Indonesian Country Information Sheet: Indonesia

By Idrus Jus’at

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- National dietetic association address, contact name for credentialing verification.
  1. **Persatuan Ahli Gizi**, about 9000 members in 32 provinces of Indonesia.
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     Program in Nutrition, Polytechnic Institute in Health, Jakarta Depkes RI
     Jl. Hang Jebat III/F3
     Kebayoran Baru
     Jakarta Selatan 12120
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  2. **Indonesian Dietetic Association** founded July 2002 and has about 2000 members.
     Address: Murni Muhilal, M.Sc.
     Program in Nutrition, Polytechnic Institute in Health, Jakarta Depkes RI
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- Training of national dietitians, professional role and regard

  The **usual education to become a dietician/ nutritionist in Indonesia:**
  Up to 1985 a 3 yr ‘BS’ course to become a nutritionist at an Academy of Nutrition.
  Since 1985: ‘D3’-diploma, 3 yr course
  In 2003, Ministry of Education permit any university to conduct 4 years nutrition program equals to BS degree.
  Some state universities have Master and doctoral program in nutrition

  In a 2-year program for nutrition professionals to get ‘Registered Dettian’ an additional degree can be obtained at Gajah Mada University, Diponegoro University and Brawijaya University

  To become a technical dietician in Indonesia a person has to graduate from an one year nutrition program. This degree is called ‘D1’-diploma and comparable with a DTR. Further education is required to get the ‘D3’-diploma, and than an additional 1-2 year program to have a ‘S1’-diploma.
In Indonesia dieticians/nutritionists are supposed to work under the supervision of an MD. There is no private practice of dieticians in the country due to legal regulations. These regulations are presently under revision.

- **Brief description of national healthcare system and private practice**
  Indonesia has a basic public health care system. A high percent (>50%) of the population is uninsured. The public health care is structured as follows:
  - Puskesmas (community health center): basic health care service to general population; incl. preventive measure, vitamin/mineral supplementation to target groups and maternal health care (incl. post partum). Usually the services are provided by nurses and trained staff.
  - Clinics/Policlinics: more specialist health care service
  - Hospitals: in and outpatient care. The basic differentiation of hospitals is by the level of care they can provide:
    A class: teaching hospitals; > 4 basic specialists
    B class: > 4 basic specialists
    C class: at least 4 basic specialists (internal, surgery, gynecology and pediatrics)

People who can afford the more expensive services visit private hospitals and clinics. The nutrition services provided to patients are basic.

- **Employment opportunities profile (areas e.g. clinical, research, other)**
  A high percent of nutrition graduates work for the government in hospitals and Puskesmas. The remaining nutrition experts work in private hospitals, universities, relieve organizations and companies.

- **Educational Opportunities (reciprocity, acceptance of credential)**
  - At the moment there is no RD certification available in the country. The Indonesian Dietetic Association is discussing to introduce a registration procedure (planning stage).
  - The S1-diploma was called before 1985 ‘MS’, which makes it now difficult to have MS titles validated here – to my understanding.
  - The US RD-qualification is accepted among professionals, but in hospitals nutrition experts are either MDs with an additional qualification in dietetics or a ‘doctor of nutrition’. Having the combination MS RD puts you in no-man’s land. You are higher qualified than the dietician, but you don’t have a PhD.
  - Professional organizations have regular meetings and seminars for continuing education, but this is mainly organized in the big cities (esp. Jakarta).
In some hospitals they have support groups, mainly for diabetics and renal disease, of patients and health care team, which is strictly no continuing education.

**How to obtain work permit and income level**
- First get a work contract and then the to-be-employer will sponsor the work visa. However the employer has to testify there is no Indonesian citizen who can do the job. The process can take some time and money. (Corruption and nepotism is a big problem in this country.)
- Usually local contracts provide a fraction of a pay compared to US or European incomes. Working for NGOs, WHO, Unicef or international companies may provide better contracts, but this cannot be generalized.
- An average monthly income for a local contract is with a BS-title approximately $100 US and with a S1-diploma about $200 US. The PhD level varies widely, because consultancy contracts can add considerably to the income.

**Local Food Customs and Culture**
- Rice is eaten with all meals. In the morning rice is eaten as fried rice (nazi goreng) or as a white rice soup. At lunch and dinner the same, mainly rice (fried), little meat and vegetables. Noodles (egg and rice noodles) are also popular in soups.
- Children are fed by the nanny or mother while walking, playing, and not necessarily at a table.
- Usual beverages are water, tea (black) and café. Soft drinks and juices are also consumed.
- Meat is not eaten in big quantities, since it is expensive. Soy products are popular (e.g. soft tempeh).
- Snacking is a usual during the day (e.g. fried foods, crisps or fruits).
- Generally people don’t have a good understanding of a healthy nutrition, despite attempts of the Ministry of health to promote the 5-healthy food groups.

**CE opportunities (local as well as upcoming AODA conference)**
- The Indonesian dietetic association meets every 3-month for a seminar (last January 2009).
- The Ahli Gizi holds every 3 years a national nutrition congress (next 2009).

**AODA volunteer opportunities**
- Here are a lot of work opportunities. Cooperating with Department of Nutrition at the Ministry of health, nutrition academies and NGOs.
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