Indonesia

Country overview

Malnutrition burden

Indonesia is on course to meet the global target for under-five overweight, but is off course to meet the targets for all other indicators analysed with adequate data. There is insufficient target data to assess Indonesia's progress for infant exclusive breastfeeding and male obesity.

Indonesia experiences a malnutrition burden among its under-five population. As of 2013, the national prevalence of under-five overweight is 11.5%, which has decreased slightly from 12.3% in 2010. The national prevalence of under-five stunting is 36.4%, which is greater than the developing country average of 25%. Indonesia's under-five wasting prevalence of 13.5% is also greater than the developing country average of 8.9%.

In Indonesia, 40.9% of infants under 6 months are exclusively breastfed. Indonesia's 2015 low birth weight prevalence of 10% has decreased slightly from 11.2% in 2000.

Indonesia's adult population also face a malnutrition burden. 28.8% of women of reproductive age have anaemia, and 8% of adult women have diabetes, compared to 7.4% of men. Meanwhile, 8.9% of women and 4.8% of men have obesity.

Sources: UNICEF global databases Infant and Young Child Feeding, UNICEF/WHO/World Bank Group: Joint child malnutrition estimates, UNICEF/WHO Low birthweight estimates, NCD Risk Factor Collaboration, WHO Global Health Observatory.

Notes: Data on the adult indicators are based on modelled estimates.

Progress against global nutrition targets 2018

No progress or

worsening



Sources: UNICEF global databases Infant and Young Child Feeding, UNICEF/WHO/World Bank Group: Joint child malnutrition estimates, NCD Risk Factor Collaboration, WHO Global Health Observatory and Global Burden of Disease, the Institute for Health Metrics and Evaluation.

Notes: WRA = Women of a reproductive age; NA = not applicable. The methodologies for tracking differ between targets. Data on the adult indicators are based on modelled estimates.

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Child (under-five) nutrition status

Coexistence of wasting, stunting and overweight



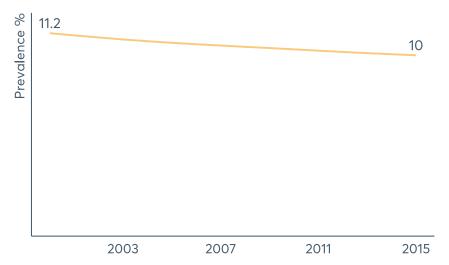
Sources: UNICEF, Division of Data Research and Policy (2019).

UNICEF Global Databases: Overlapping Stunting, Wasting and

Overweight, January 2019, New York.

Notes: Percentage of children under-five years of age who experience different and overlapping forms of malnutrition.

Low birth weight



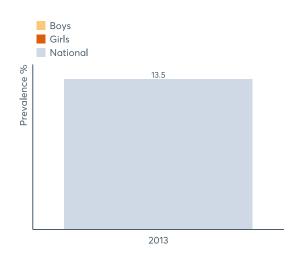
Source: UNICEF/WHO Low birthweight estimates, 2019 edition.

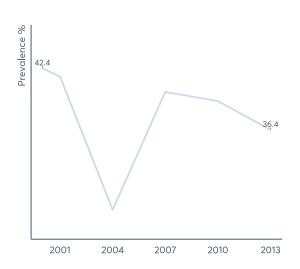
Child (under-five) nutrition status over time

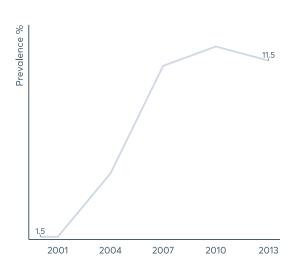
Wasting by gender

Stunting by gender

Overweight by gender



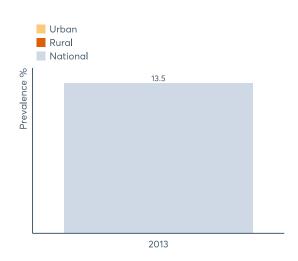


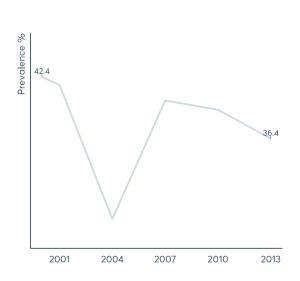


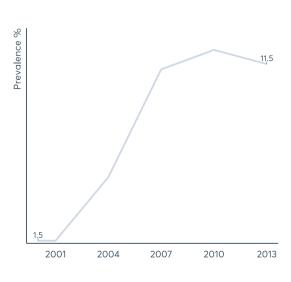
Wasting by location

Stunting by location

Overweight by location



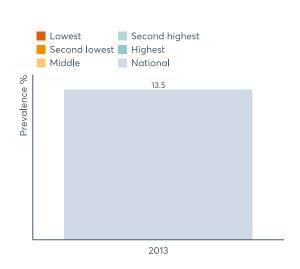


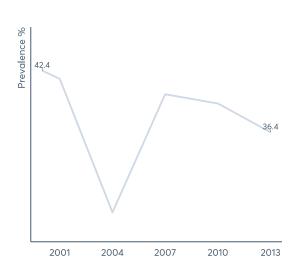


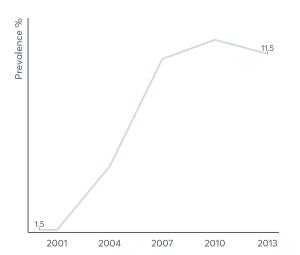
Wasting by income

Stunting by income

Overweight by income



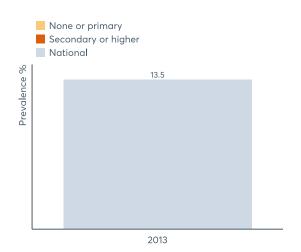


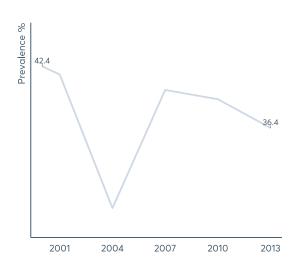


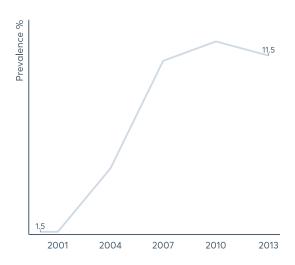
Wasting by mother's education

Stunting by mother's education

Overweight by mother's education



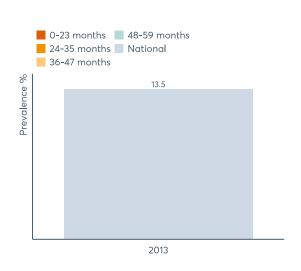


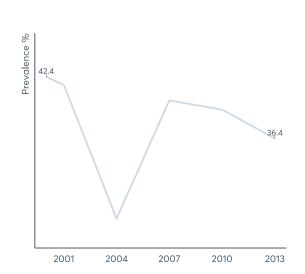


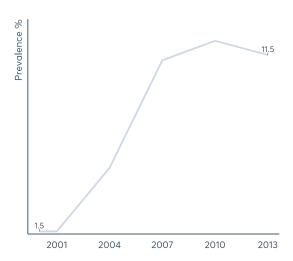
Wasting by age

Stunting by age

Overweight by age



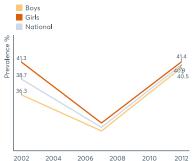




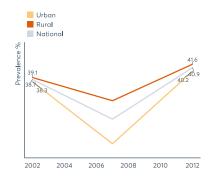
Sources: UNICEF/WHO/World Bank Group: Joint child malnutrition estimates.

Infant and young child feeding over time

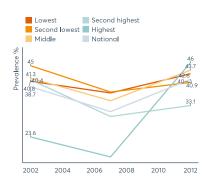
Exclusive breastfeeding by gender



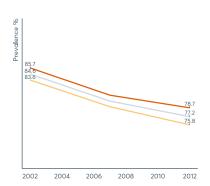
Exclusive breastfeeding by location



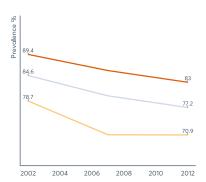
Exclusive breastfeeding by income



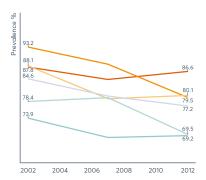
Continued breastfeeding at 1 year by gender



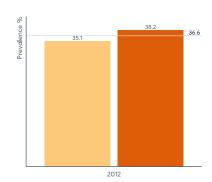
Continued breastfeeding at 1 year by location



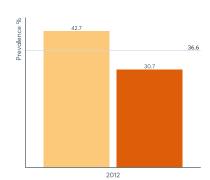
Continued breastfeeding at 1 year by income



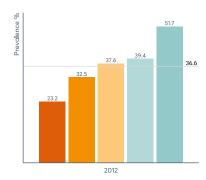
Minimum acceptable diet by gender



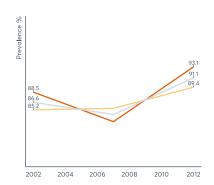
Minimum acceptable diet by location



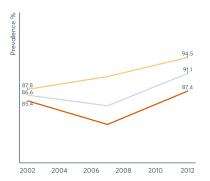
Minimum acceptable diet by income



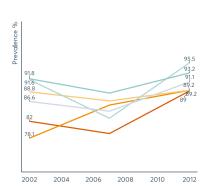
Intro. to solid, semi-solid, soft foods by gender



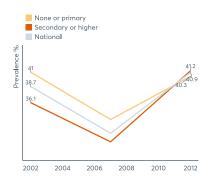
Intro. to solid, semi-solid, soft foods by location



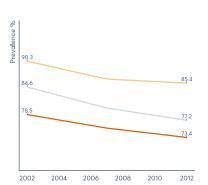
Intro. to solid, semi-solid, soft foods by income



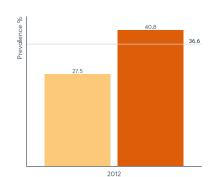
Exclusive breastfeeding by mother's education



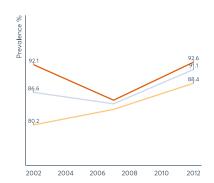
Continued breastfeeding at 1 year by mother's education



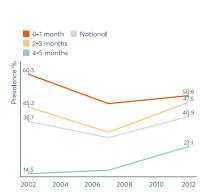
Minimum acceptable diet by mother's education



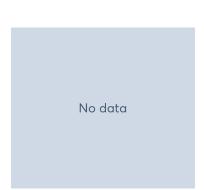
Intro. to solid, semi-solid, soft foods by mother's education



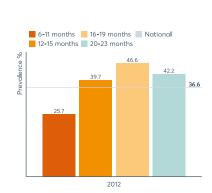
Exclusive breastfeeding by age



Continued breastfeeding at 1 year by age



Minimum acceptable diet by age

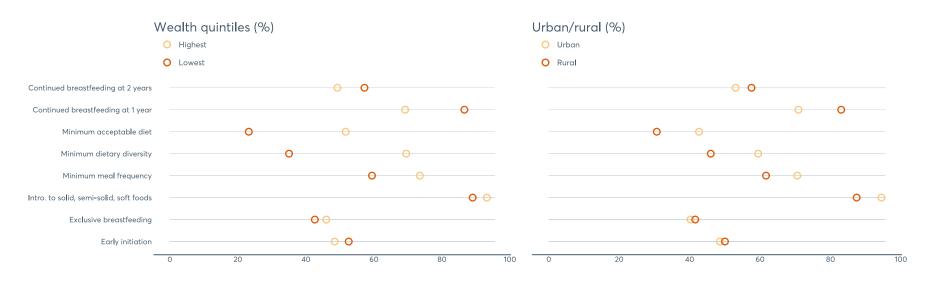


Intro. to solid, semi-solid, soft foods by age



Sources: UNICEF, Division of Data Research and Policy (2019). Global UNICEF Global Databases: Infant and Young Child Feeding, New York, May 2019.

Infant and young child feeding



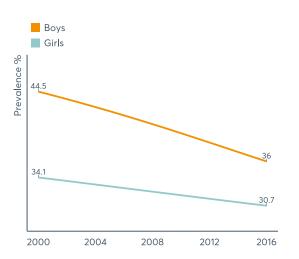
Sources: UNICEF, Division of Data Research and Policy (2019). Global UNICEF Global Databases: Infant and Young Child Feeding: Exclusive breastfeeding, Predominant breastfeeding, New York, May 2019.

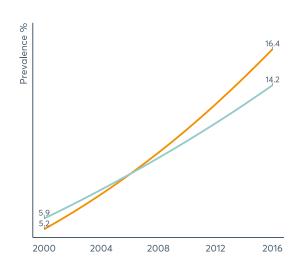
Child and adolescent (aged 5-19) nutrition status

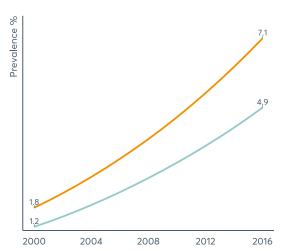
Underweight by gender

Overweight by gender

Obesity by gender







Sources: NCD Risk Factor Collaboration.

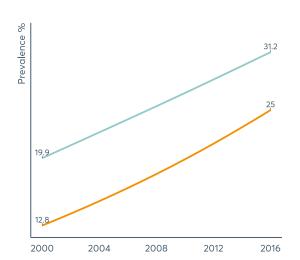
Adult nutrition status

Diabetes by gender

Male Female % 6,9 5,8

Sources: NCD Risk Factor Collaboration.

Overweight by gender



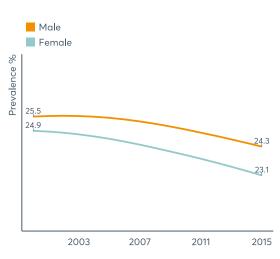
Stevalence % 8,9

2008

2016

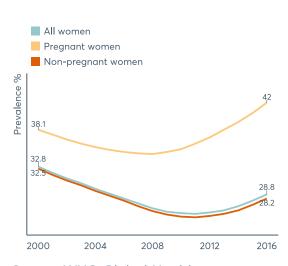
Obesity by gender

Raised blood pressure by gender



Sources: NCD Risk Factor Collaboration.

Anaemia in WRA

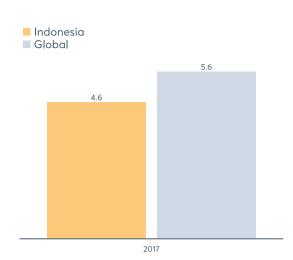


Source: WHO Global Health Observatory.

Notes: WRA = women of reproductive age.

Salt intake (grams per day)

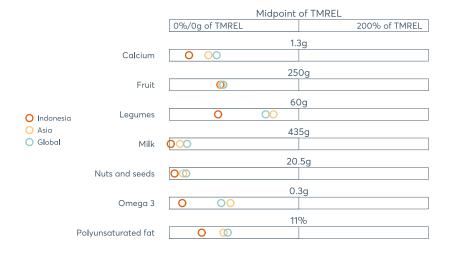
2004

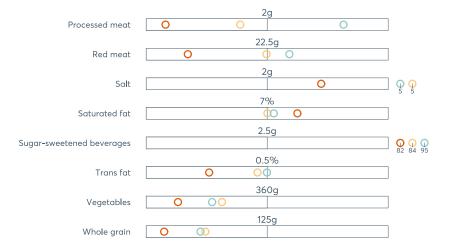


Source: Global Burden of Disease, the Institute for Health Metrics and Evaluation.

Dietary needs

Consumption of food groups and components, 2016





Sources: Global Burden of Disease, the Institute for Health Metrics and Evaluation.

Notes: TMREL = theoretical minimum risk of exposure level. Men and women aged 25 and older.

Intervention coverage

Coverage/practice indicator	Total (%)	Boy (%)	Girl (%)	Year
Children 0-59 months with diarrhoea who received zinc treatment	1	1	1	2012
Children 6-59 months who received vitamin A supplements in last 6 months	61	60	62	2012
Children 6-59 months given iron supplements in past 7 days	14	14	13	2012
Women with a live birth in the five years preceding the survey who received iron tablets or syrup during antenatal care	76	NA	NA	2012
Household consumption of any iodised salt	No data	NA	NA	No data

Sources: Huestis A. and Kothari M., based on 2016 Global Nutrition Report.

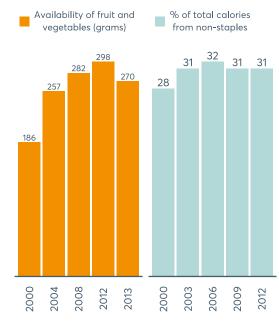
Notes: NA = not applicable. Data is compiled using STATcompiler and taken from country Demographic and Health Surveys for 2005-2018.

Determinants

Undernourishment



Food supply



Source: FAOSTAT 2018.

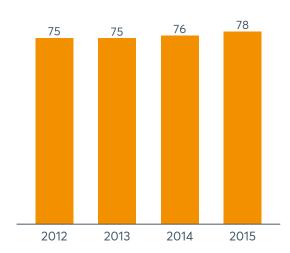
Gender-related determinants

Early childbearing births by age 18 (%) ¹	6	2012
Gender Inequality Index (score [*]) ²	0.45	2017
Gender Inequality Index (country rank) ²	104	2017

Sources: ¹ UNICEF 2018; ² UNDP 2018. Notes: *0 = low inequality, 1 = high

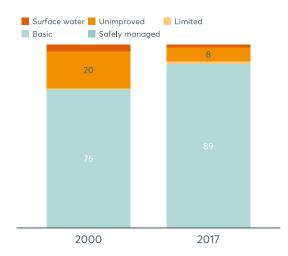
inequality.

Female secondary education enrolment (net, % population)



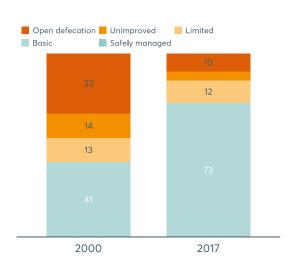
Source: UNESCO Institute for Statistics 2018.

Drinking water coverage (% population)



Source: WHO/UNICEF Joint Monitoring Programme 2019.

Sanitation coverage (% population)



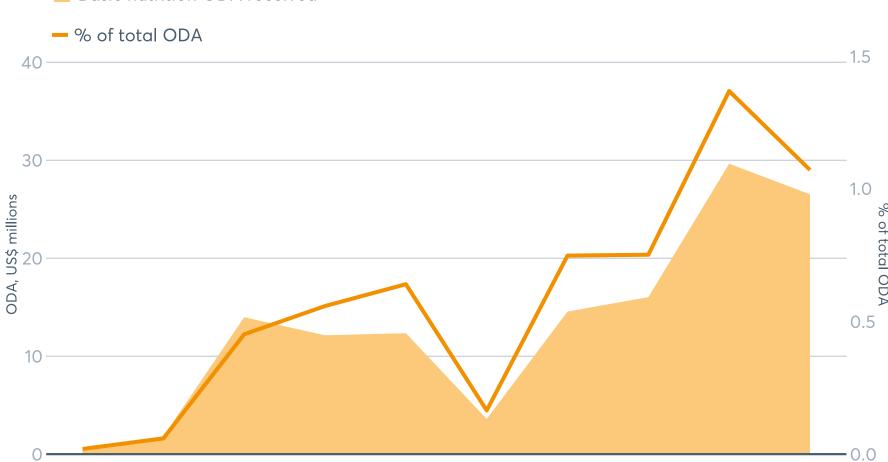
Source: WHO/UNICEF Joint Monitoring Programme 2019.

Resources, policies and targets

Development assistance

2008





2014

2017

Sources: Development Initiatives based on OECD Development Assistance Committee (DAC) Creditor Reporting System (CRS).

2011

Notes: ODA = official development assistance. Amounts based on gross ODA disbursements, constant 2017 prices. Figure includes ODA grants and loans, but excludes other official flows and private grants.

National policies

Mandatory legislation for salt iodisation	Yes
Sugar-sweetened beverage tax	No
Food-based dietary guidelines	Yes
Policy to reduce salt consumption	No
Operational policy, strategy or action plan to reduce unhealthy diet related to NCDs	Yes
Operational, multisectoral national NCD policy, strategy or action plan	Yes
Operational policy, strategy or action plan for diabetes	Yes
Policy to reduce the impact on children of marketing of foods and beverages high in saturated fats, trans-fatty acids, free sugars or salt	No
Policy to limit saturated fatty acids and virtually eliminate industrially produced trans-fats	No

Sources: Global Fortification Data Exchange 2018; Sugar-sweetened data prepared using data from the NOURISHING database, academic references and market reports; FAO 2018; WHO Global database on the Implementation of Nutrition Action (GINA), 2nd Global Nutrition Policy Review, WHO Global Health Observatory.

Notes: NA = not applicable; NCD = non-communicable disease.

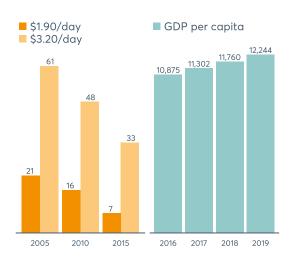
Targets included in national (nutrition or other) plan

Stunting	Anaemia
Yes	Yes
Low birth weight	Child overweight
Yes	Yes
Exclusive breastfeeding	Wasting
Yes	Yes
Salt intake	Overweight adults and adolescents
Yes	Yes
Multisectoral comprehensive nutrition plan	
Yes	

Sources: WHO Global database on the Implementation of Nutrition Action (GINA), 2nd Global Nutrition Policy Review.

Economics and demography

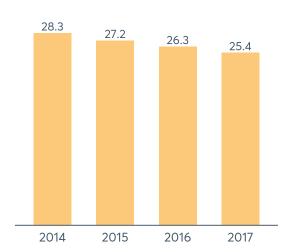
Poverty rates (%) and GDP (PPP\$)



Sources: World Bank 2019, IMF World Economic Outlook Database 2019.

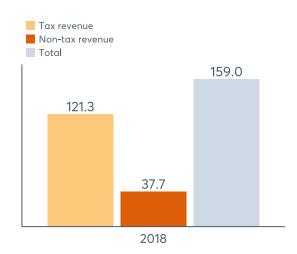
Notes: PPP = purchasing power parity.

Under-five mortality (per 1,000 live births)



Source: UN Inter-agency Group for Child Mortality Estimation 2018.

Government revenues (\$m)



Sources: IMF Article IV staff reports (country specific) and IMF World Economic Outlook Database (April 2019).

Income inequality

Gini index score ¹	Gini index rank ²	Year
38	91	2017

Sources: World Bank 2019.

Notes: ¹ 0 = perfect equality, 100 = perfect inequality. ² Countries are ranked from most equal (1) to most unequal (159).

Population

Population (thousands)	267,663	2018
Under-five population (thousands)	23,940	2019
Rural (%)	45	2018
>65 years (thousands)	16,374	2019

Sources: World Bank 2019, UN Population Division Department of Economic and Social Affairs 2019.

Population density of health workers per 1,000 people

Physicians	0.2	2012
Nurses and midwives	1.3	2015
Community health workers	0.0	2015

Sources: WHO's Global Health Workforce Statistics, OECD, supplemented by country data.