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## Safety and Health Effort on Informal Sector Workers

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### **Keywords :**

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### **ABSTRACT**

*Every worker/laborer has the right to obtain safeguards for occupational safety and health, in order to realize optimal work productivity, which is carried out through safety and health efforts. These efforts have not been particularly important for informal sector workers either through the labor department or the health department. There are still a few puskesmas forming UPK for the development of occupational health, and even then it is not operating. This indicates the absence of OSH services in informal workers as mandated by the Manpower Act 13 of 2003. Purpose of the study were to find out information and understanding of the informal sector workers about occupational health and safety through work health post (pos upaya kesehatan kerja/UKK). The type of this research is descriptive observational, Population is informal Worker in Samarinda. A sample of 10 people from each type of informal work is taken purposively. The classification of informal employment types by statistical center (BPS). Result of this research about 56,67% informal workers never heard /read about OSH (K3), 58,33% did not know purpose of OHS, 61,67% did not use PPE, 66,67% never told health officer about PPE, 65,00% never heard /read risk factors of work, 91.67% never heard about UKK, 55.00% had experienced injury/wretched, 58.33% had experienced illness, 58.33% never went to puskesmas, 55.00% had fund healthy. More than 50% of informal sector workers have not known about OSH and its objectives and UKK posts, but more than 50% already have healthy funds and seek treatment at puskesmas if injured or illness.*

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## **INTRODUCTION**

Every worker / laborer has the right to obtain protection for occupational safety and health (K3), in order to realize optimal work productivity<sup>1</sup>. However, in practice it can only be applied to workers /

laborers working in companies that are legal (formal). How OSH protection for informal workers is more numerous than the formal workforce.

Decree of the Minister of Health of the Republic of Indonesia Number 1758 year 2003 on Basic Health Service Standards, establishing basic occupational health service institutions including puskesmas, company clinics (for formal workers) and Work Health Post (Pos UKK) for informal workers. Puskesmas in basic occupational health services are partners for company clinics (formal sector) and as facilitators for UKK posts for informal sector workers.

Basic health services in the formal sector workforce are well established with the various regulations that guide them such as the Government Regulation of the Republic of Indonesia Number 44 year 2015 on the Implementation of Work Accident Insurance and Death Guarantee Program, Regulation of the Health Minister of the Republic Indonesia Number 66 Year 2016 on Occupational Safety and Health Pain, Regulation of the Health Minister of the Republic of Indonesia Number 48 of 2016 on Occupational Safety and Health Standards Office, Regulation of the Manpower Minister of the Republic of Indonesia number 10 of 2016 on Procedures for the Return of Work Program and Promotive Activity and Preventive Work Accident and Work Disease Activities, etc.

Regulation of the Health Minister of the Republic of Indonesia Number 56 of 2016 Section 2 mentions Occupational diseases services apply to all workers in both formal and informal sectors, including civil state apparatuses, Indonesian National Armed Forces, and the Indonesian National Police. But its application in the field is not vigorous in the formal sector. Whereas informal workers are more than formal sector workers.

Regulation of the health minister number 100 of 2015 on integrated health care efforts which is a venue for health work (Upaya Kesehatan Kerja) for informal sector workers. However, these efforts have not been fully implemented for informal sector workers either through the labor department or the health department. There are still a few puskesmas forming UPK for the development of occupational health, and even then it is not operating. This indicates that there is no proper health and safety system and OSH workforce for informal workers<sup>4</sup>

### **Research purposes**

The purpose of the study were to find out information and understanding of the informal sector workers about occupational health and safety through work health post (pos Upaya Kesehatan Kerja). The type of this research is descriptive observational, Population are informal Workers in Samarinda. A sample of 10 people from each type of informal work is taken purposively. The classification of informal employment types by statistical center or Central Agency on Statistics (BPS).

## **RESULTS AND DISCUSSIONS**

World Health Organization (WHO) agreed to achieve universal health coverage (UHC) in 2014 in developing countries, especially Indonesia. Universal health coverage is a health system that ensures every citizen in the population has fair and equitable access to health services promotive, preventive, curative, rehabilitative and palliative quality at affordable costs. The purpose of UHC was established Law No. 40 of 2004 on National Social Security System (SJSN). The existence of Law Number 40 of 2004 encourages each region to launch community health insurance through regional health insurance (JAMKESDA) and otherkind. From 2004 to 2013 middle to low society almost all have adequate health insurance.

Law Number 40 of 2004 mandates a social security management agency (BPJS) to organize a social security program for all Indonesians. BPJS distinguished are two types of BPJS health and BPJS employment. BPJS health began operations January 1, 2014 to manage health insurance for civil

servants, soldiers, police and jamkesda. And BPJS employment began operations July 1, 2015 to manage employment insurance (astek).

Employment BPJS organizes accident insurance programs, old age, pensions and death guarantees. Programs can only be applied to workers / laborers working for employers or companies (formal labor). But how to apply it to self-employed or self-employed workforce with family members (informal workers).

Social safety program regulations and OSH services are available for formal workers. However, for informal workers, the regulation of social security program and OSH service are not adequate. Health Ministerial Regulation (HMR) number 100 of 2015 on integrated healthcare efforts, is a regulation of OSH in informal workers, but does not have social security rules. So that informal workers do not have the rules of accident insurance program, old age, pension and life insurance.

The socialization of HMR number 100 of 2015 for integrated OSH services for informal workers is not yet optimal. 56.67% of informal workers never heard or read about health and safety (OSH). And those who have read / heard about OSH assume if the OSH service is only for company employees. This indicates that the information on OSH service has not reached the informal workforce, let alone the social security information of labor is also not known such as accident guarantee, old age, pension and death guarantee.

The informal workforce is 57.03% more than the formal workforce of 42.97%<sup>6</sup>. Therefore, informal sector workers should be given good attention from OSH services as well as work accident, old age, pension and death insurance coverage. The labor force in the informal sector includes farmers, fishermen, small traders, etc. They are less able to maintain personal and family health, are often exposed to potential environmental hazards, irregular working hours, overworked workloads, low incomes, not yet received occupational health services. In addition they do not use the pattern of activities regulated by professional management systems, have the capital, regulation, equipment and turnover is usually small, generally done low-income groups and do not always use the skills and formal skills.

The importance of the socialization of the HMR number 100 of 2015 to the informal worker community, which faces various risk factors for its work and has no guarantee of work accident protection. There are 58.33% of informal workers do not know the purpose of OSH. And who knows the purpose of OSH it assumes that OSH is only intended to employees of the company. Here shows the lack of information for informal workers about how to protect themselves from occupational risk factors. (formal or informal) .

Obtained 61.67% of informal workers do not use PPE every work. This is due to lack of information for them about the function of personal protective equipment (PPE) in working. Actually from the name "personal protective equipment" can be understood what is a protective device itself, but if less explanation, then people can ignore it. For those who use PPE in work, realize that PPE is protecting them from a nuisance. But do not take it as a distraction from his job. Because the PPE used is only common or commonly used by ordinary people (people who are not employed to use too) such as masks, hats, shoes, gloves and long pants / shirt sleeves.

In the research, 66.67% of the workforce has never obtained information on the function of PPE from health workers or labor officers. The importance of disseminating information on the use of PPE in work, because PPE protect themselves from exposure to occupational risk factors. Especially information on the use of PPE properly and correctly. Using PPE but not properly and correctly or at random, will still have a negative impact on the workforce. Labor will remain exposed to occupational risk factors.

There are 65.00% of informal workers never hear / read the risk factors in work, and among them also who never use PPE in work. But the other 35% workforce, they use PPE in work, all of them also have heard or read about the risk factors of a job that need to be prevented or overcome.

Potential risks of working hazards include: 1) Physical factors (temperature, pressure, lighting, radiation, vibration); 2) Chemical factors (dust, vapor, gas, smoke, solution); 3) Biological Factors (Anthrax Disease, Tannery, Mushroom, Parasitic Disease, 4) Physiological Factors / Ergonomics of a working condition can cause physical fatigue, even gradually there can be changes in the body. This can be due to engine construction errors, poor posture and wrong way of doing work); 5) Psychosocial factors is a workplace situation that can cause boredom and saturation tend to and tend to increase work accidents.

Approximately 91.67% of the informal sector workforce has never heard of work health post (UKK). They lack information about OSH, PPE and occupational risk factors, especially with UKK postal information. It is expected that with the incessant information about the function and benefits of the post of UKK, the informal worker will be motivated to form the UKK post with helped of the puskesmas. The UKK Post is a forum for community-based health efforts of informal sector workers managed and organized from, by, for and with workers communities through the provision of health services with the main promotive and preventive approach, with simple curative and rehabilitative approach. So they live healthy and free from harm or health disturbances and bad influences caused by work.

With the Regulation of the Minister of Health No. 100 of 2015 on integrated UKK post, strengthen the work health service at UKK post integrated with or combined with other health program or activity in worker group and form of community participation in early detection activity, monitoring risks factor and occupational diseases, infectious and non-communicable disease control, animal-based disease control, nutrition program, reproductive health, sports health, mental health, environmental health, and Perilaku Hidup Bersih dan Sehat (PHBS) conducted in an integrated, routine, and periodic manner<sup>4</sup>.

The Jamkesmas program was able to cover the poor informal sector workers, although the worker's utility was dominated by the sick. Following the enactment of a National Health Insurance program organized by BPJS (Badan Penyelenggara Jaminan Sosial) health and BPJS employment shows increased membership, but not participants from informal workers. This indicates the occurrence of adverse selection. From the policy aspect, their membership has been listed in Presidential Regulation no. 111 of 2013 and updated in Presidential Regulation 19 of 2016, but this policy has not explicitly explained the efforts to be done in expanding membership and maintaining the sustainability of these workers to remain a participant of BPJS. This study implies that national health policy makers should make schemes in the expansion effort and ensure the sustainability of informal sector workers in health BPJS.

In this study 55% of informal workers do not have healthy funds. This is allegedly due to lack of understanding of the type, benefits, and registration procedures until the claim of the BPJS. The informal workers are mostly only familiar with BPJS health and have not known BPJS labor, let alone BPJS health of informal workers. In addition to the difficulties for informal workers to meet the requirements to become BPJS participants of the health of the informal sector is obliged to pay dues three months ahead, should not delay payment because if sick must pay arrears and interest. The facts are obviously burdensome to the informal workers sector whose incomes are uncertain, while the nature of the BPJS installment is certain that this makes many participants prefer BPJS health insurance rather than the informal BPJS. In addition to the presence of some respondents who feel despite having an income above the UMR (Upah Minimum Regional) follow BPJS Health is not considered as a major requirement. This is what causes respondents not to follow BPJS Self Health.

These findings are consistent with the results of Pangestika VF, Jati SP, Sriatmi A, 2017 where the respondents who did not follow the independent BPJS Health in this study were 51.9% and the group

that followed the BPJS of 48.1% independent health. In the study it was concluded that the informal economy and the family support were the main factors to follow BPJS Self Health.

National Health Insurance membership recorded by BPJS Health per December 16, 2016 amounted to 171,677,287 people (67%). The target of the National Health Insurance program is the UHC coverage in 2019. To achieve the target, becoming a BPJS Health participant is not only mandatory for workers in the formal sector, but informal workers are also required to be BPJS Health participants. Based on data from the Central Bureau of Statistics (BPS) it is known that up to May 2015, there were 122.3 million workers in Indonesia consisting of formal sector 51.4 million people (42.06%) and informal sector 70.9 million (57, 94%). Viewed from the concept of the National Health Insurance program, the informal sector in the membership of BPJS Health is categorized as Non-Wage Workers (PBPU), where the achievement of this group is still low, ie 7% of the total population in Indonesia<sup>9,10</sup>.

According to the National Labor Force Survey in February 2017, Indonesians working in the informal sector are at 63 million people, or about 51% of the total national workforce. According to the data of the Director of Expansion of Membership and Inter-Agency Relations of the BPJS of Manpower; of the approximately 63 million people employed in the informal sector, only about 1.4 million are active in the Employment Social Security (Jaminan sosial Ketenagakerjaan JSK) program. This amount is of course very small when compared to the 24 million active participants from the formal sector as well as the total informal sector workers. Based on data from BPJS November 2017, the biggest challenge of BPJS health target in 2019 came from the informal workers sector. BPJS health membership currently amounts to 189 million of the total population of Indonesia, so 77% of Indonesians are not registered as BPJS participants.

Disease complaints on informal workers usually classified into two kind are related to work and not related to work. In this study, unrelated labor complaints based on the most common complaints were respiratory disorders such as acute respiratory infections (ARI), influenza and asthma. Followed by a fever that is usually caused by typhoid fever that is thought to be caused by the indiscriminate eating habits of informal workers.

While complaints related to most work diseases are musculoskeletal complaints, skin disorders, breathing, and eyes. Musculoskeletal complaints include muscle pain, joint pain, and back pain; which is thought to be related to non-ergonomic work and physical overwork. Skin dermatitis complaints of both irritant and allergic contact dermatitis. Respiratory disorders associated with occupational occupational asthma due to the use of paint / glue / dust in the work environment. Eye disorders include vision impairment such as blurred eyes and eye trauma. In addition to these complaints there are complaints that are difficult to know the cause because the required investigation, namely complaints of fatigue and nervous complaints such as cramps, tingling and numbness are usually associated with exposure to chemicals such as insecticides, glue, paint or organic solvents.

As many as 55% of workers have experienced the most common accidents are injured, fell, crushed and traumatized eye. In fact this can be overcome with proper working procedures and using appropriate protective equipment. The results of this study indicate that musculoskeletal complaints still occupy the first rank of all labor complaints, these results are not much different from other studies<sup>12</sup>; get the most complaints on garbage collectors is musculoskeletal disorder about 19 people or about 76%. While respondents who suffered puncture wounds due to not using gloves are 23 respondents or 92%. Wrist and lower back is a common musculoskeletal disorder that is about 23 respondents. Primary Research, 2017; also found that in the work of the blacksmiths All of the worker, amounting to 34 people, suffered from psculoskeletal disorder with moderate musculoskeletal complaints level (53%) .

Approximately 58.33% of informal workers do not seek treatment at puskesmas, people if sick tend to treat themselves first by buying drugs in stalls or pharmacies without a prescription from the doctor, they just ask the pharmacy guards which drugs are commonly used for certain illness, they buy drugs without a doctor's prescription is not necessarily good for health, and not necessarily the drug does not cause side effects if ignore the rules of use. And there is also a traditional treat. Economic factors are

suspected to play a role in the selection of treatment sites. This can be seen from the classification of patients who come to the place of traditional medicine most of the work is rough laborers, drivers and parking workers. The tendency of increasing the use of traditional medicine is realized for several reasons: the price of manufactured medicines is now more expensive, the side effects caused by traditional medicine are very small and the chemical content contained in traditional medicine actually becomes the basis of modern medicine. Where in the study there are almost similar reasons in choosing treatment. Respondents prefer self-medication or untreated as the first stage because the illness is not too heavy, not too long, can heal itself or with drug stalls alone and does not require intervention by medical personnel.

## CONCLUSION AND SUGGESTION

More than 50% of informal sector workers have not learned about OSH and its objectives. Similarly, more than 90% of informal sector workers have not known of the UKK post yet. But more than 50% already have healthy funds and treatment to the clinic if sustained / sick but not the guarantee of BPJS employment.

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