Original Article

Occupational Health Problems and Healthcare Seeking Behaviour among Power-loom Workers

Jishan TR[1], Yasmin S[2], Thamima U[3], Islam S[4], Ameen MS[5], Rahman MS[6], Abbas MG[7]

Abstract

Background: *Power-looms sector plays a significant role in the economic growth of Bangladesh. Occupational health problem is a burning issue for developing and developed countries whose economies are dependent on labour-intensive industrial sectors, such as the power-loom sector.* ***Materials &Methods:*** *A cross-sectional study was conducted to assess the occupational health problems and health care seeking behaviour among 332 power-loom workers working in Sirajganj district, Bangladesh through face-to-face interviews by a pretested semi-structured questionnaire.* ***Results:*** *The mean age of the power-loom workers was 31.7±10.4 years and a considerable number of participants (28.9%) had no formal education. Most workers (85.5%) were full-time power-loom workers, which is relevant to factors connected to health concerns and healthcare seeking behaviours. The mean working hours were 12.4±3.1 hours, working days were 6.0±0.3 days and 47.9% of the respondents reported feeling stressed while at work. Most of the power-loom workers (91.9%) were dependent on allopathic treatment. Many of the workers (78.3%) believed that their government did not provide a hospital and that NGOs only operated in a limited capacity (16.3%). It was stated that there was no maternity leave or allowance for the 100% female workforce. Presence of emergency measures was available opined by the half of the workers (49.1%). Lower back pain, neck discomfort, and upper back pain were the three most common musculoskeletal conditions, and they were substantially correlated with worker age and working hours.* ***Conclusion:*** *The study concludes that power-loom workers are prone to develop musculoskeletal problems and strategies need to be developed to limit the problem and to promote their health.*

Keywords: Occupational health problem, healthcare seeking behaviour, power-loom worker, Bangladesh.
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Introduction

Occupational health hazard is a condition arising from exposure to physical, chemical, or biological agent in a workplace which affects the normal physiological and psychological health of a worker. It has grown in importance for worker health, safety, and wellbeing globally[1]. In Bangladesh, more than 70% of the population and 77% of its workforce lives in rural areas. Most of the workers in rural areas are directly engaged by agriculture[2]. It plays a critical role in the country's efforts to reduce poverty, increase employment, and boost household income and consumption[3].

The hand-loom sector is the largest traditional cottage industry in Bangladesh[4]. It is regarded as a significant source of additional employment and income for rural people, is well-known around the world and is centered in Narayanganj, Bangladesh[5]. Now the hand-loom industry is replaced by power-loom industries. The most looms are in the Sirajganj, Pabna, Tangail, Narayanganj, Narsingdi, Yasher, Kushtia, and Dhaka districts. According to the Pavalum and Hand-loom Weavers Owners Association and the Bangladesh Weavers Board Sirajganj Basic Office, there are around 3.0 lakh power looms and 1.5 lakh Handlooms in the districts, it affects the 1.5 million business owners and employees' livelihoods. About 600 million meters of textiles are produced annually by hand-loom weaving, or about 40% of the national demand. It makes a substantial contribution to the amalgamation of other industries and the generation of local jobs[6].

Power-looms industry is an emerging sector in Bangladesh[7,8]. It is one of the important but unorganized parts of the textile industry, providing employment to a significant population in urban

[1]Tawfika Rahman Jishan, MPH Fellow, Dept. of Occupational & Environmental Health, NIPSOM, Dhaka, Bangladesh.
[2]Shoara Yasmin, MPH Fellow, Dept. of Occupational & Environmental Health, NIPSOM, Dhaka, Bangladesh.
[3]Ummay Thamima, MPH Fellow, Dept. of Occupational & Environmental Health, NIPSOM, Dhaka, Bangladesh.
[4]Sinthea Islam, MPH Fellow, Dept. of Occupational & Environmental Health, NIPSOM, Dhaka, Bangladesh.
[5]Muhammad Syeeful Ameen, Assistant Professor, Dept. of Paediatrics, Sheikh Hasina Medical College, Jamalpur, Bangladesh.
[6]Md. Shafiur Rahman, Associate Professor, Dept. of Occupational & Environmental Health, NIPSOM, Dhaka, Bangladesh.
[7]Md. Golam Abbas, Assistant Professor, Dept. of Occupational & Environmental Health, NIPSOM, Dhaka, Bangladesh.

Address of correspondence: Dr. Md Golam Abbas, PhD, Assistant Professor, Department of Occupational and Environmental Health (OEH), National Institute of Preventive and Social Medicine (NIPSOM), Mohakhali, Dhaka 1212, Bangladesh. Mobile: +8801923476766. Email: abbasgolam@yahoo.com

and peri-urban areas[9]. Occupational health and safety regulations entirely ever help the power-loom workers[10,11]. The occupational hazards are a consequent risk to health. As a result, power loom workers suffer many serious medical illnesses[12]. The power loom constitutes several risks and hazards to workers, ranging from exposure to noise and hazardous materials to manual handling and working with dangerous machinery[7]. These risks and hazards are increased when workers are required to handle dangerous materials repeatedly, sit for extended periods of time, squat, and work in an uncomfortably squashed position. Workers had musculoskeletal problems, respiratory health risks, vision issues, skin conditions, etc[13,14]. The power-loom industry exposes its employees to a significant number of musculoskeletal complaints[14].

The power-loom sectors make major contributions to our expanding economy. Despite this, we know very little on the range of occupationally related health disorders, healthcare seeking behavior, and associated difficulties for power-loom workers. So, we conducted this study to illuminate the occupation related health problems and health care seeking behavior of the power-loom workers.

Materials & Methods

Study design and settings: This was a cross-sectional study conducted to assess the occupational health problems and health care seeking behaviour among power-loom workers working in Sirajganj district, Bangladesh. ***Data collection methods:*** Data was collected from the participants through a pretested semi-structured questionnaire. Participants were interviewed face-to-face from January 2022 to December 2022. A total of 332 power-loom workers aged ≥18 years and having at least 1-year experience were interviewed in this study according to their convenience. This questionnaire was developed through- to evaluate the socio-demographic characteristics, factors related to occupational health problems, and healthcare seeking behaviours of the power-loom workers. ***Statistical analysis:*** The collected data were sorted, cleaned, kept up with precision and protected for factual examination by using SPSS v25 software. Descriptive analysis was carried out by calculating the mean and standard deviation for continuous variables and frequency and percentages for categorical variables. The Chi-square test was used to assess the significance of associations between two nominal variables and a p-value of <0.05 at a 95% confidence interval was taken as significant. The result was presented in tabulated form and charts. ***Ethical aspects:*** Participation was voluntary, and confidentiality was maintained by using an individual code number for each participant. The study was validated by the 'Institutional Review Board' of the National Institute of Preventive and Social Medicine, Dhaka 1212, Bangladesh. (Reference: NIPSOM/IRB/ 2017/09).

Results

Table-I depicts the socio-demographic characteristics of the power-loom workers. Among the workers, nearly two-thirds (62.3%) were from the age group 25-50 years and a few (5.7%) were from the age group ≥51 years. Their mean age was 31.7±10.4 years. Out of four workers, three were male (75.0%) and one was female (25.0%). Most of the workers were married (81.0%). Regarding education, 37.7% had primary education, and a significant number of participants (28.9%) had no formal education. Most of those (88.3%) were ≤6 members in their family with the mean 4.8±1.5. The mean of average monthly income was 8731.9±3470.7 BDT. Three-fourths of the workers (78.3%) earn a monthly wage below 10,000 BDT.

Table-II demonstrates factors related to occupational health problems and healthcare seeking behaviours of the workers. Regarding the factors related to health problems, most workers (85.5%) were full-time power-loom workers. Two-thirds of the workers (66.3%) had working experiences of less than 10 years with the mean of 9.5±7.4 years. The mean of working hours was 12.4±3.1 hours and working days were 6.0±0.3 days. Most of the workers worked ≤12 hours in a day (59.3%) and ≤6 days in a week (95.5%). Above half of the workers (54.2%) worked the night shift. A few workers (3.3%) did overtime. Nearly half of the workers (47.9%) felt stressed during their working times.

Regarding the factors related to healthcare seeking behaviours, most of the power-loom workers (91.9%) were dependent on allopathic treatment. Most of the workers (78.3%) were opined that there was no hospital provided by their authorities, but 61.7% were opined that provision of investigation facilities. NGOs were working for worker's health problem in a small sort (16.3%). Cent percent female workers were opined that there was no maternity leave and allowance for them. Vaccination facilities were available for workers (40%), which provided by the NGOs. Presence of emergency measures was available opined by the half of the workers (49.1%) (table-II).

Table-III displays the occupational health problems of the workers. The health problem among power-loom workers in their nine body regions in last 7 days, most prevalent were lower back pain (50.9%), neck pain (49.7%) and upper back pain (49.1%) as musculoskeletal problems. Most of the participants suffered from pain, ache, discomfort, numbness in lower back (74.1%) followed by upper back (64.5%), one or both knees (62.7%), neck (58.1%)

in their different body regions in last 12 months. The health problems that restricted them from going to work in the last 12 months, upper back pain (37.0%), lower back pain (32.5%), one or both knees (31.0%) and neck pain (29.8%).

Table-IV interprets the association occupational health problems to the worker's age. Regarding health problems such as pain, discomfort, and numbness in neck, shoulder, upper back and lower back occurred within last 7 days were significantly associated with the worker's age ($p<0.05$). Health problems such as pain, discomfort, and numbness in neck, shoulder, upper back and lower back occurred within last 12 months were significantly associated with the worker's age ($p<0.05$). Health problem such as pain, discomfort, and numbness in neck, shoulder, upper back, lower back and one or both knee restricted works within last 12 months were significantly associated with the worker's age ($p<0.05$).

Table-V interprets the association occupational health problems to the worker's working hours. Regarding health problems such as pain, discomfort, and numbness in neck, and one or both knees occurred within last 7 days were significantly associated with the working hours ($p<0.05$). Health problems such as pain, discomfort, and numbness in neck, shoulder, elbow and wrist or hand occurred within last 12 months were significantly associated with the working hours ($p<0.05$). Health problem such as pain, discomfort, and numbness in neck, and shoulder restricted works within last 12 months were significantly associated with the worker's age ($p<0.05$).

Table-VI interprets that there was a significant association between healthcare seeking behaviour (emergency measure taken in workplace, when anyone injured) and feeling stressed during work ($p=0.000$).

Table-I: Socio-demographic characteristics of the workers (n=332)

Characteristics		Frequency (n)	Percentage (%)
Age groups (years)	18-24	106	31.9
	25-50	207	62.3
	≥51	19	5.7
	Mean±SD	31.7±10.4	
Gender	Male	249	75.0
	Female	83	25.0
Marital status	Married	269	81.0
	Unmarried	63	19.0
Education	No formal education	96	28.9
	Primary	125	37.7
	Secondary and above	111	33.4
Family size	≤6	293	88.3
	>6	39	11.7
	Mean±SD	4.8±1.5	
Average monthly income (BDT)	≤5,000	66	19.9
	5,001-10,000	194	58.4
	10,001-15,000	61	18.4
	>15,000	11	3.3
	Mean±SD	8731.9±3470.7	

Table-II: Factors related to occupational health problems and healthcare seeking behaviours (n=332)

		Frequency (n)	Percentage (%)
Factors related to health problems			
Work nature	Full time	284	85.5
	Part time	48	14.5
Work experiences	<10	220	66.3
	10-30	105	31.6
	>30	7	2.1
	Mean±SD	9.5±7.4	
Working hours	≤12	197	59.3
	>12	135	40.7
	Mean±SD		12.4±3.1
Working days	≤6	317	95.5
	>6	15	4.5
	Mean±SD	6.0±0.3	
Working at night	Yes	180	54.2
	No	152	45.8
Overtimes	Yes	11	3.3
	No	321	96.7
Felt stress during works	Yes	159	47.9
	No	173	52.1
Factors related to healthcare seeking behaviours			
Type of treatment (n=332)	Traditional	4	1.2
	Homeopathy	23	6.9
	Allopathic	302	91.9
Health facilities provided by authority (n=332)	Yes	72	21.7
	No	260	78.3
Investigation facility provided by authority (n=332)	Yes	205	61.7
	No	127	38.3
NGOs working for health problems (n=332)	Yes	54	16.3
	No	278	83.7
Maternity leave and allowance for female workers (n=85)	Yes	0	0
	No	85	100
Vaccination facility for pregnant female workers (n=85)	Yes	34	40.0
	No	51	60.0
Presence of emergency measures (n=332)	Yes	163	49.1
	No	169	50.9

Table-III: Factors related to occupational health problems and healthcare seeking behaviours (n=332)

Pain, discomfort, and numbness in the body	Health problem occurred within last 7 days	Health problem occurred within last 12 months	Health problem restricted works within last 12 months
	n (%)	n (%)	n (%)
Neck	163 (49.7)	193 (58.1)	99 (29.8)
Shoulder	92 (27.7)	133 (40.1)	64 (19.3)
Elbow	51 (15.4)	114 (34.3)	47 (14.2)
Wrist or hand	67 (20.2)	129 (38.9)	75 (22.6)
Upper back	163 (49.1)	214 (64.5)	123 (37.0)
Lower back	169 (50.9)	246 (74.1)	108 (32.5)
One or both hip or thigh	102 (30.7)	165 (49.7)	55 (16.6)
One or both knee	149 (44.9)	208 (62.7)	103 (31.0)
One or both ankle or feet	120 (36.1)	171 (51.5)	77 (23.2)

Table-IV: Association of occupational health problems to the worker's age

Pain, discomfort, and numbness in the body	Power-loom worker's age (years)				Chi Square Value	p-value
	<25	25-50	≥51	Total		
	n (%)	n (%)	n (%)	n (%)		
Health problem occurred within last 7 days						
Neck	63 (38.7)	94 (57.7)	6 (3.7)	163 (100)	16.120	*0.026
Shoulder	41 (43.5)	49 (54.2)	2 (2.3)	92 (100)	12.402	*0.002
Upper back	63 (38.7)	94 (57.7)	6 (3.7)	163 (100)	9.360	*0.009
Lower back	43 (25.4)	113 (66.9)	13 (7.7)	169 (100)	7.991	*0.018
Health problem occurred within last 12 months						
Neck	51 (26.4)	134 (69.4)	8 (4.1)	193 (100)	10.084	*0.006
Shoulder	33 (24.8)	94 (70.7)	6 (4.5)	133 (100)	6.556	*0.038
Lower back	66 (26.8)	163 (66.3)	17 (6.9)	246 (100)	12.402	*0.002
One or both hip or thigh	46 (27.9)	113 (68.5)	6 (3.6)	165 (100)	6.160	*0.046
One or both knee	76 (36.4)	127 (61.2)	5 (2.4)	208 (100)	17.582	*0.021
Health problem restricted works within last 12 months						
Neck	17 (17.2)	70 (71.0)	12 (11.8)	99 (100)	2.147	*0.017
Shoulder	17 (26.6)	47 (73.4)	0 (0)	64 (100)	6.816	*0.033
Upper back	30 (24.4)	79 (64.2)	14 (11.4)	123 (100)	14.522	*0.001
Lower back	23 (21.3)	77 (71.3)	8 (7.4)	108 (100)	8.515	*0.014
One or both knee	19 (18.4)	71 (68.9)	13 (12.6)	103 (100)	21.955	*0.000

*Statistically significant

Table-V: Association of occupational health problems to working hours

Pain, discomfort, and numbness in the body	Working hours			Chi Square Value	p-value
	≤12	>12	Total		
	n (%)	n (%)	n (%)		
Health problem occurred within last 7 days					
Neck	115 (69.7)	50 (30.3)	165 (100)	14.590	*0.000
One or both knee	99 (66.4)	50 (33.6)	149 (100)	5.657	*0.017
Health problem occurred within last 12 months					
Neck	130 (67.4)	63 (32.6)	193 (100)	12.289	*0.000
Shoulder	89 (66.9)	44 (33.1)	133 (100)	5.284	*0.022
Elbow	79 (69.3)	35 (30.7)	114 (100)	7.139	*0.008
Wrist or hand	86 (66.7)	43 (33.3)	129 (100)	4.697	*0.030
Health problem restricted works within last 12 months					
Neck	70 (70.7)	29 (29.3)	99 (100)	7.558	*0.006
Shoulder	46 (71.9)	18 (28.1)	64 (100)	5.165	*0.023

*Statistically significant

Table-VI: Association between healthcare seeking behaviour and work related variables

Felt stress during works	Emergency measure taken on workplace when worker's injured			Chi Square Value	p-value
	Yes	No	Total		
	n (%)	n (%)	n (%)		
Yes	59 (37.1)	100 (62.9)	159 (100)	17.551	*0.000
No	104 (60.1)	69 (39.9)	173 (100)		

*Statistically significant

Discussion

In the study, among the power-loom workers, nearly two-thirds (62.3%) were from age group 25-50 years and a few from (5.7%) were from the age group ≥51 years. Their mean age was 31.7±10.4 years. The results were similar with the study in Bangladesh[6] and India[15]. Most of the workers were married (81.0%). Regarding education, 37.7% had primary education, and a significant number of participants (28.9%) had no formal education. The mean of average monthly income was 8731.9±3470.7 BDT. Three-fourths of the workers (78.3%) earn a monthly wage below 10,000 BDT. Most of the workers were male, illiterate and came from low socioeconomic aspects found in these studies[6,12,16].

Regarding the factors related to health problems, most workers (85.5%) were full time power-loom workers. Two-thirds of the workers (66.3%) had working experiences of less than 10 years with the mean of 9.5±7.4 years. The mean of working hours was 12.4±3.1 hours and working days were 6.0±0.3 days. Nearly half of the workers (47.9%) felt stressed during their working times. These findings were almost similar with the studies in Bangladesh and India[16,17].

Regarding the factors related to healthcare seeking behaviours, most of the power-loom workers (91.9%) were dependent on allopathic treatment. Most of the workers (78.3%) were opined that there was no hospital provided by their authorities, but 61.7% were opined that provision of investigation facilities. NGOs were working for worker's health problem in a small sort (16.3%). Cent percent female workers were opined that there was no maternity leave and allowance for them. Vaccination facilities were available for workers (40%), which provided by the NGOs. Presence of emergency measures was available opined by the half of the workers (49.1%). Healthcare-seeking behaviour may have an impact on workers' health outcomes, and studies demonstrate that delaying medical care is associated with a higher risk of adverse consequences[18,19].

The study revealed that the health problems among power-loom workers in their nine body regions in last 7 days, most prevalent were lower back pain (50.9%), neck pain (49.7%) and upper back pain (49.1%) as musculoskeletal problems. Most of the participants suffered from pain, ache, discomfort, numbness in lower back (74.1%) followed by upper back (64.5%), one or both knees (62.7%), neck (58.1%) in their different body regions in last 12 months. The health problems that restricted them from going to work in the last 12 months, upper back pain (37.0%), lower back pain (32.5%), one or both knees (31.0%) and neck pain (29.8%). These findings were almost similar to the studies on health problems of the power-loom workers[13,14,20].

Regarding health problems such as pain, discomfort, and numbness in neck, shoulder, upper back and lower back occurred within last 7 days were significantly associated with the worker's age ($p<0.05$). Health problems such as pain, discomfort, and numbness in neck, shoulder, upper back and lower back occurred within last 12 months were significantly associated with the worker's age ($p<0.05$). Health problem such as pain, discomfort, and numbness in neck, shoulder, upper back, lower back and one or both knee restricted works within last 12 months were significantly associated with the worker's age ($p<0.05$). There was also a significant association between healthcare seeking behaviour (emergency measure taken in workplace when anyone injured) and feeling stressed during works ($p=0.000$).

Conclusion

One of Bangladesh's major centres for weaving and a significant part of the country's decentralized cotton textile industry is the power-loom sector. Power looms are used in Bangladesh's small-scale textile industry, which is one of the most significant in terms of the manufacturing of fabrics and the creation of jobs. Among the work-related health problems, most commonly occurring different types of musculoskeletal disorder with higher prevalence of pain, ache, discomfort, and numbness in neck, shoulder, and lower back. This study will help to the authorities and policymakers to understand the circumstances of power-loom workers and finding solution which help to power-loom workers for improving their physical health.

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Conflict of interest

The authors declared no competing interests.

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References

1. Clougherty JE, Souza K, Cullen MR. Work and its role in shaping the social gradient in health. Ann N Y Acad Sci. 2010; 1186 (1): 102-24. DOI: 10.1111/j.1749-6632.2009.05338.x.
2. Bangladesh: Growing the economy through advances in agriculture. [Internet]. The World Bank: 2016. Available from:https://www.worldbank.org/en/results/2016/10/07/bangladesh-growing-economy-through-advances-in-agriculture. (Accessed on December 12, 2022)

3. Islam MK, Hossain ME. Determinants of technical inefficiency of handloom weaving industry in Kushtia district of Bangladesh: A Tobit model approach. Journal of Investment and Management. 2015; 4 (4): 95-9. DOI: 10.11648/j.jim.20150404.11.
4. Rahman A, Mukul AZ, Anny SA. A study on power-loom business in some selected areas of Sirajganj district: it focuses on present scenario and future prospect. Int J Bus economics res. 2014; 3 (4): 140-9. DOI: 10.11648/j.ijber. 20140304.11.
5. Liton MR, Islam T, Saha S. Present scenario and future challenges in handloom industry in Bangladesh. Social Sciences. 2016; 5 (5): 70-6. DOI: 10.11648/j.ss.20160505.12.
6. Islam MT, Keya FQ. Investigating the Production Efficiency of Power Loom Industry in Pabna Sadar Upazila, Bangladesh. Asian J Manag Sci. 2021; 10 (2): 52-6. DOI:10.51983/ ajms-2021.10.2.2995.
7. Kolgiri S, Hiremath R, Bansode S. Literature review on ergonomics risk aspects association to the power loom industry. IOSR IOSR J Mech Civ Eng. 2016; 13 (1): 56-64. DOI: 10.9790/ 1684-13135664.
8. Chowdhury N. Bangladesh's handloom economy in transition: A case of unequal growth, structural adjustment and economic mobility amid laissez-faire markets: A synthesis. The Bangladesh Development Studies. 1989: 17 (1/2): 1-22.
9. Sobhan R. Employment and social issues in the Formulation of policy for the Handloom Industry. The Bangladesh Development Studies. 1989: 17 (1 sp): 157-74.
10. Islam MK, Hossain ME. An analysis of present scenario of handloom weaving industry in Bangladesh. Rabindra Journal. 2012; 3 (1): 13-28.
11. Rahman MM. Prospects of handloom industries in Pabna, Bangladesh. Global J Manage Bus Res. 2013; 13 (G5): 9-17.
12. Kolgiri S, Hiremath R. Ergonomic Study of power-loom industry woman workers from Solapur City, Maharashtra, India. Health. 2018; 15: 218-23.
13. Mugilan G, Muthukumar K. Study of physical hazard faced by the workers in power-loom. Int J Eng Res Technol. 2021; 8 (01): 589-93.
14. Siddiqui LA, Banerjee A, Chokhandre P, Unisa S. Prevalence and predictors of musculoskeletal disorders (MSDs) among weavers of Varanasi, India: A cross-sectional study. Clin Epidemiology and Glob Health. 2021; 12: 100918. DOI: https://doi.org/10.1016/j.cegh. 2021.100918.
15. Kolgiri S, Hiremath R. Implementing sustainable ergonomics for power-loom textile workers. Int J Pharm Pharm Sci. 2018; 10 (6): 108-12. DOI: https://doi.org/10.22159/ijpps. 2018v10i6.26213.
16. Hiremath RB, Kattumuri R, Kumar B, Hiremath GR. Health and safety aspects of textile workers from Solapur (India) textile industries. Indian J Community Health. 2014; 26 (4): 364-9.
17. Abid Aziz M, Talukdar MU, Sarkar MR, Mustafi MA. Factor Affecting Hand-Loom Workers' Performance: A Case Study on Shirajganj District in Bangladesh. Int J Eng Appl Sci. 2021; 8 (9): 25-34.
18. Poortaghi S, Raiesifar A, Bozorgzad P, Golzari SE, Parvizy S, Rafii F. Evolutionary concept analysis of health seeking behavior in nursing: A systematic review. BMC Health Serv Res. 2015; 15: 523. doi: 10.1186/s12913-015-1181-9.
19. Prentice JC, Pizer SD. Delayed access to health care and mortality. Health Serv Res. 2007; 42 (2): 644-62. DOI: 10.1111/j.1475-6773.2006. 00626.x.
20. Islam MM, Khan AM, Islam MM. Textile industries in Bangladesh and challenges of growth. Res J Engineering Sci. 2013; 2 (2): 31-7.

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