

## Women and Health

### Editorial

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Community Knowledge and Behavior Towards Unintended Pregnancy in Eight Provinces of Sumatera: Between Religious, Customary, and State Norms

*Dina Lumbantobing, Sita Van Bemmelen, Andi Misbahul Pratiwi & Anita Dhewy*

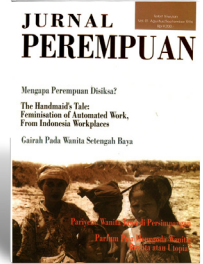
Published by:

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Accreditation Number: 748/Akred/P2MI-LIPI/04/2016

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First published in August 2019

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This JP edition is published by Yayasan Jurnal Perempuan with the support from the Australia-Indonesia Partnership for Gender Equality and Women's Empowerment (MAMPU). MAMPU program is a joint initiative between the government of Australia and the government of Indonesia that aim to improve access of poor women in Indonesia to public services and other government programs in order to achieve gender equality and women's empowerment. Opinion in the articles solely belong to each of the authors and do not represent the views of the government of Indonesia and the government of Australia.

## Women and Health

**H**ealth is a human right that has always been an important issue for both the public and the individuals, including women. In Indonesia, health is one of the important issues that is regulated in the constitution with an allocation in the State Budget (APBN). However, various data and researches show the complexity of public health issues and also health issues with regard to gender and age group.

Basic Health Research Data (Riskesdas) in 2018 mentioned that nutrition and non-communicable diseases remain Indonesia's biggest homework. The same data noted that the Ministry of Health was only able to reduce the stunting rate from 37.2 percent to 30.8 percent over five years. Malnutrition was only slightly reduced, from 19.6 percent to 17.6 percent. Meanwhile, the obesity rate actually increased from 14.8 percent to 21.8 percent. At the same time, non-communicable diseases, such as cancer, strokes, chronic kidney disorders, diabetes, and hypertension, have almost all increased.

The condition of the health sector in Indonesia can also be seen from the condition of family's health and women's health. Currently, there are obstacles in the application of vaccines for infectious diseases such as Measles & Rubella (MR) and polio vaccines due to the incompatibility between the product's standards with religious values, as well as myths surrounding the impact of vaccines on children.

Meanwhile, data from the Ministry of Health in 2015 shows that the maternal mortality rate (MMR) in Indonesia is still high: of 100,000 live births, around 305 ended in the death of the mothers. Data from the Ministry of Health 2017 also shows that the highest number of persons with AIDS by status/ occupation are housewives, of 14,721 persons.

The health sector is an important issue for the women's movement and feminist studies. Feminists find gaps in the relations between women, health and the medical world. In the second wave of the global women's movement, feminist groups struggled to bring the issue of women's health to the surface. The positive impact of the second wave women's movement can be seen today with more and more women taking part in the field of medicine and the increasing attention and resources dedicated to women's health issues. Nevertheless, feminists remain critical of the medical field that is still biased or gender neutral. This can be seen in existing

practices such as diagnosis, prescription or different medical actions between men and women due to gender stereotypes, or medical research that does not include sex-based analysis.

Furthermore, feminist thinking offers a comprehensive approach to health issues. This approach is based on the concept that places humans as a unit (body and mind) that interacts with their social and physical environment. As such, this approach defines health holistically, as a result of social relations. This is different from the biomedical approach, which views the body mechanically, defining individuals as a collection of components.

Feminist approach also encourages recognition of physiological and social differences between the sexes and recognizes the diversity of individuals, whether male or female, rich or poor, heterosexual or other sexual preferences, with special needs or not, and so on, using the intersectionality approach. Feminist approach views health as a matter of social justice.

In Indonesia, the issue of health policy is also a concern of the women's movement. The issue of maternal mortality, for example, has been the focus of attention of the women's movement since several decades ago. But to this day, it remains to be a critical issue that has never been resolved.

Women's health is also related to the position of women as subjects. Particularly in term of reproductive health, knowledge on sexual and reproductive rights and health (SRHR) determine not only women's physical health condition but also women's well-being.

Several research papers in this edition of *Jurnal Perempuan* show that values and cultural elements that are prevalent in society have strong influence on people's beliefs, decisions, attitudes and behavior towards women's health. The local context's aspect needs to be seriously considered in all efforts to improve and to advance women's health. In addition, the experience of women dealing with health issues should not be viewed in uniformity and universally. These whole aspects need to be well understood by policy makers and health officers so that health policies and health services would truly consider the voices and the needs of women. Furthermore, health policies and services should position women as subjects who are entitled to make their own decisions regarding their health. **(Anita Dhewy)**



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Inang Winarso & Ressa Ria Lestari (Asosiasi Antropologi Indonesia [AAI] Pengurus Daerah Jawa Barat, Bandung, Jawa Barat, Indonesia)

**Cultural Value Factors That Affect Mother and Child Health**

DDC: 305  
Jurnal Perempuan, Vol. 24 No. 3, Agustus 2019, pp. 149-159, 1 image, 1 table, 6 ref

Mother and child health as a key indicator of community welfare is measured by the Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR). But why have efforts to reduce MMR and IMR not yet reached the target? This research answers this question by using an approach of cultural values in mother and child health. The focus of this research is on the human life cycle starting from marriage, pregnancy, birth and death in Situbondo Regency, East Java and Ngada Regency, NTT. Research has found four cultural elements that predominantly influence health beliefs, family and community decisions in dealing with maternal and infant health problems. These cultural elements are the religious system, the kinship system, the knowledge system and the livelihood system. These four systems can increase or decrease the risk of maternal and infant mortality. The government must consider the cultural values of the community in making health policies. First, strengthen factors that reduce the risk of maternal and child mortality. Second, reduce the factors that increase the risk of maternal and child mortality.

Keywords: cultural values, ethnography, mother and child health, maternal mortality, infant mortality.

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Evania Putri Riflyana (Trade Union Rights Centre [TURC] Lembaga Pusat Studi dan Advokasi Perburuahan, Jakarta Pusat, Indonesia)

**The Vulnerability of Occupational Health of Women Home Workers: A Study in Labor-Intensive Industries in Penjaringan, North Jakarta**

DDC: 305  
Jurnal Perempuan, Vol. 24 No. 3, August 2019, pp.161-175, 11 images, 2 graph, 26 ref

Labor-intensive industries oriented to low prices, has a strategy of reducing labor costs to compete in a competitive market. To streamline the production burden, the company issues a portion of its production commodities to workers outside the factory, in this case homeworkers. The majority of homeworkers are poor women who live around industrial areas. Through a qualitative approach, this study wants to find out the working conditions of women homeworkers working in labor-intensive industries, especially in the shoe sector, in the slums of the Capital City of Jakarta, namely the Penjaringan area, North Jakarta. The study found that women homeworkers do not have access to proper occupational health, making their conditions vulnerable. This vulnerability is influenced by poor working environment conditions, inadequate Health and Safety (K3), and the absence of social protection and security for women homeworkers. In addition, the house, which is used as a production space on a massive scale, also has implications for the daily survival of women homeworkers and their families.

Keywords: women, homeworkers, laborers, Occupational Health and Safety (OHS).

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Theresia Pratiwi Elingsetyo Sanubari & Catherina Frisca Yaniariyani (Universitas Kristen Satya Wacana, Salatiga, Indonesia)

**Preliminary Study on Access to Health Service for Elderly Women: The Age and Socio-Economic Issues of Elderly Women in Pancuran Village, Salatiga**

DDC: 305  
Jurnal Perempuan, Vol. 24 No. 3, August 2019, pp. 177-187, 1 image, 3 tables, 38 ref

The increasing number of elderly people from year to year shows the high life expectancy in elderly women. This situation coupled with cultural and social aspects can trigger vulnerability for elderly women, including the health aspect. This study aims to describe the factors of access to health services for elderly women in the village of Pancuran, Salatiga. The method used is descriptive-quantitative with data collection carried out in Pancuran Village using a questionnaire. Elderly women in Pancuran Village have different economic, educational, employment and social status backgrounds but have the same vulnerability to access health services due to the unavailability of posyandu for the elderly in Pancuran Village. Nevertheless, efforts to access health services are still underway. This research shows that cultural involvement in health care is needed to realize integrated, patient-centered, and gender-friendly health services.

Keywords: elderly women, health services, social culture.

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Saskia Wieringa (Universitas Amsterdam, Amsterdam, Belanda)

**Data Collection to Fulfill the Targets for the SDGs: The APIK Gender Justice Index (AGJI)**

DDC: 305  
Jurnal Perempuan, Vol. 24 No. 3, August 2019, pp. 189-202, 10 tables, 23 ref

Indonesia has committed itself to the 2030 Agenda with 17 Sustainable Development Goals (SDGs) which were approved by the United Nations on September 25, 2015. Seventeen objectives and 169 related targets must be achieved by 2030. Gender equality is an independent goal (SDG number 5), but gender related issues are also contained in the goal of poverty alleviation (SDG 1), health care including maternal and child health (SDG 3) and education (SDG 4). SDG number 16 concerns a commitment to peace, access to justice and strong institutions. Reliable and inclusive gender statistics are needed to monitor progress towards achieving gender equality and justice and to identify key gender inequalities that require policy interventions. Both quantitative and qualitative data are needed. In addition, certain problems are specific for women, such as maternal death. Given the wide diversity in gender relations and socio-economic conditions of the Indonesian archipelago subnational data are required. This article outlines the methodology of designing the APIK Gender Justice Index. The main findings are that the availability of sex-disaggregated data at the subnational level leaves much to be desired. The AGJI proves to be a reliable, comprehensive and flexible tool that can easily be used by policy makers and activists to design policies and programs to address gender-based discrimination in Indonesia, for instance in the field of health. The AGJI is based on locally available data. The advantages of the AGJI are that it can be computed with a minimum of cost and effort to achieve a maximum of reliability and ease in use. The GSI was found to be comparable with the Global Gender Gap Index (GGGI) for Indonesia but it is more sensitive to

political empowerment. The AGJI assesses in how far women have been able to take up leadership positions at subnational levels, including at the village level and are represented in the major decision-making bodies such as the judiciary.

Keywords: gender index, gender justice, gender statistics, SDGs.

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Abby Gina & Atnike Sigiro  
(Jurnal Perempuan, Jakarta, Indonesia)

### **Personal Experiences of Women Surviving Breast Cancer as a Confrontation of the Meaning of the Women's Body**

DDC: 305  
Jurnal Perempuan, Vol. 24 No. 3, August 2019, pp. 203-213, 14 ref

This study highlights the experiences faced by women breast cancer survivor in Jakarta in defining their bodies. Despite of medical assessment, breast cancer needs to be analyzed through feminist's lense because breast cancer has close link with discourse of sexual body and engendered body. This study used a qualitative methodology that emphasizes critical analysis. Data collection was gathered through interviews with 8 women who are breast cancer survivors. The research reveals that under the normality of femininity of the patriarchal society, the women breast cancer survivors could confront the dominant interpretation upon women's body.

Keywords: breast cancer, body experience, gender structure, feminine, body normalization.

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<sup>1</sup> Dyan Widyaningsih, <sup>1</sup> Elza Samantha Elmira & <sup>2</sup> Andi Misbahul Pratiwi (<sup>1</sup> The SMERU Research Institute, Cikini, Jakarta, Indonesia & <sup>2</sup> Jurnal Perempuan, Jakarta, Indonesia)

### **Poor Women's Access to Antenatal Care and Childbirth Services in Indonesia: A Case Study in Five Districts**

DDC: 305  
Jurnal Perempuan, Vol. 24 No. 3, August 2019, pp. 215-227, 3 images, 2 tables, 13 ref

The health of pregnant women often becomes an indicator of human development. On the other hand, the fact of the high maternal mortality rate, raises questions related to the government's attention to the health of pregnant women, especially women in poor areas. This article focuses on poor women's access to health services for antenatal care and childbirth in five regencies in Indonesia. The aspects studied include the availability of health services for antenatal care and childbirth, poor women's access to these services, and supporting factors/actors and barriers to poor women's access to health services. This article showed that the availability of health facilities is not always in line with the increased awareness of pregnant women to access these services. Road infrastructure condition, distance, and cost to access health service still remain a challenge. Meanwhile, the policy of incentives and disincentives to traditional birth attendants has an influence on the increasing number of pregnant women who check their pregnancies and childbirth at health facilities. Thus, health issues of pregnant women and safe childbirth require a different effort. Aspects of the local context and supporting infrastructure also require serious attention.

Keywords: access to health for poor women, antenatal care, childbirth.

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1 Dewi Komalasari & 2 Jane Daniels (1 Jurnal Perempuan, Jakarta, Indonesia & 2 MAMPU, Setia Budi, Jakarta, Indonesia)

### **Review of Policy-Oriented Research on Maternal Mortality**

DDC: 305  
Jurnal Perempuan, Vol. 24 No. 3, August 2019, pp. 229-238, 34 ref

Maternal mortality remains an unresolved critical issue. This condition indicates that women's reproductive health rights has not yet been fulfilled. Maternal mortality occurs due to medical and non-medical factors. Even though a small amount of those deaths still happens due to unpreventable causes, however most of those deaths could have been prevented and avoided. Government efforts to address the problem of maternal mortality are carried out through various policies that focus on medical factors and through programs aimed at increasing the coverage and quality of maternal health services. On the other hand, other factors such as social economic and cultural are being neglected. A review of researches on the theme of maternal mortality found various factors that contributed to the causes of maternal mortality such as socio-cultural barriers that limit women's access to health, ranging from poverty, geography and local culture. Unmet need for contraception in family planning program, adolescence reproductive health issue that still hasn't been addressed in a serious and comprehensive manner, as well as unsafe abortion are the key underlying causes of maternal mortality.

Keywords: maternal mortality, reproductive health, family planning, adolescence reproductive health, unsafe abortion.

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<sup>1</sup> Herna Lestari & <sup>2</sup> Atnike Nova Sigiro (1 Yayasan Kesehatan Perempuan, Jakarta, Indonesia & 2 Jurnal Perempuan/ Universitas Paramadina, Jakarta, Indonesia)

### **Women's and Health Officer's Knowledge on Access to Reproductive and Sexual Health Services Covered by the National Health Insurance: Surveys in 15 District-Cities in Indonesia**

DDC: 305  
Jurnal Perempuan, Vol. 24 No. 3, August 2019, pp. 239-251, 15 tables, 22 ref

The availability of reproductive and sexual health services provided by the National Health Insurance (Jaminan Kesehatan Nasional/ JKN) in Indonesia could expand women's access to reproductive and sexual health services. However, the knowledge of community and service provider will determine to what extent women will access the reproductive and sexual health services provided by JKN. This article assesses and analyzes the knowledge of women and health officers about the availability of reproductive and sexual health services provided in JKN. The article elaborates for main findings from the research that was conducted by women organizations that are members of the Women's Health Care Network (Jaringan Perempuan Peduli Kesehatan or JP2K). JP2K conducted longitudinal research with a series of surveys in 2015, 2016, and 2017 in 15 regions of districts/ cities in Indonesia on knowledge and access to reproductive and sexual health services provided by JKN. The surveys show limited knowledge of the respondents, both women and health officers, about forms and scope of reproductive and sexual health services that are covered by JKN. The research concludes that one of the important agendas for encouraging women's access to health services covered by JKN is through intensifying the socialization of the scope of sexual and reproductive health to women and health facility officers.

Keywords: national health insurance, reproductive and sexual health, women's health.

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<sup>1</sup> Dina Lumbantobing, <sup>1</sup> Sita Van Bemmelen, <sup>2</sup> Andi Misbahul Pratiwi & <sup>2</sup> Anita Dhewy (<sup>1</sup> PERMAMPU, Medan, Indonesia & <sup>2</sup> Jurnal Perempuan, Jakarta, Indonesia)

**Community Knowledge and Behavior Towards Unintended Pregnancy in Eight Provinces of Sumatera: Between Religious, Customary, and State Norms**

DDC: 305  
Jurnal Perempuan, Vol. 24 No. 3, August 2019, pp. 253-265, 2 tables, 8 ref

Based on field observations and experiences in assisting women by the PERMAMPU Consortium, there are still many women who face unintended pregnancy (KTD). Therefore it is needed research to find out the needs of women related to KTD. This article focuses on three things, namely (1) understanding and knowledge of informants about KTD; (2) perception of the best and the worst solutions for KTD cases; (3) women's behavior related to KTD. The study uses three categories

of KTD: KTD experienced by married women, KTD experienced by unmarried women, and KTD experienced by victims of acts of violence. This article is written from the 2014 PERMAMPU Consortium research report entitled The Compilation of Unintended Pregnancy Research Reports/KTD in Eight Provinces, Sumatra Island. The study used a qualitative approach with data collection conducted through interviews and FGDs. This paper shows that there are similarities and differences in the understanding, perceptions, behavior of women and society in relation to KTD. Various forms of rules and norms generally view pregnancy as natural, so that it is always desirable, have controlled women and society in behaving and handling KTD. There are various forms of KTD and various forms of coping methods that are not always in line with existing rules and are generally done secretly. Thus, women who experience unintended pregnancy need recognition of their problems, including their voices and needs and supported to make decisions for themselves.

Keywords: unintended pregnancy, religious norms, customary norms, abortion.



## The Vulnerability of Occupational Health of Women Homeworkers: A Study in Labor-Intensive Industries in Penjaringan, North Jakarta

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Manuscript chronology: received 31 July 2019, revised 21 August 2019, officially accepted 30 August 2019

### Abstract

Labor-intensive industries oriented to low prices, has a strategy of reducing labor costs to compete in a competitive market. To streamline the production burden, the company issues a portion of its production commodities to workers outside the factory, in this case homeworkers. The majority of homeworkers are poor women who live around industrial areas. Through a qualitative approach, this study wants to find out the working conditions of women homeworkers working in labor-intensive industries, especially in the shoe sector, in the slums of the Capital City of Jakarta, namely the Penjaringan area, North Jakarta. The study found that women homeworkers do not have access to proper occupational health, making their conditions vulnerable. This vulnerability is influenced by poor working environment conditions, inadequate Health and Safety (K3), and the absence of social protection and security for women homeworkers. In addition, the house, which is used as a production space on a massive scale, also has implications for the daily survival of women homeworkers and their families.

Keywords: women, homeworkers, laborers, Occupational Health and Safety (OHS)

### Introduction

The presence of labor-intensive industries in Indonesia is one of the pillars of economic development, as this sector provides access to the majority of people with low education to be involved in the industrial economic system. In a labor-intensive production mechanism that relies on the mobilization of workers on a massive scale, this industry relies on cheap labor as a strategy to win an increasingly competitive market arena. This low-cost labor strategy has become the dominant trend in new industrial countries that continue to try to boost their industrial productivity without the carrying capacity of infrastructure and comprehensive policies. (Wahid & Arfandi 2017)

Particularly in developing countries like Indonesia, this cheap labor trend has influenced the sectors of the food and beverage industry, the tobacco industry, the textile and apparel industry, the leather and leather goods industry, the footwear industry, the children's toy industry and the furniture industry, which is regulated in the Ministry of Industry Regulation of the Republic of Indonesia No. 51 / M-IND / PER / 10/2013 concerning Definitions and Limitation and Classification of Certain Labor Intensive Industries.

In practice, the industry average still integrates a semi-manual system and relies on workers' skills. Labor-intensive industries with low prices, trying to reduce production costs in order to offer competitive prices in the market. The strategies used by business actors include a putting-out system scheme. This scheme has historically been better known as a widespread domestic system in Western Europe since the 17th century. This system has the characteristic of "removing" a portion of production commodities to home-scale industries, which can increase efficiency and reduce labor costs because of a broader division of labor (Britannica, Encyclopaedia, t.t.)

The production process in these industrial centers relies heavily on the involvement of workers outside the factory. The involvement of workers outside the factory is organized by a network of agents or collectors, who work on the orders of the company to employ groups of housewives in their homes, commonly known as homeworkers. Homeworkers, the majority of which are women, have vulnerable work conditions. They are generally not formally employed, do not have employment contracts, low wages, long working hours, and do not get social security for labor. The activities of women homeworkers with stifling workloads and targets have implications for the health and safety conditions

of women homeworkers. Houses that have a dual role as a home and workplaces for homeworkers contribute to the health impacts, which not only threaten women homeworkers, but also their children.

Referring to the Trade Union Rights Center (TURC) research report on the *Stretching of Home Workers in the Vortex of Labor Intensive Industries: Case Study of Three Regions (2017)*, the footwear industry is an industry that has the potential to absorb labor, especially with secondary education characteristics. In 2014, the Ministry of Industry noted, the creation of foreign exchange by the footwear industry amounted to USD 4.11 billion, or 2.33% of total national exports in 2014. In terms of employment, this industry accounted for 643.000 people, equivalent to 4.21% of the manufacturing industry workforce (Ministry of Industry 2015). Interestingly, based on 2015 data, it was mentioned that this industry had contributed the 5th largest footwear export in the world with the export value reaching US \$ 5.01 billion, although it was still inferior to China, India, Vietnam and Brazil (Ministry of Industry, t.t.). Indonesia itself is listed as a shoe exporter for well-known international brands to the United States, Europe and Japan. (Ministry of Trade Republic of Indonesia's Trade Research and Development Agency 2009).

The dynamics of the global footwear trade shows the intense competition of footwear producers, which not only involves competition between employers, but also competition between countries because the shoes are one of the potential industries that are often

used as a mainstay for developing countries, especially to absorb labor. Business competition forces efforts to offer excellence, which sometimes not only comes in the form of quality but also low production costs, which is done by reducing labor costs. Homeworkers are seen as one of the strategic factors to be employed as workers in production schemes in the footwear industry. This is because homeworkers are not seen as workers who are bound by official employment relationships, but rather as work partners to help increase production capacity without any obligation. (Wahid & Arfandi 2017)

Jakarta as the capital city is becoming a growing granary of industry. One of the industrial centers in Jakarta is developing in the area of North Jakarta, because this region has proximity to various supporting infrastructures, especially the ports of Tanjung Priuk and Sunda Kelapa that provide access to post-production commodity transportation. The North Jakarta area, which is a coastal area, is the main door for the movement of goods, both inter-regional trade in Indonesia and interstate exports and imports. Judging from the aspect of regional characteristics, North Jakarta pocketed the title of slum area in Jakarta according to the latest data from the Ministry of Agrarian Affairs and Spatial Planning / National Land Agency (ATR / BPN) in 2019. The data shows that there are around 118 slum areas out of 267 districts in Jakarta. The slums are spread in six districts or cities in Jakarta, while most are located in the North Jakarta area (CNN Indonesia 2019).



**Image 1** Motorists are boarding wooden boats to cross a small river filled with rubbish. This means of transportation is also commonly used by homeworkers to deliver their work items in Penjaringan, North Jakarta.

(Source: Dok.TURC 2017)

From the distribution of slums in North Jakarta, Penjaringan sub-district is one of the densely populated slum areas around the Pluit Reservoir area, which is still filled with people living below the poverty line with inadequate environmental health and water sanitation conditions. In this region, many homeworkers live around industrial estates to make a living by working for factories. This is also the main basis for making the Penjaringan area, North Jakarta, an appropriate representation to represent the conditions of vulnerability of the lives of women homeworkers.

Based on this background, this study was conducted to determine the health conditions of women homeworkers in labor-intensive industries, especially those working in the shoe sector in Penjaringan, North Jakarta. This research explores aspects of the social vulnerability and working conditions of women homeworkers in terms of Occupational Health and Safety (OHS), the risk of Occupational Disease (PAK), and the status of protection and access to social security for women homeworkers.

### Research Method

This research uses a qualitative approach with observation and in-depth interview data collection methods. In-depth interviews were conducted during a span of one month in June-July 2019. In addition, the data in this study was also obtained from observations of researchers conducting fieldwork for women homeworkers over two years (2017-2019) through the Trade Union Rights Center (TURC), a center for labor studies and advocacy.

To see aspects of occupational health in women homeworkers, for this study five women homeworkers with characteristics of a 7-15 year work period were interviewed. Two of these respondents were also involved in the previous TURC research, titled *Stretching Homeworkers in the Vortex of Labor Intensive Industries: Case Study of Three Regions (2017)*.

However, this study does not further discuss the perspective of health sciences and conduct medical examinations related to the conditions of each encountered homeworker. In order to protect the security and privacy of all informants, the identity of their names in this paper is disguised.

### Women Homeworkers: Hidden in the Industrial Supply Chain

The phenomenon of homeworkers is not new in Indonesia. This practice grew along with the increasing

flexibility in the labor market and the production process as well as higher unemployment and job scarcity. This phenomenon has emerged massively in almost all industrial areas, especially in Java and Sumatra (ILO-MAMPU 2015). This flexibility in the labor market is carried out by the industry in order to reduce production costs. In the competition to offer low prices, the cost aspect that is getting pressed is labor costs. The efficiency of production costs by using this putting out system has implications for the emergence of homeworkers to help work on some of the production processes in an industry.

For business people, this scheme is considered the most rational way to cope with unpredictable demand fluctuations, but on the other hand this system makes it easy for entrepreneurs to increase or reduce their production scale. The phenomenon of homeworkers is not a new phenomenon in Indonesia or the world. However, the development of homeworkers became significant after the global economic crisis in the 1990s. This crisis encourages industries to choose a flexible production model and encourages the emergence of informal workers who work from their homes or their own chosen place (Hunga 2015).

The homeworkers referred to in this study are individuals who carry out some of the production activities of industrial or factory goods, who work at home or in a place that is not provided by the employer. Homeworkers are generally not directly employed by companies, but through other actors called middlemen. The community is often mistaken in understanding homeworkers who are perceived as domestic workers. Although homeworkers and domestic workers have the same workspace, ie at home, homeworkers work in their own homes while domestic workers work at their employer's house.

Homeworkers are better known as contract workers or subcontractors who do part of the process of producing goods from industry or factories from home. Homeworkers are also different from home industries, better known as Micro, Small and Medium Enterprises (MSMEs) that independently own venture capital and manage the entire production process. Generally, homeworkers are used if the products produced require the expertise of human hands compared to machines, such as gluing, weaving and sewing. Based on data from research and assistance conducted by the Trade Union Rights Center (TURC), homeworkers tend to be in the labor-intensive sector. In Jakarta, Solo, Sukoharjo and Sukabumi, homeworkers organized by TURC worked

on producing clothes and shoes. Meanwhile, in Cirebon homeworkers work on furniture products.

To better understand the definition of homeworkers, the International Labor Organization (ILO) has set the definition of homeworkers, in ILO Convention No. 177 of 1996 concerning Home Work. According to the

convention, there are at least three characteristics for a person to be a homeworker. First, someone who works at his home or at another place of their choice, other than the employer's place. Second, someone who works to get a wage. Third, someone who produces a product or service as determined by the employer, regardless of who is providing equipment, materials or other inputs used.

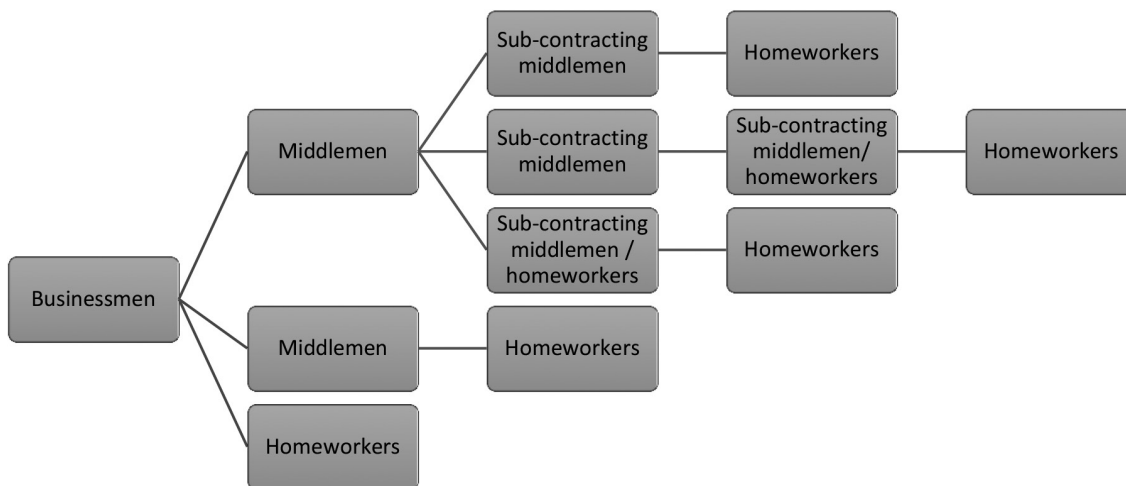


**Image 2. A homeworker glues a shoe together. Dok. TURC 2017**

Although the term homeworkers seem to be unfamiliar to many people, the reality is that unconsciously, a lot of homeworkers exist all around us. Although the Government of Indonesia has not formally ratified the ILO Convention, the Central Statistics Agency (BPS) has made an effort to recognize this issue by adding questions to identify homeworkers to the 2016 National Labor Force Survey (Sakernas) questionnaire. Some of these questions are about the workplace and payment system /Remuneration. In August 2017, there were 464,497 people who became homeworkers, or 0.76% of 61,053,427 workers / casual workers. By sex, of the 20,035,789 women who work as casual laborers

/ laborers, there are 1.54% or 308,522 people who are homeworkers.

The existence of homeworkers is inseparable from the global supply chain. It is not uncommon for the homeworkers' products to be exported to continental Europe or America. The long supply chain results in the fact that homeworkers have very limited knowledge about the market for the products they do. Homeworkers often accept work on a product whose brand name has not been included, so they do not know for whom the product is made. The implication of such limited information is the loss of communication if they are to assert their rights.



**Chart 1. Recruitment Pattern of Homeworkers**

Source: Wahid & Arfandi 2017

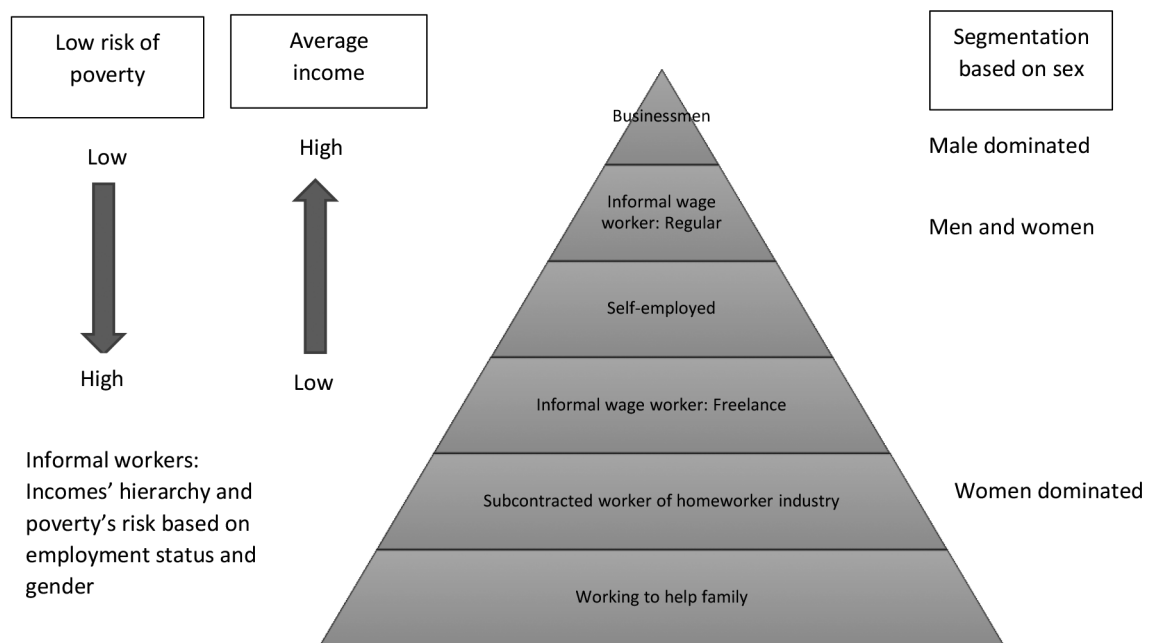
Homeworkers also have a “gray” employment relationship. On the one hand, they are part of the company’s staff who work on the same products as the factory workers, but on the other hand they have different dimensions of the workplace, namely they are working in their own home. Often when the deadline is nearing, homeworkers ask for help from their families to get involved in working on the product. In addition, some of the production costs are borne by workers such as electricity, premises, furniture, workplace maintenance, and other overhead costs, including providing production equipment such as needles, scissors, sewing machines.

Homeworkers are also referred to as the shadow proletariat. This means that they are a group of the

proletariat consisting of workers who live by selling their labor, but they have their own means of production when working. In addition, homeworkers are also classified as vulnerable workers who have no protection and are not recognized as workers (Holzner 2006).

### Gender and Homeworkers: Production and Reproduction Space Contestation

The specificity of the phenomenon of homeworkers is that the majority of workers are women. The current social construction places women as the responsible party for household affairs and men as breadwinners. This has implications for gender stratification in economic activities.



**Chart 2. Informal work: Income risk and poverty risk according to work status and gender. Source: Lim 2015**

In our society that is commercialized and market-oriented, there is a strict difference between wage employment or income-generating work, and non-wage employment or work that does not generate income. Wage work is considered productive work, while non-wage work is considered unproductive, such as women’s work in the household that should actually be considered work. Such a view is actually inseparable from the cultural bias in society, that money is a measure of the value of an activity. In situations like this, it can be understood why women’s work is often invisible (Saptari & Holzner 2016).

In reality, the boundaries between one type of work and another are not always clear. A person can do wage work and non-wage work all at once, so that they can be in different work relationships. Such is the

case with women homeworkers. In the lives of women homeworkers, the home becomes an arena for the division of roles as a mother and working class. The function of the factory, which is transferred to the home, fuses production activities (wage-producing work) with reproductive activities (domestic work). In other words, they play both roles at the same time. There are almost no boundaries defining the role of one and the other for women homeworkers who are separated by their workplaces and social spaces.

Women homeworkers often do not realize that they are workers. Some homeworkers in this study, when asked about their activities answered that they were “currently unemployed” or “freeing up time.” A home that is a workspace for women to preserve the family, indicates

that all work that can be done at home is considered more flexible, not bound, part-time jobs, so they can still carry out their main responsibilities as housewives. The construction of this inherent role ultimately resulted in some women not participating and being absorbed in the workforce, because they had to take full responsibility for domestic household activities. In fact, women's domestic work causes it to be subordinated in a non-domestic environment. This makes homeworkers invisible and slammed from labor force participation.

This is reinforced by the ILO report on Labor and Social Trends in Indonesia in 2014-2015, which states that there are many women who have switched from being economically inactive to being members of the

workforce, even if only as family workers without pay. Many of them work as homeworkers, are connected with the global supply chain, and carry out factory activities from home (International Labor Organization 2015).

This pressure between the domestic and work space is one of the reasons many women work as homeworkers. Homeworkers are always associated with women and domestic activities. As work that can be carried out at home, women homeworkers can unite their domestic tasks and production activities at the same time and place. Working as a homemaker offers flexible hours. That is, women homeworkers can take care of children, cook first, and clean the house in between their working hours.



**Image 3. A child sits next to his mother who is busy producing shoes for local-export-scale companies in their home in Penjaringan, North Jakarta.**

Source: (Jakarta Globe Photo/Yudha Baskoro 2017)

It's different from working in a factory, which requires them to adhere to strict working hours. It often happens that factory workers have to go through long hours, and as a result, the domestic work is not well taken care of. Thus, to be able to carry out their duties as both laborers and mothers, the profession of homeworkers is considered an interesting job to be involved in. This condition makes the double burden of women reasonable. In some cases, women factory workers after marriage and having children must bear domestic burdens that cannot be transferred to others. Therefore, they choose to work at home and take jobs from the factory. There are also some

women who become homeworkers after being laid off because they became pregnant while working as factory workers.

The nature of women's work is always associated with the classic concepts of marginalization, domestication, and domesticism. Women homeworkers are trapped in a chain of socio-economic vulnerabilities. The composition and social class of the household are the classic reasons that make these women enter the vortex of homeworkers. They tend to have a husband as a freelance worker or short-term workers in the field of work that requires low skills or no skills, with uncertain employment status

and income, such as motorcycle taxi drivers, public transportation drivers, construction workers, while some are even unemployed. Often, some of the homeworkers encountered were female household heads who had to fully support the family economy. Thus, becoming homeworkers is a way for them to make a living.

In addition, another factor underlying the background of women becoming homeworkers is due to their low ability in terms of education, work experience and skills, making it difficult for them to enter the formal employment sector. In the end, they can only enter employment that is cheap and vulnerable to exploitation. Most homeworkers that are met assisted by TURC only went to elementary or junior high school.

The image attached to women that they are not the main contributors in the household economy is used as an excuse to provide cheap wages. In addition, the need for expertise in the hands of women who are considered more skilled, resilient, and meticulous in completing work is a separate consideration. This shows that the realization of gender does not only occur in the environment and family, but in the context of the labor market also occurs the segmentation of perpetuated feminization of work.

### **Who is Responsible for the Occupational Health and Safety of Homeworkers?**

Indonesia already has a social security system as a form of social protection organized by the state to guarantee the basic needs of all Indonesian people. This is regulated in Law No. 40 of 2004 concerning the National Social Security System based on the 1945 Constitution, which states that the government must be involved in the welfare of its citizens. The National Social Security System (SJSN) is implemented by the Social Security Organizing Agency (BPJS), which includes the Health BPJS and the Employment BPJS. BPJS Health is a health guarantee that facilitates access to treatment for all Indonesian citizens. Meanwhile, the BPJS Employment is a form of social protection specifically for workers in both the formal and informal sectors, which includes life insurance, work accident insurance, old age insurance (JHT), and pension insurance. BPJS Employment is the right of every worker that is the responsibility of the company and the employer (BPJS Employment t.t.).

For informal workers, BPJS Employment only covers work accident insurance and life insurance. But in its implementation, social protection for informal workers has not been implemented evenly. Since informal

workers tend to have gray employment relationships, the awareness and responsibility to bear the costs of BPJS Employment contributions tends to be borne by the informal workers themselves.

The low wages and vulnerability of the working conditions of women homeworkers are compounded by the absence of adequate labor social protection guarantees for homeworkers. Generally, homeworkers only have health social security managed by the government, such as JKN-KIS, Jamkesda, and JKN-KIS Daerah. But this is more due to their status as poor households, not as workers. Due to working in places not provided by employers, homeworkers are often not recognized as workers. This results in homeworkers not getting adequate labor rights like workers in factories.

Working at home does not mean not facing risks due to work. Houses that have a dual role as homes and workplaces do not actually have adequate supervisory and K3 standards to carry out production activities like in a factory. In addition, employers are not responsible for the costs of maintaining workplaces (in this case homeworkers' homes), storage of raw materials, OHS, and management of waste generated from production activities. Therefore, homeworkers must bear all risks arising from work themselves, which can have an impact on the health and safety of themselves and their families.

Looking at the situation and environmental conditions in which some homeworkers live in the Penjaringan area of North Jakarta, they live in densely populated slums around the industrial area. Homeworkers and their families live in tenements in narrow alleys, with inadequate environmental health conditions. Behind the plywood-walled houses, homeworkers are working day-to-day.

Taking a piece of work requires homeworkers to provide a special place to carry out production activities on a massive scale. However, due to limited space, homeworkers do not have special space to work or store raw materials in their homes. Everyday, they work in a room that is approximately 3x4 meters in size, which also serves as a living room, family room and bedroom for the whole family. The characteristics of homeworkers' houses, which are also their workplaces, are generally narrow-sized non-permanent buildings, with short roof ceilings, and lack of access to lighting and adequate ventilation. Homeworkers also do not have good waste disposal and water sanitation facilities, to dispose of wastes from the products they are working on.



**Image 4. A homemaker is applying glue to parts of a shoe.**

(Source: Dok. TURC 2017)

This condition is exacerbated by the production activities of homeworkers who often use chemicals, flammable raw materials, and risky work equipment. As was the case with homeworkers in the shoe sector in Penjaringan, North Jakarta, who had to use strong-smelling glue on a daily basis, which was provided by middlemen for their work of gluing their shoes. Another thing that is quite crucial is that homeworkers are also not

equipped with Personal Protective Equipment (PPE) from the company. They are also not equipped with disaster response training to overcome all risks that may occur in the workplace. This relates to the use of chemicals and the storage of combustible production materials, which are usually stored in places where they should not be, such as in the kitchen, in the bedroom, or in places that are easily accessible to children.



**Image 5. The storage of materials and work tools in the room of a homeworkers' house**

(Source: Dok. TURC 2017)

Work safety aspects also threaten homeworkers who work in CMT (Cut, Make, Trim) workshops provided by middlemen. Unlike the homeworkers who work at home individually, the CMT workshop, which is a simple 7x7 square meter building, can accommodate as many as

10-15 homeworkers in it who produce shoes in various work processes. With low, narrow roofs, hot and humid conditions, disheveled power lines, and insufficient lighting and ventilation, CMT workshops do not meet proper health standards as workplaces (Wahid & Arfandi 2017).



**Image 6. Homeworkers working in CMT workshops in unfavorable conditions.**

(Source: Dok. TURC 2017)

Conditions like these that ultimately lead to homeworkers having to determine their own alternative ways to find comfort at work. For example, homeworkers who work with chemicals with strong odors, they use electric fans to help air circulation in their homes. However, the use of fans for a long time also has implications for the

high electricity costs that must be borne by homeworkers themselves. In some cases, homeworkers prefer to work on their doorstep to get fresher air and sufficient lighting. In addition, this method is also useful for homeworkers to more easily save themselves and seek first aid if there are risks to safety and work safety.



**Image 7. Homeworkers working on their doorstep in order to get fresh air**

(Source: Dok. TURC 2017)

Work Safety, Health and Safety are inseparable for the home work system. Bearing in mind, homeworkers work in the place where they also live and the house is a private

place that is not affordable from labor inspection. Consequently, all OHS risks that threaten homeworkers also pose a threat to children and their families.

## The Vulnerable and Neglected Bodies of Women in the Production Room

Homeworkers are employed based on the putting-out system, which is paid based on the number of goods produced rather than on working hours. Homeworkers must complete their work according to specified targets. In some cases, if the worker does not meet the production targets set by the employer, the homeworker must reimburse the compensation payment.

This wage system, based on the quantity of produced goods, also influences the homeworkers' working time system. If you want a large wage, you must produce goods in large quantities as well. This work system encourages homeworkers to take all risks of work, including ignoring signs of bodily fatigue that have an impact on the health of homeworkers.

Every day I work until evening, starting at 8 o'clock in the morning, just after finishing breakfast, but often until 1 AM. I only take a break during lunch and take a shower in the afternoon. Every day, I can finish 100 pairs depending on the model. But fortunately, I was helped by my father, when he happens to be at home or when he returns from work. (Murnirah 2019, interview 20 June)

The illness commonly experienced by homeworkers does not substantially interfere with their work activities. They can also rest on their own free will. However, their choice to take a break from work is also influenced by fears of reduced work orders from middlemen if they cannot finish work on time. This is because when they take time to rest, it will have a direct impact on their income as homeworkers who are paid based on the number of completed products. Working at home has implications for the lives of homeworkers that are difficult to separate

from their home life, so they often continue to work even when sick, which leads to longer recovery times and lower productivity (ILO-MAMPU 2015).

Based on field observations, there are at least some potential Occupational Diseases arising from the activities and work environment of homeworkers, especially those working in the shoe sector, in the Penjaringan area, North Jakarta. Occupational Disease (PAK) is a disease caused by work and / or work environment. Occupational Diseases are regulated in: Presidential Regulation No. 7 of 2019 concerning Occupational Diseases.

### A. Ergonomic Problems in the Workplace

Work systems and workplace design are the main factors affecting diseases caused by ergonomics in the workplace. Ergonomics refers to adjusting work activities to the condition of the human body to reduce the potential stress that will be faced by the body. Ergonomics and OHS are two things that cannot be separated, because they both lead to the quality of work life.

The homeworkers' work patterns are carried out repeatedly to do similar types of work. Plus, they have to spend their time working in the same position. In contrast to factories that have adequate workplace designs, homes do not have OSH standards that are adjusted to the pattern of activities and workload. For example, homeworkers who are glueing shoes together have to sit cross-legged for a long time all day, with a bent posture, and repeatedly deft hand movements. In addition, homeworkers who have to work late into the night tend to work with inadequate lighting with close visibility.



**Image 8. The daily work position of homeworkers working on shoes; they usually sit cross-legged on the floor of their homes for long periods of time, without tools such as desks or other things that can make the body at work more comfortable.**

Delimah (47), one of the homeworkers in the shoe industry who has been a homemaker for almost 15 years, told me that she had experienced gout, which resulted in her being unable to walk for a long time. If she experiences pain due to work, she always goes to see a massage therapist but has never been treated medically, because she has concerns about the costs.

Yes, often if you've been sitting for a long time, you must be getting pins and needles or feeling sore. Maybe because it's too long to sit so the veins are getting annoyed. At that time, my legs hurt so much I couldn't walk. Initially I applied only oils, but after a while I went to a massage specialist. Yes, it's at your own expense sis, but fortunately the massage therapist still wants to give me a special price because we're neighbors too. Going to the doctor can cost a fortune. (Delimah 2019, interview June 25)

This long-standing work activity certainly affects the health conditions of women homeworkers, causing the condition of Repetitive Strain Injury (RSI), which is a type of joint injury due to a strain on the muscles or nerves due to a certain physical activity that is carried out continuously and over long time. Work that is repetitive, such as assembly, packing, and finishing, has a variety of health risks. Not infrequently, homeworkers complain of low back pain, aches, muscle injuries, or vision problems caused by working in a place with minimal lighting and uncomfortable sitting conditions for long periods.

## B. Risks of Hazardous Chemicals

Various production processes require the use of chemicals, although these chemicals do not directly enter the human body. In the case of homeworkers in the footwear sector, they must use strong-smelling glue daily to glue the shoes together part by part. The glue has been provided by an intermediary. Although they cause an unpleasant odor, they cannot change the type of tutoring because it has become the company's standard to maintain product quality.



**Image 9. The glue that is used on a daily basis by homeworkers to produce shoes. (Source: Dok. TURC)**

The glue used by homeworkers is a type of yellow glue that contains chemicals, one of which is Lysergic Acid Diethylamide (LSD), a psychedelic semisynthetic substance from the family of ergoline, better known as a hallucinogenic substance. This substance can cause indications of damage to the body, which if inhaled over a long time can damage brain cells, the nervous system and other important organs such as the heart, lungs, and liver (Drugs.com 2018). About this glue, it also says: (1) it shouldn't be directly exposed to sunlight or heat; (2) try to have adequate ventilation in the workplace; (3) it's highly flammable, therefore keep it away from sparks and fire; (4) close again after use.

This shows that the glue can not be placed haphazardly, because it has indications of the risk of danger that can be caused. However, due to the narrow workspace all the warnings seem not to be a concern for homeworkers or employers.

First of all, the glue work really smells like sis, at home it makes you dizzy. Especially during the fasting month, it really smells. But over time, because it's normal, you don't smell it anymore. Yes, it's less stuffy when using a fan, or I'm working outside so that the wind is fresher. (Surtini 2019, interview June 25)

According to research conducted by the Health and Safety Laboratory (HSL), there are at least four broad categories that generally include work done at home, including textiles and sewing; packing, assembly and finishing work; electricity and electronics; and business services / computer work, each of which has occupational health and safety risks. Homeworkers in Indonesia are generally found in labor intensive industries such as textiles, garments, and shoes. They are often exposed to dust, fibers and chemically treated fabrics that can cause respiratory and skin irritation. Besides the disturbance of vibration and noise in the engine, seating and poor lighting, it can also cause muscle tension, eye strain, headaches, and nausea caused by vapors from chemicals and the manufacturing process of the product (RoSPA Workplace Safety, tt) .

## C. Danger to Women's Reproductive Health

Homeworkers, the majority of whom are women, have risks due to work that can threaten reproductive health for themselves and their children. Homeworkers do not have special rights for women, such as menstruation leave and maternity leave. If homeworkers take time off during menstruation or pregnancy, it will have an impact on their work productivity. Furthermore, they can lose

their jobs because their position can be replaced by other workers when taking extended leave.

The work activities of women homeworkers can have an impact on their health while experiencing menstruation or pregnancy. For example, uncomfortable working positions and extended work hours can aggravate pain during menstruation. In addition, stress due to work and heavy work can also affect the menstrual cycle and cause difficulties in baby conception and early birth.

The chemicals used at home can also affect the reproductive health of homeworkers and their families. Before pregnancy, chemicals can affect: irregular periods, infertility, hormonal imbalances, as well as sperm production and impotence in men. During the pregnancy process, it can affect: miscarriage, labor difficulties, and the risk of babies dying before birth. In the process after childbirth, it can also have an impact on: premature birth, low baby weight, baby with disabilities, mentally retarded, and premature death. In addition, the daughters of homeworkers tend to help their mothers work when they are still children. That way, they are also exposed to the dangers of chemicals and all occupational risks that can have an impact on their reproductive health.

#### D. Work Accidents

Poor OSH conditions and work systems can affect the risk of workplace accidents for homeworkers.

Houses that become private spaces are not equipped with adequate OSH system facilities and infrastructure, and are not touched by labor inspection. Wholesale systems with strangling work targets lead to the fact that homeworkers do not care about their work health and safety. This is also encouraged by the absence of occupational safety requirements for homeworkers provided by the company.

In their production activities, homeworkers often use risky materials and production equipment that can cause work accidents. Like the use of scissors, nails, hammers, needles, small knives, to support their work. In addition, the company also does not facilitate the standard storage of raw materials at the home of homeworkers. Homeworkers also do not have sufficient access to knowledge regarding the dangers of work accidents that can occur at their homes. This is in view of the fact that companies do not want to be responsible for the health and safety of homeworkers.

Because of limited space, homeworkers often turn their homes into warehouses. It is common for homeworkers and their families to sleep accompanied by large piles of glue cans, as well as sacks containing raw materials for unfinished work. In some of the homeworkers' houses, chemical cans of glue and flammable stacks of cloth were placed near the kitchen, which increased the risk of fire if exposed to fire or gas.

The risk of work accidents not only haunts homeworkers while working inside the home, but



**Image 10. The atmosphere inside the house of a homemaker of the shoe industry. Homeworkers tend to store glue in the back of the house; this is close to the kitchen, which has a risk of fire.**

(Source: Dok. TURC 2017)

also occurs when they go on the road and deliver the results of their work to the employer. Companies usually charge all transportation costs for delivering goods to homeworkers. For this reason, homeworkers must collect and deliver their work to the factory. Quite often they have to drive a motorcycle alone by carrying large piles of sacks, or renting a pedicab service to pick up and deliver their work goods.



**Image 11. Homeworkers are delivering their products to the employer.**

If I go back and forth and take it, the costs will be wasteful because I have to buy the gasoline myself. In fact, I also bring a lot. At that time, I fell because I was tired, but thank God, it wasn't so bad so that I could work again. (Ngatinem 2019, interview 22 June)

One homeworkeer shared her experience of falling down while riding a motorcycle carrying a large pile of sacks, due to loss of balance and fatigue. She had to pay for her own medical expenses due to negligence, although actually the company has responsibility for all risks borne by homeworkers.

Compared to male workers who work in construction and heavy work sectors, they indeed more often experience acute, dramatic and fatal events. Meanwhile, women's occupational health diseases are more chronic diseases with hidden attacks and are often dangerous to health over long periods of time. In some cases, many women workers stop working or are fired when

the disease starts to appear and interferes with their productivity. The high unemployment rate allows employers to ignore the safety of workers because it is easy to find new workers (Kollmann 1997).

Female workers tend to be unaware of health risks posed by work. If they have an illness or work accident, they tend to regard it as their own negligence. This is exploited by companies that consider female workers to be more obedient, diligent, and not demanding. Such a situation will oppress female workers, and they don't have the opportunity to get better working conditions.

## Conclusion

Homeworkers have so far been in the gray realm from a legal perspective. In Law No. 13 of 2003 concerning Manpower, homeworkers were explicitly not identified as workers. In fact, when viewed from the aspect of employment relations, homeworkers are in the elements of work, wages and orders. The Indonesian government has also not ratified ILO Convention No. K177 of 1996 concerning Home Work. As a result, there is no specific legal basis that can be a reference for the regulation of homeworkers and homeworkers in Indonesia.

In the aspect of Occupational Health and Safety (OSH), by law every worker should be equipped with the necessary equipment to protect them from work accidents. This is stated in Law No. 1 of 1970 concerning Occupational Safety and Health, which regulates labor rights and obligations. This means, each employer is obliged to ensure the health and safety of their homeworkers, provide the necessary protective equipment, and conduct training to reduce the risk of workplace accidents.

The legal basis on which homeworkers deserve protection can also be strengthened by referring to Article 99 of Law No. 13 of 2003 concerning Manpower, which states that all workers are entitled to social security. However, there is currently no flexible arrangement that adequately supports the protection of casual workers or seasonal workers, such as homeworkers. The workers' social protection guarantee for homeworkers has not been fulfilled and is inseparable from the lack of knowledge and awareness of the parties (employers, women homeworkers, government, community, etc.) related to the existence of homework and social protection of workers for the workers.

The status of homeworkers working with flexible work schemes (without written work ties, outside the formal system, working outside the factory), and easily

replaced by other workers is the reason employers do not facilitate social protection for homeworkers. In this long, multi-layered and engaged labor relations chain, the main employers are often not aware of the existence of homeworkers involved in completing work in the supply chain. Therefore, they feel they are not obliged to facilitate social protection for homeworkers working at the lowest chain (SMERU 2019).

The government should extend the reach of legal protection to informal workers, including homeworkers. This can be adopted from one of the neighboring countries in Southeast Asia, Thailand, which has issued a Protection Act for Home Workers, which is regulated in the Home Workers Protection Act B.E.2553 (2010). It regulates provisions related to the protection of homeworkers, including the right to legal assistance in all disputes with employers; the role of homeworkers (in the form of a work contract written in the local national language, which must cover the identity of workers and employers, the amount of wages received, type, amount and value of work of goods, starting date and deadline of work, up to the date of delivery and pay salary); job safety and performance; and labor inspection.

Homeworkers should also get special rights for women workers in accordance with the Manpower Act, such as menstrual leave, maternity and maternity leave, adequate nutrition while working late at night, and the right not to carry out work that is dangerous for work health or safety. However, the conditions so far, the special rights for women homeworkers tend to be ignored, because they return to the status of homeworkers who are not recognized as workers.

It cannot be denied, the home work system does indeed open up employment opportunities for women in the household, especially for poor women who do not have access to formal employment because of their low capacity. But that does not mean this system should be used as a strategy for the capital to exploit women homeworkers.

The issue of homeworkers should be a global concern, considering that behind the flow of the global market supply chain there are the hands of homeworkers and their families who contribute to an industrial activity, with vulnerable conditions and without protection. It is time for all elements, including the government, trade unions, and civil society to support the elimination of all forms of discrimination against women workers, because every woman has the right to get decent working conditions.

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