The unknown industrial prisoner:

Women, modernisation and industrial health

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Introduction

The women in development (WID) theorists of the 1970s based their ideas on the western capitalist notions that women's productive abilities had to be increased in order to gain the cash that would bring power and status (Rathgeber 1990). WID implied that women's reproductive and community roles had little implicit returns for their labour. It is now apparent that the theories did not predict the social and individual costs of occupational injuries and diseases from an unregulated industrial system. By not taking into account the power and control implications of women's participation in formal and informal economic activities, WID unwittingly set the stage for the exhaustion and disablement of women in the developing world.

The men who make the decisions in the major lending banks have used industrialisation and free market forces as stimulants to growth. Industrial development fuels western (and increasingly domestic) needs for consumer products, while at the same time providing a convenient impetus to move women from progressively more impoverished rural areas to increasingly proletarian urban areas - all under the guise of development. Again the cost of injuring and disabling workers, and analysis of who bears that cost, does not appear in standard neo-classical economic analyses.

Indonesian industrial development

In Indonesia, as in the rest of SE Asia, deeply entrenched, male-dominated industrial structures preferentially utilise women's skills and labours to develop the vast industrial and manufacturing complexes that may one day place South East Asia among the economic giants of the global economy.

Indonesian industrial development has been characterised by patriarchal monopoly capital with all that that implies (Braverman 1974) and, in common with their ASEAN neighbours, burgeoning feminisation of the labour force (World Bank 1989, Gardiner 1991).

While it has been fashionable to criticise transnational corporations (TNCs) and the phenomenon of Free Trade Zones (FTZ) as epitomising worker exploitation, one need look no further than Indonesian domestic enterprises to find degraded working conditions, below subsistence wages (Mather 1985, Wolf 1990) and considerable but unrecorded levels of occupational morbidity and mortality (Kemp 1992). Standing (1989) regards this process of globalisation and feminisation of what he calls the flexible labour force, as being inextricably linked with degradation of working conditions, based on the belief that Asian women are socialised to be more compliant. In Indonesia, idealised women are takut and malu - (fearful and shy) and have lower expectations about working conditions and of impacts on their health. He also concludes that they have lower 'aspiration wages' - that is, their belief in their intrinsic worth as workers is lower than that of men.

Industrial society in Indonesia has successfully privatised the gains made by worker's labours and socialised the losses by dismissing workers who are injured or slowing down due to disability. Without the safety net of universal social benefits or worker's compensation¹, women suffering occupational disorders are, if one refers to quality-of-life indicators, worse off than if they had stayed in their rural communities. While there is no doubt that Indonesia has ample laws, few of them benefit women and those that do are generally not enforced.

So what has happened? What price have women paid for this modern tumble into mainstream economic activity? While a lot of writers and writings have addressed the gender-based segregation of labour and issues related to global labour flexibility, the issue of widespread injuries and occupational disorders has rarely been discussed, much less systematically studied.

Until recently, occupational health and safety was the domain of male professionals, principally engineers and doctors. Their preoccupation with the lives and occupational risks of male workers is clearly reflected in the texts and illustrations of standard texts prior to around 1988. Women, if they appear at all, were inevitably discussed in terms of pregnancy.

The outbreak of occupational overuse injuries of the 1980's focused Australian attention on women at work, as these disorders were largely seen as those afflicting women (hence the strong tendency to label them as

¹. In Indonesia, what is known as social and health insurance (Surat Kesehatan dan Perlindungan Tenaga Kerja) is not compulsory for all employing firms. Even if the firms employing women had such insurance, the majority of women being employed as daily workers are exempt from benefits. Premiums are not performance related so little financial incentive exists to improve occupational health and safety.
hysterical or psychosomatic) despite widespread male
affliction with this type of injury:

I came home exhausted and anxious. Why are
all my limbs so painful? Why does my shoulder
ache...? Yet the blowtorch and the stick weren't
all that heavy to carry...It's no doubt due to the
repetition of the same movement over and over
again (Linhart 1978 account of his assembly
line work with Citroen P. 26).

However recognition of the specific risks to women's
health are so far scant in Asia, and for some reason aid
agencies are still reluctant to deal with occupational
injuries amongst women, even when they overlap into
maternal health programs.

Like public health, occupational health is linked with
poverty, and women's lack of status. Unlike public
health, occupational health is tied in with patriarchal
political control, the destruction of labour organisations,
and the explicit right of men to exploit women, as
expressed in religious teachings and labour laws2.

While this paper concentrates on the situation for
Indonesian women industrial workers, evidence from the
1992 ASEAN workshop on women, health and
industrialisation sponsored by the Singapore Council of
Women's Organisations and Association of Women for
Action and Research (AWARE), indicates that women
in the ASEAN-based manufacturing industry, share the
same experiences (Wongphanich 1992, Alcantra 1992,
prevalence and severity appear to be determined by the
integrity of the national labour administration, spurred
by political will and the degree to which independently
acting industrial trade unions can mediate on the
women's account (Kemp 1992).

Women's labour force participation rates and
wages in Indonesia

The Indonesian Minister for the Role of Women was
quoted recently as saying that women's participation
rates in formal sector employment had risen from 32 per
cent to 39 per cent in the past year (Jakarta Post 1992).
The male participation rate had only risen by 0.2 per
cent during the same period. Considering that the
officially recognised size of the formal sector workforce
in Indonesia is approximately 68 million3, we are
looking at a female workforce of approximately 27
million.

In Thailand, 45 per cent of the country's working women
are employed in manufacturing industry, the bulk of
them in textile, garment and electronics/semi-conductor
industries (Wongphanich 1992). Comparable
participation rates can be found in Malaysia and the
Philippines.

It can be expected that only a few women are in
managerial or supervisory positions. For example, a
cigarette factory in East Java (visited by the author), has
a working population of 44,500 of which 43,000 are
women. Only 15 women are in junior supervisory
positions, the rest and more senior positions are held by
men.

Interviews with the doctors in that factory's polyclinic
revealed that between 800 and 1,200 workers visited the
clinic every day. The most common complaints were
cough (possibly triggered by the tobacco dust), myalgia
(the local definition of overuse injuries), headaches and
gynaecological complaints.

Wages in Indonesia are effectively the lowest in South
and South East Asia (Thee Kian Wee 1989). Despite
minimum wage laws, women are commonly paid less
than subsistence wages - some estimates have put
women's wages at 30 per cent of the cost of basic daily
needs (Suryakusuma 1992). In her study of women
noted that many women earned Rp500 per day, despite
the official minimum wage being Rp6254. I recently
visited the same area (preparatory to running a health
workshop for the women) and found that 10 years on,
the women are earning Rp600-1,200 per day, and the
official minimum wage now being Rp1,200. In terms of
subsistence, ten years ago Rp500 would buy 2 kilograms
of low grade rice, now it is barely enough to purchase
one kilogram. Thus, real living wages have dropped by
over 50 per cent in the past ten years.

Both Wolf and Mather (op cit) found that women's
wages were not sufficient to ensure independence from
the family, merely allowing them to be less dependent.
In effect, the poor families of Indonesia are subsidising
with their health and their money, the large corporations
and foreign joint ventures.

2. In two recent cases this use of law to discriminate against women
has taken a rather bizarre turn. A woman was dismissed because she
had her baby before the date she had requested to commence maternity
leave. The prematurity caused her recovery to be protracted and so she
was considered to be absent without leave as she had not notified the
manager - she did not have a phone in the kampung. The Minister for
Manpower upheld the dismissal. In another situation, the Minister
upheld the right of a factory owned by a senior political figure, to
withhold maternity leave payments from a woman having her fourth
baby, despite absence of such stipulation from the laws on maternity
and other leave. The Minister claims that the company's right to
withhold the payment was in the Collective Labour Agreement, and
further was compatible with the states birth control program.

3. Employment participation rates can be regarded as somewhat elastic.
The definitions of informal versus formal provide labour statisticians
with a headache. In this part of the world, of course, women slip from
formal to informal and back again, sometimes having concurrent jobs
that can be described as both informal and formal (preparing food at
home for vending, before going to the factory). The price women pay
for this flurry of market based activity is chronic fatigue.

4. At the time of Wolf's study the exchange rate was US$1 = Rp650.
The current exchange rate is US$1 = Rp2,040.
Methodological problems

On searching the literature, it appears that most of the research on working Asian women has been done by anthropologists and sociologists. Thus little systematic information has come to light about women's occupational injuries and diseases.

An International Labour Organisation (ILO) study in Indonesia, attributes symptoms of dizziness, cough, back pain and menstrual disorders, to poor nutrition, despite evidence that both noise, toxic materials, and machine-paced work were major features of the workplace (White 1989).

At a national level, even less is known about women's injuries and accidents, because accident statistics kept by the Ministry of Manpower are not disaggregated by gender or industry, only by sector (Kemp op cit). Because of the existing segregation of labour by industry, even industry-based statistics would be a useful, albeit crude, indicator.

The section of the Ministry of Manpower dealing with women also has responsibility for child and migrant labour, and is only committed to the enforcement of issues related to working hours and wages, not to issues of occupational health and safety. An unwritten part of the Women and Child Unit's task is to perpetuate the notion of kodrat, which proposes that it is the 'nature of women' to be vulnerable and primarily be wives and mothers. This is a convenient dovetailing of Islamic interpretation and elite Javanese manners (Kemp 1991, Kalyanamitra 1990).

What happens to women workers?

Women's injuries are determined by the type of work that they do and the exposures entailed in the industries in which they work. Generally, they can be characterised by chronic, insidious disorders such as occupational overuse injuries and other musculoskeletal injuries, low level intoxications, noise induced hearing loss, respiratory disorders, stress, occupational cancer and reproductive disorders such as amenorrhoea, dysmenorrhoea, spontaneous abortion and prematurity (Mamelle 1984; Lim 1987; Levy 1988; Hall 1989; Kemp 1991; Gasser 1985). Of the symptoms and disorders listed above, none are reportable under current Indonesian accident reporting regulations:

1. Existing accident reporting systems are just that. They report acute events which cause the employee to have three to five days off work. These are known as time lost injuries. As defined, these largely exclude women, for the reasons outlined above, i.e. they suffer more chronic disorders and because the majority of women in Indonesia are employed on daily contracts which do not carry rights to sick leave (White 1989).

2. The current accident reporting system is geared to recording the industrial problems of men, who tend to have acute, traumatic episodes which fit more easily into the reporting categories and time lost injury system.

3. Because they are commonly employed on daily contracts, women are conscious of their 'disposability' and are thus reluctant to report any occupational disorder, until it becomes disabling or they can find different work. Intense competition for work sharply reduces women's options.

In addition, because many women workers live adjacent to the enterprises, they are susceptible to 'double exposure' from the environmental pollution that inevitably emanates from the poorly regulated enterprises (Budiharjo et al, undated). Therefore, women's reproductive workplace can be as hazardous as their productive workplace.

One has to consider the public health overlay of poor nutrition, chronic parasitism and infectious diseases, such as tuberculosis. These diseases, while producing considerable disability on their own, are often exaggerated by working conditions. For instance, anaemia is exacerbated by exposure to blood affecting solvents such as benzene. Lung disorders such as extrinsic alveolitis and byssinosis are exaggerated by TB or chronic bronchitis, and exposure to the ubiquitous cigarette smoke which signals the Indonesian male's commitment to the clove monopoly.

Anecdotal and survey data from working women in Indonesia

In light of the lack of reliable official data on women's occupational health profile, the only option is to rely on surveys and first-hand information from women themselves.

A survey was recently completed amongst women workers in food processing (shrimp paste), light industry (manufacturing speakers), soap making, knitted garment and textile industries in Malang and Surabaya. The findings are still unofficial and it is hard to determine the frequency distributions and sample sizes included, however, the rough figures make interesting reading.

Sixty percent of the Malang sample felt that work had negative effects on their health. Those working in light industry reported tinitus (persistent ringing or 'cloudiness' in the ears after exposure to excessive noise), finger amputations and crush injuries, as well as deep penetrating wounds in both upper and lower limbs from metal shards (no figures given). Those in the knitting mills experienced tinitus, headaches, itching and skin disorders, low back pain and feelings of panic. In the soap factory, 63 per cent of the respondents had high
rates of dermatitis. Other general symptoms of ill health were insomnia attributed to shiftwork (50 per cent of the respondents worked shifts), allergy, asthma, cough (probably due to airborne organic fibres).

Thirty one percent of the respondents lived in very poor quality company housing, 68 per cent of which had no washing facilities or running water. In the shrimp paste factory women had to pay Rp50, out of their daily Rp2,100 wage, for the privilege of having a shower to wash away the penetrating smell; while in the knitting mills the cost of broken needles and flaws in the fabric was deducted from the Rp1,800 daily wage. All salaries were below the minimum wage for the province, which at present stands at Rp2,400 per day. But as one activist said; 'In Indonesia the minimum wage has become the maximum wage'.

Many of the respondents told the researchers that if they were late they were locked out until the midday break, so they lost half a days wages. This action penalised the shift workers in particular who, in the absence of daytime quiet, were chronically tired. Most of the women of course, watches.

From the aggregated sample, 76 per cent of women wanted safe work, while 50 per cent wanted less work pressure. Other major items on the workers' 'wish list' were: Less compulsory overtime, less noise, better relationships with the manager, free or cheap meals, free access to toilets and water, being able to have a rest at lunch time, relief from sexual harassment, improved ventilation and seating.

These findings were replicated in part at a meeting held with women textile workers in Central Java. The author met in a community house with women from the afternoon-shift, who gave up some of their rest period to attend the meeting.

When asked about the presence of diseases typically related to textile work, the majority indicated the presence of chronic tinnitus, occupational bronchitis or allergic alveolitis, varying degrees of overuse injuries from the repetitive performance of tasks, back pain from poor work design and lack of seating, headaches, panic attacks and other signs of stress. Virtually all complained of painful menstruation with heavy clotting and bleeding, possibly related to exposure to rayon viscose filament. All were in agreement that standing for nine hours per day without rest (lunch is eaten standing at the machine) could also be related to the severe dysmenorrhoea they experienced.

They indicated that they are free to drink while at work, but that the water comes from the cooling coils of the weaving machines (the workplace is not cooled) and is tainted with rust, oils and metal debris.

There was epidemiological evidence that some of the dye workers in the plant had contracted bladder cancer, probably from carcinogens present in locally used dyestuffs (naphthylamines).

I would like to be able to say that these are isolated cases, not indicative of the experiences and health of the majority of working women. However, visits to some 150 enterprises in Indonesia, and talking with colleagues from other ASEAN nations prove otherwise. The number of women in Indonesia alone whose health is being severely compromised by unregulated patriarchal industrial development, is staggering. Yet little is done for these women.

Implications for Australian aid

Occupational disorders can be life threatening and life destroying, adding further burdens to an overburdened community, and actively detracting from women's ability to increase their status and rights. Some threat to women's reproductive status also exists.

In view of the sheer numbers of women and the severity of their distress and disorders, there is a long overdue and urgent need to consciously develop specific preventive and rehabilitative programs for working women in developing nations.

However, the issue of occupational health and safety, particularly in the Indonesian context, is political, in that it ties in with political and military control of (industrial) labour and with the state control of women (Suryakusuma 1987).

Women in Indonesia have little prospect of improving their position with support from the Government supported union (Serikat Pekerja Seluruh Indonesia, SPSI). This became clear in 1991, when the Lembaga Wanita (Women's Institute of SPSI) started to encourage activism amongst women workers. They were threatened by senior SPSI officials with withdrawal of funds, being

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5. At the time of writing the official exchange rate was A$1 = Rp1,950.

6. In a report issued by Kalyanamitra (see references) 25 per cent of rapes with some degree of torture were said to have been perpetrated by men who encountered women at work.
excluded from policy formation and training opportunities (pers. comm.).

In early October 1992, the first independent trade union was registered with the Indonesian Ministry of Manpower, thus marking a major breakthrough in labour rights. However, women cannot hold out much immediate hope, as this is a transport workers union, representing primarily male taxi, bus and truck drivers.

For foreign policy and aid, occupational health and safety can be regarded from two viewpoints:

1. As a human rights issue; that is, the rights to freedom of association and to collectively bargain as stipulated under the International Labour Conventions. In addition, the right to have adequate remuneration for labour and the right to retain one's health and moral integrity while working for the profit of others, would seem fundamental.

2. As a technical health issue, through transfer of technology via the mainstream WID or health-based programs.

Australia, with the exception of the Australian Council of Trade Unions (ACTU) overseas service wing APHEDA, has relied on the multilateral agencies such as ILO, to execute specific programs for labour. However the nature of the ILO tripartism has limited benefits for women.

**Australian partnerships**

In the past ten years Australia has made remarkable progress in improving occupational health and safety legislation, data gathering and education. In addition women trade union activists have produced educational programs specific to women's needs, and have ensured women's voice in union policy. Potentially, Australia has high-grade technical expertise in both trade union and government instrumentalities, which could be harnessed to assist Indonesian workers and local activists gain a new perspective on occupational health and safety. Practical program assistance should consider:

1. The urgent need for more adequate data collection to elucidate the nature and extent of women's injuries and occupational disorders in the region. There is enough expertise within the ASEAN region (particularly Singapore) to perform such research with technical input from Australia.

2. The dearth of educational materials for women, about women at work. Money and technical assistance need to be allocated to NGOs for the development of much needed training aids for literate and preliterate women workers. Simply overdubbing existing educational videos into the various constituent languages would provide a useful start.

3. Women activists suffer from a lack of technical input to structure their campaigns for improved conditions of work. Wider involvement in trade union training would provide women with technical know how and useful networks. However the trade union movement needs to reassess their criteria for assistance as, in countries like Indonesia and Thailand where trade unionism is of limited effectiveness, NGOs provide alternatives for activism and organisation.

4. Worksafe Australia could consider establishing an overseas consulting wing to market services and skills in the region.

5. In the absence of a professional management class in Indonesia, most firms take a short-term view that does not link improvement of working environments and less restrictive work practices to enhanced productivity. 'Worker-blaming', once rife in Australia, is still rampant in Asia. Recent Australian management experience in co-operative negotiations could well be shared by expanding the direct contact between Australians and Asian employer bodies.

6. On a practical level, all Australian aid projects should include an occupational health and safety programme to impart direct knowledge to counterparts, and provide active role models.

This paper has dealt only with the situation of women working in the industrial sector. A great deal of work is yet to be done on the needs of women agricultural workers, migrant and domestic women workers who are at risk of sexual and physical abuse, women entertainment and sex workers, or those in the informal sector who are out of the reach of safety and labour regulations. There is much that Australia could do to assist in these areas.

Women provide the backs and shoulders upon which Asian export and domestic industrial developments are based. The backs are aching and the shoulders increasingly sore.

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