



Gender Alliance for Development Center
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Health and Safety in Garment and Textile factories in Albania

Policy Paper



This report is prepared by Gender Alliance for Development Center (GADC) in the framework of the regional project "Occupational diseases and safety and health at work in textile factories in Albania and Northern Macedonia" with the financial support of the Olof Palme International Center and the Government of Sweden. The contents of this document are the sole responsibility of the authors and can in no way be taken to reflect the views of the Olof Palme International Center and the Government of Sweden.

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Abbreviations

AL	Albania
CHS	Council on Health and Safety
DCM	Decision of the Council of Ministers
EU	European Union
GADC	Gender Alliance for Development Center
Glacen Tekstilec	Glacen Tekstilec
ILO	International Organization of Labour
LI	Labour Inspectorate
OSH	Occupational Safety and Health
MK	Republic of North Macedonia



Executive Summary

This report provides an analysis of the legal framework governing workplace health and safety issues. Also analyzes the findings from the field observation with employees of textile and shoe factories. Further, the study gives some important recommendations regarding issues of health and safety at work, the functioning of health and safety councils, the doctor in the enterprise, etc. The research findings will be used for advocacy and lobbying with relevant stakeholders, in order to encourage action and ensure that this topic is addressed more broadly and concrete measures are taken.

Key findings

This research has explored several dimensions of health and safety conditions of women workers in garment and footwear in Albania. Some key findings are below.

On Health and Safety: Findings show that women believe they have no right to address health and safety distresses in the workplace, although most of women workers work standing on their feet all day and therefore, suffer from orthopedic health problems; are unaware of the chemicals they are using during the working process; work in improper cleanliness and hygiene conditions; and do not get paid when they are on sick leave. On the other hand, employers do not have the relevant documentation on risk assessment of the chemicals that are used in their fabrics.

On the role of the Physician: The research shows that the physicians are not of much help in supporting women workers, as in most cases, the physicians do not show up or even if he/she is present they do not provide the necessary assistance to the women. It has been assessed that the physicians do lack the basic skills to help these women in a professional manner, thus negatively impacting their health, while the Councils of Health and Safety are fictitious and do not provide any sort of training for these group of health professionals.

On the communication with Employers: Our findings show that there is a need to establish better communication among women and their employers, something that would also have a positive impact on the mental health of women workers, considering the immense stress they experience due to hard work, long working hours, health problems and low income. There is a demand for the improvement of working conditions, as well as for salary increase in order to afford expenses related to health concerns.

On Labour Inspectorate: Our research shows that the LI has done a rigorous job in identifying problematic issues within factories, conducting interviews with employees to get the matter-of-fact data on their work. According to their experience, women workers are familiar with the Complaint Directory of the LI but nevertheless, when inspectors show up to follow-up on the complaint, women are not cooperative with the LI inspectors. Women workers lack trust towards



them, although they are aware that inspectors are bound by law to keep the anonymity in every case.

Introduction

The purpose of this study is to identify through gathered data and analysis, the health and safety conditions of women workers in garment and footwear in Albania, the type of occupational diseases encountered, what type of chemicals are used in the industry and the efficiency of physicians. The used research methodology for the policy paper consists in a mix-method of quantitative and qualitative data. Gender Alliance for Development Center launched a questionnaire on its social media and also conducted in-person interviews with women workers from both garment and footwear factories. Mainly, the questions targeted topics like: the salary, use of protective clothing and equipment, type of distress, type of chemicals, examinations from the physicians, etc. In addition, interviews were also conducted with inspectors from the Labour Inspectorate.

Safety and health at work are a significant issue in European Union and should be one in all the countries that aspire to become part of it, like Albania. The consideration of the issue in its entirety by the Council and the Commission confirms the Union's determination through its Directives and through social dialogue to address the existing and upcoming issues in this area. The aim is to establish an intelligent and proactive way towards culture of prevention of accidents at work, occupational diseases and consequences that directly have devastating financial effects on the companies themselves. In addition, the safety and health at work aspect is developed and adopted in a prism of dignity at work.

Gender Alliance for Development Center (GADC) has been implementing for 5 consecutive years the project "Improve working conditions in garment and footwear sector in Albania and empowering women working in the sector", with the support of the Olof Palme International Center and the Government of Sweden. GADC has raised its voice in hearing sessions, public activities and media, with the aim of raising awareness among those women and girls working in the textile and footwear sector. GADC has also promoted the observance of international labour standards in these industries that have been operating for years now in Albania. GADC's contribution in the topic of women labor rights has been very meaningful also in watchdog and advocacy actions. Throughout these years, GADC has built alliances, communication bridges between the State Labour Inspectorate, the Ombudsman and the Anti-Discrimination Commissioner. GADC has increased the capacities of over 2000 women on their rights in the workplace through several trainings and meetings, where extensive information on Albanian legislation and the Labour Code, safety and health at work was provided. Awareness raising campaigns on women's rights in the workplace have been numerous through these years. In 2018, the green, free of charge number 08001818 was launched, so women and girls could have the opportunity to report cases whenever their labour rights are violated.



Prior to GADC's interventions, the information on the women's rights in the sector was somehow inexistent and labour rights were heavily disregarded. The working conditions of women were disastrous and their knowledge on rights in the workplace were close to none. In compliance to its mission, GADC worked dutifully in providing women with knowledge on core rights in the workplace. Women were informed on the importance of the contract, working hours, paid leave and maternity leave, health and safety, the role and responsibilities of the Council on Health and Safety (CHS), discrimination and stress in the workplace and the role of trade unions.

Approaching women workers in this industry has not been an easy task, mainly due to their distrust in relevant stakeholders and helplessness related to their harsh working conditions. However, through constant persistence GADC started to slowly gain their trust and the number of women willing to join the informative sessions increased. Women were and are still cautious when attending them, due to the fear of being exposed by other colleagues to the employer, but nevertheless they also show curiosity and are keen to learn more. GADC's toll-free number 0800 18 18 was always shared with women through flyers, in order to offer them a safe place where they could address and report violation of rights in the workplace anonymously, benefit from free legal assistance in drafting legal suits and additional necessary documentation, as well as representation in court. One of the calls for help was turned into a success story, a story transformed into a visual, to share with other women during educational activities, aiming to encourage and incite them to speak up for their rights.

Some other topics that were highlighted during the several meetings with women were those on health and safety: how they could not stand strong smells; occupational diseases like joint or back pain due to long standing hours; inappropriate working conditions, etc. After a study trip GADC conducted in Stip, North Macedonia with Glasen Tekstilec, on June 10th 2021, where a group of women from Albania exchanged experiences with counterparts working in the same sector, the topic of health, safety and occupational diseases was once more brought up. Inspired by the women's conversation, GADC and Glasen Tekstilec jointly decided to develop a questionnaire with the goal to not only identify the main issues related to this topic, but to also produce a joint policy paper. The recommendations of the paper will be used for advocacy actions, roundtables with relevant stakeholders in their respective countries as well as a regional roundtable to draw the attention and kick-start the discussion on this topic.

Content and importance of the issue

According to the "Fundamental Principles of Occupational Health and Safety"¹, published by the International Labour Organization (ILO), Occupational safety and health (OSH) is generally defined as the science of the anticipation, recognition, evaluation, and control of hazards arising

¹ Allli, B.O. (2008). Occupational Safety and Health. In Fundamental Principles of Occupational Health and Safety, International Labour Office Geneva, https://www.ilo.org/wcmsp5/groups/public/@dgreports/@dcomm/@publ/documents/publication/wcms_093550.pdf (Last access on January 10th 2022, pg.8)



in or from the workplace that could impair the health and well-being of workers, taking into account the possible impact on the surrounding communities and the general environment.² Occupational safety and health at work are vital components of decent work. The physical conditions and mental demands of the workplace determine to a great extent workers' conditions. Occupational accidents have a significant human, social and economic cost, which we should strive to eliminate by ensuring that all workplaces are safe.³

As defined by the European Agency for Safety and Health at Work, dangerous substances are any liquid, gas or solid that poses a risk to workers' health or safety — can be found in nearly all workplaces. Across Europe, millions of workers come into contact with chemical and biological agents that can harm them. Some highly dangerous substances — such as asbestos or polychlorinated biphenyls (PCBs) — are now banned or under strict control. However, other potentially harmful substances are still widely used, and legislation needs to be in place to ensure that the risks associated with them are properly managed.⁴

The health problems that can be caused by working with dangerous substances range from mild eye and skin irritation to severe effects, such as birth defects and cancer. Effects can be acute or long term, and some substances can have a cumulative effect. Some of the most common dangers are: Allergies; Skin diseases; Cancers; Reproductive problems and birth defects; Respiratory diseases and Poisoning. Some dangerous substances pose safety risks, such as risk of fire, explosion or suffocation. In addition, dangerous substances normally have several of these properties.⁵

To protect workers from dangerous substances, *the first step is to carry out a risk assessment*. Then, actions should be taken to remove or reduce the risks as far as possible. And, finally, the situation should be regularly monitored and the effectiveness of the steps taken reviewed. Employers also need to take into account any vulnerable groups, such as workers who are young, pregnant or breastfeeding, for whom special protection is required by law. Other groups of workers, such as migrant workers, untrained or inexperienced staff, and contractors, such as cleaners, also need to be considered and prevention tailored to their needs.

European worker protection legislation establishes a hierarchy of measures that employers need to take to control the risks to workers from dangerous substances.

- Elimination and substitution are at the top of the hierarchy of control measures. Where possible, eliminate the use of dangerous substances by changing the process or product in which the substance is used.

² Ibid

³ <https://ilostat.ilo.org/topics/safety-and-health-at-work/> International Labor Organization website, last visited on March 6, 2022.

⁴ <https://osha.europa.eu/en/themes/dangerous-substances> European Agency for Safety and Health at Work webpage, last visited on March 7, 2022.

⁵ Ibid



- If elimination is not possible, substitute a non-hazardous or less hazardous substance for the dangerous one.
- If a substance or process cannot be eliminated or substituted, the exposure can be prevented or reduced by technical and organizational solutions. These are, for example, control of the emission at the source (closed system or local exhaust ventilation), or reducing the number of workers exposed to the dangerous substance, and the duration and intensity of exposure.
- By law, using personal protective equipment (PPE) is the last resort where exposure cannot be adequately controlled by other means.

In Albania, during the period January-May 2020, the LI registered 63 inspections following the accidents at work, 58 employees were injured, of which 12 lost their lives. In manufacturing enterprises, 15 inspections were performed during the same period, 12 employees were injured. Data from the LI show that⁶:

January – April 2020	
Total number of employees	56242
No. of entities that have the risk assessment document (yes)	772
No. of entities that have the security council	805
No. of entities that have representatives from the security council	417
No. of employees suspected of having occupational diseases	10
No. of employees diagnosed with occupational diseases	7
No. of entities with medical service	1149
No. of entities with periodic medical examination of employees	416
No. of employees that work with hazardous substances	50003
No. of entities that have collective protection measures	4984
No. of entities that have safety and health coordinator	137
No. of entities that have first aid service	884

Nowadays, the number of professions and disciplines is immensely vast thus making the number of hazards in the workplace very high. In our case, women workers in garment and footwear are consistently exposed to several chemicals. The very nature of this sector, focused on fashion, textile and shoemaking requires the use of a significant number of raw materials which are refined and manufactured in order to have a final product. In this sense, women workers are exposed to chemical harms throughout all phases of the production, from fabric to garment/shoe production.

⁶ <https://rm.coe.int/rap-rcha-alb-12-2021/1680a090e6>



Legal framework on Health and Safety and the Physician's role

As an official candidate for accession to the EU, Albania's internal laws and sub-laws have been aligned to those of the EU. Even new bills presented to Parliament, during the scrutinization process are examined by the Committee on European Integration in cases where adaptation is required.

In Albania, the issue of occupational safety and health is regulated first by the Constitutional provisions, and then by several other acts. The Constitution of the Republic of Albania guarantees to all citizens the right to social protection at work. The Labour Code of the Republic of Albania in section VIII "Health insurance and protection" defines the obligations of the employees and employers for safety and hygiene at the workplace against the dangers arising from the work tasks. In February 2004, Albania ratified the International Labour Organization Convention No. 155 "Occupational Safety and Health", where the duties deriving from this Convention were incorporated into Law No. 10237 of 18.02.2010 "Safety and Health at Work", which is still in force.⁷

Law No. 10.237 dated 18.02.2010 "Occupational Safety and Health" as its own lenses covers the definitions of the measures that are to be taken and guarantee for the safety and health at work of the employees. The purpose of this Law is to guarantee safety and health and their protection through the prevention of occupational accidents at work, elimination of risk and factors contributing to accidents, information, counselling in accordance with the Law, to guarantee the organization of employees and their representatives, as well as to create general guidelines for the implementation of these goals.

The Strategic Document on Safety and Health at Work 2016 – 2020 aimed to create a clear field of action for key actors in future development and orientation of occupational safety and health in Albania. One of the objectives has been to improve the number of stakeholders actively involved in promoting health and safety at work, and to strengthen their roles. There is a general framework of cooperation, the roles and duties of the Government itself, certain ministries, institutions, inspectorates, social partners and other actors. An important part of this document is related to the fact that all ministries, government, agencies and other bodies will cooperate with each other and coordinate their intervention activities.

The topic of Health and Safety in Albania is regulated also by the below laws and DCMs such as:

- Decision no.108, dated 9.2.2011 *"On the skills to be completed by employees, people and specialized services, dealing with Occupational Safety and Health issues"*;
- DCM Nr. 632, dated 15.7.2015 *"For some Changes and Additions to Decision no. 108, dated 9.2.2011, of the Council of Ministers"*;

⁷ <https://project-balkanosh.net/wp-content/uploads/2019/05/REGIONAL-OSH-STUDY-OF-WESTERN-BALKAN.pdf>



- DCM Nr. 522, dated 6.8.2014, for the approval of the Regulation "*On the protection of safety and health of employees from risks associated with chemical agents at work*";
- Decision no. 639, dated 7.9.2016 "*On determining the rules, procedures and types of medical examination tests, which will be performed depending on the work of the employee, as well as the way of functioning of the medical service at work*".
- DCM No. 596 dated 04.09.2019 "On some additions and amendments to DCM no. 639 dated 07.09.2016 "*On the rules, procedures and health examination tests, to be conducted depending on the employees work, as well as the manner of functioning of the health service at work.*"

All these legal documents aim to protect the health and safety of every employee, regardless of where they work. In addition, they also provide guidelines on topics such as the physician's role, use of chemical agents and emphasize the responsibility of relevant stakeholders.

Article 23 of Law no. 10 237, dated 18.2.2010 "On Occupational Safety and Health" states that: "*Every employer of a public or private entity, local or foreign, is obliged to cover with medical service, through the occupational physician, suitable for the risks posed by the workplace*".⁸ Special obligations of the employer sanction his or her responsibility, in performing assessments of occupational safety and health risks, including groups of employees exposed to specific risks, as well as to determine protective measures/equipment.⁹ Duties of the employer are stated as well in order to guarantee the implementation of measures to prevent accidents at work and occupational diseases, based on medical examination, depending on the workplace.¹⁰ The relation with relevant institutions is mentioned as well, for example in cases of obligation from the employer to notify and declare events at the State Labor Inspectorate, Social Insurance Institute. In cases of fatal accidents, or events that constitute a criminal offense, the Prosecution is notified as well.¹¹

Special attention is given to physician's role and duties. A series of other articles of this law provide definitions on terms like *Occupational medicine*, *Occupational disease physician* and the criteria they need to fulfill in order to be suitable for this role. The physician on occupational diseases, family doctor or other public or private health institutions have the responsibility to declare the occupational disease discovered during the medical examinations.¹² Additional amendments to this law in 2015, strictly sanction that the person in charge of conducting risk management of health in the workplace must be qualified as an occupational diseases physician and licensed by the Order of Doctors of the Republic of Albania.¹³

⁸<https://www.dpshttr.al/sites/default/files/downloads/dokumente/Ligji%20Nr.10237%2C%20dat%C3%AB%2018.02.2010%20%E2%80%9CP%C3%ABr%20Sigurin%C3%AB%20dhe%20Sh%C3%ABndetin%20n%C3%AB%20Pun%C3%AB%E2%80%9C.pdf>, (Article 23, pg.14, last access January 17, 2022)

⁹ Ibid, Article 9

¹⁰ Ibid, Article 11

¹¹ Ibid, Article 25

¹² Ibid, Article 25

¹³ <https://shendetesia.gov.al/wp-content/uploads/2018/02/108.pdf> (Chapter IV, point 7, as amended, pg.5)



Decision no. 522, on the approval of the regulation “On the protection of the safety and health of employees from the risks related to the chemical agents at work” sets minimum requirements for the protection of the safety and health of workers from the risks which are or may be caused by the effects of chemical agents present in the workplace, or as a result of any work activity involving chemical agents.¹⁴ This decision clearly states the duties of the occupational physician in this case. When an employee is diagnosed with an identifiable disease, or adverse health effect as a result of exposure at work to a hazardous chemical agent, the physician informs the employee.¹⁵ The physician’s advice to eliminate or reduce the risk must be taken into consideration by the employer, including the possibility of assigning the employee to an alternative job, where there is no risk of further exposure. In addition, the occupational physician also proposes that exposed employees undergo a medical examination as well.¹⁶

As it can be seen, all laws, decisions and regulation are based on the common goal and aim of promoting and supporting the highest level of physical, mental and social well-being of employees. They hold accountable several institutions like the Ministry of Health and Social Protection, The Labour Inspectorate, the Institute of Public Health, Social Insurance Institute, but also employers and occupational physicians to prioritize, above all, the health and safety of employees. Under these circumstances, it is safe to say that *the main gap remains the lack of goodwill and professionalism, rather than the absence of legal provisions.*

Methodology

The methodology applied by GADC when conducting the questionnaire consisted in a mix-method of qualitative and quantitative research through semi-structured interviews, done in a hybrid format. The online google form collected 100 questionnaires, 98 through phone interviews, while the other 100 were done through face-to-face interviews in Tirana, Bathore, Shkoder and Kuçove.

There were two phases implemented, the first one focused on collecting general data and data on hygiene and health. The second part consisted in analysis of data according to the respective categories. A visual display of information is provided by graphics and charts in order to effectively communicate the interpretation of data collected.

In order to have a better understanding on the relation between workers and the Labour Inspectorate, two interviews were conducted with inspectors from this institution. General questions were related to the frequency of inspections, working conditions, administrative inspection of the physicians’ work, as well as how to close the gap between them and women workers in terms of trust.

¹⁴ <https://www.vendime.al/vendim-nr-522-date-6-8-2014-per-miratimin-e-rregullores-per-mbrojtjen-e-sigurise-dhe-shendetit-te-punemarresve-nga-risqet-e-lidhura-me-agjentet-kimike-ne-pune-3/> (Article 1)

¹⁵ Ibid, Article 10, point 6

¹⁶ Ibid

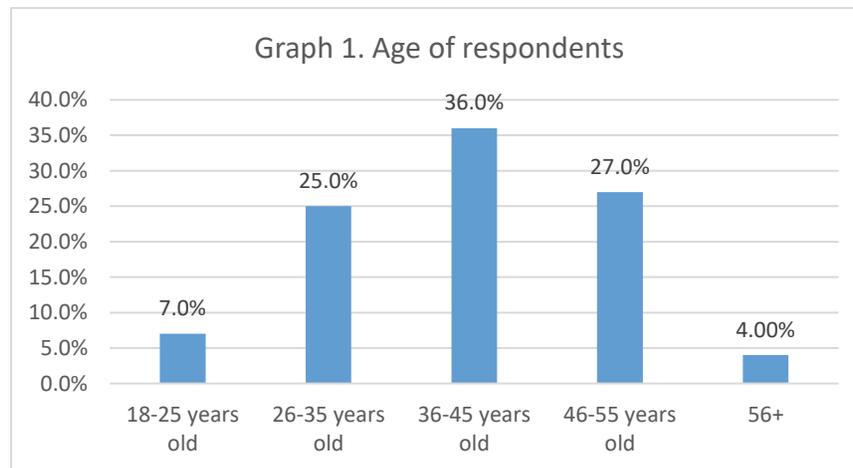


Key words used were: health and safety, council on health and safety, assessment of risk factors in the workplace, use of chemical products, type of illness, use of protective clothes and equipment before and during COVID-19, training on health and safety, the presence of a physician, level of safety in the workplace, suggestions on what to change or improve.

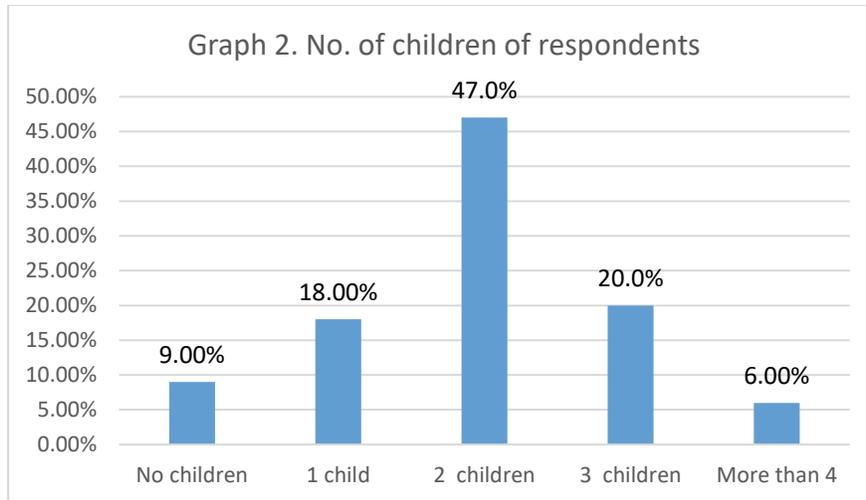
Main Findings and Analysis

In Albania, over 95% of workers in garment and footwear in factories in Tirana, Bathore, Shkodra and Kuçova are women who work every weekday, and most of them also during Saturdays therefore prolonging the hours they are exposed to chemicals. For the purpose of this research, GADC launched a questionnaire on Occupational Diseases in the workplace aiming to identify the type of chemicals used, to find out if women were provided with protective clothes or equipment, the presence or absence of physicians in the factory, how do they conduct their duties, the assessment of risk factors due to the nature of work, existence and frequency of regular health examinations, etc. The overall objective of this exercise was to gather such data, analyze them and come up with recommendations addressed to relevant stakeholders to improve the working conditions and draw the much-needed attention on the topic of occupational diseases.

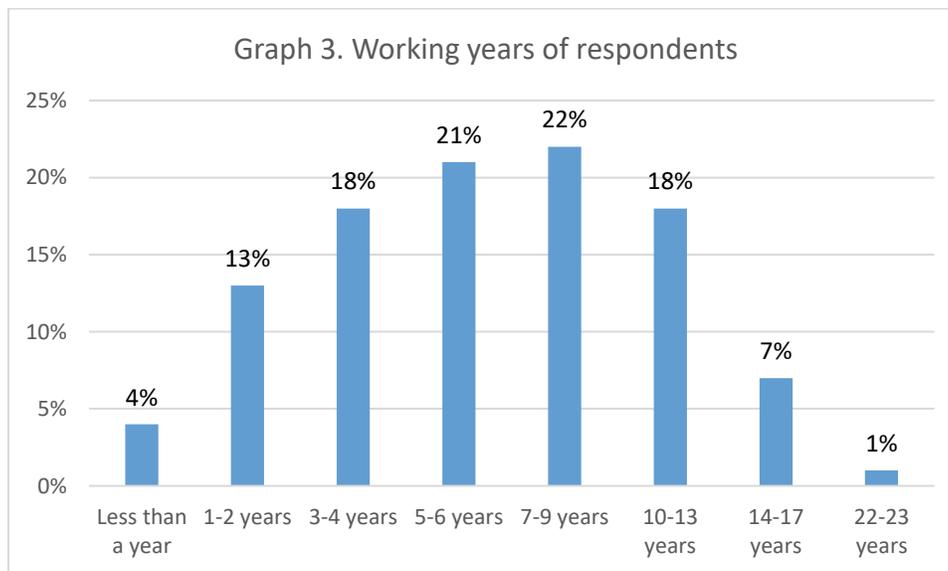
General information on the target group



The majority (89%) of the women respondents that work in this sector are in the age range 26-55 years old. The age range 36 to 45 years old constitutes nearly 1/3 of the total number of employees that participated in this research.



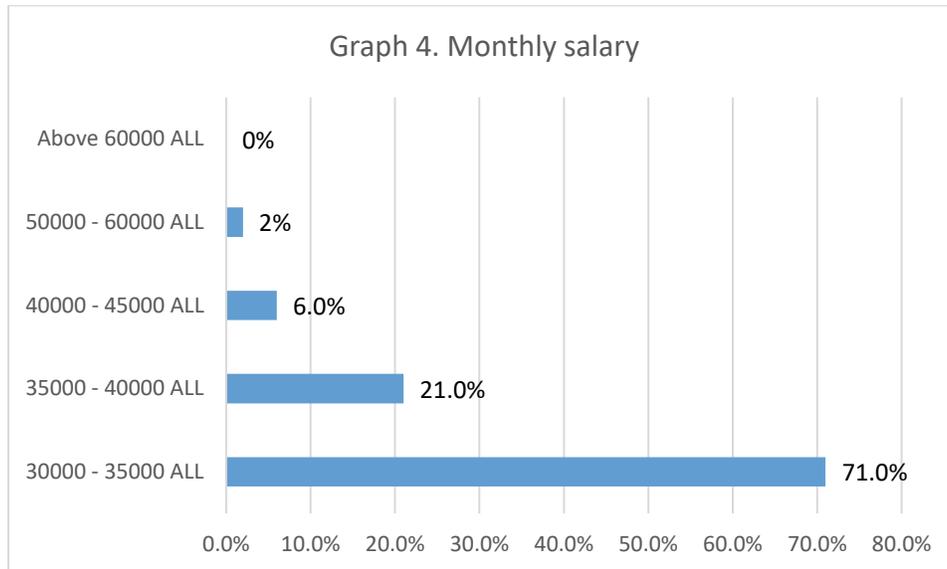
The number of children is an important factor that determines the financial needs of the women employees. The data shows that 91% of our sample is financially responsible for at least 1 child. Nearly half (47%) of the target group have two children and 20% of them have three children. Women that are mothers of 4 or more children constitute 6% of the target group. Only 9% didn't have any children at the moment when they were part of this survey.



Generally, the women working in garment and textile factories lack the necessary education and the professional qualifications to do jobs that are less physically demanding. The level of exposure to different health and safety factors is expected to be higher among women that have worked for more years in the sector. 13% of our respondents are very new in the job market (1-2 years of experience). The highest frequency is in the range 7-9 years (22% of the respondents),



while there is a distribution of similar ratios for 3-4, 5-6 and 10-13 years of experience. Only 7% of our target group has a working experience of 14-17 years.



Data collected through the questionnaire show that 71% of women or 210 women were paid between the margin of 30000 – 35000 ALL and 21% were paid between 35000-40000 ALL. A very low percentage of the respondents (6%) were paid between 40000-45000 ALL, and only 2% had a more decent salary of 50000-60000 ALL.

According to a statement from the Minister of Finance and Economy, as of July 2021, the new minimum living wage will be 32000 ALL.¹⁷ However, at the time the questionnaire was launched minimum living wage was 30000 ALL. When asked if they believed that there are workers that are paid less than the minimum living wage, 26% of the women respondents are of the opinion that this happens, while the vast majority (74%) believes that workers are not paid below the minimum wage.

Due to our focus on occupational diseases and the impact they have on women worker, the question addressing the monthly salary was very important, since it is directly linked to their concrete possibility to cover for health-related expenses. Taking this into consideration, covering expenses for routine check-ups is difficult, and even more so in case of occupational diseases, which require specialized examination. Salary raise was a request faced continuously during talks with women.

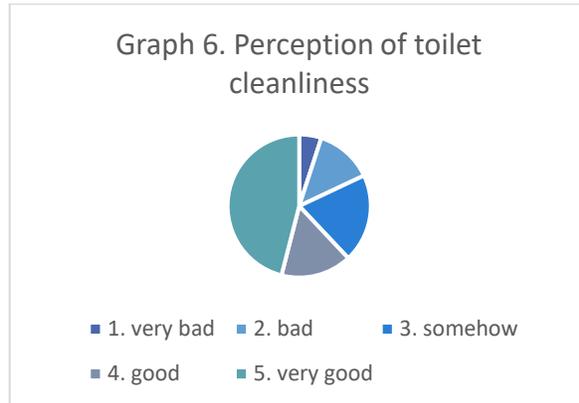
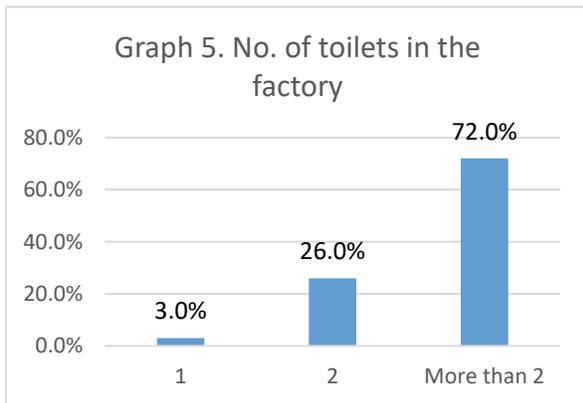
¹⁷ Revista Monitor. (12.01.2022) <https://www.monitor.al/ndryshon-nga-1-korriku-2022-paga-minimale-ibrahimaj-rritja-do-te-jete-2000-leke/>



Hygienic conditions in the factory

Hygienic conditions at the work place are very important issue related to workers wellbeing. For this reason, some data have been collected related to the number of toilets and the perceived level of hygiene was gathered.

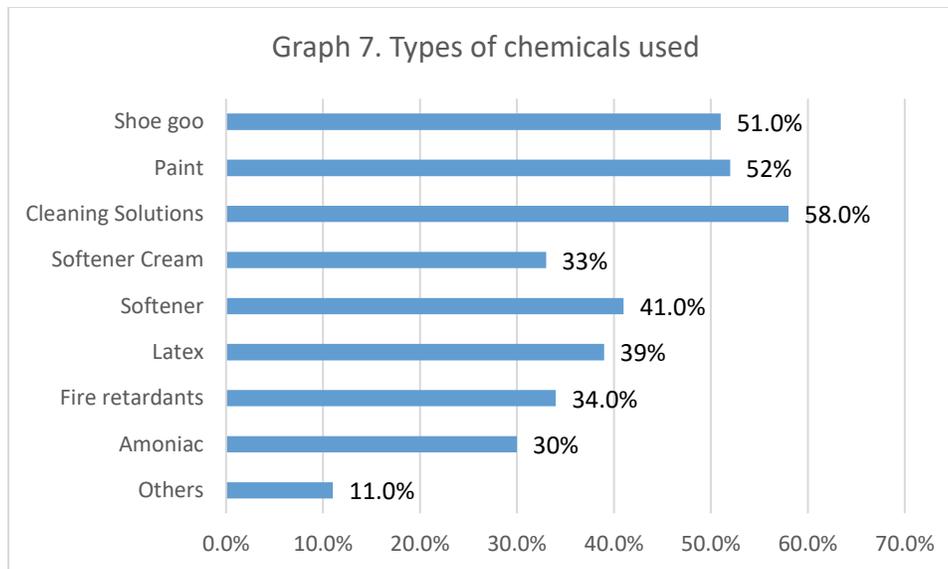
The majority of the factories where our respondents worked, had more than two toilets (72%). In about 64 cases where the factory has more than 500 workers, 14 of them have only 2 toilets. In factories with 50-100 employees there are 6 (out of 160) factories that have only 1 toilet, 48 factories (out of 160) that have only 2 toilets.



Only 46% of our respondents stated hygiene conditions as very good. Around 18% perceive the hygienic conditions as bad or very bad. Hygiene seems to be an important concern in factories with more than 500 employees, where 20% of women workers addressed the issue of unsatisfactory toilet hygiene, despite having more than two toilets and cleaning staff. Along other suggestions on what they wish to change in the workplace, interviewed women highlighted the need to have cleaner toilets.

Chemical products used

Our findings show that, when in regards of the chemical products used, 58.1% of women use cleaning solutions, 52% of them use paint and only 50.8% use shoe goo. Amongst the other chemicals that are used in lower percentages (in the range of 30%-40% of the respondents) are *softener/softener cream, latex, fire retardants, ammoniac, etc.*



Cleaning solutions are not always used and when used they mainly serve the purpose of removing stains from the fabric. However, women respondents perceive that the type of cleaning solution used by them is not very harmful, considering that the smell is not strong.

On the other hand, women workers who use shoe goo report that this chemical has an incredibly powerful smell that in most cases causes women to feel dizzy or fainty. In addition, shoe goo gives them strong headaches and a sensation of throwing up. According to *The Hazard Communication Standard*, shoe goo is considered hazardous¹⁸ because:

- Is highly flammable liquid and vapor, harmful if swallowed;
- Causes serious eye and skin irritation;
- Is suspected of damaging the unborn child;
- May cause drowsiness or dizziness;
- May cause damage to organs through prolonged or repeated exposure.

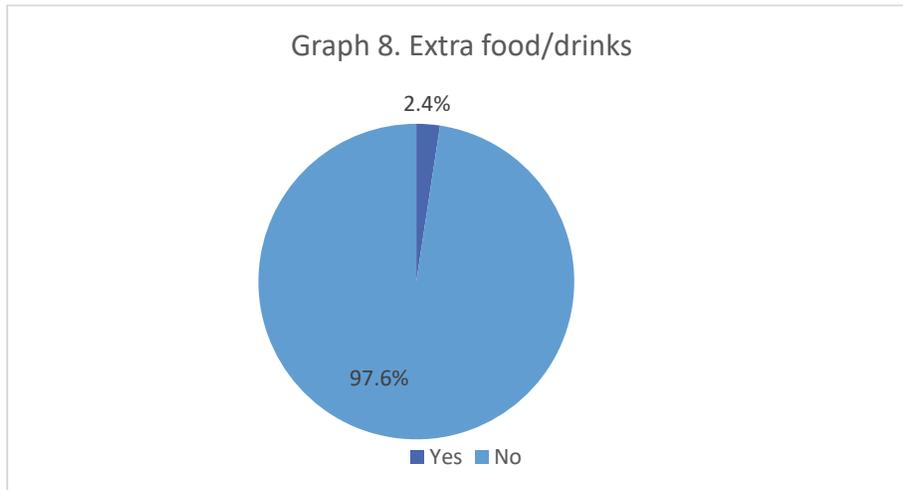
In regard to working conditions, interviewed labour inspectors stated that there have been improvements, especially compared to previous years. This is also due to the fact that many factories work with foreign contractors and are therefore subject to inspections and audits. Employers are aware that workers demand good working conditions and have worked on in this aspect.

¹⁸ <http://eclecticproducts.com/downloads/sds-shoogoo-clear-english.pdf> (last revised in 2018)

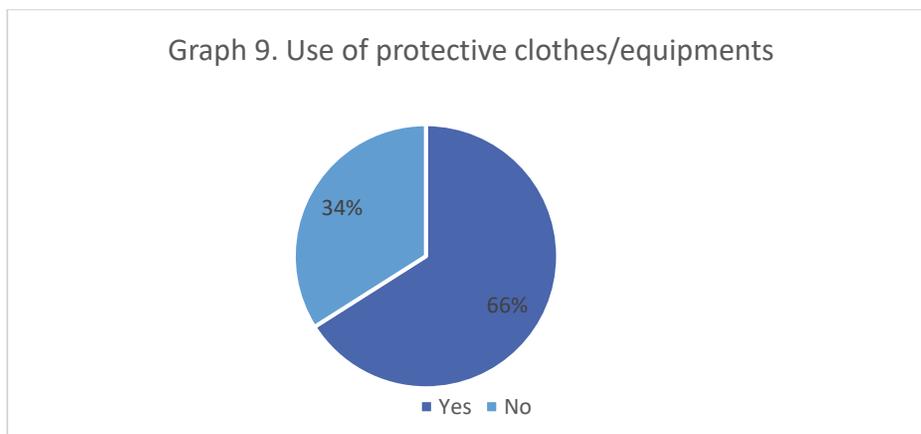


Protective measures

Despite the high level of health issues due to exposure to chemical products, 97.6% or (281 women) confirmed they do not receive any sort of specific aliment to address poisoning from the chemical materials. Only 7 women or 2.4% said that they are receiving water and milk.



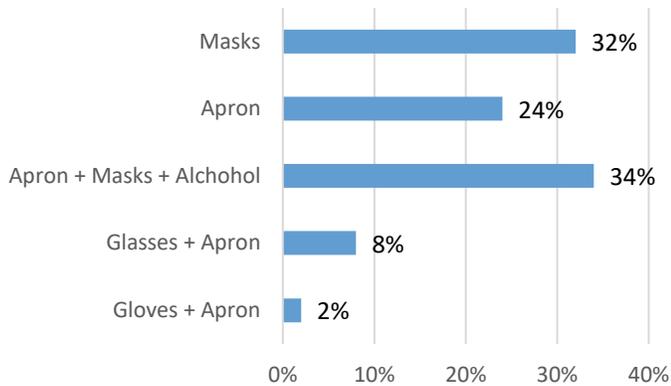
The graphs above show the level of use of protective clothes and equipment during work before Covid-19. Only 66% of the respondents report to have been using protective clothes/equipment like masks (32%), aprons (24%). 1/3 of the respondents report having used apron, masks and alcohol before Covid-19.



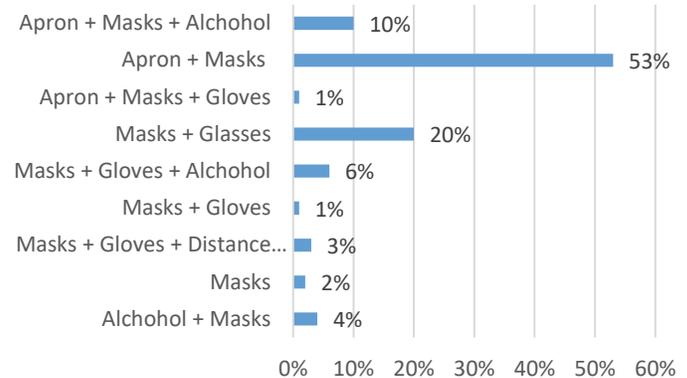
The graph below shows a high increase (93%) of use of protective clothes and equipment during Covid-19. Aprons and masks were the main type of clothing and equipment used by women during COVID-19 (53%). There is a noticeable increase in the use of glasses during Covid-19, compared to the period before Covid-19.



Graph 10. Types of protective equipment used

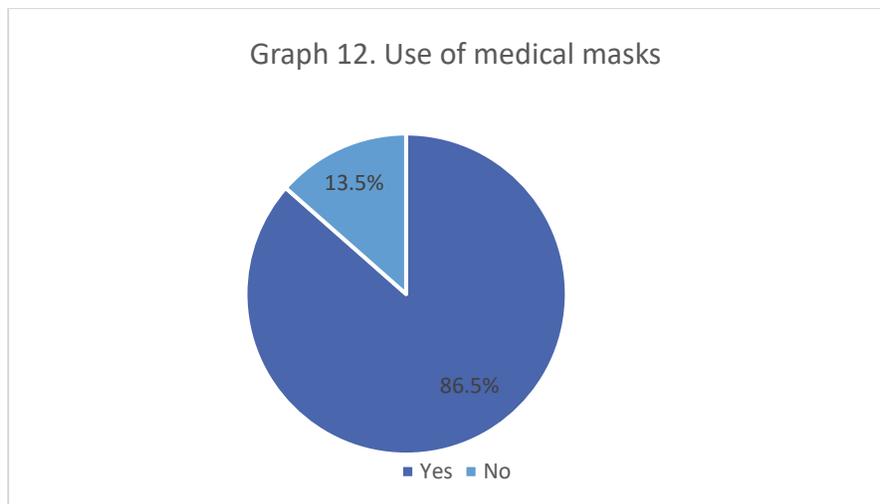


Graph 11. Protective equipment used during the Covid-19 pandemic



Even though there are official records proving that protective equipment has been distributed signed by both parties, employer and employees, the interviewed labor inspectors stressed that *very often employees do not use the equipment*. For example, they do not use masks, because they complain of respiratory difficulties when working, or do not wear gloves because it makes them work more slowly, therefore effecting their performance.

Graph 12. Use of medical masks

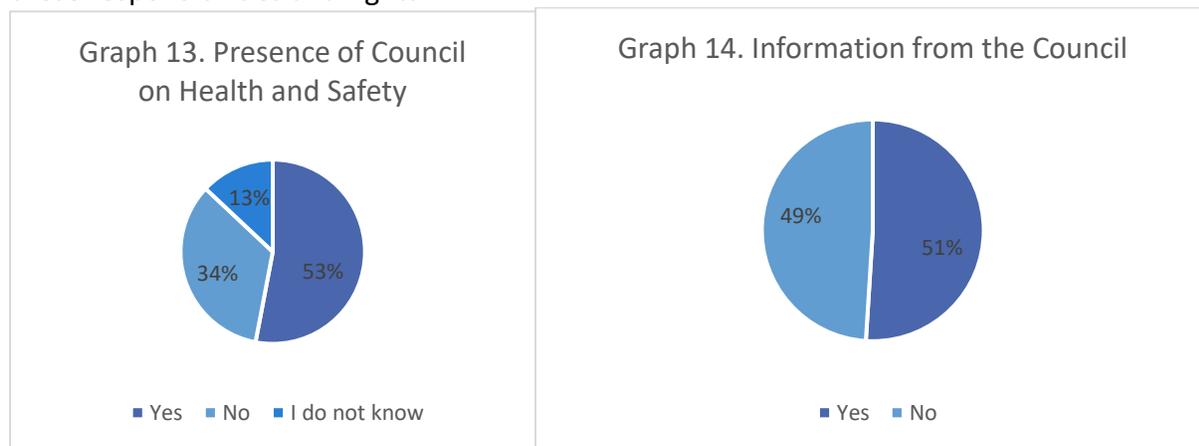


Testimony: One on the interviewed women workers shared that once she had approached the factory physician because she was feeling faint, and the physician had dismissed her saying she was probably pregnant. Unfortunately, sometimes women workers themselves have no knowledge on the aftermath of chemical use, nor how it affects their health. Due to a lack of assistance from the factory physician, they dismiss symptoms and blame it to the daily fatigue. Although they used masks during the pandemic caused by COVID-19, when using shoe goo, lack of ventilation made breathing harder for women.



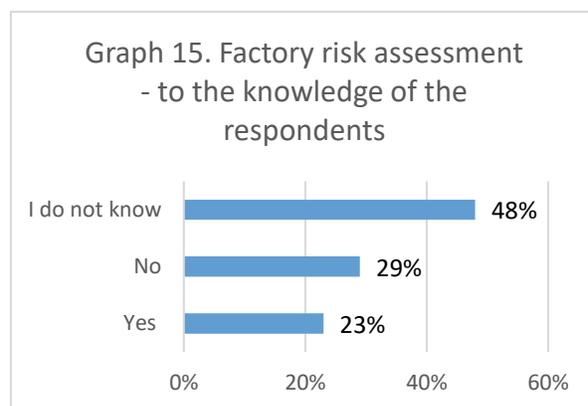
Council on Health and Safety in the factories, their existence and role

According to data, we can say that more than a lack of CHS in the workplace, it is *the lack of its effectiveness that impacts negatively on both the workers and factory*. The very mission of the CHS is to contribute to the protection of physical and mental health and safety of employees, as well as to the improvement of working conditions. Constant counseling on the activity of the factory and how it affects the well-being of women workers is one of the key duties of the CHS. The establishment of CHS, how it operates, responsibilities and rights are provided in laws, therefore we cannot address a legal vacuum, but rather a lack of efficient implementation of these responsibilities and rights.



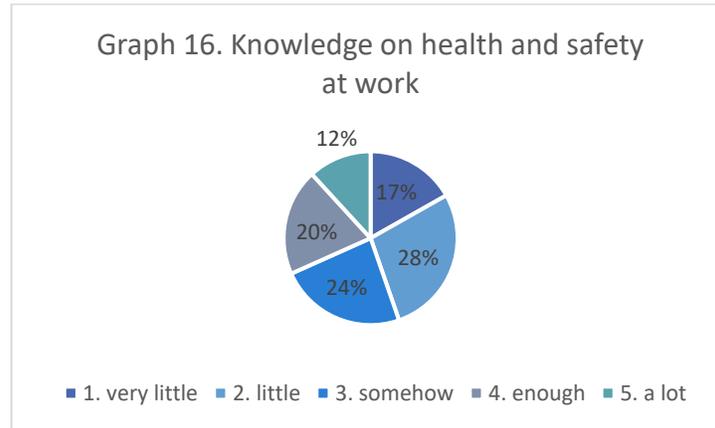
Data shows that more than ½ of the respondents (53%) declare that there is a CHS presence in their factory, 24 % that there is none and 13% do not know if there is a CHS. 51% of women stated that CHS does not train or inform the workers about health and safety in the workplace.

Due to this lack of information, 48% of the women reported that they have no knowledge on whether risk assessment on health issues is conducted or not in their workplace, while 29% report that the risk assessment has not been conducted. This also shows another area where the CHS has failed to fulfill its mission.





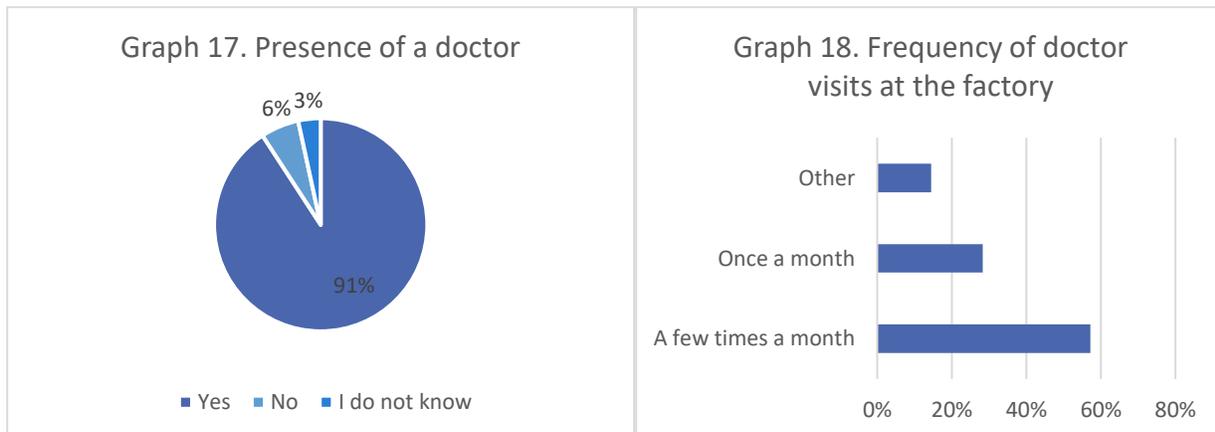
Almost half (44.7%) of the women respondents have very little or little information on health and safety, confirming once more that the CHS do not fulfill their roles and responsibilities accordingly. Only 11.8% self-report to have rather good knowledge on health and safety.



Based on the information gathered by the interviewed inspectors, the Councils on Health and Safety usually conduct their function accordingly in many factories, however they also state that in some cases the councils are fictitious and that the employees are not aware of its existence. This last statement is also proved by our research data.

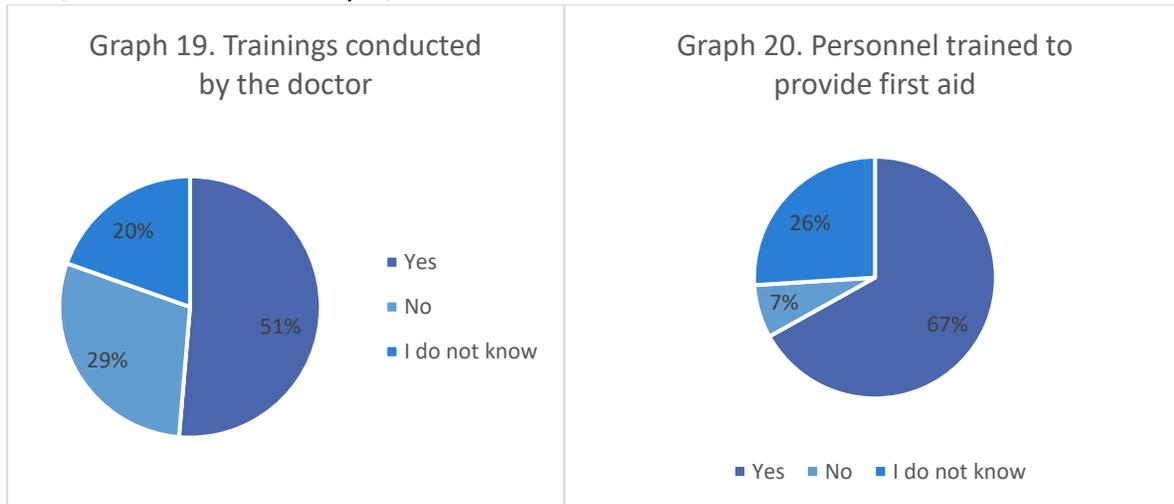
Presence and role of the occupational physician

A physician's presence was confirmed by 91% of women, while 6% women stated that there is no physician in the factory. Only 57% of the respondents have stated that the physician is present a few times a month and 28% state that the physician was present only once a month. Of the 41 people who stated other answers, most of them said that the doctor never goes to the factory.

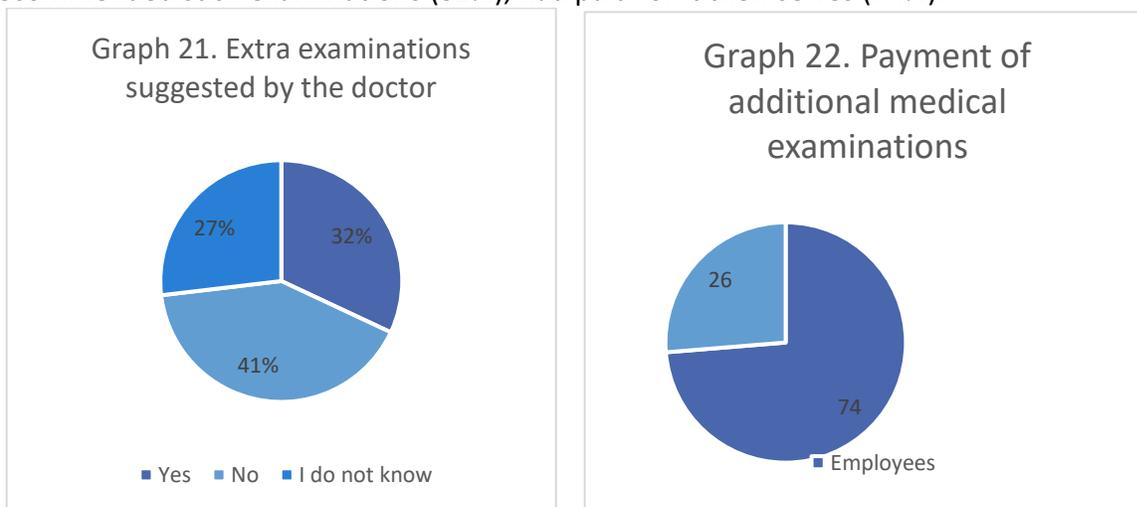




Also asked if the doctor trains or instructs them about staying at work, or the care they should have, 51% of workers said yes, 29% said no and 20% do not know.



Despite the exposure to chemicals, 41 % of women stressed that the physician did not recommend additional examinations. In addition, women who claimed that the physician had recommended such examinations (32%), had paid for it themselves (74%).



The importance of a physician in the factory has been stressed and emphasized throughout the whole paper. Although the majority of women have stated that there is a physician presented in the factory, the percentage is very low if we take in considerations indicators such as: efficiency, knowledge, good communication skills, due diligence in paperwork and so on.

Due to the very nature of this industry, the role and duties of a physician are essential. Answers such as - *the physician never shows up, only gives anti-inflammatory drugs, does not help because he or she is scared by a supervisor, or even worse when the physician dismissed them saying it will pass* - are an alarm bell that demand immediate addressing by relevant authorities and the Government as well. Like a domino effect, issues with the physician of the factory directly impact women's health and only contributes to increase their distrust and hostile attitude.



The majority of women stated they did not request a specialized examination from the physician of the factory. Taking out of the equation the 11.2%, where women workers did not request such an examination because they are healthy, or work in factories where the communication with the physician is good and they have requested it, **the number of reasons why 88.8% did not request a specialized examination**, are summarized at the table below.

Negative Answers	
1.	We do not know where to request one
2.	We are not very informed about our rights and we are afraid that we will get fired
3.	There is no physician in the factory
4.	We go in the hospital or at the polyclinic
5.	The physician is influenced by the employer and cannot help us
6.	The factory physician is not specialized in factory diseases
7.	The physician is reluctant to help me. The physician only gave me a mild sedative and when it got serious, I went to the hospital alone
8.	The physician only gave me a mild sedative and when it got serious, I went to the hospital alone
9.	I asked because I was very sick and did not have the opportunity to work. I solved it myself outside of working hours
10.	I asked when I was infected COVID-19 and he told me you have nothing, it shall pass
11.	The physician just stays silent, because every time we go to him, the head of the ward is present
12.	As employees, we do not have the right to request one
13.	I asked for a visit because the strong odors were giving me a feeling of throwing up and he told me I was pregnant but I was not
14.	I have asked the physician for help or a prescription, but he always said to seek a specialized physician

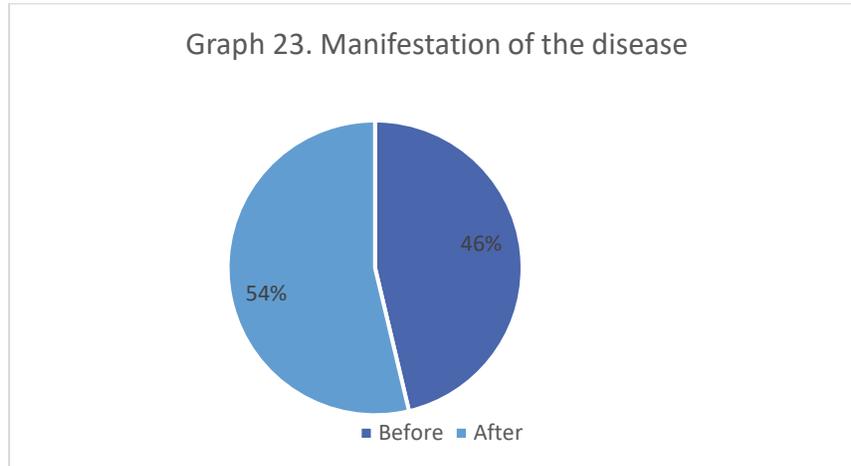
The labor inspectors interviewed in the frame of this research, report that their focus consists in *verifying periodical check-ups, medical cards, contract between the physician and the employer, as well as the medical license*. Quality of analysis and how they were conducted falls under the competences of the State Health Inspectorate. However, the inspectors report that *in some cases employees do not follow the physicians' recommendations to visit a specialized physician for their health issues*.

Health concerns

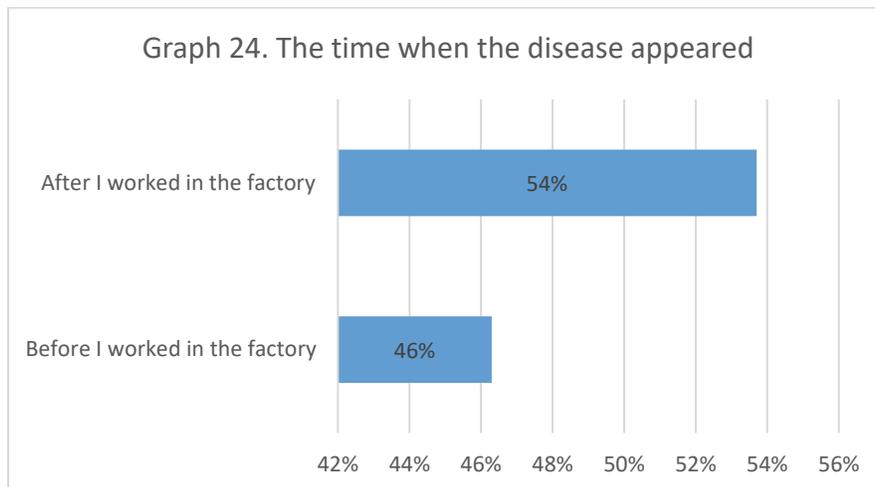
In regard to illnesses for which examinations have been prescribed by the physicians, only 25.8% of women stated they had the suspected illness and 53.7% of them report that the suspected illness had manifested after working in the factory. *Back and neck pain* were listed as the main



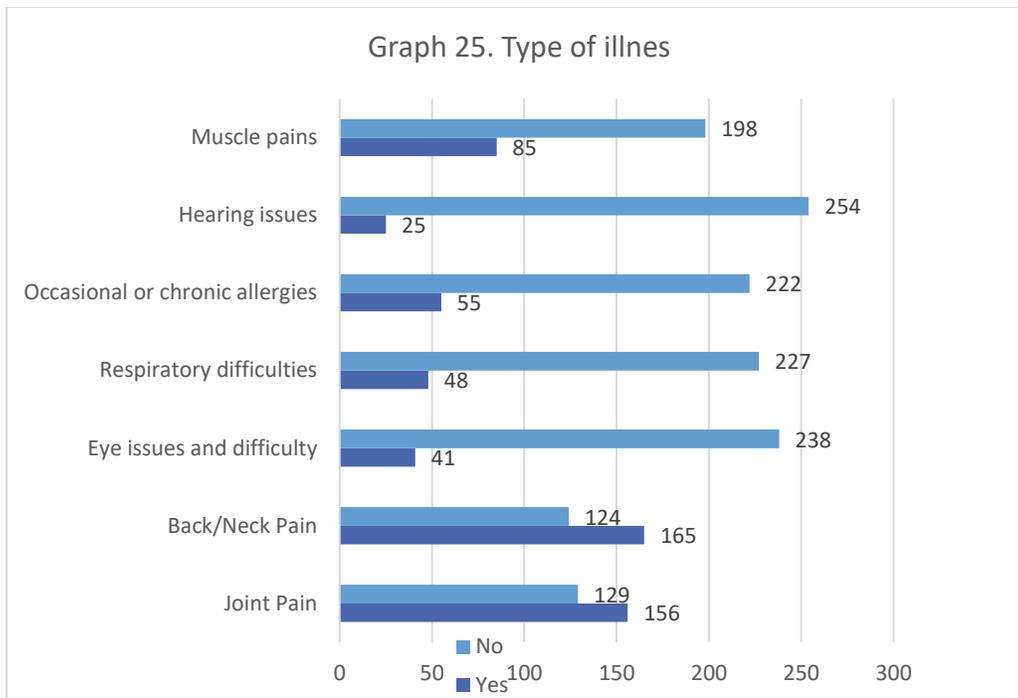
type of distress by women (165), followed by 156 women listing joint pain and 85 of them mentioning muscle pain.



55 women have listed *occasional/chronic allergies* as a distress from chemical use, 48 listed *respiratory issues* due to strong smells, dust/fluff from clothes, 41 mentioned *eye issues and difficulties*. Only 25 women listed *hearing issues* as a distress, related mainly to loud noises caused by machineries, and it was noted from data results on equipment tools that noise reduction earmuffs were never mentioned.

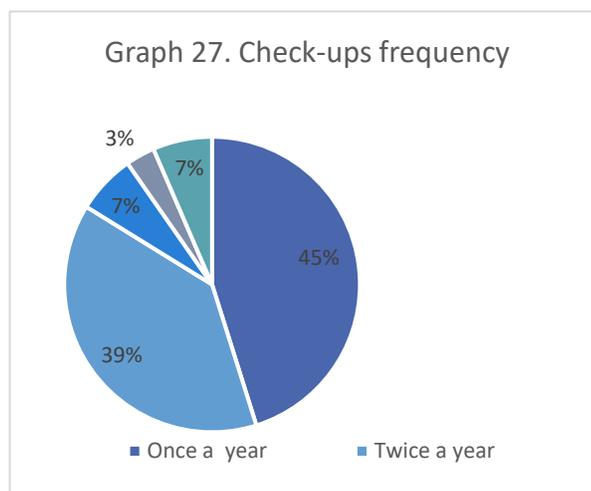
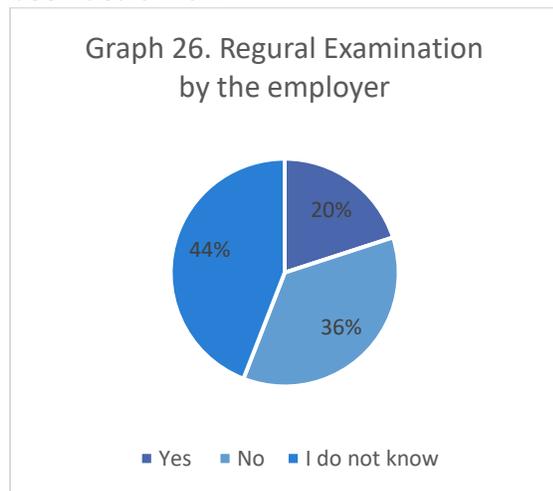


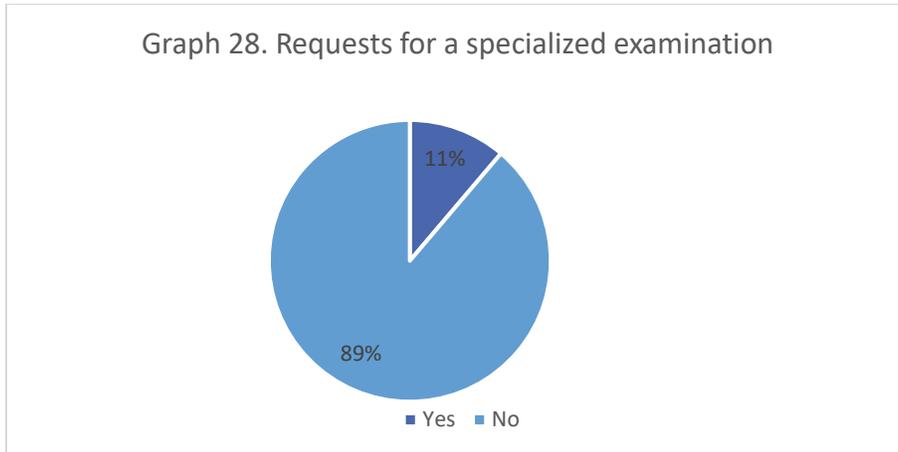
High blood pressure, rheumatism, heart or kidney issues, diabetes, spondylosis were some of the common illnesses mentioned by women workers aside from the ones listed on the questionnaire. Respondents whose age was 50+ stressed that health issues also manifested due to getting older. For these reasons, they suggest that working less hours would be a viable solution.



Examinations done by the employer

Regarding regular and routine examinations made by the employer due to exposure to specific risk factors in the workplace 59 women answered 'yes', 106 answered 'no' and 130 had no knowledge. *Routine check-ups due to exposure to risk factors were done once a year, as stated by the majority (45.2%) of women.* Women workers stated the employers only asks for a medical report in the beginning when signing contracts. Other respondents stressed that factory owners only care about the product and nothing else, are always critical towards the employees, do not care about the health of the workers, or that to their knowledge such examinations have never been dealt with.

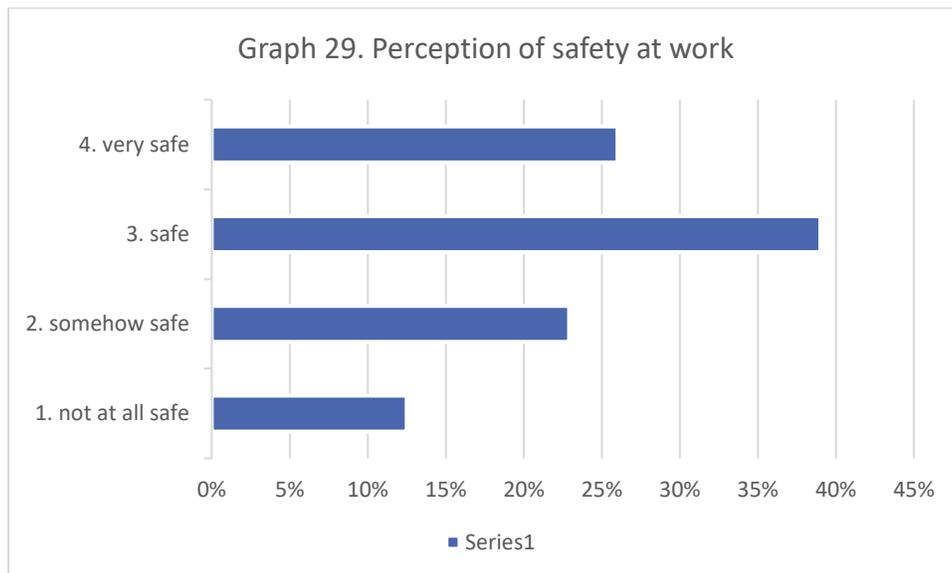




Perceived safety level

More than ¼ of the respondents (26.3%) perceive their working environment as safe. The level of safety in the workplace was described as *'not safe at all'* by 12.5% of interviewees, while 22.9% perceive a very low level of safety.

This was mainly due to lack of hygiene conditions especially in toilets, the use of strong and dangerous chemicals, lack of heating/cooling and ventilation systems, etc. These are basic needs in every working environment, more so in those where harmful dust and chemicals pose a serious threat. The absence of protective measures endangers the lives of women workers and is repetitively left unaddressed by both, the employers and the Labour Inspectorate.





Health, Safety and the Labour Inspectorate

Labour Inspectors conduct inspections following a previously designed plan or initiated through complaints submitted by workers or accidents in the workplace, reported by the employer in compliance to law provisions. The interviewed inspectors report that as per procedures, interviews with workers are the first steps an inspector follows, while the other colleague handles administrative papers. There is an exemption in cases of factories with a considerably high numbers of workers. In these cases, a random sampling is done, selecting a few representatives from each sector within the factory. While one inspector interviews the worker, the other scrutinizes the administrative paperwork.¹⁹

Part of this inspecting process is also verifying if adequate protective clothing and equipment, otherwise known as individual or collective equipment, have been provided by the employer. Nevertheless, if inspectors confirm that the employer has not provided to employees the necessary equipment, the employer is asked to immediately act upon and make amends on this issue. In case these tasks are not met until the next scheduled inspection, the company is given sanctions, mainly consisting in fines.

One key observation reported by the inspectors is related to the *lack of collaboration by the women workers during the inspecting visits*. Very often women workers do not trust the inspectors and/or the fact that their identity will not be revealed in case of complaints. *Women usually file their complaint to the Compliance Section of the LI, after the inspection is finished*. The inspectors report that what is more concerning is the fear of women to report violations of their rights at the workplace, rather than the lack of awareness about their rights.

Data shows that in 70% of complaint cases, the LI has provided justice for workers. The ongoing stigma about unethical conduct of the LI remains an issue to be addressed, as it undermines the reporting of complaints by employees and weakens the cooperation between the institution and women workers.

Conclusions

This research study, although conducted with a rather limited number of representatives of the target group highlighted some of the problems that have been ongoing in this sector. Unfortunately, the same issues remain major challenges and ask for immediate interventions. The study reconfirmed that the mere appointment and presence of an occupational physician is not enough, as due to the nature of work it is required for this physician to be professionally equipped with all the necessary knowledge and expertise on occupational diseases. *Unprofessional conduct of the physician leaves women unprotected and has a direct negative*

¹⁹ Claims from some of the interviewed women that inspectors do not interview workers were dismissed by the two interview inspectors.



impact on their health. On the other hand, the lack of the necessary documentation and procedure on risk assessment of the chemicals used in the workplace, very often makes the working environment a very dangerous place to work. Furthermore, problems with the installation of ventilation or safety measures are present, because in some cases employers do not consults with engineers and other professionals on the matter.

Unfortunately, *a considerable number of women workers believe they have no right to address health and safety distresses in the workplace. Serious violations to their rights in the workplace related to unpaid holidays and sick leave are noticed, while occupational diseases related to standing up during long working hours, lack of protection measures, exposure to chemicals, etc. are often present. Women workers participating in this research, aside from demands on the improvement of working conditions, report that salary increases are necessary, so they can afford expenses for their health issues. Hygiene in the working spaces is also a serious concern that has been identified, especially related to lack of necessary number of toilets and hygienic related materials like soap and toilet paper.*

CHS continue to remain fictitious entities within these businesses, not providing the required training to the workers and not addressing identified health and safety related concern to the employer, as per legislation and job description. Women workers are often unaware of the chemicals used by them during the work processes, therefore being also unaware of the impact on their health, especially when they do not have or do not use protective equipment. This negative climate of problematic working environment is also reflected in the aggressive communication from their supervisors and employers, thus directly affecting their mental health.

Recommendations

Guided by the current re-confirmation of the problematic areas identified, it is recommended that the following actions be taken:

- Complete the process for individual European Union Directives on Occupational Safety and Health related to the European Union Framework Directive 89/391;
- Analyze the Law on Safety and Health at Work, and identify the areas where the by-laws are needed in order to implement the necessary, included in the law as: necessary activities related to the licensing of external prevention procedures; education and recognition for specialists in the field of occupational safety and health, and licensing of occupational safety and health services;
- Introduce a legal mechanism for preparing and certifying occupational health and safety experts in companies, which is recommended: to appoint a commission for recognition of occupational health and safety experts;
- Companies have to employ physicians who are licensed and have knowledge on occupational diseases in the workplace.



- Assess and evaluate the qualifications and references of physicians present in the factory, identify whether their professional profile fits with the working conditions and specific risk factors faced in the garment and footwear industry.
- Setting up a system of initiating and continuing training, and training of labor inspectors, implemented by the relevant institutions;
- Educate business owners, administrative staff and supervisors on how to manage the health and safety concerns by women workers, with the aim to improve their working conditions, as well as the communication between them;
- Further educate women on their rights in the workplace through informative sessions;
- Create the type or working environment where women can freely address their concerns and work together to find solutions, bearing in mind that their conditions affect directly the wellbeing of the employees and their productivity;
- Demand regular and diligent inspections from the Labor Inspectorate with a special focus on chemicals used by workers, if they are being provided any clothing/equipment/nutrition, as well as to check the qualifications of the occupational physicians working in the factories;
- Ensuring through the LI, that risk assessments are done by employers on each chemical they intend to use in the factory, as well as consultations with the occupational physician on how it affects workers;
- LI to impose sanctions such as fines on factories that violate work and human rights of women workers and ensure there is a follow-up of each case to continuously monitor the development of the situation on whether it has improved or worsened;
- Identify cases of workers that are paid under the minimum living wage as foreseen by the Albanian legislation;
- Raise awareness, increase and improve the cooperation between relevant stakeholders, social partners, civil society that work in the field of health and safety in the workplace.
- Improve the communication between employers and employees.
- Consider the opportunity for women workers aged 55+ to retire early due to the nature of work.

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