

Conference Paper

The Activity of Occupational Health Effort on Five Occupational Health Posts (*Pos UKK*) in Medan

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Abstract

The act of occupational health effort is performed in Occupational Health Post (*Pos UKK*) to improve the safety of workers, especially in the informal sector. This study aimed to determine the activities of occupational health efforts undertaken in *Pos UKK*. This type of research was qualitative, extracting collected information and data through in-depth interviews with the five informant officers of health centers. The results showed that the activities carried out were blood sugar checks, height, and weight, health education about diabetes, clean and healthy behavior, and simple treatment. Activities were related to the identification of hazards in the workplace and health education about the potential and risk of hazards in the workplace, how to work safely and securely, occupational nutrition, accident prevention, and personal protective equipment have not implemented. There were also no recording and reporting of activities related to occupational health efforts in *Pos UKK*. It was recommended to empower cadres and workplace hazard identification training so that the implementation of occupational health efforts could be more developed.

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1. Introduction

Occupational health services are provided to improve the health of both formal and informal workers to avoid accidents and diseases in the workplace. The condition of small industrial workers' health in Dar Es Salaam Tanzania showed that they were surrounded by dust, smoke, and noise while their safety equipment was not correctly used. Occupational health problems are found mostly on welders and metalworkers (Rongo et al. 2008). In Indonesia, a research conducted by Yusnabeti et al (2010) found that there were upper respiratory tract infection cases occurred in industrial workers in Desa Cilebut Barat and Desa Cilebut Timur. Research by Munthe et al. (2014) showed that those who dealt with candle smoke in batik manufactures were highly at risk of pulmonary function abnormalities 4.67 times more than others. Moreover, they also faced with a high risk of an accident. According to research by Setyaningsih et al. (2010), rock breakers were in the middle category of workplace hazard risk.

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Occupational health problems and accidents in informal sectors above showed that occupational health efforts were extremely needed for informal workers. According to Kurniawidjaya (2007), employees who did not have health care security in their workplace could arrange in the health center by establishing *Pos UKK*. Department of Health (2006) stated that *Pos UKK* provided various health services including health enhancement, disease prevention, and simple treatment for employees. Pre-survey conducted in *Pos UKK* in Medan City included only health check and medicine; they had not identified hazards in workplaces because which researchers were excited to research activities in *Pos UKK*.

2. Methods

This type of research was qualitative, collecting information and data by intensively interviewing five informants who handled occupational health efforts in 5 health centers which provided *Pos UKK* in Medan. The technique of collecting data was through an intensive interview and participant observation. The aids used in collecting data were intensive interview guidance, recorder, stationary, and camera. The data validation method was triangulation which was intense interview on program practitioners to confirm the results of the interview. Besides triangulation, this research also used thematical analysis.

3. Results

The implementation of primary occupational health care sector informal in *Pos UKK* was supervised by 5 health centers in Medan, they were *Pos UKK* for fisherman supervised by Belawan Health Center; *Pos UKK* for *pempek* maker supervised by Amplas Health Center; *Pos UKK* for baker monitored by Kedai Durian Health Center; *Pos UKK* for traditional baker, monitored by Medan Labuhan Health Center; and *Pos UKK* for tofu maker, supervised by Medan Deli Health Center. Based on the informants' report, the results of activities in each *Pos UKK* were described as followings:

3.1. The implementation of occupational health efforts in *Pos UKK*

The results of the interview showed that the implementation of occupational health efforts in *Pos UKK* was inferior since the difficulty of arranging a proper shift work by employers and also for the lack of facilities.

The general picture of the *Pos UKK* implementation and the problems:

As the informant stated:

"...There are very minimum activities for workers are not given much time by their boss to attend Pos UKK programs. Pos UKK holds an event once a month, in the second week for exact. The problem is there is not enough medical devices and APD. Besides, there are schedule issues to organize it with workers." (Informant 1).

"...It is difficult to develop because of being constrained by the time given by employers since they think it intrudes working time." (Informant 2)

"...The lack of human resources and support from employers become the major obstacle for Pos UKK. The next program will focus on facilities including medications to identify diseases in the workplace." (Informant 3)

"...Pos UKK established a long time ago, but it is not running well. It is because of running short of medical staff. Support from a department of health is highly needed to organize training and to remind the health staff of occupational safety and health so the can understand how it works. It is also important for employers to support Pos UKK." (Informant 4).

"...Pos UKK runs every month. The health check is held alternately for workers." (Informant 5).

3.2. Activities in Pos UKK

As the informant said:

"...we check their blood pressure, blood glucose, height, and their weight. If their blood glucose is higher than normal, we will give them brief counseling about diabetes. If their blood pressure is high, we tell them about hypertense: how to prevent and cure it. Afterward, we give them simple treatment. We have not made occupational hazards identification yet. Regarding recording and reporting occupational safety and health in Pos UKK, we have not done it yet. There is also a general report of health history as I explained before." (Informant 1)

"...The activities in Pos UKK includes health check and counseling of clean and healthy behavior." (Informant 2)

"...Our Pos UKK established, and it has socialized to our cadres. We have our place and location, one of us was willing to provide a place to be the office."

Now, we are still listing names of those who join our Pos UKK. We plan to hold health check next month.” (Informant 5)

4. Discussion

Based on the results described by the informants, the problems that obstructed Pos UKK were the lack of staffs because the chosen UKK staffs had another business in a health center and the lack of personal protective equipment. Rantanen (2005) explained that it was essential to develop infrastructure, facility of a service provider, and resources for the sack of the continuity of occupational health. The informant also stated that occupational safety and health training was essential to educate the staff. The research of Wittayapun (2008) explained that the employees who execute the occupational health must have the skill and right attitude in their competency.

The activities held in *Pos UKK* were health check, height and weight measurement, health counseling. Workplace hazard identification and prevention had not been kept. These activities still needed improvement and development to encourage the worker to be aware of the distress, to know the prevention of accident and diseases at their workplaces. According to Rantanen (2005), the enforcement of occupational health services started with an introduction to a workplace, risk analysis, preventing an occupational accident, and collecting employees' health record. Kurniawidjaja (2011) described that *Pos UKK* footwear workshop organized a promotive effort such as counseling, workshop, hazards identification, recording and reporting, prevention of potential accidents, the performance of personal protective equipment, medication such as first aid, and emergency treatment of disease. Department of Health (2006) stated that the activities conducted must include promotion and prevention with the measure of success, affordability, proper service in both number and kind of program, and *Pos UKK* development.

5. Conclusions

One of the ways to measure the success of occupational health service in *Pos UKK* could be seen from the number and the kind of health activities which were held. The events were health check, blood glucose test, blood pressure test, height and weight measurement, health education about diabetes, clean and healthy behavior, and simple treatment. Occupational health counseling, identification of workplace hazards, encouragement of improving ergonomic workplace condition, prevention of accidents, and recording and reporting had not been applied. It was suggested to empower cadres by

arranging workplace hazard identification and prevention of ergonomic accident training. Furthermore, it was necessary to organize a work plan of recording and reporting, so every program was well documented, and the data were completely filed.

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References

- [1] Depkes RI. 2006. *Pos Upaya Kesehatan Kerja Edisi Keempat (revisi)*. Jakarta: Diterbitkan oleh Departemen Kesehatan RI.
- [2] Kurniawidjaja, L. Meily. 2007. "Filosofi dan Konsep Dasar Kesehatan Kerja serta Perkembangannya dalam Praktik." *Jurnal Kesehatan Masyarakat Nasional* Vol. 1 No. 6 Juni 2007. <http://download.portalgaruda.org/article.php?article=269620&val=7113&title=Filosofi%20dan%20Konsep%20Dasar%20Kesehatan%20Kerja%20Serta%20Perkembangannya%20dalam%20Praktik>
- [3] Kurniawidjaja, L. Meily. 2011. *Teori dan Aplikasi Kesehatan Kerja*. Jakarta: UI Press Cetakan Kedua Edisi Pertama.
- [4] Munthe, E. L, Suradi, Surjanto E, dan Yunus F. 2014. "Dampak Paparan Asap Lilin Batik (Malam) terhadap Fungsi Paru dan Asma Kerja pada Pekerja Industri Batik Tradisional." *J Respir Indo* Vol. 34 No. 3 Juli 2014. <http://jurnalrespirologi.org/wp-content/uploads/2015/05/JRI-2014-34-3-149-157.pdf> diakses 8 September 2016.
- [5] Rantanen, J. 2005. "Basic Occupational Health Service-Their Structure." Content and Objectives. *SJWEH Suppl* 2005: no 1:5–15. www.sjweh.fi/download.php?abstract_id=927&file_nro=1 diakses 10 January 2015.
- [6] Rantanen, J. 2011. *Extending Occupational Health Service to all workers –can be it be done?*. Proceedings OH&S Forum 2011. International Forum on Occupational Health and Safety: Policies, Profiles, and Services, 20-22 Juni 2011, Hanasaari Cultural Centre, Espoo, Finland, ISBN 978-952-261-203-8. www.ttl.fi/en/publications/Electronic.../Forum2011_proceedings.pdf
- [7] Rongo, L.M.B, Barten F, Msamanga, G.I, Heederik D, and Dolman W.M.V. 2008. "Occupational Exposure and Health Problem in Small-Scale Industry Workers in Dar Es Salaam." Tanzania: a situation analysis, *Occupational Medicine* 2004; 54: 42-46.

DOI:10.1093/occmed/kqh001, <http://occmed.oxfordjournals>, diakses 8 September 2016.

- [8] Setyaningsih Y, Wahyuni I, Jayanti S. 2010. *Analisis Potensi Bahaya dan Upaya Pengendalian Risiko Bahaya Pada Pekerja Pemecah Batu*. Media Kesehatan Masyarakat Indonesia Vol. 9 No. 1 April 2010. <http://ejournal.undip.ac.id/index.php/mkmi/article/view/2906>.
- [9] Wittayapun, Yuwadee, Lagampan S, Kalampakorn S, Rogers B, Vorapongsathorn T. 2008. "Application of the Occupational Health Service Model in Thai Primary Care Units." *AAOHN Journal* Vol. 56 No. 5 May 2008. doi: 10.3928/08910162-20080501-07, <http://whs.sagepub.com/content/56/5/197.abstract>
- [10] Yusnabeti, Wulandari R.A, dan Luciana R. 2010. "PM₁₀ dan Infeksi Saluran Pernafasan Akut Pada Pekerja Industri Mebel." *Makara Kesehatan* Vol.14 No.1 Juni 2010: 25-30.