



BETTER WORK
Indonesia



Guidelines on Health For Women Workers



Better Work Indonesia



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Gerekan Pekerja Perempuan Sehat Produktif (GP2SP)

Purpose:

To improve the health and nutritional status of female workers to enable them to achieve maximum work productivity.

Target Audience:

Direct – Female workers and employers

Indirect – Central government, provincial and urban districts; APINDO; labour unions and labour organisations; PT AKSES; PT Jamsostek; relevant stakeholders including buyers

What is the GP2SP program? What does it address?

The Gerakan Pekerja Perempuan Sehat Produktif or Healthy Productive Women Workers Movement (GP2SP) aims to support the achievement of the target of the Millennium Development Goals (MDG's). It is expected to increase the participation of governments and companies as well as explore the potential that exists in the community in addressing the health and nutrition of female workers.

According to data by IDHS 2007 and SUSENAS 2007, there has been a lot of improvement in different health indicators for women such as life expectancy, maternal mortality, reduction in infant mortality, under-five mortality and decreased prevalence of malnutrition in children under five. But the problem of Protein Energy Deficiency (KEP), Chronic Energy Deficiency (CED) and iron nutritional anaemia is very high. The issue of women workers is very important and needs attention because decreased intellect and productivity will have an impact on the quality of human resources as well as national development.

The role of women is very important in the future of the next generation. Women go through different stages in life such as menstruation, pregnancy, child birth and breastfeeding and their health must be taken care of. As per reports of the Household Health Survey 2001, anaemia is present in 26.4% of the population of child bearing age. Other studies indicate that anaemia in female workers is between 24-42%. Women who suffer from anaemia have on an average 5% lower output and 6.5 hours less working capacity per week. Lack of education amongst female workers is also very high with only around 50.37% females having attended elementary school, which also adversely affects their knowledge about health and nutrition.

GP2SP is a revitalization of the " Gerakan Pekerja Perempuan Sehat Produktif " program of 1997, and has been agreed upon by relevant stakeholders such as Ministry of Health, Ministry of Home Affairs, Ministry of Manpower and Transmigration, the Ministry of Women's Empowerment and Indonesian Child Protection, Council Association of Indonesian National Committee and the Central Executive Council of All Indonesian Workers Union Confederation. This program must be implemented in factories in order to improve the health and quality of life of female workers.

The GP2SP program aims to focus on:

- Nutritional Adequacy Compliance of Women Workers
- Women's Health Workers
- Reproductive Health Services for Women Workers
- Increasing Breastfeeding During Work Time

A. Nutritional Adequacy Compliance of Women Workers

1. Nutritional Status Assessment:

Nutritional needs for women need to be assessed in order to determine the needs and provide appropriate nutrition where required. The assessment can be done by the following ways:

- Anthropometric: This method uses the body weight and height to calculate the Body Mass Index (BMI) and assess nutritional needs. The table below highlights the IMT Nutritional Status Category. This is applicable to adults over 18 years of age and does not hold for pregnant women.

IMT	Nutrition Status	Category
<17	Malnutrition	Highly Underweight
17.0-18.5	Malnutrition	Underweight
18.5-25.0	Good Nutrition	Normal
>25.0-27.0	Over Nutrition	Overweight
>27.0	Excess Nutrition	Very Overweight

Source: PUGS 2005

- Clinical examination
- Biophysical examination
- Biochemical examination

2. Nutritional Needs of Women Workers

Nutritional Needs during the Day:

Nutritional needs during the day depend on various factors such as activity, age, body size, sex as well as physiological and special circumstances.

Severity of workload is a factor in determining the duration of the ability of the worker to work according to his/her capacity.

Grouping activities in Men and Women

Group Activity	Types of activities	Activity Factor
Light - Man - Woman	75% of the time spent is to sit or stand and 25% for activity standing and moving (moving)	1.58 1.45
Medium - Man - Woman	25% of the time is used for sitting or standing, and 75% is for specific work activities in the field of work.	1.67 1.55
Heavy - Man - Woman	40% of the time spent is to sit or stand and 60% for specific work activities in the field of work.	1.88 1.75

Source: Proceedings of the VIII WNPB 2004

Nutritional Needs for Women Working for 8 Hours:

The next step is to determine what the nutritional needs are in an 8 hour working day in normal work and health circumstances.

Energy and Protein Needs during Work (8 hours)

Age/Type of Work	Energy requirement (kcal) Woman	Protein requirement (g) Woman
Age 19-29		
Light	720	20
Medium	760	20
Heavy	860	20
Age 30-49		
Light	680	20
Medium	720	20
Heavy	820	20
Age 50-64		
Light	660	20
Medium	700	20
Heavy	800	20

Source: AKG 2004

Nutrition Needs during Special Conditions of Female Workers

Special Condition	Calorie requirement
Female workers during pregnancy	<ul style="list-style-type: none"> - 180 kcal/day in the first trimester - 300 kcal/day in trimester 2 and 3
Female workers who are breastfeeding	<ul style="list-style-type: none"> - 700 kcal/day for 6 months - 550 kcal/day for the next 6 months
Workers with iron deficiency anaemia	<ul style="list-style-type: none"> - Iron supplement tablets of 60 mg twice a week till anaemia is resolved - Consume food rich in iron such as chicken, fish, eggs and green vegetables - To prevent anaemia 60 mg iron tablets must be given for 16 weeks - During menstruation, 60 mg of iron is required per day
Workers doing an overtime/shift work	<ul style="list-style-type: none"> - Overtime of more than 3 hours must be compensated with food and beverages - This includes workers doing a night shift, including females between 11 pm to 7 am
Work environments where workers are at risk	<ul style="list-style-type: none"> - Workplaces with high temperatures need water and electrolytes from salt and juice - Workers whose jobs require chemicals - Workers exposed to radiation related materials need food and beverages with minerals like Se and Zn. Found mainly in meat, liver and beans

3. Provision of Food for Female Workers

Care needs to be taken towards providing the workers adequate nutrients in their meals by ensuring a good balance of vitamins, minerals, carbohydrates etc. The menu must be planned in a way that workers do not get bored of the food and are able to inculcate good eating habits. The menu must be prepared within the budget using the best possible resources available. Apart from providing food, there must be proper infrastructure for workers to have their meals.

4. Nutritional Anaemia Prevention and Control of Iron

Anaemia is a condition in which the level of haemoglobin (Hb) in the blood is less than normal. It is different for each age group and gender (SE Menkes Number: 736a/Menkes/XI/1989)

Early Childhood: 11 grams%
School Age: 12 grams%
Adult Women: 12 grams%
Adult Male: 13 grams%
Pregnant Women: 11 grams%
Breastfeeding mothers>3 months: 12 grams%

A nutritional disorder which has been found in Indonesia is the deficiency of iron or anaemia (AGB). Nutritional anaemia is caused not only by iron deficiency but also by a deficiency of vitamin B12, copper and folate. It is a problem faced largely by women and can have an impact on maternal and child mortality, poor performance and decreased productivity.

Causes of Anaemia

1. Lack of iron consumption. Eg. iron absorption in the body is limited to 1-2% if derived from plant protein, and 10-20% if derived from animal protein. Dark green vegetables are rich in iron but not absorbed too well.
2. Impaired absorption especially when people are suffering from gastrointestinal disorders.
3. Increased expenditure of body iron. This can occur due to worms, menstruation, blood loss during delivery, bleeding, accident, haemorrhoids etc.
4. Increase in the body's need for iron. This can be during times of pregnancy, in patients with diseases such as tuberculosis.
5. Reduced formation/production of red blood cells.
6. Heredity.
7. Increased destruction of red blood cells (RBCs)/premature RBCs which is caused by enlargement of spleen, damage to RBCs, autoimmune reaction to RBCs, G6PD deficiency, sickle cell disease, haemoglobin C disease, S-haemoglobin C disease, haemoglobin E disease, thalassemia etc.

Anaemia Prevention Efforts

Service Procedure

1. During menstruation, one tablet (TTO) 60 mg is to be given every day for ten days.

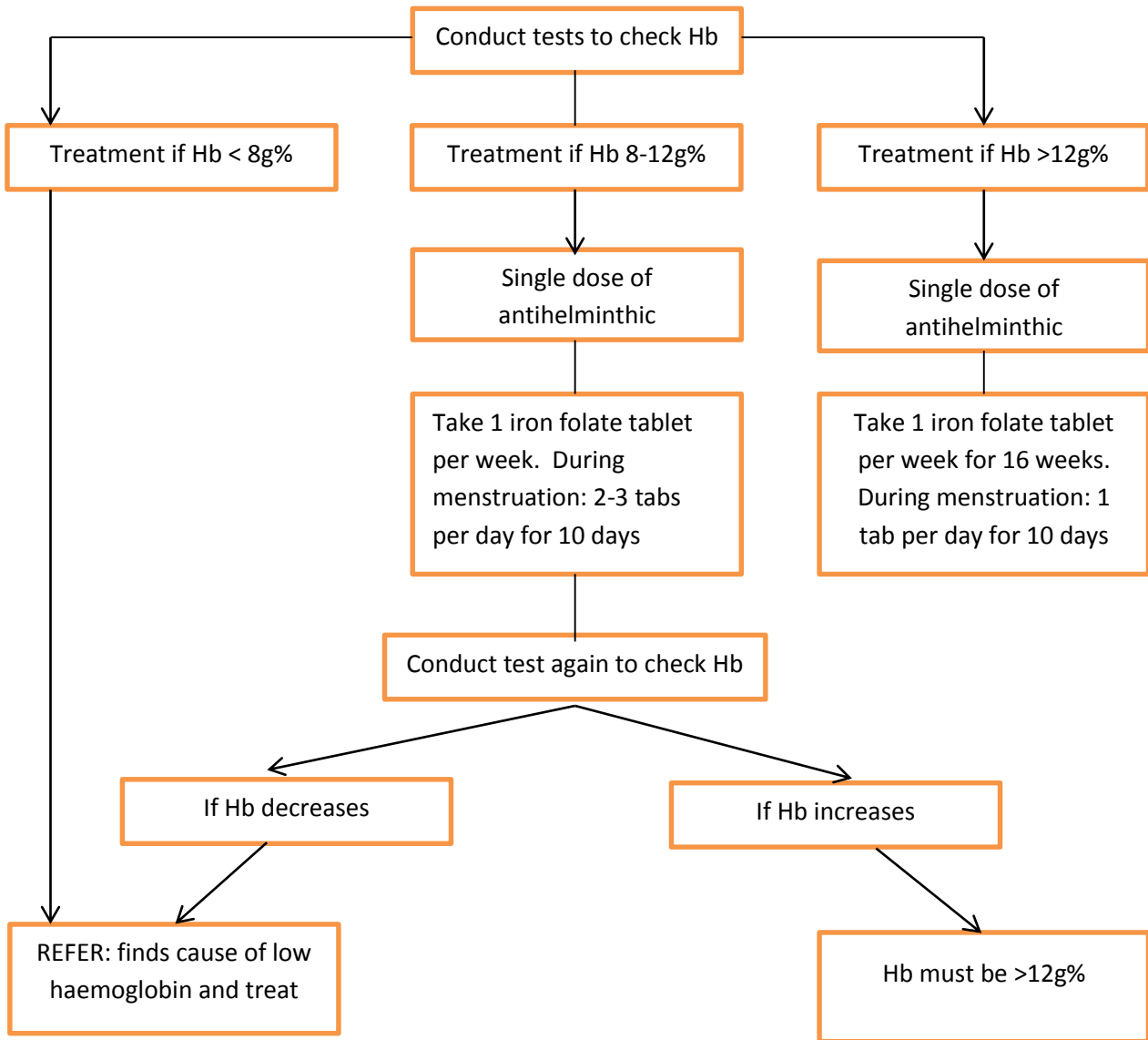
2. Prospective brides are advised to take TTO atleast once a week before getting married for 16 weeks (SK Dirjen Public Health Guidance No.: 1656/BM/OJ/BGM/XI/97 on Nutrition Anaemia Management for Prospective Brides).
3. All women who suffer from anaemia are recommended one tablet a week.
4. Pregnant women are advised to take one TTO tablet every day for atleast 90 days during pregnancy. Pregnant women with Hb<11% grams are advised 3 tablets a day for 90 days and 42 days after birth.
5. Post-partum mothers are recommended one TTO tablet every day and two capsules of Vitamin A 200,000 IU during parturition (42 days after birth).
6. Workers with Iron Nutritional Anaemia TTO are given a dose of 60 mg twice a week till their haemoglobin improves.
7. Workers who suffer from anaemia due to worms must be treated to de-worming first, and then treated for anaemia after three days. To prevent worm infestation, women must be given de-worming treatment every 6 months.
8. To prevent anaemia in women, it is recommended to give a TTO dose of 60 mg per week for 16 weeks every year.

Procurement and Distribution of Tablet

The company must procure the TTO from the distributor.

The TTO must be distributed to all women workers through company clinics or other means.

Scheme for Distributing Tablets for GP2SP at the Company Level



B. Women's Health Workers

Medical health check-ups apply to all workers in an enterprise environment including both permanent and contract workers. The steps in achieving this include:

1. Initial Health Assessment

- a. Pre-employment Medical Examination
- b. Pre-placement Medical Examination

2. Periodic Health Examination While Working

According to the Ministry Regulation No 02/Men/1980, periodic health examinations need to be done at least once a year for women including Hb examination. Special medical examination must be carried out when there are environmental exposures at work that require observation. Women above the age of 40 must receive special medical examination associated with health risks in women such as pap smear etc.

3. Final Health Assessment Check After Hazardous Work is Complete

- a. Post placement health screening
- b. Health screening after retirement – There should be full health check-ups for workers on a regular basis. These checks can be done by the company in association with partners such as PT Jamsostek, PT ASKES and other health insurances. These tests include:

Anthropometric assessment of nutritional status

- Regular weight checks every month
- Calculation of Body Mass Index (BMI) every month
- Assess the nutritional status of women workers using IMT classification every month
- Assessment must be carried out by a trained officer/cadre

Implementation of Hb examination

In order to evaluate the results of the program activities of GP2SP, Hb testing is recommended at an interval of four months pre and post administration of the iron tablet. Hb can be filtered by checking nutritional anaemia and should be given special curative treatment.

C. Reproductive Health Services for Female Workers

Reproductive health services for female workers – involves teaching them about their health before pregnancy, during pregnancy, during delivery and postpartum

D. Increasing Breastfeeding during Work Time

Breastfeeding is a right of working female workers to improve their and their children's health and wellbeing. For more information on breastfeeding guidelines and laws, you can access the following document:

Who are the stakeholders of the GP2SP program and what are their responsibilities/obligations?

In order to raise awareness and implement GP2SP, there needs to be a cross-linkage between all the relevant stakeholders. This can be done by forming a team consisting of representatives from the government, APINDO, PT Jamsostek, PT AKSES and members of labour/trade unions. Within companies, for the purpose of GP2SP implementation, the focus is on divisions that deal with occupational health and safety (P2K3) or firms/clinics that deal with occupational health.

1. Ministry of Health
 - Undertake advocacy and socialization of GP2SP activities
 - Coordinate the implementation of GP2SP activities.
 - Conduct trainings for officers at the Provincial and District/City levels about the GP2SP activities.
 - Providing and disseminating material to support GP2SP activities.
 - Conduct trainings for health workers on GP2SP activities in company.
 - Conduct trainings, monitor and evaluate GP2SP activities.
2. Ministry of Home Affairs
 - Develop and disseminate Circular Letter to provide a legal status from Minister of Home Affairs for the implementation of GP2SP in provinces/municipal/city.
 - SKPD/OPD must coordinate and implement programs to encourage GP2SP implementation.
 - Undertake advocacy and dissemination of the GP2SP program to the local government.
3. Ministry of Manpower and Transmigration
 - Encourage employers and administrators, United Workers Labour to integrate GP2SP in the company regulations or collective agreements with reference to the provision of labour laws and regulations.
 - Facilitate GP2SP program in the workplace.
 - Provide guidance and supervise implementation of the GP2SP program as a part of the guidance and supervision of labour.
4. Ministry of Women's Empowerment and Child Protection of Indonesia
 - Advocacy and outreach of the GP2SP program to related sectors, local government and community organizations.
 - KIE media includes GP2SP.
 - Facilitate the formation of the GP2SP Program.
5. Provincial Government
 - Conduct training for officers in municipals/cities regarding GP2SP activities.

- Provision and dissemination of data and information related to GP2SP.
 - Resource support for the implementation of GP2SP.
 - Guidance and supervision of the implementation GP2SP.
6. District/City
- Formulation, determination and implementation of GP2SP activities.
 - Mobilize and provide facilities and infrastructure for the implementation GP2SP.
 - Ensure actual conduct of GP2SP as mutually agreed.
7. APINDO
- Encourage and motivate entrepreneurs to implement the GP2SP program.
 - Help facilitate the provision of facilities and infrastructure necessary for the implementation of GP2SP.
 - Socialize with entrepreneurial team related to the GP2SP program.
 - Make collective agreements with the union to implement the GP2SP program.
 - Support the implementation of awarding companies that successfully implement the GP2SP program.
8. Labour / Trade Unions
- Socialize the GP2SP program to workers /workers and trade unions / labour unions.
 - Make collective agreements with management to carry out GP2SP activities.
9. Relevant insurance and social security through the designated company.
- Providing nutritional supplements, drugs (malaria, tuberculosis, worms) and counselling tools to support the implementation of GP2SP
 - Providing health care for women workers including:
 - Periodic Health Examination
 - Pregnancy examination/ANC
 - Birth Control Tools
 - Guaranteed delivery with proper health facilities
 - Post Natal Care
10. Company
- Implement GP2SP program activities in the company.
 - Foster and encourage female workers to support the implementation of the GP2SP program so that it runs smoothly.
 - Foster and encourage corporate partners to support the implementation of the GP2SP program so that it runs smoothly.
 - Monitor and evaluate the implementation of the GP2SP program in the Company.

There must be a periodic submission (every six months) of results of the implementation of the program to the GP2SP team in the town/district.

What are the activities of GP2SP?

GP2SP activities are conducted in three stages:

I. Preparation

Preparation is the first step in moving forward with the GP2SP program. This involves creating a team and setting up a methodology to promote GP2SP activities through advocacy, seminars/workshops, facilitation, monitoring and evaluation.

Companies must ensure the following:

1. Have a written policy regarding GP2SP which must be signed by the head of the company.
2. Establish a competent and efficient administration team to run and administer GP2SP.
3. Ensure proper funding for implementation of the program. This can be done in association with companies such as PT Jamsostek, PT ASKES etc.
4. Get all necessary equipment ready in advance before implementing the GP2SP program.

This will include:

- a. Supplies for increased nutritional status of women workers
- b. Equipment for periodic health examination
- c. Supplies for reproductive health services for women workers
- d. Improved equipment for breastfeeding during working hours at the workplace

II. Planning

Companies must plan the GP2SP program with the team. The planning must address the current problems identified and change according to the target to be achieved. The steps to be taken must include:

1. Identify in detail all the problems associated with women workers and its impact on their productivity.
2. Determine the purpose of GP2SP.
3. Target the implementation of GP2SP.
4. Identify activities that can be implemented keeping workplace conditions in mind.
5. Determine the methods to be used for implementing GP2SP.
6. Determine the media tools to be used.
7. Establish an evaluation plan with performance indicators which can be measured and provide information to measure the success of the program.
8. Formulate an implementation schedule.

III. Mobilisation and Implementation

This stage is most critical as the success of GP2SP depends on the motivation level of its team members at all levels. This can be done in the following ways:

1. Having a written statement committing to the implementation of GP2SP. This document must be clearly written in a manner which is understood by the workers.
2. Appoint a team to administer the GP2SP program. All duties and responsibilities must be written down to remove any ambiguity.
3. Motivating/enthusing the team through workshops, seminars and socialisation.
4. Promoting and providing nutrition counselling and health in the workplace.

Guidance Mechanisms

- Target Development
- Coaching

- Guidance Material
- Time Period for Coaching

Monitoring: In order to monitor the progress and success of the GP2SP proper checks need to be in place. These can be done by:

1. **A Recording and Reporting System:** This mechanism is needed in order to provide an overview for assessment, control and planning of GB2SP activities. These include:
 - Improving the nutritional status of women
 - Medical examination of workers (Hb and pap smear)
 - Reproductive health services for women in all stages of pregnancy and post pregnancy
 - Breastfeeding
 - Campaigning for implementation of the program
 - Training for all persons concerned with implementation of GP2SP
2. **Conduct Field Trips:** This is essential to monitor and evaluate GP2SP activities directly. These trips can help identify problems and develop a model to be used elsewhere.
3. **Awards:** Annual award ceremony to award companies that implement GP2SP in the best manner at the local and central levels.

Evaluation: In order to check whether GP2SP has achieved the end result, it is essential to agree on the indicators of success for GP2SP. This has to be done at the District/City level as well as the Company level in order to achieve success in the program.

Note: It is important for factories to take care of the health of their workers, in particular women workers, as they perform a dual role at the workplace and home. When factories assume the responsibility of looking after their workers, they receive a lot in return, in the form of increased productivity through reduced absenteeism, reduced turnover, better quality of work and happy, healthy workers. You may click on the link below in order to read a case study on how investing in workers can help a firm achieve its objective of increased productivity along with having healthy workers in the workplace.