

Occupational Diseases in Southeast Asia

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Southeast Asian countries vary greatly in population, geography, industry, culture and politics. Some countries have a population of several millions, some others over a hundred millions; some have a land space of a small island, some others a vast land space.

As the result of industrialization, in most developing Asian countries, occupational injuries and diseases are rapidly increasing both in number and variety. These increases are aggravated by many factors, such as the frequent lack of adequate policies and services, poor enforcement of occupational health measures in work places, low literacy and lack of health education among workers, tropical conditions and poor financial resources, lack of facilities and expertise.

The accuracy of the data on work injuries and diseases depends on the definitions used, the reporting requirements and practices and policies. Since compensation payments are less than earnings, workers may ignore minor injuries and diseases, and may also be reluctant to claim where they feel they will not be fairly treated by the Compensation Scheme. In a period of unemployment, they may be afraid to absent themselves from work. Employers may under-report their injuries and diseases

where their workmans' compensation assessments are related to their records, inspite of fines for concealing injuries or diseases. Occupational injuries and diseases are under-reported in small factories where there are no labour unions and health and safety personnel. For the above reasons southeast Asian countries are under-reported in occupational injuries and diseases.

Diseases are especially under-reported compared with injuries. This is because the relationship between an occupational health hazard and a disease is difficult to establish, particularly where the illness may have brought about by the combination of hazards, arising both in the work place and beyond. Many occupational diseases do not often appear immediatly. When the disease has a lengthy latency period, and the employee moves from one factory to another, the causes are difficult to determine. Another reason for under-reported, accordingly very small figures of occupational diseases, may be attributed partly to underdetection of cases due to poor medical examination techniques and facilities and lack of cooperation between employees and employers.

In 1982, the Asian Association on Occupational Health made a joint study report on "An In-depth Study into Service, Train-

ning and Research Problems in Occupational Health in Developing Countries in Asia" participated in by eight countries of Hong Kong, Indonesia, Korea, Malaysia, the Philippines, Singapore, Sri-Lanka and Thailand supported by the International Development Research Centre. According to the report, the number of work injuries during the years 1975-1980 rose rapidly in all the countries. In the case of Thailand, the total number of injuries increased fourfold, whereas, in Singapore it almost doubled.

The number of permanently disabled injuries nearly trebled in Korea and the Philippines. The largest percentage of injuries is loss-time injures in all countries. Six out of the eight countries indicated that the construction industry had the largest number of fatal injuries, followed by the mining and manufacturing industry.

The most cammon occupational diseases in southeast Asian countries in the report are as follows;

MOST COMMON OCCUPATIONAL DISEASES

Country	Disease	Country	Disease
Hong Kong	Decompression sickness	Philippines*	Pul. Tuberculosis
	Silicosis		Dermatitis
	Poisoning		Occupational Asthma
Indonesia	Dermatitis	Singapore	Hearing Loss
	Pneumoconosis		Dermatitis
	Hearing Loss		Hysteria
Korea	Hearing Loss	Sri Lanka*	Pesticide Posioning
	Pneumoconosis		Lead Poisoning
	Dermatitis		Dermatitis
Malaysia*	Silicosis	Thailand	Chemical Poisoning
	Lead Poisoning		Hearing Loss
	Dermatitis		Dermatitis

* Remarks: Very poor reporting on occupational diseases.

These estimations only reflects a very small fraction of the true pictures.

As shown in the report, common occupational diseases are hearing loss due to noise, dermatitis and silicosis. In the 1970's the Mass Transit Railway System was built in Hong Kong, which resulted in sudden increase of decompression sickness. In Korea, a nation-wide annual medical examination is conducted and around 0.2% of occupational diseases are reported among the examined workers. Malaysia, the Philippines and Sri-Lanka are very poor in reporting Occupational diseases. The data is based on available clinical evidence from

hospital records. Pulmonary tuberculosis is a major occupational disease in the Philippines where the court has ruled that adverse working conditions can contribute to the causation and/or aggravation of tuberculosis. In the agricultural countries of Sri-Lanka and Thailand, chemical poisoning due to pesticides is a major occupational disease. The psychosomatic disease of hysteria which is regarded as the third occupational disease in Singapore is a result of work stress from automation.