



# Indonesia: The ICPD+20 and the Unfinished Agenda

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A Review of Indonesia's Progress on the International Conference on Population and Development's Programme of Action



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## A. INTRODUCTION

In 1994, 179 countries including Indonesia met in Cairo and agreed to adopt a 20-year Programme of Action (PoA) at the International Conference on Population and Development (ICPD). As the 20<sup>th</sup> anniversary of that commitment approaches this year, the global community is reviewing the successes of the ICPD PoA, assessing areas of improvement and defining a renewed global agenda on population issues, within the context of the Post-2015 Development Agenda.

The ICPD PoA is based on the fundamental idea that increasing social, economic and political equality, including sexual and reproductive health and rights (SRHR), is the basis for individual well-being, lower population growth and sustainable development.<sup>1</sup> This translated globally into concrete actions to improve maternal health, family planning, prevention and treatment of HIV, adolescent reproductive health, and the prevention of gender-based violence, among others. It was a global push for a rights-based approach to core development issues, based on developing the capacities of individuals to claim their rights, and the capacities of governments and other duty-bearers to fulfil their obligations.

The on-going ICPD review looks at substantial achievements, areas of unequal progress, new challenges and opportunities, and issues with implementation of programmes. The global review reaffirms the core ICPD message that investing in individual human rights, capabilities and dignity – across multiple sectors and throughout the life-course – is the foundation of sustainable development.<sup>2</sup>

This report will review Indonesia's engagement with the ICPD PoA over the past 20 years. Indonesia has experienced significant demographic, social, economic, environmental and political change since 1994. Access to reproductive health has expanded for a greater share of the population, fertility and mortality levels have declined, education is improving, income level is increasing as Indonesia solidifies its status as a middle income country, and the education and economic status of women is improving. Indonesia's formulation and issuance of population-related laws, policies and regulations, has been attributed to the increasing awareness, understanding and support from the national and sub-national governments as well as support from the international community and nongovernmental organizations. Population issues are increasingly integrated in the formulation of development policies and planning.

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1 ICPD Global Review Report 2014. [http://icpdbeyond2014.org/uploads/browser/files/icpd\\_global\\_review\\_report.pdf](http://icpdbeyond2014.org/uploads/browser/files/icpd_global_review_report.pdf)

2 *ibid*

Yet, as Indonesia advances, there are key demographic profiles that are at risk of being left behind despite the country's national achievements in advancing the ICPD agenda. Access to quality services for the poorest Indonesians, adolescents and youth, older people, and populations in remote areas is often well below the national average. The implementation of regional autonomy in the early 2000s devolved enormous responsibilities and budgetary control to local governments, leading to some significant setbacks in population issues. By 2014, there is fragmented but increasing commitment on many ICPD issues from all levels of government.

Despite Indonesia's overall progress on the ICPD agenda, there are key areas for future improvement. More needs to be done to truly achieve universal access to reproductive health for all Indonesians.<sup>3</sup> Indonesia will likely fall short on its national targets for contraceptive prevalence rate and in addressing the unmet need for family planning, particularly in the unmarried population and in remote or under-served areas. Despite steady progress since 1994, within the past five years, the maternal mortality ratio has regressed to a 1990s level, meaning more mothers are dying of preventable causes. It is difficult to garner political will to address issues of adolescent reproductive health and early marriage remains a concern. Indonesia has not managed to stabilize the spread of HIV, and is already facing a generalized epidemic in Papua and West Papua. Antiretroviral treatment and services for mother-to-child transmission of HIV need significant scaling up. Gender-based violence and the prevalence of harmful practices still demand urgent attention and are substantial barriers to the realization of gender equality.

At the same time, a number of new and emerging population issues present opportunities and challenges. As national demographics change, Indonesia faces larger cohorts of older persons and youth – key population groups with unique unaddressed needs. Climate change, expanded urbanization, and increasingly mobile populations are trends that present exceptional challenges to ensuring that individuals can fully attain their rights, including their rights to sexual and reproductive health, in changing environments.

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<sup>3</sup> Universal Access to Reproductive Health refers to a full package of services including comprehensive sexuality education, access to contraception, maternity care (ante and post natal care and skilled birth attendance), emergency obstetric care, and safe abortion services, as well as the prevention and treatment of sexually transmitted infections, including HIV, and programmes that address violence against women and promote gender equality.



## B. SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

### Family Planning

#### ICPD PoA 7.14. The objectives are:

- (a) To help couples and individuals meet their reproductive goals in a framework that promotes optimum health, responsibility and family well-being, and respects the dignity of all persons and their right to choose the number, spacing and timing of the birth of their children;
- (b) To prevent unwanted pregnancies and reduce the incidence of high-risk pregnancies and morbidity and mortality;
- (c) To make quality family-planning services affordable, acceptable and accessible to all who need and want them, while maintaining confidentiality;
- (d) To improve the quality of family-planning advice, information, education, communication, counselling and services;
- (e) To increase the participation and sharing of responsibility of men in the actual practice of family planning;
- (f) To promote breast-feeding to enhance birth spacing.

Built upon strong political commitment from the government at all levels and the integration of village-level contraceptive services, Indonesia's National Population and Family Planning Board (BKKBN)<sup>4</sup> facilitated a decrease in the birth rate, a decrease in maternal mortality, and increased economic participation of women in the 1970s and 1980s. When Indonesia became a signatory to the ICPD PoA in 1994, it was on the path to providing a wide range of contraceptive services and was progressing well to achieving its goal of reducing fertility to replacement levels.

Decentralization in the early 2000s led to significant variations in the delivery of the family planning programme across the country. The central authority of BKKBN continued to set policies, but the application of policies is dependent on district and local level authorities. The quantity and quality of contraceptive services differed depending on local level commitments to family planning, policies and budget; in addition to central level procurement of contraceptive commodities, each regency/municipality also had parallel procurement systems. At the same time, given the successes of the programme and Indonesia's gradual transition into middle-income country status, international donor commitments to family planning declined sharply.

Systematic advocacy to high level decision makers has led to steady increases in the national family planning budget in recent years. Adapting to the reduction of donor support, the government has expanded the role of the private sector, which now constitutes 73% of family planning services.<sup>5</sup> There have been notable successes in public-private partnership programs such as the *Lingkaran Biru* programme for rural family planning access and midwife training.

According to the 2012 Demographic Health Survey (DHS), Indonesia's contraceptive prevalence rate (CPR) for all methods is 62% for married women aged 15-49, with 58% of married women relying on modern methods; the CPR has stagnated within the past 10 years and this falls short of the country's Millennium Development Goal (MDG) target of 65% CPR for modern methods by 2015. Certain provinces have a significantly lower CPR than the national average, such as Papua where CPR is just 22%.<sup>6</sup>

4 Formerly called the National Family Planning Coordination Board

5 Statistics Indonesia (2013). Indonesia Demographic and Health Survey 2012, pg 73. <http://dhsprogram.com/pubs/pdf/FR275/FR275.pdf>

6 *ibid*, pg 258.

The total unmet need for contraceptives was 11% in 2012, which also falls short of the MDG target of reducing unmet need by 5 percentage points from its 13% level in 2007. Total unmet need rises with age, peaking at 16% among married women age 45-49. Virtually all of the unmet need among married women under age 25 is for spacing. Unmet need for limiting increases rapidly among married women age 35 and older, peaking at 15% among married women age 45-49 years. Total unmet need increases directly with the number of children to a level of 21% among married women with five or more children. Certain provinces show higher than national levels of unmet need, including Papua and West Papua, where unmet need is double the national average at 24% and 21% respectively.<sup>7</sup>

After 1994, Indonesia launched a number of programmes to involve husbands in reproductive health. Male involvement was promoted as part of the family planning programme, leading to some notable successes. However, while condom use has steadily risen from 0.8% in 1994 to 1.8% in 2012, the overall usage of male methods of contraception remains low despite more couples reporting making joint decisions on family planning.<sup>8</sup>

There are several significant issues with access to contraception. First, whether the Indonesian family planning programme has been able to achieve the universal rights-based approach emphasized in the ICPD PoA is debatable.<sup>9</sup> While the overall knowledge of contraceptives was high in 1994 and remains high today, the level of knowledge of permanent methods is low (e.g. 34% of women report knowledge of male sterilization<sup>10</sup>), which limits choice – a cornerstone of the rights-based approach. The lack of political will especially at the district level and opposition from powerful conservative groups has led to a lack of family planning services for unmarried individuals and adolescents, limiting sexual and reproductive rights to population groups with high unmet need.

Second, the law does not allow the provision of family planning services for unmarried individuals and measurements of unmet need often exclude unmarried women. Yet unmarried people face great barriers to services. It can be assumed that the unmet need among unmarried sexually active individuals is significantly higher in Indonesia due to lack of access to contraception, and evidenced by one of the highest abortion rates in Southeast Asia.<sup>11</sup> With an increasing proportion of the population entering reproductive age, the lack of progress on contraceptive prevalence for certain demographic groups is a great concern.

Third, the prevalence rate of long acting methods and permanent methods were low to begin with, and have steadily declined (e.g. IUDs and male sterilization) or stagnated (e.g. implants and female sterilization) since 1994.<sup>12</sup> Injectables are the most widely used contraceptive method, followed by the pill (32% and 14%, respectively). Family planning services provided through the national health insurance for the poor were skewed towards short-term methods, linked to the income generated for providers from repeated visits from clients.<sup>13</sup> Indonesia implemented a new universal health insurance scheme starting in 2014, and whether this trend in method mix continues needs careful monitoring.

Fourth, there are widening gaps in access to quality contraceptive services for certain population groups including the lowest wealth quintiles, adolescents, and in remote and under-served areas. Improvements are

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7 *ibid*, pg 261.

8 *ibid*, pg 257.

9 The ICPD PoA emphasized clients' needs which include the choice of contraceptive methods, accurate and complete information, technically competent care, interaction with providers ensuring privacy, confidentiality and dignity and continuity of care.

10 Statistics Indonesia (2013). Indonesia Demographic and Health Survey 2012, pg 74

11 Guttmacher Institute (2008). Abortion in Indonesia. In Brief Series, 2008, No. 2. [http://www.guttmacher.org/pubs/2008/10/15/IB\\_Abortion\\_Indonesia.pdf](http://www.guttmacher.org/pubs/2008/10/15/IB_Abortion_Indonesia.pdf)

12 *ibid*, pg 257.

13 UNFPA Indonesia (2013). Universal Access to Reproductive Health in Indonesia – Progress and Challenges.

needed in the contraceptives supply management system, where there are frequent stock-outs at service delivery points, which limits access.<sup>14</sup> Training for service providers also needs improvement. Financing for family planning at the district level varies significantly from district to district, and is a main contributor to gaps in access. The proportion of funding allocated is dependent on the commitment of the district authorities, is often inadequate, and even minimal allocations are not always spent on family planning.<sup>15</sup>

Since 2007, the Government of Indonesia (GOI) started to revitalize the family planning programme by allocating more resources to strengthen services through capacity building of health personnel, improving the supply chain and logistics management, and improving the family planning clinics. In addition, there are also efforts to improve the demand for family planning through advocacy, behaviour change communication, and community mobilization at the grassroots level. BKKBN has begun implementation of the *KB Kencana* programme to revitalize family planning, starting in North Sumatra, West Kalimantan, West Java and East Nusa Tenggara. The programme will scale up a comprehensive approach to innovative strategies at the national and district levels. *KB Kencana* is high on the government's policy agenda and represents a major step forward in the nationally coordinated effort to revitalize family planning.

## Recommendations:

- Investments should be made to build the capacity of districts to manage, implement and monitor the family planning programme.
- Ensure that equitable access to family planning is strongly promoted through the new universal health coverage scheme and address issues with lack of access for certain populations.
- Strengthen the contraceptive commodity security system to prevent stock outs especially in the context of universal health coverage implemented in 2014.
- Improve the quality of care of services through improved counselling, developing systems to track clients.
- Revitalize the community level support for family planning, including from religious institutions.

Review the current guidelines for family planning to identify gaps regarding integration of STI and HIV prevention services.

Identify strategies to address contraceptive methods mix for women who have reached their reproductive goals.

Conduct policy advocacy to amend the law on family planning to enable the unmarried – including sexually active adolescents – access to family planning.

Review and ensure equal access to care across geographic regions, including through strengthening culturally appropriate interventions in Papua and West Papua.

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<sup>14</sup> *ibid*

<sup>15</sup> *ibid*

**ICPD PoA: 8.20** The objectives are:

- (a) To promote women's health and safe motherhood; to achieve a rapid and substantial reduction in maternal morbidity and mortality and reduce the differences observed between developing and developed countries and within countries. On the basis of a commitment to women's health and well-being, to reduce greatly the number of deaths and morbidity from unsafe abortion.
- (b) To improve the health and nutritional status of women, especially of pregnant and nursing women.

Despite three decades of political will matched with expanded and effective health system interventions and community involvement, Indonesia reports one of the highest maternal mortality ratios (MMR) in the Southeast Asian region. The 2012 DHS survey reports that Indonesia's MMR is 359 deaths per 100,000 live births – troublingly, a number that has significantly increased over five years from 228 in 2007. This means that Indonesia will not meet its MDG target of 102 deaths per 100,000 live births by 2015.<sup>16</sup>

This increase in the MMR rate occurs despite the fact that 75% of births are attended by a skilled birth attendant (nurse, midwife or village midwife).<sup>17</sup> Maternal deaths are clustered around the time of labour, delivery and immediate post-partum period and the predominant causes of death are haemorrhage, eclampsia, sepsis and obstructed labour. Other significant causes include abortions and indirect causes. In Indonesia, a poor pregnant woman has a higher risk of dying during pregnancy and childbirth due to a complex set of factors, the most important being access to quality health care. There are more deaths in rural areas, and most deaths are in the age group 20-35 and in women with 1-2 children. In urban areas most of the deaths take place in institutions while in rural areas it is in homes.<sup>18</sup>

Despite the increase in MMR, Indonesia has accomplished improvements in a number of maternal health indicators. For instance, 96% of women receive antenatal care from a skilled provider; 80% of women and 48% of newborns receive a post-natal check-up within 48 hours of birth, most by a skilled birth attendant or obstetrician.<sup>19</sup>

However, there are a number of contributing factors to Indonesia's lack of progress on some of the ICPD goals, mostly related to quality of maternal and neonatal services. First, despite a doubling of the national rate of skilled birth attendance since 1994, quality of services remains poor. Several studies have indicated that the village and health centre midwives do not qualify as skilled birth attendants as per internationally accepted definitions.<sup>20</sup> With 62% of births attended by a midwife, they are the predominant group of providers under skilled birth attendants, with obstetricians and traditional birth attendants attending 20% and 14% of births respectively.<sup>21</sup> The majority of

16 Statistics Indonesia (2013). Indonesia Demographic and Health Survey 2012, pg 213 <http://dhsprogram.com/pubs/pdf/FR275/FR275.pdf>

17 *ibid*, pg 264

18 UNFPA Indonesia (2013). Universal Access to Reproductive Health in Indonesia – Progress and Challenges, 2010 census data

19 Statistics Indonesia (2013). Indonesia Demographic and Health Survey 2012, pg 273-274 <http://dhsprogram.com/pubs/pdf/FR275/FR275.pdf>

20 "The midwife is recognised as a responsible and accountable professional who works in partnership with women to give the necessary support, care and advice during pregnancy, labour and the postpartum period, to conduct births on the midwife's own responsibility and to provide care for the newborn and the infant. This care includes preventative measures, the promotion of normal birth, the detection of complications in mother and child, the accessing of medical care or other appropriate assistance and the carrying out of emergency measures." The International Confederation of Midwives definition International Confederation of Midwives. ICM International Definition of the Midwife. The Hague: ICM, 2011. [http://icpdbeyond2014.org/uploads/browser/files/maternal\\_health.pdf](http://icpdbeyond2014.org/uploads/browser/files/maternal_health.pdf)

21 Statistics Indonesia (2013). Indonesia Demographic and Health Survey 2012, pg 269 <http://dhsprogram.com/pubs/pdf/FR275/FR275.pdf>

deliveries by midwives are conducted in midwives' homes, often with inadequate infrastructure, equipment, life-saving drugs and supplies. While sufficient numbers of midwives are available, they are inequitably distributed.<sup>22 23</sup>

Second, although Indonesia achieved 63% of deliveries in a health facility by 2012<sup>24</sup>, the lack of access to a functioning Emergency Obstetric Care (EmOC) facility is a major contributing factor to deaths due to complications in pregnancy and delivery, especially in remote and under-served areas. A minimum of five EmOC facilities, including at least one that provides comprehensive EmOC, per 500,000 population is recommended for adequate coverage.<sup>25</sup> Indonesia is far from achieving this level. Overall, there are more maternal deaths in facilities, likely indicating delays in accessing care and poor quality of services. The poor quality of services and inequitable access to care are major challenges as these are important determinants of health outcomes.<sup>26 27</sup>

Third, while central level policies are generally supportive of access to quality maternal health services, inadequate and inefficient health spending at the district levels affects maternal health outcomes. Poor governance of the health system at the district level is a major concern and may be contributing to the setbacks in maternal health care. Lack of oversight of the private sector to ensure quality of care is also an on-going issue. Communication between the hospitals, health centres and midwives' clinics at the district level needs to be strengthened.

Like family planning, maternal health programmes suffered a setback with decentralization in the early 2000s. However, maternal health continues to be one of the government's top ten priority programmes. The Ministry of Health launched several initiatives to strengthen the maternal health services ensuring the protection of the poor. The *Jampersal* insurance scheme, the most recent cash transfer programme for maternal health, covers all pregnant women. The new universal health insurance scheme introduced in January 2014 now covers maternal and neonatal health, and careful monitoring is needed to ensure universal access to quality services. Other services such as the maternity waiting homes in isolated geographic areas and motherhood classes across the country also contribute to improved maternal health outcomes.

The GOI has also developed an Action Plan 2013-2015 for Accelerated Reduction of Maternal and Neonatal Mortality. The three key strategies identified in the action plan include are improving the quality and coverage of maternal health services; supporting changes in regulations at district level for improved access and quality of services in public facilities; and enabling partnership with the private sector. Strengthening skills of midwives, quality assurance and improved access to basic and comprehensive emergency obstetric care are some of the key activities covered in the plan.

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22 UNFPA Indonesia (2013). *Universal Access to Reproductive Health in Indonesia – Progress and Challenges*.

23 Recent quality of care assessments done by the Sub-Directorate of Reproductive Health at the Ministry of Health and UN partners in 2012 have identified some major gaps in services provided at the midwives' clinics. Adherence to national standards for antenatal care was found to be unsatisfactory. 70% of the midwives' clinics had oxytocin in stock and about 20% had magnesium sulfate in stock. The limited availability of these two life-saving drugs (for haemorrhage and eclampsia) is a major concern. The availability of other life-saving drugs and supplies was less than 50% in most instances. The same assessment also showed significant gaps in skills related to normal delivery and newborn care as well as in recognizing complications. Studies have shown that the skill in checking blood pressure is not satisfactory and has implications for recognizing eclampsia.

24 Statistics Indonesia (2013). *Indonesia Demographic and Health Survey 2012*, pg 268 <http://dhsprogram.com/pubs/pdf/FR275/FR275.pdf>

25 ICPD Global Review Report 2014, pg 130. [http://icpdbeyond2014.org/uploads/browser/files/icpd\\_global\\_review\\_report.pdf](http://icpdbeyond2014.org/uploads/browser/files/icpd_global_review_report.pdf)

26 UNFPA Indonesia (2013). *Universal Access to Reproductive Health in Indonesia – Progress and Challenges*.

27 A Ministry of Health and UN partners' assessment in 2012 indicates that less than 50% of the facilities were adhering to national standards on antenatal care. The assessment reported on inadequate skills of health centre staff (mostly midwives). Infection prevention practices were found to be unsatisfactory. The proportion of health facilities that had oxytocin in stock was slightly better compared to that of the midwives' clinics. Approximately half the facilities had magnesium sulphate in stock. The Risfaskes 2011 reported that the cases of obstetric complications were not stabilized before referral and thus increasing the risk of death on the way to the facility or worsening the condition.

## Recommendations:

- Careful monitoring is needed of the maternal health package included in the universal health coverage introduced in 2014.
- Plans for strengthening EmOC, including human resources, should be developed and funding should be identified.
- A comprehensive assessment of the midwifery programme should be done with a view to revitalize the programme and there should be advocacy for the creation of a midwifery council. There needs to be nationally recognized standards for pre-service training for nurses throughout the country.
- Reviews of the quality of services at institutions need to be undertaken, including death audits for each maternal death.
- Better coordination of services between all levels of service providers is needed.

## Adolescent Reproductive Health

### ICPD PoA 7.44. The objectives are:

- (a) To address adolescent sexual and reproductive health issues, including unwanted pregnancy, unsafe abortion and sexually transmitted diseases, including HIV/AIDS, through the promotion of responsible and healthy reproductive and sexual behaviour, including voluntary abstinence, and the provision of appropriate services and counselling specifically suitable for that age group;
- (b) To substantially reduce all adolescent pregnancies.

In Indonesia, 27.6% of the current population is 10-24 years old.<sup>28</sup> For the next 15 years this large cohort of youth has the potential to become the main drivers of economic and social change. However, despite Indonesia's accomplishments in many areas of the ICPD PoA, there has been staunch political and conservative opposition towards the fulfillment of SRHR for young people.

Every year, 1.7 million women and girls under the age of 24 give birth in Indonesia; nearly half a million are teenagers. The fertility rate of women 15-19 years old has marginally declined to 48 births per 1000 in 2012, meaning that Indonesia is unlikely to meet its own adolescent fertility rate target of 30 births per 1000 in 2014.<sup>29</sup>

Early marriage continues to be a concern in Indonesia; the Marriage Law (No. 1/1974) maintains the legal age of marriage as 16 years old for women and 19 for men, although the median age of marriage for women is steadily increasing, from 19.8 years old in 2007 to 20.1 in 2012. In 2012, 12.8% of women aged 15-19 were married, and 49% of currently married 15-19 year old women already had one child.<sup>30</sup> Early childbirth raises fertility rates, while delaying pregnancy broadens opportunities for pursuing education and expanding access to employment opportunities.

According to the 2012 DHS, only 47% of married women aged 15-19 were using any modern method of contraception, lower than those aged 20-24 year-old (59%), and the unmet need in this group

<sup>28</sup> 2010 census

<sup>29</sup> Utomo, I. and A. Utomo (2013), Australian Demographic and Social Research Institute, Australian National University, *Adolescent Pregnancy in Indonesia: A Literature Review*

<sup>30</sup> Statistics Indonesia (2013). Indonesia Demographic and Health Survey 2012, pg 42. <http://dhsprogram.com/pubs/pdf/FR275/FR275.pdf>

is high. Now, more than ever, young people are increasingly sexually active outside of marriage. However, the current law relating to family planning (Law 52/2009) does not permit the provision of contraception to the unmarried, and non-married adolescents who are sexually active and not using contraception have key unmet need. Premarital sex has increased among girls from a reported 1% in 2003 to 1.3% in 2007 and among boys from 5% to 6.4%. In 2010, a reported 14% of boys and 7% of girls currently dating were having sex.<sup>31</sup>

The barriers to access to contraception and high unmet need for adolescents leads to a number of significant issues. First, as rates of HIV/AIDS continue to grow in Indonesia, 40% of new confirmed cases of HIV/AIDS are in people who are aged between 20 and 29,<sup>32</sup> these people were most likely infected with HIV between 15 and 24 years and transmission through sex accounts for about 60% of all reported HIV infections in the country.<sup>33</sup> Lack of awareness and usage of preventative methods is a major contributing factor to the spread of HIV/AIDS through sexual transmission.

Second, comprehensive sexuality education is major area of concern for Indonesian adolescents. Despite a significant scale up of response from the Ministry of Education on sexual and reproductive health (SRH), HIV/AIDS and drug prevention education in the curriculum, there are still on-going gaps in coverage. Textbook messages on SRH emphasize an abstinence message and deal with moral values and socially acceptable norms, rather than everyday life situations that adolescents might face. A clear mechanism for mainstreaming SRH into the education sector remains absent at national and local levels. Activities are targeted to state/government schools and lack outreach to non-government schools, and capacity building activities for life skills education and SRH are not conducted evenly across cities and districts. The integration of HIV education into the school curricula also faces similar issues of quality – and curricula tend to reinforce stereotypes rather than promote harm reduction approaches.<sup>34</sup>

Third, abortions are a significant contributor to maternal deaths in Indonesia, although the exact figures are not known. While abortion is illegal in Indonesia (with the exception of abortions until six weeks for rape or medical emergencies), the proportion of deaths due to complications of abortion were maximum in the age group below 20 years old, and almost all were among women who were single, living together or divorced and the place of death was a private doctor's practice. It is likely that most of these women would have gone to a traditional practitioner first and developed complications.<sup>35</sup>

Fourth, despite this growing awareness of the necessity of SRH services for adolescents, there continues to be strong political and conservative opposition to enforcing laws allowing better access to services for young people. The Health Law (2009) contains two articles on the rights of adolescents to access SRH education and services; however, the implementation of these articles varies across the country.

Some government agencies have started to address youth SRH issues. The Ministry of Health provides adolescent health services including counselling and BKKBN provides youth reproductive health information through the *Genre Program*, *PIK-Remaja* and *PIK-Mahasiswa*. In collaboration with BPS (Statics Indonesia) and the Ministry of Health, BKKBN also conducted a survey on Indonesian Young Adult Reproductive Health in 2012. In 2003, the Ministry of Health attempted to address the gap in services through the introduction

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31 Utomo, I. et al (2010). Greater Jakarta Transition to Adulthood Survey. Australia National University. <http://adsri.anu.edu.au/sites/default/files/research/transition-to-adulthood/overview.pdf>

32 UNFPA Indonesia (2013). Background Paper on the Implementation Review of the ICPD PoA in Indonesia: Perspective of Young People.

33 National AIDS Commission (2013). Republic of Indonesia Report on the Follow up on the Declaration of Commitment on HIV/AIDS, 2010-2011.

34 UNESCO (2012). A Situation Analysis of the Education Sector Response to HIV, Drugs and Sexual Health in Brunei Darussalam, Indonesia, Malaysia, the Philippines and Timor-Leste Synthesis Report.

35 UNFPA Indonesia (2013). Universal Access to Reproductive Health in Indonesia – Progress and Challenges.

of Youth Friendly Health Services in *puskesmas* (local health centres) throughout Indonesia. A recent assessment showed that there is poor utilisation of these services by young people and that the majority of these centres are delivering more general health services rather than SRH services.<sup>36</sup> The Ministry of Health developed new national standards for the programme in 2012.

## Recommendations:

- Ensure that adolescents are aware of their rights to sexual and reproductive health, are empowered to make informed choices and decisions.
- The marriage law should be reviewed and minimum age at marriage should be revised.
- Government ministries and local governments should strengthen commitment and promote the participation of young people at all levels of programme and policy development, implementation and monitoring and evaluation.
- The government must make efforts to improve existing laws and policies and make efforts to enforce implementation of the 2009 health law's articles on adolescent SRH.
- There needs to be greater collection and dissemination of age disaggregated data from all sectors of the adolescent and youth population, including information on behaviours, risk-taking, accessing services and knowledge.
- Better quality comprehensive sexuality education should be included in all school curricula.
- In order to address the gaps in SRH services for young people, there must be further exploration into the role that the private sector can play in the provision of SRH education, information, and services to young people.

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<sup>36</sup> Result of Focus Group Discussion with Young People in Yogyakarta organized by UNFPA in 2012 and 2013 for the development of ASRH services model



## Prevention and Treatment of HIV/AIDS

### ICPD PoA 8.29. The objectives are:

- (a) To prevent, reduce the spread of and minimize the impact of HIV infection; to increase awareness of the disastrous consequences of HIV infection and AIDS and associated fatal diseases, at the individual, community and national levels, and of the ways of preventing it; to address the social, economic, gender and racial inequities that increase vulnerability to the disease;
- (b) To ensure that HIV-infected individuals have adequate medical care and are not discriminated against; to provide counselling and other support for people infected with HIV and to alleviate the suffering of people living with AIDS and that of their family members, especially orphans; to ensure that the individual rights and the confidentiality of persons infected with HIV are respected; to ensure that sexual and reproductive health programmes address HIV infection and AIDS;
- (c) To intensify research on methods to control the HIV/AIDS pandemic and to find an effective treatment for the disease.

Indonesia is one of the countries in the world where the HIV epidemic is still growing. HIV prevalence in the general population for people aged 15-49 was 0.1% in 1994, increased to 0.2% in 2008, and is expected to increase to 0.4% in 2014.<sup>37</sup> Indonesia's epidemic is concentrated among key populations such as injecting drug users, sex workers, their clients, transgendered people, men who have sex with men, and their sexual partners. Sex trafficking also contributes to high HIV prevalence. The epidemic is the result of a mix of sexual transmission and drug injection with a recent shift from injecting drug use to heterosexual sexual transmission (60% of transmissions) as the main mode of transmission.

Geographically, HIV prevalence is highest in Papua and West Papua provinces (2.4%), where at multiple times the national average, it is a generalized epidemic with the dominant source of infection being sexual, both within and outside marital settings, and a much greater spread in rural areas. With large mining and fishing industries and high numbers of migrant workers, Papua is potentially a source of increased HIV transmission throughout the country and region.<sup>38</sup>

One in three injecting drug users (IDUs) is HIV-positive, and Indonesia is one of the 15 countries in the world that has an HIV prevalence rate of more than 10% among IDUs, pointing to the need for increased access and quality of harm reduction services.

Since HIV testing for pregnant women is not standard practice, national data on mother-to-child transmission is unavailable,<sup>39</sup> although it is known that the number of HIV positive pregnant women is increasing. The Ministry of Health estimated that there were 5,060,637 pregnant women in 2011, and 0.4% (21,103) of them were tested for HIV and received the results. Of those who were tested, 2.5% (534 pregnant women) were HIV positive.<sup>40</sup> The National AIDS Commission (NAC) projects that the number of HIV positive women needing Preventing Mother-to-Child Transmission services will increase from 5,730 people in 2010 to 8,170 people in 2014.<sup>41</sup> In addition to the lack of availability of services, there are significant issues with stigma leading to lack of access to EmOC services for HIV-positive pregnant women.

Knowledge of prevention methods is relatively low, with only 37% of women aged 15-49 and 49% of men knowing that both using

37 UNAIDS Indonesia. <http://www.unaids.org/en/regionscountries/countries/indonesia/>

38 National AIDS Commission (2013). Republic of Indonesia Report on the Follow up on the Declaration of Commitment on HIV/AIDS, 2010-2011.

39 *ibid*, pg 9

40 *ibid*, pg 58

41 *ibid*, pg 26

condoms and limiting sexual intercourse to one partner can reduce the risk of HIV infection. Knowledge is most limited in the lowest wealth and education quintiles.<sup>42</sup> In 2012, about 77% of women and 82% of men have heard of HIV/AIDS. Only one in three men who paid for sex in the past 12 months reported that they used a condom at the last paid sex.<sup>43</sup>

Anti-retroviral treatment for AIDS patients was launched in 2005, initially with support from the Global Fund. Data from the Ministry of Health indicates that in 2011, 24,410 people were receiving anti-retroviral treatment regularly from 303 sites across the country, representing only 40% of the estimated number of individuals eligible for antiretroviral treatment.<sup>44</sup> In the absence of reduction in new infections, the need for antiretroviral therapy among the 15-49 age group is projected to increase threefold from 30,100 in 2008 to 86,800 in 2014.<sup>45</sup> Preventative measures for sexual transmission and harm reduction is also low, with the following rates of service coverage: female sex workers-24%; male sex workers-55%; men who have sex with men-44%; and people who inject drugs-43%.<sup>46</sup>

Despite some successes at curbing the spread of HIV, major disparities in service access still exist because of geography, health systems capacity, the nature and size of the epidemic, and available resources.<sup>47</sup> The possibility of a general epidemic in more provinces is great, unless the current coverage levels are increased. Strengthening the linkages between HIV/AIDS and SRH services as well as family planning is a crucial component to addressing the possibility of a generalized epidemic.

Indonesia's national commitment to respond effectively to the epidemic is growing. Roles, responsibilities and capacities of the NAC have grown significantly and more policies and regulations responding to the epidemic have been developed and implemented. Programmes now cover all provinces and are more comprehensive. There has also been an increase in national, provincial and district HIV/AIDS budgets.

In 2009, the NAC launched a new approach to prevent sexual transmission, the Comprehensive Approach to Prevention of HIV Sexual Transmission (PMTS). The programme was broadened to reach high risk men involved in commercial agriculture, mining, forestry, manufacturing and related transportation networks. In 2012 it was reported that, with the exception of men who have sex with men, good progress was made towards achieving the 2014 targets for outreach and coverage and that the number of condoms distributed to key affected populations had increased. In 2013, a review was completed of the PMTS programme and in 2014 the NAC plans to develop the National AIDS Strategic Action Plan 2015-2019.

## Recommendations:

- In order to achieve universal access for prevention, care, support, and treatment, building on its experience, and under the leadership of the NAC and AIDS Commissions at provincial, district and city levels, Indonesia must continue to select, prioritize, and scale-up effective interventions while promoting and strengthening local, national, and international networking and partnerships.
- Current efforts to integrate SRH and HIV services should be evaluated and scaled up and the integration of SRH and HIV care services should be strengthened.

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42 Statistics Indonesia (2013). Indonesia Demographic and Health Survey 2012, pg 169 <http://dhsprogram.com/pubs/pdf/FR275/FR275.pdf>

43 *ibid*, pg 175

44 National AIDS Commission (2013). Republic of Indonesia Report on the Follow up on the Declaration of Commitment on HIV/AIDS, 2010-2011, pg 5

45 Ministry of Health (2008) Mathematic Model of HIV Epidemic in Indonesia, 2008-2014

46 UNFPA Indonesia (2013). Universal Access to Reproductive Health in Indonesia – Progress and Challenges, pg 37-38

47 Statistics Indonesia (2013). Indonesia Demographic and Health Survey 2012, pg 165 <http://dhsprogram.com/pubs/pdf/FR275/FR275.pdf>

- There needs to be increased harm reduction messages and services for key affected populations so that a higher number of individuals are reached.
- Strengthen the commitments and efforts to reduce sexual transmission of HIV by a target of 50%, recognizing that HIV in Indonesia has jumped to new population groups, including married women with one partner.
- Access to quality services for pregnant women with HIV should be improved, and efforts should be made to reduce the stigma and discrimination faced in accessing life-saving emergency services for these women.
- There needs to be a comprehensive and rights-based integrated response to HIV, where discrimination and stigma are reduced and service providers recognize the rights of people living with HIV/AIDS.
- Increase support services for people living with HIV/AIDS, including nutrition and healthy lifestyle programs.

## Elimination of Gender-Based Violence and Promoting Gender Equality

### ICPD PoA 4.3. The objectives are

- (a) To achieve equality and equity based on harmonious partnership between men and women and enable women to realize their full potential;
- (b) To ensure the enhancement of women's contributions to sustainable development through their full involvement in policy- and decision-making processes at all stages and participation in all aspects of production, employment, income-generating activities, education, health, science and technology, sports, culture and population-related activities and other areas, as active decision makers, participants and beneficiaries;
- (c) To ensure that all women, as well as men, are provided with the education necessary for them to meet their basic human needs and to exercise their human rights.

Indonesia has made significant strides in promoting gender equality since 1994. Several laws on political parties demand a 30% women's representation at central and local levels in the submitted list of legislative candidates, leading to increases in women's political representation. Women's representation in the Regional Representational Council (DPD) increased from 20% in 2004 to 27% in 2009.<sup>48</sup> The 2014 elections might change the composition of parliament and careful monitoring of women's political participation should be done.

In terms of autonomy and control over assets, just under half of all women age 15-49 own a house and 41% of women own land, with the majority sharing ownership with someone else. More than 8 in 10 currently married women participate in decisions about their own health care and major household decisions.<sup>49</sup>

Despite progress in some gender equality indicators, gender-based violence (GBV) remains an urgent area of improvement and continuous effort. GBV limits women's equality and equal realization of their rights, and includes domestic violence, trafficking, sexual abuse, violence against sex workers, and harmful practices, including female genital mutilation/cutting and child marriage.

A World Health Organization Multi-country Study on Women's Health and Domestic Violence against Women shows that prevalence rate among countries is between 30%-70%.<sup>50</sup> Surveys, including the SUSENAS in Indonesia, show that GBV tends to be higher in rural areas, and tends to happen in the home. Repeated violence is common, and most violence was perpetrated by an intimate partner or family member. Reporting rates tend to be low, especially reporting to the police or authorities.<sup>51</sup>

In the 2012, the United Nations Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) review highlighted several harmful practices that need to be addressed in Indonesia, including child marriage and female genital mutilation or cutting (FGM/C).<sup>52</sup> While national data on the prevalence of FGM/C is not available, the symbolic practice is still widely accepted and performed by traditional practitioners and health professionals. A 2010 Ministerial Decree allowed medical practitioners to perform FGM/C in

48 UNFPA (2013). Background Paper on ICPD 2014: Gender

49 Statistics Indonesia (2013). Indonesia Demographic and Health Survey 2012, pg 185 <http://dhsprogram.com/pubs/pdf/FR275/FR275.pdf>

50 World Health Organization (2002). Multi-country Study on Women's Health and Domestic Violence against Women

51 BPS (2006). Violence Against Women Survey. [http://www.unsiap.or.jp/ematerial/ematerial\\_other/GD\\_10\\_001\\_Gender/GD\\_10\\_001\\_f014\\_s6\\_Indonesia.pptx](http://www.unsiap.or.jp/ematerial/ematerial_other/GD_10_001_Gender/GD_10_001_f014_s6_Indonesia.pptx)

52 Komnas Perempuan (2011). National Human Rights Institution Independent Report to the CEDAW Committee. <http://www2.ohchr.org/english/bodies/cedaw/docs/ngos/KomnasPerempuanIndonesia52.pdf>

hospitals, but with advocacy and activism from women's rights groups, the decree was recently withdrawn. Some Islamic organizations including the Ulama Council still express public support of FGM/C practices.<sup>53</sup>

The GOI has recognized GBV as a problem that needs to be addressed systematically. Several steps have been taken to combat GBV including the approval of national policies, strategies and legal documents such as the Child Protection Law, Domestic Violence Law and Anti-Trafficking Law. The Ministry of Women's Empowerment and Child Protection (MOWECP) is mandated to establish and implement guidelines and regulations in relation to GBV and report on the implementation of these laws. In 2010, MOWECP initiated a multi-sectoral approach to GBV, issuing a ministerial regulation on the Minimum Standards of Services for Victims of Violence against Women and Children (MSS VAWC). The MSS VAWC was developed in coordination with more than nine ministries and institutions and now forms the umbrella policy to guide the establishment and implementation of district level integrated service provision. Working with the health sector has been prioritized, as some victims due to their physical injuries, will seek medical care first before seeking other support. The Ministry of Health delivers at least a One Stop Crisis Centre (OSCC) in every district hospital and two primary health centres equipped with trained personnel that are able to handle cases of GBV. The MOH has trained personnel from more than 1000 public health centres and almost all provincial hospitals have established an OSCC.

Male involvement in the prevention of violence against women has been a key intervention. Men and boys can play a role in eliminating violence against women through behaviour and attitudinal change, and being advocates for prevention and response.

However, major challenges remain. First, while national laws are in effect throughout the country, district level authorities can set and enforce laws and policies that are discriminatory towards women. In 2012, National Commission on Violence Against Women (NCVAW) recorded that there were 207 discriminatory policies in the name of religion and morality. A large proportion of these policies (200 of 207) are found at district and provincial levels. As many as 78 of the 207 policies specifically target women by regulating attire (23 policies) and regulating prostitution and pornography (55 policies) which in turn have the effect of criminalizing women.<sup>54</sup> Some of these laws directly contradict national laws and national efforts to adhere to international conventions such as CEDAW.

Second, GBV takes place both in public and private domains. In 2004, after eight years, women activists with the help of parliamentarians succeeded in enacting a Law on the Elimination of Domestic Violence. Unfortunately, this law only protects people in the domestic domain. Forms of violence against women and children such as sexual harassment in schools, the workplace and other public institutions is not included in the domestic violence law. The latest report of NCVAW reported that in 2013 there were 279,760 GBV cases reported; of the reported cases 71% took place in the private domain while 29% were in the public domain.

Third, rates of GBV in certain remote and under-served areas, including Papua, are significantly higher than the rest of the country, demonstrating the need for specifically targeted and culturally appropriate interventions. Papua also has the highest prevalence of HIV infections and sexual transmission is the predominant mode, pointing to a strong probability of the linkage between GBV and HIV infections among women.

Third, the risk of GBV is increased during displacement and emergency situations and GBV has been

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53 UNFPA (2013). *Background Paper on ICPD 2014: Gender*

54 Komnas Perempuan (2011). *National Human Rights Institution Independent Report to the CEDAW Committee*. <http://www2.ohchr.org/english/bodies/cedaw/docs/ngos/KomnasPerempuanIndonesia2.pdf>

reported in many recent emergency situations in Indonesia. Despite the strong leadership of the National Disaster Management Agency, the disaster response programme is struggling to ensure that it addresses the different needs of women, men, girls, boys, elderly and people with disabilities. Addressing the prevention and management of GBV in humanitarian settings is crucial.

## Recommendations:

- Promote good working relationships between the police, hospitals and other institutions on best practices for addressing GBV and supporting and counselling victims.
- Provide increased training for police officers on response to GBV.
- Increase the number of GBV crisis centres and publicize their use in communities.
- Provide legal aid for victims of GBV.
- Promote family support services, and encourage active public participation in the prevention and elimination of violence.
- Strengthen the capacity of the National Disaster Management Agency to address GBV during emergencies.
- Conduct a national GBV survey to have a better profile of violence across the country and use the data to create new and improve the quality of existing GBV services.
- Conduct advocacy to monitor, eliminate and prevent discriminatory policies and laws, especially at the district level.

## C. NEWLY EMERGING ISSUES ON POPULATION AND DEVELOPMENT

### Youth and the Demographic Dividend

#### ICPD PoA 6.7. The objectives are:

- (a) To promote to the fullest extent the health, well-being and potential of all children, adolescents and youth as representing the world's future human resources, in line with the commitments made in this respect at the World Summit for Children and in accordance with the Convention on the Rights of the Child;
- (b) To meet the special needs of adolescents and youth, especially young women, with due regard for their own creative capabilities, for social, family and community support, employment opportunities, participation in the political process, and access to education, health, counselling and high-quality reproductive health services;
- (c) To encourage children, adolescents and youth, particularly young women, to continue their education in order to equip them for a better life, to increase their human potential, to help prevent early marriages and high-risk child-bearing and to reduce associated mortality and morbidity.

Indonesia will experience a demographic dividend in the coming decade as the largest cohort of youth in the country's history start their productive years. The number of young people aged 10-24 years old has increased significantly from 33.5 million in 1971 to 56.5 million in 1990 to 63.4 million or 27.6% of the population in 2010.<sup>55</sup> The resulting 'demographic bonus' creates a window of opportunity for increased economic growth due to a larger productive workforce.<sup>56</sup> Indonesia's large cohort of youth can be a major asset for the nation's development. When the majority of young people are able to make significant contributions to economic, social and political life in a way that reduces poverty and promotes healthier societies, the nation as a whole benefits.

While the readily available youth labour force presents clear opportunities for the government's national development goals, there are significant challenges in meeting the basic needs of young people, particularly in education, health and employment. The results of the 2010 National Labour Force Survey show that the unemployment rate was highest among young people age 15-19 years old (23.2%) followed by young people age 20-24 years old (18%).<sup>57</sup> Urban young people are more likely to be unemployed than their rural counterparts.

Workforce development remains a key challenge for Indonesia. Helping young people obtain skills training and making the transition into the workforce is a large unmet need, especially as Indonesia solidifies its status as a middle income country with associated development in technical industries. The education system also tends to channel male and female students into gender-specific studies and career choices, resulting in women being underrepresented in important areas of economic growth.

Health and healthy behaviour is also important for youth – the most common causes of death among young people remains preventable diseases such as dengue fever and typhoid, and traffic accidents. The number of 15-24 year olds who smoke every day continues to increase (18.6%),<sup>58</sup> the highest smoking prevalence of any age group.

55 UNFPA Indonesia (2013). *Background paper on Population and Development*

56 Ralph Hakkert (2007), *The demographic bonus and population in active ages*, UNFPA Brasilia.

57 UNFPA Indonesia (2013). *Background paper on Population and Development*

58 Riskedas 2007

UNFPA's 2014 review of youth initiatives in Indonesia identifies three priority areas for the realization of the full benefits of the demographic dividend. First, improving access and quality of education for young people, including access for youth in remote and rural areas, bridging education to employment, and education that includes sexual and reproductive health. Secondly, youth consulted through the review prioritized several health issues, including sanitation, personal hygiene, risky behaviours, sexual and reproductive health, new and re-emerging disease, smoking behaviour, increasing morbidity of non-communicable disease, and harmful traditional practices. Third, access to economic opportunities – closely linked to education and poverty – is a priority for youth, and should be a priority for the GOI given the high rates of youth unemployment and the need for workforce development.

The Ministry of Youth and Sports (*Kemempora*) is the main institution responsible for implementing programmes aimed at developing the capabilities of young people. UNFPA is working in collaboration with the ministry to support the development of the National Youth Strategy 2015-2019, which will focus on the areas of youth development, participation and leadership. As part of the global development agenda, Indonesian young people are shaping social and economic development, challenging social norms and values, and building the foundation of the world's future post-2015.

## Recommendations:

- Indonesia should continue to improve efforts to increase access to higher education for young people and employment opportunities for the young labour force to enable them to access economic opportunities and contribute to the country's development.
- Education needs to be linked to employment goals, and more supportive policies are needed from the government to help youth make the transition between education and quality employment.
- Health concerns specific to young people's development needs to be part of the government's development plans.
- Increase youth participation in the design of youth programmes. If a programme is designed to benefit young people, they should have input and involvement in how it is developed and administered. Increase youth participation and genuine collaboration with government, especially in the development of the National Youth Strategy.



**ICPD POA 6.17. The objectives are:**

- (a) To enhance, through appropriate mechanisms, the self-reliance of elderly people, and to create conditions that promote quality of life and enable them to work and live independently in their own communities as long as possible or as desired;
- (b) To develop systems of health care as well as systems of economic and social security in old age, where appropriate, paying special attention to the needs of women;
- (c) To develop a social support system, both formal and informal, with a view to enhancing the ability of families to take care of elderly people within the family.

As population dynamics evolve, Indonesia is also faced with the largest cohort of older people in its history – a direct result of success in programmes such as family planning and health. In 2010, 7.6% of Indonesians were over the age of 60, an increase from 6.3% in 1990.<sup>59</sup> Due to a declining birth rate and increased life expectancy, individuals over 60 years old is the fastest growing segment of the population. As a consequence Indonesia must look into adjusting policies and programmes related to employment, social security, social welfare, education and health care, as well as investment, consumption and savings patterns.

According to the results of the 2005 SUPAS, the majority of older people aged 60 years and above in Indonesia depended on their children as the source of income (39.6%), followed by their own income (38.2%). Only 9.8% of older people had pension or social security as a source of income. Almost one fifth (18.1%) of older people had poor health.<sup>60</sup> Older people tend to remain in rural areas when their younger relatives migrate to urban centres, leading to a higher concentration of older persons in rural areas. The majority of older persons still live with at least one child or other relatives in the same village.<sup>61</sup>

There are several major implications of the increasing older population in Indonesia. First, the potential support ratio – the number of workers needed to support one older person – is declining. In 1971, there were 21 workers supporting one older person; this has decreased to 9 in 2010 and is projected to decrease to 6 workers in 2035. With similar trends worldwide, the number of taxpayers in Indonesia is decreasing while the number of older people requiring social assistance is increasing.<sup>62</sup>

Second, women constitute 54% of Indonesia's older persons<sup>63</sup> and this proportion is expected to increase in the future. Older women were more likely to depend economically on their children than older men (50.2% versus 28.6%) and were less likely to have a pension or social security (7.0% versus 12.7%).<sup>64</sup> With limited social security benefits, there is a need to promote economic activity for older persons, especially women, to ensure some measure of financial security and independence.

59 2010 census

60 UNFPA Indonesia (2013). *Background paper on Population and Development*

61 Abikusno, N. (2007). *Older Population in Indonesia: Trends, Issues and Policy Responses*. UNFPA Indonesia.

62 UNFPA Indonesia (2013). *Indonesia Needs to Prepare for Population Ageing*. <http://indonesia.unfpa.org/news/2013/08/indonesia-needs-to-prepare-for-population-ageing>

63 2010 census

64 UNFPA Indonesia (2013). *Background paper on Population and Development*

Third, as a nuclear family structure becomes more common in Indonesia, care for elderly persons moves beyond individual families and into the public domain. Currently there are only about 250 nursing homes for older people in Indonesia, run by either the government or private sector.<sup>65</sup> With a changing population structure, the level of state support for elder care needs to significantly increase.

Fourth, there are significant implications for Indonesia's health care system, both in terms of addressing infectious diseases (a main source of health issues for older Indonesians), and addressing chronic conditions affecting the older population such as heart and lung disease. As the population ages and as Indonesia's middle class grows, a more comprehensive health systems approach is needed that strengthens responses to the needs of newly emerging population groups. Health promotion services that encourage active healthy lifestyles are also important across the population.

Fifth, with the onset of physical and mental disabilities, older persons can become victims to people close to them – elder abuse is an issue that has received very little attention thus far. A report from the Ministry of Social Affairs shows that in 2010 there were around 2.9 million neglected elderly people.

The GOI has long recognized the unprecedented challenges of an ageing population, and has taken certain steps to respond. The National Commission for the Elderly was established by Presidential Decree No. 13/1998 with a responsibility to coordinate the implementation of efforts to improve the welfare of older people and to give recommendations to the President in the formulation of welfare improvement policies for the elderly. The Directorate of Elderly Social Services at the Ministry of Social Affairs is also responsible for implementing social welfare programmes for the elderly, including giving social protection to neglected elderly people. Indonesia's National Plan of Action for Older Persons (2009-2014) refers to healthy ageing.<sup>66</sup>

## Recommendations:

- The government should improve accessibility of health services to older persons at the highest level and improve existing public services to support older persons accessibility to public facilities.
- Strengthen a health systems approach to issues related to ageing, including conditions and diseases that disproportionately affect the elderly.
- Social protection among older people should be improved, including the provision of caregivers, nursing homes, and accessible and affordable public services.
- Increase health promotion services for active, healthy and self-sufficient ageing among older people.
- More community-based income generating initiatives should be made available especially for poor and disadvantaged older persons in the rural and poor urban areas.
- Age-and sex-disaggregated statistical data should be available at all levels of government administration, especially at local district/city levels.
- Budget should be allocated for advocacy and socialization of ageing issues, in particular at the local and district/city levels. Central government agencies should have budgets for developing technical guidelines in their respective agencies on ageing issues.

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<sup>65</sup> *ibid*

<sup>66</sup> UNFPA and HelpAge International (2012). *Ageing in the Twenty-First Century: A Celebration and A Challenge* <http://www.helpage.org/resources/ageing-in-the-21st-century-a-celebration-and-a-challenge/>

- Representatives of the national/regional/district/city commissions should ensure that policies on ageing be implemented in the spirit of pro-ageing initiatives and consistent with the existing laws and regulations on ageing, including laws on elder abuse.
- Government should encourage and facilitate community-based initiatives through older persons associations to increase the coverage of social protection and welfare programme for programmes for older persons.

## Climate change

**ICPD PoA 3.28. Consistent with Agenda 21, the objectives are:**

- To ensure that population, environmental and poverty eradication factors are integrated in sustainable development policies, plans and programmes;
- To reduce both unsustainable consumption and production patterns as well as negative impacts of demographic factors on the environment in order to meet the needs of current generations without compromising the ability of future generations to meet their own needs.

Increasingly, floods, droughts, storms, landslides and forest fires are posing the greatest threats to livelihoods, economic growth and environmental sustainability in Indonesia. The Asian Development Bank estimates that by 2100, the impacts of climate change will cost between 2.5% to 7% of GDP.<sup>67</sup>

### **Mitigation and Adaptation to Climate Change**

Indonesia has started to put mitigation and adaptation measures in place to protect its population against the negative consequences of climate-related disasters. Climate change impacts have the potential to curb Indonesia's progress on poverty alleviation and on the universal accessibility of services. The poorest will bear the brunt of the burden of climate disasters, as they are typically most vulnerable to the impacts of drought, floods and landslides and pursue livelihoods that are highly dependent on climate-sensitive sectors (i.e. fisheries and forestry).

Indonesia's total fertility rate has shown a modest decline from 2.84 in 1994 to 2.2 in 2010,<sup>68</sup> but while the growth rate is in decline, the overall population is still rising – projections based on the 2010 census indicate that the population will increase from its current 236 million to 305 million by 2035.<sup>69</sup> With a larger population and faster economic growth, pressures on the environment and scarce resources will increase.

Climate change impacts include increased severity and frequency of long dry seasons, which are expected to impact rice and other food crops negatively. Incursion of coastal farmlands due to sea level rise will also reduce agricultural production. The expected climate changes will also contribute to more areas experiencing water scarcity problems. Health service statistics in Indonesia show that incidence rates for several of the major communicable diseases (diarrhea, gastroenteritis, dengue fever, malaria and pneumonia) increase during extreme weather events; this pattern is expected to

<sup>67</sup> World Bank Indonesia Profile. [http://sdwebx.worldbank.org/climateportalb/home.cfm?page=country\\_profile&CCode=IDN](http://sdwebx.worldbank.org/climateportalb/home.cfm?page=country_profile&CCode=IDN)

<sup>68</sup> 2010 census. [http://www.bps.go.id/eng/tab\\_sub/view.php?kat=1&tabel=1&daftar=1&id\\_subyek=12&notab=7](http://www.bps.go.id/eng/tab_sub/view.php?kat=1&tabel=1&daftar=1&id_subyek=12&notab=7)

<sup>69</sup> *ibid*

grow even more marked in the future.<sup>70</sup>

At the same time, several shifts in population characteristics have impacts on Indonesia's adaptation to climate change. First, the large cohort of youth entering their productive years will contribute to economic growth, the sustainability of which requires increasing commitment from the government and private sector towards models that promote better stewardship of Indonesia's resources. Second, increasing rates of urbanization can lead to increased carbon emissions, and a larger vulnerability of urban populations to climate disasters. Additionally, cities produce more greenhouse gases and Indonesia's rapid urbanization has meant inadequate public transportation and more cars on Indonesia's roads than ever before. Third, a growing middle class has higher rates of consumption, leading to greater stress on resources.

With increased displacement of populations due to natural disasters, a number of issues arise, including access to sexual and reproductive health services during emergencies and the prevention of gender-based violence in displaced populations. The Disaster Management National Agency (BNPB) has developed a preparedness programme in humanitarian settings. This includes the identification of disaster areas, number of people affected and infrastructure impacted in order to give needed assistance, in particular for women, children, older people, and persons with disabilities. After the Aceh tsunami, the government also implemented a Minimum Initial Service Package for reproductive health during emergencies.

### **Combating Global Climate Change**

In addition to protecting its population from the impacts of climate change, Indonesia is poised to play a progressive, forward-looking role in the global efforts to combat climate change. As the country with the third highest greenhouse gas emissions in the world mainly due to deforestation and peat loss and containing 10% of the global forest cover, Indonesia's successes at addressing its carbon emissions and protecting its marine environments and forests have repercussions across the world. As such, the country is a focus for global efforts on sustainability.

Indonesia has committed to reducing greenhouse gas emissions by 26% by 2020 on its own or by 41% with international assistance, while aiming for a 7% annual economic growth. In line with these commitments, the government issued Presidential Regulation 61/2011 concerning the National Action Plan for Reduction of Emissions of Greenhouse Gases and Presidential Regulation 71/2011 concerning the Implementation of a National Greenhouse Gases Inventory.<sup>71</sup> In 2010, the governments of Indonesia and Norway also entered a historic billion-dollar climate change partnership, one of the most aggressive efforts worldwide to slash greenhouse gas emissions through the protection of natural forests.

## **Recommendations:**

- The integration of population issues into on-going work on climate change adaptation is needed across multiple governments and agencies working on climate change issues.
- Resources should be invested in incorporating environmental sustainability issues into education curricula to raise awareness of environmental issues for young people.
- Climate change adaptation strategies need to be strengthened among vulnerable communities and population groups to build resilience.
- The protection of universal rights to reproductive health and strategies for combating gender-based violence need to be included in disaster management plans and enforced during emergencies.

<sup>70</sup> UNFPA Indonesia (2011). *Population Dynamics and Climate Change in Indonesia: Mobilizing for a Sustainable Future*.

<sup>71</sup> Indonesia REDD+ Task Force (2012). *Indonesia REDD+ Strategy*. <http://www.satgasreddplus.org/>

- Urban planning needs to include aspects of sustainability, including in transportation.
- Sustainable models of economic development that reduce peat loss and protect forests and marine environments are urgently needed.

## Migration

### ICPD PoA10.2. The objectives are:

- To address the root causes of migration, especially those related to poverty;
- To encourage more cooperation and dialogue between countries of origin and countries of destination in order to maximize the benefits of migration to those concerned and increase the likelihood that migration has positive consequences for the development of both sending and receiving countries;
- To facilitate the reintegration process of returning migrants.

Indonesia is one of the largest migrant worker sending-countries in the world. Workers see opportunities for better incomes, and the sending strategy has fostered economic development and helped reduce problems of lack of employment opportunities in the country since the early 1970s. The Ministry of Foreign Affairs reported that there were 3 million Indonesian migrants in 2011; 1.8 million (59%) were migrant domestic workers, followed by students (20%), and professional workers (8%). Of the migrant domestic workers, 91% worked in informal sectors in Arab countries (53%), followed by Malaysia (21%), Taiwan (9%), Hong Kong (9%) and Singapore (6%).<sup>72</sup> The majority of these migrants are women. In 2012, personal remittances sent back to Indonesia totalled 7.2 billion US dollars, accounting for 0.8% of GDP.<sup>73</sup>

### **Migrant Domestic Workers**

Despite their contributions to the Indonesian economy, the government's protection towards migrant domestic workers is weak, resulting in exploitation and abuse throughout the migration cycle both in Indonesia and abroad. A study on Indonesian migrant workers to the Middle East points out that routine abuses to domestic workers include unpaid wages, unsafe work conditions, inadequate rest, inhumane housing conditions, the employers' confiscation of the worker's identity documents, or in some cases, confinement to the home and/or physical or sexual abuse.<sup>74</sup>

Migrant workers' access to protective or redress mechanisms is an ongoing issue. Workers in difficult situations can access justice either from the Indonesian embassy or consulate in their destination countries, or through redress mechanisms back in Indonesia. The GOI has recognized the weakness of both of these avenues and has started to strengthen the protections it offers its migrants.

Most migrants are recruited and contracted through private agencies in Indonesia, which are often not transparent or accountable to the government. Whether workers are oriented to their rights and to avenues for the protection of their rights while overseas is questionable. As well, violations of the contracts are common and often not addressed.

72 UNFPA Indonesia (2013). *Background paper on Population and Development*

73 World Bank (2014). *Data Bank*.

74 Farbenblum, B. et al. (2013). *Migrant Workers' Access to Justice at Home: Indonesia*. Open Society Foundations.

With increasing awareness of the lack of protection from the government among the migrant workers themselves, there has been the establishment of migrant workers organizations at the local level, particularly in sending districts and provinces, such as the Indonesian Migrant Workers' Organization Federation and Indonesian Migrant Workers' Union. The organizations advocate for rights of migrant workers and provide services to migrant workers and their families.

Recognizing of the increasing problems faced by Indonesian migrant workers abroad, the GOI issued the Law No. 39/2004 on Placement and Protection of Indonesian Migrant Workers Abroad. The Indonesian Migrant Worker Protection and Placement National Board was established as the main institution responsible for implementing the placement and protection of Indonesian migrant workers abroad. In 2012, Indonesia ratified the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families. While these efforts are positive, much more needs to be done to protect the rights of Indonesian migrant workers.

### **Trafficking**

Indonesia is also a key source of trafficked persons in the Southeast Asia region, much of which occurs in the context of labour migration and is often undocumented.<sup>75</sup> Findings of a dataset collected by the International Organization for Migration show that most trafficked persons were female (90%), and most were under 35 years old with about a quarter being children less than 18 years old. Jobs in the final destination country included domestic service, sex work, shop keeping, waitressing, dancing and factory work. 93% of trafficked Indonesians ended up in Malaysia, with about 4% in the Gulf States.<sup>76</sup>

Based on the number of non-returning migrant workers whose working visas have expired, the Ministry of Manpower and Transmigration estimated that the number of undocumented migrant workers is about two or three times larger than the number of documented workers.<sup>77</sup> These workers are particularly vulnerable to work discrimination, exploitation and abuse due to their undocumented status – often precursors to trafficking.

### **Recommendations:**

- The government should effectively promote and protect human rights of all migrants in conformity with the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families, ratified by Indonesia in 2012.
- Establish and strengthen existing redress mechanisms for migrant workers, including clear guidelines on redress when employment contracts issued by private recruitment agencies are violated; increased resources and training to embassies and consulates to provide competent legal assistance to workers in destination countries; and education to migrant workers on the redress mechanisms and their access to protections.
- Recognizing that poor regulations and frequent violations of workers rights can be precursors or warning signals of trafficking, the government needs to regulate recruitment agencies more effectively, including through more rigorous oversight and transparent licensing procedures that require on-going compliance with worker protection and redress responsibilities.

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<sup>75</sup> Larsen, J.J. et al. (2013). Experiences of trafficked persons: An Indonesian sample. Australian Institute on Criminology and International Organization for Migration. [http://www.aic.gov.au/media\\_library/publications/tandi\\_pdf/tandi449.pdf](http://www.aic.gov.au/media_library/publications/tandi_pdf/tandi449.pdf)

<sup>76</sup> *ibid*

<sup>77</sup> UNFPA Indonesia (2013). Background paper on Population and Development

- Stronger anti-trafficking laws and more active enforcement are needed to prevent both domestic and international trafficking, especially in the case of children.
- The government should incorporate a gender perspective into all policies and programmes on international migration, given the predominance of women migrants.
- Improve national data collection and pursue regional cooperation to harmonize the collection and analysis of migration data and statistics for evidence-informed policymaking.

### ICPD PoA Objective

**9.13.** The objective is to enhance the management of urban agglomerations through more participatory and resource-conscious planning and management, review and revise the policies and mechanisms that contribute to the excessive concentration of population in large cities, and improve the security and quality of life of both rural and urban low-income residents.

In 2010, about half of Indonesians lived in an urban setting, a significant increase from 31% in 1990. Census projections predict that 67% of the population will be urban by 2035.<sup>78</sup> Urbanization is a dominant population dynamic in Indonesia with significant impacts on how Indonesians live and access their rights.

About 80.5 million of the urban population (68%) lives in Java. In 1980, there were only 4 Indonesian cities with populations higher than one million. The 2010 census counted 10 cities with more than a million people, and the growth rate of small and medium sized cities is significantly higher than large cities pointing to increasing urbanization in smaller centres.

This rapid urbanization is underpinned by large-scale internal migrations. There are both movements from rural areas to urban metropolitan areas within Java, and shifts towards small and medium size cities across Indonesia where there are significant economic activities such as mining or forestry. Kepulauan Riau, DKI Jakarta and East Kalimantan are leading destinations for rural-urban migration. There are higher economic pull factors in these three provinces, such as manufacturing industries in Kepulauan Riau, more development in DKI Jakarta, and plantation and mining industries in East Kalimantan. The majority of lifetime migrants tend to migrate to urban areas between the ages of 20-39 years old, and tend to have a secondary school education.<sup>79</sup>

Amidst widespread urban growth, many municipal governments are presented with significant urban management concerns, including gaps in service provision, traffic congestion, poor land management and sprawl, growth of urban slums and environmental degradation. First, services such as health and education need to catch up to the rapidly growing population. Rapid population growth also stresses municipal services and infrastructure, leading to reduced access to water and sanitation services. Second, for some urban migrants, living in a city means greater access to sexual and reproductive health services, the result of which can be reduced fertility and smaller family sizes in urban areas. At the same time, the poorest urban women are often unable to access services, and may live within urban cultural enclaves in which their marital and reproductive lives, and fertility rates, are closer to those of rural women.

Third, as the poorest migrants establish themselves in slums or poorer urban areas, they tend to have as low health indicators as their rural counterparts. Fourth, inadequate public transportation infrastructure, urban sprawl and dense informal settlements lead to insecure living environments and low quality of life for urban migrants.

<sup>78</sup> 2010 census. [http://www.bps.go.id/eng/tab\\_sub/view.php?kat=1&tabel=1&daftar=1&id\\_subyek=12&notab=14](http://www.bps.go.id/eng/tab_sub/view.php?kat=1&tabel=1&daftar=1&id_subyek=12&notab=14)

<sup>79</sup> UNFPA Indonesia (2013). Background paper on Population and Development



The Indonesian government has taken measures to address increasing urbanization, but it remains one of the main demographic challenges that the country faces as the landscape of urban municipalities change rapidly.

In the past, the GOI has taken actions to redistribute the population to islands outside Java through a national transmigration scheme. Law No. 29/2009 and Law No. 52/2009 stipulate sustainable population mobility direction to achieve optimal population distribution based on the balance between population size and environment carrying capacity. The Ministry of Manpower and Transmigration is the main institution implementing transmigration programme in Indonesia. Until 2011, 8.8 million people were placed in 604 transmigration areas in 26 provinces.<sup>80</sup> However, the transmigration programme has been highly criticized. Relocating migrant communities to rural natural-resource-rich provinces, such as West Papua and East Kalimantan, have caused deeper income and welfare gaps between migrants and local people. This in turn has serious political and social implications, as local people are less likely to enjoy development opportunities than better-educated and skilled migrants leading to social conflict.

## Recommendations:

- Urban municipalities, district governments and the central government need to ensure equitable access to services in urban centres with the highest growth rates.
- There needs to be an explicit national urban-development policy that should be implemented consistently, focusing on addressing issues faced by new urban centres.
- The government needs to ensure the right to adequate nutrition, housing and health for slum dwellers in big cities through better provision of quality services and living conditions.
- The government should improve water and sanitation quality and access for poor urban residents, especially slum dwellers to ensure clean drinking water and prevent illnesses.

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<sup>80</sup> *ibid*

## CONCLUSION: THE FUTURE WE WANT

Faced with a complex set of newly emerging population issues, and unmet targets for existing challenges, Indonesia is committed to continued work on ICPD issues. The government has made some significant progress so far on certain indicators, and needs to incorporate the unfinished ICPD agenda into its post-2015 development agenda on some of these key population issues. Most importantly, Indonesia needs to improve its record on maternal deaths, accelerate the use and quality of family planning services especially amongst populations with the highest need, reduce gender-based violence, and curb a rapidly spreading HIV/AIDS epidemic.

With Indonesian President Susilo Bambang Yudoyono as a co-chair of the High Level Panel on the Post-2015 Development Agenda, the country is at the forefront of leading global efforts at setting new priorities for development. A large and growing middle income country, Indonesia's successes in achieving its post-2015 goals – not only in its population policy but in its response to climate change and international migration – will have global implications. As development becomes defined increasingly in terms of the rights of individuals and communities, and as the international community strives to form a single development framework with poverty reduction and sustainable development at its core, Indonesia has the opportunity to define its unfinished ICPD agenda and its newly emerging challenges with realistic targets and meaningful commitments.





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