are happy. She does not go outside when she goes home. She is ashamed because everybody looks at her with a questioning mind. Taslima informed that her family is not satisfied with her livelihood. Since she had completed graduation, they thought she would go for teaching or work in a bank. Her father and brother say, "We

educated you to do a prestigious job, but you are doing a job in the garment manufacturing industry.” Her community people also say, “You are educated so much, but you are working in the garment manufacturing industry.” They advised her to try to manage another job. She tried for jobs in other sectors, which are socially more acceptable but could not manage.

Rubina said her family members, especially her mother loved her despite her physical impairment. However, she was unhappy in the family environment and was dissatisfied with her father. Though her father has lands, he did not give her a piece of land to live on as he only thinks for his sons. She said that sometimes she thinks that she will never go home. She gets a disability allowance, and her brothers collect it and give her the money irregularly. When she goes home, her village neighbour comes to see her. They advise her to come back home, considering that if her brother and sister can eat, she will also be able to eat with the family. However, she does not like any dependency. She wants to continue the job and prefers to remain alone.

Some physically challenged women informed that their villagers often criticise their parents for sending them to work in the garment manufacturing industries. Khariun said that at first, the community people criticised her parents, saying, “You depend on earning by physically challenged daughter in the garment manufacturing industry.” Now they appreciate saying that though she is physically challenged, she earns by hard work and is not dependent on others. Rahela said, “My village people are nasty. They always criticise my father as I work in the garment manufacturing industry. They rebuke my father for taking my income.” Noyon informed that some of her village people are not good. When she was at CRP, they said she went to the wrong place (brothel) for an evil purpose. Still, they do not believe she works in the garment

manufacturing industry. She does not go to her neighbour's house when she goes to the village. Concurring with Devkota, Kett and Groce (2019) the study can say stigma and stereotyping negative attitudes among community people towards physically challenged women reduce their participation in social activities and restrict social inclusion. However, where she stays, the community people are good enough. Selina's villagers also criticise her for working in the garment manufacturing industry. The villagers told her she should not go outside, as she is a widow. Alpona's family members are now satisfied with her, but previously, they thought of her as a burden. Her community criticised her for her physical impairment, but now they appreciate her.

Some of them said that their community people are charming and encourage their activities. Rina Rani said that her community people's attitude is excellent. They say what we could not do as an able-bodied man; she is doing that. She goes to the village during a religious festival. Alyea's family is good to her and loves her. She usually goes to the village in two Eids. There she also goes to her in-laws' house. Both she and her mother do all the household work at night. Hasu Begum is the decision maker of her family, and her family's attitude is excellent toward her. She does all her household activities with her left hand. Morjina, a wheelchair user, goes home during Eid vacation. The conductor of the bus helps her to get on the bus. The owner of her house is a kind woman and takes less house rent from her. She sometimes sends food for her. If she fails to run her wheelchair on her way to the industry, community people help her. Her stepsister sometimes comes to visit her. Moyna wants to go home during the Eid vacation. She told her brother several times to take her home, but he did not respond. Everyone is busy with himself or herself, she commented. Jorina Ferdous visits her village home during two Eids. Her neighbours are excellent. Her

travelling to the village and home environment is unsuitable for her movement. Nazma goes to the village home whenever she finds a vacation. Her villagers love and appreciate her because she works and earns her living though her one hand being impaired. Jyotsna's family members thought of her as a burden before, but now they behave well. The people of her neighbourhood are good.

Physically challenged women encounter negative approaches in every sphere of life due to the superstitions of society about physical impairment. An attempt should be made to change the negative attitudes towards physically challenged women. It takes time to change the attitude at the individual or community level. The study has noticed a few positive feelings in society towards physically challenged women because they participated in the workforce. The study expects that these positive feelings of society will encourage physically challenged women to accomplish genuine social inclusion and integration. Thompson *et al.* (2012) asserted that perceptions of physically challenged women significantly affect their inclusion in their communities and their capacity to achieve primary goals.

8.9 Self Perception and Future Plan

Self-perception of physically challenged women also significantly affects their social inclusion. Fine and Asch (1981) claimed that physically challenged women are more negative than physically challenged men regarding self-perception and other people's perceptions. A physically challenged woman is more likely to internalise social exclusion and identify herself as "disabled" than a physically challenged man. Physically challenged men have a relatively positive self-image and are considered men rather than disabled. According to Nosek *et al.* (2003), compared with non-physically challenged women, physically challenged women's self-awareness and

self-esteem are significantly lower, and the degree of social isolation is higher. They have substantially lower levels of education, more overprotection during childhood, worse quality of intimate relationships, and low paid employment rates. Physically challenged women experience problems related to low self-esteem, such as depression, social isolation, limited opportunities for satisfying relationships, and emotional, physical, and sexual abuse and unemployment (Nosek, Howland, Rintala, Young, and Chanpong, 2001, cited in Nosek *et al.*, 2003).

The study shows that most physically challenged women have a positive attitude towards their livelihood. Jorina Ferdous mentioned that she struggles with her vulnerable health from dawn to dusk, but she has a mental satisfaction that she is not dependent on others for her livelihood. She sends money to her parents. She has saved some money, and she does not feel isolated. She said, “I have no time to feel isolated and sad. I get up early, offer my morning prayer, do all my household activities, and get ready to go industry. After work, I return to my residence, do some household activities, and offer my night prayer and sleep. My days are passing under work pressure.”

The majority of informants plan to continue the job. Some informed me that they are trying to switch to another job. One of them is trying to join CRP as a staff. Some want to leave the garment manufacturing industry and wish to establish own tailoring businesses. Khuki’s father offered her a piece of land. She has planned to build a house by borrowing a loan from an NGO and would repay the loan from her monthly salary. Then she will resign from the job and will try to conceive. She thinks it would be difficult to carry a baby by continuing the job. Moreover, her husband has a problem with his spine. Her husband consoles her, saying that many physically fit people do not have a child. So, do not be upset when Allah wishes He would give us a

child. She wishes to buy a sewing machine and sew personally at home after leaving the job.

Moyna is also leading a decent life. She is very optimistic about her livelihood because she struggled to get a job and finally got it. But sometimes she feels unhappy because she cannot share her feelings with others. She feels isolated and thinks that she was not physically challenged, but society made her physically challenged. Because of Covid-19, many physically challenged employee lost their jobs. However, she did not lose her job, but she is in fear of losing her job. She shared with me that she will resign from the job after three or four years, but at present, she does not want to lose her job. She is saving a certain amount of money in an account and has planned to build a house in her natal house. Since she is a wheelchair user, she wants to build the house in a design so that she needs not to go outside. She wants to spend the rest of her life praying to Allah.

Anu expressed that before joining the industry, she had low self-esteem because of the negligence of her in-laws' house. She thinks she is leading a better life now. She does not want to return to her husband because he failed to bear her expenses. She earns money and contributes to her family. She has one kind of self-satisfaction for bearing family expenses though she is not physically fit. She is always thinking about her daughter and has a dream to educate her daughter by continuing the job. Most of the studies present the vulnerability and isolation of physically challenged women. However, in the present study, they explore that given an opportunity for self-reliance, they can also envision a better future for themselves and their families and try for a positive intergenerational change.

Bourdieu's concepts of habitus, capital and field can be connected with the chapter's discussion. Bourdieu defined habitus as "the strategy generating principle enabling agents to cope with unforeseen and ever changing situations, are only apparently determined by the future (Bourdieu, 1977, p.72)." He also explained that habitus is a system of continuous and transferable dispositions (Bourdieu, 1977). The study noticed that physically challenged women acquire different dispositions during childhood through socialisation in the field of family. They gather different experiences in everyday life and internalise their position and the attitude of family and society towards them. Different social and cultural messages shape their thoughts and actions. Gradually the dispositions that physically challenged women acquire and possess through their experiences and socialisations are influenced by different social and cultural contexts (especially the influence of CRP and the garment manufacturing industry), and their self-agency develops. Bourdieu and Wacquant (1992) stated that social agents are bearers of capital depending on trajectory and position in the field and by an endowment in the capital. As agents, based on their previous experiences, physically challenged women explain the field where various resources (capitals) are scattered and compete for those resources. Gradually they occupy positions in the social structure, accumulate different types of capital, become powerful and act as agents despite their vulnerability.

Foucault's concept of power and knowledge is also evident here. Foucault (1980) said that power is productive rather than coercive. Power and knowledge make physically challenged women specific sorts of people who perceive their life positively after their inclusion in the garment manufacturing industry.

Chapter 9

Conclusion

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This chapter summarises the key research findings concerning the research objectives and questions and discusses the significance and contribution to the existing knowledge in the field of disability study. It also proposes opportunities for further research expanding on this work.

This research has been done to narrate the struggle of physically challenged women and their inclusion in the garment manufacturing industries, primarily focusing on health, education, vocational training, employment opportunities, and other socioeconomic aspects with gender concerns. The study was conducted in Rupali Garment Manufacturing Industry and Sonali Garment Manufacturing Industry (pseudonyms) where CRP (Centre for Rehabilitation of Paralysed) referred physically challenged women for employment after training on modern industrial sewing under the Marks & Start project in collaboration with Marks and Spencer buyer.

In-depth information was collected through in-depth interviews, observation, limited participant observation, telephone conversations, and key informant interviews. Focus Group Discussion (FGD) and case studies were conducted to collect data on the abovementioned issues. Narratives and life histories were gathered and analysed to record the subjective stories of physically challenged women concerning their inclusion in the garment manufacturing industries. Bourdieu's Theory of Practice and Foucault's concepts of power, knowledge and discourse were used to analyse the collected data.

The study has shown that physically challenged women are vulnerable. Discrimination, deprivation, and isolation are a regular part of their life. Due to

inadequate, inappropriate and stereotyped superstitious knowledge of society about physical impairment physically challenged women struggle in the family, community, workplace and every sphere of life. They were severely neglected in the family after their father's death and become economically vulnerable. The economic vulnerability of the family destined them to earn with their vulnerable health.

The informants started their struggle long before joining CRP by using their limited resources of education and labour power (which Bourdieu, 1986 termed as cultural capital and economic capital, respectively). However, they could not sustain anywhere for their identity as physically challenged women and had to pass the day in hardship. They were continuously struggling with the structural factors of society for their livelihood. Sometimes they had to struggle with the family members to come to CRP, which has been described and analysed with data supporting.

The study findings have indicated that CRP is pivotal in including physically challenged women in mainstream society. Marks and Spencer started the Marks & Start project in Bangladesh to train and employ physically challenged people, and CRP has been the project implementing partner of Marks and Spencer in Bangladesh since 2006. Marks and Start project of CRP Ganakbari brings physically challenges women from the countryside, provides them training on industrial sewing and employs them in Marks and Spencer sourcing garment manufacturing industries of Bangladesh.

Physically challenged women usually came to CRP with male family members and relatives; some came with GO and NGO help. Some were so desperate for jobs that they left the village with their relatives who worked in the garment manufacturing industry without informing their families. However, the garment manufacturing industry authority inquired about their certificate on industrial sewing training of CRP

to provide them with the job which Bourdieu (1986) mentioned as institutional cultural capital. Then they moved to CRP with the help of neighbours and other physically challenged women to acquire training and certificate in industrial sewing. The study has shown that Bourdieu's (1986) social and cultural capital played a significant role in their approach to CRP for training and inclusion in the workforce.

The research revealed that to be a trainee of CRP, physically challenged women must pass the physiological assessment to enter into a different training category and gain certificate, making them suitable for working in the garment manufacturing industries. Foucault's (1977) disciplinary power is used to understand the vocational training procedure of CRP. Foucault's notion of biopower (Danaher, Schirato and Webb, 2000) provided a basis to examine how rehabilitation providers of CRP analyse, regulate, control, explain, define physically challenged women, their bodies and behaviour, and make the docile body cope with the new situation. The study is in line with Foucault (1977) that when the human body enters the machinery of power, it explores, breaks down and rearranges it. Discipline produces subjected and practised bodies, 'docile' bodies.

The study findings have shown that because of the disciplinary power of CRP, the physically challenged women steadily change their village habits and maintain a disciplined life routinized by CRP. The findings revealed that discipline is a more efficient form of power than repression (Foucault, 1977). Agreeing with Foucault, the study also says that power is productive and gives rise to new forms of behaviour (Foucault, 1977). The findings also have shown that the structure exercises force on the individual, affects their socialisation and integration into the social world, and supports that habitus is "the strategy generating principle enabling agents to cope with unforeseen and ever-changing situations (Bourdieu, 1977, p.72)."

The study results have exposed that during training, the social welfare and compliance officer from different industries visit and selects physically challenged women according to their industry requirements. The expenses of each trainee are borne by Marks and Spencer 50 per cent and the industry owner 50 per cent, and CRP provides the services. During training, CRP takes them to visit different garment manufacturing industries once a month to gain a practical understanding of the industry environment and the nature of the work.

The study findings indicated that CRP personnel encounter many obstacles when they go to the community to motivate and bring physically challenged women to the centre. Family members cannot trust the personnel of CRP, and at times, the villagers think of them as women traffickers. Another challenge is that the duration of training is two months, and it takes time to change some of their village habits. As a result, they do not get enough time to train them to be sufficiently skilled in industrial sewing; consequently, most of them cannot qualify for the skill test. Besides, managing a job for severely physically challenged women is difficult. Sometimes after getting the job, they leave within one month for various personal issues and come back within one year, it is difficult for CRP to rearrange a job for them, and it creates a wrong impression about CRP in the garment manufacturing industry.

The study findings have shown the institutional practices of garment manufacturing industries and the struggle of physically challenged women to cope with the practices. In completion of training under the Marks & Start project, the physically challenged women are brought to the garment manufacturing industry, and the industrial engineer tests their sewing skills by setting them in the machine. If they fail to reach the target level per hour, the authority does not include them as machine operators; they employ

them as helpers or assistant operators, and some management sends the failed physically challenged women to the industry training centre for further training.

Foucault's (1977) concept of panopticon for disciplining and controlling the workforce is evident in the study area, especially in the garment manufacturing industry. There is continuous monitoring in the industry from the authority, both physical and through CCTV, for monitoring and supervising the workforce, and the higher authority room is surrounded by glass to enable maximum visibility. The garment manufacturing industry arranges different programmes on safety measures such as fire drills and earthquakes and trains them on what they should do in this situation and they can.

The garment manufacturing industry staff counsel them regularly on how they should behave, work and care for their health. The staff also guide the co-worker of the physically challenged worker. Rehabilitation providers from CRP come to the garment manufacturing industry to monitor whether physically challenged women are abiding by the rules and regulations of the industry, whether they can cooperate with other industry employees and counsel them on how they can prosper in the workplace.

The physically challenged worker enjoys some facilities in the garment manufacturing industry. Though the rules and regulations are the same for all workers, the management deal with physically challenged women more humanely. They get extra ten minutes during lunch break. They informed that the normal workers cannot enjoy the weekly holiday due to work pressure, but the authority does not force them to do work on holidays. The study found that most physically challenged garment workers usually lives in rented rooms but some garment manufacturing industries have hostel arrangements for women workers, including physically challenged women; the hostel

facilities save their money for house rent and save them from the time and energy of long walks and possible harassment in the street. Most of the study informants informed about having a good relationship with supervisors and co-workers.

The study noticed that the physically challenged women are confronting some significant challenges to cope with the institutional practices of garment manufacturing industries. It has been observed that wheelchair users face teething troubles in accessing the garment manufacturing industry since there is no ramp system facility. Thus, the study supports that physically challenged persons experience environmental obstacles that complicate physical access to employment (European Commission, 2008).

The findings have further shown that physically challenged women confronted the most significant challenges in fulfilling the production target since all activities are production centred in the garment manufacturing industries. Some informed about the harshness of supervisors failing to meet the production target. The study revealed that supervisors always fear assigning them work, and some supervisors ask not to give them physically challenged women workers, which supports that employers view physically challenged women as unproductive workers who cannot adjust to the workplace (Haq, 2003).

Though any harassment is forbidden in both the industries understudy, despite that, sometimes in the garment manufacturing industries, people laugh at them when they walk differently because of their physical impairment, which is one kind of harassment and agrees with Ahmed's (2016) findings that most workers informed that harassment is prevalent in their industry. Physically challenged women are hesitant to

seek help from them the co-workers because co-workers also stay under work pressure and they do not like to show their incapacitation to their co-workers.

Though Bhuiyan (2012) found in his study that most workers enjoy their holiday outside, this study found hardly any recreation in the life of the physically challenged women workers, and they typically stay at home on holidays. They usually share grieves and happiness with peer physically challenged women workers, and only a few enjoy different programmes as they have TV and Wi-Fi connections.

In spite of having some problems, physically challenged women are usually satisfied with their job though some of them informed that they are satisfied because they have no alternatives and wish to leave the industry if they get a better job.

The research examined the health challenges and health care of the physically challenged women. The study findings explored their visible physical impairment and identified fever and evil air, by birth, accident, and violence from husband and stepmother as the leading causes of their physical impairment. The study found that the long work hour is an additional burden on their vulnerable health and physically challenged women suffer from different types of ache because of their impairment, and they usually take painkillers to get relief. Physically challenged women also suffer from different reproductive health issues; most are hesitant to share their problems with a doctor for shyness and for other social stigmas they do not want to disclose their reproductive problem in their work place.

Bourdieu's social and cultural capitals were vital resources of health care seeking for many informants. The study noticed significant changes in physically challenged women's health care seeking behaviour. Before inclusion in the garment manufacturing industries, most informants were habituated to going to traditional healers

called *kabiraj*, *fakir* and *hujur*, who usually provide *panipora* for drinking and *telpora* for massaging to cure spiritual disorders. The study demonstrates that some physically challenged women's conditions became severe after the treatment of *kabiraj*, instead of curing, their body parts became infectious because of the unhygienic bandage of *kabiraj*, and in some cases, the diseases that can be cured by proper treatment turned into disability. Some physically challenged women approached the local doctor (quack), pharmacy salesperson and traditional healers simultaneously.

After inclusion in the garment manufacturing industry, most go to an industry doctor when they feel sick. Despite medical facilities in the industry medical centre, many physically challenged women still go to pharmacy salespersons and hospital doctors to save time during production hours. Besides, industry doctor only provides them with prescription and a few elementary medicines, and they have to buy most of the medicine from an outside pharmacy; therefore, they find it comfortable to get advice and medicine from a pharmacy salesperson at a time.

If they feel a physical problem in the workplace, they inform the social welfare officer, and she immediately sends them industry medical centre or hospital. Both industries are linked with the Hello Plus Project of CARE Bangladesh to provide the government reproductive health services in the garment manufacturing industries. In case of severe sickness of physically challenged women workers, industry management informs CRP. The garment manufacturing industry and CRP contribute to maintaining their comprehensive health.

The study further examined the socio-economic condition, agency, attitude, and perception of physically challenged women after their inclusion in the garment manufacturing industries. It also studied the attitude and perception of community

people towards them. The study outcome noticed a significant change in the socio-economic condition of the physically challenged women after inclusion in the garment manufacturing industries. They informed that before joining the garment manufacturing industry, their condition was vulnerable; however, after joining there, they began acting as agents and maintaining their livelihood, and almost all the informants contributed economically to their family members.

The study findings also identified that most physically challenged women are married and have children. The abandoned, divorced, separated, and widowed who once led a marital life for at least six months; some have children. So the study disagrees that women with disabilities are 'asexual' and considered unsuitable for marriage and motherhood (UNFPA, 2009; Khanal, 2013) and supports Groce *et al.* (2009) that persons with disability have sexual and reproductive needs like normal people. The study found that none of the physically challenged women under study gave birth to a physically challenged child; moreover, some have more than one child. Thus, the study differs from the notion that 'disability breeds disability' (Fiduccia and Wolfe, 1999).

Married, physically challenged women continue a marital life within various family hitches and struggle to maintain the relationship. Most husbands do not bear family expenses and always intend to take away their wife's income. The expenses on house rent, daily food, expenses for their parents, rearing children, siblings and children's tuition fees, and medical costs make them economically vulnerable, and some have debt. Despite economic vulnerability, 41 per cent of physically challenged women have some savings. Unmarried, physically challenged women and married women without children could save more capital than those with children.

Among the unmarried physically challenged informants, some wish to marry and, at the same time, think of who will marry them, and few want to stay alone for their extreme physical impairment.

The study also observed a positive perception of family and community members toward physically challenged women. Before working in the garment manufacturing industries, family members considered them a burden, and villagers criticized them for physical impairment. Since they started contributing to the family by working in the garment manufacturing industry, the family members became sympathetic, and villagers began to appreciate and encourage their activities. Still, some cruel villagers criticize them and make taunting comments about them.

Most physically challenged women work in garment manufacturing industries, victimized by familial and social circumstances despite vulnerable health. They cannot escape their gender roles such as cooking, cleaning, conceiving, delivering and rearing children and other household tasks, thereby facing difficulties in balancing family and work life.

Despite dissatisfaction in the workplace and family, they positively perceive their lives. The study revealed that a positive attitude towards physically challenged women encourages their inclusion in the family, community, workplace and society and motivates them to act as agents to accomplish fundamental goals.

This study focused on the struggle of physically challenged women working in the garment manufacturing industries and their inclusion. The findings would contribute to reducing the knowledge gap in the academic field in this area. The research suggests that future research can be done on the struggle of physically challenged male and female workers in the garment manufacturing industry. A comparative

analysis study can examine the similarities and dissimilarities, and outcomes may vary depending on the category. Comprehensive research is needed on their position, condition and acceptance in the garment manufacturing industry. Further study can be done on the family and work-life balance of physically challenged women working in the garment manufacturing industry of Bangladesh.

Anthropologists use various techniques to study human society, investigate how human beings lived throughout the history of the world, and transparently present them. They produce significant knowledge on emerging issues, which is valuable for the government, policymakers, administrators and businesspersons. Throughout the research, the study has tried to understand the struggle of physically challenged women and their inclusion in the garment manufacturing industry by depicting their life stories. It will significantly contribute to the study of disability and provide valuable information for the government, policymakers, administrators and businessperson. The study recommends that the needs of physically challenged women should be focused on more extensive discussions and policymaking. The study also suggests that government, NGOs, donor agencies, garment manufacturing industry owners, individuals and the community should make more effort to create awareness and eliminate the community's negative attitudes towards physical impairment so that physically challenged women can break society's stigma and merge with mainstream society. It is expected that changing the scenario toward physically challenged women at the individual or community level may take time, but not impossible.

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Appendix

Abbreviations

BGMEA = Bangladesh Garment Manufacturers and Exporters Association

CCC = Clean Clothes Campaign

CARE = Cooperative for Assistance and Relief Everywhere

CRP = Centre for Rehabilitation of the Paralysed

CRPD = Convention on the Rights of Persons with Disabilities

CDD = Centre for Disability in Development

CMH = Combined Military Hospital

CNG = Compressed Natural Gas

DPO = Disabled People Organization

DFID = Department for International Development

GDP = Gross Domestic Product

HPSS = Health and Population Sector Strategy

HR = Human Resources

IE = Industrial Engineer

IGA = Income Generating Activities

MoU = Memorandum of Understanding

MPO = Monthly Pay Orders

NITOR = National Institute of Traumatology & Orthopaedic Rehabilitation

PM = Production manager

PHC = Primary Healthcare

RMG = Ready-Made Garment

TB = Tuberculosis

WWD = Women With Disability

WRC = Worker Rights Consortium

VSO = Voluntary Service Overseas

Glossary

- Akandapata* = Leaves of a tree known for special healing capacity
- Buddy* = Friend like elder sister
- Borgacashi* = Share cropper
- Dai* = Traditional birth attendant
- Dulabhai* = Husband of sister
- Dimpora* = Egg which is sometimes used for witchcraft and sometimes to cure diseases
- Fufu* = Paternal aunt
- Farz* = Mandatory prayer
- Goir* = Abscesses/Boils
- Ghorjamai* = The bridegroom who lives in father in laws house
- Gonda* = A traditional unit of measurement of land area
- Hujur* = Religious healer
- Jatachul* = Tangled hair
- Kaki* = Wife of paternal uncle
- Kaka* = Paternal aunt
- Kachurmukhy* = Taro root
- Kharap Batash* = Evil air
- Nofol Roza* = Extra fasting
- Nana* = Maternal grand father
- Nazarlaga* = Evil eye
- Protibondi* = Person with disability
- Panipora* = Blown water by reciting religious verses
- Pohela Boishakh* = The first day of the Bengali calendar
- Rasul* = Prophet Mohammad(SM)
- Somiti* = A micro credit group
- Saree* = Dress of Bengali women
- Telpora* = Blown oil by reciting religious verses
- Vabi* = Wife of brother
- Vorta* = Mashed food

Narratives of Struggle and the Inclusion of Physically Challenged Women in the Garment Manufacturing Industries of Bangladesh

Semi- structured Questionnaire for Interview with Physically Challenged Women

Socio-Economic Profile

1. Name:
2. Age:
3. Religious status: 1. Muslim 2. Hindu 3. Buddhist 4. Christian
4. Home District:
5. Marital Status: 1. Married 2. Unmarried 3. Widow 4. Divorced 5. Abandoned
6. Types of family: 1. Nuclear 2. Joint 3. Extended 4. Single parent
7. Educational status: 1. Primary 2. Secondary 3. Higher Secondary 4. Graduate. 5. Post graduate
8. Number of family member:
9. Are your parents alive?
10. What do they do?
11. Who are the other members in your family?
12. Who is the major bread earner of the family?
13. What is the occupation of the family head?
14. What is major source of income of the family?
15. Monthly family income:
16. Monthly family expenditure:
17. How many brothers and sisters do you have?
18. Is there any other physically challenged person in your family? If yes, what kind?

Physical Impairment and Treatment Seeking Behaviour

1. What physical problem do you feel at present?
2. When did your problem arise?

3. What are the causes of your problem?
4. Have you taken any treatment? If yes, what type of treatment you took at first? If no, why?
5. Have you ever gone to a doctor? Mention the opinion of doctor.
6. Have you followed the advice of doctor?
7. What type of treatment/therapy/ assistive devices CRP provided you?
8. What are average regular expenses for your treatment (health)?
9. Is your problem really addressed & diagnosed by doctor?
10. What kind of issues you shared with doctor?
11. Is there any additional expense on your treatment? How do you manage that?
12. Do you have any counselling from CRP regarding your reproductive health?

Vocational Training

1. When and how did you come to CRP?
2. Why did you come to CRP?
3. Who took you to CRP?
4. Why you have taken training on tailoring not other training?
5. What is the duration of training?
6. What type of problems you faced during training period?
7. Did your level of education affect your training?
8. Do you have any certificate for training?
9. How did you communicate with your family during training period?
10. If you have children, to whom you left her during training?
11. What type of problem/tension you feel in your workplace during menstruation?
12. Did you feel any discrimination between male and female during training?

Inclusion in the Garment Manufacturing Industries

1. When and how did you join to the garment manufacturing industry?
2. What are the terms and condition of this job?
3. What is your monthly salary?
4. How long do you work in the Garment Manufacturing Industry?
5. Do you feel any health problem after long working hours?

6. What type of problem/tension you feel in your workplace during ministrations?
7. What type of accommodation and other facilities are provided by the employer (housing, transportation, ramps, lifts, furniture and accessibility in the building)?
8. Are existing facilities sufficient or any additional support needed?
9. Are the supervisors and the co-workers helpful to the physically challenged workers?
10. Do you feel any kind of discrimination, if feel what type of discrimination?
11. Are you satisfied with your wage?
12. Do you have a loan? From where and what are the terms and conditions?
13. Do you have savings or investment? What are the terms and conditions?
14. Do you have training related job? If not, why?
15. Do you need further training?
16. Do you want to switch to another job?
17. How do your incomes support you and your family?
18. Describe the attitudes of the family toward you and to your livelihood pattern.
19. Describe the attitudes of the community people toward your livelihood pattern.
20. Is there any difference in the salary of physically challenged workers and regular workers?
21. How do physically challenged women overcome the challenges to sustain in the employment sector?
22. How do you reconcile between your family life and working environment?
23. Do you think that the training of CRP gives you a place in the job market, in the family and as a whole in the society? Why or why not?
24. If you face any problem in the workplace, how does CRP help you?

Unstructured Questionnaire for Interview with CRP Personnel

1. What is the main objective of the Marks and Start project of CRP?
2. What is the institutional policy for physically challenged women under the Marks & Start project of CRP (Gender, sexual harassment and reproductive health)?
3. What kind of health service do you provide during training and employment?
4. What are the challenges for physically challenged women in availing these facilities?
5. What is the major problem you feel in rehabilitating the physically challenged women?
6. How do you coordinate rehabilitation (Vocational training and creation of employment opportunities in the garment manufacturing industries)?
7. How can we reduce discrimination between able bodied and physically challenged in workplace?
8. What are the major challenges you face in accommodating physically challenged women in the garment manufacturing industries?
9. How do you negotiate with employer?
10. Do you have any funding supports or constraints? What are these supports or constraints?
11. In what respect your work, programme and project with physically challenged women successful you think.
12. Do you have any initiative to improve their mental health?

Unstructured Questionnaire for Interview with Staff of the Garment Manufacturing Industries

1. What is the main objective of employing physically challenged women in garments manufacturing industries?
2. What are the terms and condition of the physically challenged women employee?
3. What kind of problems they face in employing them?
4. Whether Govt. /Buyer give any incentive for employing physically challenged women?
5. On which basis they get promotion.
6. Can they participate in every activity with other employee?
7. How do you coordinate CRP activities and your management?
8. Do you need any additional mechanism/support to manage them?

FGD with Physically Challenged Women

Challenges physically challenged women face regarding health and reproduction:

CRP's role in health support:

Vocational training related to job opportunity and challenges:

Support system (lift, ramp etc.) and job security in workplace:

Attitude of management and colleagues:

Attitude of the family before and after the job:

Contribution to family:

Gender discrimination and differentiation:

CRPs role in the workplace:

FGD with Community People

Discussion about physically challenged women's condition in the society

Discussion about physically challenged women working in the garment manufacturing industries

Checklist for Case Study and Life History of the Physically Challenged Women

Name: Age:

Family profile: (Parents, brother and sister)

Marital status:

If married, history of marriage:

Health condition (reproductive health)

History of becoming disabled:

Treatment taking:

History of coming to CRP:

Experiences of vocational training:

Event of joining to garments:

Condition in the workplace: (acceptance, terms and condition, job security, vacation, relation with colleagues, other staff and non-disabled workers)

Problems facing in the workplace:

Role of CRP in workplace:

Attitude of family and the community people: