MOR TALITY
SUMMARY OF THE THEMATIC REPORT

TIMOR-LESTE POPULATION & HOUSING CENSUS 2015
Infant mortality

The Infant Mortality Rate (IMR) is the number of deaths of children aged less than one year per 1,000 births.

The 2017 revision of World Population Prospects estimated the IMR for Timor-Leste at **43.9 deaths per 1,000 live births** for the period 2010–2015. This value was very close to the value for the South Asian region (44.0). However, the rate was higher than the rates for neighboring countries (Indonesia: 24.9; Philippines: 22.2), the South-east Asian region (24.0), and also the world average (35.0) (United Nations Department for Economic and Social Affairs, 2017).

Child mortality

The under-five mortality is the number of deaths of children aged less than five years per 1,000 live births.

The 2017 revision of World Population Prospects estimated the under-five mortality rate for Timor-Leste at **55.7 deaths per 1,000 live births** for the period 2010–2015. This value was very similar to the value for the South Asian region (55.4). However, the rate was higher than the rates for neighboring countries (Indonesia: 30.2; Philippines: 29.1), the South-east Asian region (29.9), and also the world average (48.1) (United Nations Department for Economic and Social Affairs, 2017).

International comparison of infant mortality rates

International comparison of under-five mortality rates

Source: UNDESA

**Infant mortality rate according to different sources**

The Census and Demographic and Health Survey (TLDHS) data show a clear declining trend in the probability of dying between age 0 and age 1 year (infant mortality). It is notable that the census trend line is consistently higher than for the most recent measures from the 2009-10 and 2016 TLDHSs. This is because surveys tend to collect data less consistently than censuses since they are based upon samples and infant mortality is a relatively rare event.

Infant mortality according to Censuses and DHSs, 1998–2014
Period estimates of infant & child mortality rates from the 2010 & 2015 Censuses

For the period 2010-2015, IMRs were 58.6 deaths per 1,000 live births for males, 53.1 for females and 56 for both sexes. The child mortality rates (deaths between 1 and 4 years of age) were 14.7 deaths per 1,000 population for males and 18.7 for females. The under-five mortality rate was 72.4 deaths per 1,000 live births for males and 70.8 for females.


<table>
<thead>
<tr>
<th></th>
<th>2010-2015</th>
<th>Male</th>
<th>Female</th>
<th>Both sexes ¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant Mortality</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rate</td>
<td>58.6</td>
<td>53.1</td>
<td>56</td>
<td></td>
</tr>
<tr>
<td>Child Mortality</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rate</td>
<td>14.7</td>
<td>18.7</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>Under-five Mortality Rate</td>
<td>72.4</td>
<td>70.8</td>
<td>72</td>
<td></td>
</tr>
</tbody>
</table>

¹ Modeled with male and female estimates and enumerated data

The estimated urban-rural gap in the infant mortality rate was 16 points for males and 15 points for females in 2010–2015. In urban areas, the male-female gap was 5 points, and in rural areas the gap was 6 points. The estimated urban-rural gap in the under-five mortality rate was 24.5 points for males and 23.4 points for females in 2010–2015. In urban areas, the male-female gap was only 2.8 points, whereas in rural areas the gap was slightly larger, at 3.9 points.

Infant and child mortality rates by sex, 2010–2015, urban and rural locations, 2010 and 2015 Censuses

<table>
<thead>
<tr>
<th></th>
<th>Urban</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Infant Mortality</td>
<td>48</td>
<td>43</td>
</tr>
<tr>
<td>Rate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under-five Mortality Rate</td>
<td>60.4</td>
<td>57.6</td>
</tr>
</tbody>
</table>

Infant and child mortality by Municipality

The range between the highest and lowest IMRs was 31 points. Only 3 Municipalities (Dili, Oecusse and Lautem) had lower IMRs than the national average (56.0). The range between the highest and lowest IMRs was 32 points for males and 29 points for females. The largest male-female gap in IMRs was in Baucau (15 points), and the lowest gap was in Manatuto (2 points).
**Male life expectancy at birth**

The 2017 revision of *World Population Prospects* estimated the **male life expectancy** for Timor-Leste was **66.1 years** for the period 2010–2015. This value was 2.5 years lower than the world average and 1.6 years lower than the South-east Asian region average, but was similar to the values for Indonesia (66.6). It was higher than the values for three countries in the South-east Asian region – Myanmar (63.7), Laos (63.9) and Philippines (65.4).

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**Female life expectancy at birth**

The 2017 revision of *World Population Prospects* estimated the **female life expectancy** for Timor-Leste was **69.5 years** for the period 2010–2015. This value was 4 years lower than the average value for the South-east Asian region, 2.6 years lower than the Philippines (72.1) and 1.2 years lower than Indonesia (70.7). Timor-Leste is not performing as well for female life expectancy as for male life expectancy relative to other countries in South-east Asia. However, female life expectancy for Timor-Leste was 3.4 years higher than male life expectancy for the period 2010–2015.
Data from the Censuses yielded life expectancies of 63.6 years for males and 66.2 years for females respectively for the period 2010–2015. Female life expectancy exceeded male life expectancy by 2.6 years during 2010–2015.

Based on the 2010 Census, there was a significant increase of almost 5 years for males and almost 6 years for females from 58.7 and 60.4 years in 2008–2009 to 63.6 years for males and 66.2 years for females in 2013. Since 2002, male life expectancy has increased by 6.2 years, and female life expectancy has increased by 7.3 years in 2013. The male-female gap in life expectancy increased from 2.2 years in 2002 to 2.6 years in 2013.

### Life expectancy by urban and rural location, 2010 & 2015 Censuses

In urban areas, the male life expectancy was 67.3 years, the female life expectancy was 69.8 years, 3.7 and 3.6 years higher than the national value respectively. The male-female gap was 2.5 years, 0.1 years less than the national male-female gap in life expectancy. In rural areas, the male life expectancy was 62.3 years, and the female life expectancy was 64.8 years. The male-female gap in rural life expectancy was 2.5 years.

<table>
<thead>
<tr>
<th></th>
<th>Urban</th>
<th>Rural</th>
<th>Timor-Leste</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
</tr>
<tr>
<td>Life expectancy at birth</td>
<td>67.3</td>
<td>69.8</td>
<td>62.3</td>
</tr>
</tbody>
</table>

### Male & female life expectancies by urban and rural location in 2010-2015

The **male life expectancy** was highest in Dili (67.8 years) and lowest in Covalima (58.6). 8 Municipalities had lower male life expectancies than the national average (63.6 years).

The **female life expectancy** was highest in Dili (70.1 years) and lowest in Covalima (60.3). 9 Municipalities had lower female life expectancies than the national average of 66.2 years. Female life expectancy was higher than male life expectancy in all Municipalities in 2010–2015. The female-male gap in life expectancy varied from the largest gap of 5.4 years in Baucau to the smallest gap of 1.1 in Manatuto.
The maternal death ratio, whilst still at very high levels, is declining in Timor-Leste. The 2010 and 2015 Census estimate of 426 deaths per 100,000 births for 2010–2015 is higher than the value of 195 in the 2016 TLDHS. The point estimate generated by the Maternal Mortality Estimation Inter-Agency Group (MMEIG) of 215 for 2015 is also lower compared with the census results.

When compared to the other estimates of maternal mortality, the 2010 Census estimate and the 2010–2015 Census estimate form a linear trend with the upper-level uncertainty value of the MMEIG estimate for 2015. For Timor-Leste, the 2015 MMEIG estimate was the third highest in Asia, and was 89 deaths per 100,000 live births higher than in Indonesia.

Age-specific ratios exhibit a ‘j-shape’ of higher rates for adolescents and women in older reproductive ages (the age-groups that are at most risk of maternal mortality).
KEY FINDINGS & RECOMMENDATIONS

**Key Census Findings**

⇒ The IMR was 56 deaths per 1,000 live births
⇒ The under-five mortality rate was 72 deaths per 1,000 live births
⇒ The male life expectancy was 63.6 years, while the female life expectancy was 66.2 years
⇒ The official estimation of maternal mortality from the Census was 426 maternal deaths per 100,000 births

**Recommendations**

⇒ The government has to improve access to healthcare services
⇒ Providing universal access to sexual and reproductive health services, including modern contraception to reduce higher-risk pregnancies (especially among adolescents and women in older reproductive ages and those in remote areas)
⇒ Extension of outreach healthcare services to the remoter parts of the country so that all women, and especially the most vulnerable women can receive access to antenatal care, safe childbirth and antenatal and postnatal care
⇒ To implement, monitor and evaluate these interventions. The government should focus on:
  ● SDG 2 (End hunger, achieve food security and improved nutrition and promote sustainable agriculture)
  ● SDG 3 (Ensure healthy lives and promote well-being for all ages and at all times)
  ● SDG 5: (Achieve gender equality and empower all women and girls)