



Assessing The Existing Policies in Supporting Healthy Workplace in Indonesia: A Scoping Policy Review

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ABSTRACT

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Keywords Healthy workplace; Indonesia; Nutrition for labor; Policy **Background**: The well-being of workforce is critical to the long-term viability of businesses and individuals. A supportive policy ensuring affordable, safe, nutritious food access is required. This scoping review aims to map existing policies and gaps in Indonesian employee well-being.

Method: A manual search covered three official websites: Jaringan Dokumentasi dan Informasi Hukum Ministry of Health, Ministry of Labor, and temank3.kemnaker which dedicated as source of relevant policies. Two reviewers performed the screening, focusing on national-level policies related to healthy workplace. Findings were synthesized narratively.

Result: Thirteen policies were extracted: 2 constitutions (UU), 2 government regulations (PP), 6 ministry acts (Permen), 1 ministerial decree (Kepmen), and 2 ministerial circular letters (Surat edaran) and categorized into 6 domains. It consists of obligations for minimum occupational health and nutrition standards (25%), protection of exclusive breastfeeding for female workers (25%), mandates for worker dining facilities (25%), subsidies for night-shift meals (12.5%), minimum wages aligned with dietary recommendations (6.25%), and integrated healthcare access for informal labor (6.25%). **Conclusion:** Indonesia has diverse policies supporting nutritious, safe, and affordable food access in the workplace. Yet, more policies are needed to strengthen healthy workplace for informal labors and healthy promoting workplace among all workers.

1. Introduction

In the framework of rights at work, the fundamental human rights to food security and safe drinking water are all too frequently disregarded. Although they are a crucial component of an effective workforce, they are also much too frequently disregarded when it comes to raising firm competitiveness and productivity. Occupational safety and health programs often neglect measures that guarantee a well-nourished and healthy workforce, despite being a crucial component of worker social protection. Furthermore, even though these issues are vital to employers and employees alike, societal discourse rarely touches on them (1).

The well-being of workforce is critical to the long-term viability of businesses and individuals within them (2). Adequate nutrition through supportive policies can promote employee health and well-being in this environment (3). Workplace nutrition and health interventions have been found to be effective strategy for encouraging balanced dietary practices and improving health status among labour. Poor dietary practices and unhealthy lifestyle among labour may increase the risk of obesity and chronic disease, which can have an impact on employees' general health and well-being (4).



Globally, obesity rates are expected to continue rising, and no nation is on track to fulfill the WHO's 2025 targets on obesity (as measured by BMI). According to new data in World Obesity Atlas, 1 in 5 women and 1 in 7 men are expected to have an obesity-related BMI of \geq 30 kg/m2 by 2030. It means nearly 1 billion adults worldwide having obesity (5). This fact is relevant with the magnitude of obesity problem in Indonesia whereas the prevalence of overweight and obesity among adult based on Indonesia national health survey about 37.8% (6). In addition, the prevalence of metabolic syndrome (Mets) was also high among adult workers 12-57% (7).

Given that adequate nutrition affects both physical and mental health, initiatives to increase food access and quality should have a meaningful influence on work productivity (8). Employee productivity, performance, and ability to work can all benefit from nutritional intervention in workplace. Workplace nutrition intervention can give a significant boost to employee productivity, performance, and job capacity (9). Furthermore, a study among US employees which been provided balanced diet was found can help avoid chronic conditions including obesity, diabetes, and heart disease. Employees have greater levels of overall well-being and improved long-term health outcomes when holistic wellbeing is promoted (10).

The importance of nutrition policy in the workplace cannot be underestimated. This is critical in creating a workplace that promotes employee health and well-being. This regulation can help employees make better food choices and avoid eating items that are poor in nutrients by offering guidelines for healthy eating (11). To design the good environment for healthy food choices and nutrition, several regulatory policies are required in workplace setting (12).

However, study by Rosewarne et al. who analyze the government-led nutrition policies in Australian institution showed that there were jurisdictional disparities policy gap in implementing government-led nutrition policies in Australia. The vast majority of workplace nutrition policies are currently optional, with barely half incorporating nutrition guidelines voluntarily. This condition adds difficulty to the policy's implementation (13).

Meanwhile, various measures have been undertaken in Indonesia to promote a healthy work environment through dietary and health promotion policies. However, a more in-depth examination of the policy's efficacy and execution is now required. Strong legislative measures are required in this respect to guarantee that employees have appropriate access to healthy, safe, and affordable meals. As a result, a review of the current and gap of these health and nutrition led policies is critical. Therefore, the goal of this scoping review is to identify the national policies that currently promote and support safeguard employees' access to balanced, healthy, and affordable food, as well as the gaps and opportunities that need to be addressed further in Indonesia context.

2. Method

The Joanna Briggs Institute 2015, scoping review framework, was used in this study approach (14). Several adjustments were made toward the framework, as follows: 1) The database was limited for policy and regulation that archived from official website, 2) Selected only a policy not an original article, 3) Hand search along with specific keyword was used.

Review Questions

This review aims to address these following questions: 1) What are the existing national policies that support and protect workers to access the balanced, safe, and affordable food, and 2) What are the gap and opportunities that need to be improved in Indonesian context.

The PCC (population, concept, and context) framework was used in this review to refine the objective and the eligibility criteria (15). The PCC Framework used in this study is described as following details.



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 Table 1. PCC Framework

Element	Details
Population	Workers/labor either in formal or informal sector
Concept	National policies (such as Peraturan Pemerintah, Peraturan setingkat Menteri) which support and protect workers in accessing the balanced, safe, and
	affordable food
Context	The regulation applied in workplace setting

Identifying relevant previous studies (eligibility criteria, search strategy, data sources)

This research's eligibility criteria comprise inclusion and exclusion criteria. The study includes the policy that regulates the promotion or maintenance of physical health and nutrition adequacy of workers, and any policy in the national hierarchy level. Moreover, the policy that already expired or no longer active and or only focus on occupational safety standard work environments will be excluded in the review.

The searching strategy technique employed numerous strategies, including:

- a) Two reviewers independently screened the identified regulation that met the criteria
- b) Three main keywords were used in manual hand searching: gizi kerja OR kesehatan kerja OR tenaga kerja OR pekerja
- c) Filter: Undang-undang (UU), Peraturan Pemerintah (PP), Peraturan & Keputusan Presiden (Kepres), Peraturan, Keputusan & Edaran Menteri (Permen)

Three official websites from Ministry of Health (MoH) and Ministry of Labour (MoL) of Republic of Indonesia were used as the source of databases:

- a) Jaringan Dokumentasi dan Informasi Hukum (JDIH) MoL: https://jdih.kemnaker.go.id
- b) Jaringan Dokumentasi dan Informasi Hukum (JDIH) MoH: https://jdih.kemkes.go.id/
- c) Sistem Pelayanan K3: https://temank3.kemnaker.go.id

Data charting

Data charting was aimed at creating a descriptive synopsis of the results that addressed the scoping review's objectives, and ideally answering the review's questions. Data was extracted using Microsoft Excel and the elements of the extraction included: title of policy, level of hierarchy, type, number of provisions, valid period, regulated aspect, rule details, domain/category, detail within location, link of data source.

Data collating, summarizing and reporting the results

The extended reporting guideline for scoping review (PRISMA-ScR) was used for standard reporting (Tricco et al., 2018). The PRISMA-ScR flow diagram clearly depicts the screening process, tracking the number of policies identified and openly reporting on decisions taken at various phases of the systematic review (16). The figure 2 clearly showed the number of policies that screened and met the eligibility criteria and include in the synthesis

3. Result

Thirteen policies were selected to be extracted in this review consisting of 2 constitutions (Undangundang), 2 government regulations (Peraturan Pemerintah), 6 ministries acts (Peraturan Menteri), 1 ministerial decree (Keputusan Menteri), and 2 ministerial circular letters (Surat Edaran setingkat Menteri). Six categories were then derived out of 13 policies that were included in the data synthesized. There were 1) the obligation to comply with a minimum standard of occupational health and nutrition (25%), 2) protection for exclusively breastfeeding for women workers (25%), 3) a mandate to provide a canteen or dining place for workers (25%), 4) meal subsidies for night-shift workers (12.5%), 5) a minimum wage for workers which considered the recommended dietary allowance for healthy



population (6.25%), and 6) implementing integrated health care access for informal workers (6.25%). Each category or domain may consist of one or more supported policies as presented in Table 2.

Moreover, this review also found that 23.2% of policies were issued since 1979 to 1999. Meanwhile, the rest of policies were effective in 2000-2015 and 2016-2020, about 30.8% and 46%, respectively as described in Figure 1. There were 3 out of 13 policies were issued since more than three decades ago and remain effective, namely the ministerial circular related to the provision of canteen and dedicated dining rooms for employee (1979), the ministerial regulation related to labor health services (1982), and the ministerial circular regarding the catering company that manages meal service for the workforce (1989).



Figure 1. Characteristic of policy based on effective time







Figure 2. Screening Flow Chart

Minimum standard of occupational health and nutrition for workers

There were four national policies exist in Indonesia (Policy number [1], [2], [3], and [10]). This domain explores policies related to the obligation of employers in providing a healthy work environment, including access to clean water, hygienic food handling, and appropriate meal breaks. The employer is obliged to provide protection that includes the welfare, safety and health of both mental and physical workers. In addition, the employers is also encouraged to have standard measures to prevent an accident, occupational diseases, control of hazards in the workplace, health promotion, treatment and rehabilitation. The employer is obliged to bear all costs for maintaining the health of workers and health problems suffered by workers in accordance with statutory regulations

Exclusive breastfeeding and breastmilk pumping

There were also four national policies specifically supported this domain in Indonesia (Policy number [1], [4], [5], and [6]). This domain examines policies that support breastfeeding women workers, such as maternity leave, lactation rooms, and breastfeeding breaks. The employers must provide facilities for breastfeeding and/or expressing breast milk in accordance with the company's capabilities. More specifically, another regulation also stricly informed the standard requirement for lactation rooms that should be fulfiled, such as minimum size of 3x4 m and/or adjusted to the number of women workers who are breastfeeding; there is a lockable door, which is easy to open/close; have



adequate ventilation and air circulation, there is a sink with running water for washing hands and washing equipment, adequate refrigerator, etc.

In addition, the employer have to provide proper opportunities to women workers/labor whose children are still breastfeeding if this has to be done during working hours.

Provided canteen or dining place for workers

Four existing polices were found emphasized this domain to ensure workers have an adequate access to nutritious, safe and affordable meals (Policy number [9], [10], [11], and [13]). All companies that employ workers between 50 and 200 people, should provide space/places to eat in the company (dining facility). Meanwhile, the companies that employ more than 200 workers should provide a cattering for workers, they should have a recommendation from the local ministry of labour office.

Recommendations are given based on health, hygiene and sanitation requirements. The local ministry of labour office should provide training regarding hygiene, sanitation and food outbreak prevention. Food available in the office environment for workers/workers must be properly managed, safe and healthy so as not to cause health problems and be beneficial to the workers.

Meal subsidies among workers

Two existing polices highlighted the provision meal subsidies among workers (Policy number [1] and [8]). This domain focuses on policies that provide financial assistance to night-shift workers to help them cover the cost of meals. The company who employ female workers/labor between 11:00 pm and 7:00 am are required to provide nutritious food and drink. The meal must contain least 1,400 calories and be given during breaks between working hours.

A minimum wage for workers

This domain examines policies that link the minimum wage to the recommended dietary allowance (RDA), ensuring that workers earn sufficient income to meet their nutritional needs (Policy number [7]). RDA (known as Angka Kecukupan Gizi in Indonesia) for age group 15-55 years for both men and women is used as a reference for the central government, local governments, and stakeholders for determining the minimum wage. Minimum wages can consist of minimum wages based on region or region (city/regency or province), abbreviated as UMR, and minimum wages based on sectors in each region. In addition, based on Law Number 13 of 2003 about employment, the minimum wage can also be determined by taking into account the productivity and growth of the local economy.

Integrated health care (Pos UKK) access for workers in informal sector

This domain explores policies that provide access to comprehensive health care services for informal workers, including nutrition counseling and health services (Policy number [12]). Upaya Kesehatan Kerja (UKK) Post is dedicated forum for community-based health initiative for informal sector workers that are managed and organized from, by, and for them. The forum is voluntary based and empower the community initiative under primary health care service (Puskesmas) supervision.

Pos UKK primarily serves informal sector workers, including street vendors construction workers, farmers, and other workers in the informal economy. These individuals often lack access to formal health insurance and may face greater health risks due to their working conditions. The main provision of health services included promotive and preventive health services, accompanied by limited curative and rehabilitative service for informal workers.

No	Title of policy	Level of policy's Hierarchy	Type of policy	Number of Provisions	Effective date	Regulated aspect	Domain	Reference	Source
1	Labor (Ketenaga kerjaan)	Constitution	Republic of Indonesia Law (UU)	Number 13 of 2003	March 25, 2003	Physical health	Employer's obligation to provide welfare,	Article 35 paragraph 3	https://jdih.k emnaker.go. id
	inerjaari)		2 (00)				safety, and		

Table 2. Data Extraction of Healthy Workplace Policies in Indonesia



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							mental and physical health protection		
						Fulfillment of nutrition for Women Workers	for workers Employer's obligation to provide food for	Article 76 paragraph 3 a	
							workers with night shifts The company's obligation to provide access/facil ities to a special place and	Article 83	
							time for breastfeedi ng and/or breast milk pumping		
						Occupational illness	Employee's obligation to provide welfare, safety, and mental and physical health protection for workers	Article 86 paragraph 2 (explanation)	
2	Health (Kesehata n)	Constitution	Republic of Indonesia Law (UU)	Number 36 of 2009	October 13, 2009	Employers are obliged to guarantee the health of workers	Employer's obligation to provide welfare, safety, and mental and physical health protection for workers	Article 166 paragraph 1 Article 166 paragraph 2	https://jdih.k emnaker.go. id
3	Occupatio nal Health (Kesehata n Kerja)	Government regulations	Governme nt Regulation (PP)	Number 88 Year 2019	December 26, 2019	Implementati on of nutrition aspect for workers	Governme nt's obligation to meet occupation al health standards in the workplace, including fulfillment of occupation al nutrition	Article 5, paragraph 4 (letter d)	https://jdih.k emnaker.go. id
4	Giving Exclusive Mother's Milk	Government regulations	Governme nt Regulation (PP)	Number 33 of 2012	March 01, 2012	Support for exclusive breastfeeding/ expressing	The Company's Obligation to Provide	Chapter V, Article 30, Point 3	https://jdih.k emnaker.go. id



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	(Pemberia n Air Susu Ibu Eksklusif)					breast milk at work	Access/Fac ilities to a special place and time for breastfeedi ng and/or expressing breast milk	Chapter V, Article 34	
5	Increased Breastfee ding During Working Hours at Work (Peningka tan Pemberia n Air Susu Ibu Selama Waktu Kerja di Tempat Kerja)	Ministerial regulation	Joint Regulation of Minister of PP, Menakertr ans, and Minister of Health	Number 48/MEN.PP/ XII/2008, PER.27/MEN /XII/2008, and 1177/MENK ES/PB/XII/20 08 of 2008	December 22, 2008	Support for exclusive breastfeeding/ expressing breast milk at work	The Company's Obligation to Provide Access/Fac ilities to a special place and time for breastfeedi ng and/or expressing breast milk	Article 2, paragraph 1 part b Article 2, paragraph 2 part a	https://jdih.k emnaker.go. id
6	Procedure s for Provision of Special Facilities for Breastfee ding and/or Expressin g Mother's Milk. (Tata Cara Penyediaa n Fasilitas Khusus Menyusui Dan/ Atau Memerah Air Susu Ibu)	Ministerial regulation	Regulation of the Minister of Health	Number 15 of 2013	February 18, 2013	Standard requirements for lactation rooms.	The Company's Obligation to Provide Access/Fac ilities to a special place and time for breastfeedi ng and/or expressing breast milk	Article 10 Article 11	https://jdih.k emnaker.go. id
7	The recommen ded nutritional adequacy for Indonesia n people (Angka Kecukupa n Gizi yang Dianjurka n untuk	Ministerial regulation	Regulation of the Minister of Health	Number 28 of 2019	August 26, 2019	The use of adequacy of nutrition to determine the minimum wage (UMR) of workers	The Governme nt's Obligation Regulates the minimum wage for workers by taking into account access to sufficient food and	Article 5, paragraph K	http://hukor. kemkes.go.i d/uploads/pr oduk_huku m/PMK_No 28_Th_20 19_ttg_Ang ka_Kecukup an_Gizi_Ya ng_Dianjurk an_Untuk_ Masyarakat _Indonesia. pdf

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	Masyarak at Indonesia)						nutrition needs		
8	Obligatio ns of Employer s Who Employ Women Workers/ Labors Between 23.00 to 07.00 (Kewajiba n Pengusah a Yang Mempeke rjakan Pekerja/B uruh Perempua n Antara Pukul 23.00 Sampai Dengan 07.00)	Ministerial decree	Decree of the Minister of Labor and Transmigr ation of the Republic of Indonesia	Number : Kep.224/Men /2003	October 31, 2023	Nutrition of working women	Workers' Obligations provide food for workers with night shifts	Article 2 paragraph 1 No. a Article 3 paragraph 1 Article 8	https://jdih.k emnaker.go. id
9	Procurem ent of Canteens and Dining Rooms (Pengadaa n Kantin dan Ruangan Makan)	Ministerial Circular	Circular of the Minister of Labor and Transmigr ation	No.SE.01/ME N/1979	February 28, 1979	Canteen	The Company's obligation to provide a place to eat/canteen that is nutritious, safe and affordable for workers	Circular letter	https://tema nk3.kemnak er.go.id
10	Labor Health Services (Pelayana n Kesehatan Tenaga Kerja)	Ministerial regulation	Regulation of the Minister of Labor and Transmigr ation	No. Per. 03/Men/1982	April 23, 1982	Physical condition	Employee's obligation to provide welfare, safety, and mental and physical health protection for workers	Article 1, paragraph 3	https://tema nk3.kemnak er.go.id
						Food service facility	The Company's obligation to provide a place to eat/canteen that is nutritious, safe and affordable for workers	Article 2 Paragraph i	

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11	Cataring	Ministerial	Circular	No: SE.	April 10	Provision of	The	Circular letter	https://idih la
11	Catering		Letter of	NO: SE. 86/BW/1989	April 10, 1989			Circular letter	
	Company	Circular		80/BW/1989	1989	canteens and	Company's		emnaker.go.
	that		the			dining rooms,	obligation		id
	Manages		Director			and	to provide		
	Food for		General of			preventing	a place to		
	the		Labor			cases of food	eat/canteen		
	Workforc		Relations			poisoning by	that is		
	e		and			catering	nutritious,		
	(Perusaha		Oversight			companies	safe and		
	an		of Work			that manage	affordable		
	Katering		Norms			food for the	for workers		
	yang					workforce.			
	Mengelol								
	а								
	Makanan								
	untuk								
	Tenaga								
	Kerja)								
12	Integrated	Ministerial	Regulation	Number 100	January 19,	Organization	Efforts to		http://hukor.
	Labor	regulation	of the	of 2015	2016	of	protect the		kemkes.go.i
	Health		Minister of			Occupational	health of		d
	Efforts		Health			Health Efforts	work in the		
	Post (Pos					for Informal	informal		
	Upaya					Sector	sector		
	Kesehatan					Workers			
	Kerja)								
13	Occupatio	Ministerial	Regulation	Number 48 of	Sept. 28,	Food Security	The	chapter 5	http://hukor.
	nal Health	regulation	of the	2016	2016		Company's	Point A	kemkes.go.i
	and		Minister of				obligation	Number 6	d
	Safety		Health of				to provide		
	Standards		the				a place to		
	in the		Republic				eat/canteen		
	Office		of				that is		
	(Standar		Indonesia				nutritious,		
	Keselamat						safe and		
	an Dan						affordable		
	Kesehatan						for workers		
	Kerja								
	Perkantor								

4. Discussion

The result of this review showed that six domains of policies has been identified in the national level to support healthy workers in the workplace in Indonesia. There were the minimum standard of occupational health and nutrition among workers, the protection of female workers to exclusively breastfed and breastmilk pumping, a mandate for factories to provide a canteen or dining place for workers, the food subsidies for female workers who work at night-shift, a standard of salary which considered each recommended dietary allowance for workers, and the integration of health care access for vulnerable informal workers. By comprehensively analyzing these domains, this scoping review will contribute to a better understanding of the current landscape of nutrition support policies in Indonesia and provide valuable insights for policymakers and stakeholders seeking to improve the nutritional well-being of Indonesian workers.

This review found that only 1 out of 13 policies specifically targeted at informal sector workers. In the Asia-Pacific region, more than half of all employees are engaged in the informal economy, where there is no social protection and little enforcement of occupational health and safety regulations (17,18). Therefore, it empashized the informal workers being a vulnerable not only in financial security but also in health access and equity (19,20).



The workplace nutrition policy is a crucial factor in a country's workforce's health and productivity. Therefore, it should accommodate either in the formal or informal economy sectors. Since the health and nutrition of a country's workforce have a significant impact on its people's social and economic well-being (21). The health condition of workers is a an essential aspect in determining individual performance, which in turn influences corporate production (3). The ministry of health of Indonesia have initiated to implement integrated health care service dedicated to informal workers since 2016. This program was well known as Pos Usaha Kesehatan Kerja (UKK). However, some studies reported that the UKK's program was not effectively performed. There were some barriers and obstacles reported such as lack of resources (human and infrastructure), low participation, and lack of capacity building among cadre and programmer (22–24).

In other side, the government of Indonesia has established a minimum standard for occupation and nutrition for workers, which is good started. This guideline obliged the companies should provide healthy work environment, including access to clean water and healthy and affordable food. In addition, the employer should also provide the protection for workers that includes the welfare, safety, and health of both mental and physical workers. Study showed that the companies who followed the above regulations and have implemented workplace wellness programs reported the beneficial business outcomes such as higher employee retention, productivity, and psychological well-being, among workers (2). This can lead to improved individual performance, increased production, and, eventually, increased revenues for the organization (3). More specifically, implementing a nutrition policy may also demonstrate a company's dedication to supporting good eating habits and contributing to employees' general health and well-being (25).

The company have to ensure adequate access for nutritional, safe, and affordable meals during working hours. This might include taking enough meal breaks and setting conducive eating environments. It is acknowledged that employees' dietary needs can have a direct influence on their health and productivity (26). A workplace food subsidy program has been regulated by Indonesian Government, despite only for female workers who work in night shift. These initiatives are especially helpful for low-income employees. It can take numerous forms, including subsidized meals or snacks, on-site farmers markets, or collaborations with local food banks or community organizations (27)

Because of their potential to promote employee health and well-being, occupational nutrition policies are becoming increasingly important in the Indonesian setting. More technical guidelines are required to promote and protect healthy workplace not only among formal but also in informal workers. Multilevel treatments, such as physical training, diet, health education, social support, and advocacy, can be helpful in promoting physical activity and nutrition among workers through workplace health promotion programs. This program has been shown to improve metabolic syndrome including systolic and diastolic blood pressure and fasting blood glucose levels (28). Health and nutrition promotion in the workplace setting are another key strategy to address worker health issues. The Southeast Asian region is now dealing with workers'/productive age nutrition issues, and the workplace can be a possible location to address health and nutrition problem among adult workers (3).

Other programs that might be recommended include a canteen utility program that provides employees with healthy food alternatives, with the goal of promoting health via healthier eating choices (29). In addition, the healthy living community movement (HLCM) is an effort by the Indonesian government to improve public health and prevent non-communicable diseases. This program has been implemented in the workplace to reduce the risk of metabolic syndrome among female workers (3). As an others example of the most recent program, in December 2021, PT Pupuk Indonesia (Persero) established the Fit Squad Program to encourage employees to exercise digitally during the COVID-19 epidemic in order to promote physical health (30)

5. Conclusion

access to balanced, safe, and affordable meals in the workplace. This is contained in thirteen policies that were chosen to be extracted: 2 constitutions (UU), 2 government regulations (PP), 6 ministry acts (Permen), 1 ministerial decree (Kepmen), and 2 ministerial circular letters (Surat edaran). The contents



of which most discussed related to minimum standards of occupational health and nutrition, protection of exclusive breastfeeding for women workers, and mandates of workers' feeding facilities.

However, the policies that protected the informal workers were very limited. Therefore, additional social protection policies or programs are required to promote healthy workplaces among informal sector workers. More technical measures are required to create a healthy promoting workplace by including nutrition education or conselling, providing nutritious food in canteens, and increasing access of physical activity among workers.

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REFERENCES

- 1. Wanjek C. Food at work: workplace solutions for malnutrition, obesity and chronic diseases. Geneva: ILO; 2005. 448 p.
- 2. Aryanti RD, Sari EYD, Widiana HS. A Literature Review of Workplace Well-Being. Atlantis Press. 2020;477(Iccd):605–9.
- 3. Mansyur M. Occupational Health, Productivity and Evidence-Based Workplace Health Intervention Guest Editorial. Acta Med Philipp. 2021;55 No. 6(2021):602–3.
- 4. Rachmah Q, Martiana T, Mulyono, Paskarini I, Dwiyanti E, Widajati N, et al. The effectiveness of nutrition and health intervention in workplace setting: A systematic review. J Public Health Res. 2022;11(1).
- 5. World Obesity Federation. World Obesity Atlas 2022 [Internet]. London, UK: World Obesity Federation; [cited 2023 Nov 5]. Available from: www.worldobesity.org
- 6. MOH RI. Survei Kesehatan Indonesia (SKI) 2023 Dalam Angka [Internet]. Jakarta, Indonesia: Badan Kebijakan Pembangunan Kesehatan; Available from: https://www.badankebijakan.kemkes.go.id/hasil-ski-2023/
- 7. Manaf MRA, Nawi AM, Tauhid NM, Othman H, Rahman MRA, Yusoff HM, et al. Prevalence of metabolic syndrome and its associated risk factors among staffs in a Malaysian public university. Sci Rep. 2021;11(1):1–11.
- 8. Drewnowski A. Impact of nutrition interventions and dietary nutrient density on productivity in the workplace. Nutr Rev. 2020;78(3):215–24.
- 9. Grimani A, Aboagye E, Kwak L. The effectiveness of workplace nutrition and physical activity interventions in improving productivity, work performance and workability: A systematic review. BMC Public Health. 2019;19:1–12.
- Kelly R, Hanus A, Payne-Foster P, Calhoun J, Stout R, Sherman BW. Health Benefits of a 16-Week Whole Food, High Fiber, Plant Predominant Diet among U.S. Employees. Am J Health Promot AJHP. 2023 Feb;37(2):168–76.
- 11. Roy R, Styles TW, Braakhuis A. Do health programmes within the New Zealand food industry influence the work environment for employees? Health Promot Int. 2020 Oct;35(5):892–906.
- 12. Khonje MG, Ecker O, Qaim M. Effects of modern food retailers on adult and child diets and nutrition. Nutrients. 2020;12(6):1–17.
- 13. Rosewarne E, Hoek AC, Sacks G, Wolfenden L, Wu J, Reimers J, et al. A comprehensive overview and qualitative analysis of government-led nutrition policies in Australian institutions. BMC Public Health. 2020;20(1):1–15.
- 14. Peter M, Godfrey M Christina, Mcinerney P SB. The Joanna Briggs Institute Reviewers' Manual 2015: Methodology for JBI scoping reviews. Joanne Briggs Inst. 2015;(February 2016):1–24.





- 15. Pollock D, Peters MDJ, Khalil H, McInerney P, Alexander L, Tricco AC, et al. Recommendations for the extraction, analysis, and presentation of results in scoping reviews. JBI Evid Synth. 2023;21(3):520–32.
- 16. Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. Syst Rev. 2021;10(1):1–11.
- 17. World Health Organization. World Health Organization. 2017. Protecting workers' health. Available from: https://www.who.int/news-room/fact-sheets/detail/protecting-workers%27-health
- 18. International Labour Organization. Policy Brief. Int Labour Organ. 2022;
- Lee J, Di Ruggiero E. How does informal employment affect health and health equity? Emerging gaps in research from a scoping review and modified e-Delphi survey. Int J Equity Health [Internet].
 2022 Dec [cited 2024 Aug 29];21(1):87. Available from: https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-022-01684-7
- 20. OECD, International Labour Organization. Tackling Vulnerability in the Informal Economy [Internet]. OECD; 2019 [cited 2024 Aug 29]. (Development Centre Studies). Available from: https://www.oecd-ilibrary.org/development/tackling-vulnerability-in-the-informal-economy_939b7bcd-en
- 21. Aguila DV, Gironella GMP, Capanzana MV. Food intake, nutritional and health status of Filipino adults according to occupations based on the 8th National Nutrition Survey 2013. Malays J Nutr. 2018;24(3):333–48.
- 22. Andrian A, Utami TN, Rifai A. Analisis Pelaksanaan Program Kesehatan Kerja Pos Upaya Kesehatan Kerja Nelayan Di Wilayah Kerja Puskesmas Sukakarya Kota Sabang. J Kesehat Dan Keselam Kerja Univ Halu Oleo. 2021;2.
- 23. Lubis HS, Syahri IM. Pelaksanaan Program Upaya Kesehatan Kerja pada Pos UKK di Wilayah Kerja Puskesmas Kampung Bugis Kota Tanjungpinang, Kepulauan Riau.
- 24. Pangkey CIF, Kawatu PAT, Wowor R. Analisis Pelaksanaan Pelayanan Pos Upaya Kesehatan Kerja di Wilayah Kerja Puskesmas Teling Atas, Manado. 7.
- 25. Mozaffarian D, Angell SY, Lang T, Rivera JA. Role of government policy in nutrition-barriers to and opportunities for healthier eating. BMJ Online. 2018;361:1–11.
- 26. International Labour Organization. International Labour Organization. 2023. p. 1 Nutrition. Available from: https://www.ilo.org/global/topics/safety-and-health-atwork/areasofwork/WCMS_118393/lang--en/index.htm
- 27. Penrod SM. Strategic Community Healthcare Management. In 2016. Available from: https://api.semanticscholar.org/CorpusID:79402875
- 28. Zahtamal, Rochmah W, Prabandari YS, Setyawati LK. Effects of multilevel intervention in workplace health promotion on workers' metabolic syndrome components. Kesmas. 2017;11(4):198–204.
- 29. Jordan S, Hermann S, Starker A. Utilisation of canteens offering healthy food choices as part of workplace health promotion in Germany. J Health Monit. 2020;5(1).
- 30. Sugianti S, Handayani R, Handayani P, Muda CAK. Analisis Program Kesehatan Kerja Fit Squad Di PT. Pupuk Indonesia (Persero). PREPOTIF J Kesehat Masy. 2022;6(2):1089–99