Introduction

This provincial snapshot highlights priority child-related Sustainable Development Goals (SDG) indicators, based on national household surveys and other data sources. It complements the national SDG Baseline Report on Children in Indonesia produced by BAPPENAS and UNICEF, to support monitoring and evidence-informed policy making.

East Java (Jawa Timur) is a youthful province. Its 11 million children represent 28 per cent of the total population. About half of children live in rural areas. Increased strategic investments in children are required to fast-track achievement of the SDGs for the province.

**GOAL 1** **NO POVERTY**

More than 1.5 million children (13.5 per cent) were living below the official poverty line in 2015 (Rp 10,033 per person per day). Many more families are insecure and live on incomes that are only marginally higher. In addition, two in three children experienced deprivations in two or more non-income dimensions of poverty, with persistent disparities between urban and rural areas.¹

<table>
<thead>
<tr>
<th>Per cent</th>
<th>Number (millions)</th>
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<tbody>
<tr>
<td>Population below national poverty line</td>
<td>12.3</td>
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<tr>
<td>Children &lt; 18 below national poverty line</td>
<td>13.5</td>
</tr>
<tr>
<td>Children &lt; 18 below twice the poverty line</td>
<td>56.1</td>
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**GOAL 2** **ZERO HUNGER**

Adopting optimal feeding practices is fundamental to a child’s survival, growth and development. Some 44 per cent of infants in East Java were exclusively breastfed for the first six months of life, which is on par with the national average.

The prevalence of malnutrition is relatively high, including among those in more affluent households. More than one in 10 newborns have a low birthweight, and 36 per cent of children under five were stunted (low height for their age) in 2013.

**Multidimensional child poverty in East Java**

**Wealth disparities in child feeding and nutrition outcomes**
Despite progress, child mortality remains a challenge. For every 1,000 live births, 14 newborn babies died in their first month of life and 34 before their fifth birthday.

Most women have access to delivery care and 95 per cent of births occurred with assistance from a skilled attendant. However, there is scope to further improve the coverage of reproductive health services, including scaling up access to modern family planning methods.

Eighty-five per cent of infants were vaccinated against measles and nearly eight in 10 received the recommended three doses of DTP vaccine in 2015. Continued efforts are needed to reach and sustain high immunisation coverage in rural and urban areas.

**Geographic disparities in maternal and child health**

**GOAL 4 **QUALITY EDUCATION

Children’s school readiness can be improved through early childhood development programmes. The participation rate in organised learning among 6-year-olds was 97 per cent in 2015, with most pre-school children enrolling early in primary school.

East Java has achieved near-universal access to primary education. However, children from the poorest households are much less likely to complete secondary school compared with their affluent peers.

Quality of education remains a key concern. The province performs above the national average, but only seven in 10 primary school children achieved the minimum national benchmark in reading and 29 per cent in mathematics.
GOAL 5  GENDER EQUALITY

The practice of child marriage is declining. In East Java, some 15 per cent of women aged 20–24 years were married or in union before the age of 18 in 2015. Levels of child marriage are higher among girls from the poorest households.

No representative data are available on violence against girls and women at provincial level. Evidence from a national survey indicates, however, that such violence is widespread: 28 per cent of ever-partnered women and girls experienced physical, sexual and/or psychological violence by a current or former intimate partner.

15% of women are married before 18

GOAL 6  CLEAN WATER AND SANITATION

Achieving universal access to drinking water, sanitation and hygiene is crucial to further progress in health, education and poverty eradication. Nearly six in 10 people used a basic sanitation facility at home in 2015, while 13 per cent practised open defecation. Half of schools have sex-separated toilet facilities. The coverage of improved drinking water sources is significantly higher, both in households and schools. Disparities based on wealth and place of residence are pronounced, pointing to the importance of integrating equity considerations into policy and practice. Progress is being made through the implementation of the community-based total sanitation programme.

Wealth disparities in access to water and sanitation

GOAL 16  PEACE, JUSTICE AND STRONG INSTITUTIONS

Progress is ongoing in improving levels of birth registration. In 2015, nearly 80 per cent of children under 5 years of age had a birth certificate. There remain differences between urban and rural areas and based on households’ wealth status, due to financial and supply-side barriers.

Deprivation of liberty remains a common form of punishment for juvenile offenders, in violation of the principle that this should be a measure of last resort. In East Java, 19 per cent of all children in detention were unsentenced, which is just below the national average.

Little or no data is available on other child protection issues, such as violence against children and trafficking.
The scorecard summarises East Java’s performance for a selection of SDG indicators compared to other provinces in the country. For each indicator, the graph shows East Java’s average value as well as the provinces with the highest and the lowest data value.

On the right side of the scorecard East Java’s rank for each indicator is shown, ranging from 1 for the highest performer to 34 for the lowest. Provinces are divided into four quartiles (blue for the highest ranking and red/orange for the lowest ranking provinces).

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**Notes**

**Sources:** National household surveys (SUSENAS, RISKESDAS, IDHS) and administrative data (Ministry of Education and Culture, Ministry of Health).

Detailed information on data sources and indicator definitions is available online at: https://sdg4children.or.id

1. Multidimensional child poverty is defined as children who experience deprivations in at least two of the following dimensions: food and nutrition; health; education; housing; water and sanitation; and protection.

2. Indonesia does not yet have nationally representative data on water quality that can be used to calculate the SDG indicator on the use of safely managed drinking water services. Instead, a nationally-defined proxy measure is used to set a baseline for SDG 6.

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