



The Occupational Diseases Workers' Protection as a Important Aspect on Occupational Safety and Health Program (In The Ministry of Manpower of Republic of Indonesia)

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ABSTRACT

The objective of this study are to get answer the question: "Why is the attention to protection of workers against the occupational disease (OD) is less than occupational accident/injury (OA/OI)?" Until 2017 in Indonesia, there was very few data of OD cases when compared to occupational accidents (OA) cases. The method of study is evaluation research using the Stake Countenance Evaluation model. The data and information relating to OD in the current OSH program were collected and analyzed with the Stake Countenance Evaluation Model. The number of informant are 30 persons consist government official and keys stakeholder. The results of the study that have been conducted show that there are six main factors contributing to workers' lack of protection from OD, as compared to OA cases: 1) lack capacity of stakeholder; 3) inapropriate of policies and regulations; 4) lack of law enforcement; 5) poor function of OSH services; and 6) poor OD case handling, data management.

Keywords: *Occupational accident/injury, occupational diseases, worker's protection, occupational safety and health, work compensation.*

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INTRODUCTION

Workers are socio-economically active populations and almost a third of their time is used in the workplace so they are at risk of having OA/OI and OD which both often cause pain, disability and fatality (Boschman, Brand, Frings-Dresen, & van der Molen, 2017). The occurrence of OI and OD among the workers has a very detrimental effect not only for the workers themselves but also for their families, also for the companies where they work, considering that workers are basically support their family financially and are human capital assets for companies. Unhealthy workers give tremendous pressure to an organization (Armstrong, n.d. 2012) (Muraga et al., 2015).

The OSH program is a program with the main purpose of preventing OA and OD. Based on the perspective of human resource management (HRM), OSH programs are part of the efforts to manage workers as human capital assets for a company or organization (Campo et al., 2015). Health and well-being in the workplace is a fundamental business elements for a productive, happy and healthy workforce (Holt & Powell, 2015). If the OSH program is not being implemented, it usually resulted in various losses due to occupational accident and diseases that afflicted workers' human resources which were often accompanied by property damages, environmental damages, and economic losses.

LITERATURE REVIEW

There are three important issues of Occupational Diseases Workers' Protection as bellow.

a. Occupational diseases protection as part of OSH program

Protection of workers from the OD is an important aspect and also being the main objective of the OSH program along with the protection of workers from OA. The emphasis of the OSH program for OD protection is carried out through occupational health (OH) and work environment sub-programs as an inseparable part of the OSH program (Roberts, 2015). This concept is in line with the concept of Total Worker Health (TWH) program developed by the National Institute for Occupational Safety and Health (NIOSH). TWH program aims to integrate the OSH protection with health promotion, to prevent OI, OD and to advance health and well-being (Campbell & Burns, 2015; Grossmeier et al., 2016; Kopias, 2001; Pronk et al., 2016; Schill & Chosewood, 2013; Sorensen et al., 2013).

Basically, workers face a double risk (double burden) of health, in the form of risks and expenses due to general illness and risks and burdens due to specific diseases, namely OD (Pa & Leigh, 2011; Parran, n.d.). Among the two problems of the disease, there is a big issue in diagnosing the OD since the symptoms often similar. Some people use the same term for OD with work related diseases (WRD). Thus workers basically face three disease risk groups, namely: 1) general illness, 2) OD (specific), and 3) disease combination of common diseases with occupational diseases.

The accidents is sudden, through a brief process of events and the accident/injury can be immediately seen by many people. Unlike the OA, the process of OD runs gradually or called "chronic" (long time process), so that the disease is not seen easily and often loss the attention. If it is proven as OD, then the workers should receive the work compensation (Crook & Feyrer, 2006).

b. The Losses that caused by Occupational Disease

The level of risk of OA/OI and OD is increasing along with economic growth and industrialization (Hassard et al., 2012; Loewenson, 1998; Pa & Leigh, 2011). In 2003, the ILO estimated that the number of OI cases in the world was 270 million (62.8%), while the number of cases of OD was 160 million (37.2%) per year. Hence, the cases of illness and injuries which causing death/fatality reach 2.33 million people in 2014 and currently increase to 2.78 million people annually. The OD mortality is a 2.4 million (86.3%) of the total estimated deaths and fatal accidents is a 13.7% (Jukka, Tan, & Kiat, 2017). This condition is estimated to cause global economic losses due to failure in implementing OSH

program especially by OD and OI cases on average by 3.94% of global Gross Domestic Product (GDP) per year, or 2.99 trillion US dollars. (*SNAPSHOTS ON OCCUPATIONAL SAFETY AND HEALTH (OSH) THE ILO AT THE WORLD CONGRESS ON SAFETY AND HEALTH AT WORK 2017 CONTENT*, n.d.; Verbeek, 2013).

Data also shows that 40% of OI and OD occur in young workers. Other data in 2007, medical costs related to OI and OD in the United States were estimated at \$ 67 billion plus indirect costs which almost reached \$ 183 billion (“OSH Global Action,” n.d.; Pa & Leigh, 2011; Szeszenia-Dąbrowska & Wilczyńska, 2013). In the UK, the annual economic costs of sickness absence and workless associated with ill-health is over £100 billion. In these tough economic times, occupational health is a vital resource to ensure that companies remain productive (Theorell, 2015). According to the estimation of the International Labor Organization (ILO), economic losses due to OA and OD can reach 4% of a country's Gross Domestic Product. This condition can a burden which is quite significant for a country (Fitz-Enz, 2000; Money, Carder, Hussey, & Agius, 2015; Pa & Leigh, 2011). Furthermore, this condition will be a challenge for achieving quality and sustainable development goals.

c. Social Security Issues for Workers who suffered Occupational Disease

Workers who experience OI and OD must be given social security as work compensation to treat the injury (due to OA) or illness (due to OD), and compensation in the form of money for those who experience permanent disability or death (Loewenson, 1998). By giving work compensation to workers who experience OI or OD, they can reduce the burden of suffering and socio-economic conditions of workers and their families, and can optimize their existing work capabilities through the return to work program (Hudson & Hall, 2013).

In accordance with the regulations in Indonesia (Employment and , the provision of compensation due to OI and OD generally includes several components, namely: 1) transportation costs for evacuation or obtaining health services; 2) the cost of health services for injury or disease, starting from first aid medication to optimal/complete treatment; 3) temporary wages unable to work or Sementera Tidak Mampu Bekerja (STMB); 4) medical rehabilitation; 5) disability compensation; 6) giving the program back to work; 7); giving occupational accident and diseases preventive and promotive programs; 8) educational scholarships. Components number 1 to 6 are given to workers who experience OI or OD, component number 7 is given to companies to prevent OI and OD so that similar cases do not re-occur. Component 8 is scholarship for one children when worker's die or totally disabled due to OI or OD if their children is still in the age who needs education.

METHODOLOGY

This article was prepared from data analysis in the qualitative approach research was carried by methodology of Countenance Stake Evaluation model that consists of three main components of evaluation: antecedents (input), transactions (process), and outcomes. The number of informant are 30 persons consist government official in the occupational safety and health division, Indonesian Ministry of Manpower (MOM) Jakarta and their keys stakeholder in the occupational diseases protection measures. Government officials consist line manager, senior labour inspector and occupational environment laboratory in the head quarters of MOM. The keys stakeholders informant are some occupational health doctor in the companies and senior labour inspector in regional offices (provincial office).

By questioner and interview already get many information around the policy, regulation, planning, programs and evaluation, data reporting system and case handling related to occupational diseases by activities at MOM. The data and information about how effectives the occupational diseases protection measure has got from labour inspections, occupational doctors, and workplace environment laboratory.

The data and information are obtained from informant by questioner, deep interview, round table discussion. Another data and information gain by observation and document analysis from various policy/regulation and program instruments as well as the results of activities/programs in the form of meeting reports or summaries in the MOM office for the

period 2015 - 2017. The data and information obtained are recorded, analyzed and drawn conclusions in the Matrix of Stake Countenance Evaluation Model by grouping in antecedents (input), transactions (process), and output/outcomes components. According to Stake Countenance Evaluation Models, the process of data analysis and drawing conclusions (judgement), use of congruency and contingency analysis approach. In this process, author also refers to the theories in the literature, the results of previous studies and the published studies in national and international journals which discuss or study in the occupational diseases.

RESULT AND DISCUSSION

Based on the results of this study, the researcher found various relevant documents and information, general conditions and certain special conditions regarding the implementation of OD protection efforts for workers through the OSH program that conducted by the MOM and their keys stakeholders. In general, there were only a small number of OSH program that has been implemented and put attention to the OD aspects. This condition is described in the data from the implementation of work compensation programs organized by the Social Security Administering Agency or Badan Penyelenggara Jaminan Sosial (BPJS). Until 2017, the number of OD cases that given work compensation as Jaminan Kecelakaan Kerja (JKK) in Indonesia only 25 (0.02%) compared to OI cases reached 106.889 (99.98%) annually, showed in the table below.

Table of The Number of Work Compensation to Occupational Accident and Occupational Diseases

Number Work Compensation for occ. accident and occ. diseases 2015 to 2017			
Year	Number of workers compensation		
	Occ accident	Occ diseases	Total
2015	89.297	25	89.322
2016	102.916	13	102.929
2017	128.454	37	128.491
Total	320.667	75	320.742
Average	106.889 (99,98 %)	25 (0.02)	106.914 (100 %)

Source: Annual Report of BPJS Ketenagakerjaan (2018)

The conditions above are influenced by the some factors, namely: 1) lack of stakeholder understanding, competency, commitment, and participation to involve in the OD aspects in the OSH program; 2) inadequate planning and budgeting of OSH program; 3) inappropriate of policies and regulations on OSH; 4) lack of law enforcement of the labor laws; 5) poor function of OSH facility services; and 6) poor OD case handling, data collection, and management.

Discussions

The OD issue is an important aspect of the OSH program in Indonesia, has a strategic value because it covers the protection of workers as a productive and economically active population, which accounted to 121 million people (47.4%) or almost half of the total population of 255.2 million people (BPS, 2016). On the other hand, Indonesia's population growth has led to a demographic issue because it is dominated by young people, so the proportion of the number of workers will be even greater in the future. Young workers work in all types of enterprises – formal, informal, small and medium enterprises, and in all sectors, so they face ir much greater vulnerability to experiencing workplace harm (Rohlman, Parish, Elliot, Montgomery, & Hanson, 2013; *SNAPSHOTS ON*

OCCUPATIONAL SAFETY AND HEALTH (OSH) THE ILO AT THE WORLD CONGRESS ON SAFETY AND HEALTH AT WORK 2017 CONTENT, n.d.).

Based on the various findings in this study, OD is misdiagnosed very often by doctors who do not understand occupational diseases, wrong treatment, and no have work compensation. This condition also indicates that the implementation of the OSH program has not been carried out comprehensively, because most of the programs dominated by the OA aspects and only a few which put attention to the OD aspects. Therefore, an comprehensive evaluation is needed to determine the factors that hinder efforts to protect workers against the OD in order to improve the quality of workers' protection through the OSH program.

Until 2017 the OD cases number reported, handled, and given work compensation only 25 (0.02%), in contrast to OI cases number up to 106.889 (99.98%) annually. If this kondision compared to the ILO data survey, the proportion of OD cases more than 50% of the number of OI cases reported. As in the case of an ILO report that the OD case is more in silent epidemic. Hence, it can be assumed that the number of hidden OD cases in Indonesia is quite large. These hidden OD cases predicted did not treat appropriately and those who suffered did not receive any work compensation (ILO, 2013; Rosenman et al., 2006). Thus, it can be concluded that the MOM's OSH program has not been implemented comprehensively, because it still dominated by OI aspects and put a little attention to OD aspects. Based on these results, the OD protection program for workers must be improved along with the protection of workers from OI through the comprehensive implementation of the OSH program (Campbell & Burns, 2015; Guzman et al., 2015; Rantanen, 2005).

Prevention of OD is very important to create awareness in the general public on the severity of the silent epi-demic of occupational diseases, which is estimated to cause 86% of deaths at work. In other hand, according to TWH program, OSH program also must be integrate with PH program at work to protect the workers from OD and OI, and to increase the workers health and well-being (ILO, 2013; Verbeek, 2013; WHO, 2018). Give workers protection from OD is equal with give attention to OSH program comprehensively, and give benefit in large (Agustina et al., 2018; Kogi, 2010; Pronk, 2013; Schill, 2017).

CONCLUSION

Although the OSH program is basically aimed at protect the workers from OI and OD both in terms of prevention, handling and providing work compensation, the MOM still put a little attention to the OD protection and prevention program. Losses due to OD are most happened to the workers. Losses that happened to the workers have an impact to the company and subsequently become a loss for the country. Evaluation is needed to identify the causes and problems of the issue more comprehensively to provide recommendations and appropriate solutions so that the quality of workers' protection will increase.

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