Reviewer's report

Title: Sewing shirts with injured fingers and tears: exploring the experience of female garment workers health problems in Bangladesh

Version: 1 Date: 29 Jun 2018

Reviewer: Adrian Loerbroks

Reviewer's report:

Akhter et al. set out to explore how women employed in Bangladesh's RMG sector experienced health at the workplace. The authors used qualitative methods to provide in-depth accounts of their participants' experiences. The findings are highly relevant, not only in terms of advancing scientific knowledge, but also to practitioners in public health and occupational medicine as well as policy makers.

I am impressed that the authors were able to gain access to various RMG factories to collect qualitative data. A particular strength of their study is the utilization of multiple methods (interviews, focus groups, workplace observations) and multiple types of informants (workers and physicians). This increases readers' confidence into the credibility of the findings. The paper is very well written.

Specific suggestions are:

1. The authors may want to add in the background section that the urban RMG sector also specifically attracts women with low educational backgrounds (or none) from rural areas. The authors describe the influx of women from rural areas in the discussion, but this could be mentioned earlier.

2. The authors state that they make a specific contribution by providing qualitative data. I agree, but the contribution of such data (compared to quantitative data) needs to be spelled out more explicitly in the background section.

3. Also, there is at least one prior qualitative study, which they authors should discuss: "Stress and Modern Work: Ethnographic Perspectives from Industries in Bangladesh"; by Christian Strümpell & Hasan Ashraf, published in the Viennese Ethnomedicine Newsletter; Link: http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.457.1715&rep=rep1&type=pdf
4. Further there is at least one epidemiological study, which specifically measured the link between work conditions and health complaints in an RMG factory in Bangladesh, which is relevant to the manuscript: Steinisch et al. Work stress: Its components and its association with self-reported health outcomes in a garment factory in Bangladesh—Findings from a cross-sectional study, published in Health & Place, Link: https://www.sciencedirect.com/science/article/pii/S1353829213001202

5. It would be interesting to readers, I assume, to learn how the authors managed to get access to factories. Were you able to select/recruit participants fully independently of the factory management? How did they ensure that honest responses were provided? I would expect that the RMG staff would not easily trust external researchers and thus may not openly share views, as they cannot be certain that information is fed back to the factory owners/managers.

6. Where did you carry out the focus group discussions?

7. To what extent are you able to rule out the participating factories provided comparatively good working conditions (e.g.; could the range of participants' views be shifted towards a relatively positive scope?)? Related to this, one may wonder about healthy worker effects: as you did not collect data among those who quit you have possibly failed to account for the views of those whose health was dramatically affected by the working conditions. Also, can you rule out that in particular those workforce members with minor health problems participated?

8. You state that you provided participants with a small gift. Was that gift appropriate or could it be perceived as implicit payment by the RMG workers who earn very little (and thus affect responses)?

9. I suggest that you explain what Paradol is.

10. Do you have collected any data on participant characteristics? Specifically, I wondered whether you were able to include any unmarried women. Those women may have shared some different motives for working in the RMG sector (e.g. earning money to support rural family, but being also able to thereby delay marriage).

11. The two interesting observation on page 11, line 281-283 require some clarification in my view: Why was RMG work perceived to be better than working as a domestic servant? Why did they feel to have no other job opportunities?
12. Ethical approval was obtained from Griffith University in Australia. Can you be certain that an IRB in Australia is competent concerning legal and ethical issues in Bangladesh? (e.g. some of your participants were younger than 18 years- are they allowed to provide informed consent or would you need consent from their guardians?). Why didn't you seek ethic approval from a national authority in Bangladesh (e.g. Bangladesh Medical Research Council)?

Minor comments:
- Page 6, line 151/152: please define the abbreviations IDI and FGD upon their first use in the text

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.
Yes

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.
Yes

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.
Yes

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.
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