



Timor Leste and Family Planning: An Overview

Background

The Democratic Republic of Timor Leste is situated on the eastern part of the island of Timor, the easternmost of the Lesser Sunda Islands. It is bordered by the Wetar Strait to the north and the Timor Sea to the south. The western part of the island is part of the Republic of Indonesia, East Nusa Tenggara province.

Human development indicators place Timor Leste among the 10 poorest countries in the world. The total population of Timor Leste in 2002 was 850,000, and the population density was 58 people per square kilometre. Timor Leste has a land area of approximately 14,610 square kilometres. Available data show that more than 40% of the population lives below the poverty line, which is US\$ 0.55 per day. The vast majority of people, at least 85%, live in rural areas. Timor Leste's age-structure is young, with up to 49% of the total population below 15 years of age.

Situation Analysis

The country is organized into 13 districts, 67 postos (sub-districts), 498 sucos (villages) and 2,336 aldeias (hamlets). The districts have district administrators with a small number of staff and coordinators at the postos.

An Interim Health Authority was formed in February 2000, followed by the creation of the Division of Health Services in July 2000. **The Ministry of Health came into being in September 2001.** Timor Leste's vision for health development is based on a broad definition of health: "Healthy Timor Leste people in a healthy Timor Leste."

Average life expectancy is 57 years. The overall sex ratio is 107 males

On May 20, 2002, East Timor became the world's newest democracy.

per 100 females and the **annual population growth rate is 3.93%**. Timor Leste has a high total fertility rate (TFR), 7.4, consistent with a low **contraception prevalence rate (CPR) of only 7%**. The crude birth rate is 25.4.

Knowledge of contraceptive methods and source for methods is low in Timor Leste. In 1997, when Timor Leste was still part of Indonesia, 63.6% of currently married women knew of at least one contraceptive method, and 61.9% knew of at least one modern method, and one source of information or services for a modern contraceptive method. Seventy percent of women in Timor Leste had no access to family planning information through radio and television, and 91% had no access to family planning information through the printed media.

The mean ideal number of children in Timor Leste is high; in 1997 it was 4.8 children. Less than half (42.9%) of married women in Timor Leste who already had 5 children wanted to limit their births. The total demand for family planning, met and unmet, was only 44.5%.

Forty six percent of Timor Leste's population aged 11 years or older has never attended school and cannot read or write. **Adolescent reproductive health is characterized in part by poor knowledge of reproductive health, lack of access to information, and early marriage and pregnancy.**

During the crisis period in 1999, more than 80% of health facilities were physically destroyed or damaged and there was mass emigration of doctors and other core health professionals, bringing the health system to near collapse.

Timor Leste is predominantly Catholic and the government consulted religious leaders in establishing family planning services. These leaders now view family planning as an effort of "all parents in Timor Leste [to] collaborate with God to ensure their child's health and education."

Challenges

1. **Weak health system and sector.** Poor and unequal access to health services, absence of a regulatory framework, and an inadequate referral system are some of the problems affecting the performance of the health system in Timor Leste. There is a need for further health sector development, such as the development and refinement of health sector strategies and policies.

Given the current socio-economic and health situation in Timor Leste, unless efforts are made to embrace family planning more widely it will become increasingly difficult for families to ensure their own welfare.

2. **Lack of human resources.** There is a shortage of doctors and technical expertise, and capacity building of local staff is greatly needed.
3. **Addressing key reproductive health issues.** These include high fertility, low use of family planning methods, early marriage and pregnancy, poor birth spacing, unsafe abortion, and neglect of gender issues.

Sources

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Key Indicators:

Total Population, 2003 (in millions)	0.85
Population Growth Rate, 2003	3.93
Population Density, 2003 (people per square km)	58
Urban Population, 2003	8-15%
Population < 15 years of age, 2003	36-49%
Total Fertility Rate (TFR), 2000-2005	7.4
Contraceptive Prevalence Rate (CPR), 2000	7%
Unmet Need	N/A
Average age at first marriage	N/A
Average age at first birth	N/A
Crude Birth Rate (CBR) (per 1,000 population), 1995-2000	25.4
Maternal Mortality Ratio (MMR), 2000	660
Infant Mortality Rate (IMR), 2000-2005	124
HIV adult prevalence	N/A



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