

## INTISARI

**Latar Belakang:** Nelayan sebagai tenaga kerja sektor informal di Desa Tanjung Kurung belum mendapatkan pelayanan kesehatan yang memadai hanya bersifat umum dan waktu pemberian layanan kesehatan bersamaan dengan waktu kerja, berdasarkan laporan rutin Puskesmas Abab sepanjang tahun 2020 masih sering terjadi kecelakaan dan penyakit akibat kerja pada nelayan serta nelayan di Desa Tanjung Kurung tidak terdaftar dalam naungan BUMDES dan koperasi.

**Tujuan:** Mengevaluasi penerapan keselamatan dan kesehatan kerja sektor informal nelayan di Desa Tanjung Kurung Kabupaten Penukal Abab Lematang Ilir.

**Metode:** Penelitian ini merupakan penelitian kualitatif menggunakan pendekatan studi kasus. Lokasi penelitian di Desa Tanjung Kurung, Kabupaten PALI, Provinsi Sumatera Selatan. Informan berjumlah 22 orang yang terdiri dari 9 orang Nelayan, 9 orang Istri Nelayan, 1 orang Kepala Dinas Kesehatan Kabupaten PALI, 1 orang Pengelola Program pos UKK Dinas Kesehatan, 1 orang Pengelola Program Pos UKK Puskesmas Kecamatan Abab dan 1 orang Kepala Desa Tanjung Kurung. Pengumpulan data dilakukan dengan wawancara mendalam, observasi dan telaah dokumen.

**Hasil:** Penerapan K3 sektor informal nelayan di Desa Tanjung Kurung belum terlaksana dengan baik yang dipengaruhi oleh faktor nelayan masih menerapkan budaya K3 yang tidak aman saat bekerja, manajemen K3 nelayan yang belum mendapatkan dukungan dari pihak terkait, nelayan memiliki risiko K3 tinggi dan kesejahteraan keluarga nelayan masuk dalam kategori pra sejahtera sehingga nelayan sering mengalami kecelakaan saat bekerja seperti tabrakan perahu dengan nelayan lainnya, nelayan tertusuk duri dan patil ikan, ancaman hewan buas buaya dan ular berbisa, terkena parang yang tajam saat membersihkan ranting pohon dan perahu nelayan tenggelam karena kelebihan muatan sedangkan penyakit akibat kerja yang terjadi pada nelayan yaitu luka pada kaki dan tangan, dermatitis, gastritis, febris, ISPA, jamur kulit, alergi dan iritasi pada kulit.

**Kesimpulan:** Nelayan belum menerapkan K3 dengan baik, program kesehatan kerja sektor informal bukan prioritas masalah kesehatan sehingga belum ada upaya kesehatan kerja khusus nelayan yang dilakukan oleh pihak terkait, Pemerintah Desa telah membentuk peraturan Desa tentang penangkapan dan larangan perikanan tetapi belum dilakukan upaya pendampingan kerja pada nelayan. Penting adanya kerjasama dari nelayan dan pihak terkait dalam melaksanakan upaya kesehatan kerja sektor informal nelayan.

**Kata Kunci:** Budaya K3, Kesejahteraan Keluarga Nelayan, Manajemen K3 Nelayan, Nelayan, Risiko K3 Nelayan

## ABSTRACT

**Background:** Fishermen as informal sector workers in Tanjung Kurung Village have not received adequate health services only general in nature and the time for providing health services coincides with working time, based on routine reports of the Abab Health Center throughout 2020 there are still frequent accidents and occupational diseases in fishermen and fishermen in Tanjung Kurung Village are not registered under the auspices of BUMDES and cooperatives.

**Objective:** Evaluating the implementation of occupational safety and health in the informal sector of fishermen in Tanjung Kurung Village, Penukal Abab Lematang Ilir Regency.

**Method:** This research is a qualitative research using a case study approach. The research location is in Tanjung Kurung Village, PALI Regency, South Sumatra Province. The informants were 22 people consisting of 9 fishermen, 9 fishermen's wives, 1 head of the PALI regency health office, 1 person who managed the UKK post program at the Health Office, 1 person who managed the UKK Post Program at the Abab District Health Center and 1 head of Tanjung Kurung Village. Data collection was carried out by in-depth interviews, observations and document reviews.

**Results:** The implementation of OHS in the informal sector of fishermen in Tanjung Kurung Village has not been carried out properly which is influenced by factors fishermen still apply an unsafe OHS culture when working, fishermen's OHS management that has not received support from related parties, fishermen have a high risk of OHS and the welfare of fishermen's families is included in the pre-prosperous category so that fishermen often experience accidents while working such as boat collisions with other fishermen, fishermen are exposed to fish branches, pierced by fish thorns, threats of crocodile beasts and venomous snakes, exposed to sharp machetes when cleaning tree branches and fishing boats sink due to overload while occupational diseases that occur in fishermen are wounds on the feet and hands, dermatitis, gastritis, febris, ARI, skin fungi, allergies and irritation to the skin.

**Conclusion:** Fishermen have not implemented OHS properly, informal sector occupational health programs are not a priority for health problems so there have been no special occupational health efforts for fishermen carried out by related parties, the Village Government has formed a Village regulation on fishing and prohibition of fisheries but no efforts have been made to assist fishermen. It is important to have cooperation from fishermen and related parties in carrying out occupational health efforts in the informal sector of fishermen.

**Keywords:** OHS Culture, Fishermen's Family Welfare, Fishermen's OHS Management, Fishermen, Fishermen's OHS Risk