INDONESIAN POPULATION REPORT 2023

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2023

DIRECTORATE OF POPULATION IMPACT ANALYSIS
THE NATIONAL POPULATION AND FAMILY PLANNING BOARD
2023

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Address by the Head of BKKBN

Population and its dynamics have become one of the strategic issues in development in Indonesia. Law Number 52 of 2009 on Population Development and Family Development mandates the importance of comprehensive human development in Indonesia, encompassing all dimensions and aspects of human life, including population development, family planning, and family development. Population and its dynamics have emerged as a critical strategic issue in Indonesia's development. Law Number 52 of 2009 on Population Development and Family Development mandates the comprehensive development of the Indonesian people, encompassing all dimensions and aspects of human life, including population development, family planning, and family development.

Population development and family development require special attention in sustainable development. This attention should not only come from the central government but also from local governments as a consequence of decentralization. Local governments are required to demonstrate a high level of commitment in responding to various population development issues, which are subsequently translated into harmonious policies. Consequently, the planning and development policies that follow should be based on population condition data to ensure that development benefits the entire population.

One of the population challenges faced today that requires attention in population development is disparities. Development disparities occur across almost all aspects/pillars of population. This presents a broad developmental challenge, both between the western and eastern parts of Indonesia, among provinces, and even among districts/cities within a province. The urgency of integrating and synergizing population-focused development programs and policy harmonization becomes evident in building Indonesia's population to achieve equitable development and to ensure that no one is left behind in development.

This Indonesian Population Report serves as a shared reflection tool regarding the implementation of various policies, strategies, programs, and development activities. It also acts as a catalyst for cross-sectoral collaboration and community participation in shaping an excellent Indonesian population today and in the future.

Terima kasih. Finally, it is our hope that the Indonesian Population Report 2023 will be beneficial as expected. Thank you.

Jakarta, September 12 2023
Head of BKKBN,

Dr. (HC). dr. Hasto Wardoyo, SP.OG. (K).

Address by the Deputy of Population Management

In preparing for a high-quality population *towards Indonesia Emas 2045* (Golden Indonesia 2045), efforts are required to maintain a balance between population growth and reducing mortality rates, directing population mobility, enhancing population quality across all dimensions, and improving family resilience and well-being. This is essential to enable the nation to produce resilient human resources for the national development and resilience, as well as to ensure equitable enjoyment of development outcomes, allowing the nation to remain competitive with other nations and stay relevant.

Law Number 52 of 2009 on Population Development and Family Development has stipulated that development is the responsibility of the government at all levels. Moreover, Presidential Regulation Number 153 of 2014 on the Grand Design of Population Development reaffirms that both the central government and local governments must work in a coordinated, integrated, and unified manner, in accordance with legal regulations, involving active participation from the broader community.

In connection to these two mandates, the Indonesian Population Report represents one of BKKBN's efforts to integrate population development reports that have been prepared by various sectors, with the aim of achieving *Indonesia Emas 2045*. Moreover, the Indonesian Population Report serves as a common platform for observing changes in the field of population,

addressing various strategic issues, such as declining fertility rates, improving the quality of education and health, gender equality, and the arrangement of population distribution and mobility.

Finally, it is hoped that the Indonesian Population Report can serve as a valuable tool for monitoring and evaluating the achievements of population development on an annual basis, while also serving as a consideration in the formulation of development policies that are responsive to the dynamics of the population and demographics at various levels of the region.

Jakarta, September 12, 2023
Deputy of Population Management BKKBN,

Dr. Bonivasius Prasetya Ichtiarto, S.Si., M.Eng

Introduction by the Director of Population Impact Analysis

The Indonesian Population Report is a document detailing the implementation of population development prepared by BKKBN to fulfill the mandate of Law Number 52 of 2009 on Population Development and Family Development in carrying out government tasks in the field of population broadly, encompassing cross-ministries/agencies programs and activities.

The Indonesian Population Report 2023 provides an overview of Indonesia's population dynamics in 2023, along with challenges and policy recommendations that can be implemented by both central and local governments to achieve synergy, synchronization, and harmonization of various policies. The report is presented with reference to the five pillars of population development, namely Population Quantity, Population Quality, Family Development, Population Distribution and Mobility, and Population Administration Arrangement.

In general, the Indonesian Population Report 2023 maps the results of population development implementation across sectors, presents the population conditions in 2020, along with the challenges faced in each pillar of population development, and provides actionable policy recommendations. The data used in the preparation of this publication is derived from various sources, including population data from the Statistics

Indonesia (BPS) and development implementation reports from relevant ministries/agencies in accordance with the five population pillars.

We hope that this Indonesian Population Report can be used as a tool for monitoring and evaluating cross-sectoral development, as a reference in the preparation of future development plans. Furthermore, we anticipate that this document can serve as a means to synergize, synchronize, and harmonize various human development policies across sectors.

Thank you.

Jakarta, September 12, 2023
Director of Population Impact Analysis,

Dr. Faharuddin, SST., M.Si.

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INTRODUCTION

1. Background

The dynamics of population have always been a primary concern because they constitute one of the fundamental cornerstones of a nation's development planning. The United Nations (2022) estimated that on November 15, 2022, the global population had reached 8 (eight) billion individuals. Indonesia's population was recorded at 270 million people in 2020, as per the results of the 2020 Population Census. As of June 24, 2022, the Directorate General of Population and Civil Registration (hereinafter referred to as Ditjen Dukcapil) estimated Indonesia's population to be approximately 279.36 million people (Ministry of Home Affairs, 2022), positioning Indonesia as the fourth most populous country globally. Over the next 25 years, Indonesia is projected to experience a substantial population growth of 67 million individuals (Bappenas et al., 2018). With both its substantial existing population and significant population growth, Indonesia will continuously grapple with various population-related challenges.

In general, population dynamics are influenced by three key factors: fertility, mortality, and migration. Fertility contributes to the increase in population through births, while mortality reduces the population due to deaths. The difference between fertility and mortality represents natural population growth. On the other hand, migration results in population changes due to the movement of people from one place to another,

potentially increasing or decreasing the population of specific regions. Indonesia's rapid population growth in the past was primarily attributed to high birth rates.

Population development essentially constitutes efforts to realize the national goals of an advanced, self-reliant, prosperous, just, and equitable Indonesia, based on faith and devotion to Almighty God, as articulated in the fourth paragraph of the Preamble to the 1945 Constitution. This signifies that one of the goals closely intertwined with population is the aspect of general well-being. Implicitly, well-being is connected to the entire population, which is an integral part of the nation's life and governance.

In the grand design of population development in Indonesia, there are five pillars of population development, which encompass population quantity, population quality, family development, population distribution and mobility, and population administration. These five pillars constitute an interrelated unity, where the success of population development relies on the successful implementation of each individual pillar. These five pillars also underscore the broad scope of population development, encompassing not only population size and distribution but also the development of high-quality human resources across all dimensions.

BKKBN is a government agency mandated, in accordance with Law Number 52 of 2009 on Population Development and Family Development, to address various issues related to population, family planning, and family development. However, the execution of each pillar of population development falls under the responsibility of various ministries/agencies (K/L) relevant to the respective pillar. The extensive scope of population

development responsibilities results in the shared responsibility for the success of population development across numerous K/L. For instance, the pillar of improving population quality is the responsibility of many K/L because it pertains to education, health, employment, poverty, and gender equality.

Indonesia's large population presents distinct challenges, both in terms of meeting the basic needs of its population—such as food, clothing, shelter, education, health, income—and in terms of competitiveness with other countries worldwide. Furthermore, the population size must take into account the environmental and ecological carrying capacity to achieve sustainable development. Sustainable development must be accompanied by the excellent quality of Indonesia's population, capable of competing with other nations. This allows every Indonesian to work anywhere without resorting to excessive environmental exploitation. Future population development will focus on maximizing the holistic intelligence of every Indonesian, encompassing spatial, linguistic, logical, kinesthetic, interpersonal, spiritual, and emotional intelligence.

In general, Indonesia's current achievements in population development are characterized by effective population quantity control. The birth rate, typically measured by the total fertility rate (TFR), has significantly decreased to 2.18 per woman based on the 2020 Long Form Census (BPS, 2023). The mortality rate is also relatively low, with the infant mortality rate at 16.9 per 1,000 live births based on the same source. However, numerous challenges remain to be addressed, particularly concerning the improvement of population quality, family quality, and the inequitable distribution of the population.

To comprehensively and systematically assess Indonesia's population condition, an annual population report encompassing these five pillars of population development is essential. This report not only provides information on population development achievements related to the indicators used in the National Medium-Term Development Plan (RPJMN) or the strategic plans (Renstra) of K/L but also reveals the dynamics of population indicators over time and the disparities among provinces.

2. Objectives and Benefits

In general, the objectives of preparing the Indonesian Population Report are to elucidate the current status of population development achievements within the framework of the five pillars, linked to the targets set for each indicator. The specific objectives can be outlined as follows:

a. To explain strategic issues and directions in population development.;
b. To explain the achievements in population quantity and composition, as well as family planning.;
c. To describe the achievements in improving population quality and human development;
d. To describe the accomplishments in implementing family development programs;
e. To analyze population distribution and mobility between regions;
f. To describe the achievements in population administration implementation;
g. To explain the accomplishments in population-focused development.

The benefits of the Indonesian Population Report are to provide:
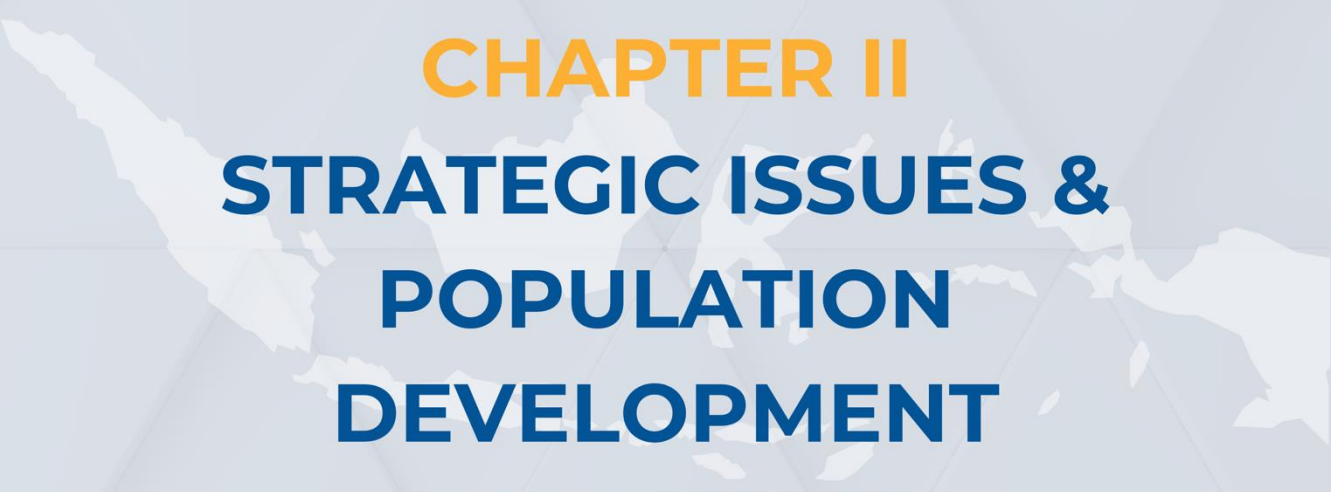
a. Input and considerations for formulating policy directions in the National Medium-Term Development Plan 2025-2029 and the National Long-Term Development Plan 2025-2045.;

b. Input and considerations for determining projected target figures related to the Family, Population, and Family Planning Development Programs;

c. Serving as a reference for benchmarking against other countries, promoting improved population management;

d. Information on national population trends and disparities at the provincial level.

3. Data Sources

The data presented in this report are derived from relevant ministries/agencies through official reports. The data sources include:

1. Contraceptive Prevalence Survey 1987.
2. Population Census 1961-2020.
3. Inter-census Population Survey (Supas) conducted in various years.
4. Indonesia Demographic and Health Surveys (SDKI) conducted in various years.
5. Family Data Updates.
6. Calculation of BKKBN's KPI (Key Performance Indicators) Outcomes Reports.
7. National Labor Force Survey (Sakernas).
8. Basic Health Research (Riskesdas).
9. Indonesian Nutritional Status Survey (SSGI).
10. National Survey on Women's Experiences 2016 and 2021.

11. National Survey on Children and Adolescent Experiences 2021.

12. National Socioeconomic Survey (Susenas).

13. Various editions of the Indonesian Statistical Yearbook.

CHAPTER II

STRATEGIC ISSUES & POPULATION DEVELOPMENT DIRECTION

CHAPTER II

STRATEGIC ISSUES & POPULATION DEVELOPMENT DIRECTION

1. Strategic Issues in Indonesian Population Development

Indonesia has experienced a significant decline in fertility, where the total fertility rate (TFR), a measure of fertility, is currently at 2.18 per reproductive-age woman (Stastics Indonesia, 2023). Demographic experts estimate that the trend of declining fertility will continue if not accompanied by appropriate population and family planning policies. It is even expected that the replacement level fertility (TFR=2.1 and NRR=1) may be achieved starting from 2025.

There are two primary demographic concerns arising from the rapid decline in fertility trends (Gietel-Basten, 2022). First, there is the possibility of long-term population stagnation or decline. A net reproduction rate (NRR) of less than 1 means that the number of women becoming mothers decreases with each period, inevitably leading to a continuous reduction in births. Population projections suggest that by 2050, Indonesia's annual population growth rate will be at 0.3, and zero population growth (ZPG) is estimated to occur by 2070. In some countries that have already experienced this, such as Korea, China, and Japan, incentives have been provided to increase the number of children per woman, up to 3 in some cases.

Second, small births coupled with reduced mortality rates and increased life expectancy result in a higher proportion of elderly population. Statistics Indonesia (2023) estimates that by 2045, the proportion of elderly population in Indonesia will reach 20 percent of the total

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population. An aging population has numerous consequences, not only in terms of health but also economically. The elderly population requires healthcare support and economic assistance due to declining physical abilities. On the other hand, a declining proportion of the working-age population can potentially reduce production capacity within the national economy, unless accompanied by productivity improvements.

Moreover, the quality of Indonesia's population remains inadequate, as indicated by the Human Development Index (HDI), which is still at a moderate level, at 72.91 in 2022 (Statistics Indonesia, 2022). A detailed examination of HDI components reveals shortcomings in educational quality, health quality indicated by life expectancy, and the purchasing power of the population, which, while steadily increasing, has been growing relatively slowly over time. The poverty rate is also quite high, at approximately 10 percent of Indonesia's population. Therefore, poverty alleviation through the creation of adequate employment opportunities and increased productivity is a necessity. A population with high competitiveness will be able to compete with populations from other countries and ensure the realization of the goal of becoming a respected nation in the world.

The quality of life for women and children in Indonesia is also an important issue that needs attention. In addition to the fact that the HDI for women is lower than that for men (Statistics Indonesia, 2022), many rights of women and children remain unmet, and there are still many cases of violence and exploitation against women and children in Indonesia.

Furthermore, the distribution of Indonesia's population is highly uneven, with the majority residing on the island of Java, accounting for

approximately 60 percent. Urban growth is also occurring rapidly, with more than half of Indonesia's population living in urban areas. Population distribution should be balanced and adjusted according to the environmental carrying capacity. Currently, population migration is mainly driven by economic factors, with rural populations moving to cities due to a perceived lack of livelihood opportunities in rural areas. Typically, rural migrants have insufficient education. Achieving a balanced population distribution between urban and rural areas and maintaining population density balance between Java and non-Java regions remains a significant challenge for future population development.

2. Directions and Policies for Population Development

To strengthen and accelerate the achievement of national goals and as part of the roadmap towards Indonesia's 100th year of independence, the President has mandated the formulation of Indonesia's Vision 2045. On its 100th anniversary, Indonesia is targeted to become a sovereign, just, and prosperous advanced country. With a highly skilled workforce mastering knowledge and technology, Indonesia aims to be one of the world's top five economic powerhouses. The participation of the community is crucial to achieving this vision, and population development and even distribution are key components.

Indonesia's Vision 2045, within the framework of the Unitary State of the Republic of Indonesia that is sovereign and democratic, aims to realize a better and more equitable welfare for the Indonesian people. It envisions a high-quality human resource, economic growth as an advanced country among the world's top five economic powerhouses, and equitable justice
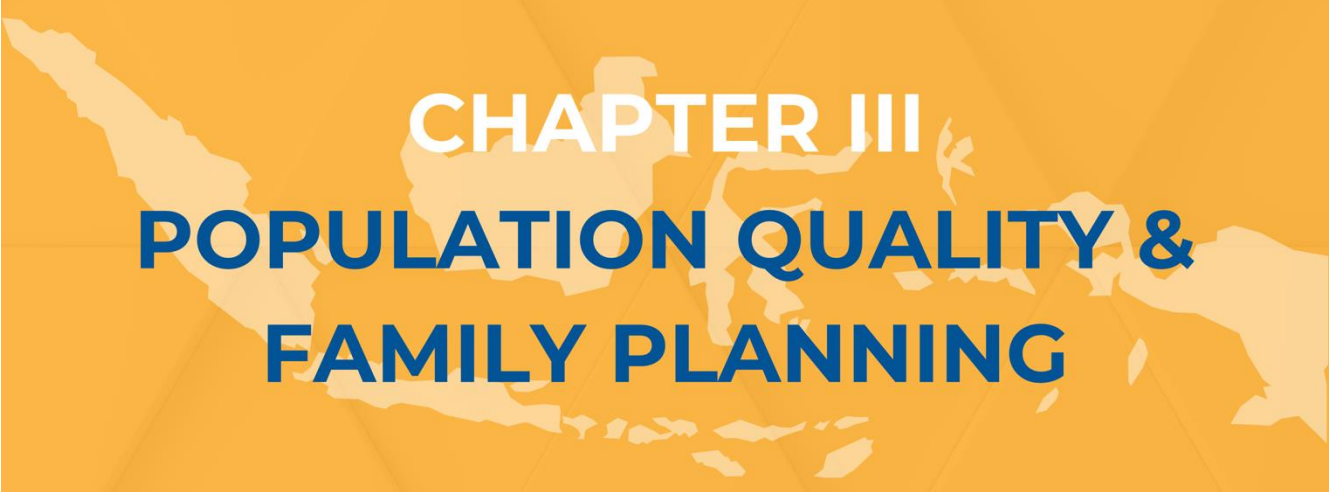
in all development areas. This vision not only provides a glimpse of Indonesia in 2045 but also outlines the roadmap to be achieved by 2045. Population development is one of the four pillars of Indonesia Emas 2045, alongside Human Development and Mastery of Science and Technology.

Indonesia is currently in a demographic dividend period that began in 2012 and will continue until 2035, during which the working-age population exceeds the non-working-age population, resulting in a low dependency ratio (Gardner & Gardner, 2017). In this condition, the production of goods or services will not face constraints due to the abundant labor supply. A large productive population will drive greater consumption demand because the working-age population typically consumes more than other age groups. With fewer children in the family, family members can be encouraged to be more actively involved in economic activities due to having more time to focus on work or running businesses, as opposed to childcare responsibilities in some families (Kotschy et al., 2020).

The direction of population development encompasses not only efforts to control population quantity, such as fertility and mortality, but also includes other components of population development, including improving population quality, family development, migration, and population administration. Generally, Indonesia's population development is aimed at achieving a high-quality population towards Indonesia Emas 2045 (Golden Indonesia 2045). In line with the strategic issues in population development, the directions for population development include:

1) Achieving and maintaining balanced population growth (*penduduk tumbuh seimbang* or PTS) to ensure generational continuity and avoid negative population growth in the future.

2) Enhancing the quality of the Indonesian population through improving equitable access to quality education for all; improving healthcare services, including universal healthcare coverage, maternal health, and reproductive health; poverty alleviation and the eradication of extreme poverty; and increasing work productivity and competitiveness.

3) Improving the quality of life for women, children, and families through women's economic empowerment, enhancing women's political literacy, eliminating violence against women and children, ensuring the rights of women and children, and creating a child-friendly environment.

4) Anticipating the onset of the population aging era through elderly-friendly programs, expanding social and healthcare coverage for the elderly, and empowering the elderly.

5) Reducing population disparities between regions in Indonesia, both in terms of population quantity (population distribution) and population quality.

CHAPTER III

POPULATION QUALITY & FAMILY PLANNING

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POPULATION QUALITY & FAMILY PLANNING

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1. **Population Size and Growth Rate**

Based on the 2020 Population Census, Indonesia's population is recorded at 270 million people. This figure is nearly three times higher than the results of the 1961 Population Census. Although the population growth rate continues to decrease, the absolute increase in population is still substantial every year. In the period from 2010 to 2020, Indonesia's population increased by 32.56 million people, averaging an increase of 3.25 million per year. This figure is only slightly different from the previous decade (2000-2010), where the population increased by 31.38 million people over ten years.
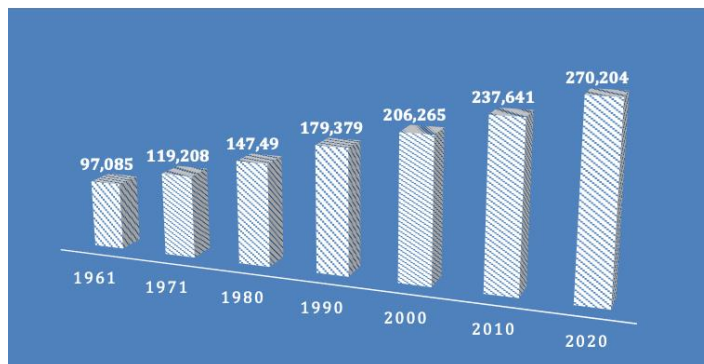
Source: Statistics Indonesia, 1961-2020 Population Census

Figure 3.1 Population Development in Indonesia

More than half of Indonesia's population is concentrated on the island of Java. The population size of a region is influenced not only by its geographical area but also by the local conditions, where regions with abundant natural resources or good facilities tend to attract more

residents. The population of each province in Indonesia can be seen in Figure 3.2. There are 6 provinces with a population of over 10 million people in 2020: West Java, East Java, Central Java, North Sumatra, Banten, and DKI Jakarta. Meanwhile, provinces with a small population of less than 2 million people include North Kalimantan, West Papua, Gorontalo, North Maluku, West Sulawesi, Bangka Belitung Islands, and Maluku.

Province	Population
ACEH	5,27
NORTH SUMATERA	14,80
WEST SUMATERA	5,53
RIAU	6,39
JAMBI	3,55
SOUTH SUMATERA	8,47
BENGKULU	2,01
LAMPUNG	9,01
BANGKA BELITUNG ISLANDS	1,46
RIAU ISLANDS	2,06

Sumatera: 58.56 million people 21.67%

DKI JAKARTA	10,56
WEST JAVA	48,27
CENTRAL JAVA	36,52
DI YOGYAKARTA	3,67
EAST JAVA	40,67
BANTEN	11,90

Java: 151.59 million people 56.10%

BALI	4,32
WEST NUSA TENGGARA	5,32
EAST NUSA TENGGARA	5,33

Balinusra: 14.96 million people 5.54%

WEST KALIMANTAN	5,41
CENTRAL KALIMANTAN	2,67
SOUTH KALIMANTAN	4,07
EAST KALIMANTAN	3,77
NORTH KALIMANTAN	0,70

Kalimantan: 16,63 million people 6.15%

NORTH SULAWESI	2,62
CENTRAL SULAWESI	2,99
SOUTH SULAWESI	9,07
SOUTHEAST SULAWESI	2,62
GORONTALO	1,17
WEST SULAWESI	1,42

Sulawesi: 19.90 million people 7.36%

MALUKU	1,85
NORTH MALUKU	1,28
WEST PAPUA	1,13
PAPUA	4,30

Maluku-Papua: 8.57 million people 3.17%

Source: Stastics Indonesia, 2020 Population Census

Figure 3.2 Population (in Millions) by Province in 2020

The population growth rate is a percentage that indicates the population growth of a region over a specific period. The average population growth

rate in Indonesia per year during the period 2010-2020 was 1.25 percent, a decrease of 0.24 percent compared to the average population growth rate per year in the 2000-2010 period, which was 1.49 percent. Indonesia's population growth rate has declined over time, from 2.10 percent per year in the 1961-1971 period to 1.25 percent per year in the 2010-2020 period (Figure 3.3).
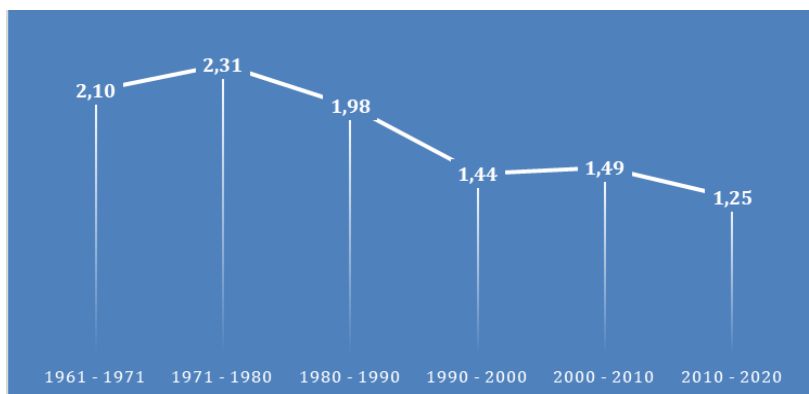
Source: Statistiscs Indonesia, 1961-2020 Population Census

Figure 3.3 Population Growth Rate in Indonesia

The decline in the population growth rate is influenced by various factors, including birth rates, death rates, and migration. In Indonesia, one of the main reasons for the decline in the population growth rate is the success of the Family Planning program. Through contraception use, Indonesia has managed to reduce the average number of children born to a woman during her reproductive years (Total Fertility Rate or TFR) from 5.6 in 1971 to 2.18 in 2020. This decrease in TFR has led to a reduction in the number of births and the population growth rate in Indonesia from year to year. Further analysis reveals that the population growth rate varies greatly among provinces, ranging from 0.58 to 4.13 percent per year. The population growth rate by province can be seen in Figure 3.4.
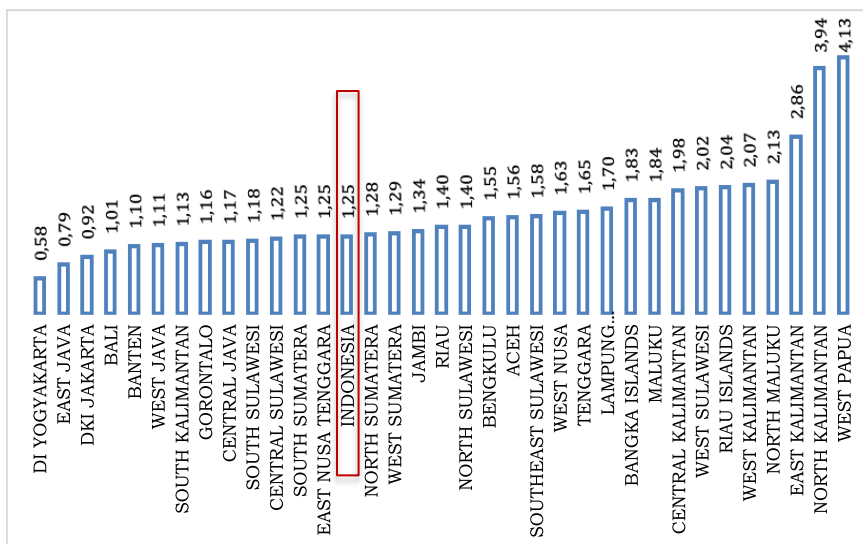
Source: Stastics Indonesia, 2020 Population Census

Figure 3.4 Average Population Growth Rate in Indonesia Per Year by Province 2010-2020

The highest population growth rate is found in the Papua region, particularly in Papua Province at 4.13 percent per year and West Papua Province at 3.94 percent per year (Figure 3.4). When compared with fertility data, these two provinces have relatively high TFR scores, 2.76 for Papua Province and 2.66 for West Papua Province. Moreover, there are three provinces with a population growth rate below one percent per year: the Special Region of Yogyakarta at 0.58 percent per year, East Java at 0.79 percent per year, and DKI Jakarta at 0.92 percent per year. When compared with TFR figures, these three regions also have the lowest TFR scores in Indonesia: 1.89 for the Special Region of Yogyakarta, 1.98 for East Java, and 1.75 for DKI Jakarta (Figure 3.5).
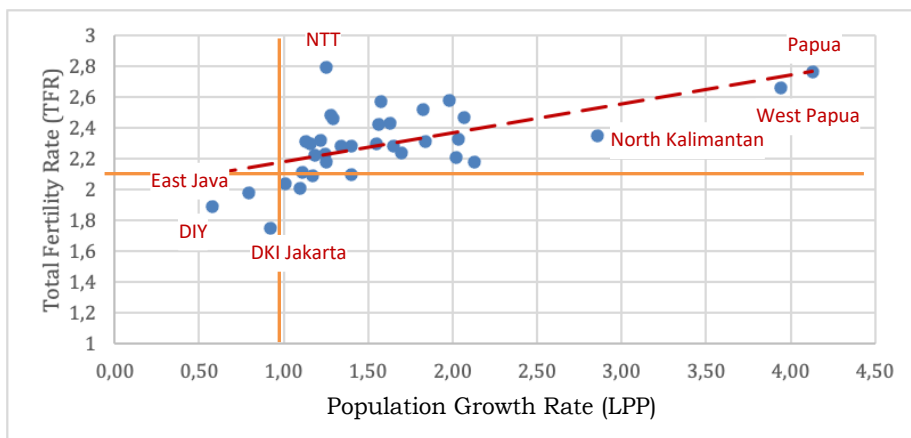
Source: Statistics Indonesia

Figure 3.5 Analysis of Population Growth Rate (PGR) and TFR Quadrants

2. Population Composition

Sex Ratio is the ratio of the number of males to the number of females per 100 females. The overall sex ratio in Indonesia in 2020 was 102.34, meaning there were 102 males per 100 females. Observing Figure 3.6 below, the sex ratio in Indonesia tends to increase as the death rate decreases.
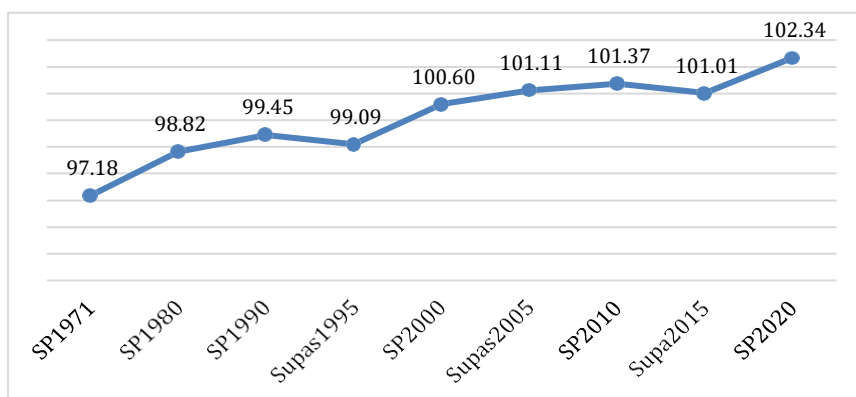
Source: BPS, Various Year Censuses and Intercensal Population Survey

Figure 3.6 Development of Sex Ratio in Indonesia, 1971-2020

Sex ratios by province vary widely, ranging from the lowest in the Special Region of Yogyakarta (98.22), South Sulawesi (98.59), East Java (99.60), and West Nusa Tenggara (99.71) to the highest in West Papua Province (111.21), North Kalimantan (111.92), and Papua Province (114.23). In addition to natural factors such as birth and death rates, sex ratios are also influenced by migration. For example, South Sulawesi, known as a major source of migrants, has a low sex ratio below 100 because many males from this province migrate to other regions.

Source: Statistics Indonesia, 2020 Population Census

Figure 3.7 Sex Ratio by Province in 2020

In general, the sex ratio in Indonesia in 2020 shows a decreasing pattern as age increases. The highest sex ratio is in the 0–9 age group at 107, and the lowest is in the 75 years and above age group at 79. A sex ratio of 79 in the 75 years and above age group indicates that there are more elderly females than elderly males. This pattern also suggests that the life expectancy of females is higher compared to males. According to the results of the 2020 Long Form Census, the life expectancy at birth for

females is 75.60 years, while for males, it is 71.25 years. The sex ratio for each age group can be seen in Figure 3.8 below.
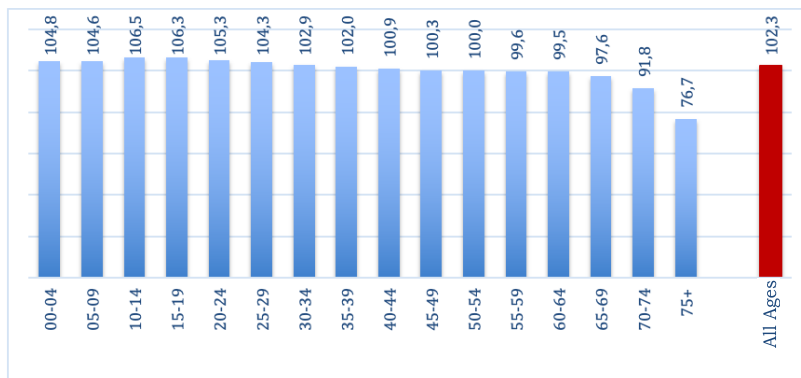
Source: Statistics Indonesia, 2020 Population Census

Figure 3.8 Sex Ratio by Age Group in 2020

Population composition is an important factor for a country in development planning. Population composition provides an overview of the population in a region, including the composition of young, working-age, and elderly populations. Moreover, population composition can also describe the potential human resources available for use in development planning and population policy formulation. Population composition is commonly depicted in the form of a population pyramid.
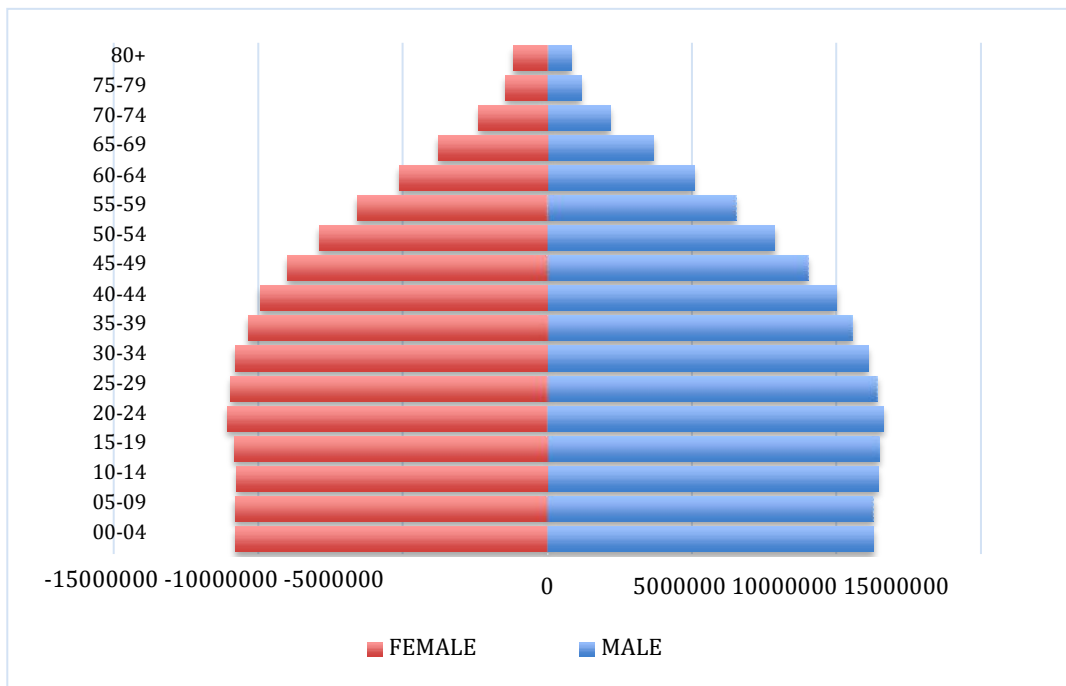
Source: 2020 Population Census

Figure 3.9 Population Pyramid of Indonesia in 2020

In general, Indonesia's population composition falls into the category of an expansive pyramid, with a wide base at the younger ages group, although the number of individuals in the 0-4 age group has decreased from previous years. In the middle or working-age population, this pyramid is bulging, indicating that Indonesia has a large working-age population and the potential for realizing a demographic dividend if this large population has good quality. Meanwhile, at the top or elderly population, the pyramid tapers, meaning that as age groups get older, their numbers decrease. However, with improving health conditions and increasing life expectancy in Indonesia, the elderly population is expanding.

3. Young Population and Demographic Dividend

The working-age population consists of individuals aged 15-64 years, and this age group plays a significant role in development. The percentage of the working-age population in 2020 was 69.28 percent. This percentage has been increasing over the years. Between the periods of 2010 to 2020, the working-age population increased on average by 0.31 percent per year. The largest increase in the working-age population occurred during the period from 1990 to 2000, with an average growth rate of 0.55 percent per year (Figure 3.10).
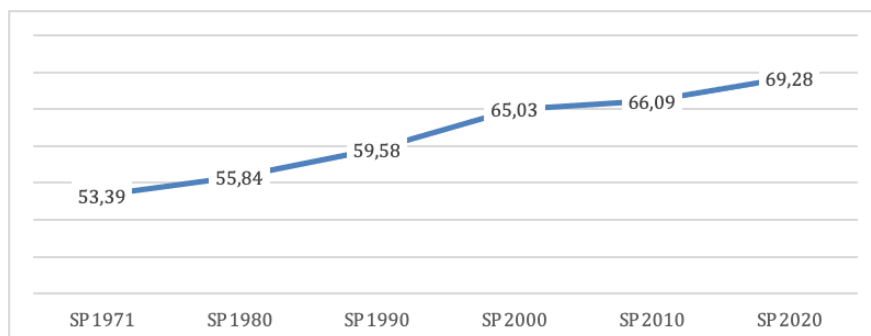
Source: 1971-2020 Population Census

Figure 3.10 Development of the Working-Age Population in Indonesia, 1971-2020

The larger the proportion of the working-age population, the greater the window of opportunity for a demographic dividend that Indonesia can achieve. A large population is one of the assets for development, provided that it is accompanied by improved quality and opportunities for work. Some provinces have a large proportion of the working-age population, such as DKI Jakarta, West Papua, East Java, and Central Kalimantan. Meanwhile, provinces with a small proportion of young population can be found in East Nusa Tenggara, West Sulawesi, Southeast Sulawesi, and

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Aceh (Figure 3.11). The significant variation among provinces implies variations in the dependency ratio and, consequently, variations in the demographic dividend period experienced by each province.

Source: Stastics Indonesia, Population Census 2020

Figure 3.11 Percentage of the Working-Age Population by Province in 2020

The dependency ratio is a figure that expresses the ratio between the non-working-age population (those below 15 years old and those above 65 years old) and the working-age population (those aged 15-64 years). A higher dependency ratio indicates a greater burden shouldered by the working-age population to support the non-working-age population's livelihood.
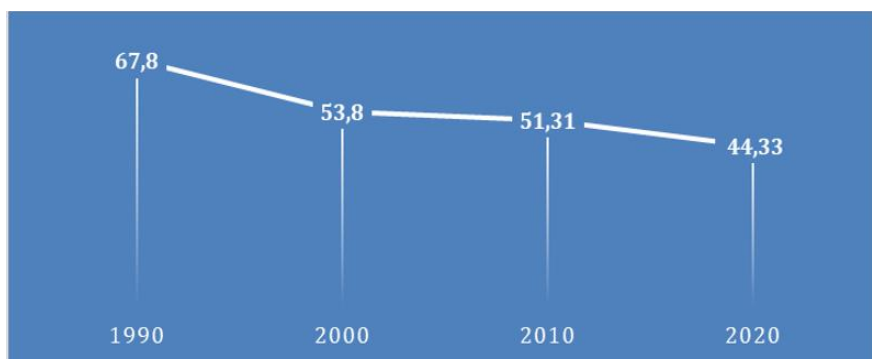
Source: 1990 - 2020 Population Census

Figure 3.12 Development of Indonesia's Dependency Ratio, 1990-2020

In Indonesia, the dependency ratio in 2020 reached 44.33, meaning that for every 100 working-age individuals, they had to support 44-45 non-working-age individuals. This ratio has experienced a significant decline since 2010, averaging 0.69 percent per year (Figure 3.12). The decrease in the dependency ratio is influenced, in part, by the declining birth rate, which reduces the proportion of the non-working-age population.

Dependency ratios vary between provinces, ranging from 39.73 to 55.18 in 2020 (Figure 3.13). In 2020, some provinces still had dependency ratios above 50, such as East Nusa Tenggara with a dependency ratio of 55.18 and West Sulawesi with 50.78 (Figure 3.13). These provinces still face challenges related to high birth rates and need efforts to reduce fertility rates to change their population structure and decrease the dependency ratio.

The low dependency ratio, indicating a lighter population burden, forms the basis for calculating the demographic dividend, or known as demographic dividend. With a large working-age population, the needed labor force for production can be easily met. Additionally, a large

working-age population generates significant consumption potential, as this group generally has higher consumption levels compared to other age groups.
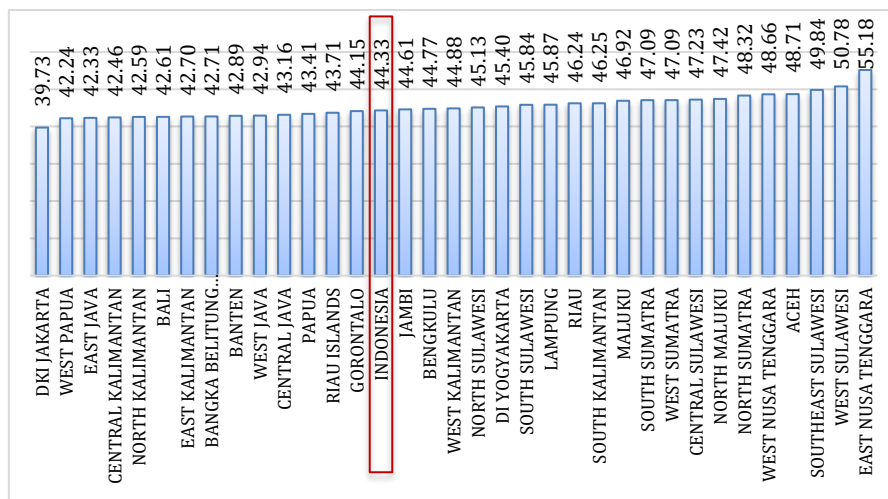
Source: 2020 Population Census

Figure 3.13 Indonesia's Dependency Ratio by Province in 2020

While the demographic dividend at the national level is estimated to occur from 2012 to 2035, regional variations are significant. The demographic dividend at the national level is a summary, as each region has different conditions. DKI Jakarta, for instance, has been enjoying the demographic dividend since the 1980s due to the migration of the working-age population from other provinces. In contrast, provinces that are sources of migrants lose their working-age populations. Contrary to DKI Jakarta, East Nusa Tenggara Province has the highest dependency ratio. This is partly due to high Total Fertility Rate (TFR). Provinces with high TFR may find it challenging to experience a demographic dividend. Other provinces with high TFRs include West Sulawesi, West Papua, and Southeast

Sulawesi, while West Nusa Tenggara also has a dependency ratio above the national average.
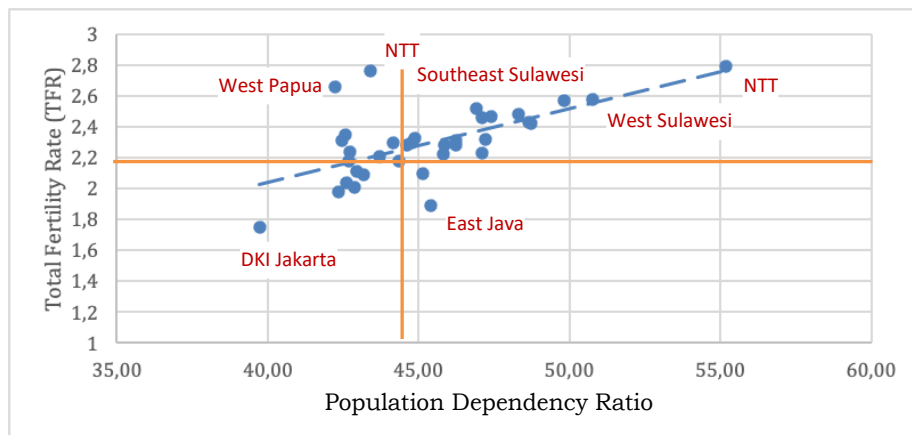
Source: Statistics Indonesia

Figure 3.14 Analysis of Dependency Ratio and TFR Quadrants

4. **Elderly Population**

Over the past 50 years, life expectancy has increased from 46 years in 1971 to approximately 73 years in 2020. With the rise in life expectancy, the average Indonesian enjoys a longer lifespan. Consequently, Indonesia's population age structure has shifted towards older age groups. This shift has led to an increase in the percentage of the population aged 60 and above (elderly) to over 10 percent. Over this 50-year period, the percentage of the elderly population has more than doubled, from 4.37 percent in 1971 to 9.93 percent in 2020, with the highest increase observed in the period between 2010 and 2020 (Figure 3.15).
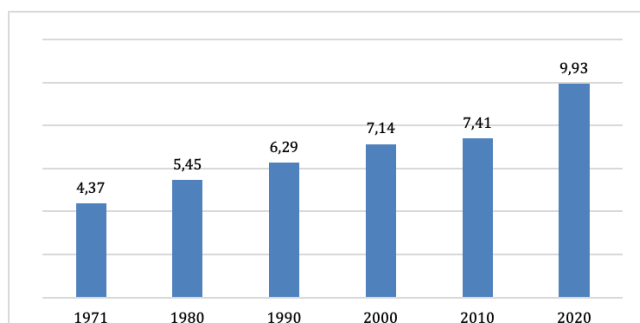
Figure 3.15 Percentage of the Elderly Population 1971-2020

The distribution of the elderly percentage varies among provinces, ranging from 3.39 percent in North Kalimantan to the highest percentage of 15.75 percent in Yogyakarta Special Region. Six provinces have percentages of elderly populations exceeding 10 percent: Yogyakarta Special Region, East Java, Bali, Central Java, North Sulawesi, and West Sulawesi. This condition is indicative of these provinces entering an aging population phase. The change in population structure is a result of low birth rates and positive impacts from increased healthcare services, leading to higher life expectancy. With this change in population structure, development in these provinces should be age-friendly to the elderly.
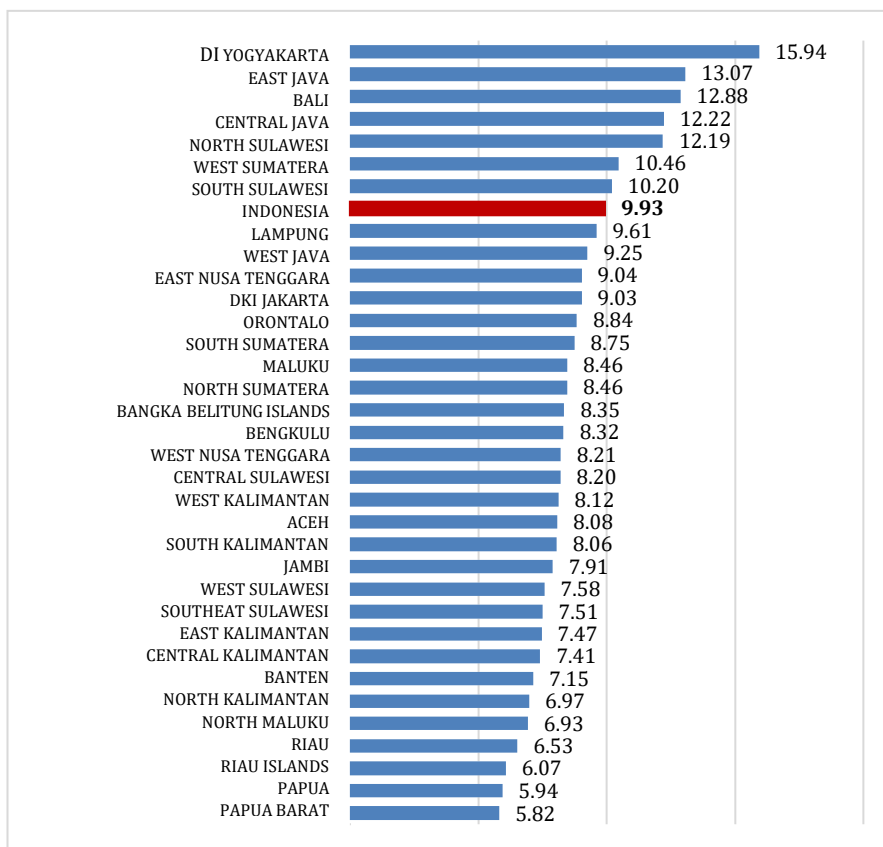
Figure 3.16 Percentage of the Elderly Population in 2020 by Province

5. **Fertility**

    The long journey of declining fertility in Indonesia began in 1970 with the Family Planning Program and the establishment of the National Family Planning Coordination Board (BKKBN). In 1970, the total fertility rate (TFR) in Indonesia was 5.6, indicating that women at that time had an average of 5-6 children each. Thanks to the consistent implementation of the Family Planning Program over nearly five decades, Indonesia's TFR

successfully decreased to 2.18 based on the results of the 2020 Long Form Population Census. The success of Indonesia's family planning program was internationally recognized when UNFPA awarded President Soeharto in 1989 for successfully reducing fertility rates at that time.
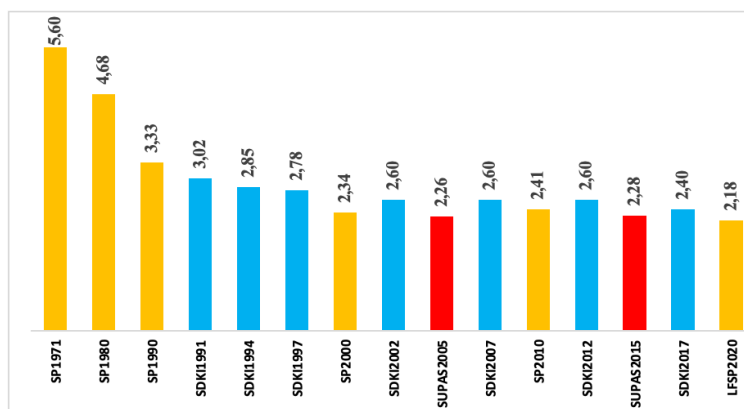
Source: SP1971-2010, SDKI 1991-2017, SUPAS 2005-2015, Long Form SP 2020

Figure 3.17 Trends in Indonesia's Total Fertility Rate (TFR) 1971-2020

The decline in TFR has had significant benefits for development in Indonesia. A smaller number of children in each family can lead to reduced infant and maternal mortality rates and can help slow down population growth. This allows the government to focus on programs to enhance the quality of the population, such as improving education and healthcare services. At the family level, having fewer children allows parents to invest more in their children's education and health, contributing to the creation of a competitive and high-quality population.

The decline in TFR is expected to continue in the future. The National Medium-Term Development Plan (RPJMN) for 2020-2024 aims to achieve a TFR of 2.1 children per woman by 2024. This number is considered ideal as it signifies a Balanced Population Growth (PTS). PTS is expected to occur

over the long term to prolong or maintain the ongoing demographic dividend in Indonesia.
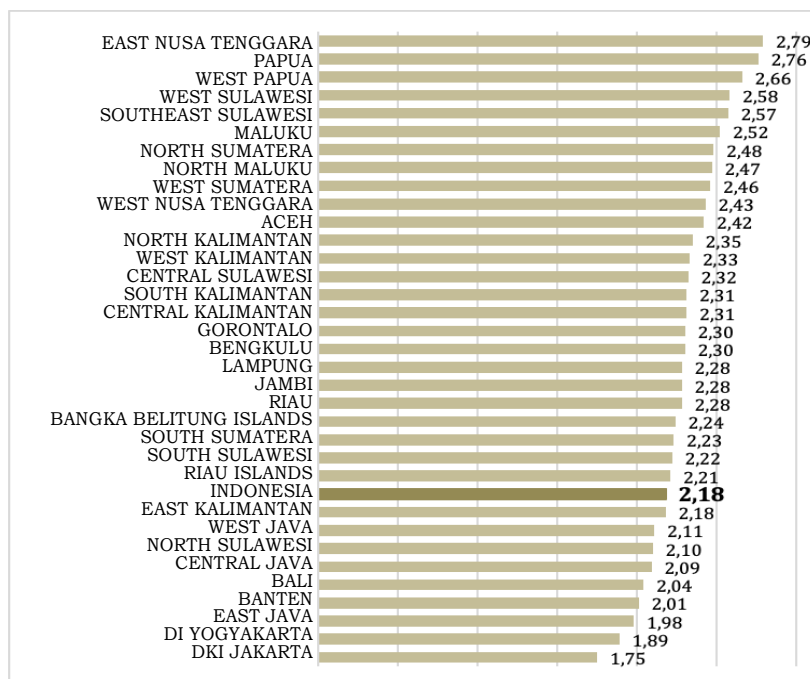
Source: 2020 Long Form Population Census

Figure 3.18 Total Fertility Rate by Province

In general, the Total Fertility Rate (TFR) in Indonesia, as measured by province, has experienced a decline, as evidenced by the results of the 2020 Long Form Population Census, which indicate that no province has a TFR above 3 children per woman anymore. Nevertheless, the TFR varies by province, with the lowest being 1.75 (DKI Jakarta) and the highest being 2.79 (East Nusa Tenggara). The highest TFRs are observed in provinces in eastern Indonesia, namely East Nusa Tenggara (2.79), Papua (2.76), and West Papua (2.66). Interestingly, some provinces exhibit remarkably low

TFRs, below 2.1, including Central Java (2.09), Bali (2.04), Banten (2.01), East Java (1.98), DI Yogyakarta (1.89), and DKI Jakarta (1.75).

In the future, it is expected that the TFR in each region will converge toward 2.1. For regions that have achieved a TFR below 2.1, the focus of population development should shift from further reducing the TFR to enhancing the quality of the population. Meanwhile, for regions with TFRs still above 2.1, efforts should be made to gradually reduce the TFR while continuing programs aimed at improving the quality of human resources.

In addition to the TFR, birth rates are also measured using the Age-Specific Fertility Rate (ASFR). This unique indicator measures fertility based on age groups, indicating the number of births per 1,000 women in specific age groups. This indicator is noteworthy as it reflects variations in fertility as women age and provides indications for program interventions.

Birth patterns show low rates for ages 15-19, then increase, peaking at the 25-29 age group, before gradually declining with increasing age groups of women. Both ASFRs in 2010 and 2020 have similar pattern, with ASFR in 2020 generally decreased in each age group compared to ASFR in 2010. However, a careful examination reveals a significant decline in the ASFR for the 15-19 and 20-24 age groups. For the 15-19 age group, ASFR decreased from 41 to 27 in 2020 (2020 Long Form Population Census), while for the 20-24 age group, ASFR decreased from 117 to 98.
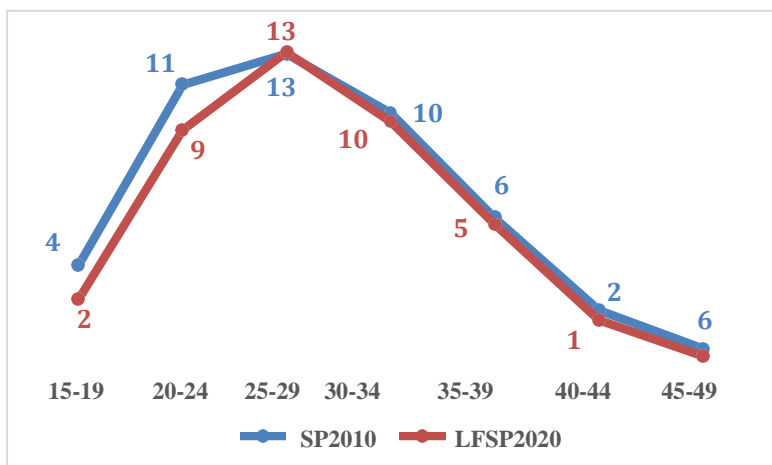
Source: 2010 Population Census and Long Form SP2020

Figure 3.19 Comparison of ASFR Indonesia in 2010 and in 2020

The decline in ASFR for ages 15-19 is a matter of concern for the government as it reflects births among teenagers. Pregnancies and births among teenagers carry a high risk of maternal and infant mortality. Additionally, teenagers aged 15-19 are often not psychologically prepared to become mothers, which can increase the risk of poor child-rearing practices and lead to a higher risk of child stunting and malnutrition. Another adverse effect is that if girls give birth at ages 15-19, they have a longer period of childbearing, which can drive up overall fertility rates.

Reducing ASFR for ages 15-19 is not just about reducing TFR but also about improving reproductive health quality and serving as a foundation for Indonesia's population development. For regions with high ASFR (above 50), aggressive measures should be taken to reduce this figure. Strengthening women's education, creating employment opportunities for women, and alleviating poverty are determinants in reducing ASFR for ages 15-19. Therefore, strengthening programs aimed at reducing ASFR for ages 15-19 is crucial for achieving development targets.
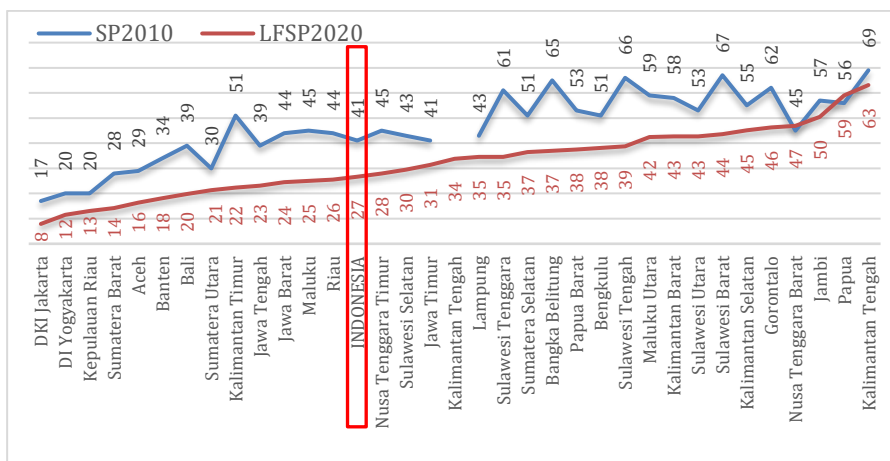
Source: 2010 Population Census and Long Form SP2020

Figure 3.20 Comparison of ASFR for ages 15-19 per Province in Indonesia in 2010 and 2020

Overall, ASFR for ages 15-19 in 2022 has decreased from ASFR for ages 15-19 in 2010 for all provinces. The range of ASFR for ages 15-19 in 2010 was from 17 to 69 births per 1000 women, while the range of ASFR for ages 15-19 in 2022 was from 8 to 63 births per 1000 women. However, two provinces have experienced an increase in ASFR for ages 15-19: West Nusa Tenggara Province, which increased from 45 births per 1000 women in 2010 to 47 births per 1000 women in 2022, and Papua Province, which increased from 59 births per 1000 women in 2010 to 56 births per 1000 women in 2020.

These facts indicate that in almost all regions of Indonesia, programs to reduce the birth rate among adolescents are progressing on track as expected, with a collective decline in ASFR. However, when compared to the target ASFR for ages 15-19 in the National Medium-Term Development Plan 2020-2024, which is 21 births per 1000 women, it is evident that the ASFR for ages 15-19 in 2022 has not yet reached the target, standing at 27

births per 1000 women. Furthermore, when this target is compared to the ASFR for ages 15-19 at the provincial level, only 8 provinces (DKI Jakarta, DI Yogyakarta, Riau Islands, West Sumatra, Aceh, Banten, Bali, North Sumatra) have achieved this target, while other provinces still have ASFR for ages 15-19 above it.

Child Woman Ratio (CWR) is also one of the fertility indicators. CWR is the ratio of the number of children aged 0-4 to the female population aged 15-49. Compared to TFR, this CWR indicator is simpler and can be used as a rough estimate of fertility. It can be useful as a rough estimate of fertility in regions that do not have complete data to calculate TFR. To see an overview of CWR in Indonesia, refer to Figure 3.21.
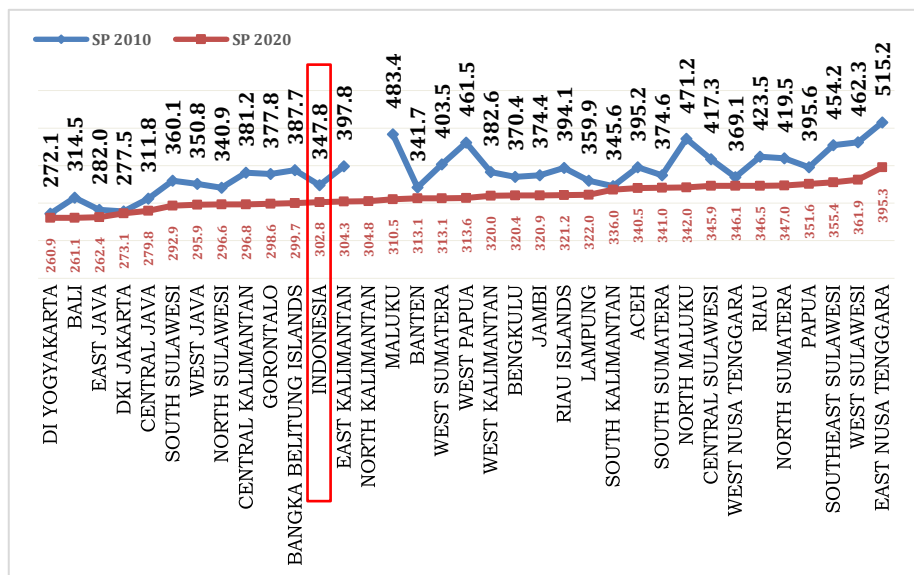
Source: Population Census 2010 and 2020

Figure 3.21 Child Women Ratio (CWR) for Indonesia in 2010 and 2020, by Province

In 2010, Indonesia's CWR based on the Population Census was 347.8 children per 1000 women aged 15-49, while in 2020, the CWR based on

the Population Census was 302.8 children per 1000 women aged 15-49. It is evident that the CWR in 2020 is lower than that in 2010, which is consistent with the pattern of Indonesia's TFR showing a decline from 2010 to 2020. Figure 3.21 also shows that the decrease in CWR is not only at the national level but also at the provincial level. The range of CWR in Indonesian provinces in 2010 ranged from 272.1 to 515.2, which decreased to a range of 260.9 to 395.3 in 2020. The highest decrease in CWR occurred in Maluku Province, from 483.4 to 310.5, while the lowest decrease in CWR was in DKI Jakarta Province, from 277.5 to 273.1.

6. **Family Planning**

The development of the Family Planning Program is an integral part of the discussion on population quantity in Indonesia. Contraceptive use is one of the four intermediate variables (proximate determinants) that influence fertility. Programs related to population quantity have several indicators monitored in planning documents such as the Medium-Term Development Plan (RPJMN) and the National Long-Term Development Plan (RPJPN).

Contraceptive Prevalence Rate (CPR) is one of the indicators that measure the level of contraceptive use by women of reproductive age. Contraceptive use provides protection to couples of reproductive age from pregnancy, thereby preventing births and ultimately controlling the population. Couples of reproductive age are considered to use contraception if they use at least one contraceptive method to prevent pregnancy, including the use of modern contraceptive methods (such as pills, injections, subcutaneous contraceptive implants, female sterilization,

male sterilization, intrauterine devices, condoms, Lactational Amenorrhea Method) or traditional contraceptive methods (calendar rhythm method, periodic abstinence, pull-out method, traditional herbs, or others).
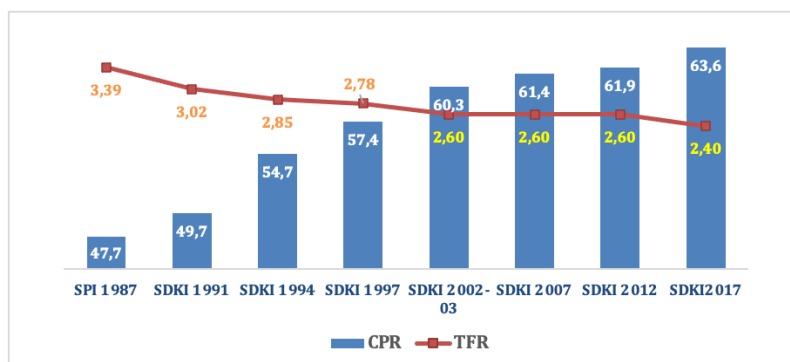
Figure 3.22 Contraceptive Use Rate Trends in 1987-2017

Figure 3.22 shows a negative relationship between TFR and CPR, indicating that TFR tends to decrease as CPR increases. In 1987, Indonesia's TFR was 3.39 with a CPR of 47.7 percent. Contraceptive use consistently increased, reaching a TFR of 2.4 in 2017. This provides evidence that contraceptive use significantly contributes to reducing TFR.

Modern contraceptive methods dominated contraceptive use, with their prevalence increasing from 44.9 percent in 1987 to 57.2 percent in 2017. Traditional contraceptives, while consistently present in a lower proportion, also saw an increase from 3.7 percent in 1987 to 6.4 percent in 2017.
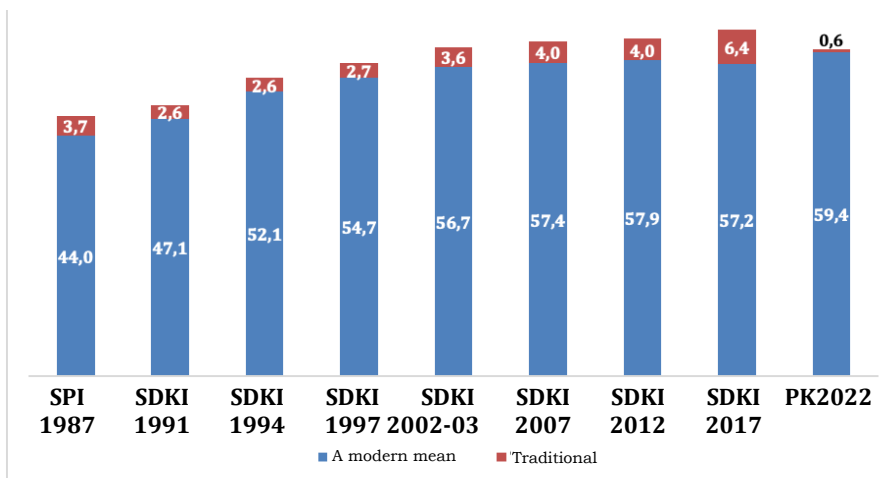
Figure 3.23 Trends in the Composition of Modern and

Traditional Contraceptive Use

The use of modern contraceptives is an indicator continually monitored by the government and is included in the National Medium-Term Development Plan (RPJMN) for 2020-2024. The use of modern contraceptives is an effective way for the government to implement population quantity intervention programs compared to traditional contraceptives.
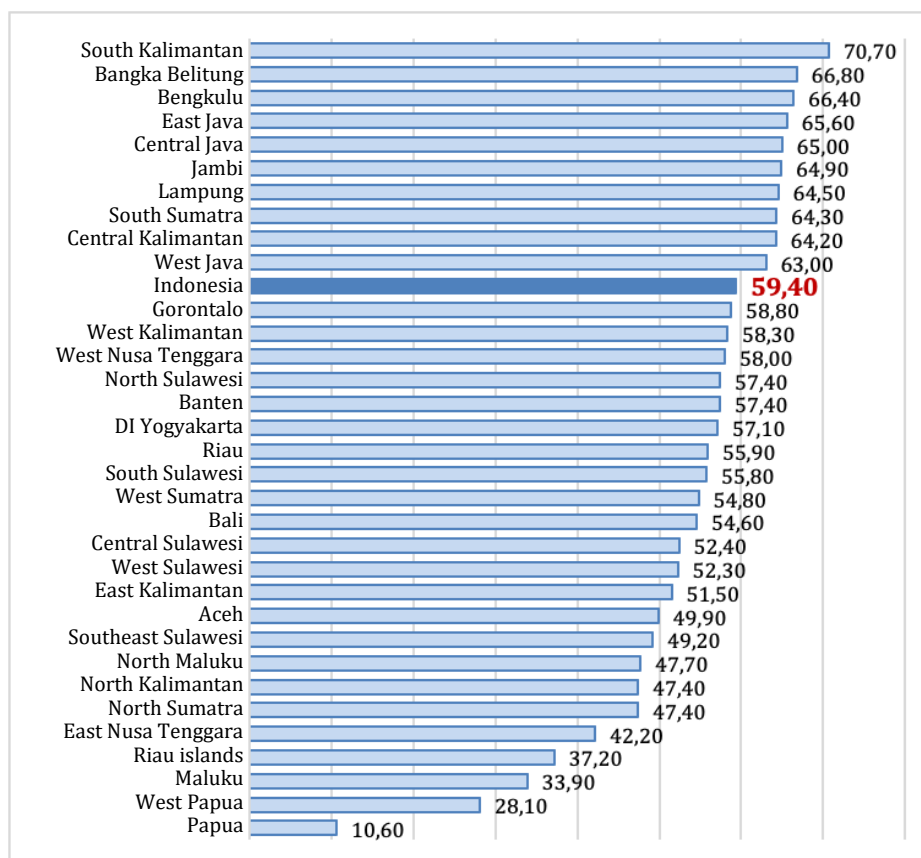
Source: SK 2022 Updates

Figure 3.24 Modern Contraceptive Use Rate by Province in 2022

Figure 3.24 shows a wide range of modern contraceptive use, from 10.6 percent in Papua Province to 70.7 percent in South Kalimantan Province. This indicates significant disparities in modern contraceptive use across Indonesia. Ten provinces have achieved a modern contraceptive prevalence rate (mCPR) above the national rate of 59.9 percent: South Kalimantan (70.7 percent), Bangka Belitung Islands (66.8 percent), Bengkulu (66.4 percent), East Java (65.6 percent), Central Java (65 percent), Jambi (64.9 percent), Lampung (64.5 percent), South Sumatra (64.3 percent), Central Kalimantan (64.2 percent), and West Java (63.0

percent). However, five provinces still have very low contraceptive use (<45 percent): East Nusa Tenggara (42.2 percent), Riau Islands (37.2 percent), Maluku (33.9 percent), West Papua (28.1 percent), and Papua (10.6 percent).

Family planning policies in regions with high modern contraceptive use aim to maintain the availability of contraceptive methods and easy access to contraceptive services, while also improving the quality of contraceptive use. Improving the quality of contraceptive use includes aligning the choice of contraceptive method with the intended family planning goals, such as using long-acting contraceptive methods for limiting family size and short-acting methods for birth spacing. For regions with low modern contraceptive use, more aggressive policies are needed to promote contraceptive use without disregarding the rights of users to choose their preferred contraceptive method.

The utilization of modern contraception in Indonesia can be scrutinized in more detail by examining the proportions within the mix of modern contraceptive methods. The composition of modern contraceptive methods provides an insight into the proportions of each method used. An understanding of the usage of specific contraceptive methods is crucial for assessing contraceptive choices, considering that each method can be categorized based on its characteristics. For instance, contraceptives can be grouped according to their duration of protection against pregnancy or whether they are hormonal. Long-acting contraceptives include IUDs, contraceptive implants, male sterilization (MOP), and female sterilization (MOW), while hormonal contraceptives include injections, pills, and contraceptive implants. An understanding of the utilization of these contraceptive methods offers insights into interventions tailored to

promoting the use of specific contraceptive methods, such as Long-Acting Contraceptive Methods (LACM), which is a target in the National Medium-Term Development Plan (RPJMN) for 2020-2024.
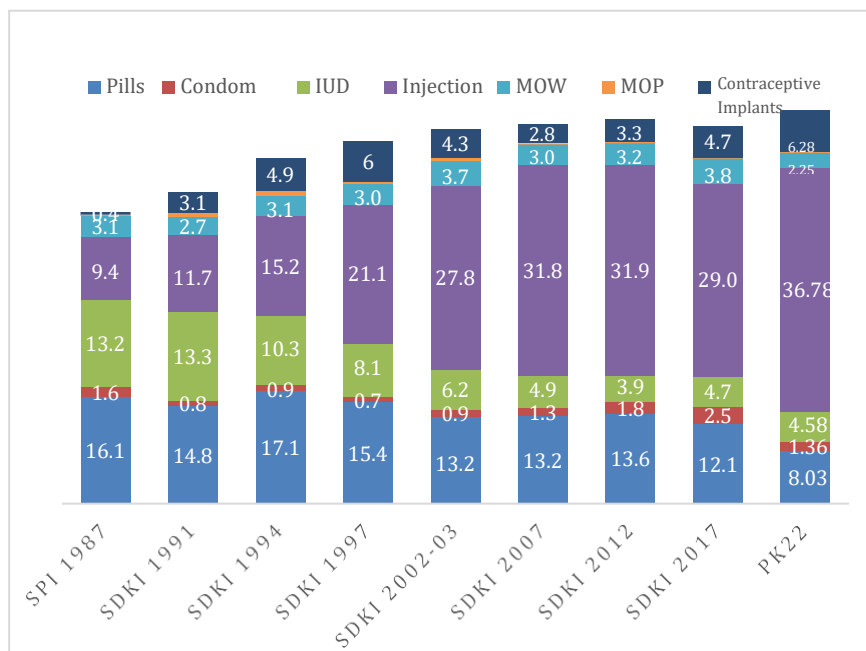
Figure 3.25 Trend in the Composition of Modern Contraceptive Mix

The pattern of contraceptive usage has evolved since the inception of the Family Planning (KB) Program. Based on the 1987 Population Census data, the most widely used contraceptive methods were pills (16.1%), intrauterine devices (IUDs) (13.2%), and injections (9.4%). Over time, there has been a decline in the use of IUDs to 4.58% according to PK22. Pills also saw a decrease (8.03%), while injections experienced a significant increase to 36.8% (more than a twofold increase). Consequently, in 2022, the three

contraceptive methods with the largest proportions are injections (36.8%), pills (8.03%), and contraceptive implants (6.28%).

Currently, the use of short-acting contraceptives, especially injections and pills, dominates contraceptive usage. Such contraceptive use is considered less ideal due to the nature of these methods, which provide only short-term protection against pregnancy. Thus, users of these contraceptives need to maintain discipline in receiving injections (monthly or every three months) or taking daily pills. If this discipline is not maintained, there is a higher likelihood of contraceptive failure, leading to unintended pregnancies.

In this context, the Government of Indonesia, particularly the National Population and Family Planning Board (BKKBN), is making efforts to increase the use of long-acting contraceptives with the aim of reducing contraceptive discontinuation and, consequently, the risk of unintended pregnancies. The Family Planning (KB) Program is being encouraged to better align with the specific needs of contraceptive users, whether it be for birth spacing or limiting family size. Both of these needs can be met through more suitable contraceptive methods. The continuity of contraceptive use must be maintained, given that the majority of Indonesia's population is of childbearing age and capable of reproduction. Therefore, the availability of contraceptive tools, medications, and services must be widespread and accessible to all couples of reproductive age to fulfill all their contraceptive needs.

Unmet need in contraceptive usage is an indicator that reflects the percentage of couples of reproductive age who have a need for contraception but have not yet had their needs met. This group of couples

continually needs to be identified so that they can access various available contraceptive services. Contraceptive needs can be categorized into two types: the need to limit family size (limiting) and the need for birth spacing.

Ideally, each contraceptive need should correspond to the type of contraceptive method used. For instance, for limiting family size, long-acting contraceptives like male sterilization (MOP), female sterilization (MOW), or IUDs, which provide protection for up to 10 years, can be chosen. Meanwhile, for birth spacing, short-acting contraceptive methods like injections, pills, or condoms are more suitable. The accuracy of selecting the right contraceptive method in alignment with the intended goal can also reduce the risk of discontinuation (drop-out) or contraceptive failure, thereby decreasing the number of unintended pregnancies.

The trend in unmet need shows consistent declines from 1991 (12.7%), continuously decreasing until 2007 (9.1%), then increasing to 11.4% in 2012, followed by a decline to 10.6% in 2017. Using different data sources, unmet need appears relatively high in 2021 and slightly decreases in 2022 to 16.8%. When compared to the target of 8% set in the National Medium-Term Development Plan (RPJMN) for 2022, the achievement of a 16.8% unmet need in 2022 indicates that the target has not been met.

Figure 3.26 rend in Unmet Need for Family Planning Services

in Indonesia

Figure 3.27 Unmet Need for Family Planning by Category

Unmet need, as seen in Figure 3.26 based on the need for family planning, indicates that the proportion of family planning for birth limiting has

increased, especially after 2012. This suggests a growing need to limit births, possibly due to a decline in the perception of the ideal number of children.

When analyzed by province, it is evident that the highest unmet need is observed in Papua Province at 48.2%, while the lowest unmet need is in South Kalimantan Province at 9.1%. The range of unmet need varies widely, indicating significant disparities between provinces in terms of the unmet need indicator. Comparing this with the RPJMN target for 2022, which is 8%, it is evident that no province in Indonesia has achieved this target.

Source: PK2022 Updates

Figure 3.28 Unmet Need for Family Planning in 2022 by Province

The Drop Out Contraceptive Rate (DCR) at 12 months is the percentage of contraceptive users who discontinued their contraceptive method within the last 12 months within a 5-year/60-month observation period prior to the survey. This indicator is used to measure the quality of contraceptive method use among couples of reproductive age. DCR by contraceptive method and reasons for discontinuation can be used to assess the acceptance rate of specific contraceptive methods, which may be influenced by side effects or method failure.
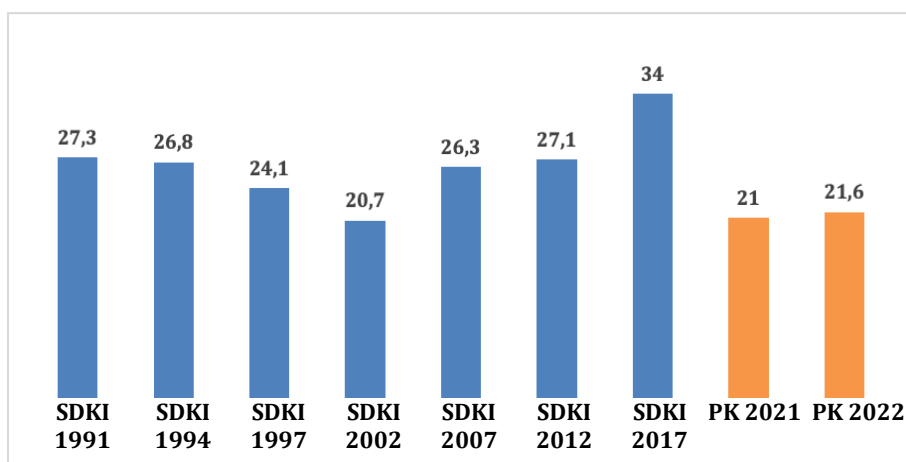
Source: SDKI 1991 – SDKI 2017, PK 2021, PK 2022

Figure 3.29 Trend in Drop Out Contraceptive Rate

The DCR exhibits fluctuations in its figures from year to year. Based on data from the Demographic and Health Surveys (SDKI) spanning from 1991 to 2017, the lowest DCR recorded was 20.7%, gradually increasing to 34%. Subsequently, according to data from the 2021 Family Data Collection and the 2022 Family Data Update, this figure decreased to 21% in 2021 and 21.6% in 2022. This indicates that DCR is a highly dynamic indicator.

Another interesting aspect to consider is DCR by contraceptive method, which reveals which contraceptive methods tend to have a higher DCR compared to others. The following figure illustrates that the contraceptive methods with notably high drop-out contraceptive rates (DCR) are natural methods (50.2%) and short-acting contraceptive methods (37.6%). Other contraceptive methods with relatively high DCR include condoms (27.9%), pills (27.8%), and injections (27%). In contrast, the two contraceptive methods with the lowest DCR are IUDs (20%) and implants (14.3%). This suggests that short-acting contraceptive methods have higher DCR figures compared to long-acting contraceptive methods. To minimize DCR, it is important to guide couples of reproductive age towards using long-acting contraceptives, which offer longer-term protection compared to short-acting methods.
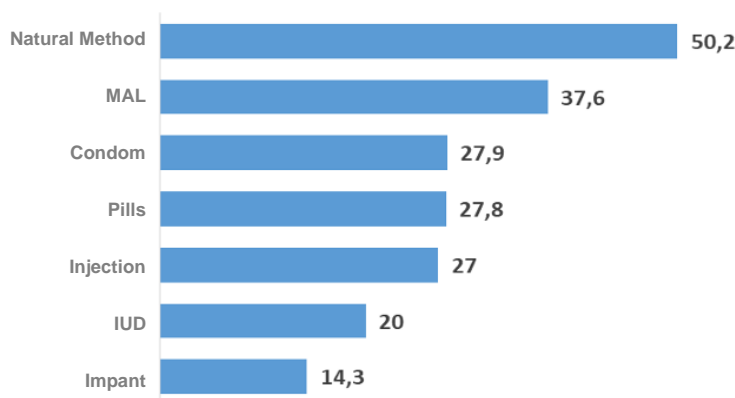
Source: Family Data Collection 2021, IKU 2021 Report

Figure 3.30 Drop Out Contraceptive Rate by Contraceptive Method

Based on provinces, the lowest DCR is observed in West Papua (14.9%), while the highest is in Papua (30.3%). The national DCR stands at 21.6%,

with 16 provinces having DCR figures above the national average and 17 provinces below the national average (Figure 3.31).

Province	DCR
South Kalimantan	26,1
North Sumatra	25,5
South Sumatra	24,8
Bali	24,4
West Sumatra	24,2
East Java	23,7
Jambi	23,7
North Kalimantan	23,4
DI Yogyakarta	22,9
Maluku	22,5
Gorontalo	22,5
Central Kalimantan	22,3
Aceh	22,3
Bengkulu	21,7
Riau	21,7
Indonesia	21,6
Southeast Sulawesi	21,5
South Sulawesi	21,5
Central Java	21,4
Riau islands	21,3
West Sulawesi	21,2
Central Sulawesi	21,1
Bangka Belitung Islands	21,1
Lampung	20,8
East Kalimantan	20,5
West Java	20,5
North Sulawesi	20,2
East Nusa Tenggara	20,1
North Maluku	19,9
West Nusa Tenggara	18,7
Banten	18,6
West Kalimantan	18,4
West Papua	14,9

Source: Family Data Updates 2022

Figure 3.31 Drop Out Contraceptive Rate by Province in 2022

CHAPTER IV
POPULATION QUALITY & HUMAN DEVELOPMENT

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POPULATION QUALITY & HUMAN DEVELOPMENT

1. Human Development

The Human Development Index (HDI) serves as a composite indicator to measure the achievement of human quality of life. In 1990, the United Nations Development Programme (UNDP) developed this index to emphasize the significance of humans and their resources in development. The HDI is composed of the average achievements in three main dimensions of human development: a long and healthy life, being knowledgeable and having a decent standard of living. The health is measured through life expectancy at birth. The education dimension is measured by mean of years of schooling for adults aged 25 years and more and expected years of schooling for children of school entering age. The standard of living dimension is measured by gross national income per capita is measured by real per capita expenditure adjusted accordingly.
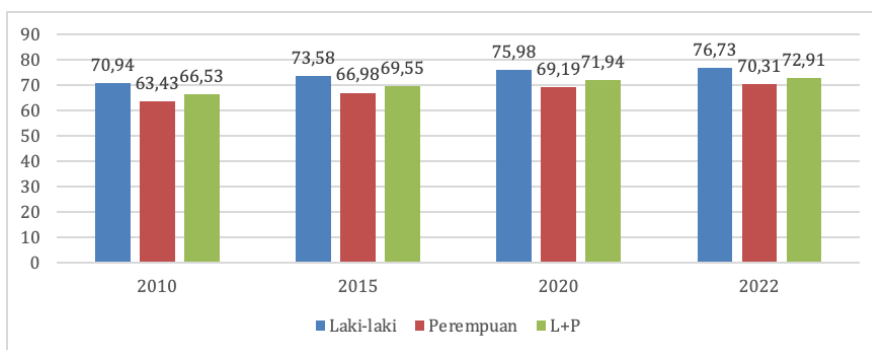
Source: Statistics Indonesia

Figure 4.1 Human Development Index by Gender, 2010-2022

Based on data from the Statistics Indonesia (BPS), Indonesia's HDI in 2022 reached 72.91, an increase from the previous year, where the

achievement in 2021 was 72.29. This increase in HDI coincides with improvements in economic performance, which has a positive impact on the real per capita consumption indicator. Over the period of 2010-2022, Indonesia's HDI increased by an average of 0.77 points per year. In 2010, Indonesia's HDI was at 66.53, and it rose to 72.91 in 2022. Consequently, there has been a change in the HDI category for Indonesia. Between 2010-2015, it was classified as moderate (within the range of 60-70), but in 2022, Indonesia's HDI falls into the high category (within the range of 70-80) (BPS, 2022). Nevertheless, a considerable gender gap in HDI still exists.

Province	HDI
DKI JAKARTA	81,65
DI YOGYAKARTA	80,64
EAST KALIMANTAN	77,44
RIAU ISLANDS	76,46
BALI	76,44
NORTH SULAWESI	73,81
RIAU	73,52
BANTEN	73,32
WEST SUMATRA	73,26
WEST JAVA	73,12
INDONESIA	72,91
SOUTH SULAWESI	72,82
ACEH	72,8
CENTRAL JAVA	72,79
EAST JAVA	72,75
NORTH SUMATRA	72,71
BANGKA BELITUNG ISLANDS	72,24
SOUTHEAST SULAWESI	72,23
BENGKULU	72,16
JAMBI	72,14
SOUTH KALIMANTAN	71,84
NORTH KALIMANTAN	71,83
CENTRAL KALIMANTAN	71,63
SOUTH SUMATRA	70,9
LAMPUNG	70,45
CENTRAL SULAWESI	70,28
MALUKU	70,22
GORONTALO	69,81
NORTH MALUKU	69,47
WEST NUSA TENGGARA	69,46
WEST KALIMANTAN	68,63
WEST SULAWESI	66,92
EAST NUSA TENGGARA	65,9
WEST PAPUA	65,89
PAPUA	61,39

Source: Statistics Indonesia

Figure 4.2 Human Development Index by Province in 2022

The increase in HDI in 2022 occurred across all provinces. However, there remains a high disparity among provinces, reflecting the significant differences in the quality of human resources across Indonesia. In 2022,

54

the highest HDI was in DKI Jakarta Province, at 81.65, while the lowest was in Papua Province, at 61.39.

2. Education Quality

a. Mean Years of Schooling

The Mean Years of Schooling (MYS) is the mean number of years spent by the population aged 15 and above in all types of education. The national MYS in 2022 is 8.69 years, equivalent to junior high school education. Although it continues to increase, the long-term increase in MYS is relatively small, as observed in Figure 4.3, with only a 1.23-year increase over 12 years (2010-2022).
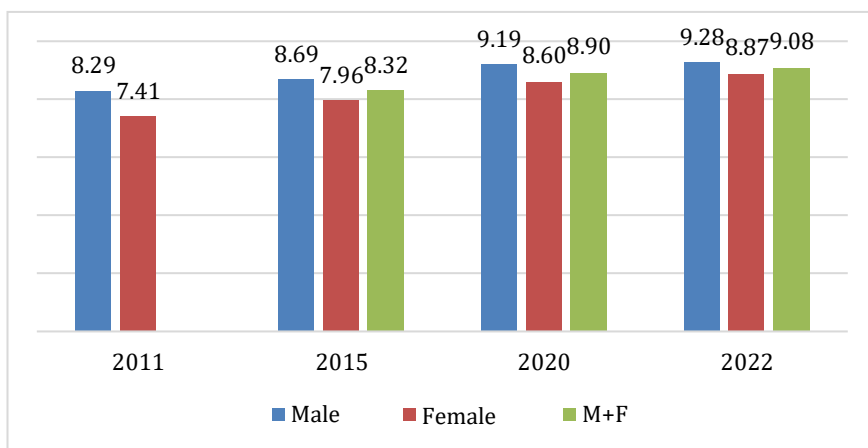
Source: Statistics Indonesia

Figure 4.3 Mean Years of Schooling (years) for Population Aged 15 and Above by Gender, 2011-2022

In addition to the modest increase in MYS, two other aspects of concern are gender disparities and disparities among provinces. On average, males still have longer MYS compared to females, although

the gap is narrowing (Figure 4.3). Substantial disparities exist among provinces, with some provinces like DKI Jakarta, Riau Islands, and Maluku having MYS above 10 years, while others, such as Papua, West Kalimantan, West Nusa Tenggara, East Nusa Tenggara, and West Papua, have MYS below 8 years (Figure 4.4). Disparities in educational quality among provinces appear to remain a challenge that needs to be addressed.

Province	MYS
DKI JAKARTA	11,30
RIAU ISLANDS	10,46
MALUKU	10,37
WEST PAPUA	10,14
EAST KALIMANTAN	10,13
DI YOGYAKARTA	10,07
NORTH SUMATRA	9,99
NORTH SULAWESI	9,87
ACEH	9,79
BALI	9,74
NORTH MALUKU	9,60
SOUTHEAST SULAWESI	9,59
RIAU	9,54
WEST SUMATRA	9,51
BANTEN	9,46
NORTH KALIMANTAN	9,45
BENGKULU	9,28
CENTRAL SULAWESI	9,17
WEST JAVA	9,14
SOUTH SULAWESI	9,09
INDONESIA	**9,08**
JAMBI	9,07
CENTRAL KALIMANTAN	9,03
SOUTH KALIMANTAN	8,89
SOUTH SUMATRA	8,82
LAMPUNG	8,61
BANGKA ISLANDS…	8,57
EAST JAVA	8,50
WEST SULAWESI	8,47
GORONTALO	8,39
CENTRAL JAVA	8,38
WEST NUSA TENGGARA	8,31
EAST NUSA TENGGARA	8,25
WEST KALIMANTAN	8,10
PAPUA	7,31

Source: Statistics Indonesia

Figure 4.4 Mean Years of Schooling (years) for Population Aged 15 and Above by Province in 2022

b. School Enrollment

The School Enrollment Rate (SER) is a comparative metric that assesses the number of students within the school-age population attending

various educational levels. A higher SER signifies a greater proportion of school-age individuals enrolled in educational institutions within a specific geographic area. Over the long term, school enrollment rates have exhibited a substantial increase, particularly in the age groups corresponding to junior high school (SMP), senior high school (SMA), and higher education (PT). This trend reflects a commendable advancement in the realm of education in Indonesia (see Figure 4.5). Nonetheless, in the past two years, school enrollment rates have shown a tendency to plateau across all age groups.
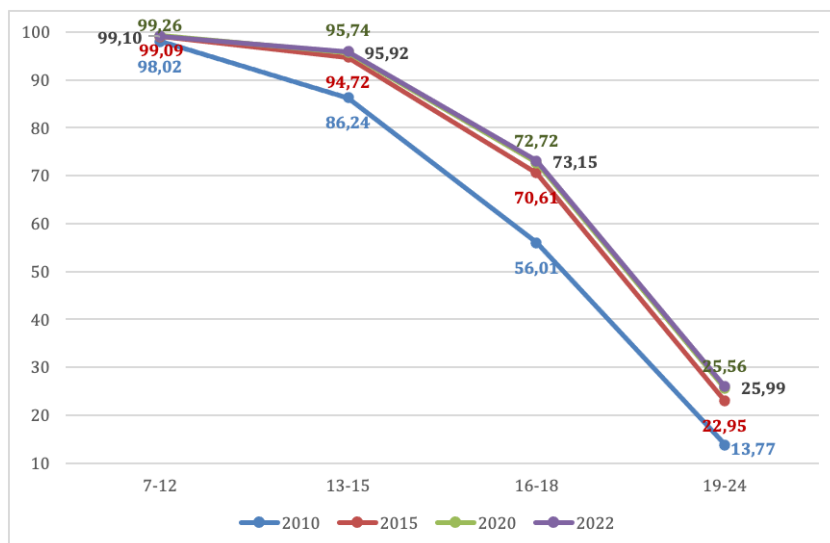
Source: Statistics Indonesia

Figure 4.5 SER by Age Group, Years 2010, 2015, 2020, and 2022

SER for the age groups 7-12 and 13-15 remains quite high, ranging from 95 to 99 percent in 2022. This implies that almost the entire school-age population is receiving education commensurate with their age. However, SER for the age group 16-18 hovers around 72-73 percent, indicating that approximately 27 percent of individuals aged 16-18 are

not attending school. Meanwhile, SER for the age group 19-24 is exceedingly low, approximately ranging from 25-26 percent. This signifies that access to higher education has not reached one-third of the population aged 19-24. This is primarily due to the fact that education at the 19-24 age group generally pertains to higher education, and thus, the proportion of the population that can continue to higher education remains low.

Province	7-12	13-15	16-18
ACEH	99.44	97.96	83.10
NORTH SUMATRA	99.50	96.78	78.66
WEST SUMATRA	99.55	96.52	83.71
RIAU	99.61	95.72	77.32
JAMBI	99.33	96.20	72.53
SOUTH SUMATRA	99.38	95.06	70.93
BENGKULU	99.49	97.73	79.31
LAMPUNG	99.56	95.63	71.14
BANGKA BELITUNG...	99.41	93.00	68.42
RIAU ISLANDS	99.28	99.01	84.54
DKI JAKARTA	99.44	97.95	72.10
WEST JAVA	99.39	95.27	68.66
CENTRAL JAVA	99.58	96.77	70.82
DI YOGYAKARTA	99.59	99.01	73.40
EAST JAVA	99.14	97.64	69.22
BANTEN	99.33	96.39	83.84
BALI	99.55	97.85	77.43
WEST NUSA TENGGARA	99.17	97.74	75.55
EAST NUSA TENGGARA	98.59	94.83	68.72
WEST KALIMANTAN	98.73	92.64	66.32
CENTRAL KALIMANTAN	99.20	94.61	69.88
SOUTH KALIMANTAN	99.43	94.01	81.43
EAST KALIMANTAN	99.57	98.75	76.50
NORTH KALIMANTAN	98.98	97.03	74.33
NORTH SULAWESI	99.34	94.86	75.84
CENTRAL SULAWESI	98.22	93.02	70.81
SOUTH SULAWESI	99.43	93.20	74.53
SOUTHEAST SULAWESI	99.05	94.80	71.68
GORONTALO	98.93	91.83	70.85
WEST SULAWESI	98.40	89.39	79.03
MALUKU	99.55	97.69	77.70
NORTH MALUKU	99.13	97.59	80.56
WEST PAPUA	98.27	97.37	65.93
PAPUA	84.35	81.66	
INDONESIA	99.10	95.92	73.15

Source: Statistics Indonesia

Figure 4.6 SER for Age Groups 7-12, 13-15, and 16-18 by Province

c. Educational Attainment

The Educational Attainment (EA) refers to the highest level of education completed by an individual, typically marked by a certificate or diploma (Statistics Indoneisa). Based on Law No. 20 of 2003 concerning the National Education System, education in Indonesia is categorized into four formal levels: Early Childhood Education (PAUD), primary education, secondary education, and higher education. However, in 2015, Indonesia implemented a mandatory 12-year education period, calculated from the primary education (SD) level.

PAUD constitutes an effort aimed at nurturing children from birth to the age of six through educational stimulation, fostering physical and spiritual growth to prepare children for further education (Ministry of Education and Culture, 2020). Primary education is designed to facilitate the development and growth of students, equipping them with the ability to compete and pursue education at middle levels. Primary education spans nine years, encompassing grades 1 to 6 as Elementary School (SD) and grades 7 to 9 as Junior High School (SMP). Subsequently, secondary education prepares students maturely for either the workforce or higher education, based on their interests. At the higher education level, students are confronted with choices in fields of study, ranging from Diploma (D3), Bachelor's (S1), Master's (S2), specialist degrees, and doctoral degrees (S3). The educational programs offered may vary according to the selected field of study.

The Statistics Indonesia records indicate that the completion rate for Senior High School (SMA) stood at only 66.13% in 2022. This percentage is the lowest among the various levels of basic education in

Indonesia. In contrast, the completion rate for Junior High School (SMP) reached 90.13% in 2022. Meanwhile, the completion rate for Elementary School (SD) stood at 97.82%. The high completion rates for SD and SMP are supported by the nine-year mandatory education program. The mandatory education represents the minimum educational requirement for Indonesian citizens, mandated by the government and local authorities. To date, this program only extends to the level of Junior High School (SMP). This policy is supported by Government Regulation No. 47 of 2008 concerning Mandatory Education.
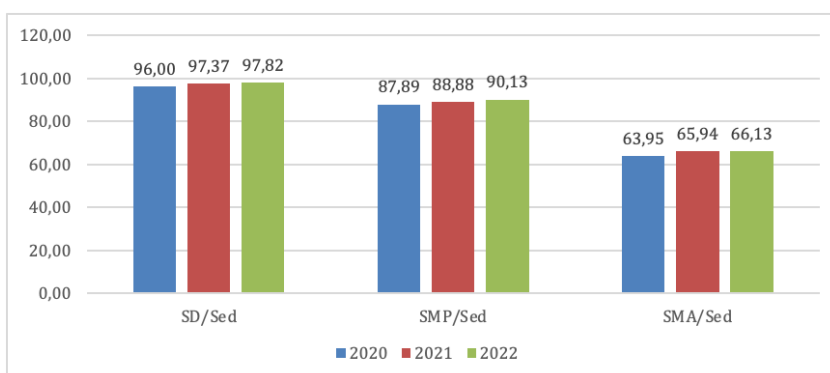
Source: Statistics Indonesia

Figure 4.7 Educational Attainment Rates by Level, Years 2020-2021

Regarding the educational attainment, in 2022, more than 40 percent of the population aged 15 and above possessed a Senior High School (SMA) or higher education diploma. This represents a significant increase compared to 2010 when only 30 percent of the population aged 15 and above had completed SMA or higher education (Figure 4.8). The improvement in education is also reflected in the reduced percentage of the population with education limited to Elementary

School (SD) or below, declining from 50 percent in 2010 to 37 percent in 2022.
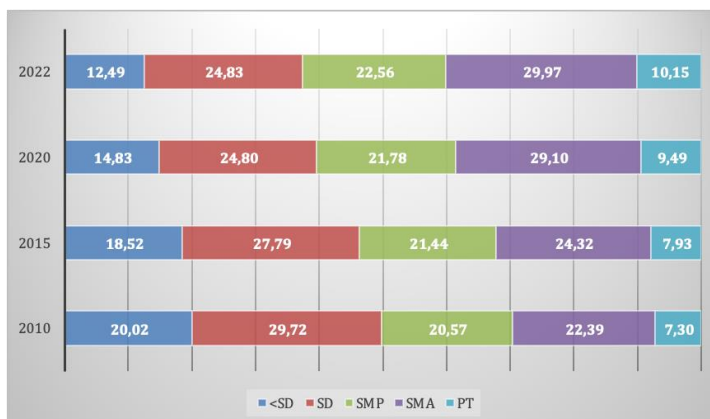
Source: Statistics Indonesia

Figure 4.8 Percentage of Population Aged 15 and Above by Educational Attainment, Years 2010, 2015, 2020, and 2022

When viewed by province, the East Nusa Tenggara and Papua provinces have the lowest percentages of individuals completing Senior High School or its equivalent, at 38.47% and 39.01%, respectively. In contrast, the Special Region of Yogyakarta (DI Yogyakarta) at 87.92% and the Special Capital Region of Jakarta (DKI Jakarta) at 87.71% have the highest proportions of individuals completing Senior High School or its equivalent (Figure 4.9).

The educational attainment within a region is influenced by the performance of its educational development. Educational development aims to ensure the availability of educational services encompassing all components related to the field of education, including human resources such as students and teachers, educational infrastructure such as schools, learning facilities, and others. Several

indicators related to the availability of educational services include the student-teacher ratio, school-student ratio, and classroom-student ratio (Jamal et al., 2021).
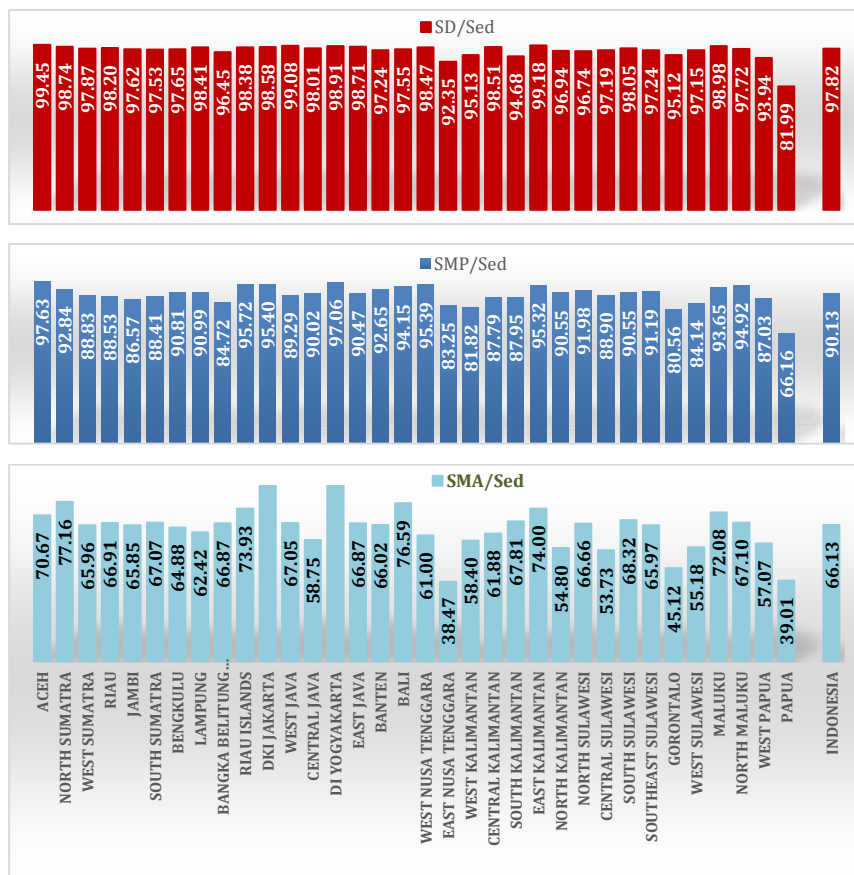
Source: Statistics Indonesia

Figure 4.9 Educational Attainment Rates by Province in 2022

3. Health Status

a. Life Expectancy

Life Expectancy (LE) is an indicator used to evaluate the government's performance in enhancing the welfare of the population, particularly in improving the overall health status of the population. LE is utilized to assess the health status of a population; in essence, the higher the LE in a region, the better the quality of health in that area. LE is calculated based on the estimated average number of years a person can expect to live from birth. LE is closely associated with the availability of healthcare facilities, the presence of healthcare professionals, the quality of healthcare services, food availability, the level of prosperity, and other social factors.
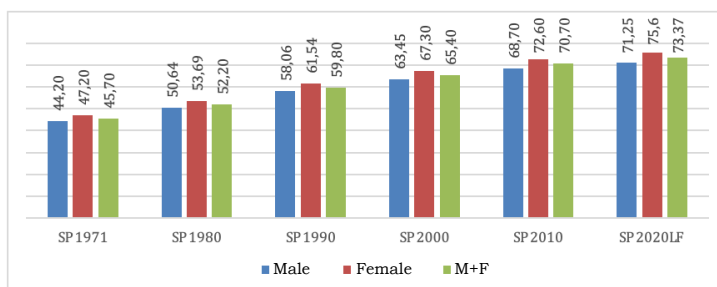
Source: Statistics Indonesia

Figure 4.10 Life Expectancy at Birth in Indonesia by Gender in 1971-2022

Data from the Statistics Indonesia (BPS) indicates that LE in Indonesia reached 73.37 in the year 2022. This figure implies that, on average, the Indonesian population can expect to live for approximately 73-74 years. The trend in LE in Indonesia, from 2010 to 2022, shows a consistent increase. The year-on-year rise in life expectancy demonstrates the success of government programs in the realm of

healthcare, and it is influenced by a variety of factors, including social and economic factors.

Female LE is nearly 4 years higher than male LE. The heightened LE among females can be attributed, in part, to biological factors, including women's greater bodily resilience, heightened awareness of health, and lower engagement in risk-taking behaviors compared to males.

At the provincial level, the LE exhibits a similar pattern, with an increase from 2020 to 2021. This indicates that there has been an improvement in the overall health quality of the population at the provincial level as well. However, there are still several provinces that need to enhance their LE to ensure it is not significantly lower compared to the national LE. Generally, the provinces requiring support for improving LE are located in eastern Indonesia, including West Sulawesi, Papua, Maluku, West Papua, West Nusa Tenggara, East Nusa Tenggara, Gorontalo, North Maluku, and Central Sulawesi.
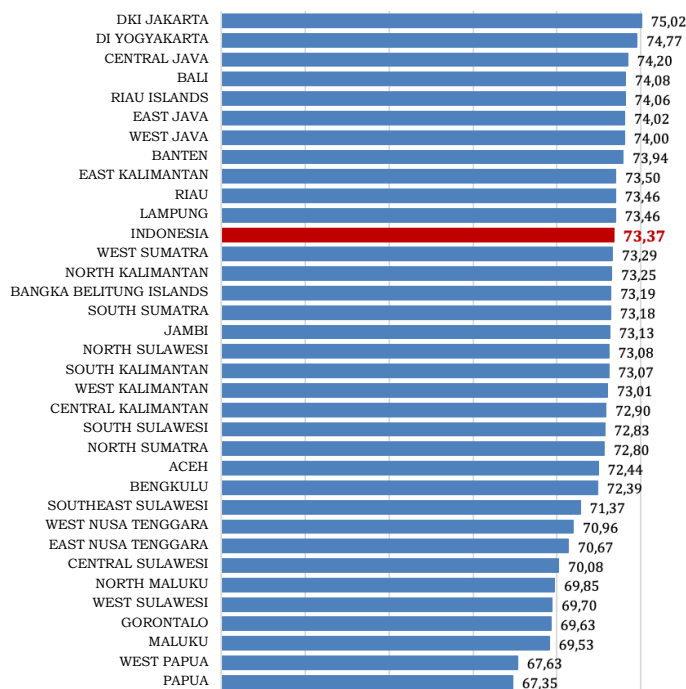
Source: Statistics Indonesia

Figure 4.11 Life Expectancy (LE) at Birth in Indonesia

by Province in 2022

b. Maternal Mortality Rate

The results of the 2020 Population Census (Long Form) indicate that the Maternal Mortality Rate (MMR) in Indonesia stands at 189. This figure translates to 189 maternal deaths during pregnancy, childbirth, or the postpartum period per 100,000 live births. There has been a significant decrease in the maternal mortality rate based on the Population Census of 2010, the National Socio-Economic Survey (SUPAS) of 2015, and the 2020 Population Census, amounting to a 45 percent reduction. Considering the declining trend in MMR, the efforts undertaken by the National Population and Family Planning Board (BKKBN) to achieve the target of reducing MMR to 183 per 100,000

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births by 2024, as outlined in the National Medium-Term Development Plan (RPJMN) 2020-2024, are optimistic. These efforts include campaigns and education on birth spacing and age, as well as improving the quality of antenatal and postnatal care services.
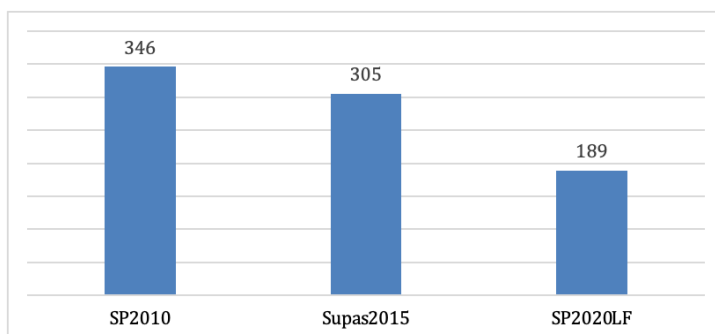
Source: Statistics Indonesia

Figure 4.12 Maternal Mortality Rate Trends in Indonesia

Maternal mortality rates vary significantly by province, reflecting substantial disparities in maternal healthcare services among provinces. Papua Province exhibits an extreme maternal mortality rate, reaching 565 maternal deaths per 100,000 live births. In contrast, several provinces, such as DKI Jakarta, DI Yogyakarta, and Bali, have relatively low MMRs, below 100 per 100,000 live births. Figure 4.13 above also demonstrates that 20 provinces still have MMRs exceeding the national average. This highlights the substantial challenges remaining to improve maternal health, despite the reduction in maternal mortality being a national priority.

Province	Rate
PAPUA	565
WEST PAPUA	343
EAST NUSA TENGGARA	316
WEST SULAWESI	274
GORONTALO	266
CENTRAL SULAWESI	264
MALUKU	261
WEST NUSA TENGGARA	257
NORTH MALUKU	255
WEST KALIMANTAN	246
NORTH SULAWESI	230
SOUTHEAST SULAWESI	226
SOUTH KALIMANTAN	224
ACEH	201
CENTRAL KALIMANTAN	200
BANGKA BELITUNG ISLANDS	198
NORTH SUMATRA	195
NORTH KALIMANTAN	194
SOUTH SULAWESI	192
LAMPUNG	192
INDONESIA	189
WEST JAVA	187
EAST JAVA	184
CENTRAL JAVA	183
BENGKULU	179
WEST SUMATRA	178
EAST KALIMANTAN	177
JAMBI	177
SOUTH SUMATRA	175
RIAU	158
RIAU ISLANDS	142
BANTEN	127
BALI	85
DI YOGYAKARTA	58
DKI JAKARTA	48

Source: Statistics Indonesia, LF SP 2020

Figure 4.13 Maternal Mortality Rates by Province in 2022

c. Infant Mortality Rate

The Infant Mortality Rate (IMR) is one of the indicators in the National Medium-Term Development Plan (RPJMN) 2020-2024, with a target of 16 per 1,000 live births by 2014. The IMR has significantly decreased from 26 per 1,000 live births, based on the 2010 Population Census, to 16.85 per 1,000 live births, based on the 2020 Population Census (Long Form). This decline is inversely related to the percentage of infants receiving complete immunization and the increase in the average duration of breastfeeding. Immunization and breastfeeding contribute to infants' improved survival. On the other hand, the impact of

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programs aimed at delaying the age of first marriage also contributes to the decrease in IMR.
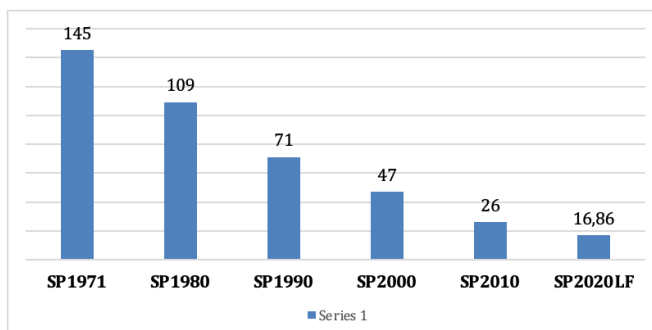
Source: Statistics Indonesia

Figure 4.14 Infant Mortality Rate Trends in Indonesia
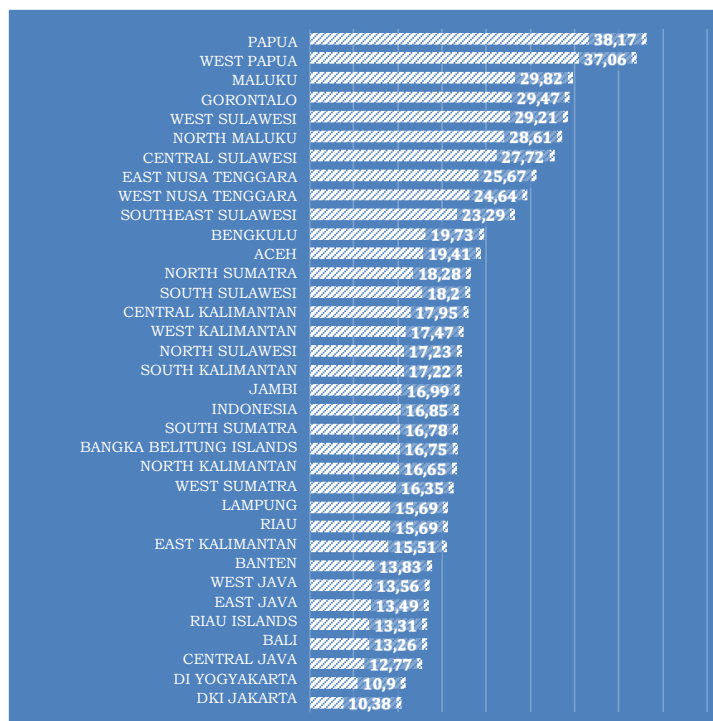
Source: Statistics Indonesia

Figure 4.15 Infant Mortality Rate by Province in 2022

d. Under-Five Mortality Rate

The Under-Five Mortality Rate (U5MR) represents the number of deaths of children aged 0-4 years in a specific year per 1,000 children of the same age at mid-year (including infant deaths). Based on the data from the 2020 Population Census, there were 3 under-five deaths per 1,000 children in Indonesia. By region, the highest under-five mortality rates occurred in Papua and West Papua provinces, with 49 and 47 deaths per 1,000 children, respectively.
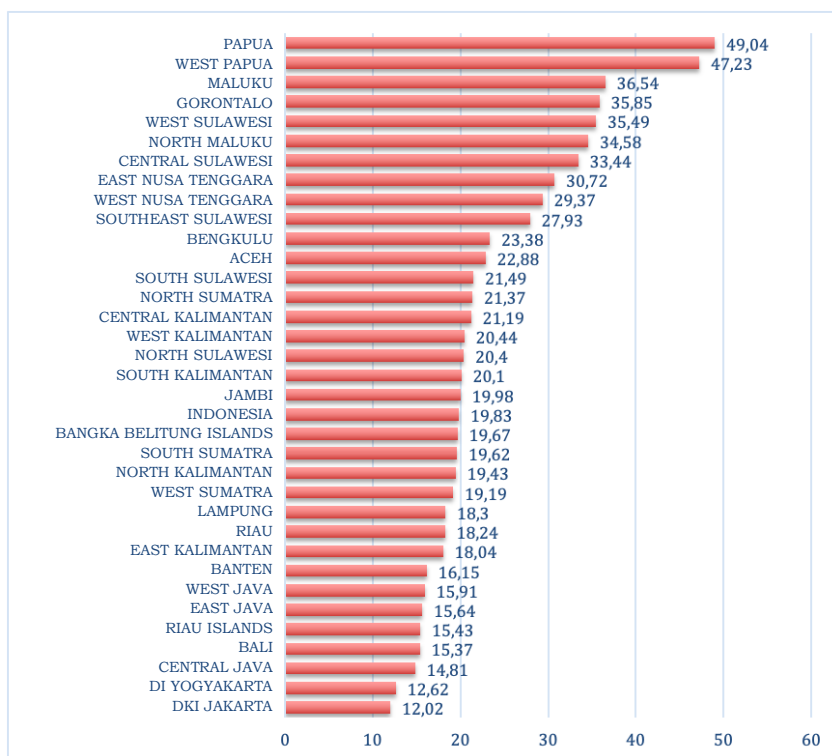
Source: Statistics Indonesia, LF SP2020

Figure 4.16 Under-Five Mortality Rate by Province in 2022

4. Labor Force Quality

a. Open Unemployment Rate (OUR)

Open Unemployment Rate (OUR) aligns with the concept outlined by the International Labour Organization (ILO) and encompasses individuals actively seeking work, those preparing for new employment or business ventures, individuals not seeking employment due to perceived unavailability of jobs, and individuals not actively seeking work because they have jobs but have not yet started working.

Statistics Indonesia (BPS) reported the Open Unemployment Rate (OUR) in Indonesia for the year 2022 to be 5.86 percent. The OUR in Indonesia exhibits a long-term declining trend (Figure 4.17), albeit with occasional fluctuations in response to economic conditions. For instance, in August 2020, the OUR experienced a significant increase compared to the previous year, as a consequence of the social restrictions imposed during the early stages of the Covid-19 pandemic in Indonesia.
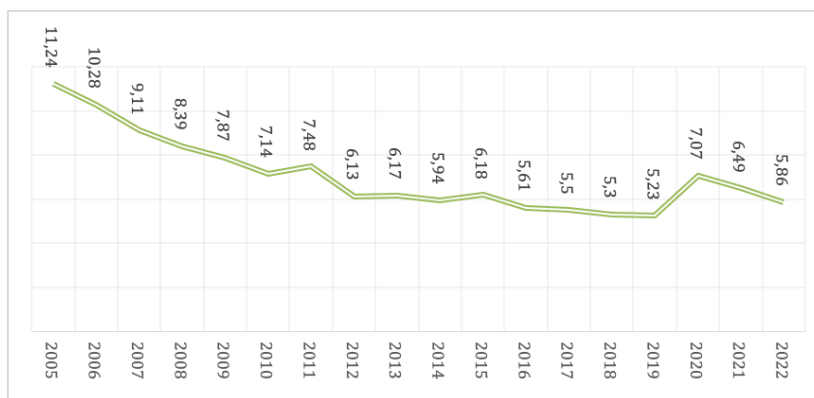
Source: Statistics Indonesia, National Labor Force Survey (Sakernas) in August

Figure 4.17 Open Unemployment Rate (OUR), 2005-2022

By province, high OUR levels are typically observed in industrial regions that serve as primary destinations for job seekers, such as West Java, the Riau Islands, and Banten (Figure 4.18). Conversely, agricultural areas tend to exhibit lower OURs because they have a greater capacity to absorb labor, even with lower educational qualifications or skill levels. Therefore, the magnitude of the OUR tends to inadequately reflect the quality of the labor force in a given region. Additionally, high OURs are often found among the workforce characterized by being male, aged 15-19 years, vocational high school (*SMA kejuruan*) graduates, and residing in urban areas.
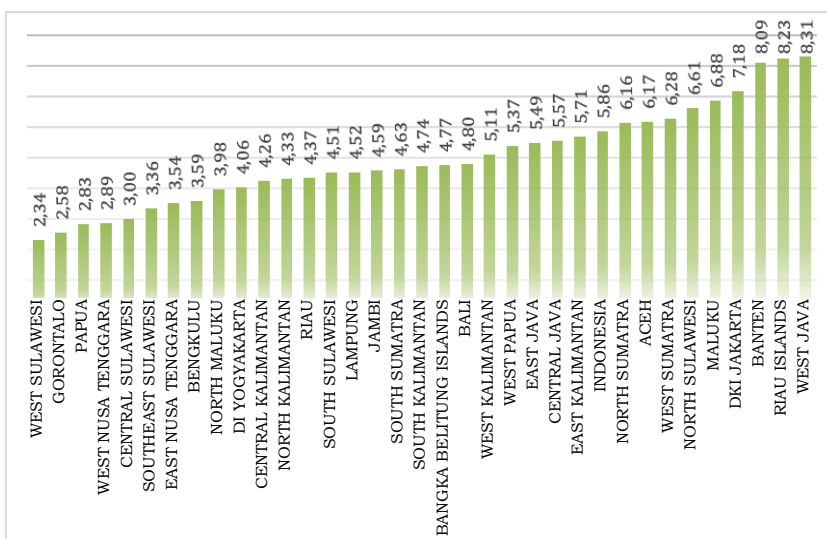
Source: Statistics Indonesia, National Labor Force Survey (Sakernas) in August

Figure 4.18 Open Unemployment Rate by Province

b. Labor Force Participation Rate (LFPR)

The labor force consists of the working-age population (15 years and older) that is either currently employed, temporarily not working but with jobs, or unemployed. As of August 2022, the Statistic Indonesia

(BPS) reports a total labor force of 143.72 million individuals, with a Labor Force Participation Rate (LFPR) of 68.63% of the working-age population. When compared to the August 2021 figures, the labor force has increased by 3.5 million individuals (2.55%), while the LFPR has increased by 0.83%.

The national labor force indicates an upward trend in line with the population's growth. Meanwhile, LFPR has shown fluctuations over the past five years. The Statistics Indonesia also reports a total working-age population (above 15 years old) of 209.42 million individuals in August 2022. Out of this figure, 143.72 million individuals fall into the labor force category, with a breakdown of 135.3 million employed and 8.43 million unemployed. Additionally, 65.8 million individuals of working age do not fall into the labor force category, with 15.6 million individuals still in school, 41.25 million individuals engaged in household activities, and 8.84 million individuals classified as other statuses.
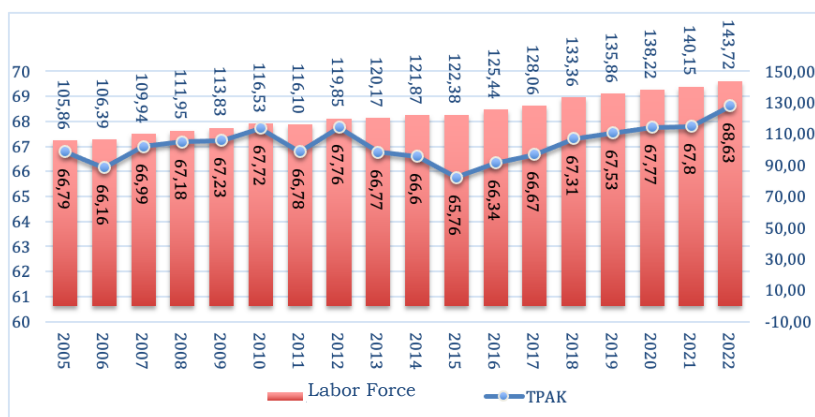
Source: Statistics Indonesia, National Labor Force Survey (Sakernas) in August

Figure 4.19 Labor Force Size and Labor Force Participation Rate, 2005-2022
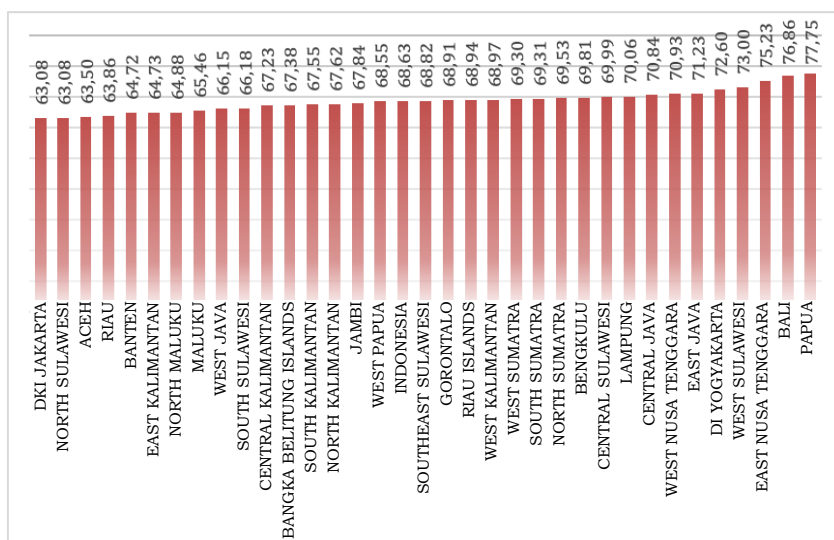
Source: Statistics Indonesia, National Labor Force Survey (Sakernas) in August

Figure 4.20 Labor Force Participation Rate by Province in 2022

c. Underemployment Percentage

Underemployment refers to individuals who are employed but work fewer hours than the standard full-time workweek (less than 35 hours per week) and are still actively seeking additional hours of work. The underemployment rate reflects the degree of labor underutilization, indirectly indicating less productive use of labor.

According to data from the August 2022 National Labor Force Survey (Sakernas), Indonesia's underemployment rate stands at 6.32% of the total employed population. Compared to previous years, the underemployment rate tended to decrease during the 2015-2019 period (Figure 4.21). However, at the onset of the COVID-19 pandemic, it sharply increased in 2020, although it subsequently decreased in 2021 and 2022.
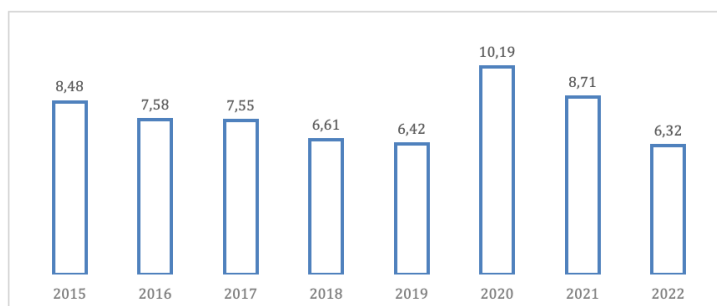
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Figure 4.21 Underemployment Rate in 2015-2022
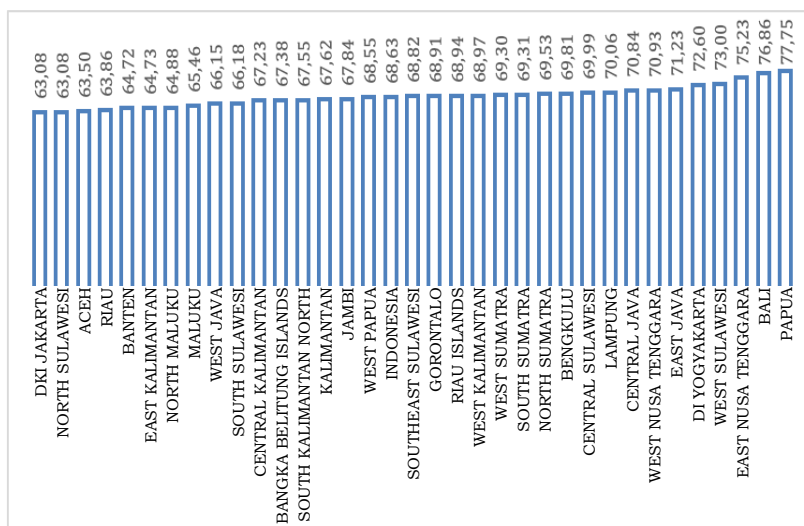
Figure 4.22 Underemployment Rate by Province

West Nusa Tenggara, West Sulawesi, and East Nusa Tenggara are the provinces with the highest rates of underemployment compared to other provinces (Figure 4.22). According to the Sakernas 2022 data, a higher percentage of underemployment occurs among male workers, those in the 15-19 age group, graduates of general upper secondary education (SMA), and those residing in rural areas.

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d. Informal Sector Employment Percentage

Informal sector workers are defined as individuals who are self-employed, unpaid family workers, own-account workers, or casual laborers. The majority of informal sector workers are characterized as female, residing in rural areas, and having low levels of education. Education level is closely related to informal sector employment, where individuals with higher levels of education are less likely to work in the informal sector. In addition to the above factors, the availability of facilities, regional development trends, and job opportunities also influence the choice of informal sector employment.
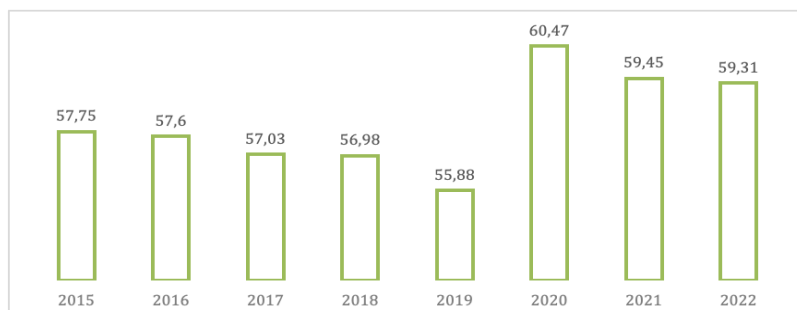
Source: Statistics Indonesia, National Labor Force Survey (Sakernas) in August

Figure 4.23 Percentage of Informal Sector Workers in 2015-2022

During the period from 2015 to 2019, the percentage of informal sector workers in Indonesia consistently decreased, reaching 55.88% in 2019. However, informal sector employment in Indonesia remains substantial, exceeding half of the working population. Even during the pandemic, informal sector employment increased sharply in 2020, surpassing 60% that year. The high percentage of informal sector workers primarily reflects low labor quality. Informal sector workers

are generally associated with low levels of education, low skills, and consequently, low wages/incomes. Furthermore, informal sector workers are often linked to weak labor protection.
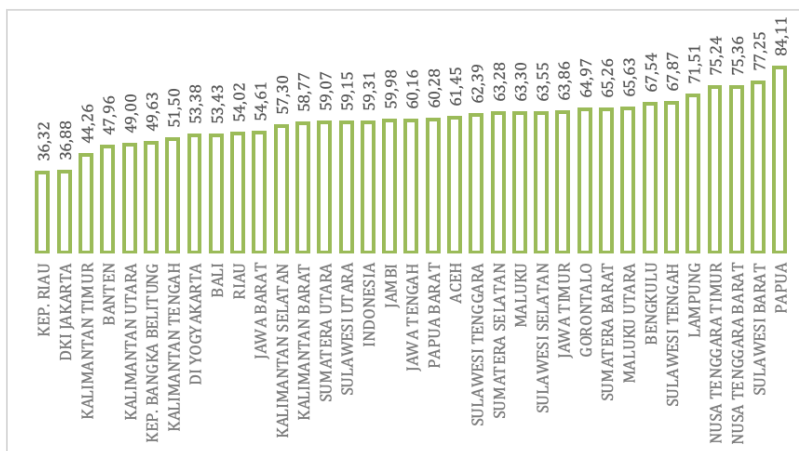
Source: Statistics Indonesia, National Labor Force Survey (Sakernas) in August

Figure 4.24 Underemployment Rate by Province

5. **Gender Equality**

a. Gender Development Index (GDI)

The Gender Development Index (GDI) is an indicator used to depict the human development gap between males and females. Similar to the Human Development Index (HDI), the GDI assesses the achievements of both male and female human development from three fundamental perspectives: longevity, knowledge, and a decent standard of living (Statistics Indonesia, 2020a). The GDI can be categorized into two groups: low if the GDI score is less than 90 and high if it equals or exceeds 90.
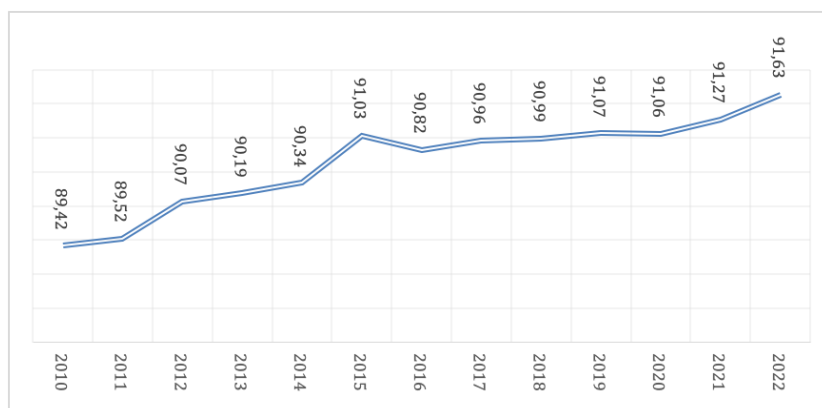
Source: Statistics Indonesia

Figure 4.25 Gender Development Index, 2010-2022

Indonesia's GDI performance in 2022 improved compared to 2021, rising from 91.27 to 91.63 (Figure 4.25). In 2021, there were 19 provinces with GDI scores below the national average: 6 provinces in Sumatra, 1 province in Java, 1 province in Bali and Nusa Tenggara, 5 provinces in Kalimantan, 3 provinces in Sulawesi, and 3 provinces in Maluku and Papua. This indicates uneven GDI achievements across Indonesia.
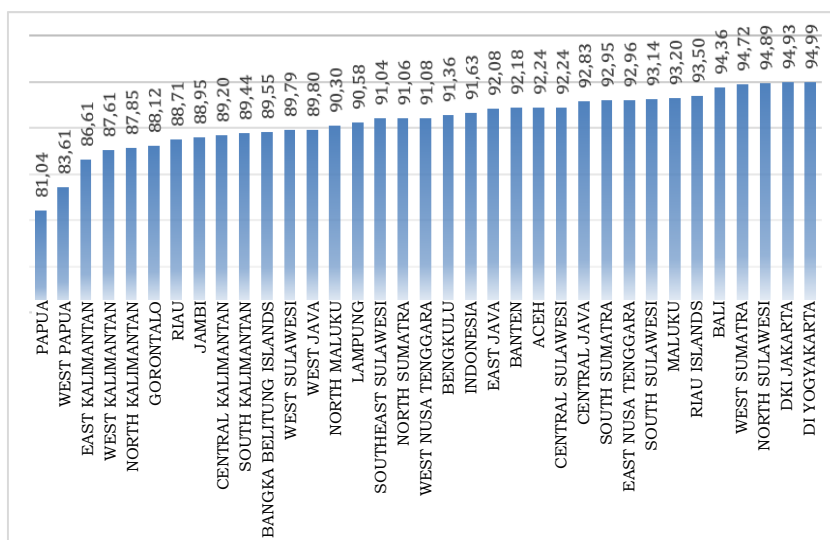
Source: Statistics Indonesia

Figure 4.26 Gender Development Index by Province

b. Gender Empowerment Index (GEI)

Gender Empowerment Index (GEI) is used in Indonesia to measure gender equality and women's empowerment. Developed by the Statistics Indonesia (BPS), it was first published in 2012. Women's participation in economic and political life has increased over the past five years, as reflected in the GEI, which has been steadily rising since 2017. The GEI score was 71.74 in 2017, and it increased to 76.26 in 2021. The GEI measures the realization of gender rights and equality based on political and economic participation, indicating whether women can actively participate in economic and political life. The three indicators used in the GEI are women's participation in parliament, participation as workers, and the share of income earned. The GEI focuses on participation and measures gender inequality in economics, political participation, and decision-making.

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Chart data points: 2010: 68,15 | 2011: 69,14 | 2012: 70,07 | 2013: 70,46 | 2014: 70,68 | 2015: 70,83 | 2016: 71,39 | 2017: 71,74 | 2018: 72,10 | 2019: 75,24 | 2020: 75,57 | 2021: 76,26 | 2022: 76,59
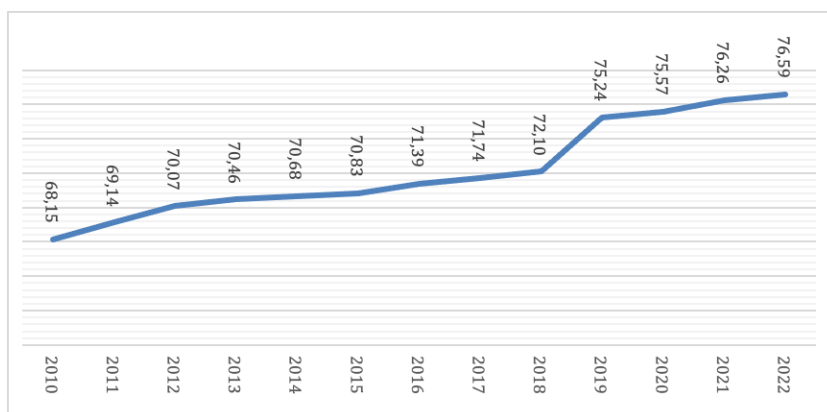
Source: Statistics Indonesia

Figure 4.27 Gender Empowerment Index, 2010-2022

Based on Figure 4.27 above, it can be observed that the GEI increased in 2022 compared to 2021 at the national level. Furthermore, consistently throughout the period from 2010 to 2022, the IDG has continued to rise. However, when examined by province, there are still 11 provinces that experienced a decrease in GEI between 2021 and 2022.

In 2022, there are still disparities in GEI achievements among provinces in Indonesia. GEI scores above the national average (76.59) are found in only four provinces: Central Kalimantan (81.98), North Sulawesi (78.99), North Maluku (78.99), and Yogyakarta (76.87). Yogyakarta is the only province in western Indonesia with a GEI score above the national average. Meanwhile, the three provinces with the lowest GEI are West Nusa Tenggara, Bangka Belitung Islands, and Riau Islands.
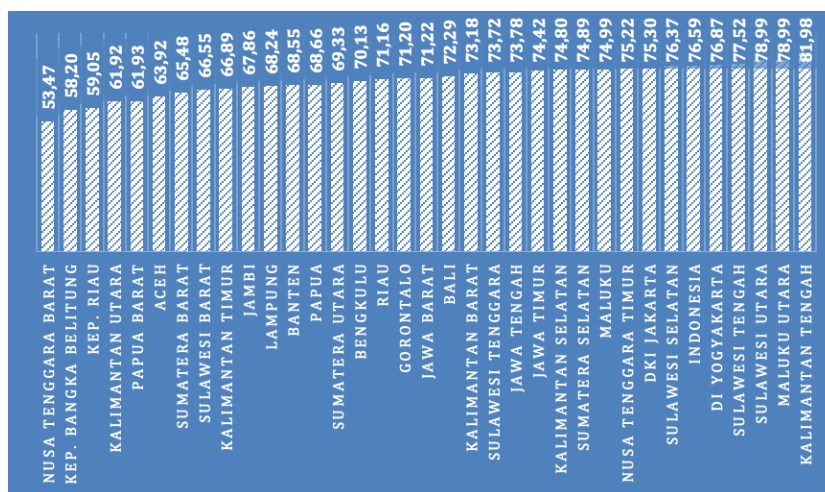
Source: Statistics Indonesia

Figure 4.28 Gender Empowerment Index by Province in 2022

c. Women's Participation in Parliament

The involvement of women in the Indonesian parliament remains notably low. According to data from the World Bank in 2019, Indonesia ranked 7th in terms of female representation in Parliament among Southeast Asian countries. The limited representation of women in parliament has a significant impact on gender equality issues and hampers the ability to address key women's issues.

Based on BPS data, women's participation in parliament in Indonesia in 2022 is still below 30%, at 21.74% nationally. When examined by province, only seven provinces have percentages above the national average: Maluku (23.26%), South Sulawesi (25.88%), Gorontalo (26.67%), Central Sulawesi (27.27%), North Maluku (28.89%), North Sulawesi (29.55%), and the highest in Central Kalimantan (33.33%).
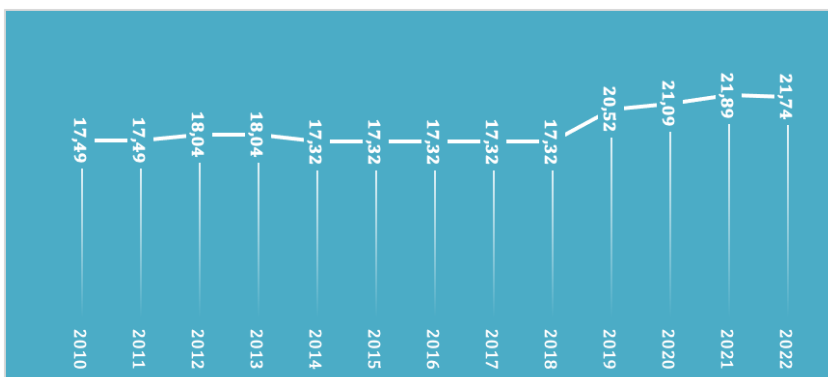
Figure 4.29 Percentage of Women in Parliament, 2010-2022
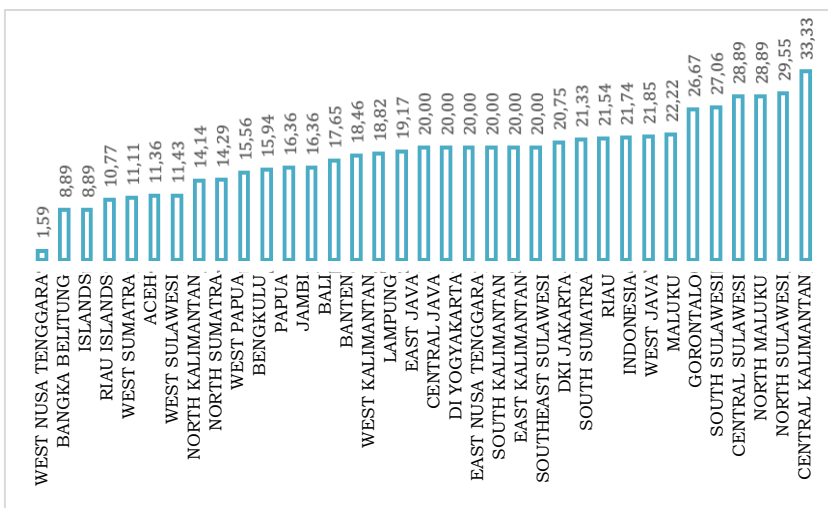
Figure 4.30 Percentage of Women in Parliament by Province in 2022

The government's strong efforts and commitment to achieving gender equality are evident in its ongoing push to achieve a 30% quota for women in parliament, in line with Government Regulation in Lieu of Law No. 1 of 2022 on Amendments to Law No. 7 of 2017 concerning General Elections. Additionally, the government aims to eliminate

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gender disparities in politics to ensure that women have equal access to participate in development.

6. Poverty and Inequality

a. Percentage of Poor Population

The percentage of the poor population represents the proportion of people living below the poverty line, where the poverty line indicates the minimum expenditure in rupiah needed for an individual to meet basic needs for one month, including food and non-food items. However, poverty is multidimensional, encompassing not only economic aspects but also human resource quality and sociocultural factors.

Efforts by the government and society to alleviate poverty have shown increasingly positive results. According to Statistics Indonesia, in March 2022, the percentage of the poor population stood at 9.54% of Indonesia's total population. Overall, the percentage of the poor population has decreased, although it has increased during certain crisis periods such as the recent COVID-19 pandemic (Figure 4.31).
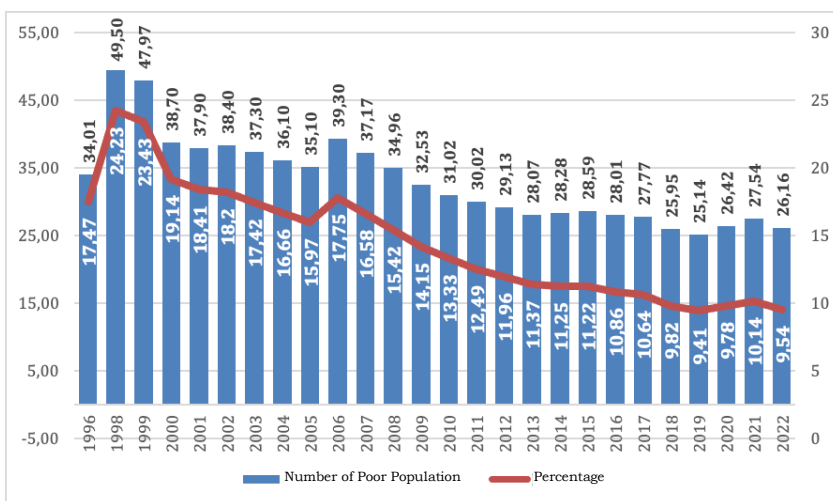
Source: Statistics Indonesia, 2022

Figure 4.31 Number and Percentage of Poor Population in Indonesia,

1996-2022
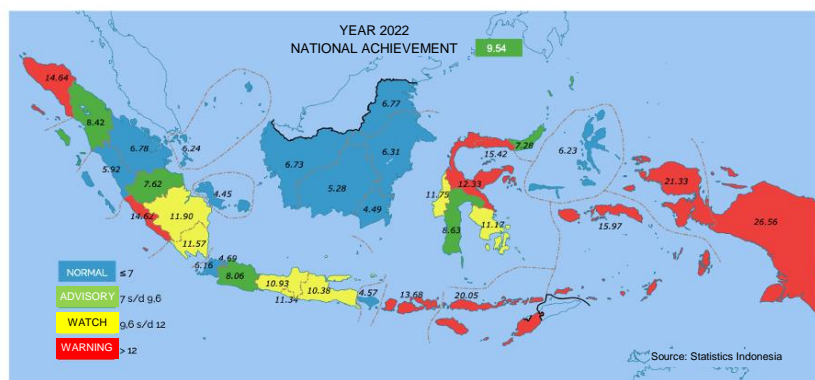
Source: Statistics Indonesia, 2022

Figure 4.32 Map of the Percentage of Poor Population by Province

in Indonesia in 2022

As shown in Figure 4.32 above, eight provinces have relatively high percentages of the poor population: Papua, West Papua, East Nusa Tenggara, Maluku, West Nusa Tenggara, Central Sulawesi, Aceh, and

Bengkulu. Meanwhile, several provinces have low percentages of the poor population, below 7%, as seen in Bali, Riau, Riau Islands, West Sumatra, Bangka Belitung Islands, Jakarta, all provinces in Kalimantan, and North Maluku.

b. Percentage of Extremely Poor Population

The percentage of the extremely poor population represents the proportion of people living below the extreme poverty line, where individuals struggle to meet fundamental needs such as food, clothing, and shelter. The extreme poverty line is used as a standard to measure severe poverty. Extremely poor populations are the most severely affected by poverty and lack access to basic needs such as food, clean water, sanitation, education, health, and housing. Therefore, the government and various social organizations continue efforts to eradicate extreme poverty and improve the welfare of Indonesians through various programs and policies.

Statistics Indonesia states that in 2022, the percentage of the extremely poor population in Indonesia reached 2.04%. This figure indicates a decrease compared to the previous year and remains a challenge for the Government of Indonesia and society (Figure 4.33). Extreme poverty primarily occurs in isolated and less developed regions, such as border areas and remote islands in Indonesia. Factors such as limited access to resources and inadequate infrastructure are the main causes of extreme poverty in these areas. Based on Figure 4.34, three provinces have relatively high extreme poverty rates (above 5%): Papua, West Papua, and East Nusa Tenggara.
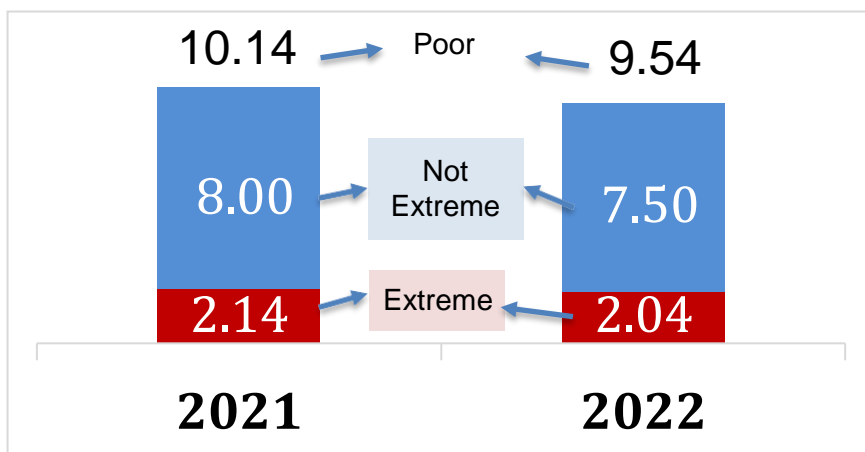
Source: Statistics Indonesia, 2022

Figure 4.33 Percentage of Poor and Extremely Poor Population

in Indonesia in 2022
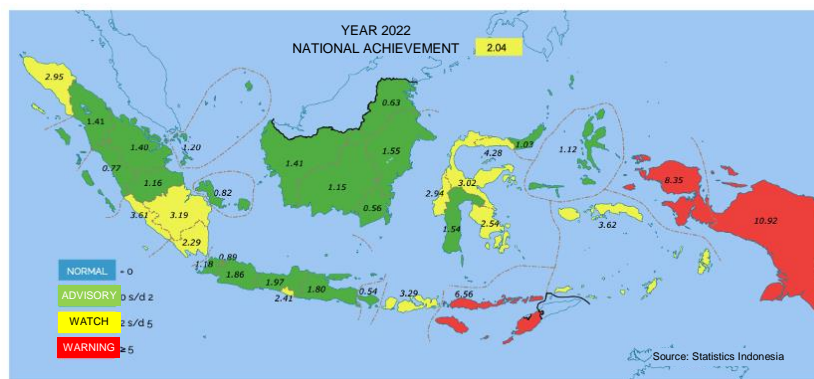
Source: Statistics Indonesia, 2022

Figure 4.34 Percentage of Extremely Poor Population

by Province in 2022

c.   Gini Ratio

The Gini Ratio, or Gini index, is a measure of income or wealth distribution inequality within a population or country. The Gini ratio is calculated on a scale from 0 to 1, where 0 represents perfect equality,

meaning everyone has the same income or wealth, and 1 represents perfect inequality, where one person has all the income or wealth while others have none. In other words, the closer the Gini ratio is to 1, the greater the income inequality in a society. This measure is frequently used by economists and policymakers to understand and assess social and economic inequality.

Historically, Indonesia has had a relatively high gini ratio, indicating significant income inequality. Indonesia's gini ratio was 0.378 in 2010, increasing to 0.413 in 2013 before slightly decreasing to 0.384 in 2022. Despite progress in reducing poverty levels and improving economic growth in recent years, significant disparities in income and wealth distribution persist among the population in Indonesia. Furthermore, Indonesia's Gini ratio remains above the global average.
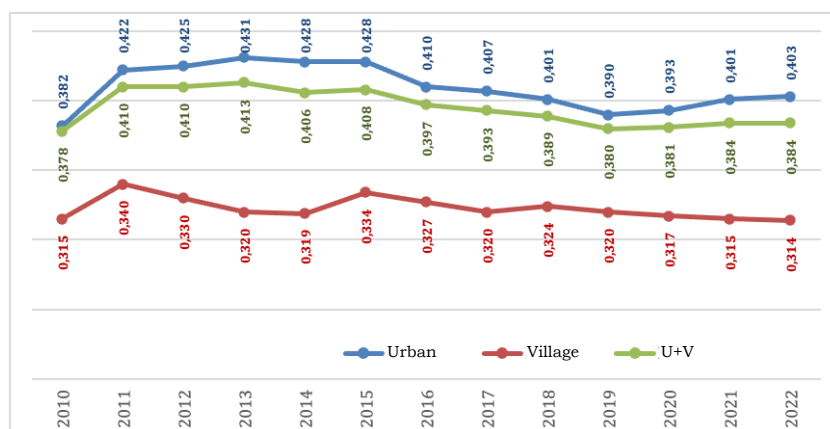
Source: Statistics Indonesia 2023

Figure 4.35 Gini Ratio in Indonesia, 2010-2022

Several factors contribute to this inequality, such as limited access to education, uneven job opportunities, differences in access to public services and healthcare, and urban-rural disparities. Therefore,

ongoing efforts are being made to reduce this inequality and achieve better income and wealth distribution equality in Indonesia.

Income inequality is just one measure of overall development and economic well-being, and many other factors contribute to the quality of life for a population. Nevertheless, reducing income inequality is an important goal for policymakers in many countries, including Indonesia.
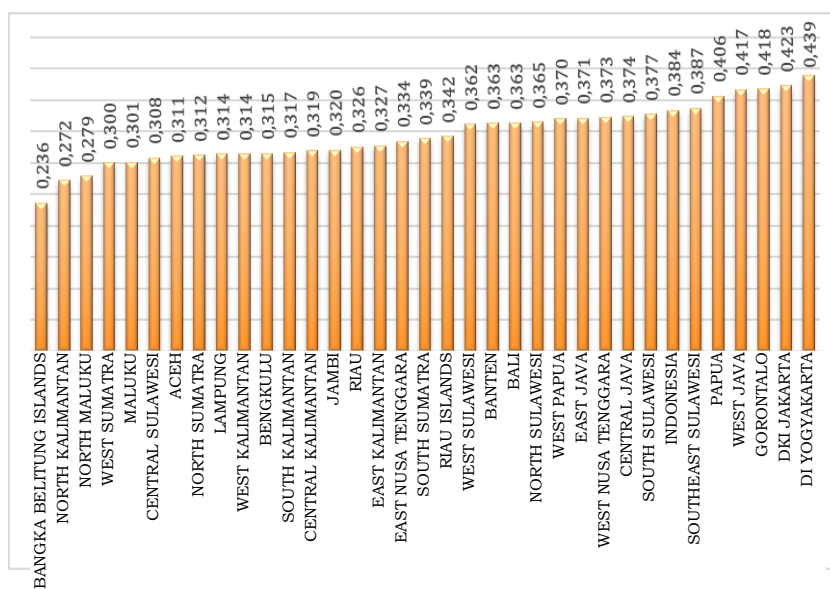
Source: Statistics Indonesia

Figure 4.36 Gini Ratio by Province, March 2022

CHAPTER V
FAMILY DEVELOPMENT

CHAPTER V

FAMILY DEVELOPMENT

1. Family Development Achievements

Family development is one of the mandates of Law Number 52 of 2009 concerning Population Development and Family Development, in which the government and local governments are obligated to establish family development policies through the promotion of family resilience and well-being. These policies encompass the enhancement of the quality of children, adolescents, and the elderly; the empowerment of vulnerable families; the improvement of the family environment; and the enhancement of family economic access and opportunities.
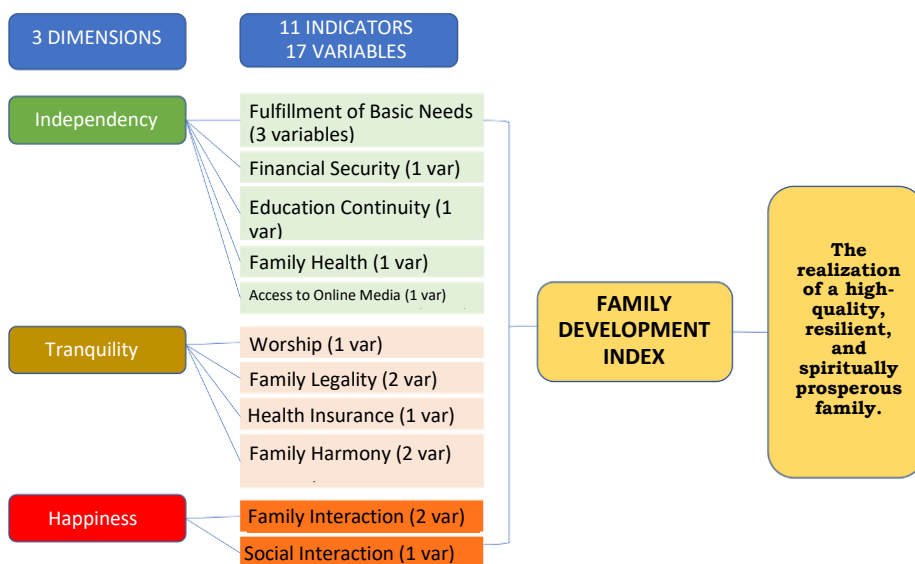
Source: BKKBN, KPI (IKU) Calculation Report for 2022

Figure 5.1 Concept of the Family Development Index (iBangga)

To measure family development, BKKBN has developed the Family Development Index (*Indeks Pembangunan Keluarga* or iBangga), consisting of 3 dimensions, 11 indicators, and 17 variables (Figure 5.1). iBangga reflects family development achievements on a scale from 0 to 100, categorized as vulnerable (below 40), progressing (40 to 70), and resilient (above 70).

iBANGGA Target for 2022: 57

Tranquility Dimension
58,23

56,07

Family Development Index (iBangga)

52,41

Happiness Dimension
57,56

iBangga 2021: 54,01
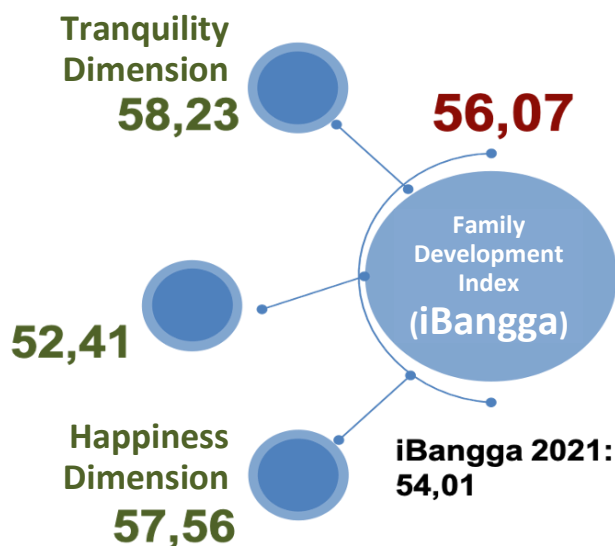
Source: BKKBN, KPI (IKU) Calculation Report for 2022

Figure 5.2 Family Development Index for 2021-2022

Nationally, the iBangga achievement in 2022 was 56.07, indicating that Indonesian families are in the category of fairly good (progressing). However, the achievement in 2022 did not reach the target of 57. Among the three dimensions of iBangga, the dimension of tranquility had the highest achievement at 58.23, followed by the happiness and

independence indices with achievements of 57.56 and 52.41, respectively. Compared to 2021, iBangga showed an increase of 2.06, from 54.01 in 2021 to 56.07 in 2022. Based on the 2022 achievement data, there are 4 provinces that reached the target of 57, namely Aceh, Bengkulu, West Java, and East Java. There are also 4 provinces with achievements above the national target, namely DI Yogyakarta and Riau Islands with an achievement of 59, and Bali and Central Java with an achievement of 58, resulting in 23% of provinces reaching the national target. Overall, provincial achievements are above 51, but there is 1 province with a significantly lower achievement compared to other provinces, namely Papua with an achievement of 46.32. Although achievements among provinces vary, overall, they fall into the category of fairly good (progressing).
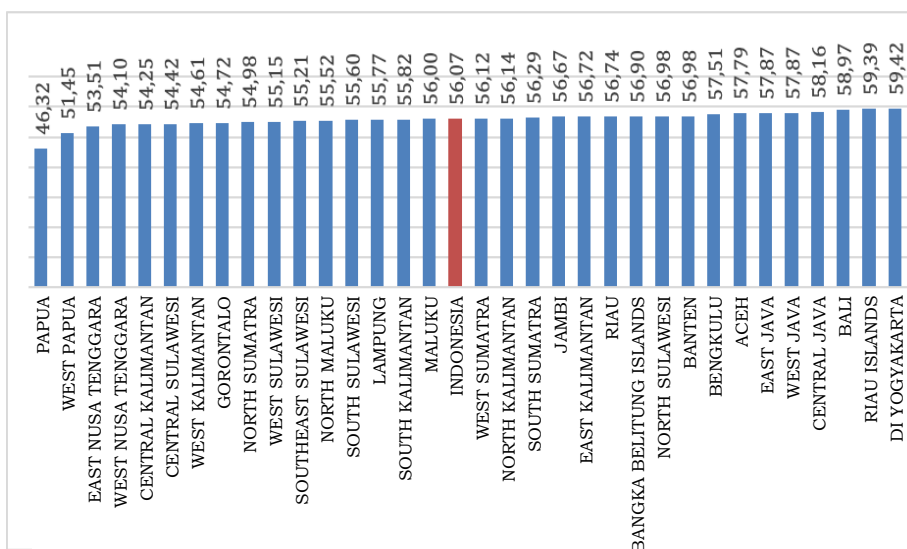
Source: BKKBN, KPI (IKU) Calculation Report for 2022

Figure 5.3 Family Development Index by Province for 2022

When viewed by index, the provinces with the highest tranquility index are DI Yogyakarta and North Kalimantan with an achievement of 62. Meanwhile, for the independence index, the highest achievement is at 54, with provinces including DI Yogyakarta, West Java, and Central Java. Subsequently, in terms of the happiness index, the highest achievement is obtained in the Riau Islands Province with an achievement of 62. On the other hand, the province with the lowest achievement in each dimension is Papua, with an achievement of 52 in tranquility, 40.50 in independence, and 46.18 in happiness (Figure 5.4).
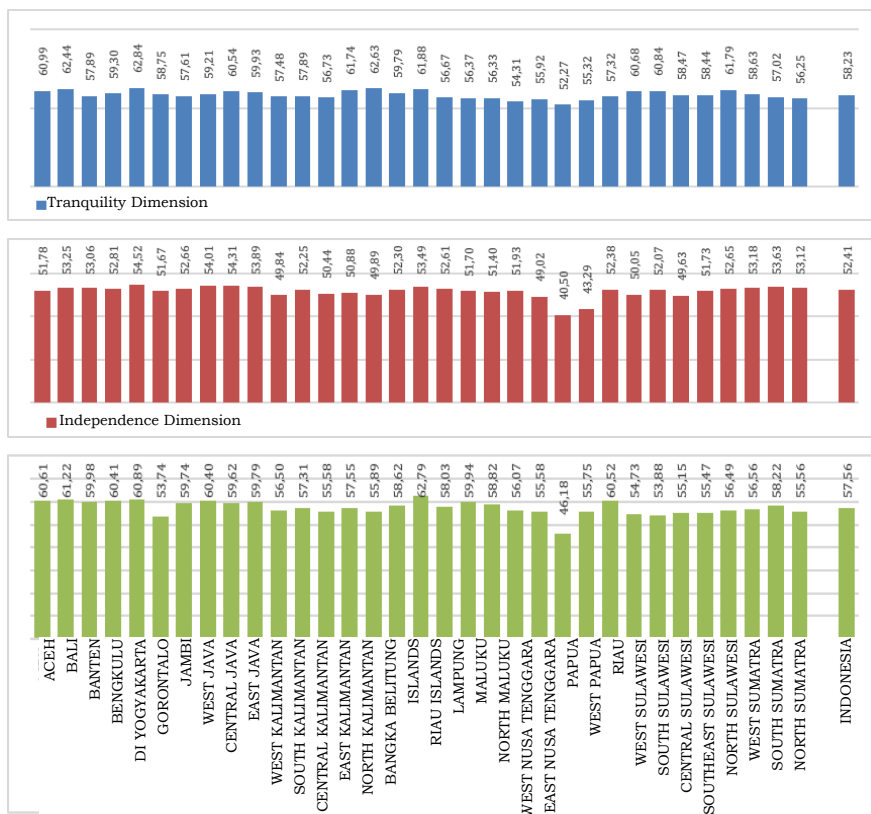
Source: BKKBN

Figure 5.4 Family Development Index by Dimension and Province in 2022

2. Toddler and Child Resilience

a. Stunting Prevalence

In the effort to achieve Indonesia Emas 2045, human resource development is a long-term investment that must begin early. One crucial point is preparing a healthy and stunting-free young generation. Stunting is a chronic nutritional deficiency condition during the first 1000 days of a child's life. It results from repeated infections and inadequate consumption of nutritious food. Consequently, it disrupts physical growth, affects cognitive development, weakens the immune system, and increases the risk of degenerative diseases in adulthood. The risk of stunting is estimated at 20%, starting during pregnancy, primarily in mothers with poor nutrition, leading to insufficient nourishment for fetal growth and development (BKKBN, 2017). Interventions to prevent stunting should not only target families with infants/toddlers but also extend to the prenatal period, even three months before planning pregnancy. Therefore, adolescents/future brides are a group that requires intervention in stunting prevention programs. This way, the risk of stunting can be anticipated at an earlier stage.
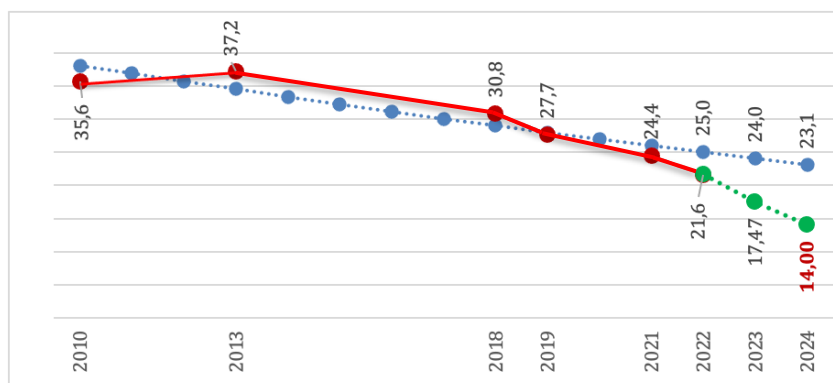
Figure 5.5 Trends in the Prevalence of Stunting among Toddlers

The trend in stunting prevalence in Indonesia has been decreasing, although it slightly increased during the 2010-2013 period. A significant reduction occurred from 2021 to 2022, with a decrease of 2.8% in just one year. According to the 2022 Indonesian Nutritional Status Survey (SSGI), the prevalence of stunting was 21.6%. This means that Indonesia is still facing a stunting emergency due to the persistently high prevalence. According to the World Health Organization (WHO), a health problem is considered chronic if the prevalence of stunting exceeds 20%.

In the accelerated effort to reduce stunting to 14% by 2024, a minimum annual reduction of 3.5% is required until 2024. Based on Presidential Regulation Number 72 of 2021 on Accelerating Stunting Reduction, the national strategy includes five pillars: increasing government commitment at all levels, improving behavior change communication and community empowerment, enhancing the convergence of specific and sensitive interventions, improving food security and nutrition at

the individual, group, and community levels, and strengthening the development of systems, data, information, research, and innovation.
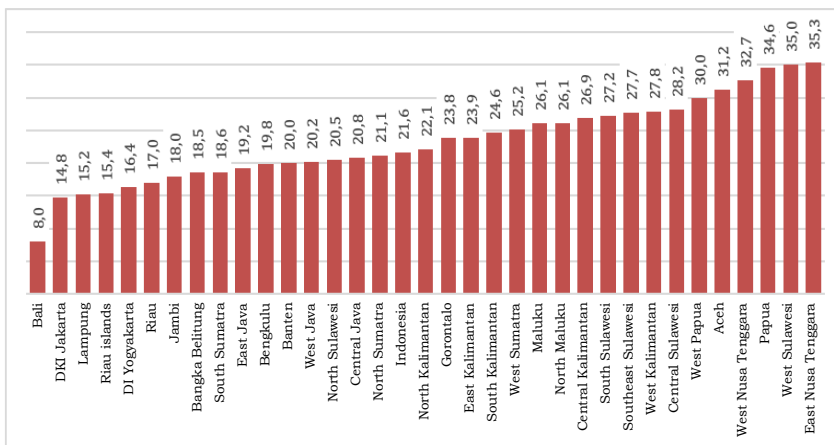
Figure 5.6 Stunting Prevalence by Province in 2022

Disparities among provinces are significant, with the highest prevalence in East Nusa Tenggara at 35.3%, while Bali has the lowest prevalence at 8%. Nationally, six provinces still have a prevalence of 30% or higher, including West Papua, Aceh, West Nusa Tenggara, Papua, West Sulawesi, and East Nusa Tenggara. Special strategies are required in these provinces to accelerate the reduction of stunting and boost national achievements.

3. Adolescent Resilience

a. Age of First Marriage

The age of first marriage for a woman is crucial as it marks the beginning of her reproductive period. According to Law Number 16 of 2019 amending Law Number 1 of 1974 concerning Marriage, the

minimum age for a woman to marry for the first time is 19. Setting a minimum marriage age aims to prevent child marriages, which pose medical risks for young girls. Early marriage also extends a woman's reproductive period, increasing the likelihood of having more children. Moreover, children are the nation's future assets and must receive adequate education and employment opportunities to support *Indonesia Emas 2045*.
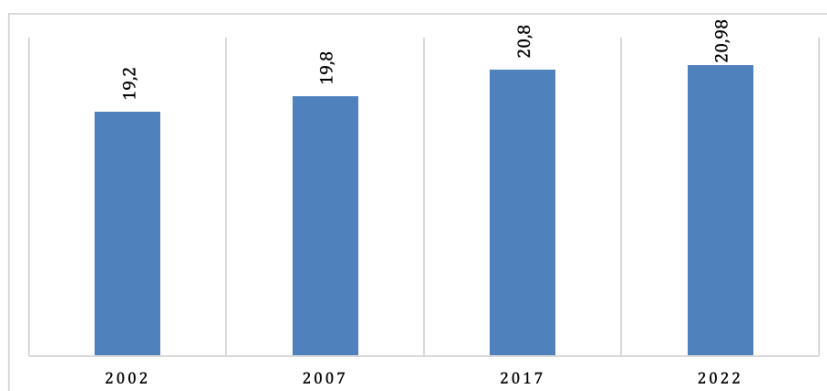
Source: SDKI 2002, 2007, 2017; PK2022

Figure 5.7 Median Age at First Marriage (MUKP) in Indonesia

The Median Age at First Marriage (*Median Umur Kawin Pertama* or MUKP) is an indicator used to determine the ideal age for a woman's first marriage. Ideally, a woman should marry at over 20 years old but not exceeding 35 years. BKKBN has been striving to increase the MUKP, reflecting the average age at which a woman first gets married. Based on calculations using data from the 2022 Family Data Updating, the MUKP in 2022 was approximately 20.98 years, while the target set in BKKBN's Strategic Plan for 2022 was 22 years. This means that the MUKP in 2022 did not meet the established target, despite a slight increase from 20.8 years in 2017.

In general, provinces with the highest MUKP for women were East Nusa Tenggara (23.9), while the lowest was in Central Kalimantan. More than half (52.94%) of Indonesia's provinces have an MUKP of 21 years and above. Furthermore, when compared to the MUKP target set in BKKBN's Strategic Plan for 2022, nine provinces had already reached the target for 2022. These provinces include East Nusa Tenggara (23.9), Maluku (23.7), Riau Islands (23.5), Yogyakarta (23.2), Bali (22.9), West Papua (22.6), North Sumatra (22.6), West Sumatra (22.5), and Aceh (22.4) (Figure 5.8).
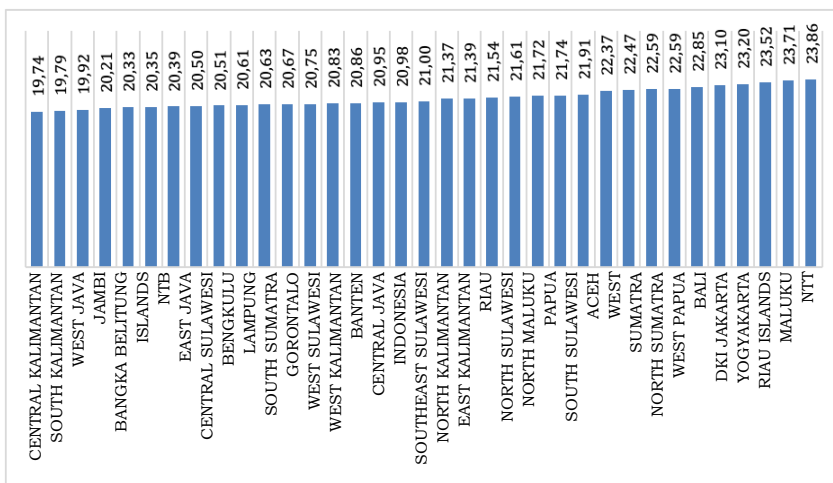
Source: BKKBN, PK2022

Note: DKI Jakarta uses SDKI 2017 figures

Figure 5.8 Median Age at First Marriage (MUKP) by Province in 2022

b. Child Marriage

Child marriage is defined as marriages that occur before a person reaches the age of 18 (Ministry of Women's Empowerment and Child Protection, 2022). Child marriages have detrimental consequences such as school dropouts, family instability leading to divorce, domestic

violence, health impacts (e.g., miscarriages, premature births, low birth weight, stunting, disabilities, or even maternal mortality), and subordination of women (Djamilah and Kartikawati, 2014). Furthermore, marrying at a young age prolongs a woman's reproductive period, increasing her chances of having more children.
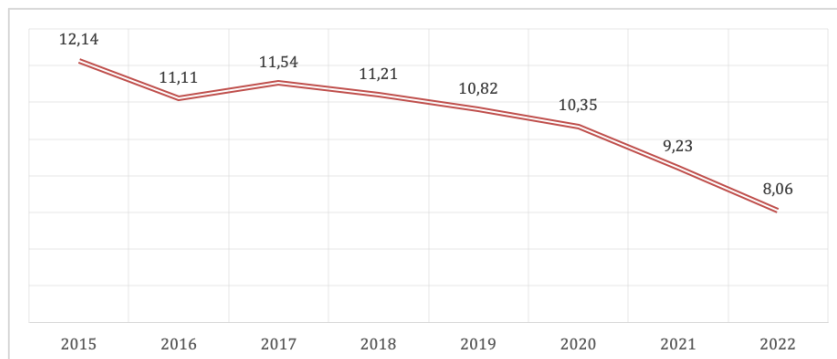
Source: Statistics Indonesia, Susenas

Figure 5.9 Percentage of Women Aged 20-24
Who Were Married Before 18, 2015-2022

Child marriage is measured using the indicator of the percentage of women aged 20-24 who were married before the age of 18 (Ministry of Women's Empowerment and Child Protection, 2022). Statistics Indonesia reports that in 2022, 8.06% of women aged 20-24 had married before the age of 18. This indicates that child marriage in Indonesia is still relatively prevalent, although there has been a declining trend in recent years (Figure 5.9). Djamilah and Kartikawati (2014) identified several reasons for the persistence of child marriages, including local traditions/customs, low education, and premarital sexual activity. Therefore, besides improving formal education, non-formal education and awareness campaigns among communities and adolescents are essential.

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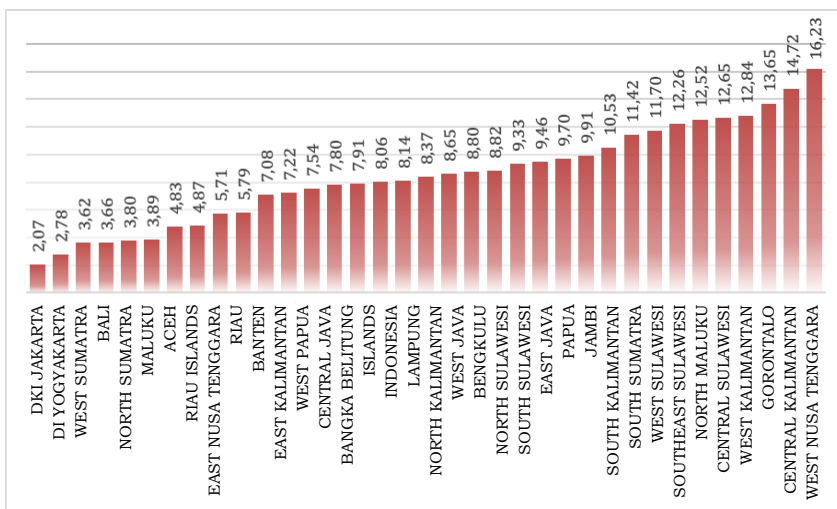
Source: Statistics Indonesia, Susenas 2022

Figure 5.10 Percentage of Women Aged 20-24
Who Were Married Before 18 by Province in 2022

Regional disparities, particularly at the provincial level, still exist regarding child marriage. West Nusa Tenggara is the province with the highest child marriage prevalence, with 16.23% of women aged 20-24 being married before the age of 18. This can be observed in Figure 5.10. Additionally, there are nine other provinces with rates above 10%, mainly in Sulawesi and Kalimantan, while some provinces have lower rates, even below 5%. Nevertheless, at the national level, the target set in the National Medium-Term Development Plan (RPJMN) for 2024, which is 8.74%, has been achieved.

4. Elderly Resilience

Generally, Indonesia has entered a period of population aging, characterized by the proportion of the elderly population (60 years and

above) exceeding 10% of the total population. The percentage of elderly population in 2022 is estimated at 10.48%. The increasing number of elderly people will directly affect the elderly dependency ratio. In 2022, the elderly dependency ratio is 16.09%, meaning that for every 100 productive-age individuals (15-59 years), there are 16 elderly people, implying that one elderly person is supported by six productive-age individuals (Statistics Indonesia 2022). The needs of the elderly differ from the general population, necessitating policies that are friendly to the elderly to ensure their well-being.
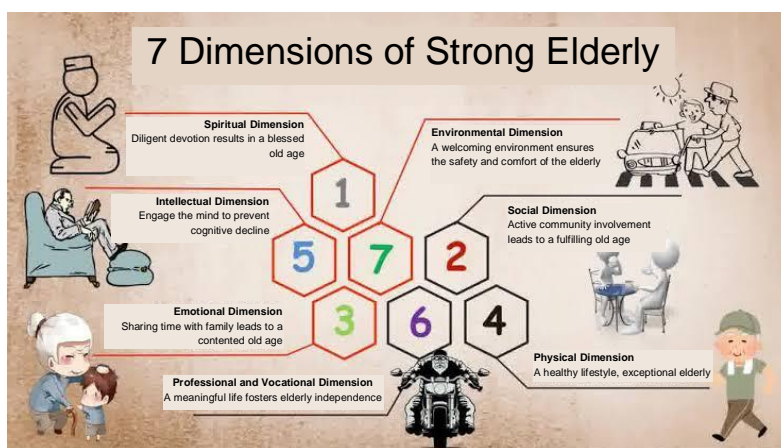
Figure 5.11 Seven Dimensions of Resilient Elderly

To improve the well-being of the elderly, support from family and the environment is crucial. Based on the March 2022 Susenas, 33.18% of the elderly live with their nuclear families, 35.93% live with three generations (meaning they live with their children, grandchildren, and partners), and 20.85% live with their spouses. Efforts to enhance the resilience of elderly families are needed to prevent neglect and discrimination, thus achieving SMART elderly (Healthy, Independent, Active, Productive, and Dignified). In pursuit of SMART elderly, BKKBN has developed policies by

strengthening seven dimensions of elderly resilience, including spiritual, social, emotional, physical, intellectual, vocational, and environmental dimensions. The measurement of resilient elderly uses the Resilient Elderly Index.
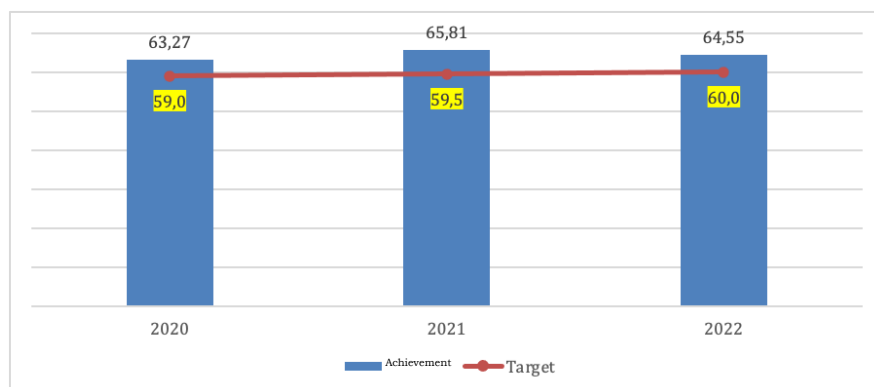
Source: BKKBN

Figure 5.12 Resilient Elderly Index, 2020-2022

Overall, the achievement of the resilient elderly index has consistently exceeded the annual targets, albeit with dynamic achievement figures. There was an increase from 2020 to 2021 by approximately 3%, followed by a decrease in 2022 by about 2%. In the last three years, the highest achievement was in 2021 (65.81%). Based on this data, the resilient elderly index in 2022 reached approximately 64.55, signifying that 64.55% of elderly people in Indonesia fall under the resilient category across the seven dimensions.

5. Family Physical Environment

The quality of the family environment, especially the physical environment comprising housing conditions, sanitation, and access to clean water, is

crucial to ensure a decent and healthy life for all family members. This report focuses on three indicators of the family physical environment: habitable housing, access to clean drinking water, and proper sanitation. Various studies have shown that poor physical housing conditions are closely linked to various diseases, such as dengue fever (Aini, 2022), pneumonia in toddlers (Shiddiq et al., 2022), and tuberculosis (Pulungan, 2022).

a. Habitable Housing

Habitable housing is one of the prerequisites for a good physical environment for a decent and healthy life for family members. Since 2019, households are classified as having access to habitable housing if they meet four criteria: sufficient living space of at least 7.2 m2 per capita, access to clean drinking water, access to proper sanitation, and durable. Housing durability is a combination of several variables, including the broadest roof made of concrete, tiles, zinc, wood, shingles; the broadest walls made of brick, plaster, bamboo/weaving wire, wood/boards, and wooden poles; and the broadest floor made of marble/granite/ceramics, parquet/vinyl/carpet, tiles/terrace, wood/boards, and cement/red brick.

The percentage of households in Indonesia that occupy habitable housing, based on Susenas 2022 data, is still relatively low. Figure 5.13 shows that only about 60.66% meet the criteria mentioned above. The low figure is mainly due to the variable of sufficient living space, which is generally less than 7.2 m2 per capita (7.14%). This achievement of habitable housing is still below the RPJMN target for 2020-2024, which is 70%.
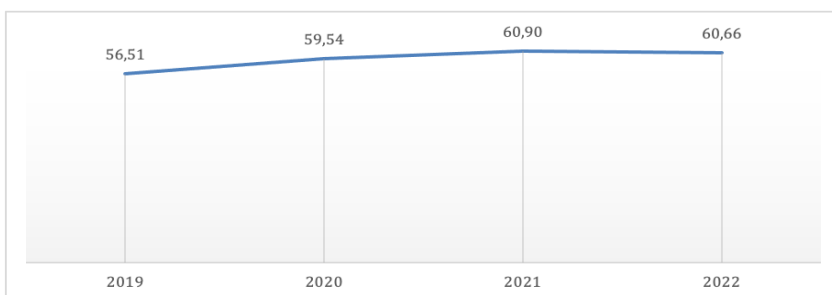
Source: Statistics Indonesia, Susenas 2019-2022

Figure 5.13 Percentage of Households Occupying Habitable Housing
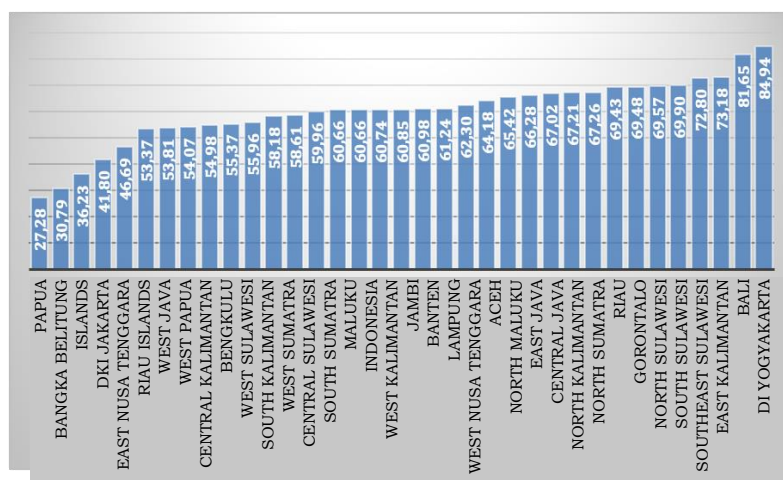
Source: Statistics Indonesia, Susenas 2019-2022

Figure 5.14 Percentage of Households Occupying Habitable Housing by Province in 2022

Based on provincial data, DI Yogyakarta and Bali are the two provinces with the highest percentage of habitable housing (above 80 percent). When compared to the RPJMN target, four provinces have already achieved the target: DI Yogyakarta, Bali, East Kalimantan, and Southeast Sulawesi (see Figure 5.14). Meanwhile, there are five provinces with percentages below 50 percent, namely Papua, the

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Bangka Belitung Islands, DKI Jakarta, East Nusa Tenggara, and the Riau Islands.

b. Access to Improved Drinking Water

Improved drinking water is a fundamental human necessity that must be available in sufficient quantity and meet quality standards. However, the increase in the human population and related activities have had repercussions on the availability and quality of water in the environment. Improved drinking water is defined as household drinking water that meets health standards and can be consumed directly, either with or without treatment.

The suitability of the water source is assessed based on the primary source of drinking water and water sources for other domestic activities. Since 2019, the concept has been aligned with the Sustainable Development Goals (SDGs) metadata, where households are considered to have access to improved water if their primary source of drinking water is piped water, protected springs, or rainwater. Protected water sources include boreholes, protected dug wells, protected springs, and rainwater. For households using packaged water, they are categorized as having access to improved water if the water source for bathing and washing is piped water, boreholes or tubewells, protected dug wells, protected springs, rainwater.

In 2022, access to improved water in Indonesia was relatively high, with 91.05 percent of households having access to improved water (see Figure 5.15), although it remains below the national target for 2024. At the national level, the government, through the RPJMN 2020-2024, aims to achieve 100 percent of households having access to improved

water by 2024. At the provincial level, as seen in Figure 5.19, several provinces such as Bali, DKI Jakarta, DI Yogyakarta, Gorontalo, West Nusa Tenggara, and East Java have achieved access rates of over 95 percent. Meanwhile, there are six provinces with access rates below 80 percent, namely Papua, Bengkulu, South Kalimantan, Central Kalimantan, West Sulawesi, and Jambi.
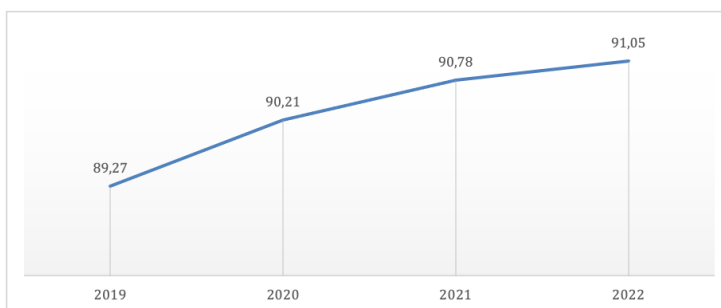
Source: Statistics Indonesia, Susenas 2019-2022

Figure 5.15 Percentage of Households with Access

to Improved Water, 2019-2022
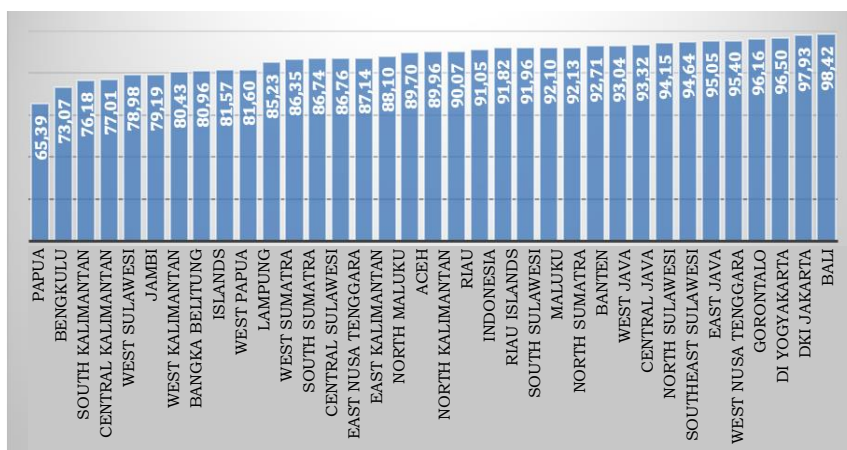
Source: Statistics Indonesia, Susenas 2019-2022

Figure 5.16 Percentage of Households with Access

to Improved Water by Province, 2022

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c. Access to Adequate Sanitation

Since 2019, the concept used has been in line with the latest SDGs metadata, where households are considered to have access to adequate sanitation services if they have facilities for defecation used by the household or by a specific group of households (limited access), or if they use communal toilets and communal washing facilities (MCK), use squat toilets, and manage their fecal waste in a septic tank or wastewater treatment plant, or dispose of it in the ground if they live in rural areas.

The use of adequate sanitation in Indonesia has shown an increasing trend, with achievement rates reaching 77.39 percent in 2019, 80.29 percent in 2021, and 80.92 percent in 2022 (see Figure 5.17). However, these figures are still below the national target set in the RPJMN 2020-2024, which aims for 90 percent of households to have access to adequate sanitation by the end of 2024. When viewed at the provincial level, some provinces have already reached this target, including DI Yogyakarta, Bali, DKI Jakarta, South Sulawesi, the Bangka Belitung Islands, and East Kalimantan (see Figure 5.18).
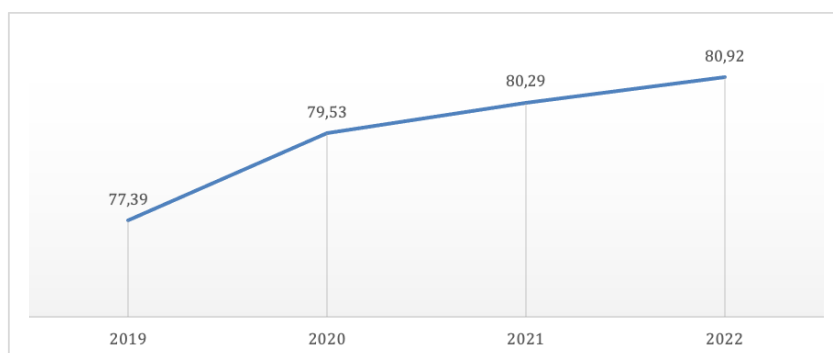
Source: Statistics Indonesia, Susenas 2019-2022

Figure 5.17 Percentage of Households Using Adequate Sanitation, 2015-2022
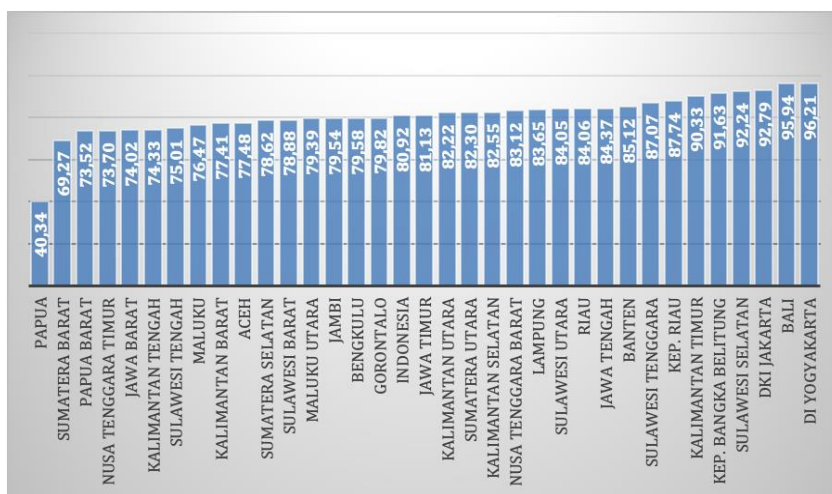
Source: Statistics Indonesia, Susenas 2022

Figure 5.18 Percentage of Households Using Adequate Sanitation

by Province, 2022

6. **Health Insurance**

The National Health Insurance (*Jaminan Kesehatan Nasional* or JKN) is a nationally organized social insurance program based on the principles of social insurance and equity, with the goal of ensuring that participants receive health care and protection to meet their basic health needs. The ultimate goal is to improve the health of the Indonesian population by reducing mortality rates and increasing life expectancy. The ideal condition is achieving universal health coverage (UHC) for the entire population of Indonesia.
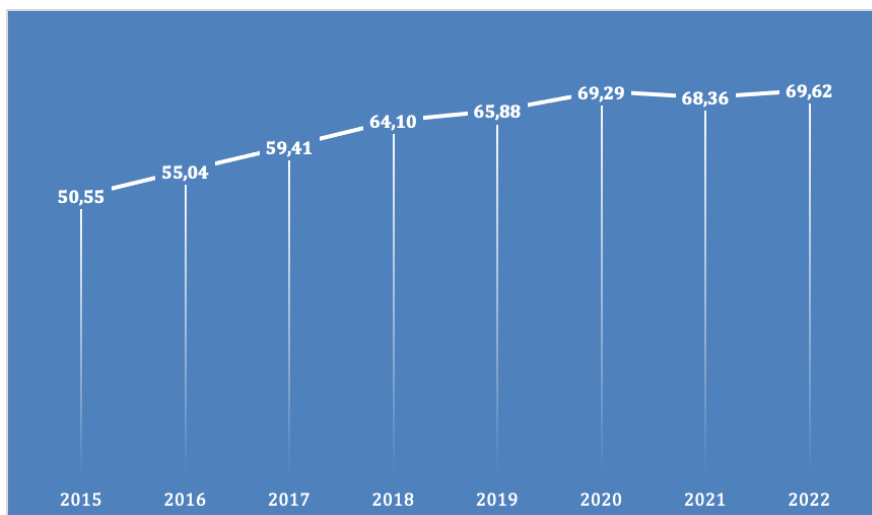
Source: Statistics Indonesia, Susenas 2022

Figure 5.19 Percentage of the Population with Health Insurance, 2015-2022

The trend in health insurance ownership in Indonesia continues to increase, although it currently only covers 69.62 percent of the population (see Figure 5.19). This means that approximately 30 percent of the population still lacks insurance coverage. Compared to the national target, this achievement is far from the 98 percent target set for 2024. At the provincial level, only two provinces have health insurance coverage exceeding 90 percent, namely DKI Jakarta and Aceh (see Figure 5.20). The lowest coverage is found in provinces such as Jambi, Central Kalimantan, Maluku, and West Kalimantan, with less than 70 percent of the population covered.
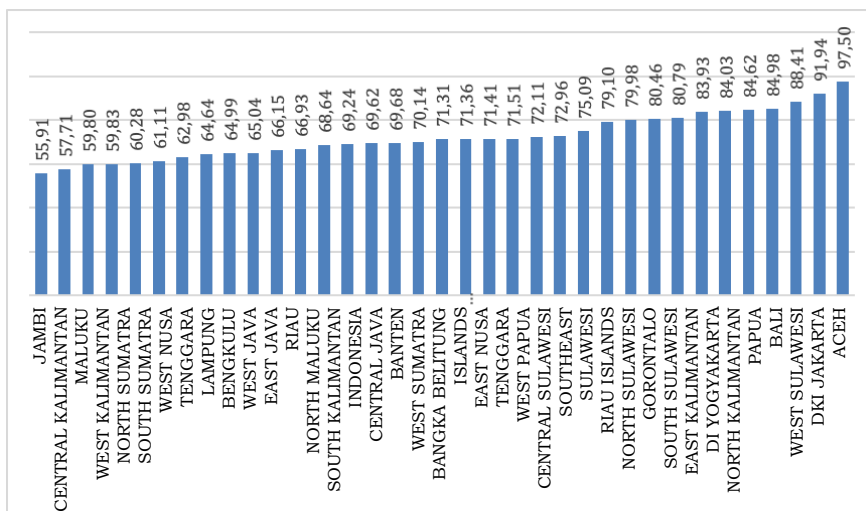
Source: Statistics Indonesia, Susenas 2022

Figure 5.20 Percentage of the Population with Health Insurance by Province, 2022

7. Violence Against Women and Children

Violence against women is defined as any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life. Types of violence against women include physical, psychological, sexual violence, exploitation, human trafficking, neglect, and other forms of violence.

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2016
33.4%

2021
26.1%

Source: National Women's Life Experience Survey (SPHPN) 2016 and 2021

Figure 5.21 Prevalence of Violence Against Women
During Their Lifetime, 2016-2021

According to the results of the National Women's Life Experience Survey (SPHPN) 2021, approximately 1 in 4 women aged 15-64 have experienced physical and/or sexual violence during their lifetime, either by their partner or someone else. This figure is still significant, although it has decreased compared to 2016 when 1 in 3 women experienced similar violence during their lifetime.

■ Physical   ■ Sexual   ■ Physical and/or Sexual

	2016	2021
Physical	18.1	13.8
Sexual	24.2	18.7
Physical and/or Sexual	33.4	26.1
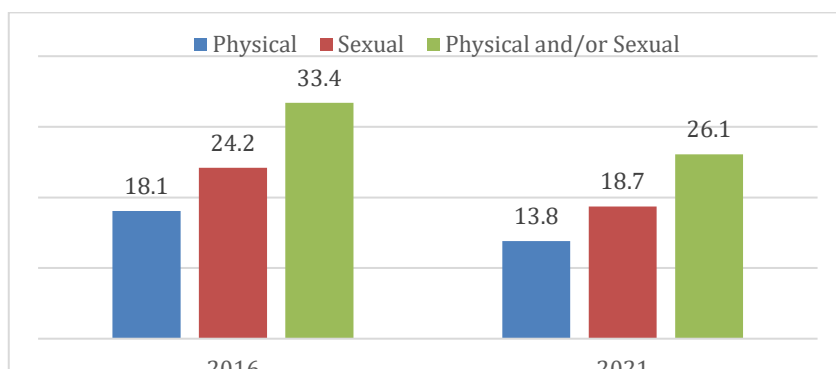
Source: SPHPN 2016 and 2021

Figure 5.22 Prevalence of Violence Against Women
During Their Lifetime by Type of Violence, 2016 and 2021

Violence against children refers to any act directed towards a child that results in their suffering or distress, encompassing physical, psychological, sexual, or neglectful actions. This also includes threats used to commit an unlawful act, coercion, or the deprivation of a child's freedom (as stipulated in Law No. 35 of 2014). Such violence has adverse effects on a child's physical and psychological development, leading to manifestations such as low self-esteem, communication difficulties, disruptive behavior, and even substance abuse involving alcohol and narcotics.
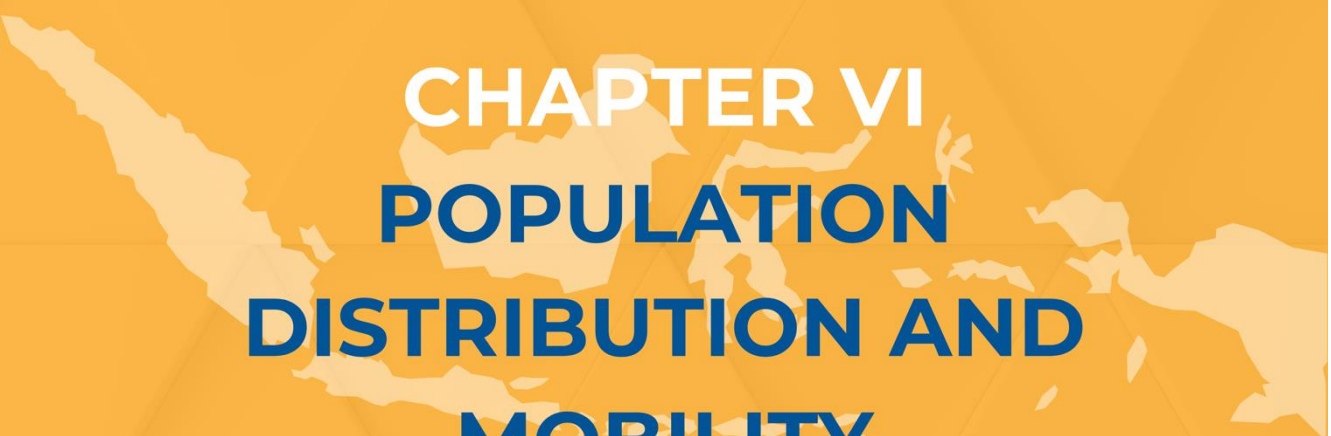
Based on the 2021 National Survey on the Life Experiences of Children and Adolescents (*Survei Nasional Pengalaman Hidup Anak dan Remaja* or SNPHAR), the prevalence of violence against children is relatively high in Indonesia. Approximately 37.44 percent of boys and 43.61 percent of girls aged 13-17 have experienced at least one of the three types of violence during their lifetime, which includes physical, sexual, or emotional violence.
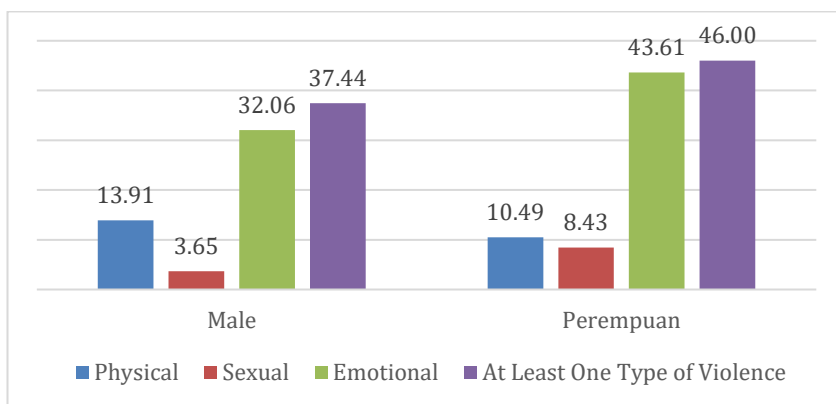
Source: SNPHAR, 2021

Figure 5.23 Prevalence of Violence Against Children Aged 13-17 by Gender and Type of Violence, 2021

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Emotional violence appears to be the most commonly experienced type of violence among children. Around 43.61 percent of girls and 32.06 percent of boys aged 13-17 have encountered emotional violence at some point in their lives. It is notable that 8.43 percent of girls and 3.65 percent of boys have experienced sexual violence (see Figure 5.23). This alarming fact highlights that there is room for improvement in child education in Indonesia, as the survey also reveals that a significant portion of sexual violence perpetrators are known to the victims as romantic partners.

CHAPTER VI
POPULATION DISTRIBUTION AND MOBILITY

CHAPTER VI

POPULATION DISTRIBUTION AND MOBILITY

1. Population Distribution and Density

Population distribution refers to the spatial or geographical distribution of the population. It is closely related to population density, which is measured as the average number of people per square kilometer in a given area. Analyzing population distribution is a crucial aspect of efforts to plan and direct population mobility to support equitable and sustainable development in accordance with the needs of each region. The arrangement of population distribution and the guidance of population mobility, as outlined in Presidential Regulation No. 153 of 2014 concerning the Grand Design of Population Development, are implemented through the enhancement of non-permanent population mobility by providing various social, economic, cultural, and administrative facilities in several areas designated as destinations for population mobility, as well as reducing population mobility to metropolitan or big cities.

The population distribution pattern in Indonesia continues to follow the same trend, with population growth occurring predominantly in densely populated areas and urban centers, which serve as economic hubs. This has led to the expansion of urban areas into surrounding support regions. Several issues are exacerbated by this distribution pattern, including stark disparities in development between regions at various administrative levels (provinces, districts, and the lowest administrative levels of villages/urban villages (*kelurahan*)), issues related to sustainable development and environmental sustainability linked to environmental carrying capacity and social conflicts.

Based on the 2020 Population Census, provinces on the island of Java still have the highest population totals, with a combined population of 151.59 million or 56.10 percent of the total population. This indicates that provinces in Java, which have been the economic development centers since independence, continue to be destinations for population mobility. Various efforts have been made by the government in the past to encourage population distribution to regions outside of Java through economic development policies and population relocation programs such as transmigration. However, these efforts have had limited impact on reducing population density in provinces within Java.

Source: SP2020

Figure 6.1 Population Density in Indonesia by Province in 2020

Figure 6.1 illustrates relatively high population densities in DKI Jakarta and West Java, Central Java, Yogyakarta, and Banten, followed by East Java and Bali. Outside of Java and Bali, population density remains relatively low except in Lampung and North Sumatra provinces, where there has been an increase in population density.

Overall, the unequal distribution of the population, both between islands and provinces in Indonesia, is closely related to the topography and

climate of the regions, economic development policies, and population distribution planning, particularly population mobility guidance. Several issues arise in relation to population distribution, including institutional issues, as there is currently no institution specifically managing population distribution and mobility guidance, as well as the lack of integration between spatial planning and economic development planning. Other issues include disparities in development between regions, especially in large cities, and social conflicts. Therefore, there is a need for proportional regional development policies at various levels, including national, provincial, and regency/municipality levels, to improve the well-being of the population, allowing each region to contribute to development.

2. Permanent Mobility

Population mobility refers to the movement of people across the boundaries of a specific area within a defined period. In Indonesia, administrative boundaries such as provinces, districts/cities, sub-districts, and even villages are commonly used as reference boundaries. Population mobility can be categorized into two types: vertical population mobility and horizontal population mobility. Vertical population mobility is also known as a change in status, while horizontal population mobility involves geographical movement. Horizontal population mobility can further be divided into permanent and non-permanent mobility. If the intention of the mobility is to establish a permanent residence, it is classified as permanent mobility, while non-permanent mobility is intended for temporary stays.

Permanent mobility is a form of relocation with the goal of settling in the destination area. This type of relocation is also known as migration. The determination of the "settled" concept is based on individuals residing or intending to reside in the destination area for at least one year (a commonly used criterion in many countries). Migration is defined as the movement of the population with the intention to settle from one place to another, crossing administrative boundaries (internal migration) or political/national boundaries (international migration). The migration phenomenon is considered an indicator of a country's economic development, as migration-related issues are closely tied to development isses (Bandiyono, 2008).

Areas with high economic development tend to attract migration since migration tends to move toward industrial hubs, commercial, and economically prosperous regions. Job opportunities and higher wages in other areas become attractive factors for migration. Economic motives influencing individuals to migrate are also evident in the high migration rates among the working-age population. Additionally, migration is influenced by structural factors such as socio-demographic characteristics, satisfaction with one's place of residence, the geographical conditions of the home region, and community characteristics. Generally, dissatisfaction with structural background dimensions drives individuals to migrate.

a. Lifetime Migration between Provinces
    Lifetime migration is calculated based on the difference between the place of residence at the time of the census and the place of birth. The lifetime migration rate between provinces is a comparison

between the number of people who reside in a different province from their birthplace and the total population.

The results from the Long Form SP2020 show that in 2022, approximately 27 million out of 275 million people (9.83 percent) are lifetime migrants between provinces. This indicates that around 10 out of 100 people in Indonesia live in a province different from their birthplace. The Long Form data also reveals that lifetime migration has doubled, with a recorded rate of 4.90 percent in 1971, increasing to 9.83 percent in 2022, although it experienced a decrease compared to 2010.

Based on Figure 6.3, the provinces of Riau Islands, North Kalimantan, and East Kalimantan are the largest recipients of lifetime migrants from other regions. These three provinces have significant pull factors for migrants, as they are economic hubs. Riau Islands is a trade and free port area, while North Kalimantan and East Kalimantan are the largest oil and gas mining regions in Indonesia. On the other hand, West Java, North Sumatra, and South Sulawesi are the largest sources of lifetime migrants, with the largest negative net migration rates.
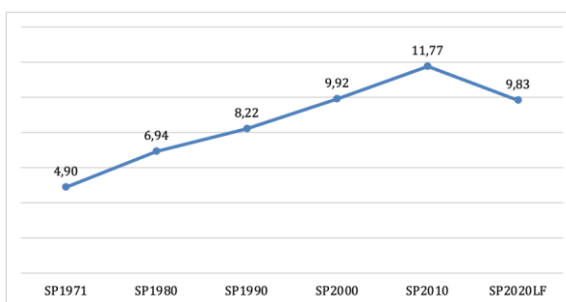
Source: SP2020

Figure 6.2 Trends in Lifetime Migration Rates between Provinces
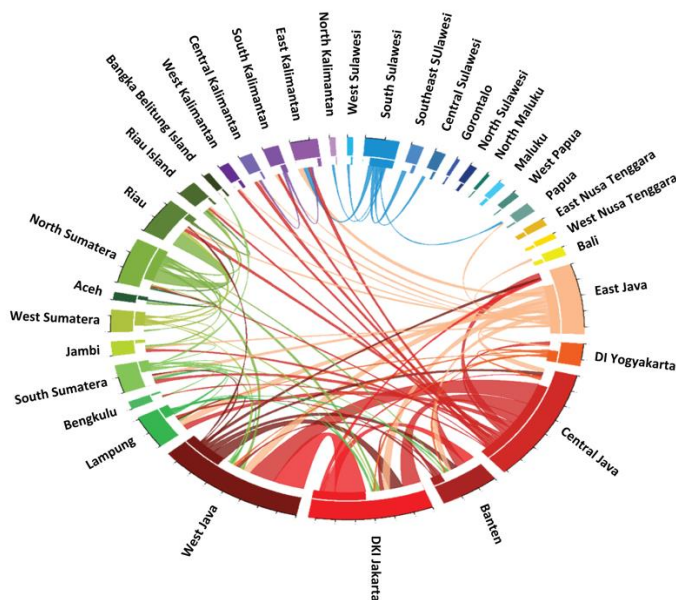
Source: SP2020

**Figure 6.3 Lifetime Migration between Provinces Based on
Long Form SP2020**

The provinces on the island of Java are the primary destinations and contributors to the largest sources of lifetime migrants in Indonesia. West Java, DKI Jakarta, and Banten are the main destination provinces for lifetime migrants. Meanwhile, Central Java, East Java, and DKI Jakarta are the largest source provinces for lifetime migrants in Indonesia. The provinces of the Riau Islands (39.77 percent), North Kalimantan (32.22 percent), and DKI Jakarta (31.18 percent) have the highest proportions of populations with lifetime migrant status. On the other hand, DKI Jakarta, DI Yogyakarta (20.17 percent), and West Sumatra (15.77 percent) are the largest regions of origin for lifetime migrants in Indonesia.
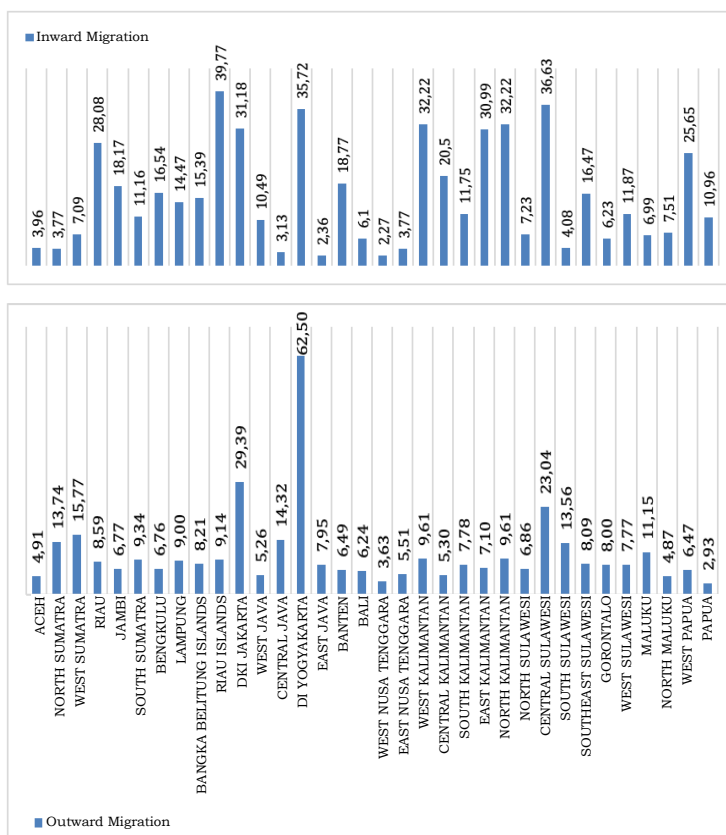
Figure 6.4 Lifetime Inward and Outward Migration Rates
by Province

b. Recent Migration

Recent migration provides an overview of population movements over a shorter period, namely, five years. An individual is considered a recent migrant if their place of residence five years ago differs from their place of residence at the time of the census. The recent migration rate is a comparison between the number of recent migrants and the total population aged five and over.

Results from the Long Form SP2020 indicate a recent migration rate between provinces of 1.80 percent, which means that 2 out of 100 people in Indonesia relocated between provinces in the last five years, totaling approximately 4.5 million recent migrants between provinces. When compared to previous population censuses, this migration rate shows a declining trend, which has been part of the trend since the 1990s. This downward trend could be attributed to improvements in transportation infrastructure and the rapid advancement in transportation facilities, as well as significant events such as the COVID-19 pandemic.
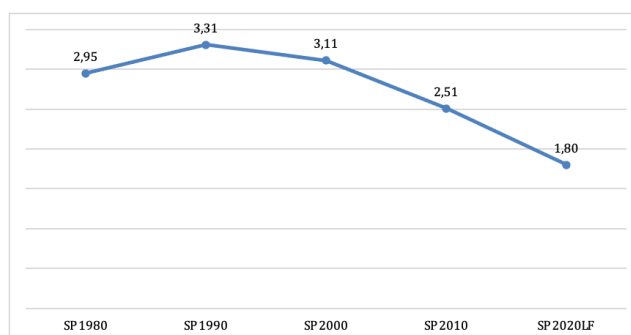
Source: SP2020

Figure 6.5 Trends in Recent Migration Rates in Indonesia

Based on the Long Form SP2020 results, there are 22 provinces with positive net recent migration rates and 12 provinces with negative rates. The provinces of West Nusa Tenggara, DI Yogyakarta, and West Sumatra are regions with the largest positive net recent migration rates. This indicates that these three provinces are the primary recipients of recent migrants in Indonesia. Meanwhile, DKI Jakarta, Papua, and East Kalimantan are the largest source provinces for recent migrants with the highest negative net migration rates. This

migration movement is suspected to be related to the COVID-19 pandemic.
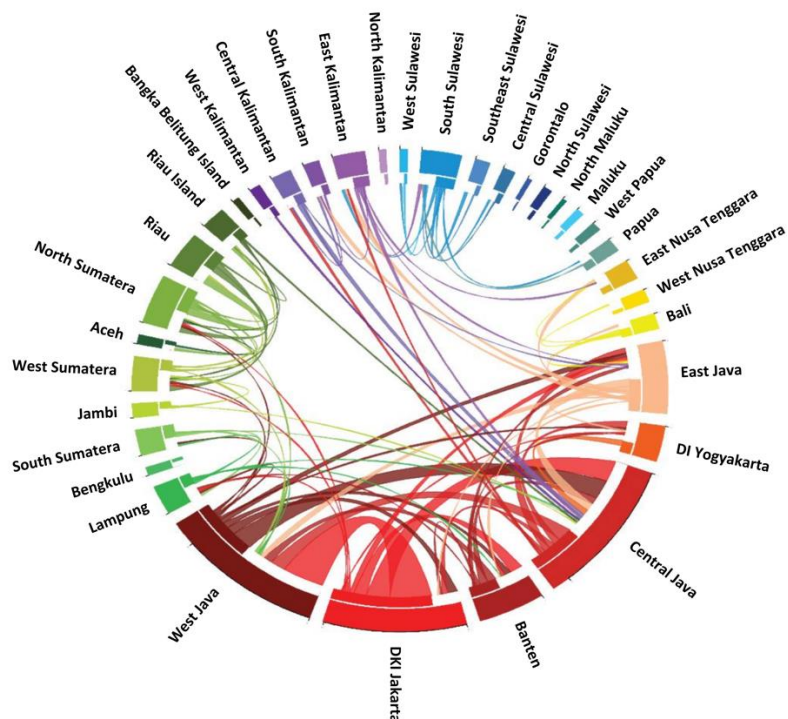
**Figure 6.6 Recent Migration Flow between Provinces
Based on Long Form SP2020**

Based on the destination and source of migration, provinces on the island of Java, including Central Java, West Java, and East Java, are the main destination provinces for recent migration between provinces. Meanwhile, DKI Jakarta, West Java, and Central Java are provinces contributing to recent migration outward. The Long Form SP2020 also indicates that the proportion of recent migration from outside Java has reached 45.47 percent. This suggests that the gap in contributions to recent migration between Java and non-Java regions is narrowing.

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Based on the highest percentage of inward migrants relative to the population, Yogyakarta Province has the highest rate of recent migration between provinces (5.09 percent), followed by the Riau Islands Province (4.75 percent) and North Kalimantan Province (3.92 percent). On the other hand, the percentage of outward recent migrants relative to the population shows that DKI Jakarta Province (8.07 percent) has the highest rate of recent migrants leaving, followed by the Riau Islands Province (4.19 percent) and North Kalimantan Province (3.91 percent). Consequently, the Riau Islands and North Kalimantan Provinces have high rates of both inward and outward recent migration.

Similar to the pattern of lifetime migrants, interprovincial recent migration is predominantly carried out by productive-age males. The number of male recent migrants accounts for 52.32 percent of all recent migrants. Furthermore, when categorized by generational groups, interprovincial recent migration in Indonesia is predominantly represented by Generation Z and millennials. The combined recent migrants from these two groups reach 3.3 million individuals or 72.37 percent of all interprovincial recent migrants in Indonesia (Statistics Indonesia, 2023).

Inward Migration

Province	Inward Migration	Outward Migration
ACEH	0,79	0,05
NORTH SUMATRA	1,33	-0,21
WEST SUMATRA	3,45	1,67
RIAU	2,20	-0,35
JAMBI	1,59	-0,23
SOUTH SUMATRA	1,10	-0,34
BENGKULU	1,85	0,32
LAMPUNG	1,52	0,28
BANGKA BELITUNG ISLANDS	2,22	0,88
RIAU ISLANDS	4,75	0,56
DKI JAKARTA	2,15	-5,75
WEST JAVA	1,58	0,46
CENTRAL JAVA	2,27	1,07
DI YOGYAKARTA	9,08	2,25
EAST JAVA	0,95	0,22
BANTEN	2,15	0,08
BALI	1,20	-0,60
WEST NUSA TENGGARA	3,27	2,68
EAST NUSA TENGGARA	2,23	1,07
WEST KALIMANTAN	3,92	0,30
CENTRAL KALIMANTAN	2,82	-0,15
SOUTH KALIMANTAN	1,56	0,15
EAST KALIMANTAN	2,93	-0,66
NORTH KALIMANTAN	3,92	0,01
NORTH SULAWESI	1,27	-0,01
CENTRAL SULAWESI	7,82	0,06
SOUTH SULAWESI	1,83	0,02
SOUTHEAST SULAWESI	3,06	1,60
GORONTALO	1,86	0,69
WEST SULAWESI	2,61	0,79
MALUKU	1,57	-0,16
NORTH MALUKU	1,27	-0,01
WEST PAPUA	3,27	0,34
PAPUA	0,98	0,75

Outward Migration

Figure 6.7 Inward and Outward Recent Migration Rates by Province in Indonesia

c. International Migration

International migration describes the movement of people between countries, where the international migration rate is the number of people who change their country of residence per 1,000 population. Based on the Long Form SP2020 results, Indonesia has a negative net international migration rate, indicating that more people leave

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Indonesia than migrate to it. The international migration rate is recorded at 0.32, meaning that in a year, approximately 32 out of 100,000 people move their place of residence from abroad to Indonesia. Meanwhile, the international emigration rate is 0.43, signifying that in a year, approximately 43 out of 100,000 people from Indonesia relocate their place of residence abroad. Consequently, a negative net migration rate of -0.11 is obtained.
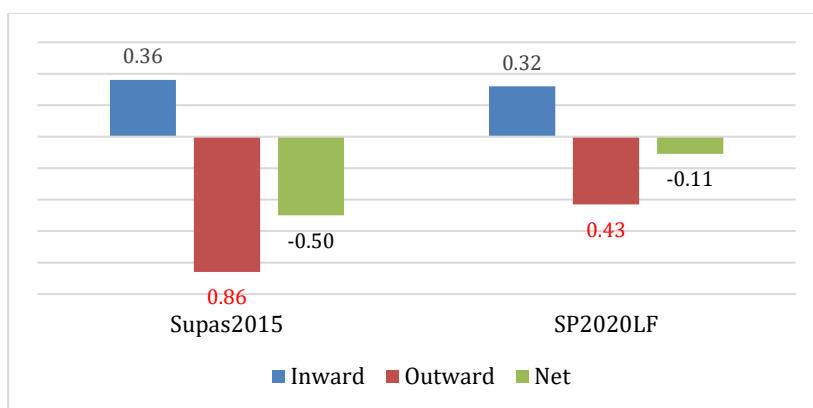
Source: Statistics Indonesia, 2023

Figure 6.8 International Migrant Figures in Indonesia

Based on the Long Form SP2020 results, the stock of migrants by nationality amounts to 19.9 thousand people, or approximately 72 foreign nationals per 1,000,000 people in Indonesia, with the majority being of Asian nationality. On the other hand, the stock of international migrants by place of birth, regardless of nationality, indicates that 207.6 thousand people were born abroad, equating to 75 individuals born abroad per 100,000 people in Indonesia (Statistics Indonesia, 2023).

3. Non-Permanent Mobility

Non-permanent mobility is classified into two categories: back-and-forth mobility or commuting, and circular mobility. Back-and-forth mobility involves periodic movement (of workers or students) from their home region to a destination area and back to their original place of residence within a period of less than 24 hours, crossing administrative boundaries at the district/city level. On the other hand, circular mobility refers to periodic movement from the home region to a destination area and back to the original place of residence on a weekly or monthly basis, also crossing administrative boundaries at the district/city level. With the advancement of transportation infrastructure and accessibility in the modern era, non-permanent mobility is increasing at a faster pace compared to permanent mobility.

Back-and-forth migrants or commuters are individuals who engage in work/school/course activities outside their district/city of residence and regularly travel to and from on the same day. This population mobility phenomenon is a consequence of the expansion of urban areas in surrounding regions, supported by advancements in transportation infrastructure.

According to the Long Form SP2020 results, the number of commuters is approximately 5.68 million people, accounting for 2.24 percent, or 2 out of 100 people aged 5 and above, who engage in activities outside their district/city of residence and routinely travel to and from on the same day (BPS 2023). This figure represents a significant decrease compared to 2015 when the number of commuters reached 7.37 million people or 3.17 percent of the total population aged 5 and above (Figure 6.9).
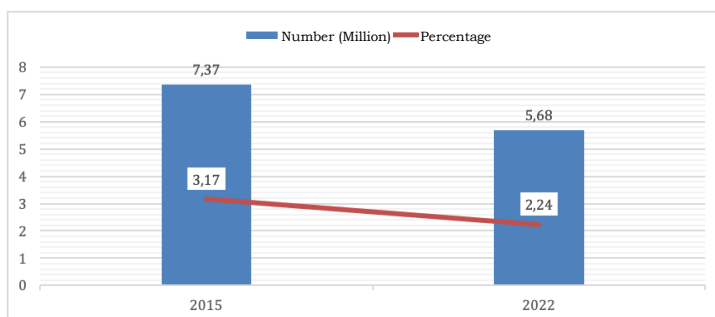
Source: Statistics Indonesia, Supas 2015 and SP2020LF

Figure 6.9 Percentage of Population Aged 5 and Above
with Commuter Status, 2015 and 2022

The majority of non-permanent mobility in Indonesia, both back-and-forth and circular, is carried out by laborers. The percentage of migrant workers with back-and-forth mobility in Indonesia in 2020 (5.5%) is higher than the percentage of migrant workers with circular mobility (1.8%). In nearly all provinces, the percentage of back-and-forth mobility is higher than the percentage of circular mobility. The high percentage of back-and-forth mobility indicates that the transportation system is sufficiently developed, allowing migrant workers to easily commute, and vice versa. When examined by island, back-and-forth migration contributes 75% of the total back-and-forth migration in Indonesia. On the other hand, the highest percentage of back-and-forth migration is in West Java Province at 26.1%, followed by Central Java Province (13.2%) and East Java Province (12.4%).
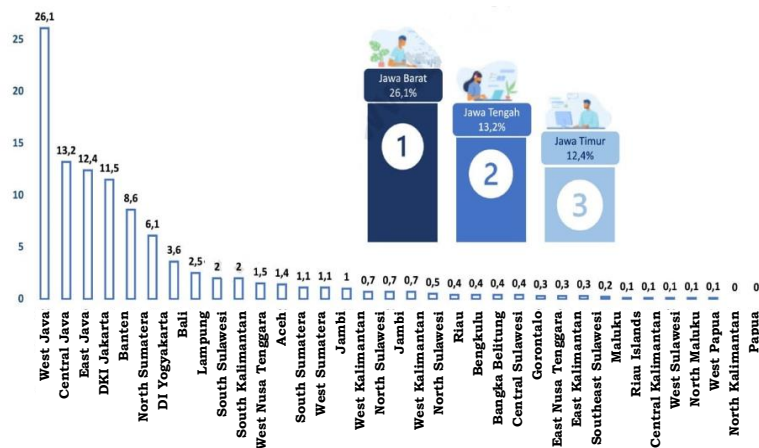
Source: National Labor Force Survey 2020 (Statistics Indonesia, 2021)

Figure 6.10 Percentage of Migrant Workers
with Back-and-Forth Mobility in 2020

In the western regions of Indonesia, a higher percentage of migrant workers have back-and-forth mobility compared to circular mobility. Meanwhile, in the eastern regions of Indonesia, the percentage of circular mobility is slightly higher than back-and-forth mobility. However, when viewed by province, three provinces have the highest contribution to the percentage of migrant workers with circular mobility compared to other provinces in Indonesia: West Java at 28.5%, Central Java at 21.6%, and East Java at 10.3% (Figure 6.10 and 6.11).
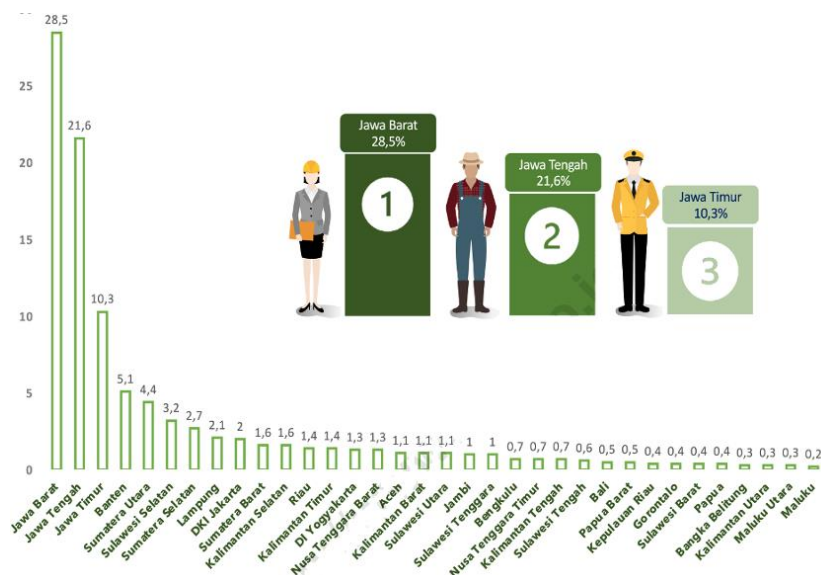
Source: National Labor Force Survey 2020 (Statistics Indonesia, 2021)

Figure 6.11 Percentage of Migrant Workers

with Circular Mobility in 2020

4. Urbanization

Urbanization rate refers to the percentage of the population residing in urban areas as a proportion of the total population. The process of urbanization is influenced by three components: rural-to-urban migration, natural population growth in urban areas, and the reclassification of rural areas as urban. The Statistics Indonesia (BPS) has categorized administrative areas at the village/urban village level into two settlement categories: urban and rural, based on three determining variables: population density, economic dependence of the population on agriculture, and access to facilities.
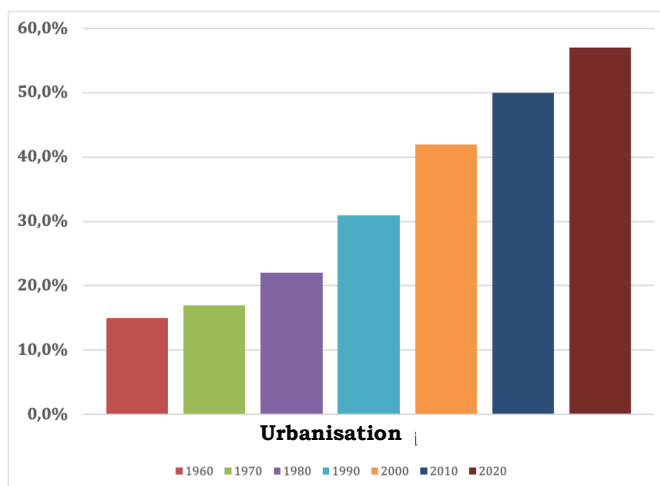
Source: World Urbanization Prospects: 2018 Revision
(United Nations Population Division, 2019)

Figure 6.12 Urbanization Rates from 1950 to 2020

Figure 5.28 above illustrates the development of urbanization rates in Indonesia from 1960 to 2020. The urbanization rate in Indonesia has periodically increased in line with the rapid national development dynamics since 1970. Indonesia has experienced significant growth in urbanization rates due to high rural-to-urban migration. In 1960, only 15% of Indonesia's population resided in urban areas. However, by 1990, the urban population had doubled to 31%. With the onset of globalization, it took only 20 more years for Indonesia to raise its urbanization rate to 50% in 2010. In 2020, the urbanization rate in Indonesia reached 57% (United Nations Population Division, 2019).

Despite the rapid increase in urbanization rates during the national development era, this phenomenon is not solely attributed to high rural-to-urban migration but is also influenced by other factors such as the reclassification of areas and natural growth. However, rural-to-urban

migration continues to be the largest contributor, particularly in regions with lower urbanization rates (below 30%), such as East Nusa Tenggara, West Sulawesi, Central Sulawesi, North Maluku, and Papua (Figure 6.13). Urbanization rates in Indonesia vary significantly among provinces. The highest urbanization rates are observed in DKI Jakarta Province, the Riau Islands Province, followed by West Java and DI Yogyakarta. Factors contributing to this diversity in urbanization rates include not only rural-to-urban migration but also intra-urban migration, such as people moving from other cities outside Bali to Bali. Additionally, the reclassification of areas from rural to urban may also contribute to increased urbanization rates.
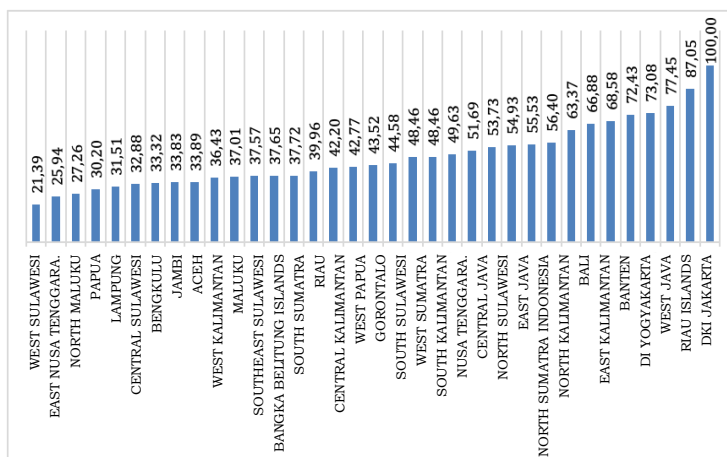
Source: Statistics Indonesia, Results of SP2020LF

Figure 6.13 Urbanization Rates by Province from 2010 to 2020

Based on population projections from 2020 to 2050, by 2045, the majority of Indonesia's population will reside in urban areas characterized by rapid infrastructure development and economic growth. Regions located around major cities will also experience rapid development, a phenomenon known as mega-urbanization (Ananta, 2020). Mega-

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urbanization has already occurred in the Jabodetabekjur region (Jakarta, Bogor, Depok, Tangerang, Bekasi, Cianjur). As a result, the contribution of urban areas to national development has become increasingly crucial, acting as an accelerator for the growth of skilled labor and positive externalities from industrial agglomerations in urban areas. In general, the migration of people from rural to urban areas must also consider well-being, quality of life, environmental carrying capacity, and environmental services. Urban spatial management must also provide basic services for the population, including healthcare, education, a clean and healthy social environment, access to clean water, adequate sanitation support, waste management, open spaces for recreational activities, and other infrastructure services.
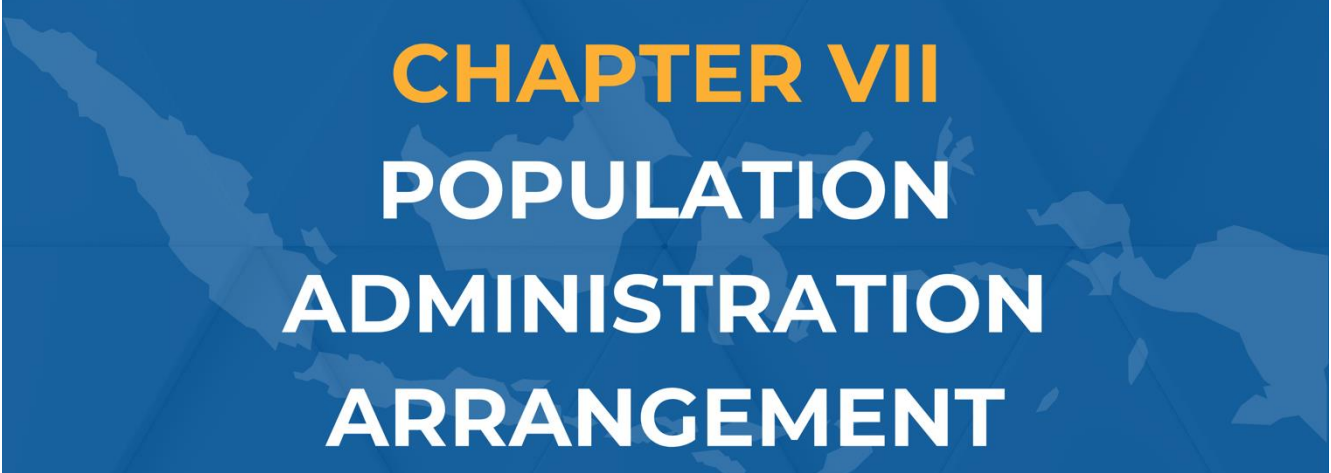
By 2045, approximately 90% of the population in Java Island will reside in urban areas. Therefore, the carrying capacity of Java Island and DKI Jakarta region will become more challenging, necessitating a policy to relocate the capital of Indonesia from Java Island (KemenPPN and Bappenas, 2019). In order to achieve *Indonesia Emas* 2045, the Government of Indonesia has developed a plan to move the State Capital City (IKN) to East Kalimantan Province starting in 2024 as a strategy to reduce the high population density in Java Island. The development of the new IKN is an effort to transform the demographic focus from Java-centric to Indonesia-centric, with positive effects on population density distribution and economic growth on Kalimantan Island. The development of new urban areas will also contribute to sustainable urbanization and support environmental initiatives to address the impact of climate change by reducing carbon emissions through the use of environmentally friendly and low-carbon technologies.

One consequence of rapid urbanization in Indonesia is the transformation of demographics in rural areas. According to the United Nations - Department of Economic and Social Affairs (UN-DESA), the population aged 60 and above in Indonesia is estimated to increase by 16% by 2050, indicating an acceleration of population aging in Indonesia. Meanwhile, a growing number of young people migrate from villages to cities in search of better job opportunities, resulting in the majority of the elderly population in rural areas living alone. The primary income source for the rural population is agriculture. Ministry of Agriculture data indicates that out of nearly 150 million farmers in Indonesia, the majority are over 45 years old. With many young people migrating from villages to cities in large numbers, fewer young people are continuing the farming efforts of the elderly farmers. Additionally, more young people are reluctant to engage in farming due to fears of crop failure. Therefore, there is concern that Indonesia will face a food crisis in the future if agricultural productivity is not significantly improved. Currently, agricultural production levels in the farming industry remain low because most farmers are elderly and have low farming skills and education levels. As a result, future agricultural productivity is considered inadequate to meet the needs of the entire Indonesian population.

Another implication of rapid urbanization is the decline in development investment in rural areas, as more investors prefer to invest in urban infrastructure projects. However, rural areas require advanced transportation modes and road infrastructure to facilitate the marketing of agricultural products outside the villages. Some studies have found that over half of rural roads (72%) are currently in poor condition out of the total rural road network. In addition, the lack of investment in rural

development has led to unchecked rural-to-urban migration. More investment is needed in rural development to improve the rural economy.

Healthcare services in rural areas have also declined with reduced investment in rural development. Many farmers have difficulty accessing adequate and affordable healthcare services as they age. For example, the number of hospitals in rural areas has decreased because investors prefer to build hospitals in urban areas. Indonesia also faces a shortage of healthcare workers in rural areas. The majority of healthcare workers are concentrated in urban areas, resulting in a lack of healthcare professionals in rural areas. Poor rural populations also lack adequate health insurance coverage and access to necessary healthcare facilities.

CHAPTER VII
POPULATION ADMINISTRATION ARRANGEMENT

CHAPTER VII

POPULATION ADMINISTRATION ARRANGEMENT

1. Scope of Population Administration

Referring to Law Number 24 of 2013, population administration is defined as a series of activities for organizing and regulating the issuance of population documents and data through population registration, civil registration, management of population administration information, and the utilization of its results for public services and development in other sectors. Population administration, as a system, must be organized by the central government down to the sub-district/village level with the assistance of implementing agencies, aiming to fulfill administrative rights for the population without any discriminatory treatment. Population data is highly required for the utilization of public services, development planning, budget allocation, democracy development, law enforcement, and crime prevention. The Directorate General of Population Administration and Civil Registration is the institution with authority over civil registration policy and practices at the central level, and it is part of the Ministry of Home Affairs. However, there are at least 10 other sectors responsible for the civil registration process and are part of other ministries, such as the health sector, education, social protection, religion, foreign affairs, police, judicial system, labor, and immigration (Ministry of National Development Planning).

a. Birth Certificate Coverage

A birth certificate, also known as a birth record, can be defined as a document that serves as proof of a birth event issued by the civil registration office. In another sense, a birth certificate is a form of

identity for every child, an inseparable part of civil and political rights of a citizen.

Related to this, data from the 2022 National Socioeconomic Survey (Susenas) shows that the percentage of birth certificate ownership among the population aged 0-17 years in Indonesia has shown an increasing trend over the last eight years. This indicates the integration between efforts to improve the quality of government services in the field of population administration with achievements in each year.
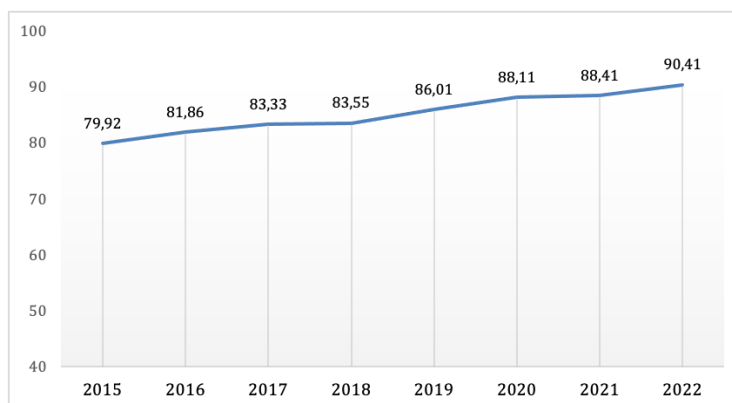
Source: Statistics Indonesia, Results of Susenas 2015-2022

Figure 7.1 Percentage of Birth Certificate Ownership among the Population Aged 0-17

The percentage of birth certificate ownership among the population aged 0-17 shows a significant difference, from 79.92 percent in 2015 to 90.41 percent in 2022. Based on the above chart, it can be seen that the increase in birth certificate ownership coverage began to significantly increase from 2019 to 2022. One of the factors behind this is the government's efforts to maximize the quality of issuance while minimizing the cost, time, and distance required for services

(Firyal, 2022). Regarding the quality of issuance, the government is striving to maximize facilities and infrastructure to support quality by implementing digitization aspects. This is done by applying a barcode method to provide easy access for the public to obtain and print birth certificates. In addition, the government, particularly the Ministry of Home Affairs, has also implemented the SUPERTAJAM innovation, which is the application of a Statement of Absolute Responsibility (*Surat Pernyataan Tanggung Jawab Mutlak* or SPTJM) as a solution in birth certificate issuance services.
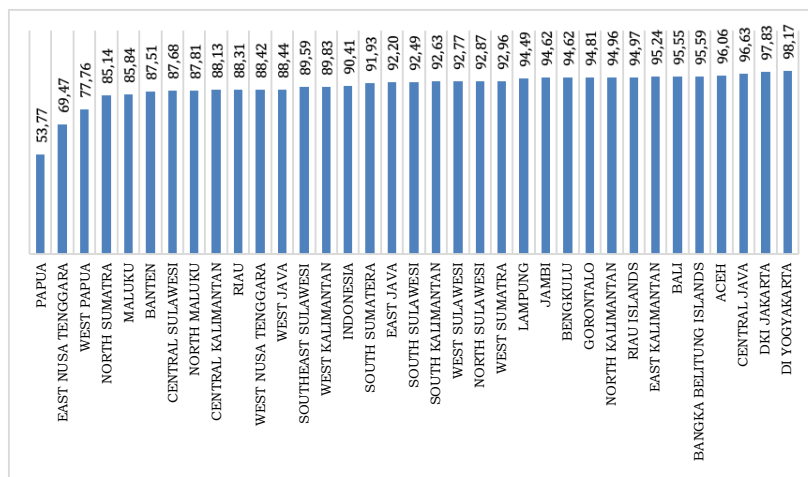
Source: Statistics Indonesia, Results of Susenas 2022

Figure 7.2 Percentage of Birth Certificate Ownership among the Population Aged 0-17 by Province

In 2022, the national coverage of birth certificate ownership reached 90.41 percent. Based on the distribution by province, there are 20 provinces with birth certificate ownership coverage above the national average. The top three provinces in terms of coverage are DI Yogyakarta Province (98.17 percent), DKI Jakarta (97.83 percent), and

Central Java (96.63 percent). There are 14 provinces with birth certificate ownership coverage below the national average, and the three lowest-performing provinces are West Papua (77.76 percent), East Nusa Tenggara (69.47 percent), and Papua (53.77 percent). This indicates significant disparities in birth certificate ownership coverage among provinces, with a Java-centric focus. Furthermore, the Papua region, with its more remote communities, may also contribute to this situation. Additionally, it may be due to the low quality of population administration services in each region. Factors such as the population residing in rural areas being less likely to have birth certificates compared to urban populations due to limited access to public facilities, socio-economic factors of low-income families, and the condition of disabled children also contribute to the low birth certificate ownership coverage (Ministry of National Development Planning, 2021). Other factors that determine this situation include Indonesia's vast geographical conditions, making it difficult to provide birth certificate services to all communities, limited internet access, the distance of birth certificate services from communities, a lack of public understanding of the importance of birth certificate ownership, and marital status backgrounds (Endah, 2021).

b. Marriage Certificate Coverage

Every population event experienced by Indonesian citizens both domestically and abroad must be recorded, including marriage registration. Marriage registration is defined as the registration of the physical and spiritual bond between both parties (woman and man) as a married couple that has been sanctioned according to the religion followed to form a legal and responsible family for the nation

and state (Yudi, 2008). Marriage registration is done by issuing a marriage certificate or marriage book as proof of the legality of the marriage according to the state law, ensuring that the children born from the marriage have clear legal status. Marriage registration has two important functions: administrative and normative functions. The administrative function is intended to obtain accurate data for state development planning in all aspects of life. Meanwhile, the normative function is intended to provide legal certainty for marriages that have taken place. However, the marriage registration system in Indonesia still faces issues, especially in determining the legal status of unregistered marriages and its implications in cases of divorce from unregistered marriages in the district court, complicating legal consequences such as child custody, inheritance rights, and alimony (Erwinsyahbana, 2022).
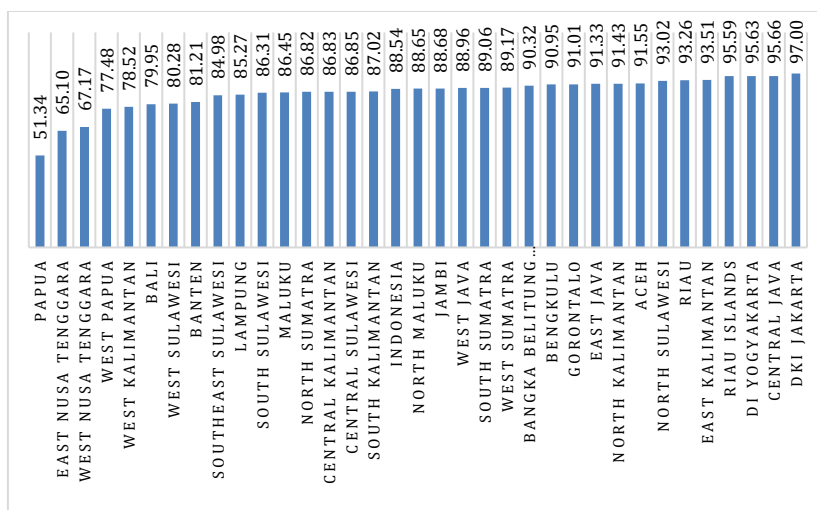
Source: Statistics Indonesia, Susenas 2022

Figure 7.3 Percentage of Marriage Certificate Ownership among Ever-Married Population by Province in 2022

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2. Integration of Population Data

In the governance of the government, population administration data is used in various public services. Some government policy products are based on population data, such as the development of facilities and public services, budget allocation, subsidy distribution, and other economic policies. Therefore, the need for accurate, valid, accurate, and integrated population data is essential to comprehensively implement development planning.

In integrating all population data across sectors, it not only requires technological innovation but also needs to be reinforced with government policy integration. Presidential Regulation Number 39 of 2019 mandates the need for improving the data governance generated by the government through the implementation of One Data Indonesia. The One Data Indonesia policy is created to organize data generated by various agencies involved in data collection, recording, and reporting of public data. The goal is to produce accurate, up-to-date, integrated data that can be accounted for, easily accessed, and shared between central and regional agencies, through the fulfillment of Data Standards, Metadata, Data Interoperability, and the use of Reference Codes and Master Data.

CHAPTER VIII

POPULATION-CENTERED DEVELOPMENT

CHAPTER VIII

POPULATION-CENTERED DEVELOPMENT

Population-centered development is a paradigm that places the population at the center of the development process. In the context of development in Indonesia, population-centered development is mandated by Law Number 52 of 2009 concerning Population Development and Family Development, which positions population as the central point of development and integrates population policies into various fields of development, especially social, economic, and environmental aspects. Furthermore, the Government of Indonesia has a commitment to achieve the Sustainable Development Goals (SDGs) by 2030.

The concept of Population-Centered Development developed by BKKBN is based on three development concepts: sustainable development, human resources development, and human development. There is a close relationship between these four development concepts (Figure 8.1), and they are reciprocal and integral. Figure 8.1 also illustrates that population-centered development is positioned as a process that serves as one of the prerequisites for achieving human development.
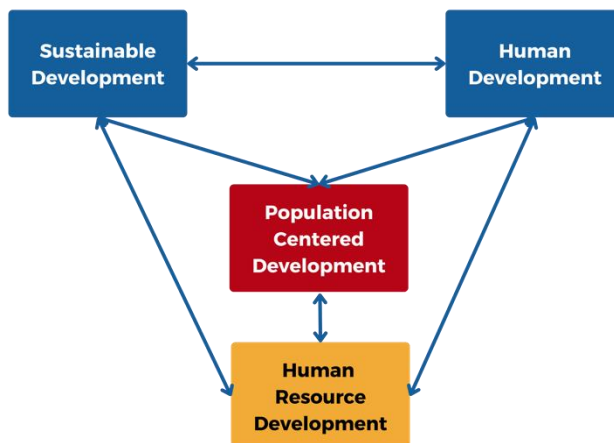
Figure 8.1 Conceptual Framework of Population-Centered Development

1. **Index of Population-Centered Development (IPBK)**

Since 2011, BKKBN has developed the Index of Population-Centered Development (*Indeks Pembangunan Berwawasan Kependudukan* or IPBK) as a tool for monitoring and evaluating the extent to which development in a region is population-centered. IPBK is a composite index representing five dimensions of population-centered development, including participation, sustainability, empowerment, integration, and equality. These five dimensions are represented by 33 indicators (Figure 8.2). IPBK serves as a measure to understand the conditions of population-centered development in every region in Indonesia, both nationally and at the provincial and district/city levels. IPBK also serves as a strategic step in intervening in human development because it has a high positive correlation with the Human Development Index (HDI), making it a lever for achieving human development.

The majority of indicators composing the IPBK rely on data sources from the Statistics Indonesia. Only one indicator derives its data from the

Ministry of Health. Data from the BPS is Statistics Indonesia from the National Socioeconomic Survey (Susenas), the National Labor Force Survey (Sakernas), Village Potential (Podes), and the Statistics Indonesia publications. Meanwhile, the only indicator that utilizes data from the Ministry of Health is stunting, which is acquired from the Indonesian Nutrition Status Survey (SSGI).
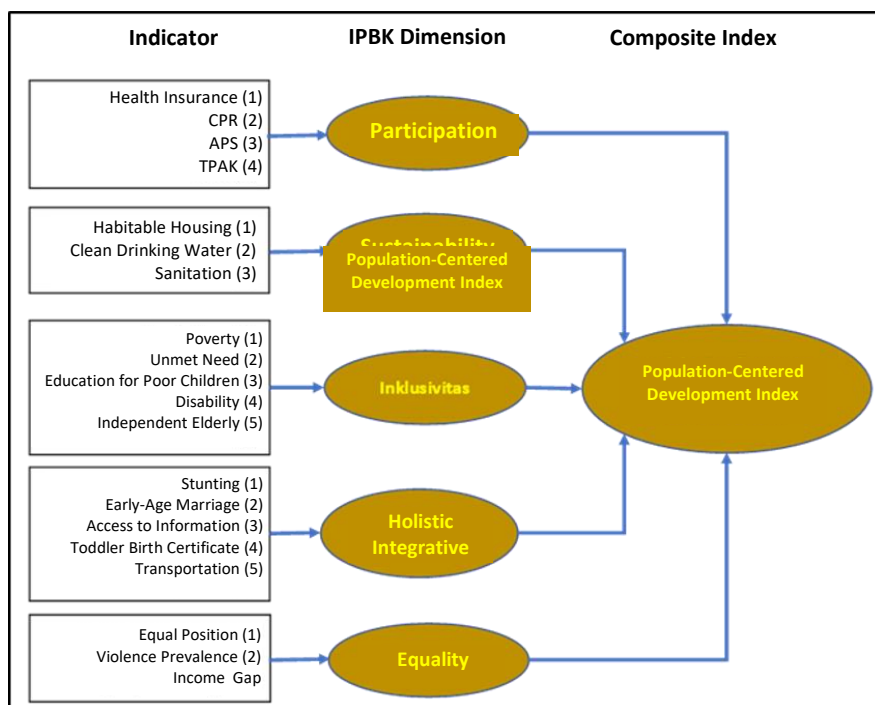
Figure 8.2 Conceptual Framework for the Formation of IPBK

The national score of IPBK in 2022 was 58.6 (on a scale of 0 – 100). Based on the established classification, this IPBK achievement falls into the lower middle category (IPBK scores between 51 – 59). The trend of national IPBK achievement from its first calculation in 2013 until 2022 has remained in the fifties. This IPBK score indicates that the implementation of the population-centered development paradigm at the national level is still

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below expectations. The IPBK achievements by province in 2022 are presented in Figure 8.3 below. The highest IPBK scores were in Bali (68.1) and North Sulawesi (66.3), while the lowest were in Papua (31.7), East Nusa Tenggara (47.2), and West Papua (50.0).
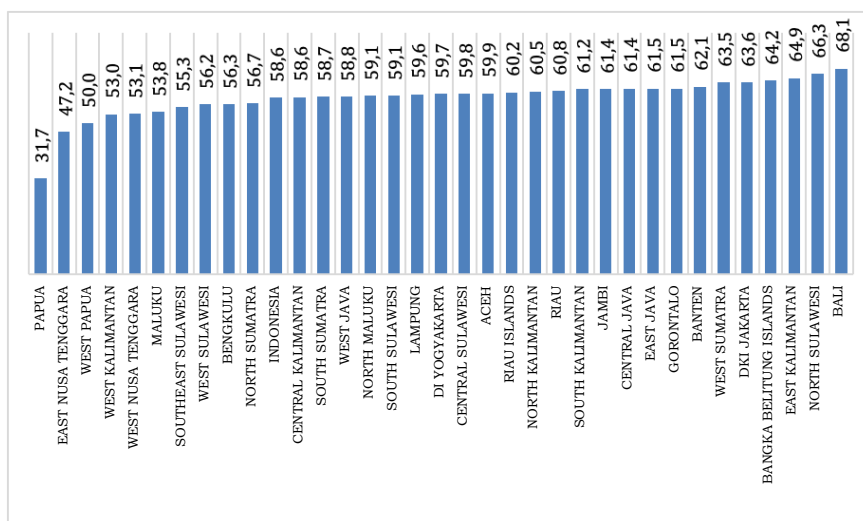
Figure 8.3 IPBK Scores by Province in 2022

Among the five dimensions that make up the IPBK index, the Sustainability Index is the highest (Figure 8.4). This high Sustainability Index score reflects that IPBK is aligned with the SDGs. In other words, IPBK can provide support for the SDGs. The next highest dimension index is the Participation Index. This suggests that the involvement of the population in the development process is relatively good.

Meanwhile, the lowest dimension index score is for Inclusivity. The low score of the Inclusivity Index indicates that inclusive population development planning is far from expectations. This means that community involvement in development is still partial and reactive to regional and individual conditions. Consequently, the needs of the poor

and vulnerable are neglected. The weak inclusivity in the population-centered development planning process may be due to the low awareness and attention to the needs of the poor and vulnerable.
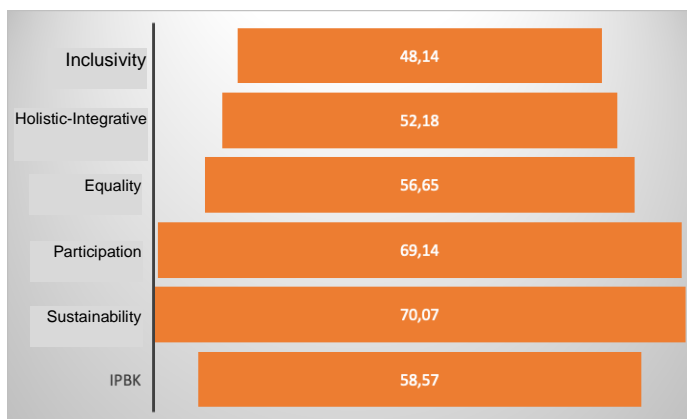
Figure 8.4 Composite Scores of the 5 Dimensions of IPBK in 2022

The Equality Index score is slightly better than the Holistic Integrative Index score. The achievement of the Equality Index score indicates the need for significant efforts to overcome various socio-cultural barriers in empowering women. The low percentage of women in managerial positions can indicate the importance of government intervention in enhancing women's roles in various fields. Similarly, issues of violence prevalence and income inequality, which are often overlooked and considered normal, need attention.

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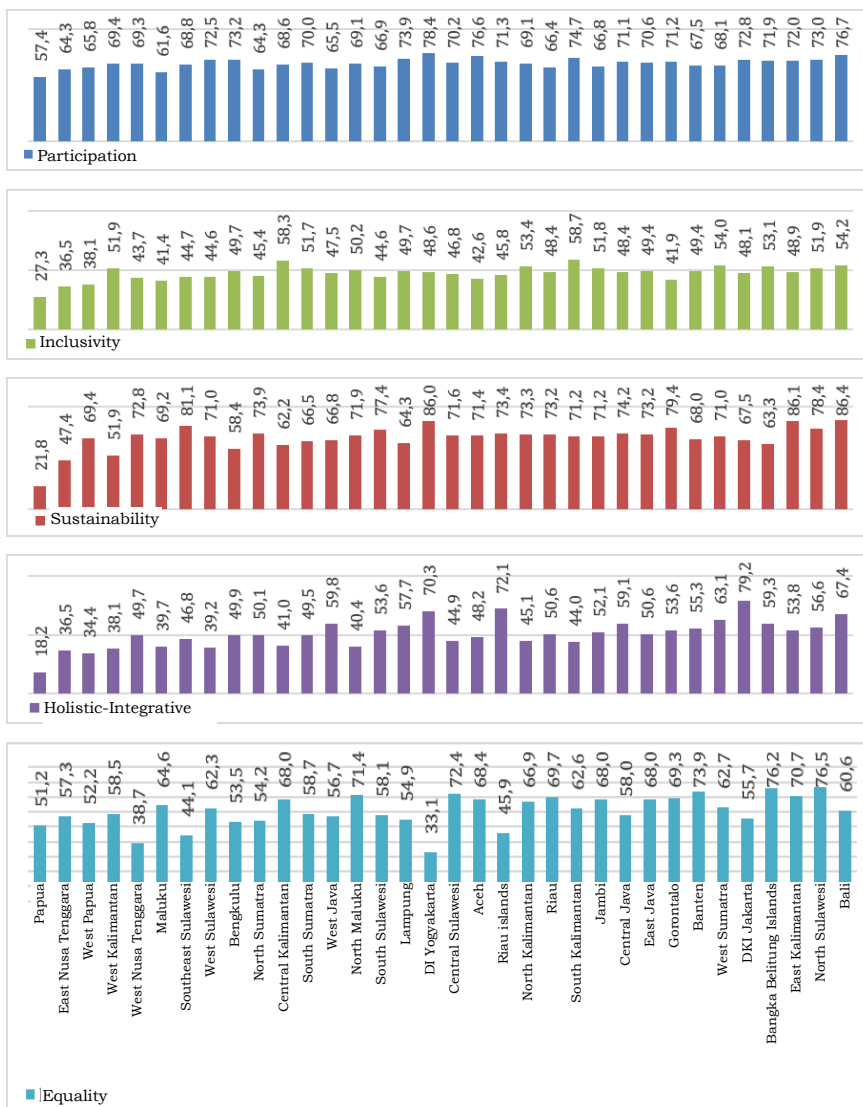
Figure 8.5 Dimension Scores of IPBK by Province in 2022

The achievement of the Holistic Integrative Index reflects that the quality of development in supporting community life, in terms of stunting prevalence, early marriage, access to information, birth certificates for children under five (toddlers), and public transportation, is not yet as expected.

2. Index of Concern for Population Issues

Knowledge of population issues is the foundation for measuring the attitudes and behaviors of the public in promoting awareness of population issues. Increasing knowledge of population issues is a very important program goal. It is hoped that having accurate knowledge of population issues will lead to attitudes and behaviors that support the improvement of the population's quality in the future.
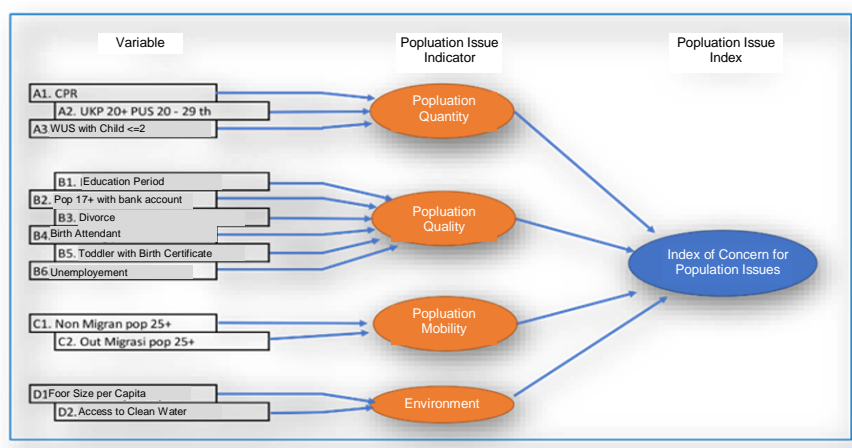
Figure 8.6 Framework for the Index of Concern for Population Issues (*Indeks Kepedulian terhadap Isu Kependudukan* or IKIK)

Since 2013, the National Population and Family Planning Board of Indonesia (BKKBN) has been developing and calculating the Index of Knowledge on Population Issues, which has later been refined into the Index of Concern for Population Issues (*Indeks Kepedulian terhadap Isu Kependudukan* or IKIK). IKIK is a composite index designed to measure the level of knowledge, attitudes, and concern of the public regarding evolving population issues.

Based on a review of existing theories, societal developments, data availability, and BKKBN's role, a total of 13 indicators have been grouped into four dimensions of population issues: quantity, quality, mobility, and the environment (Figure 8.6). The majority of data used in the calculation of IKIK is sourced from Susenas data, with one indicator originating from Sakernas data, and one indicator derived from the routine publications of Statistics Indonesia.

The score of the concern index can serve as a basis for program evaluation by mapping the conditions in every region of Indonesia, both at the provincial and district/city levels. Mapping the level of concern provides guidance for developing programs related to population issues. Issues related to behavior require different strategies than those arising from incorrect attitudes and knowledge.

In Indonesia, the IKIK score in 2022 was 53.2. This figure represents an increase when compared to the IKIK achievement in 2021, which was 52.0. The decrease in achievement in 2021 was attributed to the index score relying on Susenas data from the year 2020. The prolonged impact of the COVID-19 pandemic in Indonesia since the beginning of 2020 significantly influenced the dimensions and indicators of IKIK in Indonesia in 2021.
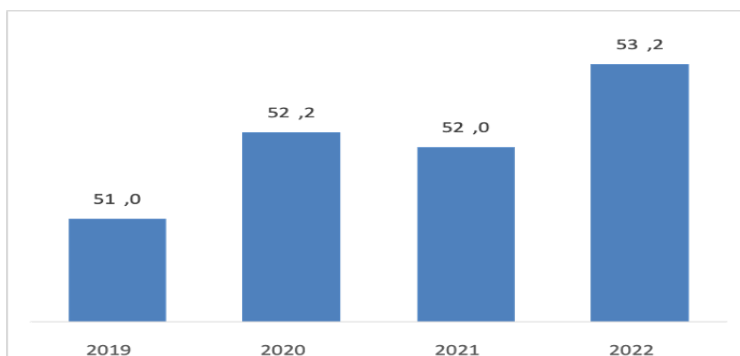
Figure 8.7 Trend in the Achievement of the Index of Concern for Population Issues 2019-2022

At the provincial level, there are two provinces with index scores above 60, namely East Kalimantan (63.6) and the Riau Islands (61.5). Meanwhile, the provinces of DKI Jakarta, West Java, and Central Sulawesi have scores that are not significantly different from the national average, which stands at 52. Conversely, there are seven provinces with relatively low IKIK socres, all falling below 40. The three provinces with the lowest scores are East Nusa Tenggara (30.5), Papua (31.6), and Maluku (34.4), all of which are located in the Eastern Indonesian region (Figure 8.8).
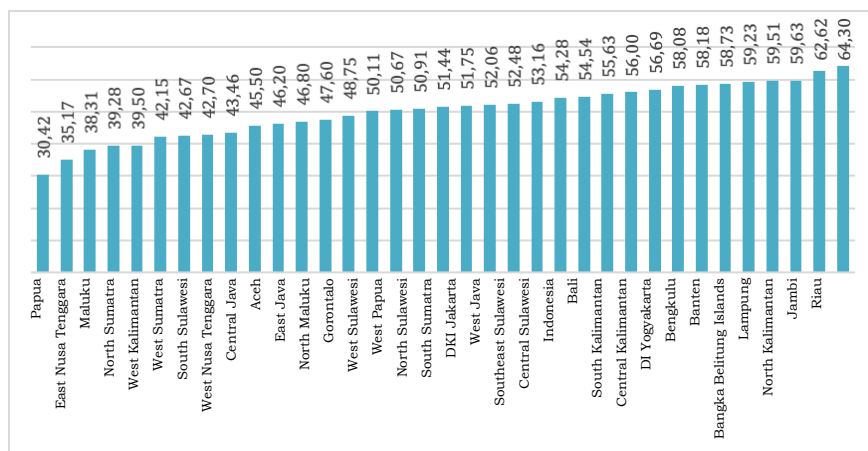
Figure 8.8 Index of Concern for Population Issues by Province in 2022

The increase in the IKIK scores in 2022 is also accompanied by an increase in the scores of each of its dimensions. Notably, the dimension of population mobility is the only one that experienced a decline in 2022 (Figure 8.9). The ongoing COVID-19 pandemic has led to the return of some Indonesian citizens to their hometowns and a reluctance to migrate outside their regions of origin. This situation is expected to impact the composition of migrants and non-migrants within regions, thereby technically reducing the dynamics of development processes at the district/city and provincial levels throughout Indonesia.
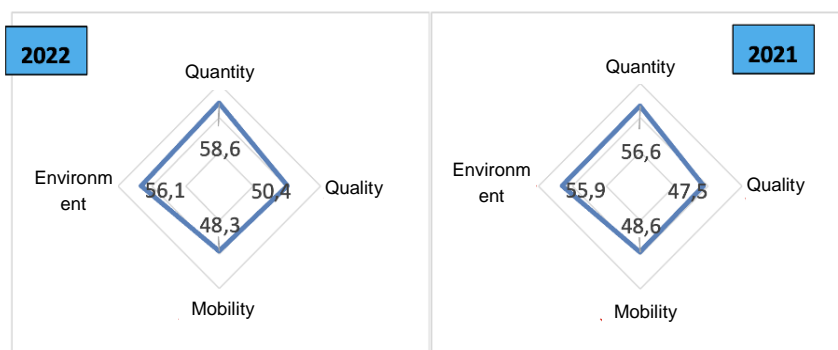
Figure 8.9 Scores of IKIK Dimensions in 2021 and 2022

Figure 8.10 presents the scores of IKIK by dimension at the provincial level in 2022. In terms of the quantity dimension of the population, the province with the highest score is DI Yogyakarta, scoring 72.9, significantly surpassing Bali, which ranks second with a score of 66.8. Conversely, the province with the lowest score is Maluku, scoring 24.1, followed by Papua (26.4), and Southeast Sulawesi (28.5). In the quality dimension, the province with the highest score is DI Yogyakarta, with a score of 65.6, which is also notably higher than Bali (59.1) in the second position. On the other hand, the province with the lowest score is Papua, with a score of 30.7.
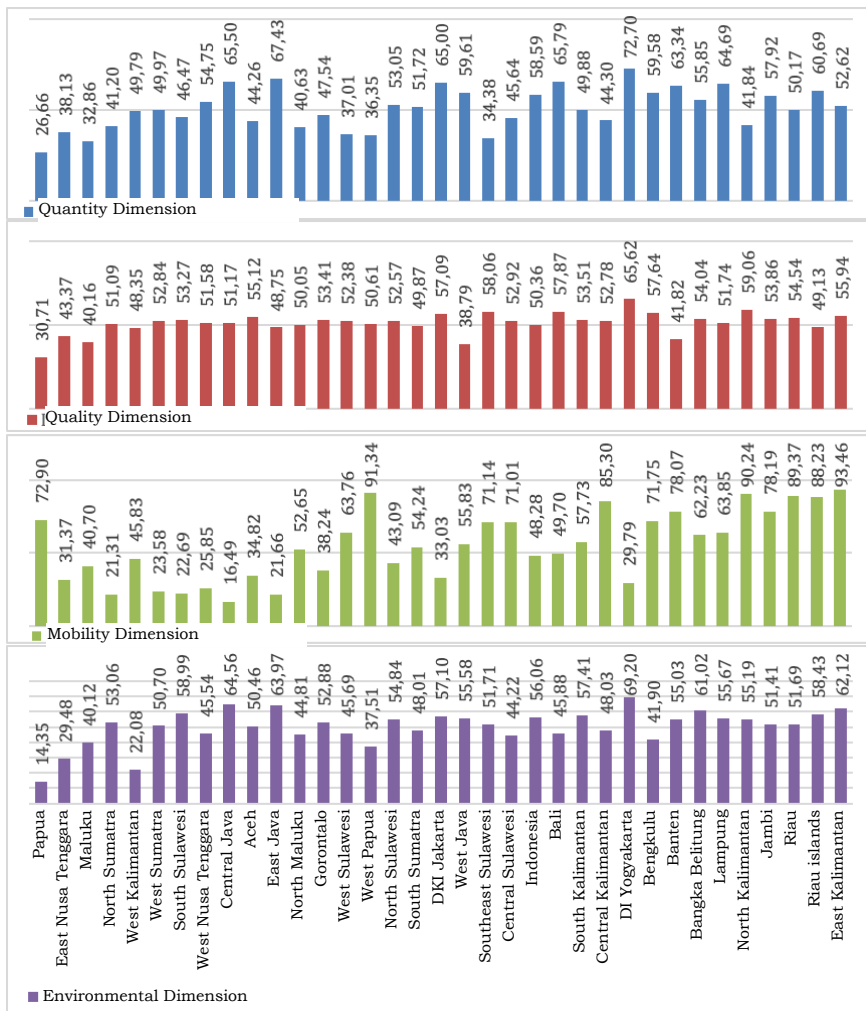
Figure 8.10 Scores of IKIK Dimensions By Province in 2022

Regarding the dimension of population mobility, East Kalimantan has the highest score at 93.5, followed by West Papua with a score of 91.3. Both provinces have high scores due to a substantial number of residents migrating into these regions. Conversely, the province with the lowest score is Central Java, with a score of 16.5, and North Sumatra with a score

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of 21.3. These two provinces have low scores primarily because many of their residents migrate out, and the majority of residents living in these provinces were born there.

The province with the highest score in the environmental dimension is DI Yogyakarta, scoring 69.2, while the province with the lowest score is Papua, scoring 14.3. Among the provinces, special attention is needed for Papua, West Kalimantan, and East Nusa Tenggara. This situation may be attributed to challenges in access to clean water for residents in their daily lives.

BAB IX

RECOMMENDATIONS FOR POPULATION DEVELOPMENT POLICIES

CHAPTER IX

RECOMMENDATIONS FOR POPULATION DEVELOPMENT POLICIES

Disparity between regions is one of the dominant issues in population development in Indonesia. This disparity is evident across various pillars of population development, including between western and eastern regions of Indonesia, among provinces, and even among districts/cities. High levels of disparity can give rise to various social, economic, and political problems. Moreover, regional disparities have the potential to create a weakened structure of interregional relationships. Therefore, population development needs to be directed towards reducing the inequality in population development through institutional improvements, the implementation of integrated human development programs, and the acceleration of development in disadvantaged regions.

From an institutional perspective, Presidential Regulation No. 153 of 2014 concerning the Grand Design of Population Development has provided guidance for population development. However, in its implementation, efforts are still required to achieve synergy, synchronization, and harmonization across sectors and government levels through the National Grand Design for Population Development document. Efforts to prepare the Grand Design for Population Development were previously undertaken through Minister of Coordinating Human Development and Culture Affairs Decree No. 27 of 2011 on the Preparation Team for the Grand Design of Population Development 2011-2035. However, these efforts could not be realized due to changes in institutional and nomenclature of state administration. Nevertheless, the effort to prepare the Grand Design for Population Development still needs to be realized by making adjustments to

the current population situation and its potential in accordance with the aforementioned Presidential Regulation.

The implementation of population development programs in an integrated manner needs to be continually developed. A good example is the implementation of the Acceleration Program for Stunting Reduction and the extreme poverty alleviation program, which involves multiple sectors and government levels. Joint program development within a single policy document can accelerate development, particularly in disadvantaged regions in Indonesia, while maintaining inclusivity in development.

Population control efforts need to be broadly interpreted as the regulation of quantity within the framework of supporting population quality improvement. Population quantity control is carried out to ensure a balanced population growth between the productive age population and fiscal capacity through birth rate regulation towards the replacement level of fertility, taking into account regional characteristics. For regions that have achieved the replacement level, efforts should focus on maintaining the Total Fertility Rate (TFR) through delayed marriage, birth spacing, and ensuring the fulfillment of unmet needs for family planning services. The quality of family planning services should be the primary focus to improve reproductive health and protect the rights of Indonesian women. In contrast, regions with TFR still above the replacement level should adopt comprehensive population policies that include improving the reach and quality of family planning and reproductive health services, including the provision of service providers in disadvantaged areas, as well as delayed marriage promotion through various communication media available in a region.

Population quality improvement policies aim to enhance human resource quality, directed towards optimizing demographic dividends for greater economic benefits. This includes building human resource quality through a life cycle approach, creating quality employment opportunities to increase workforce absorption, improving labor productivity, increasing female labor force participation, and strengthening financial literacy and investment (Bappenas, 2023). To implement the above policy strategy, efforts to reduce disparities in population quality can be achieved through equalization by providing infrastructure and access to education and health based on equality and equity principles, especially in remote and underdeveloped areas. Furthermore, standardization of education and health services should be implemented throughout Indonesia to achieve uniform education and health quality while still considering the characteristics and needs of regions and labor markets. Through investments in improving human resource quality, it is expected to reap demographic dividends for significant economic benefits, enabling the country to escape the middle-income trap.

In addition to investing in improving human resource quality, strategies and policy directions that consider population transitions in regions and the potential growth of the elderly population in the future are needed to optimize and extend the demographic dividend to achieve a second demographic dividend. Optimization of this demographic dividend needs to be done considering Indonesia has entered the era of an aging population, with the elderly population accounting for more than 10 percent in 2021. A comprehensive strategy is required to anticipate population aging. Preparations for the second demographic dividend policy need to be made in all aspects and require cross-sectoral efforts. Some efforts that need to be made include building or developing a social security system for the elderly

that can be accessed by all productive-age population groups, improving the health status of productive-age populations, providing lifelong learning opportunities, improving and developing standardized elderly care facilities.

Gender issues continue to be one of the main issues in population development in Indonesia, especially in human resource development. The disadvantage of one group of society, especially women, in development will have a general impact because women constitute half of the development components. Therefore, gender issues need to be considered and accommodated in various human resource development policies. Policies should not only focus on providing access, participation, control, and benefits of development for all but also strive to increase the role of men in all programs and activities traditionally considered the domestic sphere of women, such as education and health within families.

Family development policies need to emphasize strengthening family resilience, including family protection and empowerment. The government and local governments are obligated to establish family development policies through family resilience and welfare development, which includes improving the quality of children, teenagers, productive-age, and elderly family members, empowering vulnerable families, improving the quality of the family environment, and increasing access and economic opportunities for families. Therefore, holistic-integrative policies targeting families at every stage of the life cycle are necessary.

Generally, the disparity in population distribution in Indonesia, besides being influenced by the topography and climate of regions, is closely related to economic development policies and mobility direction policies. One strong issue related to population distribution and mobility is institutional issues that

have prevented the integration of spatial planning with economic development planning. Therefore, population distribution and mobility policies are directed towards institutional aspects and the preparation of integrated population distribution and mobility plans integrated with other development documents. State agencies responsible for integrated population distribution planning and management are needed at various government levels, national, provincial, and district/city levels, as an effort to improve the welfare of the population.

Population administrative arrangement policies are directed towards strengthening the population registration system, including strengthening regulation harmonization, governance, infrastructure, and ecosystems that support the use of digital technology in the population data collection/registration process, improving data quality, and utilizing population data. Given that the coverage of population administrative services has not reached the entire population, population administrative arrangement policies also need to encourage community participation in reporting population events. Furthermore, continuous efforts should be made to integrate administrative population data towards achieving a single population data for Indonesia.

CHAPTER X
CONCLUSION

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CONCLUSION

The 2023 Indonesian Population Report depicts the population status and development in Indonesia in 2023, as well as the achievements of the development initiatives carried out in the country. Referring to Law No. 52 of 2009, population development and family development are aimed at ensuring the well-being and sustainability of human life while achieving societal prosperity. This development undoubtedly requires synergistic support from various community-based entities and stakeholders. Therefore, the National Population and Family Planning Board (BKKBN) must enhance collaboration with stakeholders and maximize existing partnerships to support the implementation of harmonious and goal-oriented population policies.

In the context of population development, the Indonesian Population Report offers policy recommendations for the government and stakeholders. These recommendations are expected to serve as a reference for planning development across various sectors to align with the needs and conditions of the population. They are also intended to be beneficial for agencies and other parties seeking guidance in this regard.

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