



# **PEDOMAN**

## **GERAKAN PEKERJA**

## **PEREMPUAN**

## **SEHAT PRODUKTIF**

### **(GP2SP)**

Kerjasama antara:

Kementerian Kesehatan RI

Kementerian Dalam Negeri RI

Kementerian Tenaga Kerja dan Transmigrasi RI

Kementerian Pemberdayaan Perempuan Dan PA RI

Dewan Pimpinan Nasional Asosiasi Pengusaha Indonesia

Dewan Pimpinan Pusat Konfederasi Serikat Pekerja  
Seluruh Indonesia

**JAKARTA**

**TAHUN 2012**

## GUIDELINES

### HEALTHY PRODUCTIVE WOMEN WORKERS MOVEMENT

(GP2SP)

Cooperation between the: Ministry of Health, Ministry of Home Affairs

Ministry of Manpower and Transmigration

Ministry of Women's Empowerment and PA RI

Executive Board of the National Association of Indonesia

Central Board Trade Union Confederation

All Indonesia

JAKARTA IN 2012

INTRODUCTION

Thank God we pray to the Almighty God, who has bestowed His grace and guidance, so that the Guide Healthy Productive Women Workers Movement is composed finish. The guidelines were developed with the aim of improving the productivity of labour of women through improved nutrition and health status.

Nutritional adequacy of compliance programs for workers, reproductive health services and improved delivery time. Breastfeeding in the workplace has been implemented in various provinces. However, in order to run more dynamic activities, need to be implemented a continuous movement and encourage companies to be more proactive in improving the health and nutritional status of women workers.

"Healthy Productive Women Workers Movement" (GP2SP) aimed to support the achievement of the target of the Millennium Development Goals (MDG's) but 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 women workers.

GP2SP is a revitalization of "Healthy Productive Women Workers Movement" (GPWSP) were prepared and agreed upon by the 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.

GP2SPini Guidebook, prepared for the entrepreneurs and managers and labour organizations as guidance in conducting these activities.

Thank you to the Development Team and all those who contributed to the completion of this guideline either directly or indirectly. Hopefully this GP2SP Handbook to be useful to managers in the field and to improve the health of women workers.

Jakarta, August 24, 2012

Director of Community Nutrition and MCH Jende JKE, Ministry ice Hatan RI

Dr. Slamet-Riyadi Yuwono, DTM & H, MARS

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MINISTRY OF HOME AFFAIRS OF THE REPUBLIC OF INDONESIA

WELCOME

HEALTH MINISTER Republik INDONESIA

Role of women in national development is very important and strategic. The number of women workers in Indonesia has increased every year and the health and nutritional status they should be given serious attention. Attention to the protection of the health and safety of women workers still need to be improved. That apart, the attention of companies and managers work in an effort to improve the health and nutritional status of women workers are still lacking. This can have an impact on durability, capacity, and productivity of women workers. There is a requirement to obtain high productivity and healthy and productive workers. The degree of health and nutritional status of women workers will have an impact on women's productivity is high.

Female Worker Productivity Improvement Program through Healthy Productive Women Workers Movement (GPWSP) ever launched in 1997 by the Vice President of the Republic of Indonesia at that time. The program is very strategic, important, and useful for businesses as well as for women workers. But the program is not running as expected. By the arena, Healthy Productive Women Workers Movement needs to be revitalized and encouraged repopulating the name Healthy Productive Women Workers Movement (GP2SP). This revitalization is expected to be effective and have an impact on improving the health and productivity of women workers.

Healthy Productive Women Workers Movement carried out in an integrated, phased and sustainable, supported by private parties and other parties. This movement will support the achievement of the Millennium Development Goals, health improvement, increased productivity of women workers, and national successful development.

I welcome the publication of GP2SP Handbook is meant to be a reference and handle the employers, workplace managers, and labour organizations in implementing GP2SP. My appreciation goes to the Drafting Team and all those who have been instrumental in the preparation and publication of this book.

Hopefully this book is useful for the improvement of health and nutritional status of Indonesian women workers and the realization of a healthy young generation of Indonesia.

November 2012

MINISTRY OF HOME AFFAIRS OF THE REPUBLIC OF INDONESIA

WELCOME

DIRECTOR General of Community and Village

Along with the development of Indonesia's development from year to year the number continues to increase and the labour force in the years ahead expected rate of female labour force also increased, they work in almost all sectors. In many ways women workers has several advantages compared to male workers, female workers, but on the other hand also have weaknesses and shortcomings mainly related to biological and psychological structure. Although the protection of labour rights for women in general have been stipulated in the Employment Act, women workers have to face the challenges of the world of work is not only culturally but also physically. In the increasingly fierce market competition, female workers should be able to become a quality human resource and productivity have high, to improve the welfare and competitiveness in the era of globalization.

Productive healthy women workers movement (GP2SP) is an ongoing joint effort of both the Government, Employers, Workers and the Community to participate in order to raise awareness in an effort to improve the health and nutritional status of women workers to achieve maximum productivity.

As the era of regional autonomy, of course, the role of the Ministry of Interior is very strategic as coordinator of the regional administration nationally as set forth in Article 222 of Law No. 32 Year 2004 on Regional Government. Therefore, we appeal to all Governors, Regents and Mayor to support productive Healthy Women Workers Movement (GP2SP) and to improve guidance and supervision of the implementation of the intended movement.

Finally, love and appreciation goes to all those who have worked hard preparing Guidelines for Healthy Productive Women Workers Movement (GP2SP) and the guidelines are expected to be an invaluable reference for all those who have a concern for the protection of women workers.

Jakarta, September 2012

DIRECTOR GENERAL

WELCOME

DIRECTOR GENERAL OF THE MINISTRY OF MANPOWER DEVELOPMENT CONTROL TRANSMIGRATION  
RI

Manpower development is basically to improve the welfare of the community. One of which is realized in the form of protection for women workers. Under Law No. 13 Year 2003 on employment the set of rights and obligations concerning the protection of women workers includes reproductive function and prevention of nutritional anaemia so that women workers as well as the prospective mother or housewife can maintain health and productivity.

The Ministry of Manpower and Transmigration and the Directorate General of Inspection welcome and support the Healthy Productive Women Workers Movement (GP2SPj) with hopes of becoming a national movement to have greater impact and increased efficiency for improving the health status and productivity of women workers. Besides that, the Guidelines will provide clarity regarding roles and responsibilities of stakeholders so GP2SP can be carried out simultaneously, in a coordinated and integrated way, and sustainable.

So, hopefully what we intend in improving the health of women workers are blessed by God Almighty. Amen!

Jakarta, October 2012

Director-General

Labour Inspectorate

Drs. A. Muji Handaya. MSi.

WELCOME

MAINSTREAMING DEPUTY POLITICAL, SOCIAL AND LEGAL

In gratitude we pray in the presence of Almighty God at the publication Handbook Healthy Productive Women Workers Movement (GP2SP.) This book is a guide for all of us to support a variety of efforts to improve the health status of women, including in it the fulfilment of the right to health and reproductive rights of women. Women's productive function, other than having to earn a living, also has a reproductive function that must be met in order to remain healthy and protected and produce the next generation of quality.

The Ministry of Women's Empowerment and Child Protection, supports a variety of efforts to continuously improve the quality of human life, especially for women workers. This includes handling a variety of issues such as anaemia, nutrition, health care and reproductive health services, including the provision of place and protection against the risk of an investment in the work of the business world that will ultimately provide profit gains for the business community itself.

In addition, participation and partnerships and cross-sector, the business community, private sector, and related community will further strengthen the implementation of GP2SP that will accelerate the achievement of improved health status of women workers.

Once again we express appreciation and respect for drafting these guidelines, hopefully this guide can be a reference for us all to realize and enhance the quality of human resources in general and for the protection of women workers in particular, as an effort to increase labour productivity.

Jakarta, October 3, 2012

Deputy Sector Gender Mainstreaming

Social Politics and Law

Id drg Suselo Wulan, MM

WELCOME

CHAIRMAN GENERAL COUNCIL LEADERS NATIONAL ASSOCIATION OF ENTREPRENEURS INDONESIA  
(DPN APINDO)

Coaching and providing the best possible service to workers depends on the goodwill and sincerity (goodwill and commitment) that are directly related entrepreneurs and share responsibility for the welfare of women workers employed in its business units. In order to support the success of national development, it is necessary to improve the quality of labour, both in terms of toughness and physical and occupational skills. Simultaneously, in the context of the era of free trade, the business community should be encouraged in practising efficiency, foster productivity and meet the safety and health norms.

One of the problems faced by women who regularly work is associated with their reproductive functions, such as anaemia or blood deficiency. Although the price of iron and vitamins needed to address the problem of anaemia are not expensive, but implementation of this depends on the goodwill and commitment of employers as mentioned above.

APINDO as a forum for entrepreneurs with activity concentration on the field of human resources and industrial relations, continues to support efforts to improve the degree of labour welfare in general and women workers in particular, including nutrition and anaemia prevention efforts, given the number of women workers who participated actively in the development increasing national and in particular the role of the mother in the family.

In this regard APINDO welcomes the publication of the book "Healthy Women Productive Workers Movement Guideline. Publication of this book will certainly help in the implementation of programs in the field. Regarding this, APINDO as aspiring entrepreneurs expect that implementation at the company level can take place effectively and efficiently. We hope these guidelines can quickly reach the hands of entrepreneurs and institutions, both private and government-related and can be implemented so as to benefit the efforts to develop healthy and productive women workers.

Jakarta, 17 September 2012

Executive Board of the National Association of Indonesia APINDO

WELCOME

CHAIRMAN OF THE BOARD OF GENERAL OFFICE CENTER ALL INDONESIA Trade Union Confederation

Assalamu wr.wb

In order to support the successful development and welcome the era of globalization, where businesses and workers are expected to increase productivity and meet the quality standards by improving the quality of human resources. These efforts need to be continued in a sustainable way, especially for female workers whose health and safety should be protected in the workplace in order to do their job. However women workers / labourers are still not fully attaining their proper rights.

During the Productivity Enhancement Program and the Independent Women Workers combating Nutritional Anaemia (iron deficiency) for female workers / labourers who had been running a program that is strategic and beneficial, both for businesses and workers / labourers and women themselves. But for the future, the program needs to be improved in all aspects, including communication, information and education in the context of understanding, both for all workers / labourers, particularly female workers / labourers.

For the united Labour / Trade Unions, this is a very strategic momentum to be able to improve the welfare of workers / labourers, especially women, in which the role of nutrition for a healthy body will determine the level of productivity, either in a state of menstruation or pregnancy, childbirth and breastfeeding.

Hence I welcome the publication of the book "Women Workers Movement Guidance Healthy and Productive".

I thank the Drafting Team and hopefully this book will be beneficial to all employees / workers Women.

Amen

Wassalamu'alaikum wr.wb

Jakarta, 24 September 2012

A.n. Labour / Trade Unions

Drs. H Sjukur Sarto, MS

Chairman K SPSI

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EXECUTIVE CENTER INDONESIA

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## CHAPTER I INTRODUCTION

### A. BACKGROUND

Health plays an important role, and if a person is not healthy they may not be able to increase productivity. Some may say health is not everything but without health everything is nothing. This is a reflection of the importance of health in the national development, especially in improving the quality of human resources. In the era of globalization this largely determines the quality of human resources; without adequate human resources it is hard to be competitive. Therefore we need to strengthen and improve the development of qualified human resources to realize this. For this it is necessary to realize optimal health and nutrition in addition to the fulfilment of reproductive rights.

Act NO.36 of 2009 on Health Article 165 states that the work place shall address all forms of health through increased prevention efforts, treatment, and recovery for the workforce.

The labour force in Indonesia continues to increase every year. BPS data for 2010 showed the total labour force has reached 116.5 million, 108.3 million of them have worked and 40.75 million are female workers (BPS, 2010).

Nutrition programs for workers, women workers' health examination, reproductive health services to women workers and increased breastfeeding during working hours at the workplace, in addition to a program to increase the productivity of labour, also part of the activities to support the achievement of the target of the Millennium Development Goals (MDG's) that have been agreed upon that world International related to MDG's target of reducing poverty is the number 1, number 4 is decreasing child mortality as well as the numbers 5 to reducing maternal mortality.

The degree of health and nutritional status of Indonesia has shown improvement in various health indicators of impact, such as increased life expectancy, maternal mortality, reductions in infant mortality and under-five mortality and decreased prevalence of malnutrition of children under five (IDHS, 2007, Susenas, 2007). Nevertheless, we are still faced with the problem of Protein Energy Deficiency (KEP), Chronic Energy Deficiency (CED), and the Iron Nutritional Anaemia prevalence is still quite high as well as an upswing in cases of overweight. The issue of women workers requires special attention because of the problem resulted in the decrease intellect and productivity will have an impact on the quality of human resources and national development.

Currently women are working in almost all sectors. Women workers have a dual role, in addition to working, also has the burden of household chores and child rearing as they are responsible for the quality of the next generation. According to nature, working women experience menstruation, pregnancy, childbirth and breastfeeding. This condition requires the maintenance and protection of the health of women workers, so that the next generation's health is guaranteed.

Indonesian women workers of reproductive age have health problems. The study shows that the prevalence of anaemia in women of childbearing age (WUS) of 26.4% (Household Health Survey, 2001) in addition, the results of research in several industries in Tangerang, Jakarta and Depok showed that anaemia in women workers was between 24-42%. Women who suffer from anaemia, on average have 5% lower output and their working capacity per week is on average 6.5 hours less

than those without anaemia (Scholz, et al, 1997; Untoro et al, 1998). Iron deficiency anaemia also cause workers to be easily hurt in an accident so that the absenteeism rate increases. Women can also possibly become pregnant but there will be risks when giving birth and having a baby with a Low Birth Weight.

Another problem is the level of education of female workers remains low. BPS Data for 2010 showed that 50.37% had elementary or lower education. This will affect the lack of knowledge about health and nutrition. Besides the unfavourable environment in which usually live in settlements lacking attention to sanitation, allowing the worker suffered a chronic infectious diseases such as malaria, tuberculosis, and intestinal worms.

Given the above, since 1996 the government has been working to decrease the prevalence of iron deficiency anaemia in women workers. One of its efforts is a collaboration between the Director General of Industrial Relations and Labour Inspection (Binawas) Department of Labour and the Director General of the Ministry of Health has agreed to anaemia prevention efforts for women workers with the issuance of the Joint Decree No. Kep 22 / BW/1996 and Numbers 202/BM/DJ/BGM/II/1996 tanggal 13 February 1996 on "Prevention of Nutritional Anaemia (Iron deficiency) for Women Workers".

In addition since 1997 has been proclaimed the Healthy Productive Women Workers Movement (GPWSP). This movement is more of a sustained effort from government, the public and employers to work on improving the health of women workers.

Some time has passed, but the movement is not running anymore. Therefore, it is necessary to revitalize or re-promote this movement. Likewise the GPWSP guidelines that have been around since 1997 need to be reviewed because of the increasing number of women workers' health problems and many policy changes in national, provincial and district / city.

Based on the above these guidelines can be used as a reference GP2SP in the implementation of Healthy Productive Women Workers Movement in the central, provincial, district / city and company.

## **B. PURPOSE**

### **1. General Purpose**

Improve the health and nutritional status of women workers to achieve maximum work productivity

### **2. Special Purpose**

- a. The implementation of GP2SP in the workplace
- b. Encourage the achievement of empowerment in the workplace in holding GP2SP
- c. Encourage employees to play an active role in the implementation GP2SP
- d. GP2SP team involvement in encouraging employers and employees to implement GP2SP

## **C. TARGET**

**1. Direct targets are all female workers and employers**

**2. Indirect target is the people who can drive GP2SP at every level in the form administrative GP2SP team, consisting of:**

- a. Central government, provincial and urban districts;
- b. APINDO;
- c. United workers Labour unions and other labour organizations;
- d. PT.ASKES;
- e. PT.JAMSOSTEK;
- f. Relevant stakeholders

## **D. DEFINITIONS**

1. Movement of Women Workers Healthy and Productive (GP2SP) is an efforts of the government, the public and employers to participate and mobilise to raise awareness to improve the health and nutritional status of women workers in order to increase productivity and improve the quality of future generations.

2. Exclusive breastfeeding is breastfeeding (breast milk), exclusively for infants in Indonesia since the baby's birth until the age of 6 (six) months and recommended continuing this to children aged 2 (two) years with appropriate complementary feeding.

3. Iron anaemia is a condition where there is a decline in iron storage in the liver, so the amount of blood haemoglobin is below the normal reading. Before the iron anaemia, the first state of malnutrition with iron (KGB) begins. If iron stores in the liver run down but are not severe, and the amount of haemoglobin is normal, then the person is malnourished in iron alone (not accompanied by iron deficiency anaemia). If the state of iron malnutrition anaemia continues this will lead to severe iron deficiency anaemia, in which the body no longer has enough iron to form haemoglobin which is needed in the production of new red blood cells.

4. Iron Tablet (TTO) is a nutritional supplement that contains at least 60 mg of elemental iron and 0.25 mg folic acid (as recommended by WHO). TTO can be used program, no self, and no to the generic trademark.

5. Reproductive health is a state of physical, mental and social guidance, not only free from disease or disability in all aspects relating to the reproductive system, its functions and processes. It is also the state where people can enjoy their sex life and be able to perform this function and reproductive processes in a healthy and safe way.

6. Labour productivity is a concept that suggests a link with the output of a worker and inputs needed to produce work. Productivity measurement is done by looking at the amount of output produced by each worker for a month. A worker can be said to be productive if he/she is able to produce a number of products more than any other workers in the same time.

7. Union / labour union is an organization formed by and for workers / labourers either within the company or outside the company that is free, open, independent, democratic, and responsible to fight, defend and protect the rights and interests of workers / labourers .

8. An entrepreneur is an individual or entity in any sort of business or who works in activities to produce goods, import goods, export goods, doing trade business, take advantage of intangible goods outside the customs area, do the service business, or utilize the services of outside the customs area.

9. A workplace is a room or field, closed or open, fixed or where labourers work, or often entered for the purposes of a business and in which there is a source or are sources of danger. This includes all indoor workplaces, fields, yards and surroundings that are the parts or related to the workplace.

10. Productive age is the age where a person is still able to work and produce something. The age is between 15-64 years.

#### **E. LEGAL BASIS**

1. Act 1 of 1970, on Occupational Safety

2. Law No.23 of 2002 on Child Protection

3. Act 13 of 2003, on Employment

4. Law number 32 of 2004 on Regional Government

5. Act 36 of 2009, on Health

6. Joint Decree of the Director General of Industrial Relations and Labour Inspection (Binawas) Ministry of Manpower and the Director General of the Department of Health and Public Health Kep22/BW/1996 Numbers and Number 202/BM / DJ/BGM/II/1996 dated 13 February 1996 on "Nutritional Anaemia Management (Iron deficiency) for Women Workers.

7. Regulation of the Minister of Women's Empowerment, Ministry of Manpower and Transmigration and the Ministry of Health No.48/Men.PP/XII/2008, No. Per.27 / Men/XII/2008, No. 1177 / Menkes/PB/XII/2008 on Improving Work During Breastfeeding in the Workplace.

## **CHAPTER II**

### **POLICIES AND STRATEGIES**

#### **A. POLICY**

1. Encourage employees to play an active role in bringing about their health so remain productive.
2. Encourage employer's obligations and providing the rights of workers in creating a healthy and productive female workforce.
3. Increasing interests of support agencies and all stakeholders (Government, Employers, Workers, PT. Jamsostek, PT. AsKes, APINDO, Labour / Trade Unions) in the implementation of GP2SP.
4. Enhancing the role of central and local governments in coaching and supervision of the implementation of GP2SP.

#### **B. STRATEGY**

For proper GP2SP in every workplace needs to be supported by a team of GP2SP as mobilisers in each administrative level. The strategy of movement is as follows:

1. GP2SP integrates safety and health program work in the workplace:
2. Increase the commitment of employers, workers and stakeholders in implementing GP2SP
3. Do GP2SP continuously by optimizing existing resources
4. Make concerted joint movement that is mutually beneficial
5. Improve monitoring, coaching and evaluation

## CHAPTER III

### PROGRAM GP2SP

GP2SP program meeting the nutritional adequacy of women workers; medical examination of women workers; health care workers re production and an increase in breastfeeding women during work time.

**A. NUTRITIONAL ADEQUACY COMPLIANCE OF WOMEN WORKERS** – target a group of women workers vulnerable to nutritional anaemia caused by menstruation, low nutrient intake, level of nutrition knowledge lacking and so forth. Activities for fulfilment of the nutritional adequacy of women workers are:

#### 1. Nutritional Status Assessment

Assessment of nutritional status of workers needs to be done, in order to determine nutritional needs and providing appropriate nutrition intervention when needed. Nutritional status assessment can be done through:

##### a. Anthropometric

Anthropometry is the method most commonly used in the assessment of nutritional status. This method uses the parameters body weight (BW) and height (TB). Through these parameters, it can be done calculating the Body Mass Index (BMI) with the following formula:

$$IMT = \frac{B_e'_a_{B_G}zda_{l}}{TinggiBada\ n(m) \times TinggiBad\ an(m)}$$

Calculation of BMI, an assessment of the nutritional status of the classification as follows:

##### IMT Nutritional Status Category

IMT	Nutrition Status	Category
<17.0	Malnutrition	Very 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

Sources: PUGS 2005

IMT measurement is a simple method to assess nutritional status, especially with regard to deficiencies and overweight. This method can only be applied to adults aged > 18 years and cannot be applied to pregnant women.

So that the nutritional status of women workers in each company / workplace can be monitored, the weight of women workers are routinely done each month.

Once the nutritional status of women workers is known the appropriate intervention can be given with food menu settings.

#### b. Clinical examination

Clinical examination is a method to assess the nutritional status of the community, based on changes that occur associated with nutrient inadequacies. The method generally used is rapid clinical surveys. The survey was designed to detect signs and quickly identify deficiency of one or more nutrients, which can be seen in epithelial tissues such as skin, eyes, hair and oral mucosa or the organs close to the surface of the body such as the thyroid gland.

#### c. Biophysical examination

Biophysical examination is a method of determining nutritional status by looking at the ability to function (particularly networking) and see the changes in the structure of the network. Generally it can be used in certain situations such as night blindness epidemics, the means used are darkness adaptation tests.

#### d. Biochemical examination

Biochemical examination is the examination of specimens tested by laboratories. These are performed on a variety of body tissues, such as: blood, urine, faeces, and also body tissues such as liver and muscle. This examination is usually used to measure micronutrient status. In general, iron, vitamins, protein and minerals are assessed.

## **2. Nutritional needs of women workers**

The nutritional needs of women workers may include nutritional needs for the day, during work (8 hours) and in special circumstances.

#### a. Nutritional needs of women workers during the day

The nutritional needs of a worker in normal environmental conditions (temperature, air pressure, humidity) with the body in good health can be calculated. The nutritional needs required for normal energy are primarily influenced by: type of activity, age, body size, gender and special conditions (pregnancy, breastfeeding, overtime and sickness) as well as other risk factors in the workplace.

Nutritional needs met by workers for workers during the day at home and at work.

Before setting up the menu, first keep in mind the nutritional status of workers, then take into account the energy needs per day by referring to Attachment 1.

- Activity

Severity of workload undertaken by a worker can be used to determine the duration of the ability to do the work according to his/her capacity. With an increasingly heavy workload, it is preferable that a shorter time is worked to avoid fatigue and impaired physiology, meaningful or otherwise.

Grouping or workload (mild, moderate and severe) based on the proportion of working time refers to the FAA / WHO (1985) modify (WNPG VIII, 2004) as can be seen in the following table:

**Table 1 Grouping Activities in Men and Women**

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

Source: Proceedings of the VIII WNPG 2004

Examples of types of activities based on grouping workload can be described as follows:

Light workload: office activities without exercise, physical activity is not strenuous, sitting cutting both ends of cigarettes (in women)

Medium Workload: go up and down stairs, moderate exercise, housework, fill up a box with matchsticks (in women)

Heavy workload: field work, construction worker jobs, driller, breaking stones (in women), standing and lifting beams.

- Seniors

With increasing age, a person's nutritional needs are relatively lower for each kilogram of body weight.

- Body size (height and weight)

The larger the body size, the greater nutritional needs. Nutritional needs are determined mainly by the fat component of body weight.

- Sex

The nutritional needs of men and women are different, mainly due to differences in body composition (fat and non-component fat) and type of activity.

- Another factor determining nutritional needs are:

Physiological circumstances: in a state of pregnancy and lactation; increased nutritional needs in exceptional circumstances are due to increased metabolism, food consumption for the needs of the woman and the baby as well as for the preparation of milk production

Special circumstances, such as the restoration of health and nutritional needs anaemia, have requirements greater than the usual state.

State of the working environment such as extreme temperature, air pressure, radiation and chemicals increases nutritional needs.

b. Nutritional Needs of Women Workers for Work (8 hours). Once daily energy needs are known the next step is to determine the energy requirements during working hours (8 hours) assuming the environmental conditions under normal circumstances (temperature, air pressure, humidity) and the body is in good health / normal. The energy and protein needs of women workers are as follows:

**Table 2 Energy and Protein Needs during work (8 hours)**

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

Source: AKG 2004

c. According to the nutrition needs of the Special Conditions of Women Workers

**1) Workers Women during Pregnancy**

Pregnant women who require extra energy for the development of the foetus. Nourished women with mild-to-moderate activity level need extra calories for:

- 180 kcal / day in the first trimester
- 300 kcal / day in trimesters 2 and 3

**2) Women Workers during Breastfeeding**

A worker who is breastfeeding requires additional energy for milk production; energy needs to be added for:

- 700 kcal / day for 6 months
- 550 kcal / day in the next 6 months

**3) Workers with iron deficiency anaemia**

For workers with iron deficiency anaemia – given iron supplement tablets at a dose of 60 mg 2 times a week until the anaemia is resolved. In addition, employees are encouraged to consume a nutritionally balanced diet that is rich in iron such as liver, meat, fish, chicken, eggs and green vegetables. Especially for women workers, to prevent anaemia it is recommended that iron tablets 60 mg per week are given for 16 weeks each year. During the menstrual period 60 mg of iron is given per day.

#### **4) Workers doing overtime, shift work**

For workers whose overtime for 3 hours or more should be given additional food and beverages, such as a nutrient dense snack. This is also true for night shift workers, including women workers who work between the hours of 11:00 p.m. to 7:00. Examples: green bean porridge, sweet tea with butter sandwiches, tofu, etc.

#### **5) In Environments where Workers are at Risk**

- In workplaces with high temperatures to consider the needs of water and electrolytes which can be obtained from salt and juice.
- Workers whose jobs require additional use of chemicals.
- Workers exposed to radiation-related materials; need to have foods and beverages containing minerals such as Se and Zn, these are found mainly in meat, liver, and beans.

### **3. Provision of Food for Women Workers**

After learning the energy requirements (calories) a day and during work (8 hours), we need to think about how to meet the needs of workers in their day-to-day menu. Carbohydrates, proteins, fats, vitamins and minerals, and other substances in the body that need to be considered in balanced proportions (WNPG VIII, 2004), namely:

- Carbohydrates (50-65% of total energy)
- Protein (10-20% of total energy)
- Fat (20-30% of total energy)

Energy needs to be translated into food portions as in Appendix 2. The main meal at work, at rest (4-5 hours after work) interspersed with giving a snack.

The food supply to workers needs to consider a step by step of the following:

- a. Meet the standard portion of food Intake

#### **Worker**

#### **Standard portion of food for the workers by age and category of physical activity - Attachment 2.**

- b. Menu Planning for Food for Workers

Menu planning workers prepare a series of activities with a variety of matching dishes to meet the nutritional needs of workers. The purpose of planning the menu is to guide processing activities, manage variations and combinations of dishes, adjusting available costs, as well as saving time and effort. Menu planning is done for a few days or a so-called menu cycle, for example, 5 days or 10 days.

Preparation of the menu based on a menu cycle serves to:

1) Variations and combinations of food can be arranged, so that:

- Workers are not bored, because not often serving the same foods
- At any given moment can be served foods that are favourites for workers
- Able to inculcate the habit of loving various kinds of food. Good eating habits will reduce the risk of nutritional problems.

2) The food served can be prepared according to the nutritional needs of workers. (For example, in conditions such as: sickness, pregnant or breastfeeding)

3) The menu can be prepared in accordance with the available budget, so: reducing the leakage of funds and can avoid buying excessive amounts of food.

4) The time and energy that can be used as best available

5) Reducing the mental burden because everything had been arranged well in advance.

Examples of food menu for workers during work (8 hours) see appendix 3.

c. How to manage food

In providing food for the workers there are some things that need to be considered in setting up and managing food for the workers include:

1) In cooperation with workers (self-managed) the Company provides the means (personnel, funding, equipment, room) and the implementation of the activities charged to power employment.

2) Catering the food service

- The company only provides a dining room table and chairs only. Other facilities are provided by the food service. Thus the caterer sends large amounts of processed foods.
- The company provides a kitchen, dining room and equipment. Party catering services hire employees for food service.
- The company provides a kitchen, dining room, equipment and personnel. Party catering services utilize existing facilities with the conditions set by the company.
- For the third way, there should be a formal agreement on the provisions that have been agreed upon. Quantity and quality control elements must be of agreement to both parties.

### 3) With cafeteria / canteen

Traders who have received permission from the company gather in the place provided and workers can swap coupons for food sold in accordance with their wishes.

#### 4. Nutritional Anaemia prevention and control of iron

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

- 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 that is often found in Indonesia and is one of the main nutritional problems is iron deficiency anaemia (AGB). Nutritional anaemia is not only caused by iron deficiency but also can be caused by a deficiency of vitamin B12, copper, and folate.

Iron deficiency anaemia is a problem also faced by women workers, this issue will have an impact on maternal and child mortality, poor performance and decreased work productivity. Therefore, efforts to reduce nutritional deficiency anaemia for women workers is very important and fundamental. These efforts will have a positive impact for the improvement of labour productivity. In the long run, due to reduction of nutritional deficiency anaemia, women workers will give birth to healthy and intelligent Indonesian children.

Some possible underlying causes of anaemia include:

a. Shortages due to lack of consumer purchasing power to consume sources of iron, especially in the form of best-hem.

- In nature, the absorption of iron in the body is very limited. If consumed source of iron from plant proteins, which can be absorbed is only about 1-2%, whereas if derived from animal protein, around 10-20% can be absorbed. This can be attributed to the higher bioavailability of the animal source compared to the plant source.

- The food rich in iron content is derived from animal foods (such as fish, meat, liver, chicken, and eggs)

- Plant-based foods (from plants) such as dark green vegetables, although rich in iron, only some is well absorbed by the intestine as bioavailability is low. Iron from vegetable sources can be obtained from mashed cereals, nuts, green vegetables and some fruits.

- Fulfilment of balanced nutrition, in addition to the right amount of iron contained in food, is also dependent on the quality of iron in the diet. This is often referred to as bioavailability. Therefore the Indonesian diet should consist of rice, meat / chicken / fish, nuts, and vegetables and fruits.

#### b. Impaired absorption

Impaired absorption generally occurs when there are diseases that are associated with gastrointestinal disorders.

#### c. Increased expenditure of body iron

Bleeding or blood loss can cause anaemia. It occurs in people through:

- Worms, hookworm infections cause bleeding in the gut wall, although this is small, if it happens continuously this will result in the loss of blood or iron.
- Malaria in patients with Nutritional Iron Anaemia may aggravate the situation.
- Menstruation and or labour. Heavy blood loss during menstruation or delivery.
- Bleeding
- Bleeding acute (sudden)
- Accident
- Surgery
- Blood loss from ruptured vessels
- Bleeding chronic
- Bleeding nose
- Haemorrhoids
- Peptic ulcer
- Cancer or polyps in the digestive tract
- Kidney or bladder tumours.

#### d. Increasing the body's need for iron

- In infancy as children and adolescents, the body's need for iron increases sharply.
- During pregnancy, the need for iron increases because iron is needed for the growth of the foetus and for the mother's own needs.
- The body's need for iron will also be increased in patients with chronic diseases such as tuberculosis.

e. Reduced formation / production of red blood cells. Nutrients that play a role such as iron in haemoglobin formation, protein, pyridoxine (vitamin B6), folic acid and vitamin B12 that acts as a catalyst in the synthesis of heme in the haemoglobin molecule, vitamin C affects the absorption and release of iron from transferrin into the tissues of the body, and vitamin E affect the stability of red blood cell membrane. Moreover, the formation of red blood cells can be hampered by the presence of chronic disease.

f. Heredity

g. Increased destruction of red blood cells / premature red blood cells, which is caused by:

- enlargement of the spleen
- Mechanical damage to red blood cells
- Autoimmune reactions to red blood cells, include: Paroxysmal Nocturnal Haemoglobinuria, Hereditary Spherocytosis, and hereditary Elliptosytosis.
- G6PD Deficiency
- Sickle cell disease
- Haemoglobin C disease
- S-haemoglobin C disease
- Haemoglobin E disease
- Thalassaemia

Anaemia prevention efforts for women workers through the provision of blood supplementation, de-worming and other drugs according to the cause.

a. Service Procedure:

- During the menstrual period TTO 60 mg given every day. It is recommended to take one tablet a day for ten days.
- For every prospective bride, it is recommended to take TTO before the wedding with a once a week dose

One tablet for 16 weeks (SK Oirjen Public Health Guidance No.: 1656/BM/OJ/BGM / XI/97 on Nutritional Anaemia Management for Prospective Bride).

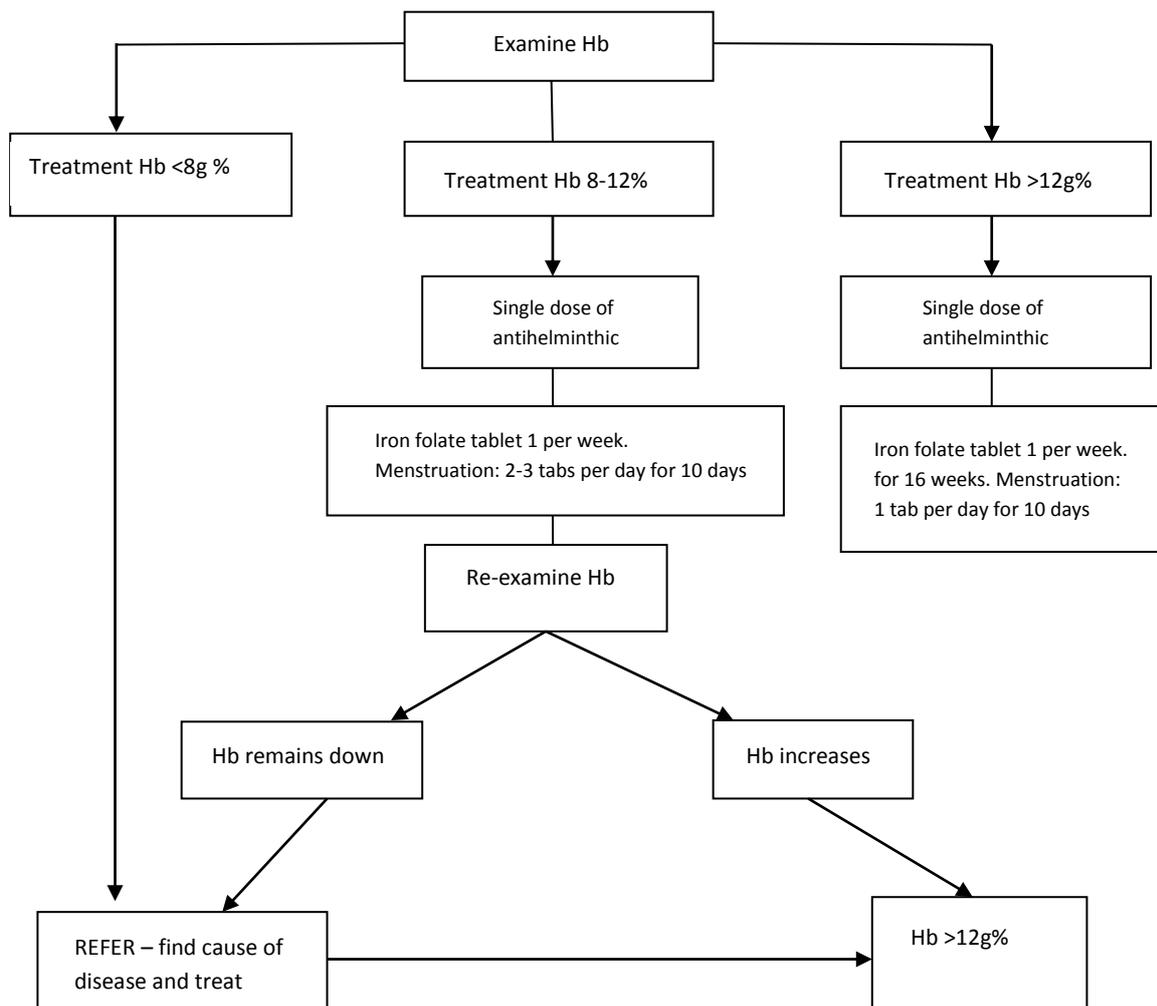
- Eligible Women (WUS) is routinely recommended to take one TTO tablet every week.
- Pregnant women are advised to take one TTO tablet every day for at least 90 days during pregnancy. Pregnant women with a Hb <11 g%, are given three tablets a day for 90 days of pregnancy, and 42 days after birth.

- Postpartum Mothers are recommended to take one TTO tablet every day and two capsules of Vitamin A 200,000 IU during parturition (42 days after birth).
- For workers with Iron Nutritional Anaemia TTO is given at a dose of 60 mg 2x a week until the anaemia is resolved.
- For workers who suffer from anaemia due to worms, de-worming medicine can be given three days before commencement of iron therapy. De-worming preparations used were single-dose pyrantel pamoate 500 mg single dose or mebendazole 500 mg single dose, or preparations with a single dose of albendazole 400 mg. To prevent worm infestation, women are given de-worming treatment every 6 (six) months.
- To prevent anaemia in working women, it is recommended to give TTO at a dose of 60 mg per week for 16 weeks each year.

b. Procurement and distribution of Tablet

- Procurement TTO conducted by the company.
- Distribute TTO to all women workers through company clinics or other targets.

**TABLET GIVING SCHEME FOR BLOOD GP2SP 01 COMPANY LEVEL**



## **B. WOMEN'S HEALTH WORKERS**

Medical examinations for workers adapted to the type of exposure in the workplace. The health check applies to all workers in an enterprise environment both permanent and contract workers include:

### **1. Initial Health Assessment Working a) Pre-employment Medical Examination**

As a new employee, medical examination conducted prior to the placement of job candidate in a specific job.

#### **b) Pre-Placement**

Pre-placement medical examination performed on a worker who was transferred to another job with a different risk factor than the previous.

### **2. Periodic Health Examination while working**

Periodic health examinations according Minister Regulation No 02/Men/1980 needs to be done at least once a year for women workers including Hb examination.

#### **b) Special Health Examination**

- Special medical examination carried out when there are specific environmental exposures that require more observation, such as noise, dust / silica, temperature extremes and chemicals. OSHA specifies a list of ingredients that when present requires workers to have a special medical checkup.
- Female workers aged 40 years and over should receive a special medical examination associated with health risks in women, such as pap smears

### **3. Health Assessment Final Work**

#### **a) Post-placement Health Screening**

The medical examination conducted after workers completed the task that contains elements of risk to health and before switching to another task.

#### **b) Health Screening after Retirement**

This check is performed to examine all aspects relating to the dedication of health workers. This needs to be implemented on a regular basis and medical examination will include haemoglobin examination, nutritional status examination with anthropometric measurements, especially weight. Hb examination and anthropometric measurements of women workers in the clinic can be done in cooperation with the firm or other health care facilities. Funding for health checks provided by the company or program PT.Jamsostek, PT.ASKES and other Health Insurance.

#### **1. Anthropometric assessment of nutritional status with**

- Do regular weighing every month

- Based on the results of measurements of body weight calculate the body mass index of women workers each month
- Assess the nutritional status of women workers using IMT classification each month
- Assessment of nutritional status is done by a trained officer / cadre

2. Implementation of Hb examination is as follows:

a. To evaluate the results of program activities GP2SP, Hb was recommended with an inspection interval of 4 (four) months pre and post administration of iron tablet. Hb can be filtered by checking nutritional anaemia and should be given special curative treatment.

- When workers have a Hb <12g%, Hb examination performed monthly to monitor the progress of haemoglobin to normal haemoglobin (Hb> 12 g%) while looking for the cause.
- If there is no increase in Hb levels at examination two, the worker needs to be referred to a higher level or hospital.
- If workers are found with Hb <8 g%, they need to be referred to a higher level or hospital to look for other causes.

b. The methods used to determine blood haemoglobin concentration is the Sahli method or Cyanmethaemoglobin. When using the Sahli method, a conversion factor of 1.13 is used to give the Cyanmethaemoglobin . Example: For a Sahli haemoglobin of 10.5 g% a conversion of 10.5 x1.13 will give a Cyanmethaemoglobin of 11.9 g%

### **C. REPRODUCTIVE HEALTH SERVICES FOR WOMEN WORKERS**

Women's reproductive health care workers involved in teaching:

#### **1. Before pregnancy**

- Promotion and education about reproductive health
- Knowledge of occupational hazards that affect reproductive health and tackling these.
- Examination of reproductive health. Female workers aged 40 years and over should receive special medical examination associated with health risks in women, such as pap smears, performed at least once a year.
- Counselling;
  - Sexually Transmitted Infections (STIs)
  - Reproductive Tract Infection (RTI)
  - Nutrition for workers

- e. Fulfilment of nutrition. Monitoring weight / BMI
- g. Planning services
- h. TT immunization for women workers and before marriage

## **2. Pregnancy**

- a) Promotion and education on reproductive health and foetal growth
- b) Administrative settings and related ergonomic problems that can interfere with pregnancy, such as working with prolonged standing, heavy lifting, night shifts, overtime, etc.
- c) Improve knowledge of workplace hazards that affect pregnancy and mitigation of these
- d) Placement in a workplace that is healthy and safe from hazards that affect maternal health and foetal development
- e) Antenatal care at least four times during pregnancy.
- f) Fulfilment of nutrition while pregnant.
- g) Counselling on:
  - Pregnancy
  - Preparation of birth
  - Fulfilment of maternal nutrition
  - Exclusive breastfeeding
- h) Distribution of iron tablet

## **3. During Delivery**

- a) Nutritional counselling for nursing mothers and exclusive breastfeeding
- b) Guarantees for delivery at health facility by health personnel.
- c) Obtain maternity leave
- d) Obtain KIA book
- e) Follow Childbirth with Prevention Planning Program. Complications (P4K)
- f) Get assistance in case of complications when handling a mother and baby

#### **4. Postpartum**

- a) post-partum family planning services
- b) Exclusive breastfeeding
- c) Counselling for breastfeeding
- d) Provision of two capsules of vitamin A during childbirth
- e) Knowledge of occupational hazards that affect mothers and babies

#### **D. INCREASING BREASTFEEDING DURING WORK TIME**

Being a working mother is not a reason to stop breastfeeding. Breastfeeding is the right of women workers to improve maternal and child health. In addition to breastfeeding, children's rights, the convention on the rights of the child say that the child holds the right to life and survival and optimal growth and development.

Breastfeeding provides a lot of benefits for both the company / workplace, workers and even for society and the State.

Advantage for the company is as follows:

- Reduce absenteeism rates because breastfed infants are rarely sick compared with infants fed formula milk.
- Mothers who breastfeed have better job performance and productivity has increased.
- Saves spending on health care costs for infants who are exclusively breastfed. It has been shown that breastfed babies have good endurance so rarely sick and hospitalized compared with formula-fed infants.
- Improve company image.

The support that the company / workplace can give to increase breastfeeding during working hours in the workplace is to provide breast milk milking room and equipment, as follows:

##### **1. Expressing milk room**

Space at least 3x4 m<sup>2</sup> or adjusted by the number who are breastfeeding.

Enclosed, separately and can be locked from the inside.

Clean, well-ventilated, light

Ceramic floor / cement / carpet / wood

A sink with running water and soap for washing hands. Not adjacent to the toilet, cellar, kitchen or ablution block.

Location is easily accessible and secure from workplace hazards.

The layout of the room expressing milk alone or joined with other space

## **2. Tools needed include**

Refrigerator, if this is not possible use an ice bucket.

Equipment storage cabinets

Tissue / Hand wipes - 3 pieces

Water Dispenser (hot and cold)

Breast pump when needed

Bottles for storing breast milk

Cooler box / bag to carry expressed milk

Bottle sterilizer

Chairs and tables

Curtain/fabric barrier used for expressing milk

Measuring instruments for height and weight

Washcloth to compress the breast

Covered trash

Book records, registration, and handle complaints Books

## **3. Counselling tool**

## **4. KIE ASI Equipment**

## **CHAPTER IV**

### **ORGANIZING, DUTIES AND RESPONSIBILITIES**

#### **A. ORGANIZATION**

Organization in GP2SP include stakeholder organizations and companies.

##### **1. Within organizations Stakeholders**

GP2SP team needs to be formed to raise GP2SP agreement and implementation. In moving GP2SP forward need to involve a variety of cross-program and cross-linked sectors ranging from the central to the districts / cities. Expected that GP2SP can be implemented integrated, phased and sustainable. GP2SP team must exist at every level of administration. GP2SP team members can be representatives from the government, APINDO, PT. Social Security, PT.ASKES and trade unions / labour unions, and developed in accordance with the conditions of each area.

##### **2. Organization in Company**

GP2SP implementation in the company, focus on divisions that deal with occupational health and safety or the Trustees Committee Occupational Safety and Health (P2K3) or HR firms and clinics that deal with occupational health.

#### **B. Duties and Responsibilities**

Team GP2SP central, province, district / city and the company has a duty and responsibility to mobilize and implement GP2SP. Tasks and responsibilities include:

##### **1. Ministry of Health**

- a. Undertake advocacy and socialization GP2SP activities.
- b. Coordinate the implementation of GP2SP activities.
- c. Conduct for officers TOT Provincial and District / City about GP2SP activities.
- d. Providing, disseminating material support GP2SP activities.
- e. Conduct training for health workers on GP2SP activities in company.
- f. Conduct training, monitoring and evaluation of GP2SP activities.

##### **2. Ministry of Home Affairs**

- a. Develop and disseminate Circular Letter to provide legality aspect from Minister of Home Affairs in the implementation and GP2SP Province/municipal/city.
- b. SKPD/OPD coordinate and implement programs to encourage GP2SP.

c. Undertake advocacy and dissemination programs GP2SP to Local Government.

### 3. Ministry of Manpower and Transmigration

a. Encourage employers and administrators, United Workers Labour GP2SP integrate the program in the company regulations or collective agreements with reference to the provision of labour laws and regulations.

b. Program facilitates GP2SP in the workplace.

c. To provide guidance and supervision of the implementation of the program GP2SP as part of the guidance and supervision of labour.

### 4. Ministry of Women's Empowerment and Child Protection of Indonesia

a. Advocacy and outreach to related sectors, local government and community organizations about the GP2SP program.

b. KIE media composed about GP2SP

c. Facilitate the formation means GP2SP Program

### 5. Provincial Government

a. TOT conduct for officers in municipal/city about GP2SP activities.

b. Provision and dissemination of data and information related to GP2SP.

c. Resource support for the implementation of GP2SP.

d. Guidance and supervision of the implementation GP2SP.

### 6. District / City

a. Formulation, determination and implementation of GP2SP activities.

b. Mobilize and provide facilities and infrastructure in the implementation GP2SP.

c. GP2SP conducted as mutually agreed.

### 7. APINDO

a. Encourage and motivate entrepreneurs in the implementation of the program GP2SP.

b. Help facilitate the provision of facilities and infrastructure necessary for the implementation of the program GP2SP.

c. Socialize with the team GP2SP program related to entrepreneurs.

d. Together with the union make collective agreements to implement the GP2SP program.

e. Support the implementation of the award to the company that has successfully implemented GP2SP programs.

#### 8. Labour / Trade Unions

a. Socialize with the team GP2SP program to workers /workers and trade unions / labour unions.

b. Together entrepreneurs make collective agreements to carry out GP2SP activities.

#### 9. PT. Other Insurance and Social Security or the Designated Company

a. Providing nutritional supplements, drugs (malaria, tuberculosis, worms) and counselling tools to support the implementation of GP2SP

b. Providing health care for women workers include:

- Periodic Health Examination
- Examination of the pregnancy / ANC
- Birth Control tools
- Guaranteed delivery in health facilities
- Post Natal Care

#### 10. Company

a. Implement GP2SP program activities in the company.

b. Foster and encourage female workers to support the implementation of the GP2SP program so that it runs smoothly.

c. Foster and encourage corporate partners, to support the implementation of the GP2SP program so that it runs smoothly.

d. Monitoring and evaluation of GP2SP program implementation in Company.

Submission of periodic reports (every 6 months) results of the implementation of the program to the Team GP2SP District / town.

## **CHAPTER V**

### **ACTIVITIES GP2SP**

GP2SP implementation will be done in several stages of preparation, planning, implementation and monitoring and evaluation. Implemented in a phased manner so that implementation of activities are more focused and coordinated. The purpose of the activity is highly dependent on the implementation of GP2SP scope of activities that have been discussed in the previous chapter.

The stages of the implementation of these GP2SP activities are as follows:

#### **A. PREPARATION**

Preparation in moving GP2SP forward at work by a GP2SP team at central, provincial and district / city include:

1. Setting up a team that will move GP2SP forward
2. Setting up the method to be used to move GP2SP through the following activities:
  - a. Advocacy and Awareness
  - b. Seminars / workshops
  - c. Social marketing, social marketing activities conducted through: The launching and implementation of the movement. Campaign. Impressions / broadcast through electronic media and print media (TV, Spot, Radiospot).
  - d. Facilitation
  - e. Supervision and coaching
  - f. Monitoring and evaluation
3. Prepare and develop materials as well as materials to move GP2SP forward which include:
  - Nutritional status of women workers
  - Medical examination of women workers
  - Reproductive health of women workers
  - Breastfeeding during working hours at the workplace
4. Setting up targets and locations of advocacy, socialization
  - Seminars / workshops and social marketing which consists of: Company / workplace

SPSI

Across programs and related sectors preparation undertaken by the company for implementing GP2SP, include:

1. GP2SP corporate leaders to support, include:

a. Written policy regarding GP2SP signed by the head of the company

b. Human resources

Companies need to establish an implementation team or appoint officers to administer and run the program GP2SP

c. Fund

Source of funds for the implementation of GP2SP can be sourced from: Budget, budget, PT. Social Security, PT.ASKES or other insurance companies, which are not binding on other sources and companies

d. Equipment

Equipment that needs to be prepared for execution of GP2SP include:

1) Supplies increased Nutritional Status Woman Workers

- Equipment anthropometric measurements such as weight scales and height measuring
- Iron Tablets
- Vitamin A Supplements
- Worm Drugs
- Nutrition-related counselling tools such as Food Model
- Materials: General Guidelines for Balanced Nutrition, Nutrition for Women Workers, Nutritional problems of women workers, nutrition and productivity,

Healthy lifestyle and worm infestation problem

- Notebook

2) Equipment Periodic Health Examination

- Device to measure Hb
- Weighing equipment
- Materials and tools extension

- Notebook

### 3) Supplies Reproductive Health Services Women Workers

- MCH Handbook
- Media outreach
- Equipment prenatal
- Equipment planning services
- Iron Tablets
- Vitamin A
- Book record

### 4) Improved equipment Breastfeeding during working hours at the workplace, namely:

- Non Expressing breast milk
- Equipment for expressing milk
- Counselling Tool
- KIE milk supplies

## **B. PLANNING**

Planning at the corporate level

Planning the implementation of GP2SP in the company prepared by the company GP2SP team. Planning was developed based on the existing problems in the workplace and changed according to the target to be achieved.

Before planning the project as a whole, it is necessary to note and do the following things:

1. Inventory problems of women workers in the workplace and the impact on productivity. Managers / administrators should work to identify and compile and inventory of nutrition and health issues of women workers in the workplace, as well as assessment and control, particularly nutrition issues, reproductive health and breastfeeding during working hours in the workplace is a priority for control. The main problem is an example of anaemia in women workers, and the priority of the activities carried out are granting iron tablets.

2. Determine the purpose of the GP2SP

3. Targeting implementation GP2SP

4. Set of activities that can be implemented in accordance with the circumstances and conditions of the workplace.

5. Determine the methods to be used in the implementation of GP2SP

6. Determine which media will be used in the implementation GP2SP

7. Establish an evaluation plan and performance indicators that should be measured as the basic organizational performance assessment / implementation team GP2SP which also is information about the successful achievement GP2SP implementation in the workplace.

8. Formulate implementation schedule

**Table 3: Schedule in GP2SP planning activities in the Company**

No	Scope of Activities	Month												ket
		1	2	3	4	5	6	7	8	9	10	11	12	
<b>1</b>	<b>Improved nutritional status of workers</b>													
	Preparation of resources													
	Assess the nutritional status of workers.													
	Assess the level of energy demand per day based workers activity level, age, gender, certain circumstances													
	Determine the nutritional adequacy of female workers during pregnancy, breastfeeding, working overtime, shift work, workers in the working environment at risk.													
<b>2</b>	<b>Management of food for workers</b>													
	Determine standard portion food workers during work													
	Diet plan and its presentation													
	Determining the processing place, time, place and technical presentation. Prepare and organize the necessary resources													
	Determine the nutritional adequacy of female workers during pregnancy, breastfeeding, working overtime, shift work, workers in the risky working environment													
<b>3</b>	<b>Nutritional Anemia Prevention And Mitigation activities include preparation of resources</b>													
	Workforce													
	Tools and materials													
	Iron tablet supplement and de-worming													
	Dispensing													
<b>4</b>	<b>Communication, Information, Education and Communication (IEC) nutrition for workers and</b>													



### C. MOBILISATION and IMPLEMENTATION

The degree of success of GP2SP depends on the motivation of team GP2SP at all administrative levels, ranging from central to the board, directors and workers' organizations.

Mobilization of GP2SP implementation is done through the following strategy:

1. Written statement or commitment to corporate leaders about the goals and targets GP2SP yang clear and easy to understand as well known to all workers, who serve as the cornerstone of the program.

2. Appoint officers / management / implementation team GP2SP GP2SP sangat implementation depends on a sense of responsibility for the management and officers and employees of each women and obligations as well as cooperation in the implementation of the program. This responsibility must be instilled through the rules are clear, the pattern of shared responsibility. Clerk / administrator / executor need to prepare the data and information to support the implementation of programs, formulating problems and analyze the causes of the problem, the solution and then find a way to communicate it to the workers, so it can be executed properly.

Officer / manager / executive team further monitor and evaluate the implementation of the program, to assess the extent to which the program has been successfully implemented. If there are deficiencies, it is necessary to identify deviations and sought to solve.

The principal tasks of the clerk / manager / executive team effort nutrition workers are making recommendations to the top management and the consideration of the issues related to developing GP2SP.

3. Motivate managers / administrators, corporate leaders, workers and women workers. Motivation may arise with a variety of activities such as attending meetings followed as socialization, training and seminars / workshops.

4. Promotion / nutrition counselling and health in the workplace with the material:

Recognize the existing risks in the workplace

Clean and Healthy Behaviour

Nutrition guidelines and productivity

General guidelines balanced nutrition

Nutrition for women workers and their problems

Nutrition and Health Productivity Problems reproduction worm milk and exclusive breastfeeding  
Family Planning

- Goal: company employees, especially women
- Time: the time off was counselling group (two months), the material is given in stages
- Extension officers: officer corporate clinic or local health officer or health worker / other nutrition

## **CHAPTER VI**

### **GUIDANCE, MONITORING AND EVALUATION**

In terms of coaching, monitoring and evaluation is aimed at increasing the productivity of women workers. Activities as follows:

#### **A. GUIDANCE**

##### **1. Target Development**

- a. Team GP2SP at each administration level
- b. Implement activity of GP2SP in company including:

Management of the company

Is their food in the canteen / catering company?

Polyclinic Company

Is breastfeeding in the workplace?

##### **2. Coaching**

This can be done through

- a. Integrated coaching:

Team GP2SP will ensure the smooth implementation of the required coaching GP2SP gradually and continuously from the central, provincial, district / city until strong.

- b. Technical Guidance:

Technical development carried out by each relevant sector.

- c. Coaching through award:

Award to Company conducting best GP2SP is done every year.

Assessment conducted by Team GP2SP at every level.

##### **3. Guidance material**

- a. Nutrition Status Improvement Guidance material includes: Intake Guidelines for workers

Food management institutions (for canteen and catering)

Planning the menu, the estimated needs and budget grocery shopping

The selection, storage and management of food ingredients

Sanitation in the provision of bulk food

Food processing hygiene

Food safety

b. Reproductive Health Guidance material includes:

Risk factors in the workplace against reproductive health

Reproductive health programs in the workplace protection program family planning

c. Guidance material for Increased Breastfeeding in the workplace includes:

Preparation of workers for successful breastfeeding (during pregnancy, while on leave, working time)

Step-by-step implementation of expressing milk.

How to choose breastfeeding milking equipment

How to store expressed milk in place of dairy milk. Durability of dairy milk.

How to carry expressed milk

How to store expressed milk at home

Presentation of expressed milk

#### **4. Time coaching**

GP2SP coaching is done every three months

### **B. MONITORING**

To be able to monitor the progress and success of the various aspects of the management and implementation of activities to keep referring to the objectives, policies, strategies and agreed targets, monitoring activities need to be developed.

Monitoring is done through:

#### **1. Recording and reporting system**

Need to quantitatively measure the translation of the results and achievement of the implementation of GP2SP. This is also required for recording and reporting activities so as to provide

an overview for the assessment, control and planning of GP2SP in an efficient and effective manner. GP2SP recording and reporting by companies, which need to be recorded and reported include:

1) Improving the nutritional status of women workers;

- Nutritional status of women workers
- Adequate nutrition for workers in general, during pregnancy, breastfeeding, working overtime, working environment at risk
- Prevention and Control Anaemia Drug administration through nutrition

2) The medical examination of workers (Hb examination and Pap Smear);

3) Reproductive health services for women workers (before pregnancy, pregnancy, birth and after birth);

4) Breastfeeding during work time at work (company policy, while expressing milk opportunities, facilities and infrastructure, funding, personnel motivator or facilitator)

5) Implementation of seminars / workshops, launching and implementation of the movements, campaigns and impressions / broadcast through electronic media and print media (TV, spot, radio spot etc.);

6) Training to health workers, supervisors, managers at the company, APINDO, Labour / Trade Unions, PT. Social Security and PT.ASKES.

## **2. Field trips**

Field trips to companies conducted periodically, to determine GP2SP activities directly. This activity was conducted to determine the success and problems that need to be fixed, so that these models can be developed at other companies.

## **3. Award**

Held annually awarding "Companies that Implement Best GP2SP ", by Team GP2SP at central and local level.

## **C. EVALUATION**

Evaluation is conducted to determine the level of success of GP2SP. To know if the GP2SP activity achieved its intended purpose, it is necessary to agree on the indicators of success for GP2SP. These can be grouped in input / process / output indicators as follows:

### **1. District / City**

Coverage of companies that carry out GP2SP activities.

## **2. Company**

a. Coverage of supplementary feeding for pregnant and breastfeeding workers.

b. Coverage of TTO for women workers.

c. Coverage of supplementary feeding for pregnant and breastfeeding workers.

d. Coverage examination Hb years.

e. Vitamin A supplementation coverage in the Postpartum Mother.

f. Coverage of women workers with Communications

Information, Education and Communication (IEC) nutrition and health. g. Coverage of Ante Natal Care (ANC).

h. Coverage of workers who provide breastfeeding

## **CHAPTER VII**

### **CLOSING**

In accordance with national development policies, all efforts are directed to strengthen the quality of human resources. One of the efforts that have a significant impact on improving the quality of human resources is the improved health status in nutrition, health and reproduction. This will improve the capability and capacity for maximum work without ignoring their nature as women. For that we need special handling in the form of movement called the Movement of Women Workers Healthy and Productive aimed at increasing productivity and improving the quality of the next generation.

Integrated and sustainable cooperation between the various parties involved is necessary for running activities for achieving the goal of "Health and Nutrition Status Improvement and Productivity of Women Workers".

Various issues and challenges in the field in realizing GP2SP can be morale boosters in an effort to improve the health and nutrition of women workers.

## **ABBREVIATIONS**

AGB Nutritional Anaemia Iron

APINDO Indonesian Employers Association

GP2SP Healthy Productive Women Workers Movement

IMT Body Mass Index

SPSI All Indonesian Workers Union

TTO Iron Tablet