# Report card

## Indonesia

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</table>
Obesity prevalence

Adults, 2014-2015

Survey type: Measured
Age: 18-103
Sample size: 29509
Area covered: National


Notes: BMI => 23 kg/m²

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
<table>
<thead>
<tr>
<th>Survey type:</th>
<th>Self-reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age:</td>
<td>13-17</td>
</tr>
<tr>
<td>References:</td>
<td>Global School-based Student Health Survey (GSHS), available at <a href="https://www.cdc.gov/gshs/countries/index.htm">https://www.cdc.gov/gshs/countries/index.htm</a> (last accessed 28.04.20)</td>
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</tr>
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<td>Cutoffs:</td>
<td>WHO</td>
</tr>
</tbody>
</table>
Overweight/obesity by education

Men, 2013

Survey type: Measured
Age: 18+
Sample size: 649549
Area covered: National


Notes: Indonesian cut off's also available

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Women, 2013

Survey type: Measured
Age: 18+
Sample size: 649549
Area covered: National
Notes: Indonesian cut off's also available

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Overweight/obesity by age

Adults, 2013

Survey type: Measured
Sample size: 649549
Area covered: National
Notes: Indonesian cut off's also available

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Overweight/obesity by region

Men, 2013

Survey type: Measured
Age: 18+
Sample size: 649549
Area covered: National


Notes: Indonesian cut off's also available

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Women, 2013

Survey type: Measured
Age: 18+
Sample size: 649549
Area covered: National
Notes: Indonesian cut off's also available

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Boys, 2015

Survey type: Self-reported
Age: 13-17
Sample size: 11,142
Area covered: National

References:

Notes: WHO cut-offs used and based on Self-reported data.

Cutoffs: WHO
Girls, 2015

Survey type: Self-reported
Age: 13-17
Sample size: 11,142
Area covered: National
Notes: WHO cut-offs used and based on Self-reported data.
Cutoffs: WHO
Overweight/obesity by socio-economic group

Men, 2013

Survey type: Measured
Age: 18+
Sample size: 649549
Area covered: National
Notes: Indonesian cut off's also available

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Women, 2013

Survey type: Measured
Age: 18+
Sample size: 649549
Area covered: National
Notes: Indonesian cut off's also available

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Insufficient physical activity

Adults, 2016

Men, 2016

% insufficient physical activity

Myanmar Timor-Leste Nepal Bangladesh Bhutan Sri Lanka Thailand Indonesia India Maldives

Women, 2016

Children, 2010

Age: 11-17


Notes: % of school going adolescents not meeting WHO recommendations on Physical Activity for Health, i.e. doing less than 60 minutes of moderate- to vigorous-intensity physical activity daily.

Definitions: % Adolescents insufficiently active (age standardised estimate)
Boys, 2010

Age: 11-17


Notes: % of school going adolescents not meeting WHO recommendations on Physical Activity for Health, i.e. doing less than 60 minutes of moderate- to vigorous-intensity physical activity daily.

Definitions: % Adolescents insufficiently active (age standardised estimate)
Girls, 2010

% insufficient physical activity

India | Maldives | Indonesia | Myanmar | Sri Lanka | Thailand
70    | 80       | 90        | 80      | 90        | 90

Age: 11-17


Notes: % of school going adolescents not meeting WHO recommendations on Physical Activity for Health, i.e. doing less than 60 minutes of moderate- to vigorous-intensity physical activity daily.

Definitions: % Adolescents insufficiently active (age standardised estimate)
Average daily frequency of carbonated soft drink consumption

Children, 2014-2015

Survey type: Measured
Age: 12-17

Estimated per-capita fruit intake

Adults, 2017

Survey type: Measured
Age: 25+
References: Global Burden of Disease, the Institute for Health Metrics and Evaluation http://ghdx.healthdata.org/
Definitions: Estimated per-capita fruit intake (g/day)
Prevalence of less-than-daily fruit consumption

Children, 2008-2015

<table>
<thead>
<tr>
<th>Country</th>
<th>% &lt; daily consumption</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thailand</td>
<td>24%</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>28%</td>
</tr>
<tr>
<td>Indonesia</td>
<td>37%</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>50%</td>
</tr>
<tr>
<td>Timor-Leste</td>
<td>56%</td>
</tr>
<tr>
<td>Maldives</td>
<td>60%</td>
</tr>
</tbody>
</table>

Survey type: Measured
Age: 12-17

References:

Definitions:
Prevalence of less-than-daily fruit consumption (% less-than-daily fruit consumption)
Prevalence of less-than-daily vegetable consumption

Children, 2008-2015

Thailand
Sri Lanka
Indonesia
Bangladesh
Timor-Leste
Maldives

Survey type: Measured
Age: 12-17


Definitions: Prevalence of less-than-daily vegetable consumption (% less-than-daily vegetable consumption)
Average weekly frequency of fast food consumption

Children, 2014-2015

Age: 12-17

Estimated per-capita processed meat intake

Adults, 2017

Survey type: Measured
Age: 25+
References: Global Burden of Disease, the Institute for Health Metrics and Evaluation [http://ghdx.healthdata.org/]
Definitions: Estimated per-capita processed meat intake (g per day)
### Estimated per-capita whole grains intake

**Adults, 2017**

<table>
<thead>
<tr>
<th>Country</th>
<th>g/day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maldives</td>
<td>16</td>
</tr>
<tr>
<td>India</td>
<td>23</td>
</tr>
<tr>
<td>North Korea</td>
<td>30</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>35</td>
</tr>
<tr>
<td>Bhutan</td>
<td>40</td>
</tr>
<tr>
<td>Nepal</td>
<td>45</td>
</tr>
<tr>
<td>Timor-Leste</td>
<td>47</td>
</tr>
<tr>
<td>Myanmar</td>
<td>50</td>
</tr>
<tr>
<td>Thailand</td>
<td>55</td>
</tr>
<tr>
<td>Indonesia</td>
<td>60</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>62</td>
</tr>
</tbody>
</table>

**Survey type:** Measured

**Age:** 25+

**References:** Global Burden of Disease, the Institute for Health Metrics and Evaluation [http://ghdx.healthdata.org/](http://ghdx.healthdata.org/)

**Definitions:** Estimated per-capita whole grains intake (g/day)
Mental health - depression disorders

Adults, 2015


Definitions: % of population with depression disorders
Mental health - anxiety disorders

Adults, 2015

% of population

Timor-Leste | India | Indonesia | Maldives | Myanmar | Sri Lanka | Thailand | Nepal | Bhutan | North Korea | Bangladesh
0 | 0.5 | 1 | 1.5 | 2 | 2.5 | 3 | 3.5 | 4 | 4.5


Definitions: % of population with anxiety disorders
Oesophageal cancer

Men, 2018

<table>
<thead>
<tr>
<th>Country</th>
<th>Incidence per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maldives</td>
<td>28</td>
</tr>
<tr>
<td>Indonesia</td>
<td>21</td>
</tr>
<tr>
<td>Timor-Leste</td>
<td>7</td>
</tr>
<tr>
<td>Nepal</td>
<td>9</td>
</tr>
<tr>
<td>India</td>
<td>13</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>10</td>
</tr>
<tr>
<td>Thailand</td>
<td>11</td>
</tr>
<tr>
<td>Bhutan</td>
<td>11</td>
</tr>
<tr>
<td>North Korea</td>
<td>30</td>
</tr>
<tr>
<td>Myanmar</td>
<td>20</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>34</td>
</tr>
</tbody>
</table>

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, oesophagus, adults ages 20+. ASR (World) per 100,000
Women, 2018

Incidence per 100,000

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, oesophagus, adults ages 20+. ASR (World) per 100,000
Breast cancer

Women, 2018

<table>
<thead>
<tr>
<th>Country</th>
<th>Incidence per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bhutan</td>
<td>0</td>
</tr>
<tr>
<td>Nepal</td>
<td>10</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>20</td>
</tr>
<tr>
<td>Myanmar</td>
<td>30</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>40</td>
</tr>
<tr>
<td>India</td>
<td>50</td>
</tr>
<tr>
<td>Timor-Leste</td>
<td>60</td>
</tr>
<tr>
<td>North Korea</td>
<td>70</td>
</tr>
<tr>
<td>Thailand</td>
<td>60</td>
</tr>
<tr>
<td>Maldives</td>
<td>60</td>
</tr>
<tr>
<td>Indonesia</td>
<td>70</td>
</tr>
</tbody>
</table>

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, breast, females, ages 20+. ASR (World) per 100,000
Colorectal cancer

Men, 2018


Definitions: Estimated age-standardized incidence rates (World) in 2018, colorectum, adults, ages 20+. ASR (World) per 100,000
Women, 2018

### Age:

- 20+

### References:


### Definitions:

Estimated age-standardized incidence rates (World) in 2018, colorectum, adults, ages 20+. ASR (World) per 100,000
Pancreatic cancer

Men, 2018


Definitions: Estimated age-standardized incidence rates (World) in 2018, pancreas, adults, ages 20+. ASR (World) per 100,000
Women, 2018


Definitions: Estimated age-standardized incidence rates (World) in 2018, pancreas, adults, ages 20+. ASR (World) per 100,000
Gallbladder cancer

Men, 2018


Definitions: Estimated age-standardized incidence rates (World) in 2018, gallbladder, adults, ages 20+. ASR (World) per 100,000
Women, 2018

Age: 20+

References: Global Cancer Observatory, Cancer incidence rates [http://gco.iarc.fr/] (last accessed 30th June 2020)

Definitions: Estimated age-standardized incidence rates (World) in 2018, gallbladder, adults, ages 20+. ASR (World) per 100,000
Kidney cancer
Men, 2018

References: Global Cancer Observatory, Cancer incidence rates [http://gco.iarc.fr/] (last accessed 30th June 2020)
Definitions: Estimated age-standardized incidence rates (World) in 2018, kidney, adults, ages 20+. ASR (World) per 100,000
Women, 2018

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, kidney, adults, ages 20+. ASR (World) per 100,000
Cancer of the uterus

Women, 2018

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, cervix uteri, females, ages 20+. ASR (World) per 100,000
Raised blood pressure

Adults, 2015


Definitions: Age Standardised estimated % Raised blood pressure 2015 (SBP>=140 OR DBP>=90).
Men, 2015

References:

Definitions:
Age Standardised estimated % Raised blood pressure 2015 (SBP>=140 OR DBP>=90).
Women, 2015


Definitions: Age Standardised estimated % Raised blood pressure 2015 (SBP≥140 OR DBP≥90).
Raised cholesterol

Adults, 2008

- Nepal
- Bangladesh
- North Korea
- India
- Myanmar
- Bhutan
- Indonesia
- Sri Lanka
- Maldives
- Thailand

References:

Definitions:
% Raised total cholesterol (>= 5.0 mmol/L) (age-standardized estimate).
Men, 2008


Definitions: % Raised total cholesterol (>= 5.0 mmol/L) (age-standardized estimate).
Women, 2008

References:
Global Health Observatory data repository, World Health Organisation, [http://apps.who.int/gho/data/node.main.A885](http://apps.who.int/gho/data/node.main.A885)

Definitions:
% Raised total cholesterol (>= 5.0 mmol/L) (age-standardized estimate).
Raised fasting blood glucose

Men, 2014

References:
Global Health Observatory data repository, World Health Organisation,
http://apps.who.int/gho/data/node.main.A869?lang=en

Definitions:
Age Standardised % raised fasting blood glucose (>= 7.0 mmol/L or on medication).
Women, 2014

<table>
<thead>
<tr>
<th>Country</th>
<th>% Raised Fasting Blood Glucose</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Korea</td>
<td>6</td>
</tr>
<tr>
<td>Myanmar</td>
<td>6</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>6</td>
</tr>
<tr>
<td>Indonesia</td>
<td>8</td>
</tr>
<tr>
<td>Thailand</td>
<td>8</td>
</tr>
<tr>
<td>India</td>
<td>10</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>11</td>
</tr>
<tr>
<td>Maldives</td>
<td>11</td>
</tr>
<tr>
<td>Nepal</td>
<td>12</td>
</tr>
<tr>
<td>Bhutan</td>
<td>12</td>
</tr>
</tbody>
</table>


Definitions: Age Standardised % raised fasting blood glucose (>= 7.0 mmol/L or on medication).
Diabetes prevalence

Adults, 2017


Definitions: Diabetes age-adjusted comparative prevalence (%).
Health systems

Economic classification: Lower Middle Income

Health systems summary

Since the implementation of a universal social health insurance initiative in 2014 (Jaminan Kesehatan Nasional [JKN]), Indonesia has been on the path to universal health coverage. Under JKN (which is mandatory for Indonesian citizens), individuals have access to a defined set of services from public providers as well as private providers who have opted to join the scheme. JKN is financed by employees, employers and the government. The formally employed pay 5% of their salary (5% being total of employee and employer contribution) while informal workers and those self-employed pay a fixed monthly rate. In 2018, JKN was the largest single-payer system in the world with 203 million members.

Despite recent advances, Indonesia’s health system suffers some persistent challenges which include high levels of out of pocket expenditure, the complexity of the system and the urban-rural inequities in care. Out of pocket payments are estimated to make up approximately 45% of total health expenditure in Indonesia. Out of pocket payments are said to be common even for those covered by JKN, suggesting that that there is more work to be done to provide the population with true financial protection.

Indicators

<table>
<thead>
<tr>
<th>Question</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where is the country’s government in the journey towards defining ‘Obesity as a disease’?</td>
<td>No</td>
</tr>
<tr>
<td>Where is the country’s healthcare provider in the journey towards defining ‘Obesity as a disease’?</td>
<td>Some progress</td>
</tr>
<tr>
<td>In practice, how is obesity treatment largely funded?</td>
<td>Out of pocket</td>
</tr>
<tr>
<td>Is there specialist training available dedicated to the training of health professionals to prevent, diagnose, treat and manage obesity?</td>
<td>No</td>
</tr>
<tr>
<td>Have any taxes or subsidies been put in place to protect/assist/inform the population around obesity?</td>
<td>No</td>
</tr>
<tr>
<td>Are there adequate numbers of trained health professionals in specialties relevant to obesity in urban areas?</td>
<td>No</td>
</tr>
<tr>
<td>Are there adequate numbers of trained health professionals in specialties relevant to obesity in rural areas?</td>
<td>No</td>
</tr>
<tr>
<td>Are there any obesity-specific recommendations or guidelines published for adults?</td>
<td>Yes</td>
</tr>
<tr>
<td>Are there any obesity-specific recommendations or guidelines published for children?</td>
<td>No</td>
</tr>
</tbody>
</table>
Perceived barriers to treatment

- High cost of out of pocket payments
- Lack of political will, interest and action
- Lack of financial investment by government and/or health system
- Obesity not recognised as a disease
- Poor availability of pharmaceutical treatments
- Poor adherence to or fear of treatment
- Unrealistic expectations of treatment
- Obesity considered an aesthetic issue and/or a sign of wealth

Summary of stakeholder feedback

Although awareness around obesity has been rising in Indonesia, it is not yet considered to be a priority, with other diseases considered more important. Stakeholders appreciated that there is some work being done around researching prevalence and screening but lamented that there was inaction around both prevention and treatment. Financial investment in obesity is extremely limited and there are no fiscal measures in place.

Obesity treatment appears to be paid for out of pocket in Indonesia. Out of pocket payments are not unusual generally, but stakeholders also reported that obesity is not covered by insurances and so those seeking treatment have no other choice. It is unclear when people living with obesity receive treatment, but stakeholders reported that most do not enter the system. When they do, there are no clear treatment pathways, and few treatment options.

Indonesia does have a non-communicable disease strategy (and an accompanying implementation guide), but it is reported that the strategy is not working well or having much effect. There were conflicting responses on whether there was obesity treatment recommendations or guidelines, perhaps suggesting that where they do exist that are not effectively disseminated. Training for obesity appears to only be available for Nutritionists.

Based on interviews/survey returns from 3 stakeholders

Last updated: June 2020