



De La Salle University – Dasmariñas

**HEALTH SEEKING BEHAVIORS OF WORKERS IN
GARMENT FACTORIES AT CAVITE
EXPORT PROCESSING ZONE**

An Undergraduate Thesis
Presented to
The Behavioral Science Department
De La Salle University- Dasmariñas
Dasmariñas, Cavite

In partial fulfillment
Of the Requirement for the Degree
Bachelor of Arts in Community Development

By

Lucas, Caren Ellen R.
Nening, Angel Lyn C.
Paredes, Jane S.

March 2006

JUN 09 2006

AKLATANG ENILIG AGUINALDO ARCHIVE



ABSTRACT

NAME OF INSTITUTION: De La Salle University- Dasmariñas

ADDRESS: Dasmariñas, Cavite

TITLE: Health Seeking Behaviors of Workers
in Garment Factories at Cavite Export
Processing Zone

AUTHORS: Lucas, Caren Ellen R.
Nening, Angel Lyn C.
Paredes, Jane S.

COST: Php 8,577.50

FUNDING SOURCE: Parents

DATE STARTED: July 2005 **DATE COMPLETED:** March 2006

OBJECTIVE:

The study attempted to determine the health seeking behavior of workers in garment factories at Cavite Export Processing Zone.



Specifically, it sought to determine/answer the following questions:

1. What is the demographic profile of the workers in terms of:
 - a) Gender
 - b) Age
 - c) Civil Status
 - d) Year of Residency
 - e) Educational Attainment
 - f) Name of Factory
 - g) Nationality of Employer
 - h) Working Status
 - i) Minimum Salary
 - j) Benefits
 - k) Number of years working
 - l) Number of working hours/day
 - m) Number of working days/week

2. What are the perceived effects of fibers on the health of the workers according to:
 - a) Factory Workers
 - b) Factory Health Officials



3. What are the common illnesses encountered by the workers in the factory based on the company health officials?
4. What do they do if such health problems occur during working hours?
5. Where do they consult about their health problems?
6. What are the preventive measures being done by the factory?

The study made use of the descriptive research method with the use of survey from the factory workers and officials.

Convenience Sampling was used in selecting the factory-employed respondents, who were also residents of the barangay. On the other hand, purposive sampling was used to choose the factory health officials to gather facts about the health of the workers. The total sample consists of 35 respondents—thirty of which were textile factory workers and five were factory health officials.

Interview schedule served as the main data-gathering tool. Percentage and mean were used to analyze the data.

FINDINGS

The salient findings of the study are as follows:

1. Majority of the respondents were female workers. Ninety three percent of the respondents were within the age group of 20 years old and above and were mostly married. Half of the respondents were graduates of secondary level, and have been living in Barangay Tejeros Convention for about five years.



Majority of the respondents were working in a Korean-owned factory. Seventy seven percent of the respondents were working as contractual workers, and have been employed for less than a year. Almost all of the respondents were able to benefit from SSS and half of the respondents were paid with the minimum wage of Php5,000- Php6,999 a month. Moreover, 76% of workers are required on duty for 48 hours a week with equivalent of six working days a week.

2. Twenty percent of the respondents perceived that the most common effects of fibers are Upper Respiratory Tract Infection (URTI). On the contrary, 60% did not consider the effects of fibers in their health. Based from the interview conducted with the health officials, the most common significant hazard in production line of garments is URTI such as cough, colds, and flu which is usually caused by changes in weather and cloth fibers that they inhale. Secondly, Loose Bowel Movement (LBM) is usually caused by the water they drink and by skipping breakfast/meals.

3. During working hours, majority of the workers go to their respective factory clinics to consult their company physician or company nurse. On the other hand, few do not sought help from their factory clinic.

Mostly, nurses are the ones often seen in clinics. Doctors are present only at a certain day and time of the week but not regularly.

4. Most of the factories do not have preventive measures to address the hazards and risks in workplace.



CONCLUSION

In light of the findings of this study, the following conclusions were drawn:

1. Majority of the respondents and workers in garment factories were female, due to the most common work in textile companies are sewing which is more appropriate work for women and few positions made available and more appropriate work for men. All of the respondents have attained to some extent, education, although only 17% were able to graduate from college. Therefore, working in a textile factory does not require a college degree to be hired. The qualifications for educational attainment are insignificant for work deals more with physical/manual labor.

Most of textile factories in the Philippines were owned by Korean businessmen. South Korea is also one of the biggest sources of foreign capital in the Philippines especially in the energy sector. This is due to the commitment to further boost its investment presence in the country, as stated by Korean Ambassador to the Philippines Yu Myung Hwan. These factories also preferred to hire contractual workers for the reason that they are given less benefit than regular workers, but according to Article 70, Section 8, Contractual workers should be given equal benefits that of regular workers. Eight (8) hours is the regular working hours per day and six (6) days is the regular working day per week, but most of the employees work beyond eight (8) hours per day and some of them even work for the whole week without enjoying an equal distribution of wage.



The result shows that the employers do not comply with the law and do not play their role and responsibility as an employer to their employees.

2. Based on the data gathered, majority of the workers were unaware on the possible effects of fibers on their health. No orientations were for granted for the awareness of the workers.

The researchers found out that the effects of fibers in the body/health is not immediately seen or felt. Its effects were manifested in the long run. Fibers help to aggravate diseases such as asthma, lung diseases, and the like if exposed to large amounts.

3. Majority of the workers perceived that the most common cause of URTI are changes in weather and some of them responded that fibers can be one of its cause, but still, they do not do something to prevent it. Majority of the workers even do not have enough knowledge and information about its real cause, same thing with the common illnesses they encounter.

The researchers believe that poor ventilation maybe one of the factors that cause headache and rapid spread of sore eyes in the work place.

4. One big factor as to why the workers are not doing anything and continue to work is due to insufficient and improper distribution of income. Some of the workers are even paid below minimum wage which is enough to address for their basic needs only. Though, some of them mostly take their health for granted due to the said reason.



5. Most of the workers are still conscious about their health conditions through consulting their health problems with their health officials whenever they are not feeling well or when they need medication. While, few of them do not seek help from their factory clinic for the reason that they are not health conscious and, for them, it is just a waste of time. This is the reason why health affects their well-being and social relationship because they take their health for granted that could lead to serious illness in the long run.

Most of the factories give medical benefits such as free medical check-ups and free medicines as part of their responsibility to their workers. Unfortunately, some factories do not play their part in assuring the health and safety of their employees. Despite of having the law stated in the Labor Code (Section 1, Article 156) “Every employer shall keep in his establishment such first aid medicines and equipment as the nature and conditions of work may require, in accordance with such regulations as the Department of Labor shall prescribe.”

Not all factories have a nurse and doctor present in their clinic at the same time. Mostly, nurses are the ones often seen in clinics. Doctors are present only at a certain day and time of the week but not regularly, Article 157 (See Appendix E).

6. Based on the results, most of the factories use mask as a preventive measure against the hazardous effects of fibers. Most of the factories do not have any preventive measures being done on the common illness that occur in their



workplace. They will only do something if somebody already has the disease or illness. They also lack in orienting workers regarding proper use of machineries.

RECOMMENDATION

Based on the findings and conclusions drawn from this study, the following recommendations were formulated:

1. The government should be strict in implementing the rules and should give sanctions to those who refuse to comply with the law (See Appendix as E, F, G, and H. for related points). They should also have a monitoring team for the better supervision and implementation of the law.
2. Further research should be done to study the actual effects of fibers on the health of workers to validate their perceptions. As for sore eyes as one of the given illness that spread easily in the workplace, further research should be done regarding irritants that can cause and aggravate it.
3. For future programs, there must be seminars or information programs on proper health care and what could be done to prevent the effects of fibers.

The company should be aware on what could be effectively done to prevent the occurrence of such health problems.

4. Factory owners should include having free medical check-ups once in a while to constantly monitor the health of their workers. As part of the future



programs of companies, they should also held symposiums on the importance of consulting with health professionals when health problems arise.

Local government units should also help in the advocacy of the importance of seeking the help of professionals regarding health.

5. Factories should have their own clinic complete with facilities that can accommodate their workers properly. Physicians and Nurses should always be available as stated in Article 161 on the Labor Code of the Philippines (See Appendix E for related points).
6. Factories should conduct further study of the measurement of the effectivity of masks that their employees use. They should conduct a research if these masks are enough to prevent fibers from drawing into the lungs. For the meantime, they should impose wearing good quality of masks to reduce the hazardous effects of fibers on their health. Factory administrators should also consider the working conditions of their workers.
7. As for the health problems that are occurring in the workplace, most of them are inevitable to occur and are already acquired by the workers. Company owners should not take the health of their workers for granted. They should monitor the health it workers for possible diseases may develop as an effect of working in the factory.
8. Good ventilation system should also be applied in the workplace to prevent the spread of communicable diseases and the possible acquisition of diseases.



9. Companies should have pre-employment check-up to ensure that the workers are in good health before they are hired them. This will also serve as a mitigating measure to prevent the spread of diseases acquired by the workers.
10. They should also conduct orientations for the workers who are in charge of the machines in the factory. They should be properly trained on how to use these machines to avoid accidents.
11. Medical Professionals should always be available in their clinic.

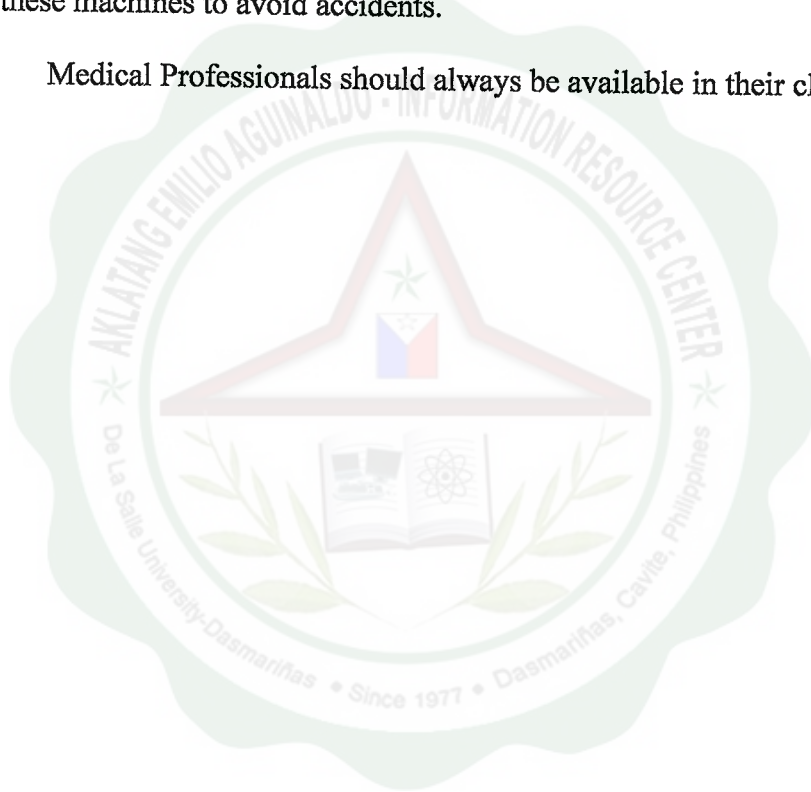




TABLE OF CONTENTS

ABSTRACT.....i

ACKNOWLEDGEMENT.....xi

TABLE OF CONTENTS.....xiii

LIST OF TABLES.....xv

I. INTRODUCTION

A. Background of the Study.....1

B. Conceptual Framework.....4

C. Statement of the Problem.....5

D. Significance of the Study.....5

E. Scope and Delimitation.....6

F. Operational Definition of Terms.....7

II. REVIEW OF RELATED LITERATURE

A. CALABARZON.....8

B. Effects of Industrialization.....12

C. Preventive Measures.....18

III. METHODOLOGY

A. Research Design.....21

B. Research Sampling Method.....21

C. Research Procedure.....22

D. Instrumentation.....25

E. Plan of Analysis.....25

IV. PRESENTATION, DISCUSSION, AND ANALYSIS

A. Socio-Demographic Data of Factory Workers.....26

B. Work Profile of Factory Workers.....28

C. Perceived Effects of Fibers.....32

D. Common Illnesses.....33



E. Health Seeking Behavioral of the Workers.....36

F. Consultation Hours of Workers about their Health Problems.....37

G. Preventive Measures being done by the Factories.....41

V. SUMMARY, CONCLUSION, AND RECOMMENDATION

A. Summary.....44

B. Findings.....45

C. Conclusions.....47

D. Recommendations.....51

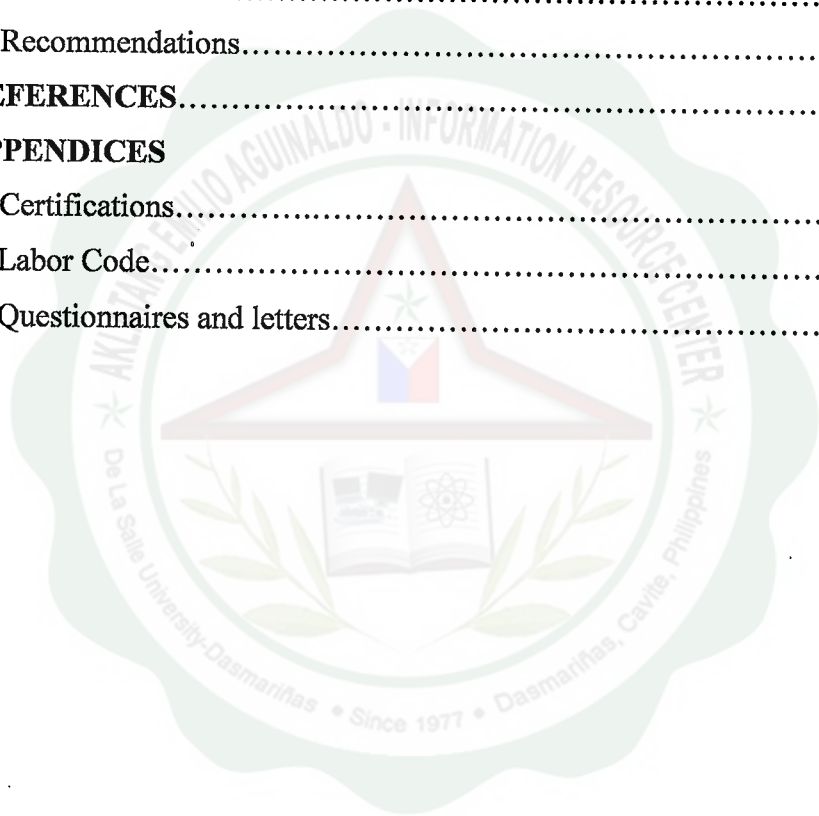
REFERENCES.....54

APPENDICES

A. Certifications.....56

B. Labor Code.....60

C. Questionnaires and letters.....85





LIST OF TABLES

Tables

1	Socio-Demographic Profile of Factory Workers	26
2	Work Profile of Factory Workers	28
3	Perceived Effects of Fibers	32
4	Common Illnesses	33
5	Frequency Distribution of Health-Seeking Behavior of the workers	36
6	Frequency Distribution of worker's consultation during working hours	37
7	Frequency Distribution of Services given by the Factory Clinic	38
8	Frequency Distribution of Health Officials and their consultation hours	39
9	Preventive Measures	41