



A HANDBOOK TO SUPPORT THE SEXUAL AND REPRODUCTIVE HEALTH NEEDS OF FACTORY WOMEN MIGRANT WORKERS



A Handbook to Support the Sexual and Reproductive Health Needs of Factory Women Migrant Workers

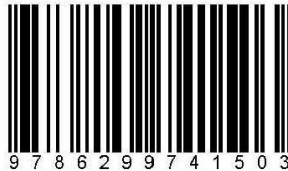
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e ISBN 978-629-97415-0-3



Diterbitkan di Malaysia oleh / Published in Malaysia by

Unit Penyelidikan Wanita dan Gender (KANITA) / Unit for Research on Women and Gender (KANITA)

Pusat Pengajian Sains Kemasyarakatan / School of Social Sciences

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To cite this e-book: Miles, L., Endut, N., Freeman, T., Ying, K., Lai, W.T., & Mat Yasin, S. (2022). *A handbook to support the sexual and reproductive health needs of factory women migrant workers*. Unit for Research on Women and Gender.

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Foreword

This **Handbook** is the product of a five-year research programme, funded at different phases by three funding agencies, investigating ways in which the sexual and reproductive health (SRH) needs of Malaysia's factory women migrant workers can be supported. Sexual and reproductive health is regarded as a human right, essential to human development and the achievement of the UN Sustainable Development Goals. It is enshrined in the 1994 International Conference on Population and Development (ICPD) Program of Action, the 1995 Beijing Declaration and Platform for Action and the UN Sustainable Development Goals.

The United Nations Population Fund (UNFPA) defines good sexual and reproductive health as

“a state of complete physical, mental and social well-being in all matters relating to the reproductive system. It implies that people are able to have a satisfying and safe sex life, the capability to reproduce and the freedom to decide if, when, and how often to do so. To maintain one’s sexual and reproductive health, people need access to accurate information and the safe, effective, affordable and acceptable contraception method of their choice. They must be informed and empowered to protect themselves from sexually transmitted infections. And when they decide to have children, women must have access to skilled health care providers and services that can help them have a fit pregnancy, safe birth and healthy baby. Every individual has the right to make their own choices about their sexual and reproductive health.”

Our research shows that women migrant workers in Malaysia are a marginalised population and vulnerable to poor SRH. Poor SRH impacts on these women’s well-being and their ability to work. Yet, many women migrant workers cannot afford healthcare to address poor SRH, are unfamiliar with the local health system and do not have access to SRH information, education or counselling. They are reluctant to mention that something is wrong or discuss SRH conditions with managers and supervisors. As a result, many women migrant workers suffer from untreated reproductive health conditions, such as breast and cervical diseases, urinary tract infections, menstruation problems or unwanted pregnancies. Many of these conditions can be prevented.

Forced testing against pregnancy, prohibitions against getting pregnant and imprisonment and deportation in the event of pregnancy and abortion all violate the SRH rights of women migrant workers. So too, does differential treatment on the part of health care providers against women migrant workers seeking medical treatment for SRH or when employment contracts prohibit marriage and pregnancies for migrant workers.

Our Research

In 2017, under a project funded by United Nations Gender Theme Group Malaysia, the researchers developed a [Toolkit](#) to address women migrant workers' SRH needs in collaboration with health care providers, NGOs, trade unions, employers and women migrant workers in Malaysia. The Toolkit recommended best practice for use by actors and organisations in contact with women migrant workers to build these women's awareness of women's health issues and to encourage health-seeking behaviours among them.

In 2019, we worked with these stakeholders to draft a Strategy Paper for UN Women which made recommendations as to how the needs of women migrant workers across all sectors can be addressed and how gender-based violence against them can be prevented. The Paper was circulated to the Malaysian government to inform the drafting of its twelfth national development plan (2021-2025).

In 2020, we received funding from the British Council Newton Fund Impact Scheme (NFIS) to implement three interventions that were recommended in our toolkit in two factories employing female migrant labour in Penang. The interventions are SRH education, mobile health clinics and a SRH referral and support service. We drew upon the services of the Reproductive Rights Advocacy Alliance Malaysia (RRAAM), Penang Family Health Development Association (FHDA) Penang and Tenaganita (a Malaysia human rights organisation for the protection and advocacy of migrants, refugees, women and children) in piloting the interventions. The interventions were low-cost and practical and can be implemented either on a face to face, or on-line, basis. They are consistent with organisational policies for the promotion of workers' health, safety and wellbeing and of diversity at work.

In evaluating the impact of our interventions, we found increased SRH knowledge and improved SRH attitude and practice on the part of factory women migrant workers. Women migrant workers reported increased confidence and better SRH management. Evidence also showed increased awareness on the part of managers and supervisors in factories to respond to the SRH needs of the women.

As part of our research output, we invite you to adopt this **Handbook** to support the SRH needs of women migrant workers in your factories. The **Handbook** details how we piloted the three interventions, a set of best practice to create impact, and some key lessons. We applaud the benefits of collaboration with healthcare providers, NGOs and SRH educators. We offer suggestions as to how you can measure the impact of actions you adopt. We hope that in adopting our interventions, you will support women migrant workers in managing their SRH needs, crucial in achieving gender equality and empowerment and meeting Sustainable Development Goals 3, 5, 8 and 10. We will be pleased to support you. Please contact Dr Lilian Miles (L.Miles@westminster.ac.uk) or Prof. Dato' Dr. Noraida Endut (noraidaendut@usm.my).

Acknowledgement

We thank the British Council Newton Fund Impact Scheme (Grant Agreement 536753284) (2020) for its generous funding to carry out the project. We are also grateful to employers and women migrant workers from Renesas Semiconductor (Malaysia) Sdn. Bhd. and Jabil Circuit Sdn. Bhd. who spent valuable time with us under this project as collaborators and participants. Lastly, we would like to acknowledge our service providers, namely Penang Family Health Development Association (FHDA Penang), Reproductive Rights Advocacy Alliance Malaysia (RRAAM), and Tenaganita for helping us plan and implement the interventions under this project.

The contact details of our service providers are provided below:



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Endorsement from Stakeholders



Persatuan Perkembangan Kesehatan Keluarga Pulau Pinang
Penang Family Health Development Association (Reg. No: 1218)
槟州家庭健康发展协会

Ref. No. 2022/034/NFIS
31st May, 2022

SRH Handbook to Support the Sexual and Reproductive Health (SRH) of Factory Women Migrant Workers

On behalf of Penang Family Health Development Association (FHDA), it is my pleasure to endorse this Handbook, truly a labour of love on the part of the participating universities. We were invited by researchers at the University of Westminster, Universiti Sains Malaysia and Middlesex University to coordinate a sexual and reproductive health (SRH) educational program and deliver SRH education in two factories employing women migrant workers in Penang, Malaysia. Workers whose SRH needs are severely neglected suffer from lower productivity. They fear stigma by others and many fail to prioritise the need for good health, choosing, instead, to ignore their conditions (many of which are treatable).

Throughout the project, FHDA's training team conducted face to face workshops and offered online education, despite COVID-19 pandemic movement restrictions. FHDA implemented a SRH educational package for women migrant workers and motivated them to be peer educators in their factories. Ms Engie Ng Lai Kin, the appointed Service Coordinator led the master trainers. She also encouraged the women to seek SRH treatment and SRH support and referral services where necessary, thus connecting all service providers together within the factories.

FHDA witnessed increased self-assurance among the women attending its education programme. One worker said she felt like a VIP. Another said it was the first time she was able to relay her SRH concerns and fears to a Malaysian. Generally, the women migrant workers were enthusiastic.

FHDA strongly believes that this program (SRH education, mobile health clinic and a SRH support and referral service) in factories would benefit factories employing women workers. Healthier workforces are productive workforces. Mentally, healthier workers are more resilient workers. Factories adopting this Handbook's recommendations fulfil their CSR obligations and meet SDG 3 (Health). They can work with experienced NGOs and service providers in delivering the program. Our peer educator package is very cost effective as a small percentage of trained workers can engage with the wider workforce to promote health seeking behaviours.

We congratulate the factory management, workers, researchers and our colleagues RRAAM and Tenaganita in supporting the SRH needs of women migrant workers through evidenced research.

Yours sincerely,

Yeap Meng Chee
Chairman

Sumbangan derma dilicualikan daripada cukai pendapatan di bawah LN 57/17.2.61 dan LN 364/24.10.61
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RRAAM is an autonomous alliance of NGOs and individuals committed to promoting reproductive rights and services in Malaysia.

Website// www.rraam.org

Endorsement from RRAAM

RRAAM is honoured to have been invited by researchers at University Sains Malaysia, University of Westminster and Middlesex University to participate in a research project to support the sexual and reproductive health needs of women migrant workers in two factories in Penang, Malaysia. This is in line with our objective in disseminating SRHR information to all vulnerable populations.

During the project which ran from April 2020 to January 2022, RRAAM organised face to face consultations with our female doctors to enable the women to speak freely on SRH matters of concern to them. Those with specific problems were given appropriate advice and treatment or referred out for further investigations. The women benefited by having a better understanding of minor gynaecological problems as well as basic contraceptive methods.

Our doctors found the responses from the women to be positive. Women felt confident in acquiring SRH knowledge and we believe this should result in making them happier, healthier and more productive.

We believe that the interventions, as proposed in the handbook, should be followed up by stakeholders to reach out to all women migrant workers. They can be initiated by the factory management together with NGOs and hopefully with the support of the Ministry of Health. They would improve not only the women's health but also factory productivity.

Best wishes,

Dr Chong Sim Poo
Coordinator for RRAAM

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3rd June 2022

We were invited by researchers at University of Westminster, Universiti Sains Malaysia and Middlesex University to deliver a sexual and reproductive health education (SRH) program, mobile health clinic and a SRH support and referral service in two factories employing women migrant workers in Penang, Malaysia. These needs are severely neglected yet affect the welfare and productivity of women migrant workers.

The research project begun in April 2020 and ended in January 2022. Our roles were **providing additional information material for workers, shelter, hotline, and case management service when workers need.**

We were proud to be involved and witnessed several benefits accruing to the women. Among the benefits we have seen are **workers received additional information on reproductive health, mental health, self-development, and learning opportunity through migrant community.**

Moving forward, we promote the adoption of our program (SRH education, mobile health clinic and a SRH support and referral service) in factories more widely because **it ensures women health and wellbeing to uphold better function as women and workers.**

We also whole-heartedly endorse entering collaborations with partners to implement the interventions because **collaborative efforts promote more holistic approach in addressing migrant women worker's needs of reproductive health and beyond.**

This Handbook provides detailed guidance as to how factories can operationalise the interventions to support the sexual and reproductive health needs of its women migrant workforce.

We support entire efforts detailed in this handbook and implementation to create a good practice that ensure reproductive health rights of migrant women workers are fulfilled.

Thank you.

Yours sincerely,

Signature

Glorine Das

Executive Director



Date: 15/6/2022

"The research project detailed in this Handbook begun in April 2020 and ended in January 2022. Our role was to encourage our foreign workers to enroll on the program by releasing them from work and providing a private space for consultation and counselling.

We witnessed women benefitting from the project. Our employees were happy attending the educational classes. They benefited with the health screening and consultation with the doctors.

We would like to encourage other factories to adopt similar initiatives (package of education, mobile health clinic and a support and referral service), to motivate the women migrant workers to gain better knowledge. Better management of their health reduces lost days due to medical leave and leads to increased productivity.

We also whole-heartedly endorse entering into collaborations with partners to implement the initiatives. An interesting program can be implemented with minimum cost.

This Handbook provides detailed guidance as to how factories can operationalise the initiatives to support the sexual and reproductive health needs of its women migrant workforce. We support this program and what suggested in this handbook.

Thank you.

Yours sincerely,

RENESAS SEMICONDUCTOR (MALAYSIA) SDN. BHD.
(Company No: 13313-A)

Junaidi Mohamad
HUMAN RESOURCE DEPARTMENT



Date: 30 June 2022

We were invited by researchers at University of Westminster, University Sains Malaysia, and Middlesex University to participate in a sexual and reproductive health (SRH) research project, targeting factories employing women migrant workers in Penang, Malaysia. This research project consists of a SRH education program, mobile health clinic and a SRH support and referral service.

The research project begun in April 2020 and ended in January 2022. Our role was to coordinate the required number of participants to support the program and encourage participants of workers.

We were proud to be involved and witnessed several benefits accruing to the women. Among the benefits we have seen are workers were provided with the knowledge of Sexual & Reproductive health, they were able to express themselves without fear and introduced to a channel of communication and referral if required.

We promote similar initiatives (package of education, mobile health clinic and a support and referral service) in other factories more widely because it is very practical approach and shall be easily adopted into the existing training modules and it benefit the female workers overall.

We also whole-heartedly endorse entering collaborations with partners to implement the initiatives because the team consists of experts from their own field which is the key factor for success and sustainability.

This Handbook provides detailed guidance as to how factories can operationalise the interventions to support the sexual and reproductive health needs of its women migrant workforce.

The handbook is a comprehensive approach to kick start the program in any organization.

Thank you.

Yours sincerely,

Signature: 

Name: Mohammad Hanifah

Position: Human Resources Director

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A Handbook to Support the Sexual and Reproductive Health (SRH) Needs of Factory Women Migrant Workers

This Handbook helps you as employer to create a supportive environment in which the SRH needs of women migrant workers can be supported. SRH is today, regarded as a human right, essential to human development and the achievement of the UN Sustainable Development Goals. For business, healthy workers are productive workers, and many businesses take steps to support the health and well-being of their workers.



It's about your values, as an employer



Examine your understanding of SRH



Improve existing practice



Work with others around you to influence their practice, be an influencer

Important objectives of the interventions

Promote good practice to meet Sustainable Development Goals

Ensure supportive and non-discriminatory practice

Improve access to services and information

Promote a supportive environment

Equip women migrant workers with skills and knowledge to manage their SRH

What Interventions are we recommending you adopt?

- Sexual and Reproductive Health education
- Sexual and Reproductive Health mobile clinic service
- Sexual and Reproductive Health support and referral service

Why these three Interventions?

The Interventions complement each other. SRH education can help women migrant workers acquire knowledge and change attitudes and practice toward SRH. At the same time, women requiring treatment for SRH conditions can receive treatment from SRH mobile health clinics. Finally, where women require further SRH support (counselling for sexual violence or referral to specialist SRH services) they can contact the SRH support and referral service who has counselling expertise and links to other women and migrant organisations, government departments and embassies.

Why is it important that factories adopt the Interventions?

- ✓ Poor SRH has a negative effect on health and well-being of workers.
- ✓ Healthier workers are more productive workers.
- ✓ Good access to SRH services contributes to lower level of absenteeism due to health issues.
- ✓ The interventions may potentially be adopted as part of factories' commitment to CSR.
- ✓ The interventions are practical and low-cost.
- ✓ The interventions can be integrated into existing factory schedules.
- ✓ The interventions can be delivered face to face or on-line.
- ✓ Interventions have been piloted successfully in two factories employing women migrant workers.
- ✓ The interventions are developed based on academic research and evidence.
- ✓ The interventions have been developed with participation and input of multiple stakeholders, particularly NGOs, employers, health care providers, policy makers, trade unions and women migrant workers to make sure the interventions are suitable for the Malaysian context.
- ✓ While these interventions are originally targeted at women migrant workers, they are also replicable for or may include women workers.

Research element

The interventions will be conducted concurrently with a research element provided by the research team to continuously evaluate, monitor and improve on their concepts and implementation.

Duration

We recommend a 6 month time-line (see below)

Time Line
<p>Month 1 Liaise with research team and service providers (SRH educator, SRH Mobile Health Clinic, SRH Support and Referral service*),</p> <p><u>Research team:</u> the interventions were developed through development of concepts, research and evidence gathering by the researchers. The research team will introduce the intervention programme to the factory and put in place the monitoring, evaluation and evidence gathering for the interventions. We will also serve as the liaising team between different stakeholders.</p> <p><u>SRH Educator:</u> Factory works together with SRH educator to publicise education program, plan the implementation of the modules, recruit women migrant workers (from different nationalities) and factory support personnel, provide venue for training. Modules include learning about SRH, adopting good SRH practice / leadership skills / familiarising oneself with one's own body etc.</p> <p><u>SRH mobile clinic service and SRH Support and Referral service:</u> Factory works together with mobile clinic and support and referral service to organise time and private space available for health care provider and support and referral service to meet with women migrant workers on factory premises or hostel.</p> <p>*Offers counselling and advice for SRH-related problems e.g. relationship issues / pregnancy and termination / refer women migrant workers to other organisations if required</p>
<p>Month 2 SRH education starts: Modules 1 and 2 “How My Body Works?” and “My Body, My Responsibility” on-line or face to face (See Appendix A & B). During the first meeting for education, the research team will distribute a survey questionnaire to the participants to assess their SRH knowledge and practice.</p>

Month 3 SRH education continues: Modules 3 and 4 “Gender and Sexuality” and “Values and Choices” on-line or face to face

Month 4 SRH education continues: Modules 5 and 6 “Sexual Health (STIs / HIV)” and “Companionship vs Love Life” on-line or face to face

SRH Mobile clinic starts: it is important that factory administration agrees on schedules, logistical arrangement and ground rules for the clinic and that women migrant workers can attend clinic without fear of repercussion.

SRH Support and Referral services start: these services offer advice, guidance and referral to other organisations if necessary

Month 5 SRH education continues: Module 7 “Intimate Stage of Couple Relationship” on-line or face to face

Mobile health clinic continues on factory premises

SRH Support and Referral services continue: offer advice, guidance, referral to other organisations if necessary

Month 6 SRH education continues: Module 8 “Ready to Be a Women’s Health Champion?” on-line or face to face

Mobile health clinic continues on factory premises

SRH Support and Referral services continue: offer advice, guidance, referral to other organisations if necessary

Month 7: End of Interventions, research team evaluates knowledge, attitude and behaviour of women migrant workers and share with factory administration

Think about who you can ask to be collaborator and partner, one for each intervention (SRH educator, health care provider, counsellor)

SRH Education			
SRH education	Service offered on a face-to-face basis	Service offered on an on-line basis	Some key lessons
<p><u>Why is it important?</u></p> <p>Knowledge is empowering</p> <p><u>How?</u> We recommend peer to peer training. Women ‘champions’ can be given incentives to educate their peers, to make sure knowledge is shared widely</p>	<p><u>What would you require?</u></p> <ul style="list-style-type: none"> • Dedicated premises whether on factory premises or in hostels • Compatible electronic devices • Education materials • Slides, videos for women migrant workers • Interactive games, quizzes and lucky draw to test women migrant workers’ knowledge and to encourage their active participation in the education activities. 	<p><u>What would you require?</u></p> <ul style="list-style-type: none"> • WhatsApp to communicate with women migrant workers • On-line meeting platform (e.g., Zoom, Google Meet, etc) • Compatible electronic devices • Internet connection for women migrant workers • Education materials • Slides, videos for women migrant workers • Interactive games, quizzes and lucky draw to test women migrant workers’ knowledge and to encourage their active participation in the education activities. 	<ul style="list-style-type: none"> • If delivering lessons on-line, Wi-fi must be reliable so that lessons can take place smoothly • If delivering lessons on-line, it may be difficult to gauge the level of participation / engagement on the part of women migrant workers, so always invite them to utilise camera function, and use interactive games etc. to retain women migrant workers attention <p>SRH education needs to be built into company practice and normal work routine (rather than as an add-on) so that as many women migrant workers as possible can attend.</p> <ul style="list-style-type: none"> • Ensure that SRH education is culturally appropriate.

			<p>women migrant workers need to be comfortable with language and examples used in the lessons</p> <ul style="list-style-type: none">• Think about women migrant workers language requirements. How many languages can you cater for? Language barriers can create misunderstanding, and compromise efforts on your part• If women migrant workers were managed by several labour agents, it is important to coordinate with all agents to enable their women migrant workers to attend• Factory involvement is extremely essential to support learning. We recommend women supervisors and line-managers play this role so that women migrant workers feel comfortable in asking questions and for information.• SRH education must be provided by SRH and
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			<p>gender experts. Trainers must be gender-sensitive, perceptive and cognisance of the lived realities of women migrant workers.</p> <ul style="list-style-type: none">• SRH education works best in small groups of women migrant workers, taking into account their language and culture.• It may be more effective to offer SRH education from hostels rather than from factory premises, to avoid distraction.• It is crucial to include training to develop leadership skills on the part of women migrant workers so that they can support their peers.• SRH education program can include local workers so that women migrant workers can interact with local workers and get a better sense of the local environment.
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			<ul style="list-style-type: none">• Sharing experiences and asking questions may be better facilitated in a small group setting that takes into account participants' ages and marital status (married vs single). Young and single women may feel shy to ask questions pertaining to their intimate relationships. Those who are married may have a different set of questions. The purpose of the arrangement is to promote a comfortable atmosphere for the participants to ask questions and receive SRH information tailored to their needs.• It is important to take note of issues raised by the women migrant workers but not included in the SRH training and education framework, such as sexual harassment issues because it also impacts the overall wellbeing of a productive worker. Related help-seeking information can be integrated into the courses.
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			<ul style="list-style-type: none">• It is an essential step to engage and gain trust and understanding from the factory administration, as employer. Its commitment to a sustainable SRH education, training and services programme is of fundamental importance.• Useful SRH tips and information can be shared on the notice boards (factory and hostel). This approach may serve as a reminder for the women migrant workers about practicing their SRH knowledge learned from the classes. It will also offer new knowledge to migrant workers who has not participated in the interventions and allow them to access further information through contact details shared. A closed (by invitation only) Facebook group can be a good virtual space to continue education beyond the structured training in the modules. It
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			can also be a repository of the knowledge materials that the women will be able to access at their own convenience.
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Figure 1 SRH education class on factory premises

SESI LATIHAN RENESAS KE-2 & KE-3
Produced by: Penang Family Health Development Association

Pautan akan diberi melalui WhatsApp Group. Sila masuk ke pautan melalui Google MEET.

JULAI 18 AHAD 3PM-5PM

TUBUH KU, TANGGUNGJAWAB KU
3pm-4pm: Kebersihan Diri yang Baik & Infeksi Saluran Kencing
4pm-5pm: Menstruasi dan Pembalut Wanita

SILA MASUK KE PAUTAN: meet.google.com/wzu-jcdg-eok

Figure 2 During the pandemic we made use of on-line SRH education classes

#WANITA SEHAT

Melindungi mereka yang selamat,
Mengingati mereka yang sudah tiada,
Tidak berputus asa untuk teruskan
kehidupan positif.

**JOM! Sertai kami di Google Meet pada
03/09/2021 Jumaat
3.00 petang - 5.00 petang
meet.google.com/kez-iyqn-udy**

 **Penang Family Health Development Association (FHDA)**

Figure 3 Here is another example of an invitation to attend on-line SRH classes

SRH Mobile Clinic			
SRH mobile clinic	Service offered on a face-to-face basis (On premises mobile clinic)	Service offered on an on-line basis (Telemedicine)	Some key lessons
<p><u>Why is it Important?</u> It is difficult for women migrant workers to access SRH care. Providing access to comprehensive SRH care on factory premises gives the women an opportunity to seek treatment for SRH conditions, including menstruation, STIs, contraception, feminine hygiene, reproductive cancers and breast pain.</p> <p><u>How?</u> We recommend weekly or fortnightly visit</p>	<p><u>What would you require?</u></p> <ul style="list-style-type: none"> • Evening and weekend mobile clinic to offer basic gynaecological service via a well-woman clinic format (BP, Urine, BMI, Vision, Breast Self- Exam, Pap smear, HIV), and where necessary, ultrasound scan, cervical cone biopsy, mammogram, contraception etc. • Dedicated premises whether on factory premises or in hostels • Factory encouragement of women migrant workers to receive a consultation. A SRH clinic should not be perceived as somewhere women go to when they are unwell. On the contrary, clinics should be regarded as a place where 	<p><u>What would you require?</u></p> <ul style="list-style-type: none"> • Evening and weekend telemedicine to offer basic gynaecological advice (e.g., contraception, initial diagnosis of symptoms, well women lifestyle) • Private space on factory for women to meet on-line with the mobile clinic team • Internet connection • Transport to be arranged when face to face consultation and treatment are required. • Factory encouragement of women migrant workers to receive a consultation. A SRH clinic should not be perceived as somewhere women go to when they are unwell. On the contrary, clinics should be regarded as a place where there is a health interview – regarded as a well-women service 	<ul style="list-style-type: none"> • If delivering telemedicine service, we recommend that transport be arranged to enable women migrant workers to visit clinic, in the event that further investigation is needed. • If delivering telemedicine service, take steps to safeguard privacy. Women migrant workers may have concerns that sensitive conversations would be recorded without their knowledge • If delivering telemedicine, bear in mind that women migrant workers may need help if they are not familiar with on-line service. • If delivering telemedicine, bear in mind the need for stable Internet connection

<p>by the mobile health clinic provider, either on factory premises or hostels. Women migrant workers may feel more comfortable using facility if offered in their hostels</p>	<p>there is a health interview – regarded as a well-woman service</p> <ul style="list-style-type: none"> • Incentive for women migrant workers to visit factory clinic to obtain well-woman check (coupons or time-off). • Family planning (contraceptive) service to be made confidentially in all workplaces – toilets / vending machines. • Medication to treat simple SRH conditions (e.g. menstruation pain) can be stocked in the mobile clinic 	<ul style="list-style-type: none"> • Incentive for women migrant workers to visit factory clinic to obtain well-woman check (e-coupons or time-off) • Family planning (contraceptive) service to be made confidentially in all workplaces – toilets / vending machines. • Medication required by the women to be delivered to factory premises for them to collect 	<ul style="list-style-type: none"> • Women migrant workers may be more comfortable with female doctors • Women migrant workers will feel comfortable if we are not judgemental of their SRH needs • Providing mobile health clinic services in the hostels can be beneficial, as there is less distraction and more privacy • It is important to encourage women migrant workers to receive face-to-face consultation, as this is the most effective. If delivering the telemedicine service, women migrant workers can be asked to follow up by visiting the clinic • Family planning (contraceptive) service to be made confidentially in all workplaces – toilets / vending machines
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Figure 4 Discussions within the factory to set up a mobile health clinic



Figure 5 Mobile clinic in operation on factory premises



Figure 6 Woman seeking treatment and advice for SRH condition in Klinik Rakyat (service provider's office)

TELEMEDICINE

Konsultasi DI HUJUNG JARI untuk pekerja migran wanita Renesas



HUBUNGI KAMI

011-3660 0297 (Setiap hari 9.00pagi - 9.00malam)
011-3306 8184 (Selasa - Sabtu 8.30pagi - 3.30petang)

Perkhidmatan mulai Mei 2021 - September 2021

Penang Family Health Development Association (FHDA)
 16/18 Kampung Kolam, 10200 Penang
 Tel: 04-262 2225 / 011-3306 8184
 Daftar: http://bit.do/Daftar_Telemedicine_PFHDA









Figure 7 During the pandemic we offered on-line health consultations



**UNTUK TEMUJANJI SILA
HUBUNGI
H/P: 011-3179 1542**

KLINIK BERGERAK (NFIS)

akan dioperasikan oleh Klinik Rakyat Family Planning Services
di Hostel Alora, setiap Rabu 2.30 petang hingga 6.00 petang
untuk pekerja migran wanita di Jabal

Figure 8 Publicising our mobile health clinic

SRH Support and Referral Services

SRH support and referral services	Service offered on a face-to-face basis	Service offered on an on-line basis	Some key lessons
<p><u>Why is this important?</u> Women migrant workers are not familiar with the local environment and will not have access to support and referral services in Malaysia.</p> <p>Critically, women who have experienced sexual assault need such services. Counselling would support the women psychologically.</p> <p><u>How?</u> Provide anonymous, free,</p>	<p><u>What would you require?</u></p> <ul style="list-style-type: none"> • Open hotlines for emergency contact to SRH support and referral service • Regular presence of the services within the factory • Offering counselling service face to face in a safe environment if required by women migrant workers (victims of sexual assault, concerns about SRH etc.) • Distribution of material (leaflets, pamphlets, social media) on importance of addressing SRH, with direct contact to the SRH support and referral service 	<p><u>What would you require?</u></p> <ul style="list-style-type: none"> • Open hotlines for emergency contact to SRH support and referral service • Regular on-line presence, factory supply Internet data to women migrant workers if service is offered on-line. • Create an on-line group for women migrant workers to join, to regularly engage with SRH support and referral service • Recorded messages and videos can be uploaded and sent to women migrant workers through WhatsApp • Offering counselling service via telephone if required by women migrant workers (victims of sexual assault, concerns about SRH etc.) • Distribution of material on-line (leaflets, pamphlets, social media) on importance of addressing SRH, with direct contact to the SRH support and referral service 	<ul style="list-style-type: none"> • A physical or on-line forum for women to seek help for their SRH concerns is very helpful, as this removes negative perceptions and taboo around their SRH • We recommend offering similar service to local women workers also, so that women migrant workers can interact with local workers and get a better sense of what services are available to support SRH in Malaysia • We advocate this service strongly. Although women migrant workers can approach SRH support and referral service individually, there are also benefits to the service provider offering “mental well-being” classes where women can collectively discuss issues of concern. Reproductive

<p>confidential and multi-lingual counselling</p>	<ul style="list-style-type: none"> • Provision of refuge and safe space if needed by women migrant workers • Good knowledge on the part of provider of other services which can support SRH needs of women migrant workers 	<ul style="list-style-type: none"> • Provision of refuge and safe space if needed by women migrant workers • Good knowledge on the part of provider of other services which can support SRH needs of women migrant workers 	<p>health, practice and rights are a normal part of life and SRH concerns should not be hidden. Mental health very important because women migrant workers are on their own.</p>
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Figure 9 Example of SRH counselling and referral service offered by qualified counsellor

Indicators of Success / Evaluation

Indicators enable you to evaluate service effects. By collecting information on inputs, outputs, outcomes and impact, you will be able to show:

- What level of inputs produce what outputs (efficiency)?
- What level of input was required to produce what results (effectiveness)?

Inputs	<u>Information on project resources</u> <ul style="list-style-type: none"> • Costs associated with service provision
Outputs	<u>Activities carried out</u> <ul style="list-style-type: none"> • Services provided to women migrant workers • Women migrant workers reached • Women migrant workers accepted offer of service
Outcomes	<u>Results of services provided</u> <ul style="list-style-type: none"> • Women migrant workers change attitudes / increase knowledge / develop skills • Women migrant workers change behaviours
Impact	<u>Longer-term institutional / societal changes</u> <ul style="list-style-type: none"> • Services become routine in factory / wider company • Services inform company / government policy

Suggested Outcome Indicators

SRH education	<p><u>How does factory know that SRH education has been successful?</u></p> <ul style="list-style-type: none"> • Increase in knowledge and awareness of SRH on the part of women migrant workers following educational provision • Women migrant workers use education material and sources of information they received from education classes • Women migrant workers approach HR, supervisors, colleagues and panel clinic about SRH concerns • Women migrant workers share information and teach other women migrant workers about what they have learnt • Women migrant workers utilise the other two services (mobile clinic and SRH support and referral service)
Mobile health clinic	<p><u>How does factory know that mobile health clinic has been successful?</u></p> <ul style="list-style-type: none"> • Women migrant workers visit mobile clinic to address SRH concerns • Women migrant workers feel confident in discussing SRH concerns with health care provider • Fewer repeat clients over time • Women migrant workers refer others to healthcare facility • Women migrant workers utilise the other two services (SRH education and SRH support and referral service)
SRH support and referral service	<p><u>How does factory know that SRH support and referral service has been successful?</u></p> <ul style="list-style-type: none"> • Women migrant workers make use of counselling hotline to seek advice about SRH concerns • Women migrant workers report sexual violence against them • Women migrant workers make contact with services recommended by service provider • Women migrant workers utilise the other two services (SRH education and mobile clinic)

Power of Collaborations

What did our project findings tell us about the power of collaborations between factories and service providers to support the SRH needs of factory women migrant workers?

- Collaborators support each other in making the interventions effective
- Collaborators benefit from each other's expertise and learn from each other
- Collaborations provide an opportunity for everyone to work and solve problems together
- Collaborations can lead to innovative practices, both low-cost and practical
- Together, collaborators protect women migrant workers' SRH health and well-being, crucial to their ability to work
- If collaborators can evidence that it is possible to support women migrant workers' SRH needs, they can influence practices elsewhere
- If collaborators can evidence that it is possible to support women migrant workers' SRH needs, they can influence government policy


Appendices

Appendix A: PowerPoint Slides for Module 1 “How My Body Works?” (Bahasa Indonesia)

Objektif Sesi Ini

- Memahami bahagian tubuh badan saya.
- Memahami fungsi tubuh badan saya.
- Dari segi kesehatan wanita.

Kami bermula dengan perbincangan “Pelbagai Jenis Bentuk Badan Wanita”



Apakah bentuk badan anda?
Adakah anda gembira?

Apa yang anda lakukan jika tidak gembira dengan bentuk badan yang diwarisi?

Anda boleh berbahas dalam laman facebook **Wanita Sehat (Renesas)**




Sekarang kita berbahas “Fungsi Anggota Badan Kita”


Kepala, Tangan & Kaki



Fungsi Sistem Reproduksi Wanita



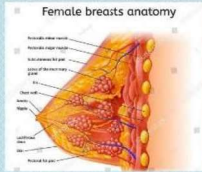
Pelbagai bentuk payudara wanita – biasa jika tidak sama



Kedudukan Organ Dalam Wanita

Payudara

- Berlainan saiz dan bentuk.
- Wanita
- Pria
- Fungsi berlainan untuk pria dan wanita.
- Pria tidak boleh menyusu.
- Bukan untuk kesenangan sahaja



Sistem Reproduksi Wanita

- Labia majora/minora/clitoris – fungsi kesenangan
- Vagina
- Serviks (pintu rahim)
- Rahim (saiz sama dengan buah pir)
- Oviduk / Tiub Fallopia
- Ovari
- Organ ini membolehkan wanita mengandung.



Sumber: Biologi, Solomon
Gambarannya seakan sama dengan tanduk

Kesehatan Seksual

- Untuk mempunyai zuriat, pasangan harus menikah dan melakukan hubungan seks.
- Ini adalah aktiviti biasa dalam kehidupan berpasangan.
- Bagi dewasa yang belum mempunya, mungkin melakukan masturbasi/onani persendirian.
- Cara semulajadi dan selamat yang dilakukan untuk menerokai badan, memuaskan nafsu dan melepaskan tekanan seksual seseorang (dalam privasi).
- Tiada kesan fizikal yang negatif dari perbuatan tersebut. Namun masyarakat tidak bertanggapan baik tabiat ini.

Mesej Utama

- **Bentuk badan kita berlainan dan boleh berubah dengan perubahan masa.**
- **Wanita boleh menyusu kerana mempunyai duktus mamari.**
- **Sistem reproduksi wanita membolehkan seseorang wanita mengandung.**
- **Masturbasi tidak akan meninggalkan kesan fizikal yang negatif tetapi tidak digalakan oleh masyarakat.**

Appendix B: PowerPoint Slides for Module 2 “My Body, My Responsibility” (Bahasa Indonesia)

Badan Saya, Tanggungjawab Saya

Objektif

- Memahami pentingnya Kebersihan Diri Yang Baik dan Infeksi Saluran Kencing



Kebersihan Diri

- ▶ Merujuk kepada kebersihan tubuh badan seseorang dan kebersihan rumah.
- ▶ Mengelakkan penyakit cth infeksi saluran kencing (kemih).
- ▶ Elakkan penggunaan parfum dan deodoran yang keterlaluan.
- ▶ Amalkan tabiat cuci tangan selalu dan dengan cara yang betul.



Kebersihan kelamin wanita

- ❖ Arah yang betul untuk membersihkan diri selepas buang air kecil /air besar adalah lap dari depan ke belakang.
- ❖ “Douching” boleh meyebabkan bakteria masuk rongga rahim.
- ❖ Penggunaan alat pencuci feminine
 - Tidak digalakkan untuk digunakan setiap hari dan selepas hubungan seksual.
 - Memadai hanya dengan mencuci dengan air dan sabun semasa mandi.



INFEKSI SALURAN KENCING

- ▶ Terjadi ketika ada bakteria pada organ saluran kencing.
- ▶ Bakteria ini dapat mempengaruhi ginjal, kandung kemih dan tabung yang mengalir di antara mereka.
- ▶ Saluran kemih dapat dibahagi menjadi dua:
 - Saluran kemih bahagian atas yang terdiri dari ginjal dan ureter
 - Saluran kemih bahagian bawah yang terdiri dari kandung kemih dan uretra.

GEJALA DAN TANDA INFEKSI SALURAN KENCING

- ▶ Sering buang air kecil (anyang-anyangan)
- ▶ Nyeri saat kencing
- ▶ Urin keruh / berbau
- ▶ Nanah / darah dalam urin.
- ▶ Merasa nyeri pada pubis (khususnya pasien wanita).

NASEHAT -Elakkan ISK

- ▶ Jangan lakukan seks yang tidak aman/selamat (tanpa kondom) sebab boleh bawa infeksi saluran kencing
- ▶ Bisa membersihkan badan luar saluran kencing, luar kelamin dan kemudian luar anus masa mandi dan selepas berkemih.
- ▶ Jangan menahan kencing.
- ▶ Minum 6 – 8 gelas air per hari.
- ▶ Dapatkan rawatan doktor jika ada tanda-tanda dan gejala.

Mesej Utama

- ▶ Kebersihan melingkumi kebersihan diri dan kebersihan persekitaran.
- ▶ Seseorang mungkin pembawa penyakit seperti COVID-19 walaupun tidak menunjukkan sebarang gejala.
- ▶ Pencuci feminine adalah tidak wajib/walaupun, selepas seks.
- ▶ Menahan kencing adalah tidak digalakan kerana boleh menyebabkan infeksi saluran kencing /kemih.
- ▶ Seks yang selamat boleh mencegah infeksi saluran kemih.

A HANDBOOK TO SUPPORT THE SEXUAL AND REPRODUCTIVE HEALTH NEEDS OF FACTORY WOMEN MIGRANT WORKERS

Dr. Lilian Miles is Reader in Sustainability and Social Enterprise at the Business School, University of Westminster. Her key research covers employment relations in the developing world. Lilian has received funding from the UN Gender Theme Group (2017), UN Women (2019) and the British Council Newton Fund Impact Scheme (2020) to investigate how factory women migrant workers' sexual and reproductive health needs can be supported in Malaysia. She has extensive experience working with key stakeholders in this area; from UN organisations, government, third sector organisations, trade unions, healthcare professionals, industry actors and migrant workers themselves.

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