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REPRODUCTIVE HEALTH EDUCATION FOR MIGRANT WORKERS IN MALAYSIA

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ABSTRACT This community service is aimed at migrant workers in Malaysia who participate in counseling about reproductive health, the benefits of reproductive health, the impact of not maintaining reproductive health and how to maintain reproductive health for men and women. This community service was carried out by a team of Lecturers at the Surya Mandiri Bima Midwifery Academy on the date 23 – 27 May 2024 at the Kuala Lumpur Indonesian School (SIKL) under the auspices of the Embassy of the Republic of Indonesia (KBRI) in Malaysia in the form of education for participants using the outreach method carried out through lectures, questions and answers and discussions. The media used are slides in the form of power point. In the counseling, the presenter motivated participants to actively express opinions and this was indicated by the participants appearing to be very active in asking questions and discussing. Results and outcomes of service. After counseling, participants gain knowledge and are able to care for the health of the reproductive system and reproductive organs. In conclusion, the counseling succeeded in making participants understand about reproductive health, the benefits of reproductive health, the impact of not maintaining reproductive health and how to maintain reproductive health.

KEYWORDS: *Counseling, Reproductive Health, Migrant Workers*

1. INTRODUCTION

In general, the concept of reproductive health as proposed by the World Health Organization (WHO) is a complete physical, mental and social condition, not just free from disease or disability in all aspects related to the reproductive system, its functions and processes. Of course, every individual must have an understanding of reproductive health, regardless of gender, race, ethnicity, religion or sexual orientation. Therefore, every reproductive right needs to be known and obtained by all communities in order to create maximum reproductive health protection.

Labor is an important part of production and development. According to Law no. 13 of 2023 concerning employment, workers are people who work to receive wages or other forms of compensation. Along with industrialization in the world, this has resulted in a shift in people's livelihoods, from the majority working in fields and gardens, then changing to working in city centers. Now, with the opening of job opportunities, work is not only played by men, but also by women. The easier accessibility of women to education and work, ultimately increasing women's participation in the world of work. Even in the field, there is still a stigma that women's role is limited to taking care of domestic household affairs (Anusantari & Nur, 2021) (Japar, Sumantri, Hermanto, & Djunaidi, 2019).

According to the Ministry of Health of the Republic of Indonesia, reproductive health is a condition of overall well-being, both physically, mentally and socially and free from disease or conditions of disability in terms of reproductive systems and functions and processes (Mayasari, Febriyanti, & Primadevi, 2021). Reproductive health is complete, not merely free from disease or defects in something related to the reproductive system, its functions and processes (Meilan, Maryanah, & Follona, 2018).

Reproductive health includes three components, namely ability, success and safety. Capability means someone is able to reproduce, success means someone can produce healthy children who grow and develop, while safety means all reproductive processes including sexual relations, pregnancy, childbirth, contraception and abortion should not be dangerous activities (Dini, et al., 2022)

Through a human life cycle approach, there are differences in health service needs based on gender. Women's reproductive organs will function actively, especially during the menstrual, pregnancy, childbirth, postpartum and breastfeeding phases, so that women in these phases need special health services and more attention. Special health services are also needed for female workers, because apart from reproductive health problems, female workers also interact with tools, materials and the work environment, which contain potential dangers that can have an impact on reducing the health status of the worker. The Ministry of Health and other governments have collaborated with the community, employers and trade unions to mobilize and play a role in increasing awareness of the health of female workers. This aims to increase work productivity and improve the quality of the next generation. Informal sector workers, including female workers, for example agricultural workers, plantation workers, micro and small businesses, have various health risk factors, both occupational and general health. What is done through the UKK Post is the provision of health services with the main approach of promotive, preventive along with simple/limited curative and rehabilitative.

After considering the factors above, it is clear that there is a need to optimize knowledge about reproductive health among migrant workers working in Malaysia. Therefore, this time there will be community service for migrant workers working in Malaysia using health education methods.

2. METHOD

The method of implementing community service for migrant workers in Malaysia is by providing health education. This counseling method is carried out by providing material that includes the definition of reproductive health, the benefits of reproductive health, the impact of not maintaining reproductive health and how to maintain reproductive health for men and women. This activity was carried out at the Embassy of the Republic of Indonesia (KBRI) in Kuala Lumpur, Malaysia on May 26 2024. The subject of service was the migrant worker community in Malaysia.

3. RESULT AND DISCUSSION

International Community Service III in this activity was carried out through direct outreach in collaboration with the NGO Sharing, with the target audience being Indonesian migrant workers working in Malaysia. The targets of community service who gathered in the SIKL Hall for this activity were 113 Indonesian migrant workers and 7 foreign migrant workers. The resource person provided material according to his field regarding time management to migrant workers in Malaysia. The material is presented in a simple way so that it is easy for participants to understand and easy to apply. Next, participants were given the opportunity to ask questions about the material presented.

The migrant workers were very enthusiastic about taking part in the activity, namely health education on the theme of Reproductive Health for workers by explaining the definition of reproductive health, the benefits of reproductive health, the impact of not maintaining reproductive health and how to maintain reproductive health for men and women. It is hoped that in the future migrant workers will be able to carry out what has been conveyed to maintain and improve reproductive health for workers.

Figure 1: Opening of PKM III activities and migrant workers working in Malaysia who take part in PKM III activities

Figure 2. Providing counseling material by resource persons to PKM III participants and migrant workers working in Malaysia who take part in PKM III activities

It can be concluded that knowledge about reproductive health has a contribution in optimizing people's healthy lifestyles. This is in accordance with the WHO statement which states that behavior, in this case action is formed by several factors, namely thoughts and feelings, significant people (role models), resources, and culture. Thoughts and feelings are formed by knowledge, beliefs, attitudes and values. Knowledge can come from a person's experience or information from other sources who know better, such as teachers, parents, friends, books, magazines, and others. A similar thing was also stated by Green (Notoatmodjo, 2007) that behavior is formed by 3 main factors, namely predisposition, enabling factors and reinforcing factors. Predisposing factors include community knowledge and attitudes, community traditions and beliefs regarding related matters, the value system adopted by the community, education level, and socio-economic level. Enabling factors include the availability of facilities and infrastructure for the community. The attitudes and behavior of respected figures become reinforcing factors in the formation of behavior.

4. CONCLUSION

This Community Service activity was carried out in an effort to provide additional knowledge and understanding about reproductive health located at SIKL in Malaysia. By selecting the lecture method and conducting an evaluation at the end of the activity, a final evaluation was held for the community to know and understand reproductive health. In general, this service activity has been fully participated in by the community. The Community Service activities carried out can be seen from the enthusiasm of the community in communicating during the process of implementing Community Service. It can be concluded that knowledge about reproductive health contributes to optimizing people's healthy lifestyles. People who have a high level of knowledge regarding reproductive health will have a high healthy lifestyle. On the other hand, participants who have a low level of knowledge tend to have a low level of healthy lifestyle.

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