The Role of Government in Occupational Health Effort Program in Medan

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Abstract: Occupational health effort in Medan need to be increased, because accidents and occupational diseases still occur. This condition shows workers are still very vulnerable, especially the informal sector that does not yet have access to occupational health services, so that the implementation is integrated in the health center. A study is required to analyze the role of government in occupational health effort. This study was qualitative research by conducting in-depth interviews with managers of the occupational safety and health (OSH) at health center, staff of labor department, OSH center, and the employment BPJS. Data were analyzed using thematic analysis. The results showed that the government had a role in supervision, cooperation, providing budget and training, but the role played was not optimal. Not all OSH managers in health center have been trained and there is still little OSH training for workers. It is recommended that cooperation, budget and OSH training be improved so that the implementation of the occupational health effort program is better.

1 INTRODUCTION

Occupational health efforts are urgently needed to improve workers' health, prevent the emergence of health problems, protect workers from possible dangers in the workplace (Kementerian Kesehatan RI, 2010). Based on the report of the Directorate of Occupational Health and Sports, in 2016, there were 144,062 occupational accidents and 61,234 occupational diseases in Indonesia, while in North Sumatra there were 6,473 occupational diseases and 1,479 occupational accidents (Kementerian Kesehatan RI, 2016). In addition, Syahri & Fitria's research (2018) shows that as many as 65.5% of informal workers who are members of five occupational health posts in Medan have experienced work accidents. It needs stakeholder support to overcome this, especially the government.

Regional Regulation of Medan City no. 4 of 2012 concerning the Medan City Health System, section 10 regarding occupational health efforts article 18 paragraph 5 which states that the Office together with the Regional Work Unit in charge of manpower and other relevant agencies carry out coaching towards the implementation of fostering occupational health efforts both in the formal sector and informal.

The government, in this case, the Medan city health office and other agencies involved in occupational health are the Department of Labor, the employment BPJS and Occupational Safety and Health Center also play a role in the health effort in Medan City. Rantanen (2005) also emphasized that the government involved in occupational health services is an institution in charge of safety and health for workers and health institutions as well as related institutions that are competent in the occupational safety and health field. Thus, the synergy of the role carried out by the government can improve the work health program.

Research on the role of government in health services already exists, but few focus on occupational health effort. Research by Tang, Eisenberg, and Meyer (2004); Straube (2013) focus on the role of government in improving the quality of health and safety services, namely by improving service quality, strengthening regulation, increasing knowledge and developing health technologies and practices, collaborating with all parties, making regulations so that health services can be affordable improving the quality of health services and increasing prevention.
and health promotion efforts. Research by Wade and Francisco (1982) and Frieden (2013) examines the role of government in occupational health with the results that need to increase resources, distribution of technical information, consultation and improvement of regulations, but have not been linked to basic health services.

The limited study of the role of the government in occupational health efforts, as well as the high number of occupational accidents and suspected occupational diseases that occur, it is necessary to conduct a study of the government’s role in occupational health effort in Medan.

2 METHOD

This research is a qualitative research, in-depth interviews are used for data collection. Source triangulation is used to maintain the quality of research results. Informants in this study were Occupational Safety and Health (OSH) managers in health centers, staff of labor department, OSH center, and the employment BPJS. Thematic analysis is used to analyze the data that has been collected. The focus of this research is the role of government in occupational health effort in Medan.

3 RESULTS AND DISCUSSION

According to the informant, the role carried out by the government in the occupational health effort program according to the informant includes supervision, facilitators in occupational safety and health training, budgeting, collaboration and roles in producing OSH policies.

3.1 Supervision

Supervision is an effort to pay attention, observe and control the ongoing activities. Supervision is carried out on officers who are carrying out work health efforts programs, supervision is also carried out on the industry, where workers carry out their activities to avoid accidents and occupational diseases.

According to the informant, the government, through the health office, has supervised the implementation of the occupational health efforts program in relation to activities carried out at the target workplaces, this was stated by the informant below:

"Health services have been involved in monitoring and supervising OSH activities." (01)

Supervision is carried out to the manager of the occupational health efforts in health center, namely during the implementation of a routine OSH officer meeting which is held once a month at the health department, as the following informant stated:

"Health services have been reminded during routine meetings to provide guidance in the workplace." (02)

In addition to the supervision that has been carried out by the health department, it is also expected that the labor department can jointly conduct supervision, this was conveyed by informant, including:

"In addition to the health office, it is very necessary for the role of the labor office to provide recommendations for the conditions for issuing work permits and workplace requirements." (02)

The employment BPJS has a role to protect workers, so it should supervise every industry whether all workers are protected with employment guarantees, as revealed by informant:

"Role of the employment BPJS, to protect workers, because many workers have had work accidents, but there is no guarantee so it is necessary to socialize the employment guarantee program." (03)

Supervision is carried out by the government in accordance with their respective duties, as conveyed by informant:

"The government carries out its respective duties, like supervision at work. The employment BPJS performs the function of protecting workers. For the health department to carry out occupational health effort as stated in the Health Act." (04)

This condition shows that the supervision has been carried out by the government but is still running independently, it is expected that in the future, to increase the role in terms of supervision should be carried out collaboratively, integrated, carried out dynamically and continuously. Good supervision is dynamically, by adopting a positive attitude, namely providing guidance and direction Omisore (2014) According to Mor, Travis, Pyun, and Xie (2014) the results of supervision as input or advice should be utilized for the progress of workers. The research of Henry, Nantongo, Wagner, Embrey, and Trap (2017) shows that the power of supervision lies in the feedback producing OSH policies.

3.2 Training

The government is expected to provide OSH training, both for OSH managers, industry and
workers, to increase knowledge in the OSH field. During this time, the government through the Medan City Health Office has provided OSH training, especially for OSH managers in the health center, but the training provided has been unstructured, because it was given during the monthly staff meeting, as the following informants said:

"The government in this case the health office has provided training related OSH." (05)

Not only the health department, OSH centers have also held training for small and medium enterprises in the working area of the health center, but not all industries in the health center work area have been trained.

"For training alone, we often collaborate with health center, and have already been there for friends at the health center, there have also been for friends at small and medium enterprises." (06)

In addition the employment BPJS has also conducted OSH training, but it is still temporary, as revealed by the following informant:

"Preventive promotive efforts have been given, then training in OSH basic training, but it is temporary." (07)

OSH training should be carried out in a collaborative manner. Research by Mahan et al. (2013) shows that OHS training is carried out in a collaborative way to improve a healthy and safe work environment. Sirirutnanpruk, Wada and Kawakami's study (2009) explains that OSH training for officers at basic service centers is carried out by the Bureau of Occupational Health and Environment in collaboration with the Department of Public Health in Thailand.

### 3.3 Financing

The Occupational Health Effort Program requires a financial to run well, this budget can be used for promotive, preventive, curative and rehabilitative efforts, but not yet available to the fullest. According to informant that OSH training and testing of the work environment can be budgeted so that it can be utilized by small and medium industries.

"...can be used for training and testing every year should be budgeted for activities for industries that are considered lacking ability or small and medium enterprises designated by the health center,..." (06)

The finance for occupational health effort activities is still very minimal, this was disclosed by informants so it needs to be included in the health operational assistance budget for each health center, following the statement:

"Hm... for the implementation, it seems that the finance is however small, so the health department informs them to budget for activities in health operational assistance from their respective health center." (05)

During this time, the existing finance is only in the form of transportation to the field, for the OSH socialization to industry has not yet exist, the following quote:

"The funds available from health operational assistance are only in the form of transport to the field..." (01)

Based on the conditions, the finance available for implementing occupational health effort in Medan is still very small, that is only for the transportation of managers to the industry being fostered. According to Rantanen (2005) In Finland, the cost for occupational health services provided by the city health center is USD 25 for prevention activities and USD 49.2 for curative activities per protected worker per year. In developing countries it may be around 20 USD per year, and for prevention activities only around USD 5 per year. This should be considered by the Medan City Health Office to provide a budget for activities, because the government is the most responsible authority.

According to Pellicer, Carvajal, Rubio, and Catalá (2014) the average value of prevention costs reaches 1.54% of the total project budget, overall costs for occupational safety and health are around 5% of the total development project budget that needs to be provided for company. This can be stated in the form of an OSH policy from the local government to cover the costs of each workplace.

### 3.4 Policy

Occupational safety and health policies are very important as a basis for the implementation of the occupational health efforts in Medan City. The role played by the government in relation to policies is still not maximal, there are no local regulations governing OSH specifically, besides the government through the health department needs to make operational standards for safety and health implementation procedures in health center. The following are the opinions of the informants regarding this matter:

"The Health Office needs to make a procedure for preparing program targets for health center." (03)

"To be effective there should be integrated regulations." (06)

According to Mandal (2009) the government thinks deeply and reviews existing legislative steps, to improve the occupational health situation in its area. In the Rantanen, Lehtinen, and Iavicoli study (2013) in countries that are members of the
international commission for occupational health, most of the respondents have OSH policies adopted in many cases, the majority of respondent countries stipulate, through law, employers' obligations to regulate OSH to their workers in some countries, the public sector is responsible for providing OSH. In line with this, Dwomoh, Owusu, and Addo, (2013) explained that with the policy issued by the government, all those involved in occupational health can interpret and carry out their duties.

3.5 Cooperation

The activities will work better if it is carried out in collaboration, as stated by informants, the following excerpt:

"We are in the service of health, social security of workers engaged in promotion and prevention, labor in licensing, so collaboration." (08).

"For self-training, we often collaborate with health center and have already been there for friends at the health center, there have also been friends for small and medium enterprises." (06).

Cooperation between the health department and the OSH center already exists, namely by providing training for workers, but has not run routinely. Likewise, cooperation with the employment BPJS already exists, but it has been maximally unimplemented.

Based on the conditions above, cooperation needs to be improved by involving all parties. It is expected that government institutions should further improve communication, because according to Halonen, Atkins, Hakulinen, Pesonen, and Uitti (2017) dialogue and contacts are often seen as necessary to increase trust, so as to form cooperation.

4 CONCLUSIONS

The roles that have been carried out by the government include as supervisors, providers of OSH training, budgeting, cooperation and OSH policy makers. The role of the government in the occupational health effort program is still running on its own and has been unmaximized. Communication and dialogue between the health department, the department of labor, the employment BPJS and the OSH center need to be improved, so that cooperation and collaboration occur. Revitalization of the role of the government is very much expected so that the occupational health effort program in Medan is better.

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REFERENCES


