

Adolescent Health

FACT SHEET

TIMOR-LESTE

There is limited information about the population of and basic demographic indicators for Timor-Leste. The total population of the country is around 926 269¹ with an overall sex ratio of 107 males per

hundred females. About 85% of the population lives in rural areas². The annual population growth rate is 3.9%. Timor-Leste has a high total fertility rate (TFR) of 7.7³ and the crude birth rate is 23.8. While

demographic statistics are scarce, the estimated maternal mortality ratio is thought to be extremely high at 800 per 100,000 live births as is the infant mortality rate (75-95/1000 live births)².

POPULATION OF YOUNG PEOPLE

The adolescent population of Timor-Leste is about 25% of the total and the proportion of young people is 35% (Table-1). With one-fourth of the population being of

adolescent age and one in every three people a young person, Timor-Leste's population is relatively young. There were more adolescents aged 10-14 in

rural areas than in urban³. This ratio was reversed as the age increased possibly due to migration, particularly of males to urban areas.

Table 1: Number and per cent of young people classified by age and sex in Timor-Leste, 2004

Age (in years)	Male		Female		Total	
	Number	(%)	Number	(%)	Number	(%)
10-14	56 000	5.9	54 000	5.7	110 000	11.6
15-19	63 000	6.6	60 000	6.3	123 000	12.9
20-24	53 000	5.6	48 000	5.1	101 000	10.7
Total	172 000	18.1	162 000	17.1	334 000	35.2

Source: World Population Prospects: The 2004 Revision and World Urbanization Prospects: The 2004 Revision: Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat. <http://esa.un.org/unpp>

EDUCATIONAL STATUS

Education levels in Timor-Leste are uniformly poor across the board for the overall population and more so for women³. However, young Timorese people of both sexes are

increasingly unlikely to have had no education, with women showing the greatest improvement. About 70% of youth are literate (Table-2). No gender disparity was observed

among adolescents (10-19 years) even at the secondary education level (Table-3). The school attendance rates for boys and girls are almost equal at the younger age groups but girls are less likely to attend educational institutions as they grow up. This is particularly applicable to girls especially in the age group of 19 to 24, perhaps because of greater responsibility shouldered at home.

Table 2: Per cent of youths who are literate in Timor-Leste, 2003

Age group (in years)	Literacy rate (%)	
	Female	Male
15-19	72.8	Not Available (NA)
20-24	69.1	67.1

Source: Timor-Leste 2003 Demographic and Health Survey: Key findings. Dili, Timor-Leste: Ministry of Health.

Table 3: Educational attainments of young people classified by age and sex in Timor-Leste, 2003

Age (in years)	Young People with no education		Incomplete primary education		Primary education completed		Secondary or higher education	
	Female	Male	Female	Male	Female	Male	Female	Male
10-14	12.7	11.6	78.3	80.2	0.8	0.8	8.2	7.5
15-19	15.4	13.3	20.8	23.1	3.4	1.7	60.4	61.9
20-24	23.9	18.3	18.5	18.5	8.7	6.0	49.0	57.2

Source: Timor-Leste 2003 Demographic and Health Survey: Key findings. Dili, Timor-Leste: Ministry of Health.

* All figures in per cent



EMPLOYMENT

About a third of the ever married female youth were found to be employed at the time of conducting the Demographic Health Survey (DHS) 2003. The figure was much higher in rural than urban areas. The lower urban female employment rates reflect the importance of farm work in rural areas and perhaps a shortage of employment opportunities for women in urban areas. Many rural women worked without wages. The dominant occupation is agriculture, usually on personal or household land

holdings. Only one per cent of women employed in the agriculture sector received payments in cash as opposed to 25% of women engaged in non-agricultural pursuits.

However, age disaggregated data classified by background characteristics for employment is not available. The proportion of working women increases with age (Table-4).

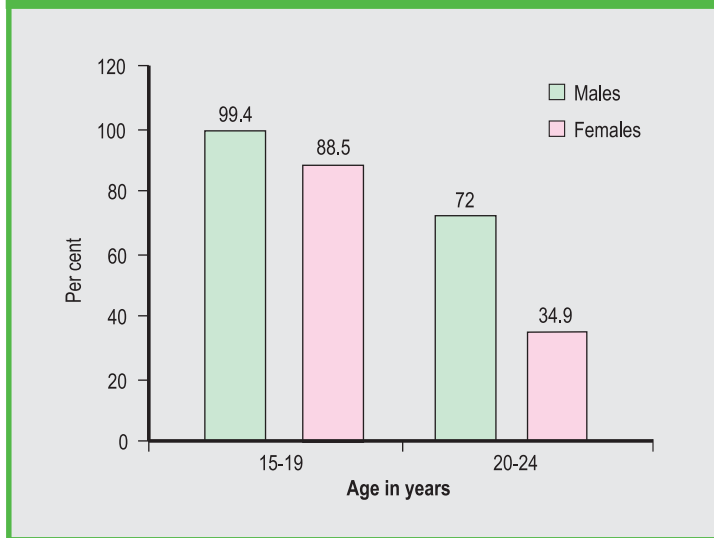
Table 4: Per cent of youth employed in Timor-Leste, 2003

Age (in years)	Female (ever-married women)	Male
15-19	28.5	NA
20-24	35	NA

Source: Timor-Leste 2003 Demographic and Health Survey: Key findings. Dili, Timor-Leste: Ministry of Health.

AGE AT MARRIAGE

Figure 1: Per cent of never-married youth in Timor-Leste, 2003

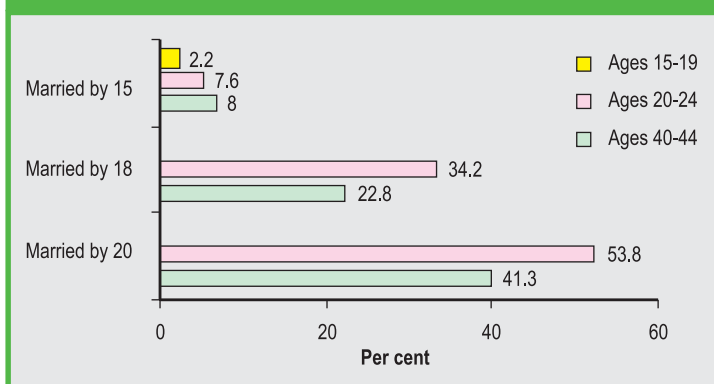


Source: Timor-Leste 2003 Demographic and Health Survey: Key findings. Dili, Timor-Leste: Ministry of Health.

Marriage patterns in Timor-Leste vary across the country. Recent surveys, however, indicate that marriages below 20 years of age are not common with over 65% of women tying the nuptial knot between the ages of 20-24 (Figure-1). The median age at first marriage for ages 20-24 is 20.5 years.

Younger women were more likely to have married under the age of 20 than older women (Figure-2). This indicates a falling age at marriage, in contrast to the trend in most parts of the world where the spread of education fosters social and economic roles for girls that offer incentives to delay marriage³. In Timor-Leste, the school system has not been sufficiently advanced to witness any major enrolment of teenage girls and the social situation in the past inhibited early marriages. Women looking for partners 20 years ago were disadvantaged as many eligible young men were fully engaged in the struggle against the colonial powers and could not contemplate domestic settlement. Surveys have revealed that girls from wealthier households were also more likely to delay their marriage than those from poor households³.

Figure 2: Age at first marriage of women



Source: Timor-Leste 2003 Demographic and Health Survey: Key findings. Dili, Timor-Leste: Ministry of Health.

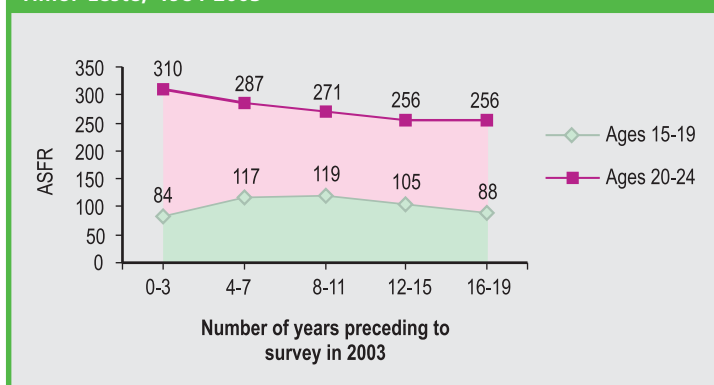


PREGNANCY AND CHILDBEARING

Timor-Leste has the high fertility rates and it appears to be rising³. Adolescent fertility rates rose and then fell over the period from 1984 to 2003 (Figure-3). The fertility rates of young married women aged 20-24 rose to a peak in the early 1990s and then again rose to an unprecedented level between 2000 and 2003. One-third of young women in Timor-Leste are giving birth in any given year.

The median age at first birth has dropped in the preceding two or three decades, as reflected in older women having a higher median age than younger women (Table-5). The median age at first birth was 24 years for the oldest among those women surveyed

Figure 3: Trends in age-specific fertility rates (ASFR) for youth in Timor-Leste, 1984-2003



Source: Timor-Leste 2003 Demographic and Health Survey: Key findings. Dili, Timor-Leste: Ministry of Health.

(aged 45-49) while for women aged 20-24 it was reported to be 20.7 years. Table-6 reveals that 8% of adolescents began childbearing by the age of 18 and 37% by the age of 19.

Table 5: Women aged 15-24 classified by age at first birth

Current age (in years)	Woman with no births	Age at first birth				Median age at first birth
		<15	15-17	18-19	20-21	
15-19	87.7	0.4	7.3	4.6	n/a	n/a
20-24	34.4	3.5	16.5	24.5	15.2	20.7
45-49	3.6	2.6	8.4	8.5	13.9	24.6

Source: Timor-Leste 2003 Demographic and Health Survey: Key findings. Dili, Timor-Leste: Ministry of Health.

*All figures in per cent

The DHS 2003 also showed that more than one third of adolescents (35%) who had had a live birth in the last five years did not receive any antenatal care. These findings were also mirrored for women of other age groups. The proportion of women not receiving antenatal care was much higher in rural areas than urban. More than half of all women received antenatal care from a nurse or a midwife. Just under half of the adolescents interviewed (49%) said they had received iron tablets while 47% of them did not receive a tetanus toxoid injection.

More than 85% of live births in the five years preceding the survey had occurred at the home of the adolescent mother. Deliveries at home, however, were more likely to occur with women from the older age

Table 6: Per cent of married adolescents aged 16-19 who have begun childbearing

Age (in years)	Per cent of woman who have begun childbearing
16	4.8
17	6.3
18	8.0
19	37.2
Residence	
Urban	11.3
Rural	15.6
Education	
No education	21.6
Primary education incomplete	18.0
Primary education completed	38.3
Secondary+	9.5
Wealth index	
Lower	17.6
Upper	11.8
Total	14.5

Source: Timor-Leste 2003 Demographic and Health Survey: Key findings. Dili, Timor-Leste: Ministry of Health.

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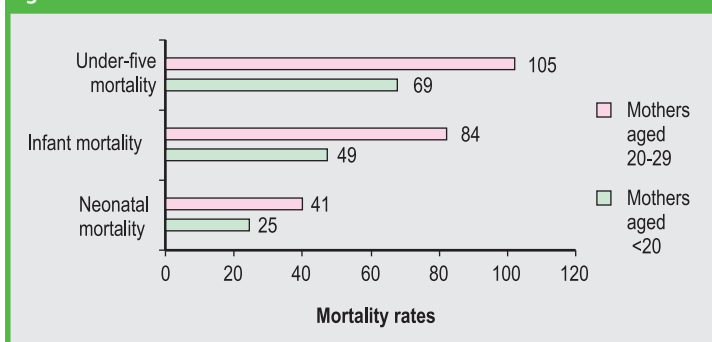
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group³. Adolescent women are less likely to get assistance during delivery from least qualified persons such as friends and relatives as compared to older women. The difference in proportion was, however, not large.

No association was observed in the survey between the lower age of the mother during childbirth and child mortality rates. In fact mortality rates are observed to be lower among women aged less than 20 (Figure-4).

Figure 4: Early childhood mortality rates classified by mother's age at birth



Source: Timor-Leste 2003 Demographic and Health Survey: Key findings. Dili, Timor-Leste: Ministry of Health.

CONTRACEPTION

Knowledge of contraceptive methods among Timorese men and women was very low and married youth were not an exception. Over 60% of female youth and about 70% of male youth failed to recognize any of the methods listed in the Demographic Health Survey (DHS) 2003 and demonstrated no knowledge of any contraception methods

(Table-7). The survey also reported that more than 90% of youth did not receive any information on family planning and only a negligible proportion received the same from their nurse, doctor and family planning officer. More adolescents than young adults aged 20-24 are not likely to receive family planning information from

any source indicating the need for making family planning services adolescent-friendly.

As anticipated from the information on women's knowledge of contraception, the ever and current use of contraceptives was very low. Over 94% of currently married female adolescents and 87% of 20-24-year-old currently married young women were not using any contraception (Table-8). The use of contraception increased with age. Among the small number of young women who did use contraceptives, the method preferred was the injectable contraceptive.

Table 7: Per cent of ever-married youth having no knowledge of contraceptives

Age (in years)	Females	Males
15-19	69.0	76.7
20-24	59.6	68.4

Source: Timor-Leste 2003 Demographic and Health Survey: Key findings. Dili, Timor-Leste: Ministry of Health.

Table 8: Current use of contraceptives among currently married young women

Method	Aged 15-19 years	Aged 20-24 years
Any method	5.8	12.4
Any traditional method	2.5	3.0
Any modern method	3.3	9.4
Pill	0.6	2.0
IUD	0.0	0.0
Injectables	2.7	7.1
Condom	0.0	0.0
Female sterilization	0.0	0.3
Male sterilization	0.0	0.0
Not currently using	94.2	87.6

Source: Timor-Leste 2003 Demographic and Health Survey: Key findings. Dili, Timor-Leste: Ministry of Health.

*All figures are in per cent

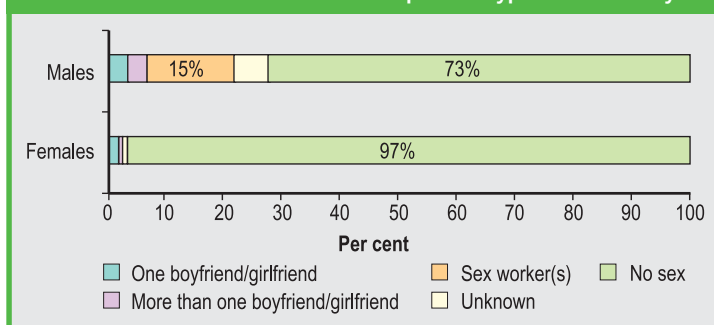


SEXUAL ACTIVITY

The median ages of first sexual intercourse for ever-married women indicates sexual activity tends to precede formal marriage in all regions, at all educational levels and for women from all wealth index groups. The median age of first marriage for all women (aged 25-49 years) is 21.4 and median age of first sexual intercourse is 20.7³.

A recent biological and behavioural study of 900 university students in Timor-Leste⁴ found a very tiny fraction of females reporting any sexual activity at all while nearly three out of four male students were not sexually active (Figure-5). Around

Figure 5: Per cent of university students (average age 23 years) in Dili who have had sex with different partner types in the last year



Source: "HIV, STIs and Risk Behaviour in East Timor: An historic opportunity for effective action," Family Health International and USAID, 2004, Dili, East Timor.

15% male students in Dili reported having sex with sex workers. The difference between levels of sexual activity reported by men and women suggests that while men may be exaggerating, the women may be underreporting their levels of sexual behaviour.

STIs AND HIV/AIDS AMONG YOUNG PEOPLE

(For details please refer to "Fact Sheets on Young People and HIV/AIDS", WHO/SEARO)

The first case of AIDS in Timor-Leste was reported in December 2001. Though national data on STIs and HIV/AIDS prevalence among young people is not available, a recent biological and behavioural study provided information on the major risk groups: sex workers, men who have sex with men (MSM), the military, students and taxi-drivers. An HIV prevalence of 3% was found among female sex workers and 1% among MSM⁴. All those infected with HIV had reported having sex with foreigners.

The 2003 DHS revealed that married women and men in Timor-Leste were ignorant of HIV/AIDS and the means to prevent it. Young people were more likely to recognize the disease than old, but even then a few more than a quarter of female youth had heard of HIV/AIDS and only 13% believed that there is a way to avoid HIV/AIDS (Table-9). With such poor levels of familiarity with the disease it is not surprising that the bulk of the population had no idea of how to prevent the spread of the infection. Only 8-11% of youth knew of at

least one programmatically important method to avoid contracting HIV and only a handful of men and women knew about two or more ways. Among those who knew of at least one method, only a few of them mentioned the use of condoms.

Just as with HIV, knowledge of STIs was also very limited among people including youth. Virtually no women and only a small percentage of men admitted to knowing about STIs, and consequently only a small proportion of the population recognized the symptoms (Table-10).

Table 9: Per cent of ever-married youth having knowledge of HIV/AIDS

Age (in years)	Have heard of HIV/AIDS		Believe there is a way to avoid HIV/AIDS		Know of one programmatically important way to avoid HIV/AIDS		Know of two/three programmatically important ways to avoid HIV/AIDS	
	Female	Male	Female	Male	Female	Male	Female	Male
15-19	25.6	NA	13.2	NA	8.1	7.9	0.6	0.0
20-24	28.0	38.6	13.6	16.3	7.7	11.6	2.0	1.0

Source: Timor-Leste 2003 Demographic and Health Survey: Key findings. Dili, Timor-Leste: Ministry of Health.

*All figures are in per cent

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Table 10: Per cent of ever-married youth having knowledge of sexually transmitted infections

Age (in years)	Have heard of STIs		Did not mention any symptom of STI		Mentioned one symptom of STI		Mentioned two/three symptoms of STI	
	Female	Male	Female	Male	Female	Male	Female	Male
15-19	4.1	7.9	96.5	92.1	3.0	7.9	0.5	0.0
20-24	6.5	11.7	94.8	90.8	3.7	6.5	1.5	2.8

Source: Timor-Leste 2003 Demographic and Health Survey: Key findings. Dili, Timor-Leste: Ministry of Health.

**All figures are in per cent*

NUTRITIONAL STATUS

No data is available on the dietary patterns and nutritional status of adolescents and young people in Timor-Leste. DHS data of 2003 on married adolescents and young people indicated that women of reproductive age in the country had poor nutritional status and a high prevalence of nutritional risk factors for maternal pregnancy and delivery complications and low birth weight. More than 40% of the non-pregnant adolescents had low BMI (less than 18.5 kg/m²) or evidence of chronic energy deficiency (Table-11). There is a higher prevalence of low BMI among adolescents as compared to young adult women or middle aged women. About five per cent of female

youth had severe CED or BMI <16 kg/m². A high percentage of women in Timor-Leste were short statured (13%).

About 25% of male youth were found to have low BMI (Table-11); nonetheless it was substantially lower than for young women. The difference might be related to differences in the distribution of food within the household or also to the differences in the average workloads of men and women. Women, especially in poorer households, have to collect water and firewood, cook for the entire family, care for the children and the elderly and provide food for the men folk in the fields³.

The prevalence of anaemia among young women was low in Timor-Leste. About 26% of the not pregnant adolescents aged 15-19 were recorded as anaemic (Hb <120 g/L). Among pregnant adolescents and young women, anaemia prevalence was higher than their non-pregnant counterparts (Table-12).

The limited data on pregnant adolescents suggests that more than half the adolescents did not receive an iron supplement during pregnancy (Table-13). The majority of women who did take supplements took them only for less than 60 days.

Table 11: Per cent of ever married female and male youth having chronic energy deficiency (CED) or low body mass index (BMI) and short stature, 2003

Age (in years)	BMI (kg/m ²)						Per cent of females having height <145 cm
	<16.00		<18.5		18.50-24.99		
	Female	Male	Female	Male	Female	Male	
15-19	5.0	NA	40.5	25.1	59.5	74.9	13.1
20-24	4.8	NA	35.4	24.4	63.1	75.0	12.4

Source: Timor-Leste 2003 Demographic and Health Survey: Key findings. Dili, Timor-Leste: Ministry of Health

Table 12: Per cent of not pregnant and pregnant young women having anaemia, 2003

Age (in years)	Anaemia (Hb <120 g/L) prevalence	
	Not pregnant	Pregnant
15-19	25.6	27.9
20-24	28.2	36.2

Source: Timor-Leste 2003 Demographic and Health Survey: Key findings. Dili, Timor-Leste: Ministry of Health

**All figures are in per cent*



Table 13: Per cent of women who received a vitamin A dose in the first two months after delivery and per cent who took iron tablets for specific number of days, 2003

Age (in years)	Received vitamin A dose postpartum	Number of days of consuming iron during pregnancy			
		None	<60	60-89	90+
15-19	30.7	51.3	39.0	0.8	2.0
20-24	26.5	42.7	45.0	1.2	5.9

Source: Timor-Leste 2003 Demographic and Health Survey: Key findings.
Dili, Timor-Leste: Ministry of Health.

*All figures are in per cent

EXPOSURE TO MEDIA

Exposure to the media was found to be very low for young people in the country (Table-14). A large majority of young respondents of both sexes reported they did not read a newspaper, listen to the radio or watch television, and if they did so, it was less than once a week.

Newspaper readership was particularly low with only 8% of young women and 14% of young men reading a newspaper more than once a week. The radio has a clear advantage over newspapers, which are often difficult to obtain and also are of little or no use to

the many illiterate or poorly literate. Television, too, scored over newspapers. In Timor-Leste, accessibility to the media does not have any correlation with age. Women were less likely to be exposed to any form of media than men.

Table 14: Per cent of ever-married youth who usually read a newspaper, watch TV or listen to the radio, 2003

Age (in years)	Reads a newspaper more than once a week		Listens to the radio more than once a week		Watches television more than once a week		No exposure to any form of mass media	
	Female	Male	Female	Male	Female	Male	Female	Male
15-19	4.4	NA	22.2	NA	7.5	NA	53.9	NA
20-24	7.8	14.0	25.3	31.0	10.8	11.8	47.6	43.4

Source: Timor-Leste 2003 Demographic and Health Survey: Key findings.
Dili, Timor-Leste: Ministry of Health.

*All figures are in per cent

INJURY, ACCIDENTS AND VIOLENCE

There is a paucity of information and statistics related to violence against adolescents in Timor-Leste. According to a recent study, of 138 reported cases of child abuse, 33% were of

sexual abuse, 24% physical abuse and 30% of various forms of neglect. Of the victims of sexual abuse, 88% were girls. In 31% of cases the perpetrator of the abuse was a

parent or guardian, in 58% of cases the perpetrator was part of the victim's extended family and in 42% of cases the violence or abuse had occurred within the victim's home⁵.

Laws and policies impacting adolescents

Timor-Leste's legal system has been in a prolonged, transitional phase since independence. While new civil and criminal codes are being drafted, the Indonesian Civil and Criminal Codes find application except in instances where they are viewed to be contrary to international human rights covenants⁵.



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