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# THE STATE OF CHILDREN IN INDONESIA

2020

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# THE STATE OF CHILDREN IN **INDONESIA**

TRENDS,  
OPPORTUNITIES  
AND CHALLENGES  
FOR REALIZING  
CHILDREN'S RIGHTS

**2020**







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# FOREWORD

I am pleased to share UNICEF report on *The State of Children in Indonesia*. The report reveals both positive trends and persistent challenges affecting the country's 80 million children. Indonesia's leadership and success in improving the lives of children and women has been recognized globally and has the potential to inspire positive change in other countries. The evidence presented here can serve as a guide to further advance progress for children through policies and investments that overcome today's challenges, and thus contribute to a more just, equitable and prosperous future for all Indonesians.

The data and information in this report also guide UNICEF work and advocacy agenda in support of children's rights in Indonesia. Behind every data point and statistic is the story of a child, a family, a community whose needs and rights deserve recognition and fulfilment.

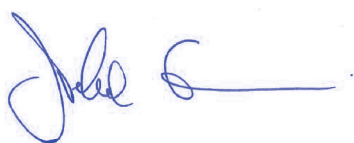
The report highlights Indonesia's success in several key areas. For example, the country took a substantial leap forward by reducing infant mortality by more than half and child mortality by two-thirds between 1990 and 2017. School completion rates have improved at all levels; 95 per cent of children now complete primary education. Indonesia also met its goal for increasing birth registration to 85 per cent nationally by 2019, thus guaranteeing more children their right to a national identity and access to social services.

These and other achievements led to the country's rapid rise to middle-income status. Indonesia is now poised to reap what economists refer to as a 'demographic dividend', arising from its large working-age population. Two thirds of Indonesia's population is between 15 and 64 years of age, offering a powerful potential for robust economic development and prosperity in coming years.

To take full advantage of this potential, however, the country must redouble its efforts to fill remaining gaps in the health, education and overall well-being of its younger generation. Progress in reducing child marriage has plateaued in recent years, and increased efforts are needed to improve the quality of education. Other ongoing challenges include large gaps in access to clean water and sanitation, contributing to ongoing high rates of neonatal mortality and childhood illness; and high rates of stunting that have a negative effect on children's physical and cognitive development throughout their lives.

This report benefitted greatly from consultations with partners from all levels of government, academia, civil society and others committed to Indonesia's prosperity. The analysis draws on the most recent surveys and data published by the National Bureau of Statistics and line ministries. It reflects government plans and policies, such as the medium-term development plan 2020-2024 and sectoral and cross-sectoral plans, as well as targets and actions proposed by the national Government to achieve the Sustainable Development Goals – all of which have significant implications for children living in poverty and other vulnerable children.

UNICEF is a proud partner to the Government of Indonesia, united by a common vision in which persistent disparities and vulnerabilities are overcome and all girls and boys have an equal chance to thrive. Our success will determine whether Indonesia will reap the demographic dividend or allow risks faced by children today to spill over into the next generation.



**Debora Comini**  
UNICEF Representative



# MAP OF INDONESIA







# ACRONYMS AND ABBREVIATIONS

Bappenas	National Development Planning Agency
BOS	School Operational Fund
BPS	National Bureau of Statistics
BPJS	Social Security Administrator for Health
BNPT	Food assistance program
CRC	Convention on the Rights of the Child
ECD	Early childhood development
GDP	Gross domestic product
HIV	Human immunodeficiency virus
IDR	Indonesian rupiah
ILO	International Labour Organization
JKN	National Health Insurance Programme
KIP	Smart Indonesia card
MoWECP	Ministry of Women's Empowerment and Child Protection
MoEC	Ministry of Education and Culture
Musrenbang	Public participation in planning and budgeting
NGO	Non-governmental organization
NTT	East Nusa Tenggara
OECD	Organisation for Economic Co-operation and Development
PIP	Smart Indonesia Programme
PISA	Programme for International Student Assessment
PKH	Family Hope Programme
PKSA	Child Social Welfare Programme
Rastra	Subsidized rice programme
RISKESDAS	Basic health research survey
RPJMN	National mid-term development plan
SDGs	Sustainable Development Goals
STBM	Community-led total sanitation
SUPAS	Intercensal population survey
SUSENAS	National socioeconomic survey
UNICEF	United Nations Children's Fund
WASH	Water, sanitation and hygiene
WHO	World Health Organization



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# INTRODUCTION

**Indonesia's children are the nation's most precious asset – the centrepiece of its future.** Policy and investment choices made for children today will have an enormous impact on Indonesia's future. The right choices will keep the country on a path toward a more just, equitable and prosperous society.

**Indonesia's social and economic development has been both remarkable and rapid.** Poverty, which affected almost half of the population four decades ago, has been slashed to a single digit. Having been one of the world's poorest countries, Indonesia has now achieved middle-income status. Child and maternal mortality have declined dramatically, primary school enrolment is almost universal and primary health care is becoming available in the most remote areas.

**Today Indonesia has the potential to reap what economists refer to as a 'demographic dividend', an opportunity it must not miss.** Unlike the many countries with aging populations and workforces, a full two thirds of Indonesia's population is of 'productive age' (15–64 years old). This large productive-age population can be a powerful engine for development – a 'dividend' that can be invested in the country's future. But if Indonesia is to fully reap that potential benefit it must invest in its younger generation now – in their health and well-being, their education and all other domains that will determine their ability, as a generation, to reach their full potential.

If Indonesia does not make these investments in its children and young people today – if they are not healthy, equipped to make informed choices and well-prepared to compete in the new global economy – Indonesia will fall behind instead of advancing forward. This is why the issues and challenges for children and young people discussed in this report are so urgent.



To understand the current situation of children in Indonesia, UNICEF has looked at a broad range of key issues that impact the lives of children and young people: poverty, healthcare, education, violence, environmental challenges and others.<sup>1</sup> This analysis examined both the nature of challenges faced by Indonesia's children and the government's steps to address them. The present report attempts to summarize that complex analysis so that it can serve as a useful tool for policy makers, civil society, the media and the broader public – all of whom have an essential stake in the well-being of the country's children and a key role to play in improving their lives.

While Indonesia has marked important progress in child well-being in recent years, urgent challenges remain in areas such as lifting children out of poverty and expanding access to health care and education. Advances have been unequal: children in urban areas have advanced more than those in rural areas and some regions are being left behind as the nation progresses. Children and young people living in poverty still suffer far more from sometimes life-threatening conditions than the population as a whole.

Indonesia and its policy makers have a deep commitment to the country's children and young people. This is reflected not only in their pledges, but also in concrete actions at the national, provincial and local levels. By shedding greater light on the challenges faced by Indonesia's children this report is intended to help guide and improve these efforts going forward.



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# 1

## INDONESIA: THE COUNTRY IN CONTEXT

Children make up a full third of Indonesia's population; approximately 80 million in total – the fourth largest child population in the world. The nation they inhabit is a vast archipelago of more than 17,000 islands covering more than 735,000 square miles and containing more than 1,300 different ethnic groups. Some children live in large cities such as Jakarta, where issues of urban poverty and pollution are major challenges. Others live in remote villages where access to basic services can be a daily struggle.

Indonesia has 80 million children, the world's fourth largest child population.



### Indonesia's geography, demographics, political and socio-economic organization

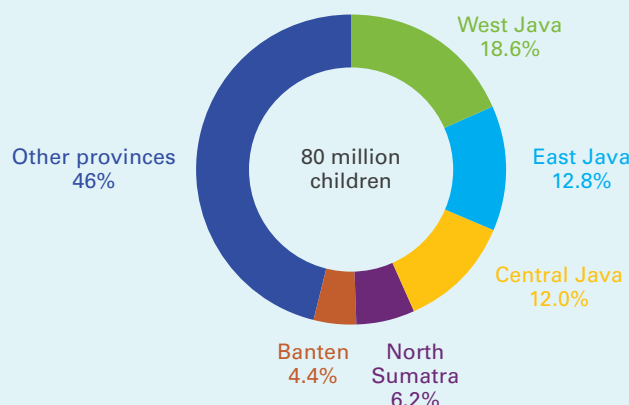
Geographically, Indonesia is prone to natural disasters, including earthquakes, tidal waves, floods, fires and volcanic eruptions, all of which have significant impacts on children. Climate change and ecological degradation will increase the severity of these threats (as discussed in section 9). The country is experiencing rapid urbanization, shifting from being roughly half urban and half rural to two thirds living in cities by 2030. This will also impact children in significant ways.

Politically, Indonesia is divided into 34 different provinces. Decentralization has given increased authority and responsibility for planning and management to provincial and local governments. But sub-national governments often lack the funds and human capacity to carry out these tasks, affecting their ability to address children's needs. Socio-economically, Indonesia is a middle-income country with a per person gross domestic product of US\$3,847. After a slowdown from 2011–2015 the economy has been improving, driven particularly



## World's fourth largest child population

Over half of Indonesia's children live in 5 provinces



Source: BPS, 2018

by small- and medium-sized enterprises. The extent of wealth and economic growth varies a great deal among Indonesia's main regions, constituting a significant challenge to equitable public investment and thus to services for children in less-affluent areas.

The combination of these factors – geography, demography, political organization and socio-economic status – forms the backdrop for the task of improving and advancing the situation of the nation's children.

## Indonesia's planning, institutional and fiscal frameworks for advancing children's rights

The Government of Indonesia has made substantial global and domestic commitments to ensure children's well-being, including a strong commitment to achieving the 2030 Sustainable Development Agenda. The 2030 Agenda presents an important opportunity to accelerate progress for children, given its key principle: leave no one behind. The well-being of today's children's will be an important marker of Indonesia's progress towards the Sustainable Development Goals (SDGs) by 2030.

The national medium-term development plan 2020-2024 prioritizes investment in human development.

The SDGs and other international frameworks for action on children's rights are incorporated in Indonesia's national development plans. The national medium-term development plan 2020–2024 (RPJMN) prioritizes investments in human development, including the provision of services for health, birth registration, social protection, education (including village-level early childhood education) and child protection. The President has also placed priority on eliminating stunting and protecting women, children and other vulnerable groups from violence.

To better plan and measure the success of interventions to address these issues, the government has shown great interest in improving the quality of information systems and their application to planning, programming and budgeting. Indonesia's Satu Data (One Data) initiative was launched jointly by the Executive Office of the President and the Ministry of Planning (Bappenas)

to achieve development targets by accelerating the use of data and evidence to inform government plans and actions. The primary goals of the One Data initiative are to support evidence-based policy making at the sub-national level and to improve the quality, inter-operability and utilization of national data.

Indonesia addresses the needs of its children within a framework of commitments and planning systems designed to protect children's interests and rights. Some are international commitments, such as the Convention on the Rights of the Child (CRC). Domestic laws enshrine children's rights in laws governing human rights and child protection and the work of its Child Protection Commission. Pledges and commitments to respect children's rights are also incorporated in Indonesia's long- and medium-term development plans and the mandate of agencies such as the Ministry of Women's Empowerment and Child Protection (MoWECP).

Indonesian law requires that 20 per cent of the budget be allocated to the education sector. But in 2018 spending on education accounted for just 10 per cent of total government expenditures.<sup>2</sup> Taking into consideration the government's expenses-to-GDP ratio, public investment in education amounted to barely 4 per cent – one of the lowest in the region. Similarly, just 0.8 of GDP is allocated to the sanitation sector. These relatively low figures can be explained by the percentage of tax revenues relative to GDP: Indonesia's tax-to-GDP ratio hovers at around 13 per cent. Limited investment in public goods (education, health, social protection and water and sanitation) constitutes a major obstacle to social development and places Indonesia at risk of becoming trapped in a middle-income track.

In other words, government commitments and pledges reflect a deep commitment to the nation's children, but actual efforts often fall short of transforming these commitments into reality. Across a wide range of issues impacting the lives of the country's children and young people, the record is one of strong efforts but significant gaps that need to be filled. Only by persistently addressing these gaps will the needs of Indonesian children be met and Indonesia's potential demographic dividend fully achieved, benefitting its future growth and development.

Government commitments and pledges reflect deep commitment to the nation's children, but actual efforts often fall short.









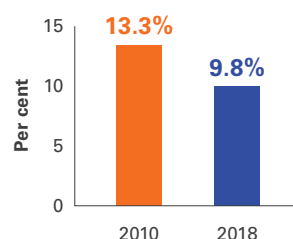
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# 2

## POVERTY AND INEQUALITY AMONG INDONESIA'S CHILDREN: A MULTI-DIMENSIONAL CHALLENGE

Poverty underlies almost all of the challenges faced by children in Indonesia. It is the decisive factor determining whether they are healthy and have an opportunity to learn, whether they are safe from violence, exposed to dangerous pollutants and more. These challenges are widely understood by the Indonesian government; policies to address these issues are a continuing high priority for policymakers. It is important to note that substantial results have already been achieved, as can be seen by Indonesia's positive trend in poverty reduction since the Asian financial crisis. Between 2010 and 2018 the percentage of poor people in Indonesia dropped from 13.33 to 9.82 per cent, bringing millions of people out of poverty, including many children.<sup>3</sup>

National poverty is declining



### Child poverty and inequality in Indonesia: The wide-angle view

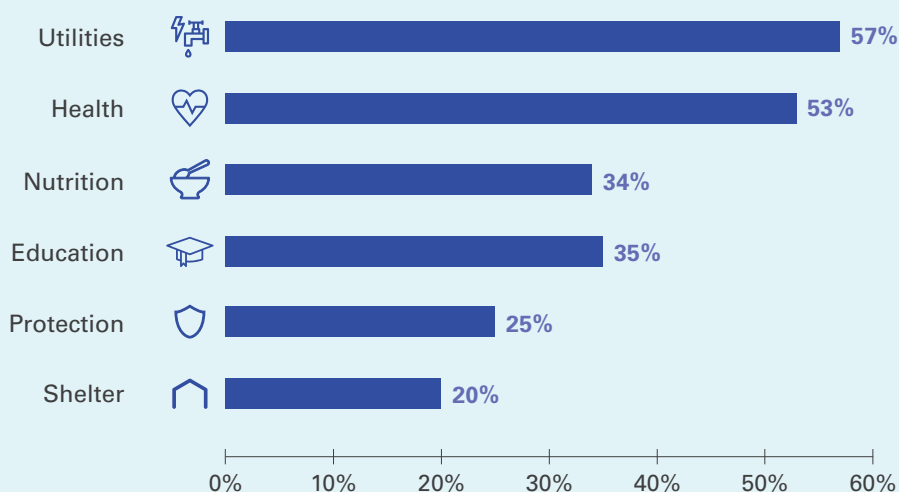
Measured solely by income, poverty reduction trends in Indonesia have been positive since the Asian financial crisis. But if child poverty is measured not only in terms of how much money families have, but as a whole set of disadvantages – rates of early childhood survival, educational opportunity, nutrition, safety and more – it is estimated that 90 per cent of children, especially girls and young women, experience some form of poverty during their lives. The Organisation for Economic Co-operation and Development (OECD) noted in 2019 that women “are poorer across the life cycle and face disadvantages at school and, especially, in employment.”<sup>4</sup> Indonesia also ranks poorly in global ratings for gender equity.

It is estimated that 90 per cent of children, especially girls and young women, experience some form of poverty during their lives.



## Child poverty takes many forms

Proportion of children deprived in each dimension of child well-being



Source: UNICEF calculations based on Susenas 2016

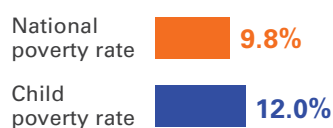
In 2014, the richest 10% of households in the country consumed as much as the poorest 54% combined.

While Indonesia has seen an overall decline in poverty during the last decade, inequality is on the rise. As in many other nations in the world, economic structures generally tilt in favour of the most affluent, leaving the poor behind. In 2014, the richest 10 per cent of households in Indonesia consumed as much as the poorest 54 per cent. Poverty disproportionately affects children, as they make up 40 per cent of the population in poor households.<sup>5</sup>

## Income poverty

According to data from 2018, just over 12 per cent of Indonesian children live below the national poverty line, compared to just over 9.8 per cent of the overall population. Income poverty is highest among the youngest children and declines gradually as children grow older.<sup>6</sup>

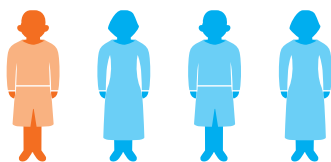
More children than adults live in poverty



It is important to note that a large proportion of children in Indonesia are vulnerable to poverty, since many families' income is only marginally above the official poverty line. A third of children are either 'extremely poor' in terms of income poverty (just over 7 per cent survived on less than US\$1.90 a day in 2016) or 'moderately poor' (26 per cent lived on from US\$1.90–US\$3.1 daily).<sup>7</sup> It is also important to note that income poverty is not fixed, or stable – even for children and families who may temporarily escape it. Many Indonesian children experience temporary episodes of poverty that may not be revealed in aggregate trends. For example, 26 per cent of children experienced at least one year of living below the national poverty line between 2011 and 2015, more than double the figure for 2016.<sup>8</sup>

All this has important implications for the provision of social protection to children and families. With one out of four children vulnerable to poverty and the tendency of many children and families to move in and out of poverty, targeting assistance based on income poverty alone becomes problematic. For this reason a universal approach to helping children with their basic needs may be more effective and practical.

One out of four children is vulnerable to poverty



## Multi-dimensional child poverty

If the definition of child poverty is expanded beyond how much money a household has (income poverty) to look at the totality of a child's environment, the number of children experiencing poverty in Indonesia rises. For example, when issues such as access to food and nutrition, health, education, housing, water and sanitation and child protection are added to the definition, nine in ten Indonesian children are impacted by poverty in one or more key dimensions of child well-being.<sup>9</sup> More than half of all children in Indonesia experience at least two 'non-monetary' deprivations, even when they do not live in households with income below the national poverty line.<sup>10</sup>

9 out of 10 children are impacted by poverty in the areas of

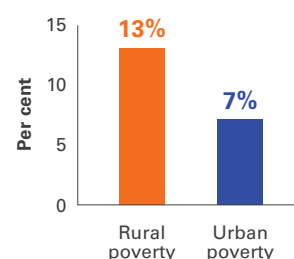
- food and nutrition
- health
- education
- housing
- water
- sanitation
- child protection

Thus while progress is being made in terms of reducing income poverty, it is important to look as well at the totality of children's experience and to develop policies and approaches that focus on child and family deprivation more broadly (such as access to food, education, health care and other basic needs).

## The urban/rural divide

Poverty in Indonesia is characterized by a strong spatial dimension, with substantial variations between urban and rural areas. First, poverty rates are higher in rural areas than in urban areas: rural poverty affects 13 per cent of households, compared to 7 per cent in urban areas.<sup>11</sup> Second, poverty reduction in urban areas has advanced more quickly than in rural areas. Third, poverty is more severe in rural areas than in urban areas. This means that children in rural areas are far more likely than children in urban areas to experience not only income poverty but also deprivations such as: lack of sanitation facilities, not being fully vaccinated, not being covered by a health insurance scheme, improper nutrition, lack of opportunities for pre-primary education, unregistered births, poor housing and more.

Rural poverty is still higher



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## Urban child poverty: Still a major concern

Although poverty conditions in Indonesia's cities are less severe than in rural areas, Indonesia still has one of the highest urban poverty rates in East Asia and the Pacific.<sup>12</sup> Between 31 and 41 per cent of poor children in the country live in urban areas. Inequalities also tend to be greater within urban areas than in rural areas (Gini co-efficient of 0.40 compared with 0.32).<sup>13</sup> The rush to the cities is increasing population density and presenting serious challenges to existing infrastructure in areas such as sanitation, air quality and transportation.

22% of Indonesia's urban population lives in slums.

The trend is one of rural poverty migrating to urban areas, where massive public investments are needed in infrastructure. This, in turn, places added demand on public funds needed for basic services for children, such as healthcare and faecal sludge management. Data from 2014 indicate that just under 22 per cent of Indonesia's urban population lives in slums.<sup>14</sup> Children living in informal settlements often have only limited access to basic services and face an elevated risk of exposure to faecal matter in their environment.

## Other important divisions impacting child poverty and inequality

Lowest and highest rates of child poverty.



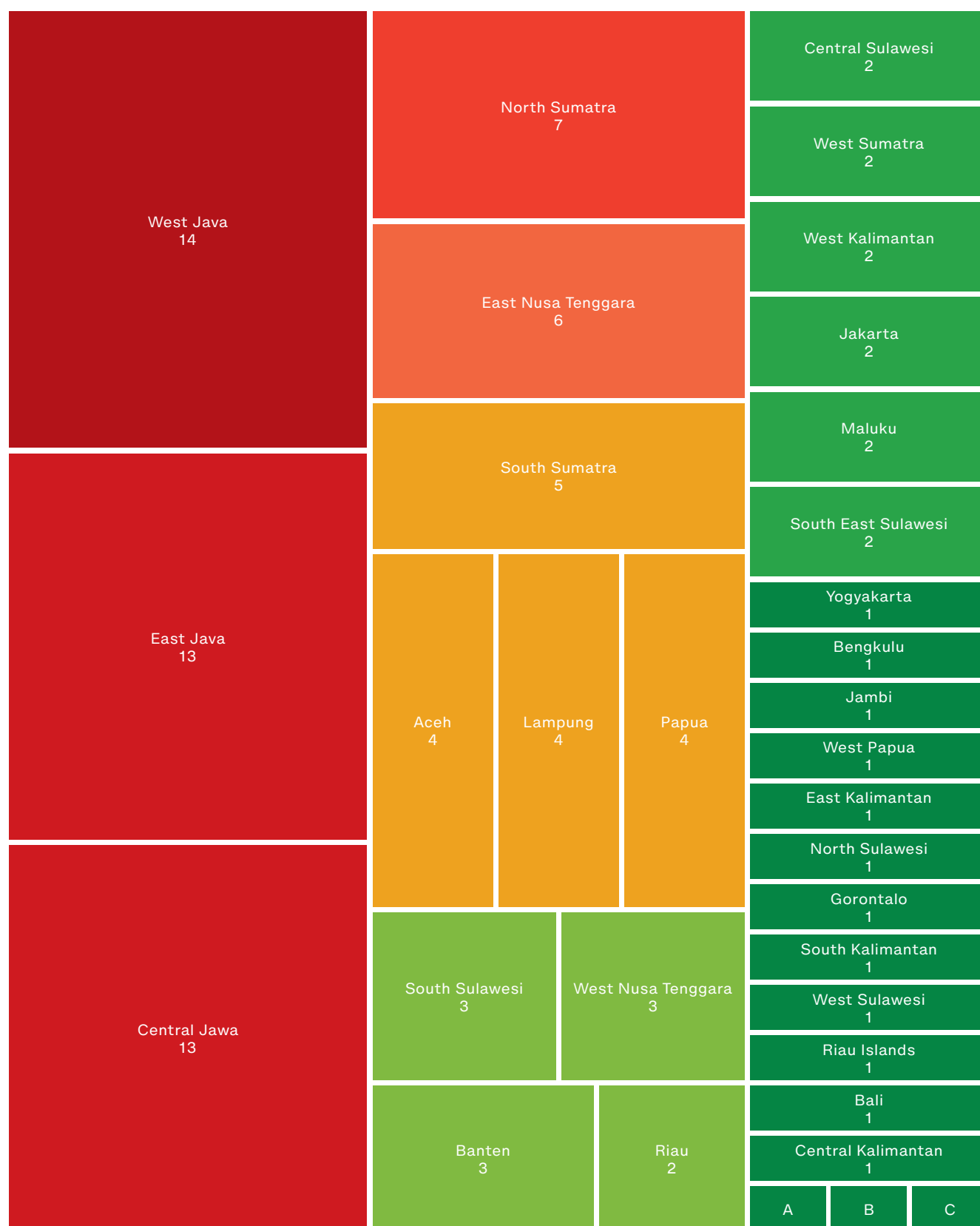
Other disparities also drive inequalities among children, such as the substantial gap between provinces. DKI Jakarta, for example, has the lowest poverty rate (3.8 per cent), while Papua's is exponentially higher (27.8 per cent).<sup>15</sup> Child poverty, unsurprisingly, reflects these provincial disparities. Just six per cent of children live below the national poverty line in DKI Jakarta, while 35 per cent of children in Papua live in poverty.<sup>16</sup> Provinces in the east of the country are more affected by poverty than those in west and central areas: poverty rates in the five poorest eastern provinces are on average 18 per cent higher than in the country's five wealthiest provinces.<sup>17</sup>

## Child poverty rate by province, 2018



## Nearly half of all children living in poverty live in the four most populous provinces

Percentage distribution of the number of children below the national poverty line, by province



A. North Kalimantan  
B. Bangka Belitung Islands  
C. North Maluku

Source: Susenas 2018



Children living in female-headed households experience higher poverty rates than those living in male-headed households.

Early childhood poverty and adolescent poverty are strong perpetuators of the poverty trap.

Children with disabilities are more affected by poverty.

Indonesia's government has called for a comprehensive social protection system that covers all its citizens, across the life cycle.

Gender is another important factor tied to inequality in Indonesia. While differences in poverty rates between boys and girls are minimal, children in households headed by women experience poverty at a rate as much as 34 per cent higher than those in male-headed households.<sup>18</sup> Similarly, children living in large households or those headed by persons with limited formal education are also particularly vulnerable to both income and multi-dimensional poverty.<sup>19</sup> Children in families whose main source of income is agriculture are more vulnerable than other children, and children with disabilities are disproportionately affected by both poverty and deprivation. These factors that impact child poverty are also key to understanding how to craft effective interventions to combat poverty and inequality.

It is vital to focus on both early childhood poverty and adolescent poverty. Poverty during early childhood creates the foundations for remaining in the poverty trap, while poverty during adolescence leads to perpetuation of the trap – forming the basis for its transmission to the next generation. Addressing poverty in early childhood requires investments in primary health and education services for families who may not have the resources to ensure their child's growth into adolescent years.<sup>20</sup> Addressing adolescent poverty requires investment in promoting social and economic mobility to ensure adequate support for adolescents to make a successful transition to early adulthood.<sup>21</sup>

Children with disabilities are disproportionately affected by poverty regardless of age or location. In Indonesia, poverty rates for households that include a disabled person are 2.4 per cent higher than for those that do not.<sup>22</sup> The costs faced by these households increase the chances that the family will descend into poverty – and likely reduce their chances of escape.<sup>23</sup> Children with disabilities also face stigma, resulting in discriminatory treatment and unequal provision of basic public services (e.g., access to education and healthcare).<sup>24</sup>

Taking all of these factors into account, it is essential to formulate a smart, long-term policy capable of reducing child poverty in all of its multiple forms, and thus make it possible for Indonesia to reap the benefits of the demographic dividend.

### The government of Indonesia's pledges and plans for addressing poverty and inequality

Indonesian national and sub-national government authorities have long recognized that poverty and inequality are a major concern, and have adopted a number of measures in response. The national long-term development plan (2005–2025) launched in 2005 introduced a set of anti-poverty initiatives aimed at reducing inequalities between regions and income groups through a comprehensive social protection system that covers all Indonesian citizens from birth to death.

In its fourth mid-term plan (2020–2024), the government committed to reducing inequality through a focus on “poverty alleviation, equitable distribution of social protection, environmental sustainability and improving governance.”<sup>25</sup> This plan lays out a set of broad goals aimed at increasing the effectiveness of current programmes by using approaches such as conditional cash transfers or nutritional assistance to families with children, disabled persons and the elderly.

At the beginning of his second term (2019–2024) President Joko Widodo described a vision that prioritizes addressing poverty and inequality through: developing/reforming the social protection system, developing village funds to address rural poverty, strengthening family incomes and promoting women's

economic empowerment programmes.<sup>26</sup> To achieve concrete results for the nation's children, these visions, plans and pledges must be converted into concrete programmes.

## Social assistance programmes

Social protection programmes – safety nets that protect everyone from poverty's most dire results – are an essential element of any serious effort to reduce poverty and inequality. The Indonesian government has introduced a number of social assistance programmes to support children and families, using a wide variety of approaches:

Indonesia's social assistance programmes for children cover a wide variety of approaches.

- The Family Hope Programme (PKH) distributes money to the poorest households, conditional on their accessing certain health and education services.
- Indonesia's subsidized rice programme (Rastra) provides rice each month to eligible households.
- The non-cash food assistance programme (BPNT) gives eligible households an electronic savings card for the purchase of food staples (rice, sugar and eggs) in specific shops.
- The Smart Indonesia Programme (PIP) provides cash assistance for education to school-age children from poor and vulnerable families.
- The Child Social Welfare Programme (PKSA) provides both conditioned cash assistance (to address basic needs) and social interventions (to enhance family capacities and child resilience) to children in need of special protection (street children, children with disabilities, children in conflict with the law and neglected children).
- Several other programmes target assistance to certain groups, such as ethnic minorities and the severely disabled.<sup>27</sup>



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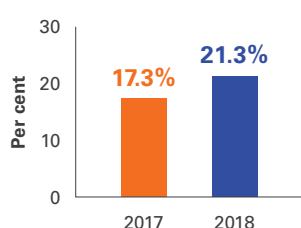
23 million children are registered in the unified database, which determines eligibility for social assistance programmes.

Eligibility for all of these programmes is determined by a single mechanism: the Unified Database, developed in 2005 as a common targeting mechanism for social assistance.<sup>28</sup> Some 23 million children are currently registered in the database. A recent review by the OECD found that although all of the programmes succeeded in reducing poverty, their efficiency varied widely.

The Family Hope programme was deemed to be the most effective at reducing poverty and was expanded to cover more geographical areas and a larger proportion of the poor population. It is expected that in 2020 the Government will merge the PKH and PIP programmes to further increase coverage. These 12-year-old programmes offer quarterly cash transfers of between IDR 200,000 (US\$13) to IDR 600,000 (US\$40) to eligible households.

### Social protection for children is expanding.

Families receiving cash benefits



In addition, social protection for children has been evolving at the sub-national level, led by local governments with support from UNICEF and other partners. For example, districts in Papua and Aceh launched universal child grant programmes in December 2018 and October 2019, respectively. The child grant is a publicly financed scheme providing cash transfers for children aged 0–6 in Aceh and 0–4 in Papua. Children in Sabang City (Aceh) receive about IDR 150,000 (US\$10) per month, while those in the districts of Lanny Jaya, Paniai, Asmat (Papua) collect about IDR200,000 (US\$14) per month. Some 21.3 per cent of children in Indonesia were receiving a regular child or family cash benefit in 2018, a substantial increase from 17.3 per cent in 2017.<sup>29</sup> Nevertheless, children living in urban areas are far less likely to receive regular cash benefits than those in rural areas (15.8 per cent vs. 27.4 per cent), and many of those in need are still left out. Children with disabilities have very limited access to social assistance programmes; just 1 per cent of people with disabilities access the programme targeted to assist them.<sup>30</sup>

In sum, Indonesia is a nation where child poverty still impacts a substantial portion of children, especially when conditions other than income are taken into account. Substantial commitments have been made by a succession of Indonesian governments to address this issue and substantial progress has been made through the programmes and other initiatives discussed here. Two steps are required now to improve the reach and effectiveness of social protection programmes: (i) evaluations, to inform needed reforms and (ii) expanded coverage, to ensure that investments have the greatest impact possible on Indonesia's children.



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# 3

## CHILD AND ADOLESCENT HEALTH

No right is more fundamental for children than the basic right to survive and thrive. Again, Indonesia can point to some important signs of progress, such as high rates of births in facilities with skilled practitioners, increases in pre-natal and post-natal care and halving mortality rates for children under five. Nonetheless, important challenges must still be addressed.

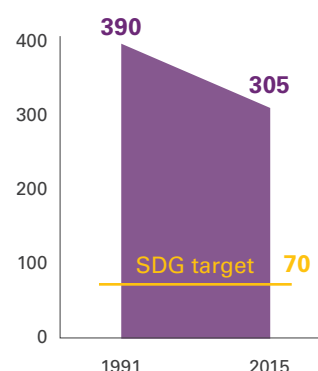
### Maternal mortality

Indonesia has made progress in reducing the number of deaths of women during childbirth. In 1991 that figure was 390 for every 100,000 live births. By 2015 it had declined to 305; still far above the SDG target of 70 deaths per 100,000 births. Compared to other similar countries, Indonesia still lags behind, and reducing maternal mortality remains a high priority.<sup>31</sup> This is particularly true in relation to large regional disparities in maternal death rates. A 2014 report found that the percentage of maternal deaths was highest in West Papua, Papua, Central Kalimantan, Central Sulawesi and Maluku.<sup>32</sup>

More than 90 per cent of births nationwide are accompanied by a trained provider and three quarters take place in a health facility. These numbers, however, are substantially lower in rural areas and among the country's most impoverished.<sup>33</sup> The problem is also more acute among very young mothers. Women under 20 are significantly less likely to have their births attended by a skilled health provider, and their children are almost twice as likely to die shortly after childbirth.<sup>34</sup> But even recent gains in access to providers and facilities have not stemmed Indonesia's high maternal death rates, which suggest a critical need to focus not only on access to care, but also on the quality of care being offered.

**Maternal mortality remains too high.**

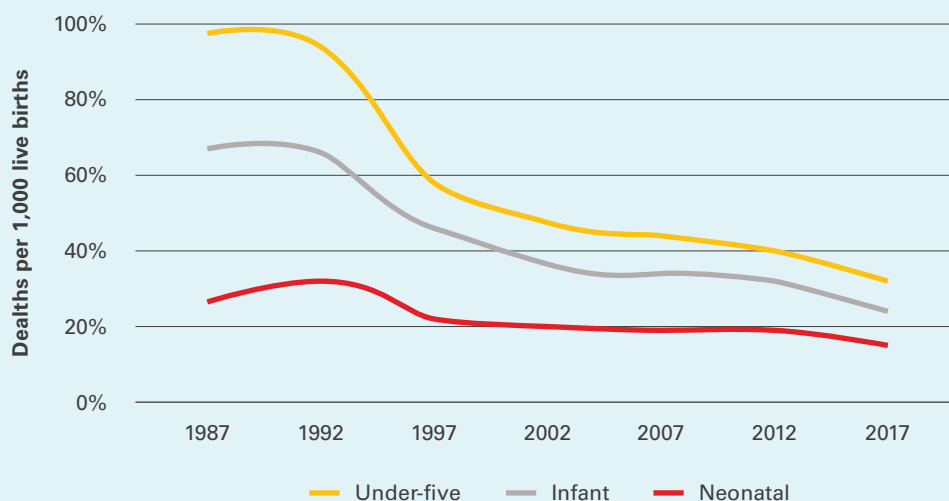
Maternal mortality per 100,000 live births (SUPAS)



Improvements in maternal mortality require a focus on both access to and quality of care.



## Child mortality has been decreasing



Source: IDHS, various years; SDG forecasting report, 2019

## Neonatal, infant and child mortality

Nearly 80% of neonatal deaths happen in the first week of life.

Indonesia's record on child mortality is mixed. Neonatal mortality (death during the first 28 days of an infant's life) has seen the least progress. In 2017, Indonesia reported a rate of 15 such deaths per 1,000 live births; down from 19 per 1,000 in 2012 (the SDG target is 12). Half of these deaths are among new-borns and nearly 80 per cent occur during the first week of an infant's life.

It is estimated that 91,000 new-borns die each year in Indonesia – mostly due to preventable causes, particularly sepsis (complication from an infection).<sup>35</sup> The absence of running water, hand-washing facilities and latrines in most health centres and maternity units, suggests that the intractability of neonatal mortality may be linked to a lack of basic hygiene. Here again, the elevated levels of maternal and new-born mortality found in Indonesia suggest serious issues regarding the quality of care received by mothers and infants.

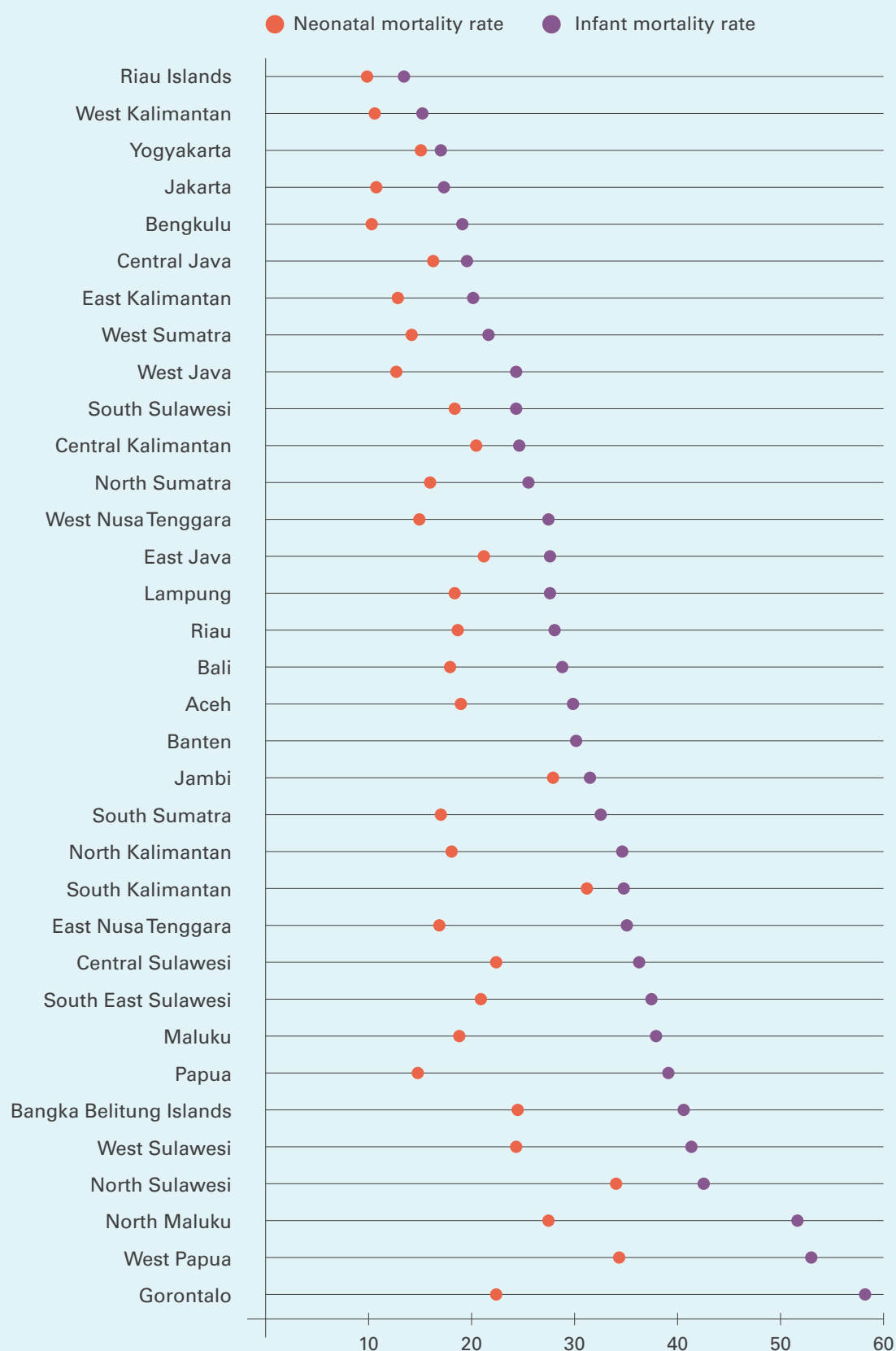
Substantial gains have been made in reducing infant and under-5 mortality.

Looking past infancy to overall child mortality, Indonesia has accomplished a substantial leap forward. The infant mortality rate (deaths among children under one year of age) dropped from 68 per 1,000 children in 1990 to 24 per 1,000 in 2017, declining by more than half. The overall mortality rate for children under five dropped from 97 deaths per 1,000 live births to just 32. These substantial improvements can be credited to the success of various initiatives, including vaccination programmes, community-based treatment of infections and improvements in water, sanitation and hygiene (WASH).<sup>36</sup>

Diarrhoea and pneumonia are the main causes of death among children under five.

However, as in other areas of progress, significant disparities and geographic inequalities can be seen. The infant mortality rate is highest among the poorest 20 per cent of the population and is three times higher than that of the most affluent 20 per cent. Infant mortality is also highest in rural areas and among young mothers.<sup>37</sup> Diarrhoea and pneumonia remain the leading cause of death among children under five years of age (25 and 16 per cent of deaths, respectively).

## Disparities in neonatal and infant mortality across provinces



Source: IDHS 2017



## Child and adolescent health

Indonesia's progress in improving child, adolescent and maternal health is largely a result of improved access to healthcare and a range of programmes to reduce childhood disease. The government has demonstrated a strong commitment (most recently through its 2020–2024 medium-term development plan) to improving access to quality healthcare through universal health coverage and preventative measures aimed at promoting healthy lifestyles among children and teens. Nonetheless, important gaps and challenges remain, including in immunization coverage and combatting non-communicable diseases.

Vaccination rates have improved, but remain dangerously low among the poorest households.

### Immunization

Few actions remain as central to preventing needless child deaths as universal immunization. Since 1977 Indonesia's Ministry of Health has adopted and implemented the World Health Organization (WHO) programme of routine immunizations, which are now compulsory for all children in the country.<sup>38</sup> Yet a large number of children in Indonesia remain completely unimmunized or only partly immunized, and there are wide disparities related to both geography and socioeconomic status. As a result, Indonesia is home to the fourth-highest number of unimmunized children in the world. Diseases easily preventable by vaccination are responsible for the needless deaths of approximately 1.5 million children each year.

Government data show that the proportion of one-year-olds receiving all their vaccinations has risen in recent years, from 59 per cent in 2007 to 65 per cent in 2017.<sup>40</sup> As in so many other areas of health in Indonesia, however, vaccination rates are particularly low among poorer households (39.5 per cent), and also vary substantially by province.<sup>41</sup>

### Communicable diseases

Indonesia currently faces a set of communicable diseases that are especially dangerous for the nation's children and the unborn, including: tuberculosis, malaria, dengue fever, typhoid, HIV, and various diarrhoeal diseases. Each of these diseases puts children's survival at risk and can have long-term consequences that range from learning impairment to brain damage.

Malaria remains prevalent in eastern parts of the country.

The country has made progress in reducing and eliminating malaria; over half of districts in the country are now designated as 'malaria free'. However, malaria remains prevalent in eastern parts of the country (Papua, West Papua and parts of East Nusa Tenggara, in particular). A Ministerial Decree approved in 2009 commits the country to total elimination by 2030.

Approximately 630,000 people are living with the HIV virus in Indonesia, 14,000 of whom are children younger than 15. While the rate of new HIV infections is decreasing overall, the number of new HIV infections among adolescents aged 15–19 increased between 2011 and 2015, but more recently has remained stable. Mother-to-child transmission of HIV is also a significant concern. In 2018, only 1,536 (12.8 per cent) of the estimated 12,000 pregnant women living with HIV in Indonesia were receiving anti-retroviral treatment to prevent transmission to their unborn child.<sup>42</sup>

## Environmental health challenges

Air pollution is among the top three health risk factors for child mortality in Indonesia. The effects of air pollution on children are especially significant because until the age of 12 their lungs are not fully developed, and their breathing rate is about twice that of adults. Additionally, because they are likely to spend more time outdoors than adults engaging in physical activity, they inhale more polluted air.<sup>43</sup>

Burning solid fuels exposes children in low-income areas to unhealthy levels of air pollution.

Air pollution contributes to lower birthweights, stunted growth and respiratory diseases in children and constitutes a major risk factor for children under five in Indonesia. While the number of deaths has decreased considerably since 1990 (especially for infants), it remains high. Many activities contribute to air pollution in the country, including coal-powered plants, automobile emissions and the burning of forests. In addition, the burning of solid fuels by households in low-income areas results in Indonesia's poorest children being exposed to 20 times the WHO-recommended level of air pollution.

## Access to reproductive health services

According to 2017 data, 68 per cent of women report having the access they need to modern methods of contraception. This means that Indonesia still must accelerate progress if it is to meet the SDG target of universal access by 2030. Progress toward reducing the adolescent pregnancy rate has stalled in recent years and remains higher in rural areas than in urban areas. According to recent World Bank estimates 47.3 out of every 1,000 adolescent girls have given birth. This is slightly higher than the global average of 44 and has not changed significantly since the mid-1990s.

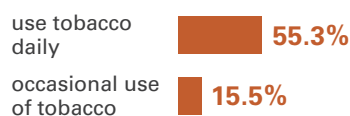
68% of women report having access to modern methods of contraception.



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#### Adolescent boys (ages 15–19) report



Indonesia's national health insurance programme covers three fourths of the population.

## Substance abuse

Substance abuse – particularly smoking and alcohol consumption – is a widespread problem among Indonesian youth, especially young men. More than half (55.3 per cent) of adolescent boys aged 15–19 report daily use of tobacco and 15.5 per cent report occasional use.<sup>44</sup> The use of tobacco is higher in rural than urban areas. The Indonesian government has taken several steps to address the problem of substance abuse among adolescents, including through the introduction of 'no smoking zones' at schools, workplaces and in public areas.

## Mental health

Recent survey data covering Indonesian school children aged 13–17 highlighted mental health as a major concern among adolescents. More than 5 per cent of students surveyed had seriously considered attempting suicide during the previous 12 months, with slightly higher rates among girls. Suicidal thoughts appear to be most prevalent among senior secondary school students (aged 16–17).<sup>45</sup>

## Key policy responses

Over the last decade, the Government of Indonesia has introduced a number of reforms affecting the nation's health system. The presidential vision includes strengthening the quality of care by focusing on equitable access to quality services and extending those services to the country's poor. Indonesia's national health insurance programme (JKN), launched in 2014, sought to unify a set of separate systems under one programme. JKN is the world's largest single-payer health insurance system, covering more than 222 million people (three quarters of Indonesia's population, including 96 million poor and near-poor).<sup>46</sup> Nearly 70 per cent of JKN members are subsidized through both central and local governments, placing a strain on the programme's financial sustainability.<sup>47</sup>

Evidence suggests that the introduction of JKN has had positive effects on outcomes in maternal health, child health and nutrition, and has also reduced out-of-pocket expenditures.

Prevention has also been a key component of the government's health response. Ministry of Health Regulation No. 43/2016 sets out clearly the responsibilities of central, provincial and district/municipal authorities regarding the minimum basic services package, for which prevention is central.



# 4

## CHILD AND ADOLESCENT NUTRITION

Good nutrition is the bedrock of child survival, health and development. Well-nourished children are better able to grow and learn, to participate in and contribute to their communities and to be resilient in the face of disease, disasters and other global crises. Child nutrition is also a key priority in Indonesia and forms part of the government's commitment to the SDGs, which address issues from low birthweight to stunting. Here as well, while progress has been made, important work remains to be done.

### Undernutrition: Stunting, wasting, underweight and anaemia

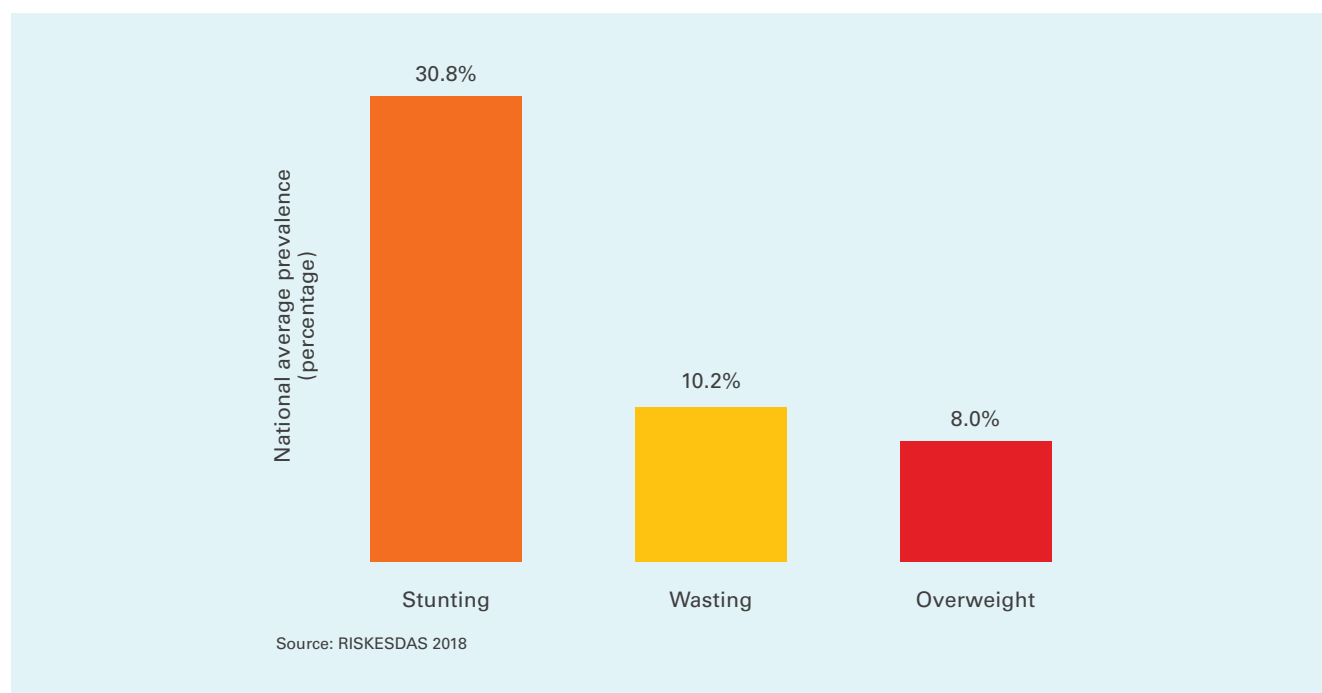
Child undernutrition is a significant problem in Indonesia; persistently high rates of stunting, underweight and wasting affect children under five years of age. Stunting reflects chronic undernutrition, which can have severe long-term consequences including: stunted growth, diminished cognitive and mental ability, susceptibility to disease, low economic productivity and poor reproductive outcomes. Wasting results from acute deprivation of nutrition and frequent illness, and significantly increases the risk of child mortality. Both conditions stem from inadequate and improper nutrition during all stages of a child's life and can have significant implications for children's long-term health and survival, and thus for the country's economic productivity and ability to achieve national and international development goals.

High rates of stunting, underweight and wasting persist among children under five years.



### Malnutrition among children under-five years of age

Indonesia ranks 5th highest for stunting and 4th for wasting in the world



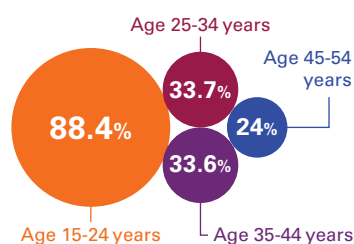
Approximately 1 in 3 children under five are stunted.

Research carried out in Indonesia in 2018 found that 29.9 per cent of children younger than 24 months of age experienced some form of stunting, a decline from previous years but still well above the regional average (22 per cent). This research also found that 30.8 per cent of children under five were stunted – a decline from the 37 per cent prevalence estimated in 2013.<sup>48</sup> Significant regional differences were identified; childhood stunting was most prevalent in the country's west and far east and more widespread in rural than urban areas. A subsequent study found that in some locations stunting rates among children run as high as 42 per cent.<sup>49</sup>

Indonesia's incidence of childhood wasting, which greatly increases the risk of death and illness, is the fourth highest in the world,<sup>50</sup> affecting more than 10 per cent of children under five (over 2 million).<sup>51</sup> Wasting is more common in rural areas.

Anaemia prevalence is highest among young pregnant women.

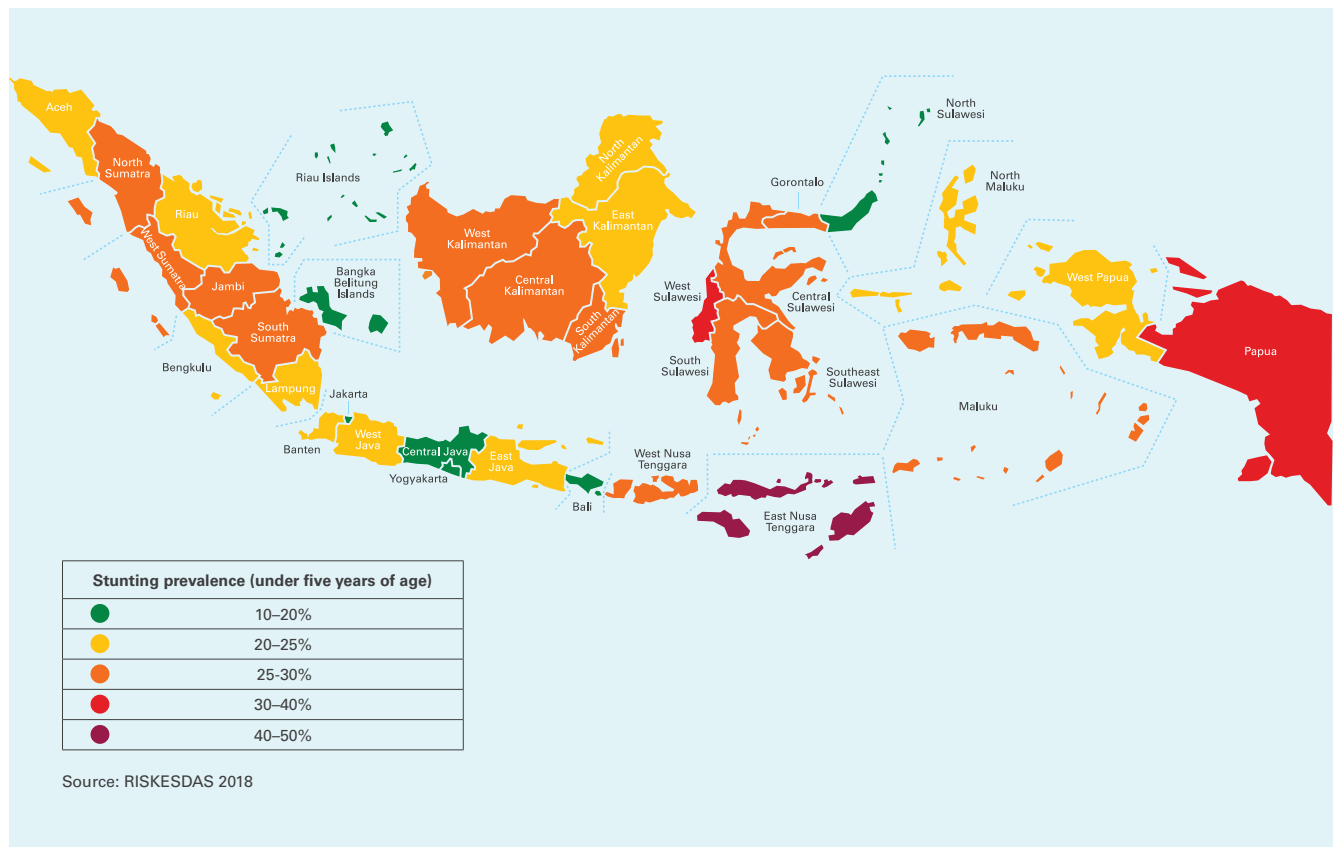
Percentage of maternal anaemia by age group, 2018



Anaemia is usually a result of micronutrient deficiencies and affects a significant proportion of children, adolescents and women of reproductive age. Global evidence suggests that maternal anaemia increases the risk of maternal mortality and leads to adverse birth outcomes, such as delivering premature or low birthweight babies. Anaemic mothers are also more likely to have an anaemic child. Anaemia affected 48.9 per cent of pregnant mothers in 2018 and has been on the rise in Indonesia.<sup>52</sup>

Statistics on childhood anaemia in Indonesia are limited. The 2018 study of national basic health suggested that more than 38 per cent of children younger than five were anaemic. Research in 2014 indicated potentially higher rates: 60 per cent among children aged 6–35 months and 80 per cent among children aged 6–11 months. The lack of up-to-date data on children's vitamin A levels and iodine deficiencies makes it difficult to assess national progress in this area.

## There are still significant disparities in stunting across provinces



## Infant and young child feeding practices

The WHO recommends that infants be exclusively breastfed for the first six months of life to support their growth and health. In Indonesia this is currently the case for 52 per cent of infants younger than six months, an achievement placing Indonesia ahead of both the WHO target (50 per cent by 2025) and the government's mid-term plan target.

However, only half of mothers continue to breastfeed for 24 months, as recommended by the WHO.<sup>53</sup> This means that nearly half of all Indonesian children are not receiving the nourishment that they require during their first two years of life. Bottle-feeding increases the risk of infectious disease because of the difficulty of sterilizing the bottles properly. Moreover, the complementary foods introduced are often inadequate to meet children's nutritional needs.

Increased stunting among children between six months and two years of age demonstrates that Indonesian children are not benefitting from adequate feeding practices and appropriate complementary foods. More than 40 per cent of babies are introduced to complementary foods too early (before reaching six months), 40 per cent of children aged 6–24 months do not have a diet that is sufficiently diverse and 28 per cent are not fed frequently enough. All of these children thus have poor quality diets lacking in essential nutrients. Appropriate infant and young child feeding practices combined with adequate care and disease prevention can help children grow and develop to their full potential and prevent both stunting and vitamin and mineral deficiencies.

**Exclusive breastfeeding**  
1 in 2 babies are exclusively breastfed in the first 6 months of life.

More than 40% of babies are introduced to complementary foods too early (before reaching 6 months).

Approximately 10% of babies are born with a low birthweight, an indicator of maternal undernutrition.

## Maternal nutrition

Mothers' nutritional status during pregnancy and lactation can have a substantial impact on their child's health and nutrition. Lack of recent data on maternal nutritional status makes it difficult to determine whether sufficient progress has been made in the past few years. However, thinness among pregnant women (measured by a mid-upper arm circumference of <23.5 cm) affected almost one in four pregnant women (24.2 per cent) in 2016. For women from the lowest wealth quintile, the figure rises to one in three (37.1 per cent). Delivery of low birthweight babies (<2,500 grams), an indicator of maternal undernutrition, has regularly affected approximately 13 per cent of Indonesian infants for the last 10 years.

Overweight among adolescents (15%) is largely due to consumption of excessive amounts of unhealthy foods and drinks.

## Overweight and obesity

Rates of adult obesity in Indonesia are high and increasing rapidly. Among adolescents, a 2018 survey found that nearly 15 per cent were overweight or obese, with rates higher among girls than boys; for children under five, the estimate was 8 per cent.<sup>54</sup> Immediate causes include the consumption of excessive amounts of unhealthy food and drink with sugar, salt and fat.

Addressing childhood and adolescent overweight and obesity will require improving the food environment in which children and adolescents live, increasing consumption of healthy foods and discouraging consumption of unhealthy foods and promoting physical activity for girls and boys. A strategic government response should also include efforts to make overall food systems healthier by strengthening government regulation of food labelling and marketing of unhealthy food products.

Adolescents in Indonesia suffer from the triple burden of malnutrition:

- undernutrition
- overweight
- micronutrient deficiencies.

## Adolescent nutrition

Adolescence is a critical period for both physical and cognitive development; proper nutrition during that time is critical to both. The results of improper nutrition in teens can have effects that last for a lifetime. Adolescents in Indonesia suffer from the triple burden of malnutrition: undernutrition, overweight and micronutrient deficiencies. About 12 per cent of adolescent boys (aged 16–18 years) experienced thinness and 29 per cent were stunted. For girls these figures were 4.3 per cent thin and 25 per cent stunted. Overweight among 16–18-year-olds has risen significantly in Indonesia, from 1.4 per cent in 2010 to 8.1 per cent in 2018.<sup>55</sup> Data from 2013 showed that 23 per cent of adolescents aged 12–18 years were anaemic.

Because adolescents are still growing, poor nutrition prevents them from reaching their full physical and cognitive potential. Improving nutrition can have a particularly important impact on adolescent girls – who will eventually become mothers – by impeding the intergenerational transmission of malnutrition. Currently the lifestyle of too many Indonesian adolescents involves frequent unhealthy snacking and sedentary behaviours.

## Key policy responses

Indonesia has sought to address these various child and maternal nutrition issues. For example, stunting is consistently included as a key development figure in the country's national plans. Notably, in 2017, the government launched a national stunting reduction movement calling for a multi-sectoral response by 23 line ministries to address child stunting. However, despite government promotion of a multi-sector response, nutrition remains solely under the



Ministry of Health; other sectors have not been assigned clear responsibilities.<sup>56</sup> The government's five-year national plan of action on food and nutrition (2015–2019) encouraged provinces and districts to design and implement their own plans of action, focused especially on the first 1,000 days of life. However, planning, budgeting, implementation and monitoring present a challenge at the sub-national level due to capacity gaps, as mentioned above.



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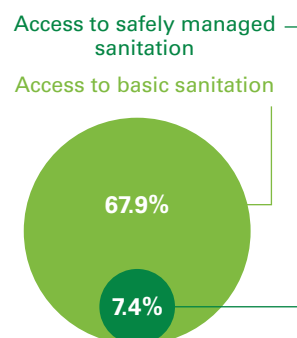
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## WATER, SANITATION AND HYGIENE

Adequate and equitable access to quality water, sanitation and hygiene (WASH) is crucial for preventing disease and ensuring good health, nutrition and development outcomes for children. Indonesia has made considerable progress in increasing access to improved water supply and sanitation across the country and has shown strong commitment to improving access through the promotion of community-based total sanitation (known as STBM in Indonesia) and other sanitation programmes. Nonetheless, when the issue of ‘safely managed’ services is considered (as in SDG targets) – implying treatment of faecal waste and drinking water – success rates drop dramatically. The Government of Indonesia defines ‘access to safely managed sanitation’ to include households with access to a private improved sanitation facility either connected to a sewerage system or septic tanks and reported desludging over the last 5 years. Access is currently just 7 per cent nationally; access to safely managed drinking water is also estimated to be very low.<sup>57</sup> Access to WASH services varies both by geographic location and socio-economic group.

Diarrhoea – primarily due to poor water, sanitation, and hygiene – is a major cause of death of Indonesian children under five years of age. The majority of Indonesians (89 per cent) have access to at least basic drinking water services (i.e., improved drinking source within a 30-minute roundtrip collection time). Concern is growing, however, about water *quality*. A recent UNICEF-Government study found widespread faecal contamination in 89 per cent of drinking water sources, even in one of the best-performing provinces (Yogyakarta, the first province to achieve open defecation-free status).<sup>58</sup> The report also found significant disparities between urban and rural areas and based on wealth. Evidence of leaking from on-site sanitation also underscores the need for safely managed sanitation services. Thus a wide gap remains to be filled between the current reality and the SDG ambition of universal, equitable access to all elements of WASH by 2030.

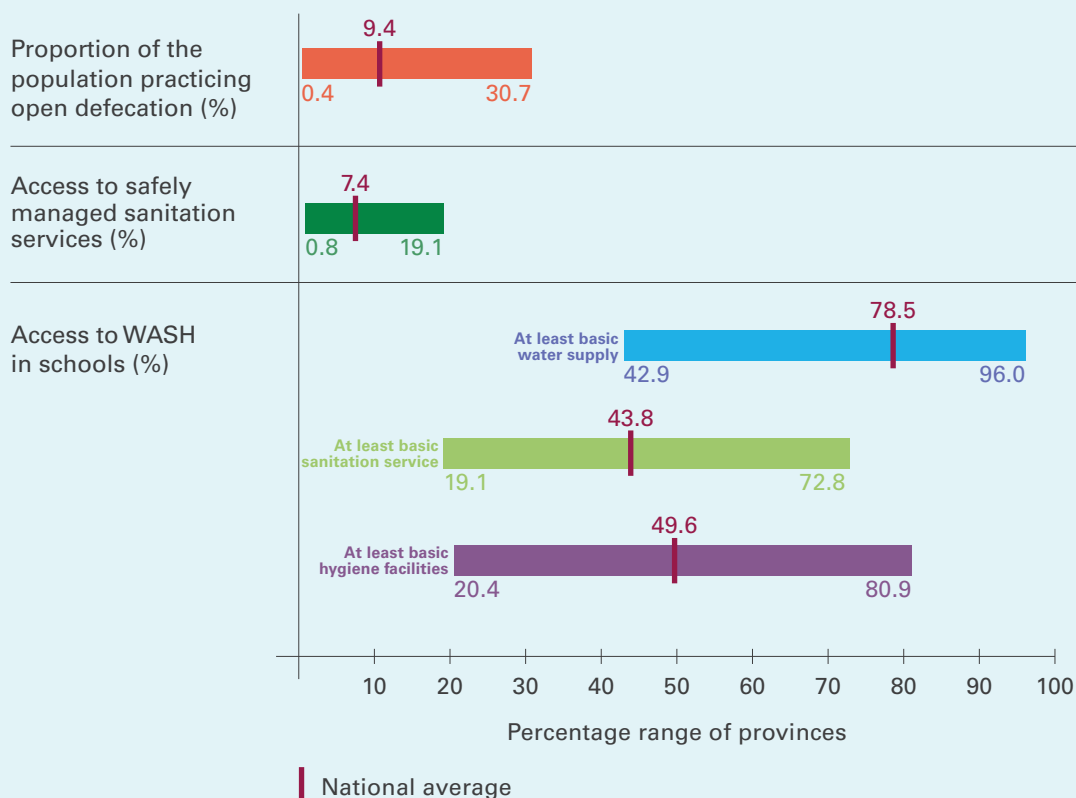
Basic sanitation doesn’t mean safe sanitation.





## Sharp disparities in access to WASH across Indonesia

Selected SDG WASH indicators, national average, and provinces with the lowest and highest data value



Source: Sanitation and open defecation, Susenas 2018; WASH in schools, Dapodik 2018

## Household access to water and sanitation services

60% of DKI Jakarta residents have access to basic sanitation services, compared to only 30% of Papua residents.

Chronic public under-investment in sanitation has led to underperforming sanitation services. Current WASH expenditure in Indonesia is only US\$3 per capita, or 0.08 per cent of total Indonesian GDP.<sup>59</sup> Meanwhile, the total investment required to achieve the sanitation target set by the medium-term development plan is around US\$9.2 billion; approximately US\$36 per capita. Today about three quarters of Indonesians have access to at least basic sanitation facilities, with substantial disparities between rural and urban areas. Sharp differences also exist among provinces: 59.9 per cent of households have access in DKI Jakarta, compared to only 30.1 per cent in Papua.<sup>60</sup>

The practice of open defecation also poses a serious threat to public health and the environment. According to 2018 data from Indonesia's national socio-economic survey (Susenas), the national prevalence of open defecation stood at 9 per cent in 2018, meaning that more than 20 million people still engaged in the practice. This puts Indonesia among the top three countries in the world for open defecation. The problem is particularly acute in rural areas, where close to half the population has been reported to still practice open defecation. Achieving open defecation-free communities is crucial to optimizing gains in child health and nutrition.

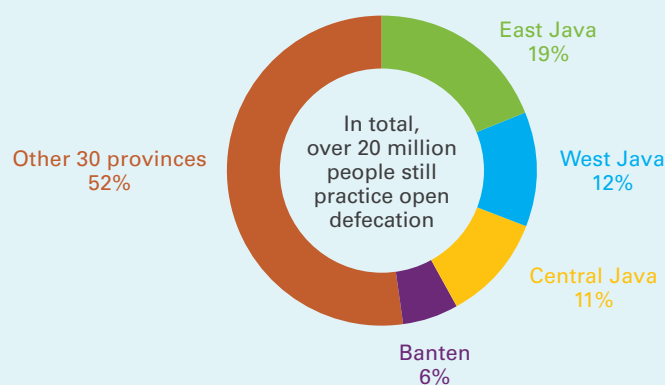
### Open defecation in Indonesia is still a big problem

Highest concentration in eastern and northern Indonesia



Source: Susenas, 2018

However, four provinces in Java account for almost half the population that practices open defecation

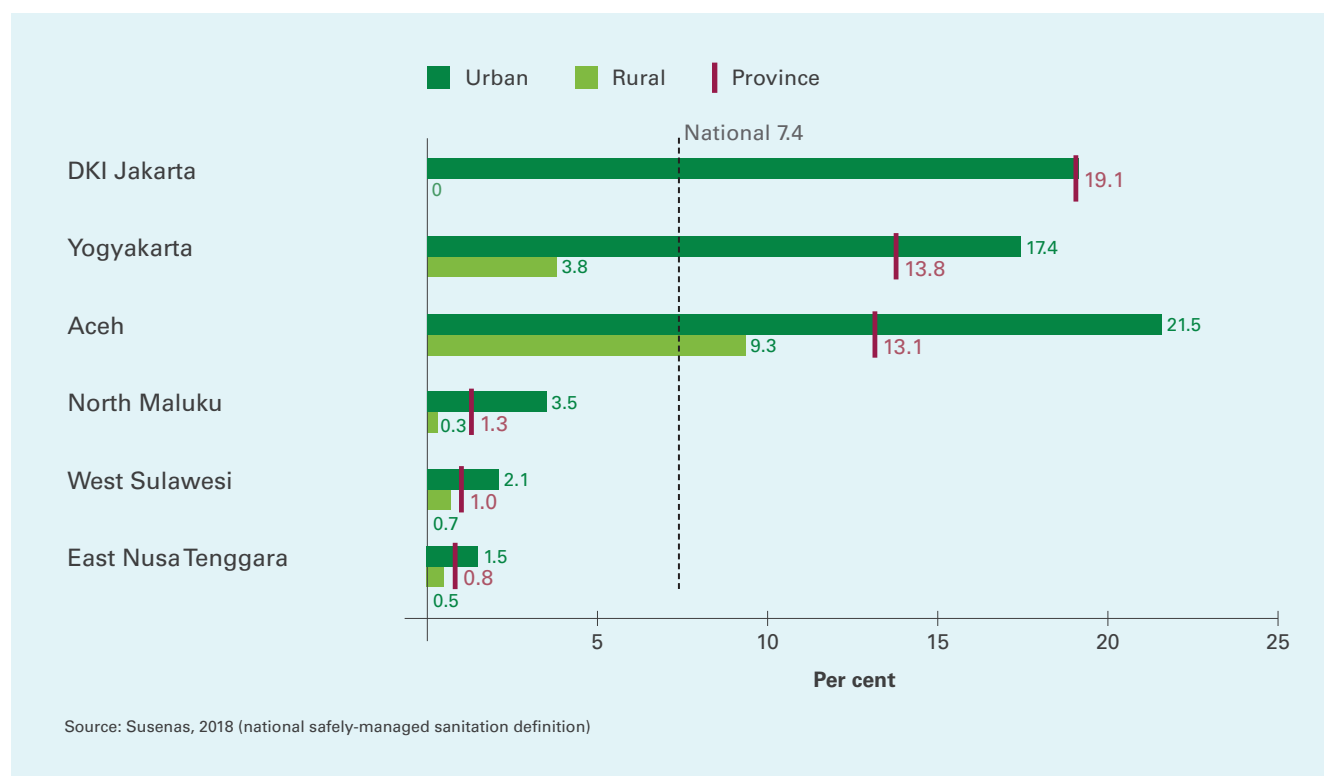


Source: SUPAS and Susenas, 2018

While progress has been made in improving access to basic WASH services, substantial concerns remain over the quality of those services, a key focus of the SDGs. When the more stringent SDG definitions of WASH targets are applied, rates of access drop dramatically, indicating serious issues with Indonesia's water quality and sanitation services. A World Bank study found that approximately 95 per cent of all faecal waste in Indonesia is untreated and enters the environment due to the lack of safely managed sanitation services (poor-quality septic tanks and other issues), leading to substantially greater risk of childhood disease.<sup>61</sup> These sanitation issues are of particular concern in densely populated urban areas.

Unsafe sanitation is harming the environment; about 95% of all faecal waste is untreated and goes directly into local environments.

## Disparities between provinces with the most and least access to safely managed sanitation



Currently, most investment for WASH is made by households and lacks government monitoring and enforcement. Families are responsible for building their own toilet and for waste disposal. Typically only 'black water' (from the toilet) goes into unsealed septic tanks, while 'grey water' (from kitchens, bathrooms, laundry etc.) goes to drainage, increasing the risk of pollution to surrounding areas and nearby water sources. Moreover, instead of discharging this sewage to treatment plants, some of the emptied sludge is unsafely disposed of on land and into drains or rivers, increasing contamination and its health impacts.

## WASH in schools

Student-toilet ratio at national level

Boys  
107:1

Girls  
101:1

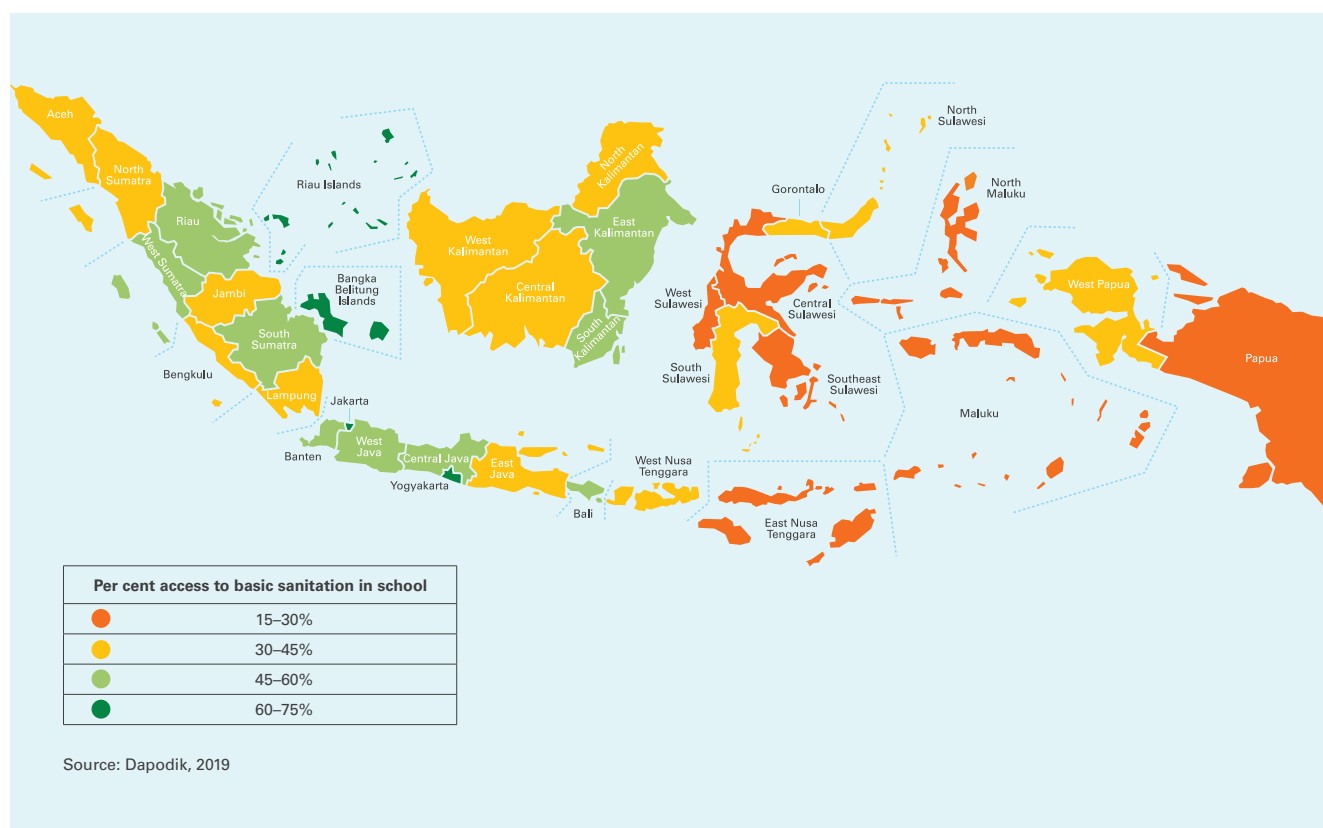
Some 79 per cent of schools in Indonesia lack access to clean water, more than 44 per cent lack toilet facilities and more than 50 per cent have no hand-washing facilities. Issues related to sanitation and hygiene particularly hinder girls' access to education, since half of all Indonesian schools lack separate toilets for girls and facilities for menstrual hygiene management. As a result, one study found that almost one in six girls missed one or more days of school during their last menstruation.<sup>62</sup>

**Findings from as study show that:**  
one in six girls missed one or more days of school during their last menstruation.





## More schools need access to basic sanitation



## WASH in health care facilities

Provision of basic WASH services in health-care facilities is an important factor affecting maternal and newborn care. This poses a particular challenge in Indonesia, with its high rates of maternal and neonatal mortality. A study on Indonesian healthcare facilities found that one quarter of primary health centres did not have basic water and sanitation services and one third of delivery rooms at healthcare facilities had no hand-washing facility.<sup>63</sup> The implications of this are significant since effective hygiene in healthcare facilities helps to prevent infection (a leading cause of neonatal mortality) and transmission of disease.

## Key policy responses for WASH: Opportunities and challenges

In 2008 the central government launched the national community-led total sanitation strategy (STBM). STBM is built around five goals that communities need to achieve: ending open defecation, hand-washing with soap, safely storing and handling household drinking water and food management, and household management of solid waste and wastewater.<sup>64</sup> STBM implementation has led to a significant decline in open defecation: from 24.8 per cent in 2007 to 9.4 per cent in 2018.

**STBM has led to a significant decline in open defecation: from 24.8% in 2007 to 9.4% in 2018.**

Despite this success, some challenges remain. Inequality of access to improved sanitation in rural areas is growing due, for example, to the high cost of toilet construction. But new initiatives are underway to cover some of these costs. Starting in 2017 the Ministry of Finance launched a special allocation fund for sanitation that can be used to support low-income households to construct

septic tanks and, in densely populated urban areas, to build communal facilities. In addition, the Ministry of Public Works and Housing also provided reimbursement grant funds to local governments to assist with the urgent task of upgrading septic tanks. This initiative is aligned with the government's overall efforts to improve faecal sludge management and provide safely managed sanitation in Indonesia.

Another challenge to the provision of safely managed sanitation services is low community awareness of the importance of safe sanitation. Community demand is thus insufficient to catalyse local government action to ensure provision of safe sanitation services. One result is a significant financing gap for achieving SDG targets, due to lack of priority and public finance available for investments in sanitation. This problem is exacerbated by weak institutional capacity to plan and provide sanitation services. Some initiatives have been tested and piloted in selected cities/districts to build the capacity of local governments to find alternative financing sources and of local institutions to provide sustainable sanitation access and services. Indonesia is currently a member of the Sanitation and Water for All global partnership developed to support SDG achievement in this sector.

## Levels of drinking water and sanitation services

	Drinking water services	Sanitation services
<b>SDG ambition</b>	<b>Safely managed</b> Drinking water from an improved water source that is located on premises, available when needed and free from faecal and priority chemical contamination	<b>Safely managed</b> Use of improved facilities that are not shared with other households and where excreta are safely disposed of in situ or transported and treated offsite
<b>MDG continuity</b>	<b>Basic</b> Drinking water from an improved source, provided collection time is not more than 30 minutes for a round trip, including queuing	<b>Basic</b> Use of improved facilities that are not shared with other households
	<b>Limited</b> Drinking water from an improved source for which collection time exceeds 30 minutes for a round trip, including queuing	<b>Limited</b> Use of improved facilities shared between two or more households
	<b>Unimproved</b> Drinking water from an unprotected dug well or unprotected spring	<b>Unimproved</b> Use of pit latrines without a slab or platform, hanging latrines or bucket latrines
	<b>No service</b> Drinking water directly from a river, dam, lake, pond, stream, canal or irrigation canal	<b>Open defecation</b> Disposal of human faeces in fields, forests, bushes, open bodies of water, beaches or other open spaces, or with solid waste



# 6

## EARLY CHILDHOOD DEVELOPMENT AND PARENTING

The government's strong commitment to support early childhood development (ECD) has yielded substantial gains in increasing young children's access to education. Participation and completion rates have improved significantly across all levels of education. However, that progress has been uneven and, as with so many other issues, reflect substantial disparities related to location and poverty.

Substantial gains have been made in increasing young children's access to education, although income and geographic disparities remain.

### Parenting and ECD centres

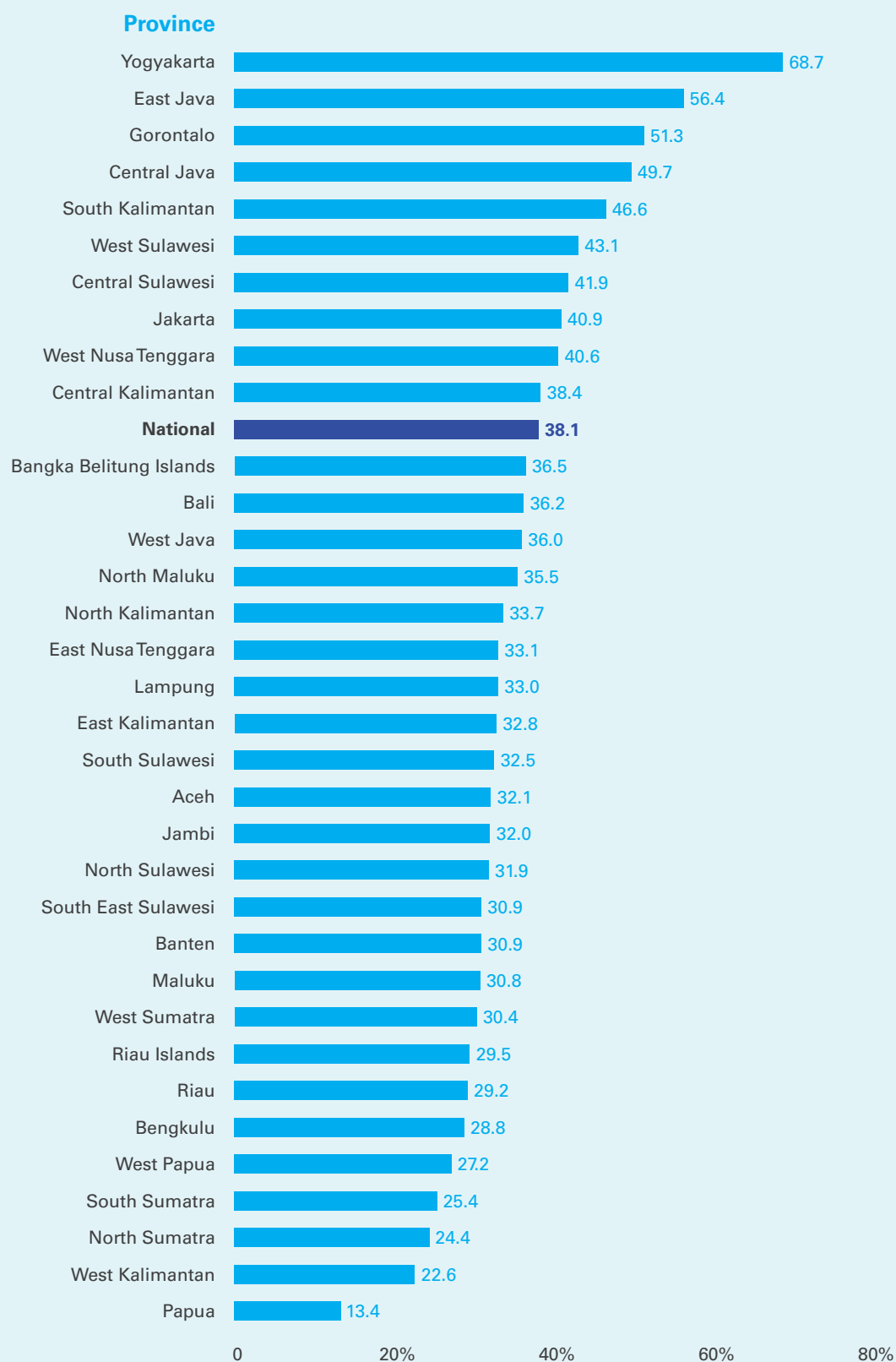
The education and care children receive between birth and age six can have significant effects on their growth, development and future learning potential. ECD is a broad concept that includes various services, such as pre-primary education, parenting education and other approaches to improving learning opportunities for young children. Ideally, ECD should be holistic and integrated across sectors to ensure that young children receive essential support related to health, nutrition, education and protection both at early childhood education facilities and at home.

While a number of programmes have been developed in Indonesia by the government and NGOs (typically administered at the village level) they have very limited reach, and there is no overarching national policy on parenting.<sup>65</sup> In addition, participation is low due to limited awareness by parents, limited services in remote locations, limited trained staff and limited funding.



## Disparities in access early childhood education across provinces

Enrolment rates for early childhood education among children aged 3-6 years



Source: SUSENAS, 2018

## ECD challenges

Children aged 3–6 years can attend non-compulsory pre-school/day-care/ECD centres throughout Indonesia prior to entering primary school. Statistics from 2018 indicate that only 38 per cent of eligible children were enrolled in such programmes, well below the 77 per cent target in the government's mid-term plan for 2015-2019.<sup>66</sup> Here again, there are significant disparities by both region and family income. Even though ECD fees are partially subsidized by the government, for many families the fees are still not affordable. Some families are also located far from the nearest available centres. On a positive note, participation rates are higher for six-year olds (one year younger than the primary school entry age), 76 per cent of whom attend some form of ECD.

Even though ECD fees are partially subsidized by the government, costs are still too high for many families.

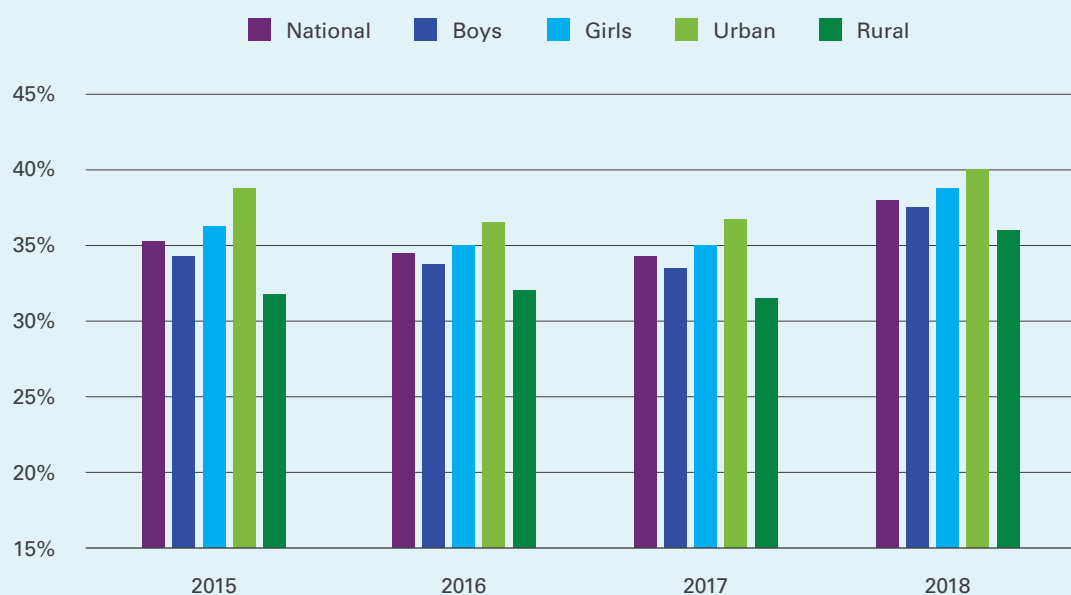
While access to these programmes has improved, substantial concerns remain in regard to their quality. The Government seeks to ensure that every village has at least one ECD centre, but nearly 80 per cent are not accredited. Many are run in private homes or garages, while others operate in conjunction with other services (such as health posts or family planning centres). Only 32 per cent of pre-school teachers have a diploma or bachelor's degree in education. The vast majority (68 per cent) are primary or secondary school graduates and earn an average monthly salary equivalent to just US\$35. Many centres also lack sufficient materials and equipment. Due to this combination of factors, many parents may not perceive ECD as a genuinely valuable service for their child.

To boost participation in ECD, a focus on improving quality will be needed.

Participation in high-quality, holistic and integrated early learning opportunities could result in a positive transformation in learning outcomes for Indonesian children, but with only 22.5 per cent of ECD centres currently accredited, improving the quality of early learning services in Indonesia remains a serious challenge.

## Gross enrolment in early childhood education has improved in recent years

Gross enrolment ratio for early childhood education among children aged 3-6 years



Source: SUSENAS

The government has issued regulations aimed at improving the quality of pre-primary education services.

## Policy and budgetary efforts to support ECD

The Indonesian government demonstrated a strong commitment to improving access to and quality of ECD services with the issuance of new government regulations addressing minimum service standards in 2018. The regulations include several targets and steps aimed at improving pre-primary education services and encouraging the implementation of holistic, integrated ECD.

The government also supports the convergence of interventions for multi-sectoral ECD programming, as reflected by the 2018 national action plan for holistic and integrated early childhood development. The Ministry of Planning tasked the Coordinating Ministry for Human Development and Culture with further work on strengthening high-level inter-sectoral coordination and formulating integrated, strategies, policies and plans for promoting a holistic approach to ECD at both the national and sub-national levels.

To support early learning activities, the government provides subsidies through an operational management grant amounting to IDR 600,000 (US\$40) per child per year for ECD centres. This funding is used to: purchase learning materials and equipment (paper, markers, crayons, pencils and other consumables); provide additional transport for teachers and supplementary food for students; organize peer mentoring activities for teachers; and undertake parent education programmes. However, many ECD centres do not receive the grant since they are not formally registered with the government.

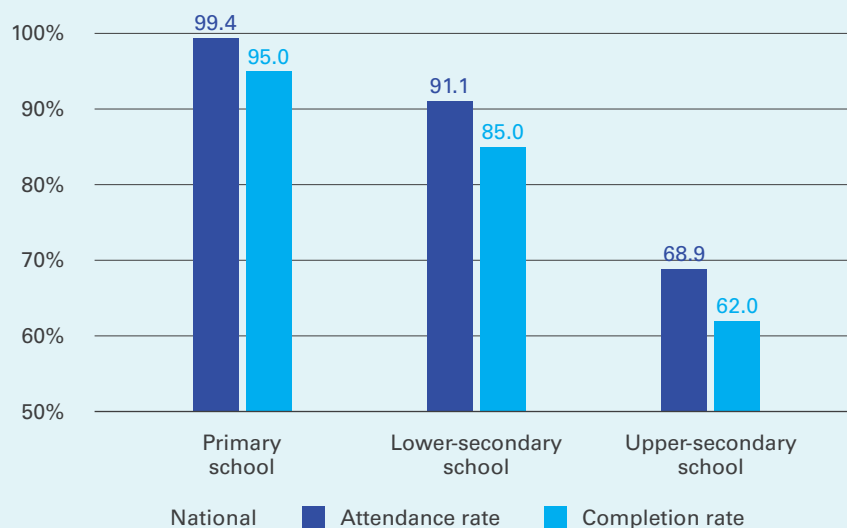






## 37

## School attendance and completion drop as children grow older



Source: Susenas, 2018

## Learning outcomes and quality of primary and secondary education

Despite improved access to primary and secondary education, poor learning outcomes point to a problem with education quality. National standardized tests administered to grade 8 students in 2019 revealed low outcomes in reading proficiency (44 per cent achieved minimum proficiency) and mathematics (21 per cent achieved minimum proficiency).<sup>68</sup> According to 2018 testing by the OECD's PISA learning assessment survey, only 30 per cent of 15-year-old children reached or exceeded the minimum proficiency level in reading; for mathematics the figure was 29 per cent.<sup>69</sup> These results suggest that the quality of schooling in Indonesia requires significant upgrading to achieve the SDG4 target of "equitable and quality primary and secondary education leading to relevant and effective learning outcomes."

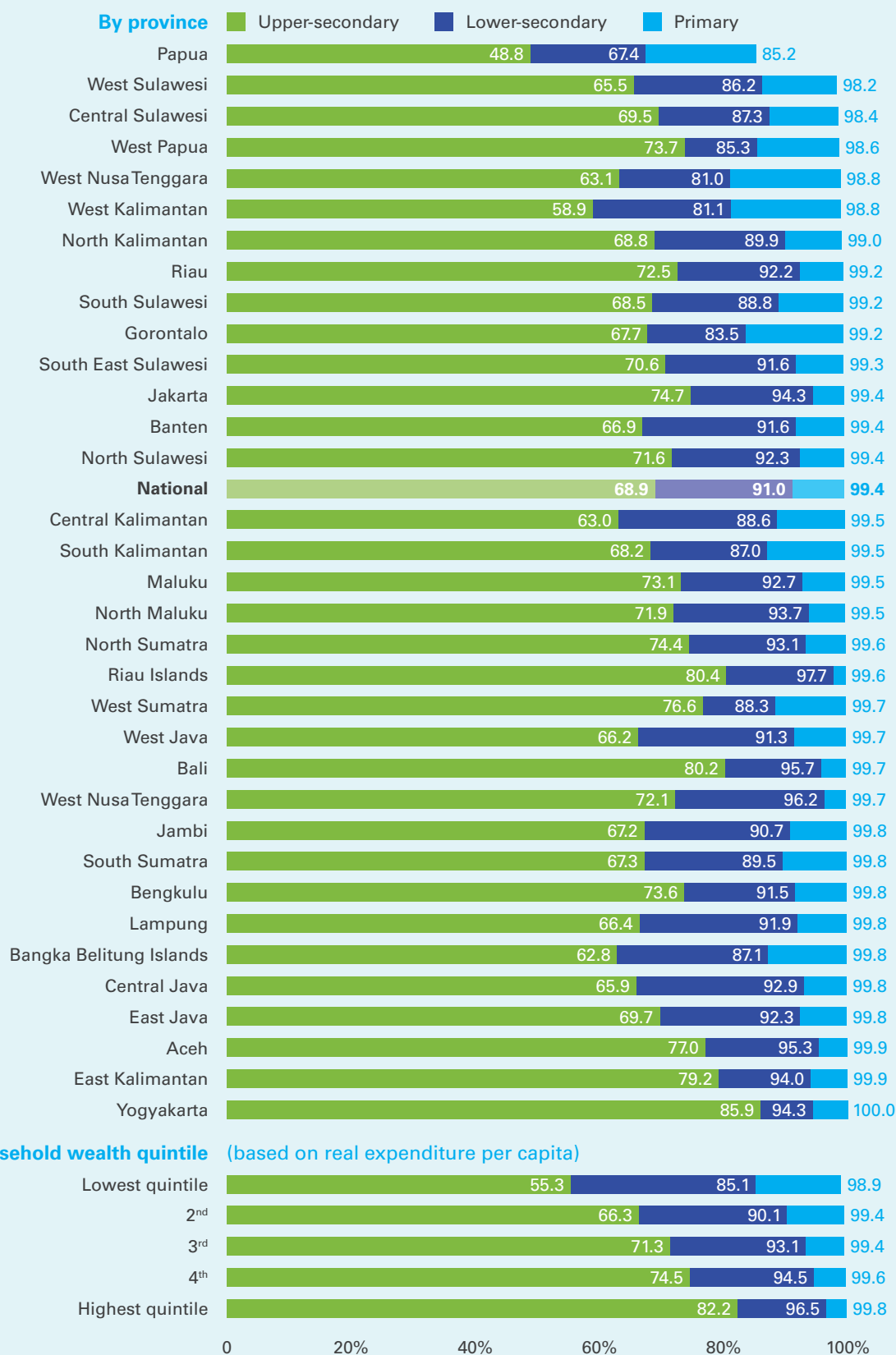
Learning outcomes revealed significant geographic and gender disparities.

Significant geographical differences in learning outcomes prevail across Indonesia. In some provinces, such as NTT, fewer than 24 per cent of grade 8 students reached the minimum proficiency level in reading, compared to 66 per cent in Yogyakarta Province; similar disparities were seen in math. Gender disparities in performance were also considerable; girls consistently outperformed boys in all subject areas.

Research attributes poor education quality and outcomes in Indonesia to several factors: weak teaching skills, high rates of teacher absenteeism, inadequate government managerial capacity, limited supervision by school principals and administrators, and curriculum and reading materials that are not relevant in the Indonesian context.

## Geographic and income disparities in school attendance

### Net school attendance rates

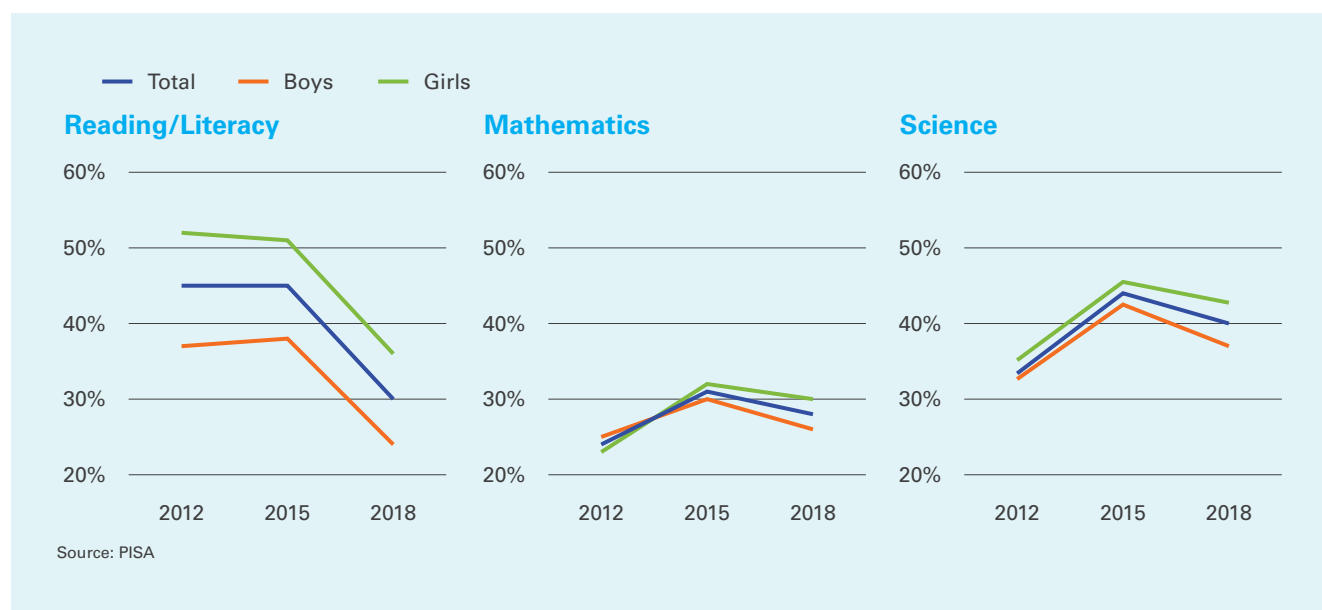


Source: Susenas, 2018



## Substantial improvements still needed in learning outcomes

Percentage of children achieving minimum proficiency in reading, mathematics and science



Fewer than half of all Indonesian youth aged 15–24 years were in school or receiving training in 2018.

## Access to technical/vocational education

Only 48.7 per cent of Indonesian youth aged 15–24 participated in education or training in 2018.<sup>70</sup> Adolescents and youth in rural communities and those from the poorest households are especially disadvantaged. Only 16 per cent of rural young people in this age group have access to tertiary education, compared to 40 per cent in urban areas. Similarly, up to 62 per cent of adolescents from the richest families have access to tertiary education, compared to just 10 per cent of those from the poorest families.

Girls' participation in vocational education is low and declining, despite the fact that overall enrolment in vocational education increased by 158 per cent between 2001 and 2010.<sup>71</sup> Promoting higher education among girls is important, as this has been shown to decrease the chances of adolescent pregnancy, child marriage and associated risks.

In a recent study on skills for the future, adolescents identified several bottlenecks for accessing learning opportunities: lack of credible information (on what skills to acquire and where to acquire them); financial constraints (at the family and institutional level); peer pressure, bullying (adolescents with disabilities and out-of-school adolescents were particularly vulnerable); strong influence of social media and digital media; lack of family support (particularly among out-of-school adolescents); and a mismatch between training opportunities, adolescents' own preferences and services currently on offer.<sup>72</sup>

Twenty per cent of adolescents in Indonesia aged 15–19 years are neither attending school, working, nor receiving training. Other factors driving this high percentage are the lack of 21st-century skills being taught at all levels of education, lack of career guidance and lack of opportunities for further learning. Indonesia has the second-highest youth unemployment rate in the Asia/Pacific region. Despite the rapidly growing middle-income economy, youth unemployment is about 15 per cent – three times higher than the national rate of 5.5 per cent (2015). If Indonesia wants to capitalize on its demographic dividend, initiatives to reduce high youth unemployment will be required.

## Children with disabilities: Access to quality education and other basic services

On average, children in Indonesia attend school for 8.75 years.<sup>73</sup> However, this falls to 4.73 years for children with disabilities.<sup>74</sup> While 95 per cent of children complete primary school nationally, the completion rate for children with disabilities is just 56 per cent. This gap is even wider for secondary school, suggesting that children with disabilities face increasing barriers to education as they get older. Sixty-two per cent of adolescents without disabilities complete senior-secondary, compared to only 26 per cent of children with disabilities.<sup>75</sup>

Only 56% of children with disabilities complete primary education, far below the national average of 95%.

Some parents may choose not to send their children to school if they have disabilities because they think that their child will not benefit as much from school.<sup>76</sup> Alternatively, some schools may not allow children with disabilities to enrol, or may not be able to meet their specific needs. In 2002, the government committed to a programme of inclusive education, but implementation has been inconsistent.<sup>77</sup> Some schools considered to be 'inclusive' accept children with disabilities but place them in separate classes, apart from other children.<sup>78</sup> One study found that the attitude of teachers and other students was the greatest challenge faced by children with disabilities in mainstream school.<sup>79</sup>

## Key policy responses

Although the Indonesian government has demonstrated a strong commitment to improving access to education, learning outcomes and quality of teaching and infrastructure in schools, important challenges remain. The 2015–2019 mid-term plan includes a number of key targets and actions. The government also wants to improve access and quality of pre-primary education and encourage the implementation of holistic, integrated ECD.

The government abolished school fees for all students by establishing the 'school operational assistance' programme (BOS), reducing the economic burden of education, especially for the poor. BOS funds are allocated to schools based on the number of students and must be managed according to government guidelines. The 'education cash transfer for poor students' programme (Smart Indonesia card, KIP), increases access to education by covering indirect costs. KIP is a national programme for children from the poorest 25 per cent of households. In 2015 the programme listed 21 million eligible child beneficiaries, up from 11 million children covered by a precursor programme.

In 2015, the Smart Indonesia card (KIP) programme listed 21 million eligible children beneficiaries.

A range of measures have been taken to improve the quality of school infrastructure, teaching, curriculum and resources, including a special allocation fund for education infrastructure. The fund offers aid to local governments and areas with low rates of participation in education. A professional development programme for teachers is underway, and efforts are also being made to improve the quality of undergraduate teaching degrees in 24 universities across the country. In 2013 Indonesia introduced a new national curriculum, designed to place students at the centre of learning and strengthen their basic skills. The Ministry of Education and Culture and Ministry of Industry have undertaken a number of steps to improve the competencies of vocational school graduates, with the main objective of 'linking and matching' between schools and industries.









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8

## CHILD PROTECTION

The Government of Indonesia has shown strong commitment, through both its global agreements and domestic planning documents, to protecting its children from violence, abuse, neglect and exploitation. Indonesia's national policy on child rights seeks to strengthen the child protection system, and the government has invested considerable resources in legal reforms and policy development.

### Birth registration

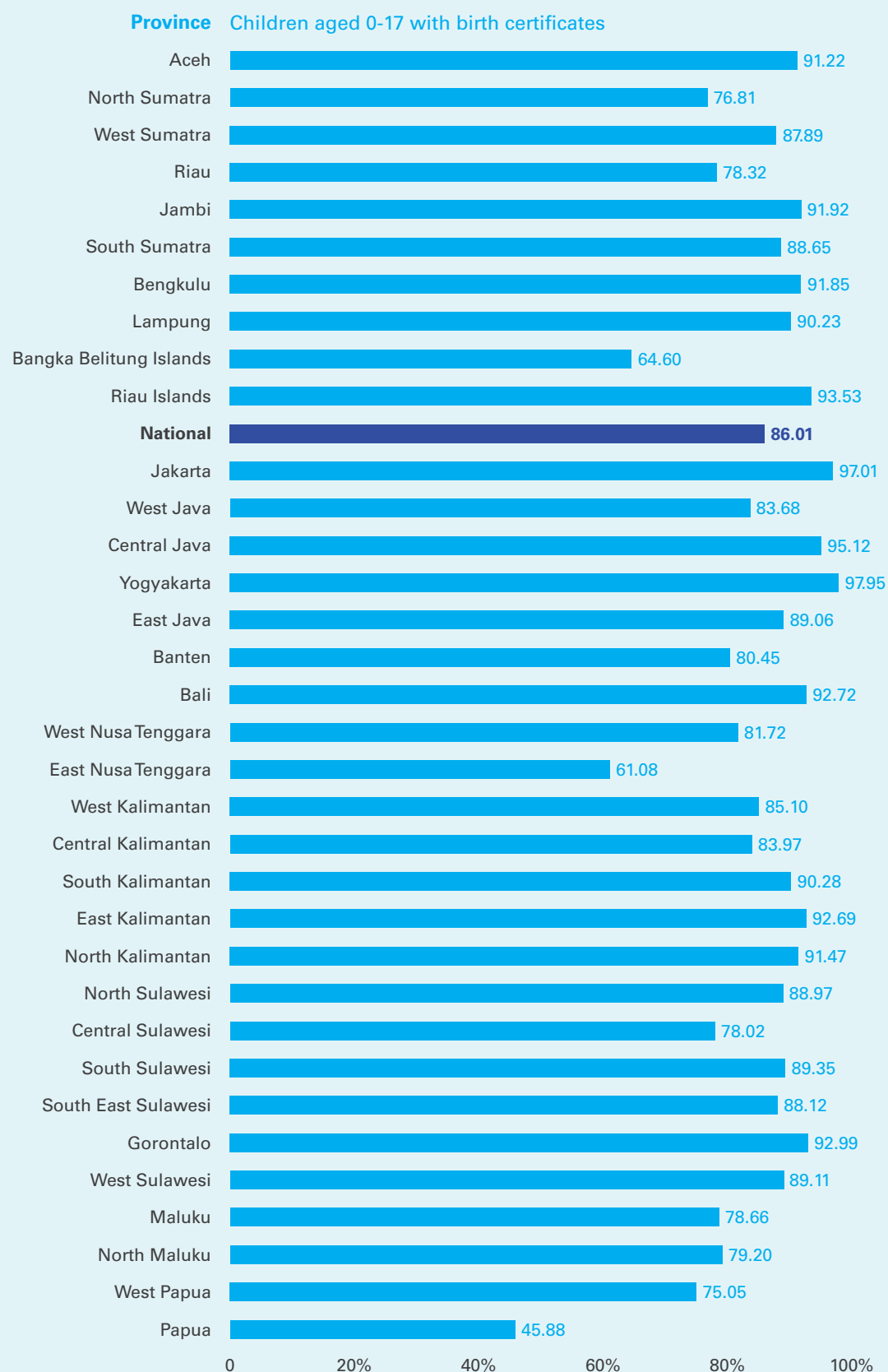
Birth registration is critical to assuring children's access to basic public services and other rights. The Government of Indonesia set – and met – a target for increasing registration rates to 85 per cent by the end of 2019 (77 per cent for the poorest). While steady progress has been made (86 per cent of children now have a birth certificate), a significant proportion of children across the country still do not (over 31 per cent of children under age four in rural areas, and 14 per cent under age 18).<sup>80</sup> This translated to over 11 million children without a birth certificate in 2019.

Children in rural areas are less likely to have a birth certificate than those in urban areas, and children from the wealthiest households are twice as likely to be registered as children from the poorest households.<sup>81</sup> Other groups with high rates of non-registration include children with disabilities and children whose parents do not have a birth certificate. Cost and limited awareness of the importance of birth registration have been identified as key barriers, along with distance to civil registration offices.

While Indonesia has achieved its national targets for birth registration, more than 11 million children are still left without birth certificates.



## Regional disparities in birth registration



Source: SUSENAS 2019

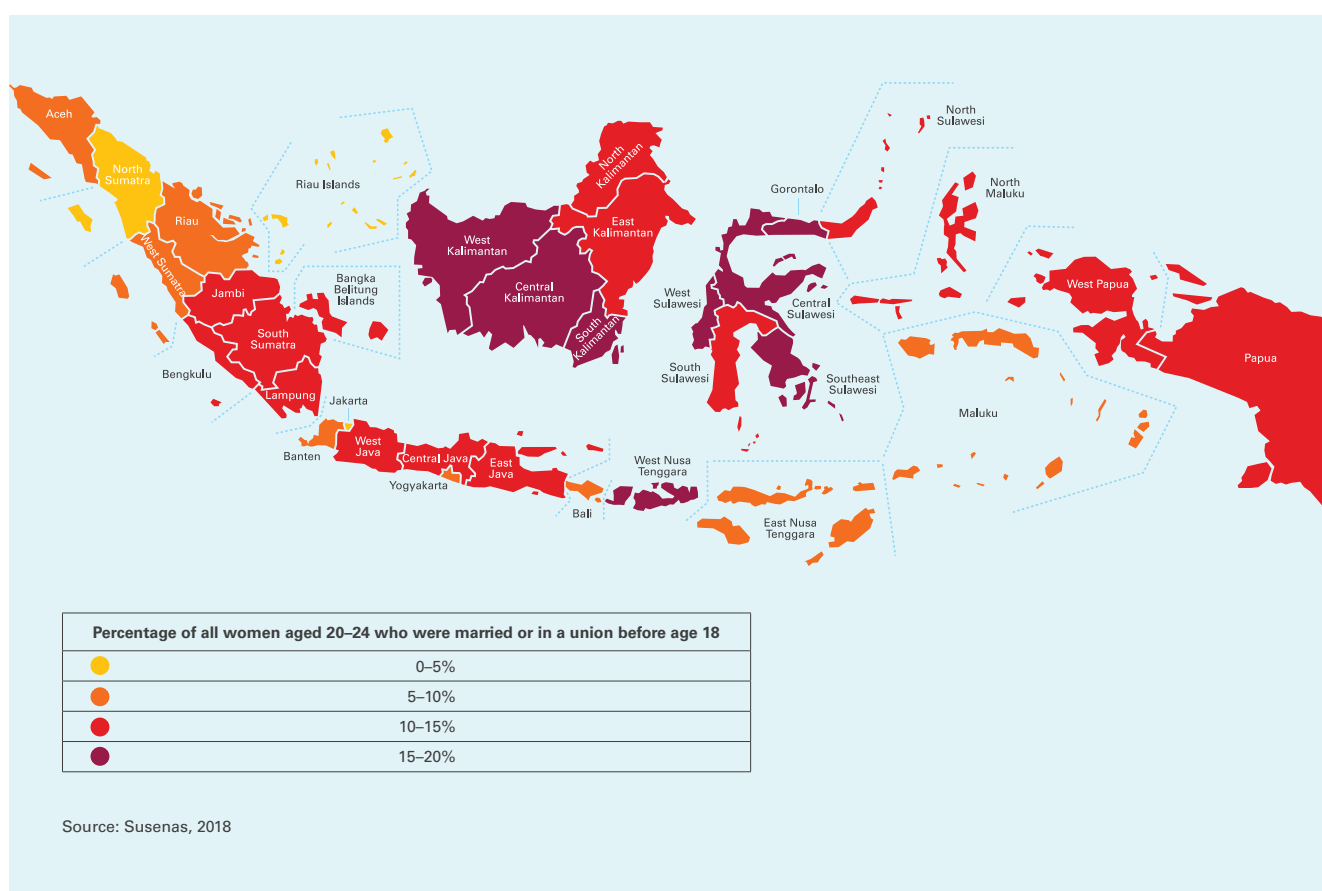
## Children in institutions

The Indonesian government is committed to reducing the number of children in institutional care and ensuring that children living in institutions receive adequate care. It has introduced a number of initiatives to achieve this goal (such as the national standard of care for child welfare institutions adopted in 2011). Up-to-date data on the number of children who live without parental care are not available, but it is estimated that approximately 2.2 million Indonesian children do not live with either parent.<sup>82</sup>

Reducing the number of children in institutional care, and improving the quality of such care remain priorities for the Government of Indonesia.

The main institutions providing care for children outside the family are the government and privately run institutions for orphaned, neglected or abandoned children or children with disabilities, as well as Islamic boarding schools. However, only a small number of non-governmental institutions are formally registered with the government, raising concerns about the actual care that children receive. To ensure adequate quality of care and reduce the number of children living in institutions, in 2017 the Government adopted regulations on child care that shift policy away from institutional care and toward promotion of family-based care. The regulation states that child care by a social institution should be the last option (Article 8, paragraph 3). The regulation also imposes a ban on corporal punishment – the first time in Indonesia that a complete ban on corporal punishment has been enacted in a childcare setting.<sup>83</sup>

## Geographic spread of child marriage prevalence





The prevalence of child marriage among Indonesian girls has declined steadily, but plateaued in recent years. Today, 1 to 9 women are married before age 18.

## Cultural practices that harm children

Child marriage (defined as marriage where at least one person is below the age of 18 years) is prohibited by international law and linked to a range of human rights violations. The prevalence of child marriage among Indonesian girls has declined steadily, but plateaued in recent years. In 2018 about 11.2 per cent of women aged 20–24 (1.2 million girls) reported having married before reaching the age of 18 – among the highest numbers in the region.<sup>84</sup> Girls living in rural areas are more than twice as likely as girls in urban areas to marry before reaching age 18; girls from poorer households are three times more likely to marry as children.<sup>85</sup>

The government has signalled a firm commitment to addressing child marriage, including amending the Marriage Act to increase the age at which girls can marry with parental permission from 16 to 19, in line with the law for boys. A national strategy for preventing child marriage was finalized, and a specific target – lowering rates from 11.2 per cent in 2018 to 8.24 per cent by 2024 – was included in the national medium-term plan. Nonetheless, child marriage remains legal in Indonesia, since dispensations can be sought from religious and civil courts under certain conditions, with no minimum age requirement.

## Violence and abuse in childhood

62% of girls and boys experience one or more forms of violence during the course of their lives.

High rates of violence against children prevail in Indonesia. The national survey on violence against children, completed in 2018 by MoWECP, found that as many as 62 per cent of girls and boys experience one or more forms of violence during the course of their lives. The survey found that one of every 11 girls and one out of 17 boys experience sexual violence, and that three of every five girls and half of all boys experience emotional violence.<sup>86</sup> Indonesian children experience multiple forms of violence in environments that should be safe, and at the hands of those they trust. Recent data reveal that children in Indonesia are exposed to both psychological aggression and physical punishment in their homes.<sup>87</sup>



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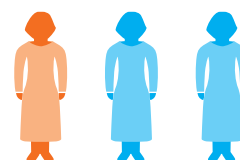
Another 2018 survey found that 41 per cent of 15-year-olds in Indonesia had experienced bullying in schools at least a few times a month, involving both physical and psychological violence.<sup>88</sup> Bullying, both physical and psychological, including through social media, is an increasing concern among adolescents in Indonesia. MoWCEP's study concluded that 12–15 per cent of boys and girls aged 13–17 years old had experienced violence through online media in the previous 12 months.<sup>89</sup> Violence against children by teachers is also a significant concern in Indonesia, where 20 per cent of boys and 7.5 per cent of girls reported having been beaten, slapped or intentionally physically harmed by teachers during the previous 12 months.<sup>90</sup>

The prevalence of violence against children can be traced to a variety of factors. One is the belief that violence is an acceptable and normal feature of child-rearing and discipline, a legacy handed from one generation to the next. In addition, children with low levels of parental support are more vulnerable to abuse.

## Gender-based violence

The Government of Indonesia's mid-term plan includes a commitment to addressing gender-based violence. The prevalence of violence against women in Indonesia is consistent with global figures: around one in three women experience physical and/or sexual violence from a partner or non-partner in their lifetime. A 2016 survey found that almost 10 per cent had experienced such violence during the previous 12 months.<sup>91</sup> Unlike women in most other countries, Indonesian women are more likely to experience violence from someone other than their partner.<sup>92</sup> The country's Penal Code has significant shortcomings in relation to sexual violence; for example, it does not criminalize marital rape.

About one in three women experience physical and/or sexual violence in their lifetime.



## Child trafficking and sexual exploitation

Indonesia is a major source (and a destination and transit) country for trafficking in persons – including children – for purposes of sexual and labour exploitation.<sup>93</sup> According to the 2018 U.S. 'Trafficking in Persons' report, a significant number of Indonesians are trafficked abroad, including within Asia and to the Middle East, to be placed in domestic service, factories, construction and more. Indonesian women and girls are subjected to sex trafficking primarily in Malaysia, the Middle East and Taiwan. Women and girls are also subjected to internal trafficking – particularly to mining operations in Maluku, Papua and Jami province – and children are sexually exploited in tourism in the Riau Islands bordering Singapore and in Bali.<sup>94</sup> Online sexual exploitation also affects adolescents, according to a recent U-Report poll. Lack of reliable data on these issues constitutes an important information gap.

Indonesian law criminalizes trafficking by force or coercion and prostitution of trafficked individuals (including children). Other national action plans focus on the development of early detection mechanisms, community awareness-raising, building inter-agency cooperation and strengthening the capacity of stakeholders to prevent and manage trafficking. The government established a National Taskforce on Trafficking in Persons in 2008.<sup>95</sup>

## Child labour

The International Labour Organization describes child labour as “work that deprives children of their childhood, their potential and their dignity, and that is harmful to physical and mental development.”<sup>96</sup> The difference between

Up-to-date data on the prevalence of child labour is urgently needed.

Children as young as 12 are considered criminally liable in Indonesia.

The Juvenile Justice Act requires that children have legal representation and receive education while detained, but very few are provided with these services.

acceptable child work and child labour depends, according to the ILO, on the child's age, the types of work performed and the conditions under which it is carried out. SDG 8 requires countries to take immediate and effective measures to prohibit and eliminate the worst forms of child labour.

Data on child labour in Indonesia is inadequate; the most recent broad survey is a decade old. A 2019 study found that parents and communities in Indonesia are unaware of the difference between working children and child labour.<sup>97</sup> One 2018 survey, though limited in scope, projected that more than 7 per cent of children aged 10–17 were working. In rural areas, work is primarily in agriculture and in urban areas in the service sector.<sup>98</sup> Unsurprisingly, most children who work come from poor families and do so to boost household income. Boys are also more likely to be involved in child labour than girls.

## Children in conflict with the law

In Indonesia the minimum age of criminal responsibility is now 12, having been raised from eight by the Juvenile Justice Law of 2012. The Committee on the Rights of the Child recommends that that minimum age be raised further, to at least 14.<sup>99</sup>

A key element of the Juvenile Justice Law is its promotion of diversion from the court system by police, prosecutors and courts. Diversion, however, is generally conditional on consent by the victim and the victim's family. In 2014, just 10 per cent of children in conflict with the law were diverted, but that number has since risen substantially, to 53 per cent of children in 2018.<sup>100</sup>

The Juvenile Justice Law also contains other key protections for children. It prohibits both the death penalty and life imprisonment for children under 18. Detention is permitted only for children older than 14 and for crimes punishable by more than seven years' imprisonment. Community service is another alternative used in lieu of detention for juveniles, but the system is poorly organized and monitored and courts are generally biased in favour of more punitive approaches.

Under the 2012 law children are entitled to legal representation, but as a practical matter more than three quarters of children in the criminal justice process do not receive it. Even when legal representation is available, lawyers and paralegals often lack knowledge of juvenile justice and child rights.

The vast majority of children in detention facilities are boys (most between 15 and 17); only about one in five have actually received a sentence. While the Juvenile Justice Law provides that children must be separated from adults, this does not always occur and children continue to be detained in adult facilities.<sup>101</sup> Children in correctional facilities are entitled to education, but fewer than 15 per cent are able to access education.<sup>102</sup>

## Social conflict

Despite recent peace settlements social and political conflicts continue in Indonesia, placing women and children at particular risk. They may suffer physical harm when caught up in attacks, and also suffer harm (including sexual abuse and trauma) merely due to their presence in a region where the rule of law has broken down. Children also face the loss of or separation from family. Further, as seen during the 2018 Surabaya bomb attacks, women and children have been recruited as militants and used as suicide bombers.



Some government 'de-radicalization initiatives' use digital media to disseminate anti-radicalization messages and promote social events to engage young influencers as promoters of peace. They also seek to promote interfaith dialogue. The government also combats radicalization through other approaches. The Law on Counter Terrorism and Combating Terrorism gives police the power to detain suspects for extended periods and to prosecute those who join or recruit for militant groups. UNICEF programmes use a different, development-oriented approach to combatting radicalization, by focusing on the reduction of inequalities, fighting intolerance and violence and promoting social inclusion, peacebuilding and positive development for adolescents.

## The policy response in child protection

Indonesia's most recent medium-term development plan (RPJMN) identified child protection as a key priority and included specific targets. The new plan also places a priority on developing the human resources required to strengthen social services and protection for the nation's children. In this context, Indonesia has made considerable progress, investing heavily in legal reforms and policy development.

Indonesia has made considerable investments in legal reforms and policy development to strengthen social services and protection for children.

The MoWECP coordinates implementation of Indonesia's national action plan for child protection, which focuses on improved data and evidence collection; strengthened prevention, early risk detection and social protection; and playing a stronger role in protecting and fulfilling child rights. Another initiative, the child social welfare programme, is a cash transfer programme for neglected children, street children, children in contact with the law, children with disabilities and others in need of special protection. The national strategy for eliminating violence against children (2016–2020) was launched to address violence through "systematic, integrated, evidence-based and coordinated actions", including legislation and efforts to change social norms and cultural practices.

However, these national plans and strategies have fallen short of their ambitions. Targets were not binding, and further investment is needed in services for both preventing and responding to violence.

Several initiatives that seek to strengthen the policy and legislative framework have been implemented in Indonesia. This includes a new law providing legal status and protection for the professionalization of social work; a national strategy on civil registration that aims to ensure complete coverage of legal identity for Indonesia's population; a national strategy on child marriage; and an amendment to the Marriage Act. The government regulation on child care passed in 2017 will help more than 500,000 children living in institutions to reintegrate into family-based care, strengthen care standards for children in other family-care options and protect children through the ban on corporal punishment in childcare institutions. A Sexual Violence Bill has also been introduced, which would have a positive impact on victims; among other provisions it would criminalize rape in marriage and provide a clearer and more comprehensive legal definition of sexual offences.

In addition, the 2002 national Child Protection Law contains provisions targeting violence against children at home and in schools and provides for punishment of those who commit or threaten violence against children. The national Human Rights Law (1999) and the Elimination of Violence in Households Law (2004) also address physical, sexual and psychological violence.

The 2002 national Child Protection Law calls for punishing those who commit or threaten violence against children.









# 9

## CHILD AND ADOLESCENT PARTICIPATION

Across all these urgent issues affecting the lives of children and adolescents in Indonesia is another important underlying principle, the right of children and adolescents to participate in decisions that affect their lives. This is an important global priority for UNICEF, as clearly established by the CRC.<sup>103</sup>

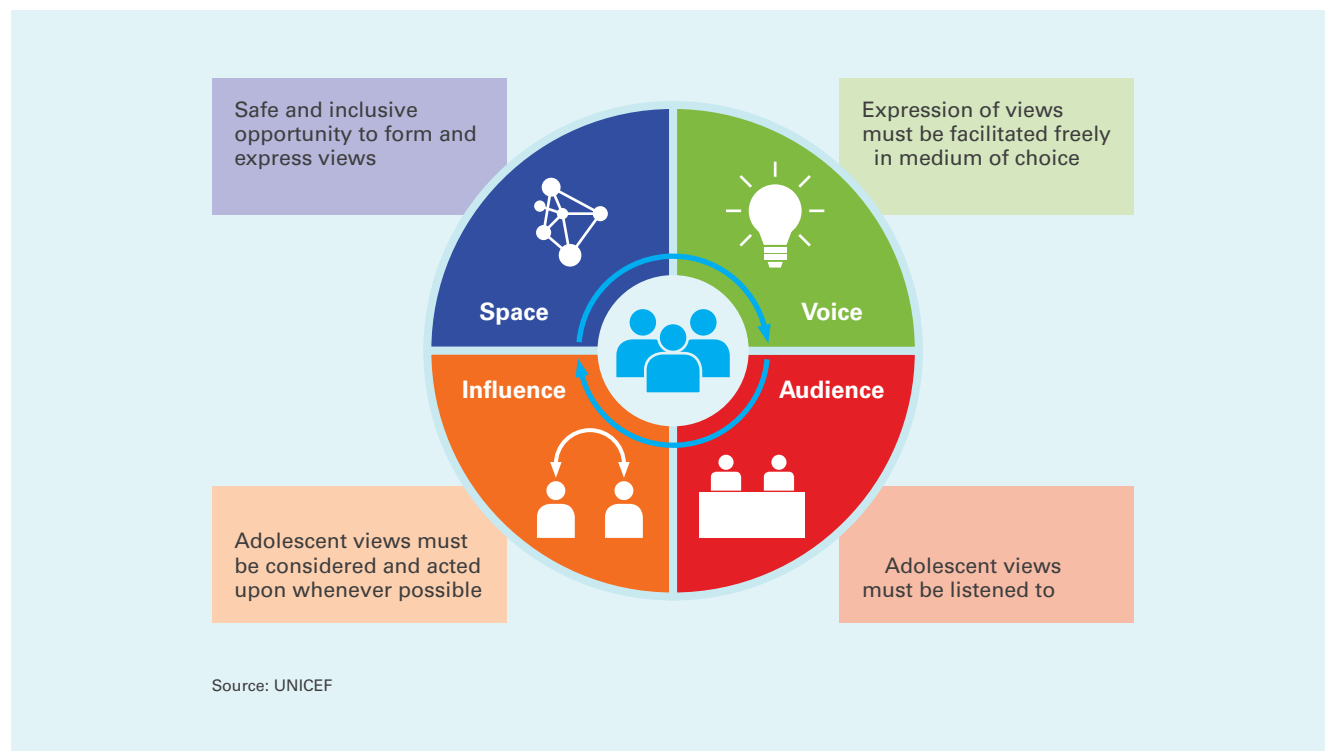
Participation contributes to empowering children and adolescents – to believe in themselves, to build strength through collaboration and to actively engage in the realization of their rights. The idea is that if a child's right to express their views is recognized and taken seriously, this promotes a sense of self-esteem and capacity to make a difference. This can be further strengthened through the collaborative nature of participation. Through collaboration, children's voices can be more powerful – and more effective. Key conditions necessary for child and adolescent participation include: existence of an enabling environment; opportunities for meaningful participation (voice, space, audience, influence); and different modes of participation (consultative, collaborative, adolescent-led).

Participation contributes to empowering children and adolescents. Through collaboration, children's voices can be more powerful – and more effective.

The 'right to be heard' was incorporated into Indonesian domestic law by Article 10 of the 2002 Child Protection Law, which states that "every child is to be entitled to speak and have their opinions heard, receive, seek and impart information pursuant to their intellect and age for the purposes of their self-development in accordance with norms of morality and propriety."<sup>104</sup> The legislation has a strong focus on voice, but does not address the importance of the enabling environment. While the Law is a positive development, the CRC Committee is concerned about its "morality and propriety" language, which can create problems for effective implementation.



## Meaningful adolescent participation requires four main elements



The Government of Indonesia has established two key platforms for participation: the Musrenbang (public participation in planning and budgeting) and Forum Anak (Child Forum). These platforms are widespread in the country, but with differing levels of effectiveness. In many cases they are viewed simply as a formality, and meaningful child participation is rare.<sup>105</sup> Indonesia's Child Forum, a platform through which children can exercise their right to participation, was founded by MoWECP. In theory, forums such as these should be established at all levels of government, from the village to the national, but many do not have them.<sup>106</sup> Child forums can offer a key opportunity for realizing children's participation rights; however, little information is available about how they function, how inclusive they are and whether or not they are equipping children and adolescents with skills and meaningful opportunities to make their voices heard and influence decision-making.

Much of the difficulty in achieving meaningful participation is related to social norms that do not see children and adolescents as active citizens.

Key bottlenecks to achieving meaningful participation by children and adolescents include: social norms and barriers that impede participation rights (despite a legal and policy environment that guarantees it), lack of awareness of children's right to participate, level of children's skills and capacity to participate and few institutionalized opportunities for participation. Much of this problem is related to social norms that do not see children and adolescents as active citizens. These norms are compounded by discriminatory attitudes towards certain groups of children, such as girls and children with disabilities. Other barriers have to do with children not being aware of their rights and not having the skills and confidence to participate. A final barrier has to do with the lack of opportunities to participate (online and offline) and to express their views and opinions on issues affecting them. It is important that Indonesia address these specific barriers and bottlenecks to participation and thereby help to increase inclusion of the country's most vulnerable and marginalized children.

To fill gaps in adolescent programming around participation, a number of tools and methodologies have been developed and adapted to the Indonesian context. These tools have enhanced the capacity of both adults and adolescents to cooperate, participate and find solutions to issues affecting them and their society. One of these tools is UNICEF's 'Adolescent Kit for Expression and Innovation', which aims to develop 10 key competencies ranging from communication and expression to identity and self-esteem to leadership and influence.

A number of tools can be applied in Indonesia to enhance the capacity of both adults and adolescents to cooperate, participate and find solutions to issues affecting them and their society.

Between 2015 and 2018 the kit was used in 'adolescent circles' (groups of 15–20 adolescents led by a youth facilitator) in 29 villages in four districts in Indonesia, reaching a total of 1,595 adolescents. The circles were able to gain support and funding from village authorities for three of the proposals they presented. While an evaluation found that some adolescent circles were able to influence community decision-making, challenges remained for adolescent circles to gain access to village leaders and community members and to win support for their ideas at Musrenbang planning and budgeting sessions. The kit was recently used as part of the response to the tsunami and earthquake in Lombok and Central Sulawesi provinces.











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# 10

## DISASTERS AND ENVIRONMENTAL RISKS AND THEIR IMPACT ON INDONESIA'S CHILDREN

While significant gains in child well-being have been made in Indonesia over the last 50 years, they are at risk of being reversed by unprecedented global, regional and local environmental changes. A pattern of natural disasters, further exacerbated by climate change, could well have devastating impacts on children. Children are also the most vulnerable to diseases that will become more widespread as a result of climate change and are more likely to be affected by vector- and water-borne illnesses and poor nutritional access in the face of such changes. The stakes are even higher for already disadvantaged children, as poor families have difficulty recovering from shocks.

Significant gains in child well-being are at risk of being reversed by unprecedented global, regional and local environmental changes.

### Natural disaster risks and the climate crisis

Indonesia sits on the Pacific 'Ring of Fire', a long chain of active volcanoes and the site of 90 per cent of the world's earthquakes. This location makes Indonesia one of the most disaster-prone countries in the world, with substantial consequences for the nation's children. Environmental degradation and the climate crisis both exacerbate these natural hazards. The result is that Indonesia ranked 17th out of 191 countries on the 2019 INFORM global hazard and exposure index.<sup>107</sup> All this makes it especially urgent that Indonesia increase the adoption of local disaster risk-reduction strategies.

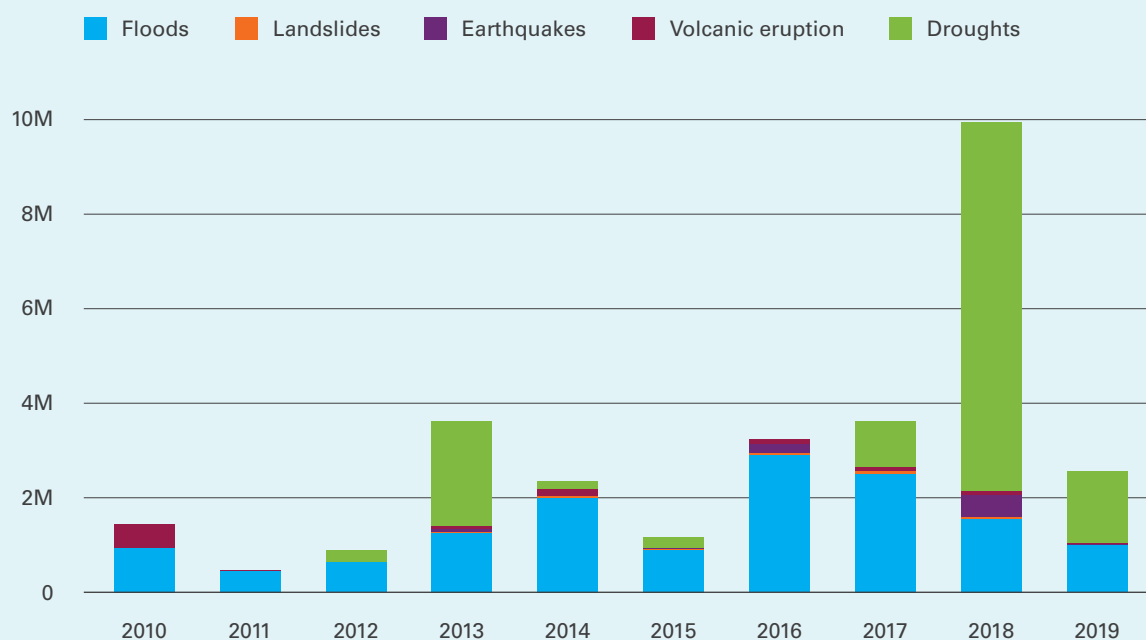
Indonesia is one of the most disaster-prone countries in the world.

The three main natural hazards in Indonesia are floods, earthquakes and tsunamis. Compared with other hazards, tsunamis have killed the largest number of people in Indonesia due to their enormous destructive force and

Floods, earthquakes and tsunamis are the major natural hazards in Indonesia.

### Droughts and floods are among the most common hazards impacting on people and communities

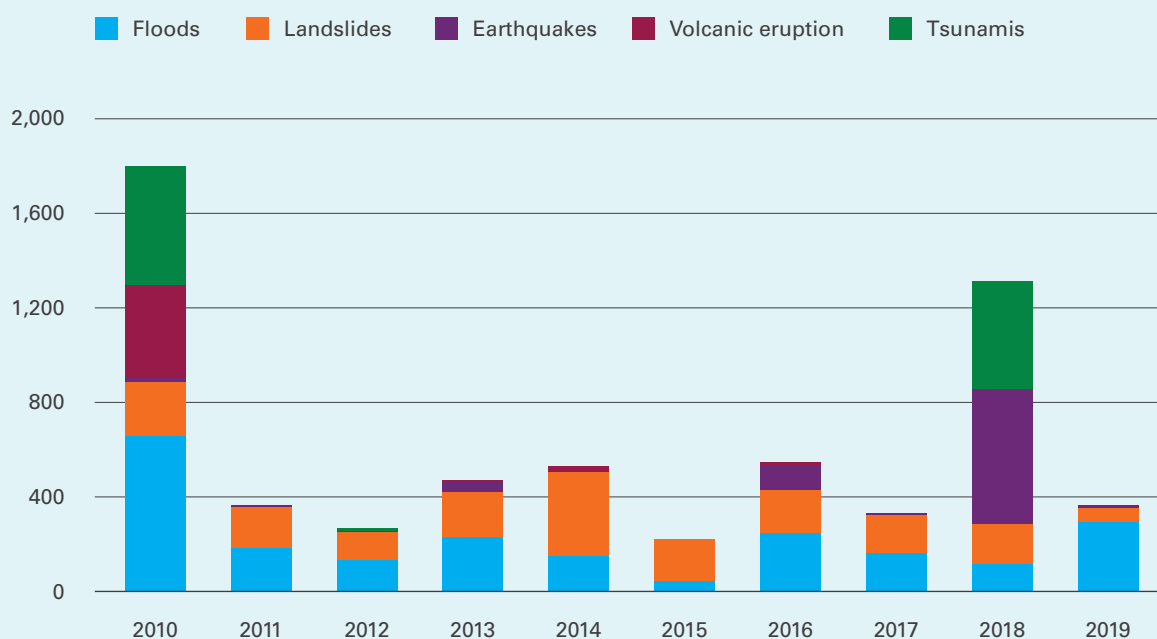
Number of people affected/evacuated during 2010-2019, by hazard type (millions)



Source: BNPB Cloud

### Most dangerous hazards in Indonesia

Number of deaths/disappearances during 2010-2019, by hazard type



Source: BNPB Cloud

the limitations of early warning systems. Most recently, Lombok and Central Sulawesi were heavily affected by two separate earthquakes and a tsunami, affecting 1.9 million people and killing around 5,000 in 2018.

The Government of Indonesia has a fairly comprehensive disaster risk-reduction and management system aimed at coordinating the country's disaster response, and has demonstrated a commitment to mitigating natural hazards and humanitarian disasters. A central element of the government's approach is strengthening capacity and resilience at the sub-national and local levels. The Government is also working to improve 'adaptive social protection' programmes (i.e., cash transfers to help people affected by disasters to cope), which could provide an effective safety net before or after disasters, mitigating their impact.

Indonesia was ranked 50th of 181 countries on Germany's Global Climate Risk Index.<sup>108</sup> The country's average temperatures are expected to rise by 0.8–2.0°C by 2050, increasing the frequency of heatwaves and prolonged dry spells and causing droughts in some areas. Rainfall is likely to increase in both frequency and intensity. The result will be an increase in mosquito-borne diseases, to which children under five are particularly susceptible.<sup>109</sup> Combined with other climate-driven and environment-related challenges such as water shortages, increased fires and rising air pollution, climate change will have a potentially disastrous impact on all aspects of the nation's future – environmental, social and economic.

Despite facing some of the planet's most dire climate-related risks, Indonesia is nevertheless one of the world's top 10 emitters of greenhouse gases.<sup>110</sup> The country has signed a variety of global compacts in this area, including the 2015 Paris Agreement, the Kyoto Protocol and others. Domestically, Indonesia has introduced various initiatives aimed at strengthening sustainable and resilient development in the face of climate change. Some of the chief goals adopted by the government to tackle its own greenhouse gas emissions include: reducing the rate of deforestation and land degradation, developing carbon sequestration projects in forestry and agriculture and promoting energy efficiency and renewable energy sources.<sup>111</sup> Given the extent of Indonesia's current emissions, mitigation will require large-scale annual investment.

Indonesia's situation is highly likely to worsen with the advance of global climate change.

Indonesia is one of the world's top 10 emitters of greenhouse gases, despite facing some of the planet's most dire climate-related risks.

## Special risks for women and children

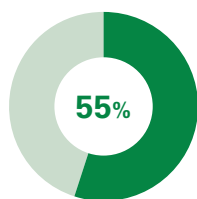
Women, children and the elderly are disproportionately at risk for death or injury during disasters, largely because they are less able to escape. During the 2018 earthquakes in Lombok and Central Sulawesi, approximately one third of those affected were children (665,000). During the 2004 Indian Ocean tsunami, the largest number of fatalities occurred among children and people older than 50. The same enhanced risk applies in flood situations; children and women are more likely to be swept away, even by shallow water.

Children are often left orphaned as a result of natural disasters. It is reported that as many as 150,000 children in Aceh and North Sumatra were orphaned by the 2004 tsunami. Destructive natural disasters can cause homelessness, massive displacement or separation from families. For children separated from parents during disasters, the government has systems and policies in place, such as the family tracing and reunification network. Children who have been orphaned, separated from their families or displaced are at high risk of being trafficked, sexually exploited or forced into child labour. The tsunami in Aceh led to approximately 2,500 children being placed in residential care facilities, increasing their potential exposure to abuse. Natural disasters also create huge emotional trauma and distress for children that must be addressed.

When children are separated from parents due to natural disasters they suffer emotional trauma and are at high risk for exploitation and abuse.



135 million Indonesians live in urban areas.



Air pollution in Jakarta and other large cities is a major concern. Children will suffer the greatest impacts, including chronic respiratory diseases and stunted growth.

## Rapid urbanization

Urbanization is an important trend in Indonesia, affecting children in many ways. More than half – 55 per cent, or 135 million people – of all Indonesians now live in cities, where they can take advantage of better access to services and high wages. However, the 'urban advantage' can quickly erode if insufficient effort is made to realize the rights and needs of all children, especially the poorest and most vulnerable (slum dwellers, street children etc.).

Steady and significant rural-urban migration has exacerbated existing environmental issues in the country. By 2030 Jakarta is expected to be the most populous city in the world. This will generate even greater problems around pollution of both water and air, among others. A key source of contamination is poor wastewater treatment (especially by households), along with industrial waste and the use of toxic fertilizers in agriculture. This in turn leads to a rise in disease and water-borne illnesses in children. Air pollution in Jakarta and other large cities is already a major concern, and is expected to get worse as the population rises and traffic becomes more congested. Children will suffer the greatest impacts on their development and growth as a result, including chronic respiratory diseases and stunted growth.

Globally, cities are responsible for 85 per cent of economic activity and approximately 75 per cent of greenhouse gas emissions. Therefore any successful path for Indonesia to achieve the SDGs will depend on making its cities sustainable. According to the UN Global Sustainable Development Report, cities are one of the transformative entry points for "strategic, systemic, science-based approach to implementing activities towards the SDGs, recognizing their interconnections and the need to prioritize, account for trade-offs". Indonesia's sustainable development pathways will be determined by its management of urbanization and its environmental implications, particularly in relation to child health and well-being.



## CONCLUSION

The aim of this report has been to offer those concerned with the state of Indonesia's children a broad overview of today's key trends, opportunities and challenges and those that are now emerging and will require solutions in the future. From child survival to access to quality education to dealing with environmental threats, progress has been achieved but considerable work remains to be done. Whether or not that work is carried out in a smart and effective way will determine whether Indonesia is able to reap the demographic dividend offered by its large young population – or whether it will allow risks to child survival and development to be passed on to the next generation. Four broad themes emerge from this report:

Indonesia has achieved considerable progress but much work remains to be done.

### 1. Inequality

In one measure after another – infant mortality, stunting and nutrition, access to pre-primary education, and more – nearly all indicators point to a wide gap between the Indonesia that is prospering and another Indonesia that is being left behind. The deepest of these divides is between the poorest and everyone else. It is important that poverty be measured not only in relation to income and not just at one moment in time, but rather through the lens of all of poverty's dimensions and the ongoing risk for those who rise above poverty, but remain marginalized and likely to slip backwards.

Nearly all indicators point to a wide gap between the Indonesia that is prospering and another Indonesia that is being left behind.

The other equality gap is between rural and urban communities. While the rapid pace of urbanization is bringing new challenges to cities, Indonesia's rural communities are still the place where children are most likely to suffer the kind of deprivations outlined in this report, and where public institutions remain the weakest to address these issues. If Indonesia wants a prosperous future – if it genuinely wants to capitalize on the potential benefits of its young population – then it needs to put the needs of these disadvantaged children and young people at the centre of its national development plans.



Focused efforts and investments to improve the conditions of the urban poor are needed.

Strengthening the capacity of decentralized public institutions to deliver on the needs of children is an important priority.

## 2. The urban future

Indonesia's urban population is growing. By 2030 it is estimated that over 60 per cent of Indonesians will live in cities.<sup>112</sup> Rapid urbanization could lead to significant advances in economic growth. However, policy makers must ensure that these benefits are not reaped exclusively by already privileged groups, but also reach the most vulnerable and excluded populations. This will require dedicated investments to address intra-urban inequalities.

Data from 2016–2017 show that inequalities are even greater within urban areas than in rural areas (Gini co-efficient of 0.40 compared with 0.32).<sup>113</sup> The very rich and very poor co-exist in Indonesia's cities, while most rural dwellers face more or less similar situations. More resources need to be directed at ensuring that everyone living in Indonesia's cities has the support and capacity required to contribute to the country's growth and development. Focused efforts and investments to improve the conditions of poor urban dwellers are vital to creating a more conducive environment for children to grow and benefit from the country's urbanization.

## 3. Matching commitments with action

By signing global agreements such as the CRC and the 2030 Agenda, as well as through its domestic plans and laws, the Government of Indonesia is committed to all the fundamental goals for child well-being and development. The key challenge, as is true in many countries, is to match those commitments with concrete actions that are measurable and monitored and that create the path forward. Like other countries, Indonesia has many competing demands on its fiscal resources, and it is too easy for governments to fail to prioritize the needs of children. This report provides evidence and arguments to explain why every level of government should make children's needs a top priority.

Another pervasive problem is related to the capacity of public institutions. At the central level, Indonesia has a set of highly professional and competent ministries and agencies capable of planning and implementing government initiatives. At sub-national levels of government, however, public sector capacity is often weaker, making implementation more difficult and monitoring and evaluation a challenge. Strengthening the capacity of decentralized public institutions to deliver on the needs of children is thus another important priority.





## 4. Indonesia's children in a changing world

The future of Indonesia's children will depend not only on choices and decisions made within the nation's borders, but also will unfold against the backdrop of a world and planet experiencing rapid change. They will come of age in a global economy marked by ever-closer integration, automation that alters what work will be available and other emerging trends and challenges. Educating the nation's children to thrive in this new economy is vital. Nations that have educated workforces will prosper, and those whose populations have only limited literacy and skills will lag behind.

Equally important, like all children in today's world, children in Indonesia will come of age on a planet that is markedly more dangerous from an environmental point of view – especially since Indonesia faces some of the harshest potential impacts. Its role vis-à-vis global climate change is fundamental, both as a contributor and a frontline victim of harsher storms, more virulent flooding, more frequent fires and drought that threaten its food supply. Amidst all of the other challenges it faces, going forward Indonesia will need to transform itself into a leader in global efforts to reduce carbon emissions, as well as planning and executing measures to strengthen resilience throughout the country. It may well be that no other issue is more urgent for the future of this generation of children – and the next, and all that will follow.

Educating Indonesia's children to thrive in today's new economy is vital.

Indonesia has the opportunity to transform itself into a leader in reducing carbon emissions and strengthening the resilience of future generations.





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