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**Commission on Population and
Development
45th Session
Economic and Social Council**

**Statement by
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Chairperson of the National Population and Family Planning Board
Republic of Indonesia**

Agenda Item 4:

**“General debate on national experience in population matters:
adolescents and youth”**

New York, 23 -24 April 2011

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Mr. Chairperson,

Adolescents and youth play a key role in building a better future for each and every one of us. They are central to realizing the development agenda, the aim of which is equitable development.

Young people are the hope of the nations. They are the future decision makers and major contributors to national and world economic growth.

Hence, investing in their development, particularly their education, health and leadership capability, is a must. Ultimately, such investment will build the human capital of their countries.

In a world with 1.6 billion of adolescents and youth, **Mr. Chairperson**, it is critically important for Member States discuss ways of effectively addressing the many challenges confronting them. That reality underscores the importance of this meeting.

Our Commission has a role to create an enabling environment for young people to grow and to successfully go through the transition stages of life so they can participate more fully and effectively in their societies.

We should seize every opportunity to share experiences, identify challenges and find as much common ground as possible to move forward together.

We must promote such a spirit of cooperation in order to find common solutions to the most challenging issues related to adolescents and youth and the rest of the wider population.

We are, therefore, grateful that youth representatives have joined us to share their views with the Commission.

Mr. Chairperson, let me now share our national experiences.

Indonesia Medium Term Development Plan 2010 to 2014 and Long Term National Development Plan 2005 to 2025 have placed adolescents and youth at the center of our national development agenda. They represent vital human capital for sustainable and equitable development.

Adolescents and youth must be properly equipped to play their part. The programs are developed suitable to meet the needs of adolescents and youth. In doing so, the government involves the private sectors and civil society, such as religious and community leaders, including adolescent and youth themselves.

On education, Indonesia continues to implement its commitment to the MDGs and the Dakar Declaration on Education for All.

Various policies have been taken to improve access and opportunities for all school-aged boys and girls.

The Compulsory Basic Education (CBE) program that was launched in 1994 ensures that all children aged 7–15 years attained basic education up to the junior secondary education level.

Such program and other education policies continue to be strengthened by among other:

- The allocation of 20 per cent of the national budget to education since 2005;

- The provision of specific or earmarked funding to local governments to support the compulsory basic education (CBE) program, and the provision of direct funding to schools to help reduce the burden of the operational costs;
- The provision of scholarships to poor students from primary school to university level and the expansion of educational access to remote areas; and,
- The provision of alternative means of education to children unable to attend formal school so they can access non formal and informal education using flexible schedules.

In addition, the Indonesia recently took a decision to review the comprehensive sexuality education to advance life-skills education for adolescent and youth.

The result has been encouraging. Indonesia has achieved measurable success in increasing school attendance.

However, high dropout rates at higher levels of education, especially among girls, those who are residing in rural areas and those from lower socio-economic groups, remain a challenge.

These dropout rates have pushed an increasing number of 15-24 year olds on to the labour market. Among them there is a 20 per cent unemployment rate, well in excess of the national unemployment rate. Unskilled and inadequately educated, they find themselves unable to compete with older experienced workers. Thus many of them are compelled to work in the informal sector at very low levels of employment.

To correct this situation, policies will have to be implemented to keep them in school longer and to provide them with vocational training, as well as entrepreneurship program combine with small grants and micro credits.

In this regard, currently the Government is developing a 12 years of compulsory education that will ensure the current basic education covers senior secondary school as well.

Mr. Chairperson,

Through family planning program as well as population education program since the early 70's, Indonesia have been successful in increasing women's age at first marriage, age of first child-bearing and lowering birth rates.

Increasing age at first marriage and the provision of contraceptives to those who marry at a young age are among the targets of family planning program in Indonesia.

However since the program faces many challenges lately, about 9.8 per cent of these married women age 15-24 have unmet needs for service.

Therefore, the President himself declared in 2007 the need to revitalize the national family planning program. This implies strengthening political commitment, sharpening policy and strategy, and improving program management in accordance with current conditions.

Despite the Law No.1/1974 on Marriage which set the minimum age of girls for marriage at 16 years old, currently the age for first marriage among women is 19.7 years. About 9 per cent of adolescents have started childbearing currently compared to 10 per cent in 2003.

Adjusting the early-age of marriage for Indonesian girls as stated in Marriage Law is currently under discussion.

Reproductive health issues among adolescents and youth are much more complex however. Following the Cairo commitment, Indonesia then launched a Reproductive Health National Strategy, which introduced the concept of Integrated Essential Reproductive Health that includes adolescent reproductive health as one of its elements. Indonesia also adopted a life cycle approach and a continuum of care, starting from pre-adolescent, adolescent and youth, child bearing and reproductive ages, then neonatal and under-five.

Moreover, a national movement care for mothers was announced by the President in 1996 and being revitalized in 2007 to raise people's awareness on the importance of enhancing the women quality of life that affected to the reduction of maternal and infant mortality rate.

Beginning in 2000, the Indonesian Government took over and enlarged the Adolescent Reproductive Health program, turning it into a national program. It was originally an NGO undertaking. The program is designed to prepare adolescents and youth to engage in more responsible reproductive health behaviour. This Adolescent Reproductive Health program is actively supported by many civil society entities, among them religious and community leaders.

Program conducted by the government focuses on providing information, counseling and certain services of reproductive health to young people. Government promotes the School Health Program which encourages elementary school students to practice good hygiene and live healthy lives while the program uses peer counselors to encourage high school students to strengthen their life skills and safeguard their reproductive health.

The peer counselor program also imbedded in the Birth Preparedness and Complication Readiness Programs that prepare young people to live a healthy reproductive life during pregnancy, delivery, and post partum. Government also promotes public health services to become youth friendly health services. Besides, it also developed the center for information and counseling on adolescent reproductive health.

In addition, a comprehensive sexuality education combined with life skills training are being provided by relevant NGOs. In certain cases, after satisfying specific rigorous requirements, it may include providing contraception and menstrual regulation services to those in need.

To accelerate the achievement of universal access to reproductive health by year 2015, as indicated by the MDG5b target the government is currently revising the existing reproductive health strategies. Further, Indonesia has also endorsed the new revised Law No 36/2009 on Health, which, for the first time introduces the definition and concept of reproductive health and rights. This new Health Law provides more solid outline on adolescent health and commits itself to the promotion and provision of adolescent reproductive health information and services in the future.

With regard to maternal health, the goal of the Government of Indonesia is to achieve universal maternal and neonatal health service coverage. To this end, it has launched the health insurance for the poor and health insurance for antenatal care, delivery, post natal care and post partum family planning.

Mr. Chairperson,

As other countries, HIV-AIDS is another major challenge affecting the young people of Indonesia. The number of persons with HIV and AIDS soared especially after 2000. In 2010 it was estimated that 193 thousand persons were infected and many of them were adolescents and youths. Only few of the young had detailed knowledge about the disease, a figure which falls much short than 95 percent as mandated by MDGs target.

Although Indonesia has a comprehensive well-funded strategy to control the spread of HIV-AIDS, full implementation of the strategy, in particular the harm reduction aspect should be promoted. Heightening the risk among sexually active unmarried adolescents and youths is their very limited use of condoms. Actual distribution of clean syringes among drug abusers is also not quite complete as it should be, even though the campaign on the matter is widely conducted.

Another matter for concern and action is drug abuse, smoking, and alcohol consume. Even though it is declining, the number of drug abusers aged 16-24 years remains significantly high. About 30 per cent of those convicted for drug use are younger than 24 years of age.

The prevalence of smoking among young males is significantly high, that is, 57.8 per cent. Many of them develop the habit before they reach 13 years of age and soon become heavy smokers. In addition, about 39 per cent of adolescent and young males and 6 per cent of adolescent and young females consume alcohol, creating for themselves a high-risk lifestyle.

To solve this, Indonesia is developing regulations on the minimum age at which person will be permitted to smoke and consume alcoholic drinks. Further, it is also being developed a more systematic promotion program to reduce the prevalence of smoking among Adolescent and youth.

Mr Chairperson,

Indonesia recognizes that the primary responsibility to formulate solutions to problems affecting the lives of adolescents and youth rests with individual nations; we also recognize that much can be gained by cooperation and partnership among and between Member States. We should, indeed implement our commitment resulted from various related UN international conferences, including financial resources for the implementation of ICPD.

Moreover, lessons learned and insights gained can be shared, adapted and applied to national situations. It is our belief that this approach will accelerate the pace of progress by all national stakeholders in dealing with these issues.

These valuable exchanges can be facilitated through triangular and South-South cooperation particularly through Partners in Population and Development. At the regional level, Indonesia continues to strengthen ASEAN cooperation and commitment, as reflected in ASEAB Socio Cultural Community Blue Print, to lift the quality of life of its peoples, in particular on adolescents and youth.

Finally, I am pleased to inform that Indonesia together with related development partners will hold an International Youth Forum in December 2012 in Bali, Indonesia. This would be the forum of policy makers, adolescents and youth, as well as relevant stakeholders from UN Member States to discuss a comprehensive youth and development agenda and serves as part of a preparatory series for ICPD 2014 and beyond.

I thank you.