

Providing Maternal Health Services At Factories

BY NASARUDDIN SHELDON, SAPRUDDIN PERWIRA, KRISTINA GRYBOSKI, AND LAXMIKANT PALO

Indonesia has one of the highest ratios of maternal mortality in Southeast Asia (359 deaths per 100,000 live births in 2012), according to the latest Indonesia Demographic and Health Survey. The Indonesian government provides free maternal and child health services, but for many of the twenty-five million female workers who are of reproductive age, these services are not available during their working day. To overcome this problem, the Indonesian government created the multisectoral Healthy Productive Women Workers Movement in 2012. However, this initiative lacked an implementation plan to allow it to reach millions of factory workers.

In the period 2013–15, Project HOPE, with financial support from Merck for Mothers, created HealthWorks. This project is consistent with the movement’s priorities for female factory workers, which include reducing anemia, increasing breast-feeding, and increasing access to family planning methods.

Project HOPE implemented HealthWorks in Subang District, West Java, in collaboration with the local Kusuma Buana Foundation. HealthWorks facilitated the creation of joint implementation plans by government officials and factory owners. As a result, factory managers allowed government health staff to enter factories to provide education and services for the first time. In five factories that collectively employ 11,000 women in the Subang District, Health-



Amelia Fitriani (right), a nurse trained by HealthWorks, with Yoyoh Rokayah (left) and Hanisa Firdayanti (center), who use the lactation room in their factory in Indonesia.

Works upgraded the skills of factory nurses to screen workers for anemia and distribute iron tablets and arranged for government health staff to conduct routine health education for pregnant women at the factories. The project developed a women’s health education curriculum for factory peer educators, nurses, and managers. HealthWorks staff worked with factory managers in establishing or improving rooms for lactation, offering breast-feeding counseling, and designing factory policies that encourage women to take breaks for breast-feeding.

HealthWorks achieved improvements in workers’ health knowledge and status. For example, in the five factories where HealthWorks was implemented, the percentage of women who under-

stood that taking iron supplements can prevent anemia doubled from 25 percent to 50 percent after about one year of health education. In two factories where managers routinely distributed iron tablets and conducted screening and health education, anemia among female factory workers of reproductive age declined from 36 percent to 25 percent in one case and from 48 percent to 33 percent in the second case, over the two-year project period.

HealthWorks prompted the factories to institutionalize many of these initiatives to support health education and services in policies and job descriptions. The Indonesian government’s District Health Services has allocated funds and created procedures for staff to conduct outreach to the factories. According to Muchtaruddin Mansyur, director of occupational health at the Ministry of Health, “HealthWorks supported the movement by demonstrating a sustainable system of collaboration between factories and the district-level public health services.” ■

Nasaruddin Sheldon is country director for Project HOPE Indonesia. **Sapruddin Perwira** is deputy country director for Project HOPE Indonesia. **Kristina Gryboski** (kgryboski@projecthope.org) is senior program officer for Women’s and Children’s Health at Project HOPE—Global Health, in Millwood, Virginia. **Laxmikant Palo** is regional director for Southeast Asia, Project HOPE India.