

REPORT

Survey of Occupational Health and Safety On Garment and Textile In Indonesia

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(LION) Indonesia**

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Chapter I

Introduction

1. Background

“Company awareness to guarantee occupational safety and health of worker is still low. The practice mostly based on buyer demand, especially from abroad,” said Ferry Benson, leader of Balai Higine Perusahaan dan Kesehatan dan Keselamatan Kerja (HIPERKES). Ferry Benson also said that, potential of occupational accident is still happening because there are no unions who concern on occupational safety and health security. (Kompas, 24 May 2006)

The quotation above is showing the situation on occupational safety and health (OSH) in Indonesia. OSH as right of the worker mostly fulfilled only to “outwit” the buyer. The target is clear, just to have the company getting an order. That situation has been understood by all parties involved in, the big companies in Indonesia “survive” by any order. The situation is getting worst because there is no union in the company. Unions’ existences mostly are assumed negative for the company and obstruct the productivity. And implementing OSH will increase the cost of production. So what is the government role? According to International Labor Organization (ILO), Indonesia is one of the countries that have the most complete regulation in Asia on the basic rights of labor in work place.

The failure to fulfill OSH rights is an ironic considering several things. First, since affected by Asian financial crisis in 1997/1998, Indonesia government was aggressively doing industrialization to handle over jobless and poverty. Second, the industrialization was based on export oriented policy and foreign capital financial. Both assumptions can be seen by government measures to boost industrialization in various fields and encourage the traditional employment to be modern labor and enlarge the scale. Therefore, third, many union was established by the foundation of Freedom of Association Regulation No. 21/2000. Until June 2007, there are three confederation labor unions, 86 labor unions federation, and 11.000 labor unions in company level. However, most of unions only concern on dismissal case. Until 2009, unions on national or branch level is still focused on issues of wage and rejection of outsourcing. Occupational accident case is still handling partially only to claim compensation from company or PT Jamsostek (Government Bodies which concern on insurance for the worker).

OSH cannot be separated from economic development that forms labor regulation. In the 1980s, Indonesia adopted export-oriented industrialization policy that relies on the

investment. The policy continued until the Reformation Era. The policies can be seen from the Instruksi Presiden no.3/2006 on Paket Kebijakan Iklim Investasi (Policy Investment Climate). One that mentioned is the labor system that must be made friendlier to investments. Therefore, (though failed) in 2006, government tried to revise the Labor Act No. 13/2003. Some labor issues which hamper investment, according to the government and investors, are matter of employment termination, severance, working agreements, provisions on wage, employment agreement specified time (determined agreement), outsourcing, foreign workers, age limit for child labor, the limit of women's working hours and provision on annual leaves. In essence, the revised is expected to make hiring and firing workers (layoffs) become easily and inexpensively done.

The main complaint from policy holders and investors, Indonesia regulation is "too" protecting the interests of labor and disserve investors. Therefore, the regulations continue to be stripped down to be friendlier for investment (Mizuno and Herawati, 2006). Reduction the role of the state against the interests of workers at least can be seen from the massive practice of recruitment on contracted labor that violate the employment regulation, the application of the minimum wage to all years of service, minimum wages imposed as a maximum wage, and state and investor denial to fulfilled OSH.

In the middle of forcing to reform labor regulation to be more flexible and reducing the role of the state to protect workers, the OSH survey was conducted.

Occupation Safety and Health problematic

Since 2003, Indonesian government launched a campaign on the importance of OSH in the workplace. Every January 12 to February 12 serve as the Moon of OSH. Truly, state's protection on the certainty and guarantee of the fulfillment of OSH is contained in National Law No. 1/1970 concerning Occupational Safety and National Law No. 3/1992 about Workers Social Security (PT Jamsostek). PT. Jamsostek provides the Employment Accident Insurance Program (JKK), Death Benefit (JK), Old Age Security (JHT) and Health Care (JPK). Jamsostek is an obligation for the companies who have 10 or more worker or pay a monthly wage amounted to one million rupiah or more. Workers who suffered from occupational accident is entitled to the benefits included (i) transportation costs, (ii) the cost of medical examinations and treatment, and/or hospitalization, (iii) the cost of rehabilitation, and (iv) cash payments for disability benefits or death compensation. The implementing regulations are contained in Government Law (Peraturan Pemerintah/PP) No. 14/1993 on the Implementation of Labor Social Security and Manpower Minister Regulation (Peraturan Menteri Tenaga Kerja) No. PER-05/MEN/1993 on technical guidelines on member registration, monthly dues, Payment of Benefits, Workers' Social Security Service. In addition, there is also Presidential Decree (Keputusan Presiden) No. 22/1993 on The Diseases that arises due to Occupational Relations.

Another rule is contained in Manpower and Transmigration Department regulation no. PER.05/MEN/1996 on Occupational Safety and Health Management System, which stated "every industry who employ around 100 worker or more or the process or material production contain dangerous that can impact occupational accident as an explosive, fire, contamination and diseases must implement management OSH system". Those regulations

are strengthened by Labor Act No. 13/2003 in article 86 and 87. Article 86 states that every worker are entitled to have protection on occupational safety and health, protection on physical and non physical, and to be treated with dignity and the religion value. Chapter 87 states that every industry has to implement OSH management system to be integrated into general management system. Occupational safety and health is included also in sectoral national regulation such as Medicare legislation, and other regulations that related with mining, nuclear, oil and geo gas, industrialist etc.

Jamsostek nature is assurance which ones will be served if become member and paid the dues. As a concept and practically, the system of Jamsostek is not a system for protection. Jamsostek is not giving benefit optimally to the member (workers and their family). Besides that, Jamsostek is only for formal workers. It is based on the law of Jamsostek itself which takes form as incorporated company by the principle of "Profit Oriented". Through this provision, Jamsostek are subjected under the ministry of State Owned Enterprises State (BUMN) (Act No. 19 years in 2003) obliged to provide dividends for the government. In addition, the Social Security Act has no power of execution, because the sanctions given to company that has not registered the workers to the Social Security program is weak. In 2007, official data showed that only 8.1 million workers registered as Jamsostek member. However, more than 23 million workers and tens of millions of informal workers are not a member of the Jamsostek (DPP FSPMI, November 25, 2009).

Thus, the fulfillment of OSH cannot be measured only by the membership in Jamsostek. Another measures to assess the fulfillment of OSH are the extent of employment to be choosen, the extent of wage to meet labor needs and the extent of production processes can prevent accidents and illness of occupational related, including working hours, age, sex, work environment and whole information about the level of danger in the workplace. Low wages for example, will have an impact on the poor quality of workers life. It would encourage workers to take excessive working hours. And, it will decrease the health conditions of workers'.

Thereby supported or not OSH couldn't be measured with registering of Jamsostek only, but it measured by how far of choosing work opportunity is available, labor wage supporting their needs, production process can prevent an accidents and disease, including working time, age, gender, environment and information about risk/hazard level in working place.

Low wages, for an example, can effect to low quality of worker life. That thing can force the worker to take more over time working that effected to decreasing of labor health condition. It will become worst if the situation of production processes uses infrastructure which harmful to the safety and job security.

Table 1

Occupational Accident Data 2007-2008

Occupational Accident Data	2007	2008
Number of Occupational Accident case	83.714	93.823

a. unable to work temporarily	-	6.565
b. Physical defect	-	44
c. Death	1.883	2.124

Source: PT Jamsostek.

The above data indicates the increasing occupational accidents cases. The data which not disclosed by Jamsostek is the numbers of illness related to work as prescribed by the law No. 22 Year 1993 concerning illness due to Work. Methodically, Jamsostek organizes the data based on company report of Jamsostek member. Though, not all companies register the workers to Jamsostek. Supposing registered, it is only for one course; Old Age Security insurance for example. The rest covered to the other insurance agencies or not at all.

According to ILO, the real accidents data in Indonesia could reach five times more than the data recorded in the Office of Labor and Jamsostek. This is mainly related to the weak supervision on manpower and a minimum reporting of workplace accidents from the company.

The problem in implementing of OSH is not only related to the awareness of workers but also, the extent of information about work safety and security is socialized to the worker, the extent of wages that received can reduce the load and working hours, the extent of protection equipment is provided by company, the extent of the working environment is safety for the worker, the extent of women to feel protected in working place, or the extent of union's understanding about OSH.

Purpose of Survey

Aim of this survey is to get a clear picture of work condition in textile and garment in context of Labor Market Flexibility (LMF) intensification. Technically, this survey cooperates with Unions on company and branch level. This survey is expected to be useful for unions as data base for OSH condition in company; after knowing OSH condition in industry, unions can monitor the OSH implementation in factory. In the company level, the result of survey is expected to be "ammunitions" for union to push collective bargaining agreement (Perjanjian Kerja Bersama/PKB) that ensure the fulfillment of OSH.

For branch level unions, the survey results are expected to capture the urgency of OSH's struggle in the middle of flexible employment system. In this context, the OSH issue is expected to be a medium of consolidation to unions and Non-Government Organization (NGO). The information will encourage union to plan OSH program within union. In forward, this research will be the basic material for educational assistance of OSH in union and the framework of advocacy at the level of policy holders.

Essentially, the result of this survey is owned by the union. Therefore, all result will be spread to eight cities that chosen as research partners.

Survey Context

This survey is not in a vacuum, but covered with macroeconomic Policy of Indonesia, where Indonesia as one of producer and supplier of natural resource for international market, human resource provider, and market for international product.

In addition, this survey is conducted in the situation context which union is obstructed, both functionally as well as collectively either by companies or by the state. This situation has weakened the bargaining position of unions to fight for their collective interests. Because, in practice, each worker was "forced" to survive alone; individual contracts, individual negotiation and settlement of cases individually. The union is not prohibited directly. However, the main functions of union are slowly eroded. The weakening of unions is happening by decreasing the number of union members due to the company easily do the sacking (Termination of Employment), using the impermanent workers, and using other parties to do recruitment (outsourcing). Integral with the legalization of labor outsourcing is the growing of home-based workers from the labor agency service providers. These phenomena are part of the practice of Labor Market Flexibility (LMF). Today, LMF practically is running and many countries try to fight including Indonesia.

Method and Survey Partner

This research was using the method of survey, focus group discussion (FGD) and interview. FGD and interview was conducted to complete the data and strengthen the survey findings. Besides that, training and workshop of OSH were also conducted. Both are used to discuss about OSH policy.

Survey tools used an active questioner. The term is used to describe that the surveyor was assisting, giving explanation and discussing with the respondent. The purpose of this method is to avoid assumption that respondent is an object for the research. Surveyor and the respondent are interactively trying to understand that OSH problem is problem to all.

The essence of questioner is exploring the industry profile, labor status, the extent of normative labor rights which supported and how the fulfillment of those right. The normative rights in the questioner are concern about OSH case in the factory.

FGD was undertaken with local partner and labor unions. FGD was discussing the extent of union attention on the issue of OSH, how to integrate OSH in union programs, and how to encourage OSH advocacy programs outside the union.

Depth interview was undertaken with labor who ever had an accident and management of unions.

Training and workshop were involving labor unions, Manpower officer, Jamsostek, NGOs, and public. The problems that arose was the program of government to assure fulfillment of OSH and steps to be taken to promote and protect OSH right.

This research was conducted at the main site of textile and garment industry by involving partner organizations; Yayasan Wahyu Sosial, (NGO based in Semarang) and Pastoral Perburuhan Keuskupan Bandung (PPKB), Federasi Serikat Buruh Karawang Jawa Barat,

Dewan Pimpinan Cabang Serikat Buruh Nasional (DPC SPN) DKI Jakarta, Kabupaten Serang, Kota Bandung, Kabupaten Bandung Barat, serta Kabupaten Bogor. the locations area of survey are 4 (four) province and 8 (eight) city, namely DKI Jakarta, Banten (Serang), West Java (Bogor, Karawang, Bandung City, West Bandung) and Central Java (Semarang and Pekalongan). The survey was conducted from July to December 2009.

Research project was focused in western of Java Island, because this area is the central of garment and textile industry. By this time, there are 2074 unit of TPT, in West Java (57%), Central Java (14%), Bali (3%), Yogyakarta (1%), Sumatra (2%), Jakarta (17%), and East Java (6%) (Sutrisno, 2007). The total number of garment and textile industry absorb \pm 1.2 million worker. Manufacture industries absorb the biggest workers in Indonesia (15%).

Main problem came up when questioner is returned. From 312 questionnaires which are spread, only 284 that can be proceed. The rest is categorized error: questioner's unreturned and not full answer. Based on information, some respondent especially contract workers unwilling to answer the questioner because they are afraid effected to their job. And other assumed that it will not solve their work condition.

Table 2
Number of Respondent Based on City

Area	Union	Female		Male		Total Respondent
		Unmarried	Married	Unmarried	Married	
Serang	SPN	12	20	3	13	48
DKI Jakarta	SPN	6	4	3	9	22
Karawang	FSPEK	1	14	1	15	31
Bogor district	SPN	5	40	0	4	49
Bandung	SPN	8	40	0	17	65
West Bandung	SPSI TSK	4	14	2	9	29
Semarang	SPN	4	8	2	4	18
Pekalongan	SPN	3	6	1	12	22
Total		43	146	12	83	284

Survey respondent was dominated by woman; it showed that woman labor in this sector is a majority.

Chapter II

SURVEY FINDING

1. About Textile and Garment Industry in Survey

There are 59 industries being surveyed in this research, located in 8 city/district of Java Island. From that number, 31 from textile sector industry, 23 garment sectors, 2 in sector garment and textile industry and 3 produce shoe. Shoes factory are totally foreign capital (100%). Based on market orientation (distribution), there are 13 industries oriented on export and local, 20 industries on domestic market and 26 industries on export oriented. The destinations are America, Europe, Japan, Korea and China. Especially for textiles, the export destination is Middle East Country. Industries with export oriented are garment and shoes sectors. Shoes and shirt were produced with Nike, Adidas, Reebok, Puma, Wal-Mart, GAP, Esprit, Mizuno, Tommy Hilfiger and Polo brand. Most of them are middle and big scale company with 17 company employ more than 300 workers, 20 industries have more 1000 workers. Whole industries in average employ contract labor, around 46% from all the industry hired permanent worker.

Table 3

Number Respondent Base on Industry Sector.

Sector Industry	Total	%
Textile	104	36%
Garment	139	49%
Textile and Garment	13	5%
Footwear	28	10%
Total	284	100%

2. Respondent Profile

a. Respondent Base on Age

The age of respondents in this survey are 19-25 years old; 9 male people, 32 female people, 26-30 years old; 35 male people, 54 female people, 31-40 years old; 37 male people, 95 female people, and above 40 years old; 14 male people female 8 people. The total is 95 male people, 189 female people. Number of respondents that dominated garment sector is female

Tabel 4

Number of Respondent Base on Age

Age Range	Number of workers			
	Male	%	Female	%
19 - 25	9	9%	32	17%
26 - 30	35	37%	54	29%
31 - 40	37	39%	95	50%
> 40	14	15%	8	4%
Total	95	100%	189	100%
Total	284 people			

b. Respondent Base on Education

Respondent's education level is shown in the table below. There are 13 people who graduated or not from Elementary School, 71 people are from Junior High School, 186 people are from Senior High School, and 41 people are from Academic/bachelor. Most of the respondents are Senior High School graduation (65%)

Table 5

Number of Respondents Based on Education level

Education Level	Total	%
Elementary School/ ungraduated	13	5%
Junior High School	71	25%

Senior High School	186	65%
Academic/ Bachelor	14	5%
Total	284	100%

c. Respondent Based on Wage

Table 6

Comparation of Minimum Wage based on City/District on 2009

City/District	WMC/D (Rp)
Serang	1.030.000
DKI Jakarta	1.069.865
Karawang	1.058.000
Kab Bogor	991.774
Bandung	1.044.630
West Bandung	1.000.950
Semarang	838.500
Pekalongan	760.000

In 2009, the minimum wage that received is Minimum Wage of City/District validated in each local area; based on this survey, the highest wage is Jakarta, the lowest wage is Pekalongan. The details are: respondent from Serang is 1.030.000 IDR, Jakarta 1.069.864 IDR, Kerawang 1.058.00 IDR, Bogor 991.774 IDR, Bandung 1.044.630 IDR, West Bandung 1.000.950 IDR, Semarang 838.500 IDR, Pekalongan 760.000 IDR. Minimum Wage is not presented the proper wage received by workers. Almost all of the area set the Minimum Wage which far from the proper wage. The wage is determined by tripartit system.

Respondent also says that there are no wage difference based on time working in every company, except for the contracted/outsourcing. The difference of wage is set based on position, that is functional benefit support.

d. Respondent Based on Working Hours

Based on 284 questionnaires, 45% of labors always work for 8 hours, 43% of labors sometime work more than 8 hours, and 12% of labors always work for more than 8 hours a day. Based on respondent explanation, there are some reasons why they work more than 8 hours a day, those are; getting pressure from the management, earning more money because of the unproper accepted wage, and being pressed to achieve production target.

Tabel 7

Average of Labor Working Hours

Working Hours	Always 8 hours	Sometimes more than 8 hours	Always more than 8 hours	Total
	129	123	32	284
%	45%	43%	12%	100%

e. Respondent based on knowledge of Overtime Working calculation

Table 8

Knowledge of Overtime calculation

Structure of payment	Number of Labors	%
Same as normal hourly rate	56	20%
Double of normal hourly rate	167	59%
Do not know	61	21%
Total	284	100%

There are 20% of labors understand that overtime payment accounted based on normal working hour, 59% of labors understand the calculation of double payment, and 21% of

labors have no any knowledge of the calculation overtime payment. Other respondents explain that recently, the overtime payment is paid by “voluntary” system with very standard away of nominal. By this system, the company proposes amount of money for those who wants to work on overtime or day off.

f. Respondent based on Working Protection

Most of the labors admitted that they have Jamsostek insurance; 227 labors stated that they are registered in Jamsostek and 57 are not registered in. Some respondents state that the contracted labors/outsourcing is not registered in Jamsostek.

Tabel 9

Number of Respondent as Jamsostek Member

Medical Insurance	Yes	No	Total
Jamsostek	227	57	284
%	80%	20%	100%

g. Respondent base on Kind of Medical Facility

Tabel 11

Kind of Medical Facility

Medical Service	Number	%
JAMSOSTEK	126	44%
Company Doctor	95	34%
Private/Publik Doctor	38	13%
Not Answer	25	9%
Total	284	100%

There are several of medical facilities given by companies to labors. Most of them (44%) are registered to medical service assurance of Jamsostek, the companies provide a doctor and medical clinic (34%), companies cooperate with general medical service (13%), and 9% answered that they have no idea about medical facility in the company. Respondents explained that contracted labor/outsourcing has no medical facility as explained above. Therefore, contracted labors/outsourcing pay their medical service by themselves.

3. Respondent Based on Occupational Safety and Health in Work Place

Tabel 12

OSH Policy in Work Place

Health related security	Yes	%	No	%	No answer	%	Total
Written Health and safety Policy	134	47%	54	19%	96	34%	284
Health and Safety Training by Company	96	34%	188	64%	0	0%	284
Health and Safety Training By Unions	93	33%	191	67%	0	0%	284
Periodic Medical Examination	54	19%	196	69%	34	12%	284

Most of labors aware that every company should guarantee for OSH, most of company as well as unions do not provide any training for labor; and Periodic Medical Examination are minimum implemented as well. Labor awareness on OSH policy in the company in detailed such as: 47% of them aware, 19% of them do not know, 34% of them do not answer, many labors state that company gives them OSH training, 64% do not give a OSH training. There are 33% of respondents say that the unions provide OSH training and 67% respondent say that unions do not provide training. While 19% of respondents said that Periodic Medical Examination is implemented, 69% is not implemented, and 12% do not answer.

Respondents add that written policy on OSH in the company is only about smoking warning, dangerous zone, high temperature, and electricity voltage.

From the total of 59 labor unions in company level that being a respondent; 61% declare has collective bargaining agreement, 21% declare has no collective bargaining agreement, and 3% declare collective bargaining agreement is out of time.

Table 10

Unions who has a CBA in Industry

Collective Bargaining Agreement (CBA)	Number	%
Has a CBA	36	61%
Has no CBA	21	36%
CBA out of time	2	3%

a. Work Environment

Base on respondent answered, the most hazardous site to work is at operator part (254 people), Maintenance (6 people), quality control (8 people), Administration (22 people). It was indicate by the factor of; the biggest noise hazard at maintenance (100 %), Chemical Hazards in the Maintenance (83%), Gas Hazards in the Administration 28%, Vibration Hazards in Maintenance (67%), Dust Hazards in the Maintenance (100%), Electrical Hazard in QC (37%), Heat Hazards in QC (62%), Fire Hazard in Administration (13%), Radiation Hazards in QC (37%). The highest chemical hazard is at maintenance (83 %), the highest dangerous gas is at administration (28%), dangerous vibration is at maintenance (67%). Dust at maintenance (100%) electricity at QC (62%), fire at administration (13%), radiation at QC (37%).

Tabel 13

The Risk Base on Position

Hazards Present	Operator (254)		Maintenance (6)		QC (8)		Administration (22)	
	Number	%	Number	%	Number	%	Number	%
Noise	165	65%	6	100%	6	75%	7	32%
Chemichals	74	29%	5	83%	4	50%	6	27%
Gases and Fumes	65	25%	0	0%	2	25%	5	28%
Vibartions	147	59%	4	67%	4	50%	8	36%
Dust	158	62%	6	100%	5	62%	11	55%
Electrical	17	7%	1	16%	3	37%	6	27%
Heat	113	44%	2	33%	5	62%	10	45%
Fire	23	9%	0	0%	0	0%	3	13%
Radiation	40	15%	0	0%	3	37%	4	18%

The risk that face by the worker: (1) the highest noisy level; maintenance 100%, QC 75%, operator 65%, administration 32%. (2). Chemical; maintenance 83%, QC 50%, operator 29%, administration 27%. (3). Gas; administration 28%, QC and operator 25%, maintenance

0%. (4). Vibration; maintenance 67%, operator 59%, QC 59%, administration 36%. (5). Dust; maintenance 100%, administration 55%, operator and QC 62%. (6). Electricity; QC 37%, administration 27%, maintenance 16%, operator 7%. (7). Heat; QC 62%, administration 45%, operator 44%, maintenance 33%. (8). Fire; administration 13%, operator 9%, maintenance and QC 0%. (9). Radiation; QC 37%, Administration 18%, operator 15%, maintenance 0%.

These data show that workers in the garment and textile sector is very vulnerable to the danger of accidents and illness due to work and operators who worked at the root level and the largest amount are the most vulnerable workers exposed to danger accidents and illness due to work.

b. Personal Protection Equipment (PPE) in the Company.

The most popular Personal Protection Equipment that used by worker and given by company is a masker (65%). Kind of PPE that's given are Muff 23%, mask 65% and protective shoes 17%. Thought the equipment is provided, but the worker rarely using that equipment, because they felt uncomfortable and the equipment is out of date.

Table 14

Used PPE

PPE	Number	%
Ear Muff	65	23%
Mask	184	65%
Protective shoes	44	17%

c. Problem Healthy Base on Working Period

The workers who have working period for 0-5 years; 45 workers, 6-10 years; 106 workers, above 10 years; 133 workers. The problems are eyes irritation when working for 6-10 years (35%), headache at the working period 0-5 years (42%), respiratory problems at the working period for 10 years above (44%), stomachache at the working period for 0-5 years (42%), nausea and vomiting at working at the working period for 10 years above (23%), fainting at the working period for 10 years (15%), body ache at the working period for 0-5 years (33%), 6-10 years (23%), and above 10 years (25%), backache at the working period 0-5 (42%), 6-10 (34%) and above 10 years (27%), skin irritation at the working period 0-5 years (33%), 6-10 years (25%), above 10 years (33%), paint at the join at the working period 0-5 years (35%), 6-10 years (28%), above 10 years (25%), anemia at the working period 1-5 years (24%), 6-10 years (21%), and above 10 years (31%), other at the working period 1-5 years (2%), 6-10 years (3%), above 10 years (9%).

The data show that it is very related between time of working and work diseases for the workers, the longer they work the more they susceptible to get the disease.

Table 15

Health Problem Based on Time of Working

Problems healthy	0-5 years (45)		6-10 years (106)		>10 years (133)	
	Jumlah	%	Jumlah	%	Jumlah	%
Eye problems/ irritation	15	33%	37	35%	40	30%
Headache (frequent)	19	42%	32	30%	46	35%
Respiratory problems	11	24%	35	33%	59	44%
Stomach ache/Ulcers	19	42%	23	22%	38	28%
Nausea and vomiting	8	17%	21	20%	31	23%
Fainting at the workplace	3	6%	12	11%	20	15%
Frequent body ache	15	33%	24	23%	33	25%
Backache	19	42%	36	34%	36	27%
Skin Irritation	15	33%	27	25%	44	33%
Pain in the joints	16	35%	30	28%	34	25%
Anemia	11	24%	22	21%	41	31%
Other	1	2%	3	3%	12	9%

e. Health Problem Based on Job Position of the Worker

Table 16

Health Problem Base on Job position of the worker

Problems Healthy	Operator (254)		Maintenance (6)		QC (8)		Administrasi (22)	
	Amount	%	Amount	%	Amount	%	Amount	%
Eye problems / irritation	82	33%	4	67%	2	25%	4	18%
Headache (frequent)	81	32%	3	50%	5	62%	8	36%
Respiratory problems	92	36%	5	83%	4	50%	4	18%
Stomachache/Ulcers	73	29%	0	0%	2	25%	5	22%
Nausea and vomiting	56	22%	0	0%	1	12%	3	13%
Fainting at the	32	13%	0	0%	2	25%	1	4%

workplace								
Frequent body ache	60	24%	3	50%	4	50%	5	22%
Backache	76	30%	3	50%	4	50%	8	36%
Skin Irritation	74	29%	2	33%	5	62%	5	22%
Pain in the joints	70	28%	3	50%	0	0%	7	31%
Anemia	70	28%	4	67%	2	25%	3	13%
Other	16	6%	3	50%	0	0%	0	0%

Health Problem base on Job position of the workers; Operator 254 people, Maintenance 6 people, Quality control (QC) 8 people, Administration 22 people. With health problem on:

(1). The highest eye irritation is at maintenance 67%, operator 33%, QC 25%, the lowest at administration 18%. (2). Headache most at QC 62%, maintenance 50%, administration 36%, operator 32%. (3). Respiratory problems most at Maintenance 83%, QC 50%, Operator 36% and Administration 18%. (4). Stomachache most at Operator 29%, Administration 22%, QC 25%, Maintenance 0%. (5) Nausea and vomiting most at: Operator 22%, Administration 13%, QC 12%, Maintenance 0%. (6). fainting at the work place most at: QC 25%, Operator 13%, Administration 4%, Maintenance 0%. (7). Body ache most at: Maintenance and QC 50%, Administration 36%, Operator 29%. (9). Skin irritation the highest at QC 62%, Maintenance 33%, Operator 29%, Administration 22%. (10). Paint in the join most at: Maintenance 50%, Administration 31%, Operator 28%, Qc 0%. (11). Anemia the highest at: Maintenance 67%, Operator 28%, QC 25%, Administration 13%. (12). other disease most at: Maintenance 50%, Operator 6%, Administration 0%. While other health problem from the workers are cramps and cough.

4. Woman Labor Participant and reproductive Health

a. Woman Worker participant

Woman workers with the major number who work for garment and textile is not represented and being fully involved in unions work. From woman respondent worker who fill the questioner, 40% said has no trouble to be involved in unions activity, 41% said is difficult to active in unions, 12% do not answered and 7% said there is no unions in a company.

Table 17

Woman Labor Participant in Unions

Woman Labor Participant in Unions	Number	%

There is no Trouble	76	40%
difficult to active in unions	78	41%
Doesn't know	12	7%
Unanswered	23	12%

b. Health Facility

Table 18

Health Facilities

Kind Of Facilities	No	Yes
Rest Accesst	238	46
Safe Drink water	187	97
Medical Clinic	238	46
Toilet	99	185

Health facilities that provided by company consist of rest are, safe drinking water, medical clinic, and toilet. From 284 workers, 238 workers said that the company does not provide rest accesst, 46 workers said it provided. About 187 workers said the company does not provides safe drinking water and 97 people said it provided. Medical clinic, 238 pople said the company does not provides, 46 people said it provided. About 99 people said the company doesn't provides a toilet, 185 people said it provided.

c. Sexual Harassment

Table 19

Sexual Harrasement

Cases	Yes (people)	No (people)	No Answer (people)
Sexual Harrasement on woman worker	46	97	46
Physical Harrasement	24	100	65
Psychology Harrasement	35	111	43

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About 97 woman worker said they have no sexual harrasement experience, 46 workers do not answered, and 46 workers experienced it. About 100 workers have no experience on physical harrasement, 65 workers do not answered, and 24 workers felt harrasement. About 111 workers felt no psychology harrasement, 43 workers do not answered, and 35 workers felt it. The respondents who do not answered, most of them didn't know the type of sexual harrasement.

d. Reproductive Health

Tabel 20

Reproductive Health

Problem	Yes	No	Not Answer	Total
Excessive bleeding during menstrual cycle	58	85	46	189
Extended periods (Menstruations)	67	76	46	189
More than 1 period a month	38	105	46	189
Lower abdominal pain associated with periods	58	85	46	189
Cramps in the stomach	52	91	46	189
Miscarriages	46	97	46	189
Still Birth	49	94	46	189

Woman reproductive health is measured by indicators of; (1) Excessive bleeding during menstrual cycle: 85 people have no experience, 58 experienced, and 48 people do not answered; (2) Extended periods (Menstruations): 76 people have no experience, 67 experienced, and 46 do not answered; (3) More than 1 period a month: 105 people have no experience, 38 experienced, and 46 do not answered; (4) Lower abdominal pain associated with periods: 85 people have no experience, 58 experienced, and 46 do not answered; (5) Cramps in the stomach: 91 people have no experience, 52 people experienced, and 46 people do not answered; (6) Miscarriages: 97 people have no experience, 46 experienced, and 46 do not answered; (7) Still Birth 94 people, 49 people finish and 46 do not answered. As draw in the data before that, about 46 respondents do not answered on this question, some have no idea about health reproductive for the woman labor.

Chapter III

AN ANALYSIS of OSH CONDITION on GARMENT AND TEXTILE SECTOR IN INDONESIA

1. Wage and Age of Work

This research found that most of textile and garment industry in Java island is still depending on foreign capital to produced by order of; Nike, Adidas, Reebok, Wal-Mart, GAP, Esprit, Puma, Mizuno, Tommy Hilfiger and Polo. Only 33 companies which is domestic market oriented. The rest of 39 companies are export oriented. Most of them are middle to big scale industry by employing 46% contracted labor of permanent labor.

The age of labors who work on textile and garments Company is various. Most of them are woman 31-40 years old. From that age, majority are Senior High Scholl graduation. The received wages are in accordance to local minimum wages. The wages are for all period of work. The company implemented minimum wages as maximum wages. Whereas, according to the national regulations, minimum wages is only for those who work under 1 year.

Minimum wages make them take over-time. Average time work is 8 hours a day, but there are still companies who employ more than 8 hours a day. Employing the labor much out of time is used to add income for the workers. Because of the most company implemented over-time to make them more advantage. Many new motifs are developed by company to make over-time system become “voluntary”. In this system “voluntary” the workers are not forced to take over-time but company offering some of money. Truly the money is far from the regulation.

This finding is strengthening the finding above; that the wage cannot fulfill workers needs. Unfortunately, some workers said do not know about waging for over-time. The uninformed labor about over-time wage and trend to take over-time will put labor as an object of exploitation.

According to government regulation, age of marriage in Indonesia for woman is 20 years old and 25 years old for man. With that condition, the wage for labor between 31-40 years old should received wage for family level, not as single account wage and base on man needs. It is because; the average workers in textile and garment sector are woman.

In this survey, most of the workers are registered as member of Jamsostek. Only a few are not registered. But need to know that only 30% workers of all workers are registered as member of Jamsostek. In 2007, data formal show only 8,1 million workers registered as member of Jamsostek, but more than 23 million formal workers and millions informal workers are not a member of Jamsostek. Jamsostek is one of agency which is expected can give maximal protection for the labor. But, the mechanism in Jamsostek as limited company and profit oriented are often being tedious in giving protection. Another problem is the burden that given by Jamsostek as insurance and only provided a part of workers

needs. Different with ASABRI and TASPEN (both of them is insurances facilities for state worker), Jamsostek does not give insurance for severance payment and pension insurance. (DPP FSPMI, 25/11/2009).

In the absence of social security for all citizens and the uprising of privatization projects, practically labor wages eroded by the high prices of basic commodities and costs of basic needs, such as education, health, transportation and others.

Health care service is conducted by the company by providing clinics and doctor's company. As common understanding, the company's doctor or clinic often have the average means and ability to improvise, and they experienced a little conflict of interest. They cannot be objective in assessing the illness due to work. Findings in the field are often encountered, various lung diseases caused by the working relationship is often diagnosed as tuberculosis (TBC). It is a misleading diagnosis.

Another finding says that to prevent lung disease, textile companies provide soda-milk. The objective is to reduce lung disease. It was a lie from the knowledge of OSH. Lung disease or dust in the lung cannot be reduced by drinking soda-milk. Thing to do is reducing dust levels. The second option is to "force" workers using masks. Usage of this masker was always considered that the company has performed his duty to run OSH. Although many respondents say that the usage of masks makes them uncomfortable in their work because they have to chase the target production and mostly the mask used is not replaced periodically.

An approach said that occupational accident is always happened because of the dangerous behavior done by workers. This approach assumed that the workers have full knowledge about OSH. Therefore, the company only has to provide Personal Protection Equipment (PPE). But this is debatable in reality. It is because of both company and unions are very minimalist and impropriate to the implement OSH principles.

As illustrated in the table on OSH policy, that the average workers do not know information about OSH. Ignorance is most likely from the absence of OSH training. OSH training held by company is only 34%, a little bit more frequent than the OSH training conducted by union. Through the FGD is found that nature of the training conducted by the company is only ceremonial and technical. Usually, companies only conduct training of OSH on fire. In discussion, it is found that OSH month will be held every January-February in Bandung Barat. Many companies will participate to get OSH award. However, according to them, usually it is only a ceremonial event. Otherwise, if the training occurred, then it is only fire training.

Such finding is strengthened by the data above, there is a very little routine examination done for the labors. It is only 19 percent of companies conducting a routine examination. Laziness of labors is the possibility factor that the examinations (medical check-ups) is not done. This would be reasonable, because the workers might be too tired to spend the time to do examination. And, perhaps doctor reference does not provide any solution to labors who suffered disease. As explained above that most of labors tend to take overtime for having more wages. This situation is the easy way for the labors to get working sickness.

In terms of the interests of workers, OSH should be an integral part in labor's collective agreements. Unfortunately, there are only few unions who conduct OSH training. As a result, the OSH training that supposed to be a discussion on labor's right of health and safety from many various aspects, just become a "barren". It is because the OSH perspective has been "hijacked" by the company.

2. Work Environment and Potential Hazard

Average workers said that there are many dangers in the work environment include: Noise Hazards, Chemical Hazards, Vibration, Dust, which are often experienced by Maintenance part, Gas and Fire Hazards faced by the Administration Section, Electricity Danger, Heating and Radiation Hazards in QC Section. However, company only provides Ear Muff, Masks and Protective Shoes. On the one hand, these tools are not sufficient to prevent various diseases disruption of work that reaches nine categories above. On the other hand, as is said in a discussion, that workers are reluctant to use the PPE, because feel uncomfortable. PPE, according to these discussions is only to serve buyers. Tools to fire for example are often only used as ornaments, while the contents are empty. While the other facts mentioned that the workers do not know how to use the PPE. In this case the use of PPE is often a first step undertaken by the company to shed their obligations in fulfilling the OSH rights. Yet as we all know that the use of PPE is the last step when all else has done, like removing or replacing hazardous materials with safer materials, or perform administrative policy.

Based on the position of workers, the most widely experienced health problems are: (1) Maintenance Section experiencing health problems such as eye irritation, respiratory disorders, Body Pain, Back Pain, Joints Pain, Anemia, Other Diseases (2) QC section such as Head Dizziness, Fainting in the Workplace, Body Pain, Back Pain, Skin Irritation (3) Operator experience Stomach ache, Nausea and Vomiting.

The correlation of health problems faced by workers based on years of service; the longer time of work, the disease becomes more increasing. Generally, health problems are suffered by workers who have been working for more than 10 years. There are many health problems such as eye irritation suffered while working period at 60-10 years. Headache, Stomachache, Back Pain, Skin Irritation, Joint Pain are at the period of 0-5 years of working. Respiratory Disorders, Nausea and Vomiting, Fainting, Body Pain, Anemia, Other diseases are suffered at the period of more than 10 years of working.

Total respondents explain that companies provide very few health facilities. Most company does not provide a resting place; health clinic, and a place to drink. Although, the drinking water facility is served, it is placed near to the production room which polluted by the dust of production process.

Another fact revealed in a discussion, that the toilet is often not feasible to be used by pregnant and menstruating female workers who are disease-prone. For using the toilet, the laborers have to get permission. It is not easy to have one. In the garment sector, the time for using the toilet is shifted. Workers can use toilet in fixed time. The toilet usage out of fixed time, workers will get any sanction from management. Besides, the toilet condition is very dirty. Number of appropriate toilets is very few. As a result, workers

often snatch away to use the toilet. In fact, male worker is often used the toilet to peep female workers.

3. Woman Labor Participant and Reproductive Health

Garment and textile sector in Indonesia absorbs almost more than 1,2 million workers, and more than two thirds of the workers are women. The number of majority of women is not making them have a prominent role compared to men. It can be seen through the activities of unions which are almost dominated by men. The lack of involvement of women, both in work activities or union managerial, makes women only as objects of policies conducted by the union. The lack of women's roles has an impact on the weak struggle of union for women's rights as workers, and the lack of gender sensitivity within the union.

Strong paternalistic culture within the union is a common fact that you can find almost in all levels of union organization. In an FGD, revealed that in the union management, women are still a minority. Although they are involved in the managerial positions, they are usually being placed in a less strategic position. Weak participation of women, according to several administrators who are interviewed, is because of these women had no desire to be active in the organization, occupied with family affairs; there are still many women who feel they have no capability within the organization and the lack of gender perspective education conducted by the union.

Paternalistic system and poor understanding of women workers on their rights open a space for irresponsible parties to do harassment and violence against women workers. It is assumed as a common in work social environment and most happened done by supervisor or man worker. In interviews with women workers, harassment and violence which often appears is in the form of verbal sexual harassment, the case of a peek in the toilet, as well as inappropriate treatment by holding a female body part. And usually these female workers did not report such incidents to her superiors because in the minds, their superiors would not have responded this problem seriously. This thinking is based on previous events and his boss (who happens to men) considers something like that which is normal and tends to blame the woman workers.

The findings of FGDs in five garment factories in Semarang, they say there is no policy from the management on leave/break for working women who are experiencing menstrual periods, although a break was set in the Constitution. Conditions of women workers in the five factories is the same. One of the worker there, NH (29) said that *"at my workplace, worker who had a menstruation should be check in clinic to ensure that she is really in her periodic, but mostly is unpermitted even few of my friends is fainting in a factory because she hold back the pain, the company assumed the periodic woman is pretended to be sick". And many woman are positive ISPA and my friend who has been working for 7 years died when she is pregnant because do the same job before she's not pregnant"*

Another case of women workers is the lack of protection on night shift that requires them to depart/return at night. The absence of transportation modes at night to escort female workers to the workplace is one cause of the vulnerability of women workers to be victim of sexual violence. As is the case in Serang district, a female worker who worked in shoe factories. Sri (25) says *"my friends was going home after finishing afternoon shift in the night at 23:00 pm, on the way home using motorcycle taxi (ojeg), the vehicle was stopped by two men and they raped my friend, by this time my friend is stop working because she is a shame on that experience"*.

Reproductive health conditions of female workers from the above data shows that female workers are more suffering on menstrual problems (more than one month). They suffer from abdominal pain and excessive menstrual bleeding during menstruation period. Female workers have 2 days break in a month, but those are often not functioned. Most of respondents says that break days shall not be taken because of prohibition from management, complicated permit, worry to propose of having break leave. Then, management often says that the leave can obstruct the production process. In addition, the workers themselves do not take leave because it can be converted to money.

As a result, the OSH implementation in textile and garment companies is still very weak. Foreign investment on textile and garment companies for export purposes is not optimal to fulfill the normative rights of workers, especially female workers. The easiest way to measure can be done by analyzing the availability of OSH information to workers. Almost no OSH information is given to the labor.

However, the "mistake" is covered also by the union. Because, the union let members being exploited, none provides any OSH information and absence to fight for the fulfillment of workers' rights on OSH in CBA. This strengthen the hypothesis that union role is only handling cases.

On the other side, the government that supposed to be able to formulate and enforce the OSH regulations on workers side is still far away from expectations. Many OSH regulations have been formulated but none optimally performed. For example is the illness of asbestosis which mentioned in the regulations of labor minister (regarding 32 diseases caused by work). Asian Network for the Rights of Occupational Accident Victims (ANROAV) said there are companies that still produce asbestos in Indonesia. These materials can cause asbestosis disease for workers and residents around the company. Unfortunately, there is no tool or a doctor who may know the disease asbestosis.

This survey finding is also reinforce others hypothesis that the company with export oriented, foreign investment, large-scale capital, and producing a well-known brands relatively meet the workers rights on OSH. It can be seen, at least, by Jamsostek registration of workers, and the availability of doctors and PPE. However, this hypothesis is not entirely correct. This type of industry has vulnerable to crisis characteristics. It is because of foreign-investment base. In addition, the OSH fulfillment in such industries is only to meet the "pleasant" of buyers.

In certain conditions, the textile and garment industries have a lot of "desire"; ease of taxation and import of raw materials, and discount on machinery renewal. However, they have a poor respect on their workers who are dominated by female workers of high school

graduated. Truly, the company is still positioned workers as objects, not as partners. PPE is given to workers without the convenience of use and knowledge on how to use it.

Another example is Jamsostek membership which must be followed by every company in Indonesia. Until now, it is only about 30% of companies that register their workers as the member. The remaining approximately 70% of companies are not protecting their workers. This regulation does not adhered by many companies in Indonesia. The worst is government never gives enforcement to these companies. The cause is jamsostek regulation do not have any sanction to those who disobey.

This survey confirms that female workers are the most disadvantaged victims of the poor condition of OSH. The problem lies not whether female workers care or not about their reproductive health. But in the terms that women are the majority manpower employed. For them, the protection by companies and the government is very minimalist. This survey is not intended to answer the reasons for textile and garment companies to recruit female workers. At least, this strengthens the survey that type of jobs available are adjusted to job seekers, the abundance of female workers from the village due to the modernization of the agricultural sector, and the myth of women as a obedient creature and diligence, not as the family responsibility holder are used as a tool to exploit and oppress women workers.

Based on field observation and information from the respondents are found that workers who have the status as contracted labor (outsourcing) experienced the worst situation. They are doing the same job as permanent workers. But, they are not registered to Jamsostek, received only basic salary, without health and functional benefit and other normative rights as well. They have to pay themselves to get a medical check.

As mentioned above, most of textile and garment industries still expect the regulation be revised more flexible. According to this opinion, the wages received by workers in Indonesia is still the highest in Asia. However, they neglect that the wages is also accompanied by the highest productivity levels in Asia (API, 2006). Furthermore, the industries in Indonesia still expect the layoffs are easier and cheaper and can use contracted labor (outsourcing) in all areas of production.

Chapter IV

Summary and Recommendation

1. Summary

- a. OSH condition in the textile and garment industries is generally indicates unfavorable conditions. Management has not fully implemented OSH for the sake of labor. This was evidenced by the many accidents and health problems caused by work, the potential hazards of working environment is still existed, the availability of PPE is still modest and just to meet the demands of buyers. As a result, there are still many accidents and illness due to work. Accidents may just happen because of negligence factors or unsafe labor actions (careless). However, it is because of the lack of OSH through training, education and socialization.
- b. The unfulfillment of OSH for workers in export-oriented company is very ironic. Because, in the midst of financial crisis, the government apparently does not provide complete protection for workers as citizens. Conversely, protection and other security are given to many large companies. This survey confirms that the role of government is needed to develop local and domestically oriented company. This survey is indirectly confirmed that the provision of employment is the obligation and responsibility of state, not investors.
- c. This survey shows the urgency for union to do reposition, reviewing programs and activities, particularly in the working conditions that are getting worse. This is evidenced by data showing that union does not yet have programs and activities to increase the understanding and skills of members on OSH. Demands of union were not fully touch on the OSH issue. Although there is a demand, it is only on compensation for workplace accidents such as injuries or disabilities.
- d. Lack of education and training for workers on OSH cause a lack of knowledge and understanding on the importance of OSH to workers themselves. Most of OSH training is conducted by the company. Consequently, OSH is only understood as a technical problem, just fire fighting and use of PPE. The impact is a loss of labor perspective in the OSH problems so that in the implementation workers is only became the corporate policies object on OSH program.
- e. Female workers as a majority labor in the textile and garment sector is not considered as a potential strength for union, so that the involvement of female workers in unions is still minimal. Besides of the paternalistic culture that still quite strong within the union, difficult access to active in union makes female workers more and more marginalized in their struggle. This weakens the gender sensitivity within the union so the union struggles rarely fight for female worker rights in the workplace.

- f. Still high number of sexual harassment and disruption of reproductive health for women workers, are indicating that the factory is the most vulnerable places for women.

2. Recommendation

a. Promoting OSH in unions

- Forming OSH committee in any unions level. The first role is identifying and documenting OSH case and mapping potential hazard in every company.
- Conducting OSH education in labor perspective
- Establishing information centre on OSH for member
- Urging OSH issue in to CBA

b. Networking OSH committee in the regional level that consist of many labor movement elements to struggle OSH rights as first base to negotiate with company and to urge government in implementing OSH regulation in every company

c. OSH is not only the case involving labor but also society near company. So that the organizing process to struggle of OSH should become a bridging between worker needs and society.

d. Encouraging female worker participation in unions daily activities of.

e. Advocating and campaigning on female worker protection at work place

f. Joint monitoring of OSH cases in local level

3. Recommendation and next Activities/program

- a. Strengthening OSH network on regional level that has been formed by using any momentum or creating new momentum that can strengthen and widen the

consolidation on OSH issue in Indonesia. Maintaining the momentum in promoting OSH awareness so OSH issue become popular in the workers communities. Creating new momentum is can be done by conducting joint training or education on OSH, workshop, advocating OSH case, building unions version of data base on OSH etc.

- b. Formulating OSH education curriculum appropriate to the real condition. From basic education on OSH to the advanced level in which each industry sector has different potential hazard and risk.
- c. Conducting more research on ASEAN and China (CAFTA) free market and the formation of economic exclusive zone to evaluate the impact on labor movement in Indonesia, the effect on OSH implementation and formulate the appropriate strategy to encounter the problem.
- d. Producing media information on OSH with the perspective of labor. The absence of these knowledge and skill is providing an oppurtunity to the industrialist to mislead information on OSH issue. So that, it is a necessity to strengthen the knowledge and understanding through media information that can be accesed easily, fast and cheap.