

Female Frontline Health Workers in High-Risk Workplaces: Legal Protection in Bangladesh amid the Covid-19 Pandemic

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Abstract : Despite the feminisation of the global health force, women mostly engage in nursing, midwifery and community health workers (HWs), and the posts like surgeons, doctors, and specialists are generally male-dominated. It is also prominent in Bangladesh, where female HWs witness systematic workplace inequalities, discrimination, and underpayment. The Covid-19 pandemic put unsurmountable pressure on HWs as they had to serve in high-risk workplaces as frontliners. The already disadvantaged female HWs shouldered the same burden, were overworked without adequate occupational health and safety measures (OSH) and risked their lives. Acknowledging their vulnerable workplace conditions, the World Health Organization (WHO) and International Labour Organization (ILO) circulated a few specialised guidelines amid the peril. Bangladesh tried to adhere to international guidelines while formulating pandemic management strategies. In reality, the already weak and understaffed health sector collapsed with the patient influx and many HWs got infected and died in the line of duty, exposing the high-risk nature of the work. Unfortunately, the gender-segregated data of infected HWs are absent. This qualitative research investigates whether the existing laws of Bangladesh are adequate in protecting female HWs as frontliners in high-risk workplaces during the Covid-19 pandemic. The paper first examines international labour laws safeguarding female frontline HWs. It also analyses the specialised Covid-19 pandemic guidelines protecting their interests. Finally, the research investigates the compliance of Bangladesh as per international legal guidance during the pandemic. In doing so, it explores the domestic laws, professional guidelines for HWs and pandemic response strategies. The paper critically examines the primary sources like international and national statutes, rules, regulations and guidelines. Secondary sources like authoritative journal articles, books and newspaper reports are contextually analysed in line with the objective of the paper. The definition of HW is ambiguous in the labour laws of Bangladesh. It leads to confusion regarding the extent of legal protection rendered to female HWs at private hospitals in high-risk situations. The labour laws are not applicable in Public hospitals, as the employees follow the public service rules. Unfortunately, the country has no specialised law to protect HWs in high-risk workplaces, and the professional guidelines for HWs also remain inadequate in this regard. Even though the pandemic management strategies highlight some protective measures in high-risk situations, they only deal with HWs who are pregnant or have underlying health issues. No specialised protective guidelines can be found for female HWs as frontliners. Therefore, the laws are insufficient and failed to render adequate legal protection to female frontline HWs during the pandemic. The country also lacks comprehensive health legislation and uniform institutional and professional guidelines, preventing them from accessing grievance mechanisms. Hence, the female HWs felt victimised while duty-bound to serve in high-risk workplaces without adequate safeguards. Bangladesh should clarify the definition of HWs and standardise the service rules for providing medical care in high-risk workplaces. The research also recommends adequate health legislation and specialised legal protection to safeguard female HWs in future emergencies.

Keywords : female health workers (HWs), high-risk workplaces, Covid-19 pandemic, Bangladesh

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