



Timor-Leste

2016 Demographic and Health Survey

Key Findings





The 2016 Timor-Leste Demographic and Health Survey (2016 TLDHS) was implemented by the General Directorate of Statistics, Ministry of Planning and Finance and Ministry of Health. The funding for the 2016 TLDHS was provided by the Government of Government of Timor-Leste, the United States Agency for International Development (USAID), the United Nations Population Fund (UNFPA), the United Nations Children’s Fund (UNICEF), the World Health Organization (WHO), the European Union, and the World Bank. ICF provided technical assistance through The DHS Program, a USAID-funded project providing support and technical assistance in the implementation of population and health surveys in countries worldwide.

Additional information about the 2016 TLDHS may be obtained from the General Directorate of Statistics, Ministry of Finance Building #5, Palácio do Governo, Dili, Timor-Leste; Telephone +670 333 9646; E-mail: info@mof.gov.tl; Internet: www.mof.gov.tl.

Additional information about The DHS Program may be obtained from ICF, 530 Gaither Road, Suite 500, Rockville, MD 20850, USA (telephone: 301-407-6500; fax: 301-407-6501; e-mail: info@DHSprogram.com; Internet: www.DHSprogram.com).

Suggested citation:

General Directorate of Statistics (GDS) and ICF. 2018. *2016 Timor-Leste Demographic and Health Survey Key Findings*. Rockville, Maryland, USA: GDS and ICF.

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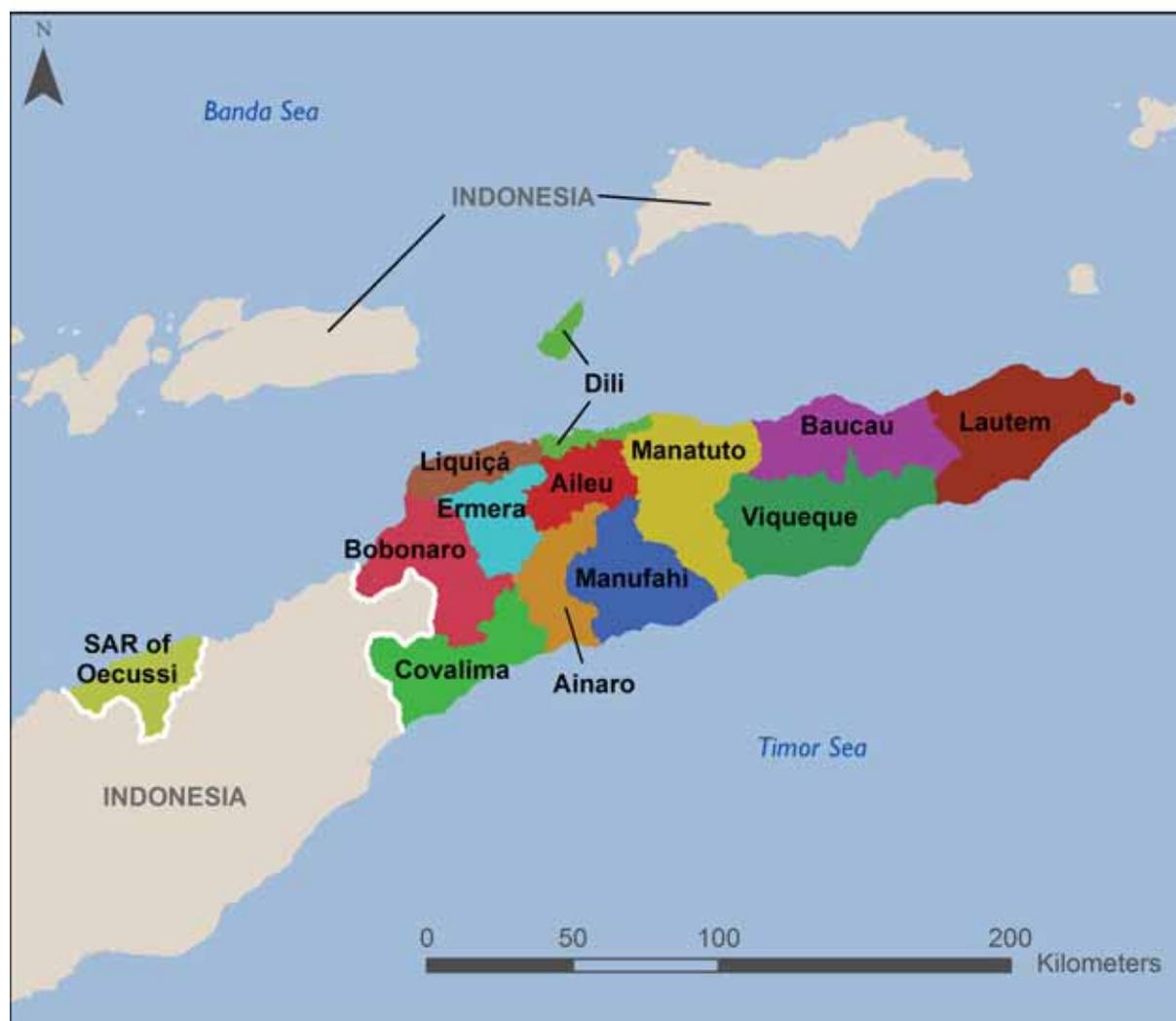
ABOUT THE 2016 TLDHS

The 2016 Timor-Leste Demographic and Health Survey (TLDHS) is designed to provide data for monitoring the population and health situation in Timor-Leste. The 2016 TLDHS is the second Demographic and Health Survey conducted in Timor-Leste and the objective of the survey was to provide reliable estimates of fertility levels, marriage, sexual activity, fertility preferences, family planning methods, breastfeeding practices, nutrition, childhood and maternal mortality, maternal and child health, and HIV/AIDS and other sexually transmitted infections (STIs) that can be used by program managers and policymakers to evaluate and improve existing programs.

Who participated in the survey?

A nationally representative sample of 12,607 women age 15-49 in all selected households and 4,622 men age 15-59 in one-third of the selected households were interviewed. This represents a response rate of 99% of women and 97% of men. The sample design for the 2016 TLDHS provides estimates at the national level, for urban and rural areas, and for each of the 13 municipalities.

TIMOR-LESTE



CHARACTERISTICS OF HOUSEHOLDS AND RESPONDENTS

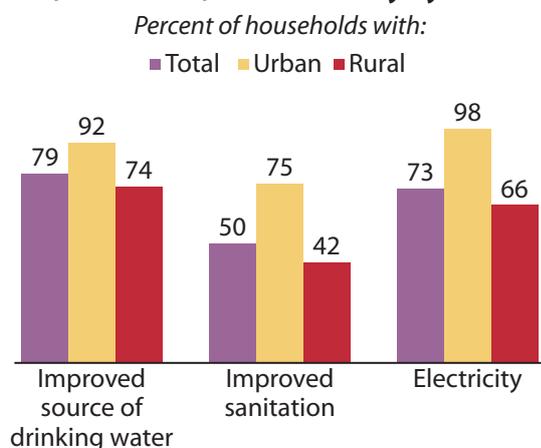
Household Composition

Households in Timor-Leste have an average of 5.3 members. Overall, 18% of households are headed by women. Forty-one percent of the household population is under age 15.

Water, Sanitation, and Electricity

Nearly 8 in 10 (79%) households have access to an improved water source. Urban households are more likely to have access to an improved water source (92%) than rural households (74%). Half (50%) of households use improved sanitation. Three in four (75%) urban households use improved sanitation, compared to 42% of rural households. Fifty percent of households use unimproved sanitation—9% use a shared facility, 14% use an unimproved facility, and 27% have no facility. Overall, 73% of households have electricity. Nearly all (98%) urban households have electricity, compared to 66% of rural households.

Water, Sanitation, and Electricity by Residence



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Ownership of Goods

More than 8 in 10 (84%) households in Timor-Leste own a mobile phone. Fewer households own a television (40%) or radio (25%). Urban households are more likely than rural households to own these goods. In contrast, rural households are more likely than urban households to own agricultural land or farm animals.

Education

More than 1 in 5 (22%) women and 19% of men age 15-49 have no education. Fifteen percent of women and 18% of men have some primary education, while 52% of women and 51% of men have some secondary education. Eleven percent of women and 12% of men have more than secondary education. Three-quarters (75%) of women and 82% of men are literate.

Education

Percent distribution of women and men age 15-49 by highest level of education attended



FERTILITY AND ITS DETERMINANTS

Total Fertility Rate

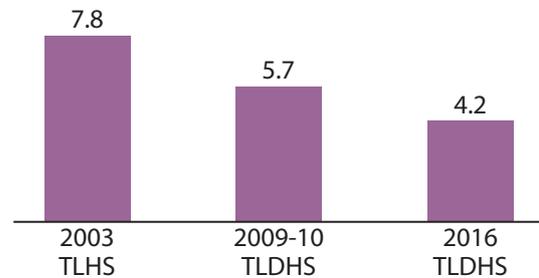
Currently, women in Timor-Leste have an average of 4.2 children. Fertility has declined dramatically over the last 13 years, from 7.8 children per woman in 2003 to 4.2 children per woman in 2016.

Fertility is higher in rural areas (4.6 children per woman) than in urban areas (3.5 children per woman). Fertility also varies by municipality, from a low of 3.6 children per woman in Dili to a high of 5.7 children per woman in Ainaro.

Fertility decreases as a woman's level of education increases. Women with no education have an average of 4.8 children, compared to 3.3 children among women with more than secondary education. Fertility also decreases as household wealth* increases. Women in the poorest households have on average 1.8 children more than women in the richest households (5.2 versus 3.4).

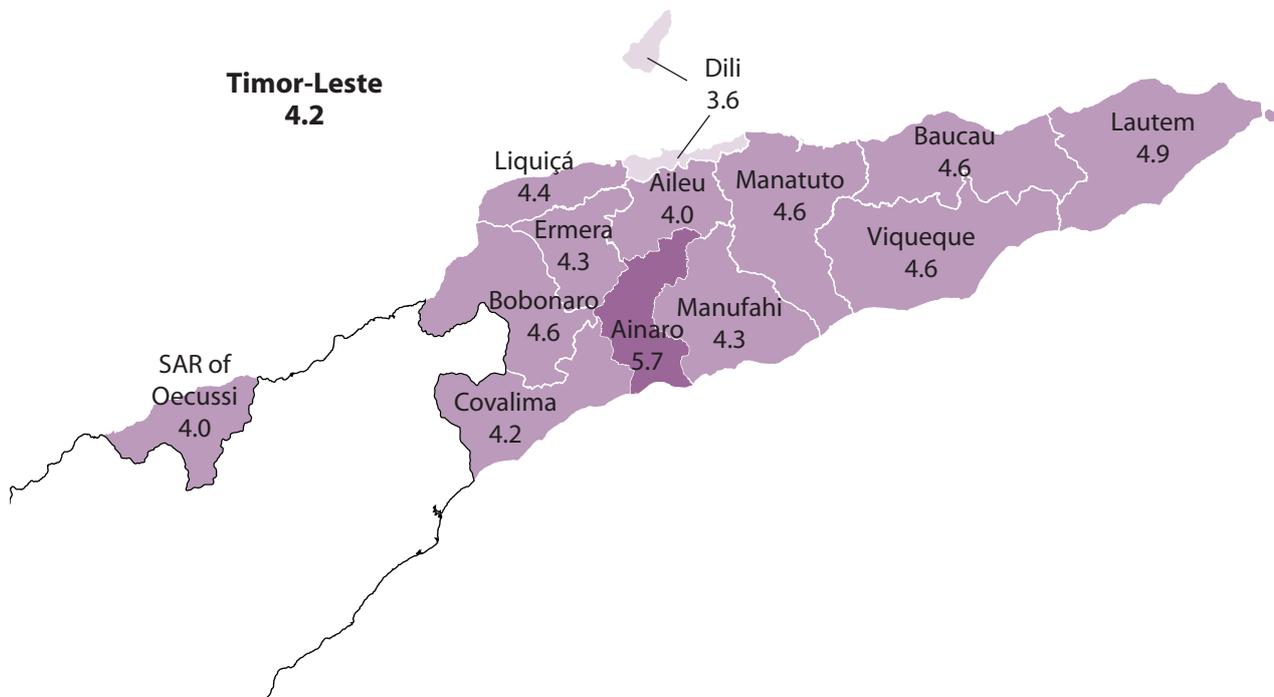
Trends in Fertility

Births per woman for the 3 years before the survey



Total Fertility Rate by Municipality

Births per woman for the 3 years before the survey



* Household wealth is assessed via household assets such as type of flooring, source of water, availability of electricity, and possession of durable consumer goods. Each household is assigned a score based on the household assets. The households are then divided into five groups of equal size, or quintiles, based on their relative score

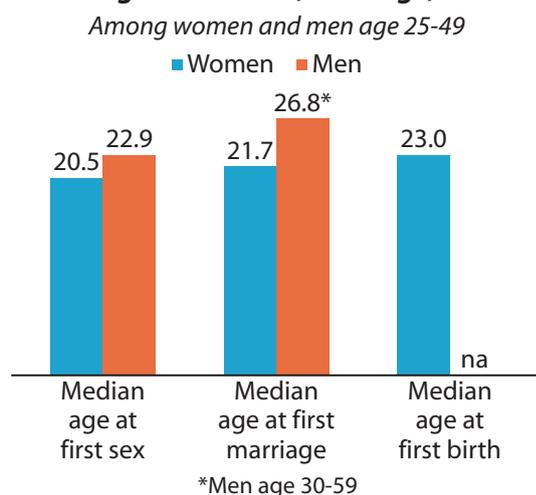
Age at First Sexual Intercourse, Marriage, and Birth

Timorese women begin sexual activity 2.4 years earlier than Timorese men. The median age at first sexual intercourse for women age 25-49 is 20.5 years, compared to 22.9 years among men age 25-49. Women in urban areas begin sexual activity 1.6 years later than women in rural areas. In contrast, men in rural areas begin sexual activity 0.9 years later than men in urban areas. More than one-quarter (26%) of women begin sexual activity before age 18, compared to 15% of men.

Men marry substantially later than women. One in five (20%) women age 25-49 are married by age 18, compared to 3% of men age 25-49. The median age at first marriage among woman age 25-49 is 21.7 years, while the median age at first marriage among men age 30-59 is 26.8 years.

Half of Timorese women age 25-49 have their first birth by age 23.0 years. Women in urban areas have their first birth 1.2 years later than woman in rural areas (median age of 23.9 versus median age of 22.7).

Median Age at First Sex, Marriage, and Birth



Teenage Fertility

In Timor-Leste, 7% of adolescent women age 15-19 have begun childbearing—5% are mothers and 2% are pregnant with their first child. Teenage fertility is twice as high in rural areas (8%) as in urban areas (4%). By municipality, teenage fertility ranges from 3% in Dili to 10% in Bobonaro and SAR of Oecussi.

Polygyny

Four percent of women and 1% of men age 15-49 are in polygynous unions. Polygyny is most common among women in Bobonaro (11%) and among men in SAR of Oecussi (4%).



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FAMILY PLANNING

Current Use of Family Planning

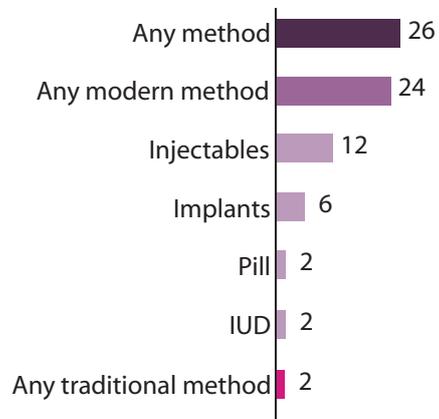
Overall, 26% of married women age 15-49 use any method of family planning—24% use a modern method and 2% use a traditional method. The most popular modern methods among married women are injectables (12%), implants (6%), the pill (2%) and the IUD (2%).

Use of modern family planning methods varies dramatically by municipality; 8% of married women in Lautem use a modern method, compared to 35% in SAR of Oecussi. There is no clear relationship between modern family planning use and a woman’s level of education or household wealth.

Trends in Family Planning Use

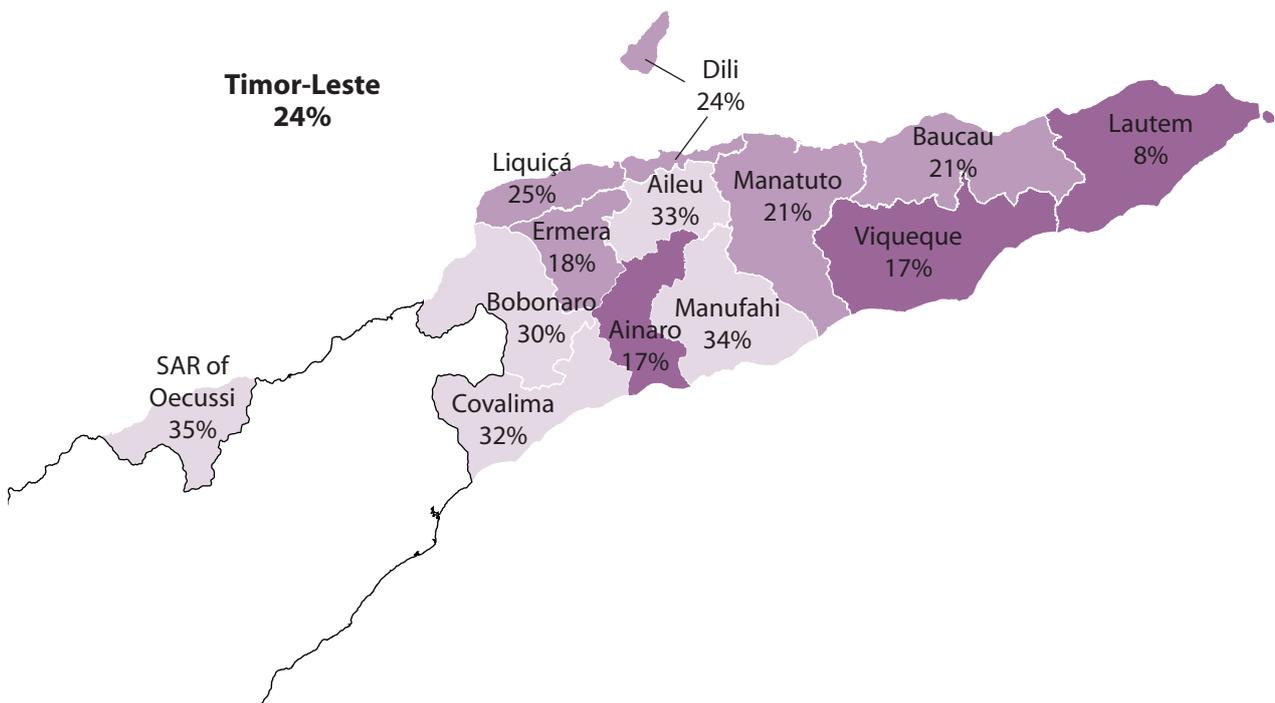
The use of any method of family planning increased slightly from 22% in 2009-10 to 26% in 2016. Similarly, use of modern methods of family planning increased slightly from 21% to 24% over the same time period. In contrast, the use of traditional methods of family planning has remained relatively unchanged.

Family Planning
Percent of married women age 15-49 using family planning



Current Use of Modern Methods by Municipality

Percent of married women age 15-49 using a modern method of family planning



Demand for Family Planning

Thirty-six percent of married women age 15-49 want to delay childbearing (delay their first birth or space out births) for at least two years, while 16% do not want any more children. Women who want to delay or stop childbearing are said to have a demand for family planning. The total demand for family planning in Timor-Leste is 51%.

The total demand for family planning includes both met need and unmet need. Met need is the contraceptive prevalence rate. In Timor-Leste, 26% of married women are using any method of family planning.

Unmet need for family planning is defined as the proportion of married women who want to delay or stop childbearing but are not using family planning. One in four (25%) married women have an unmet need for family planning: 19% want to delay childbearing, while 6% want to stop childbearing.

Demand for Family Planning Satisfied by Modern Methods

Demand satisfied by modern methods measures the extent to which women who want to delay or stop childbearing are actually using modern family planning methods. Forty-seven percent of the demand for family planning is satisfied by modern methods. Demand for family planning satisfied by modern methods ranges from 22% in Lautem to 62% in SAR of Oecussi.

Exposure to Family Planning Messages

Television is the most common source of family planning messages; 17% of women and 28% of men age 15-49 saw a family planning message on television in the few months before the survey. Thirteen percent of women and 24% of men heard a family planning message on the radio in the few months before the survey. Women and men were less likely to have been exposed to family planning messages via newspapers, magazines, or mobile phones. Three-quarters of women (75%) and 62% of men were not exposed to family planning messages via any of these media sources.

Informed Choice

Family planning clients should be informed about the side effects of the method used, what to do if they experience side effects, and told about other available family planning methods. Nearly 8 in 10 (79%) modern contraceptive users were informed about other available family planning methods, 69% were informed about side effects, and 60% were told what to do if they experience side effects.



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CHILDHOOD MORTALITY

Rates and Trends

The infant and under-5 mortality rates for the five-year period before the survey are 30 and 41 deaths per 1,000 live births, respectively. At these mortality levels, 1 in every 25 Timorese children does not survive to their fifth birthday.

Infant mortality has declined over the past 13 years, from 60 deaths per 1,000 live births in 2003 to 30 deaths per 1,000 live births in 2016. Under-5 mortality has also declined from 83 deaths per 1,000 live births to 41 deaths per 1,000 live births over the same period.

Mortality Rates by Background Characteristics

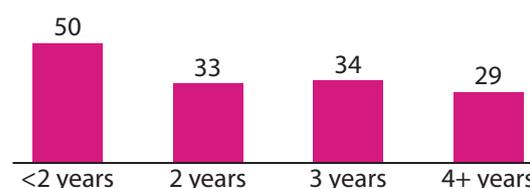
The under-5 mortality rate differs by municipality for the ten-year period before the survey, from 19 deaths per 1,000 live births in Lautem to 76 deaths per 1,000 live births in SAR of Oecussi. Children from the poorest households are more than twice as likely to die before their fifth birthday as children from the richest households. The under-5 mortality rate is 55 deaths per 1,000 live births among children in the poorest households, compared to 25 deaths per 1,000 live births among children in the richest households.

Birth Intervals

Spacing children at least 36 months apart reduces the risk of infant death. The median birth interval in Timor-Leste is 32.2 months. Infants born less than two years after a previous birth have high under-5 mortality rates. Under-5 mortality is higher among children born less than two years after a previous birth (50 deaths per 1,000 live births) than among children born four or more years after a previous birth (29 deaths per 1,000 live births). Overall, 29% of children are born less than two years after their siblings.

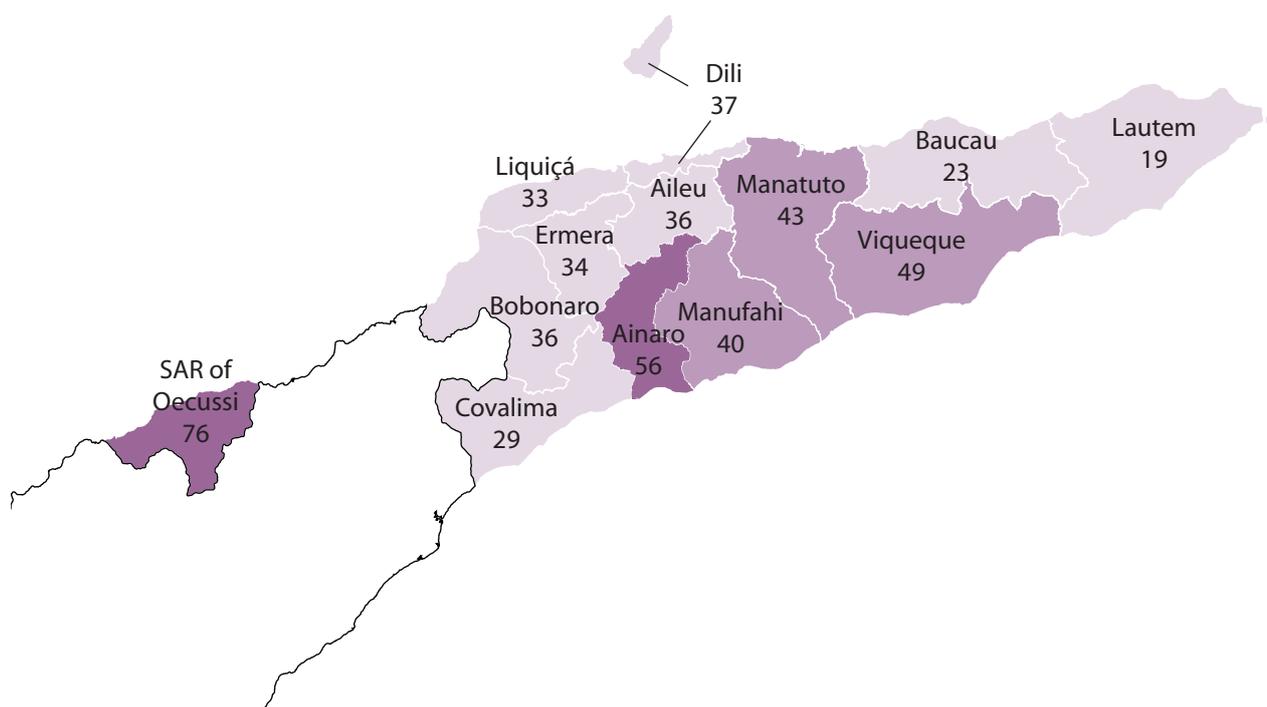
Under-5 Mortality by Previous Birth Interval

Deaths per 1,000 live births for the ten-year period before the survey



Under-5 Mortality by Municipality

Deaths per 1,000 live births for the ten-year period before the survey



MATERNAL HEALTH CARE

Antenatal Care

Overall, 84% of women age 15-49 receive antenatal care (ANC) from a skilled provider (doctor, nurse, midwife, or assistant nurse). However, 14% of women receive no ANC. The timing and quality of antenatal care are also important. More than 3 in 4 (77%) women make four or more ANC visits and 57% have their first ANC visit in the first trimester.

Eighty-five percent of women take iron tablets or syrup during pregnancy. Nearly three-quarters (72%) of women's most recent births were protected against neonatal tetanus. Among women who received ANC for most their most recent birth, 90% had their blood pressure measured, 62% had a urine sample taken, and 56% had a blood sample taken.

Delivery and Postnatal Care

Nearly half (49%) of births occur in a health facility, primarily in public sector facilities. However, 51% of births occur at home. Over half (57%) of births are assisted by a skilled provider. Women in urban areas are nearly twice as likely as women in rural areas to receive delivery assistance from a skilled provider (86% versus 45%). Delivery assistance from a skilled provider varies dramatically by municipality, from a low of 20% in Ermera to a high of 85% in Dili.

Postnatal care helps prevent complications after childbirth. More than one-third (35%) of women receive a postnatal checkup within two days of delivery, though 50% did not have a postnatal checkup within 41 days of delivery. Thirty-one percent of newborns receive a postnatal checkup within two days of birth.



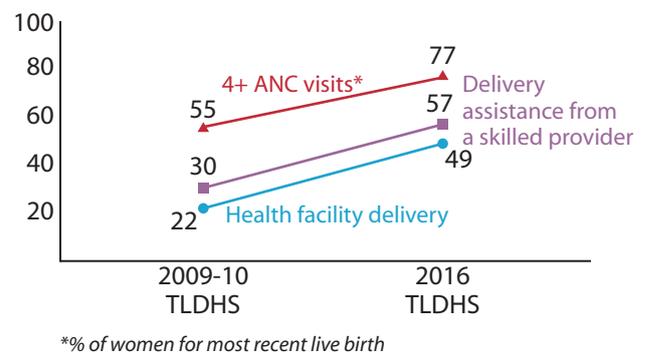
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Trends in Maternal Health Care

The 2016 TLDHS shows that Timor-Leste has made progress in improving maternal health. More than 3 in 4 (77%) women made four or more ANC visits, an increase from 55% in 2009-10. Facility births have more than doubled since 2009-10, increasing from 22% to 49% in 2016. Skilled assistance during delivery also increased, from 30% in 2009-10 to 57% in 2016.

Trends in Maternal Health Care

Percent of live births in the five years before the survey



Pregnancy-Related Mortality

The 2016 TLDHS asked women about deaths of their sisters to determine pregnancy-related mortality. Pregnancy-related mortality includes deaths of women during pregnancy, childbirth, and two months after delivery, irrespective of the cause of death. The pregnancy-related mortality ratio (PRMR) is 218 deaths per 100,000 live births for the seven-year period before the survey. The confidence interval for the 2016 PRMR ranges from 125 to 311 deaths per 100,000 live births. The 2016 TLDHS estimate of PRMR is significantly lower than the 2009-10 TLDHS estimate of 557 deaths per 100,000 live births.

CHILD HEALTH

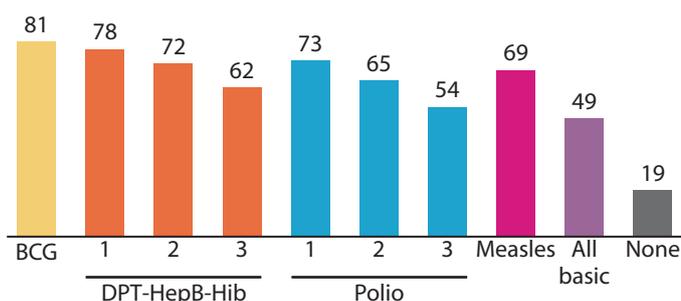
Basic Vaccination Coverage

Nearly half (49%) of children age 12-23 months have received all basic vaccinations—one dose each of BCG and measles and three doses each of DPT-HepB-Hib and polio. Yet, 19% of children received no vaccinations. Vaccination coverage has remained relatively stable since 2009-10 when 53% of children received all basic vaccinations.

Children living in Baucau are more than twice as likely as children living in Ermera to receive all basic vaccinations (67% versus 31%). Basic vaccination coverage generally increases as household wealth increases.

Basic Vaccination Coverage

Percent of children age 12-23 months vaccinated at any time before the survey



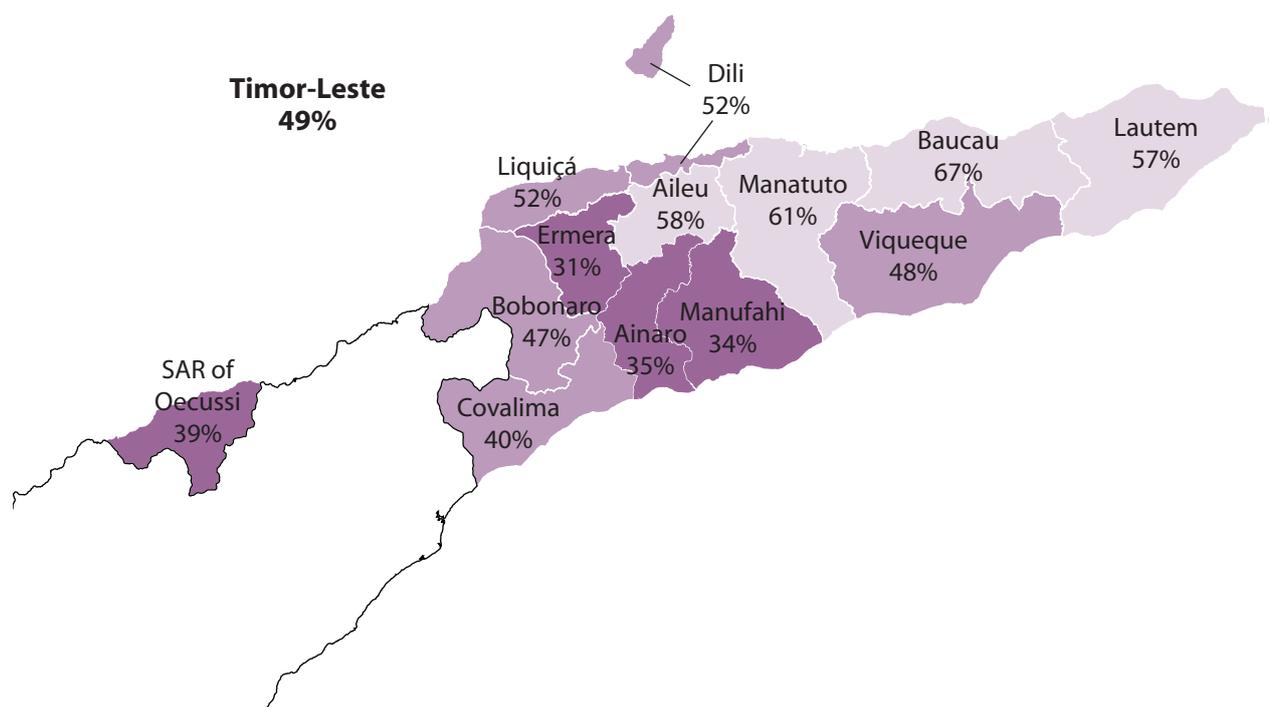
Childhood Illnesses

In the two weeks before the survey, 2% of children under age 5 were ill with cough and rapid breathing, symptoms of acute respiratory infection (ARI). Treatment or advice was sought for 71% of these children. Community health centers and health posts were the most common sources of advice or treatment.

More than 1 in 10 (11%) children under age 5 had diarrhea in the two weeks before the survey. Diarrhea was most common among children age 12-23 months (18%). Treatment or advice was sought for 65% of children with diarrhea. Children with diarrhea should drink more fluids, particularly through oral rehydration therapy (ORT). While 79% of children with diarrhea received ORT, 10% received no treatment.

Basic Vaccination Coverage by Municipality

Percent of children age 12-23 months who have received all basic vaccinations



FEEDING PRACTICES AND SUPPLEMENTATION

Breastfeeding and the Introduction of Complementary Foods

Breastfeeding in Timor-Leste is very common, with 96% of children ever breastfed. Three-quarters (75%) of children were breastfed within the first hour of life. Eighteen percent of children who were ever breastfed received a prelacteal feed, though this is not recommended.

WHO recommends that children receive nothing but breastmilk (exclusive breastfeeding) for the first six months of life. Half (50%) of children under 6 months are exclusively breastfed. Children under age 3 are breastfed for an average of 18.0 months and are exclusively breastfed for an average of 4.7 months.

Complementary foods should be introduced when a child is six months old to reduce the risk of malnutrition. More than half (57%) of children age 6-8 months are breastfed and receive complementary foods.



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Use of Iodized Salt

Iodine is an important micronutrient for physical and mental development. Fortification of salt with iodine is the most common method of preventing iodine deficiency. Eighty-five percent of households in Timor-Leste have iodized salt.

Vitamin A and Iron Supplementation

Micronutrients are essential vitamins and minerals required for good health. Vitamin A, which prevents blindness and infection, is particularly important for children. Nearly 7 in 10 (69%) children age 6-23 months ate foods rich in Vitamin A the day before the survey, and 64% of children age 6-59 months received a vitamin A supplement in the last six months.

Iron is essential for cognitive development in children and low iron intake can contribute to anemia. Less than half (46%) of children age 6-23 months ate foods rich in iron the day before the survey and 34% of children age 6-59 months received iron supplement in the week before the survey.

Pregnant women should take iron tablets for at least 90 days during pregnancy to prevent anemia and other complications. Thirteen percent of women age 15-49 received iron supplements for at least 90 days during their last pregnancy.

NUTRITIONAL STATUS

Children's Nutritional Status

The 2016 TLDHS measures children's nutritional status by comparing height and weight measurements against an international reference standard. Overall, 46% of children under age 5 are stunted or too short for their age. Stunting is an indication of chronic undernutrition. Stunting has decreased from 58% in 2009-10.

Nearly 1 in 4 (24%) children under age 5 are wasted or too thin for their height. Wasting is an indication of acute malnutrition. Wasting has increased slightly from 19% in 2009-10 to 24% in 2016.

Forty percent of children under age 5 are underweight or too thin for their age while 6% are overweight or too heavy for their height.

Women and Men's Nutritional Status

The 2016 TLDHS also took weight and height measurements of women and men age 15-49. Twenty-seven percent of women are thin (body mass index or BMI < 18.5). One in ten (10%) women are overweight or obese. While the percent of women who are thin has remained the same since 2009-10 (27%), overweight and obesity has increased from 5% in 2009-10 to 10% in 2016.

One-quarter (26%) of men age 15-49 are thin and 6% are overweight or obese. Men from the richest households (16%) and those with more than secondary education (14%) are most likely to be overweight or obese.

Anemia

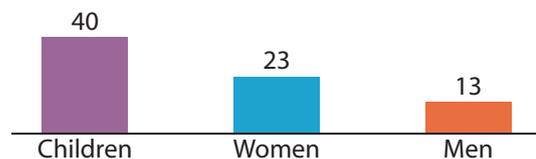
Four in ten (40%) children age 6-59 months are anemic; the majority have mild anemia. Younger children are more likely to be anemic than older children; 62% of children age 6-8 months are anemic, compared to 28% of children age 48-59 months. Anemia in children is essentially unchanged since 2009-10 when 38% of children age 6-59 months were anemic.

Overall, 23% of women age 15-49 are anemic; the majority have mild anemia. Pregnant women are more likely to be anemic (37%) than women who are breastfeeding (26%) or those who are neither pregnant nor breastfeeding (21%). By municipality, anemia ranges from 10% of women in Manufahi to 46% of women in SAR of Oecussi. Anemia among women has remained stable since 2009-10.

Thirteen percent of men age 15-49 are anemic. Anemia varies by municipality; 5% of men in Manufahi and Dili are anemic, compared to 28% of men in Ermera. Anemia among men decreases as both education and household wealth increase.

Prevalence of Anemia

Percent of children age 6-59 months, women age 15-49 and men age 15-49 with anemia



MALARIA

Mosquito Nets

Nearly two-thirds (64%) of Timorese households have at least one insecticide-treated net (ITN). Fewer households (33%) have enough ITNs to cover each household member, assuming one ITN is used by two people. Among the household population, 48% have access to an ITN and 47% slept under an ITN the night before the survey. Access to an ITN ranges from a low of 32% in Dili to a high of 73% in SAR of Oecussi.

Children and pregnant women are most vulnerable to malaria. Fifty-five percent of children under age 5 and 60% of pregnant women age 15-49 slept under an ITN the night before the survey. This represents an increase from 2009-10, when 41% of both children under age 5 and pregnant women age 15-49 slept under an ITN.

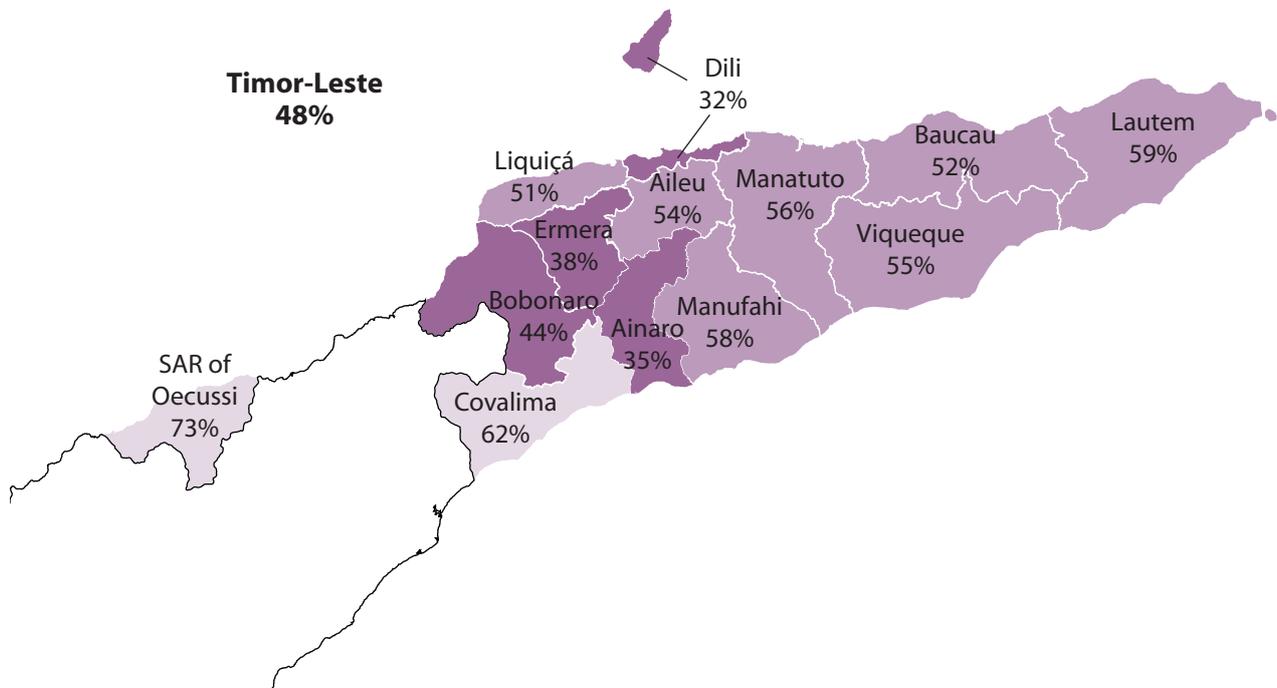
Management of Malaria in Children

Overall, 13% of children under age 5 had fever in the two weeks before the survey. Advice or treatment was sought for 58% of these children. One quarter (25%) of children with fever had blood taken for testing.

The 2016 TLDHS also tested children age 6-59 months for low hemoglobin (<8 g/dl). Two percent of children age 6-59 months have low hemoglobin. Low hemoglobin is most common among children in Liquiçá (7%) and Baucau (5%) municipalities.

Access to Insecticide-Treated Nets (ITNs) by Municipality

Percent of de facto household population that could sleep under an ITN if each ITN in the household were used by up to 2 people



HIV KNOWLEDGE, ATTITUDES, AND BEHAVIOR

Knowledge of HIV Prevention Methods

Less than half (47%) of women and 66% of men age 15-49 have heard of HIV or AIDS. Knowledge of HIV or AIDS is highest among women and men with more than secondary education (90% and 97%, respectively).

Overall, 26% of women and 47% of men know that using condoms and limiting sex to one uninfected partner can reduce the risk of HIV transmission. Nearly 3 in 10 (29%) women and 42% of men know that HIV can be transmitted from mother to child during pregnancy, during delivery, and by breastfeeding. Twenty-three percent of women and 32% of men know that the risk of mother-to-child transmission of HIV can be reduced by the mother taking special drugs.

Multiple Sexual Partners

Less than 1% of women and 3% of men had two or more sexual partners in the last 12 months. Among men with multiple sexual partners, 24% reported using a condom during last sex. Women have an average of 1.8 lifetime sexual partners, compared to 2.5 sexual partners for men.

HIV Testing

Overall, 7% of women and 26% of men know where to get an HIV test. The vast majority of women and men (96% each) have never been tested for HIV. Three percent of women and men have ever been tested for HIV and received the results. Fewer women (1%) and men (2%) were tested for HIV in the last 12 months and received the results. Among women with a birth in the two years before the survey, 4% received counseling on HIV and an HIV test during antenatal care, and then received the results of the test.



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WOMEN'S EMPOWERMENT

Employment

Overall, 43% of married women age 15-49 were employed in the last 12 months, compared to 91% of married men age 15-49. Working men are about equally likely to be paid for their work (59%) than working women (56%). Nearly all (92%) women who are employed and earn cash make decisions on how to spend their earnings. More than one-third of working women (35%) say they earn less than their husband.

Ownership of Assets

Women are slightly less likely than men to own a home or land alone or jointly. Among women, 87% own a home and 70% own land alone or jointly. Among men, 92% own a home and 73% own land alone or jointly.

In Timor-Leste, 11% of women and 16% of men use a bank account. Two-thirds of women (66%) and 77% of men own a mobile phone. Among mobile phone owners, 2% of both women and men use a mobile phone for financial transactions.

Problems in Accessing Health Care

Six in ten (60%) women report experiencing at least one problem in accessing health care. Forty-six percent of women are concerned about the distance to the health facility and 44% are worried about having to take transport. Three-quarters (76%) of women report concerns about the availability of health care. Concern about the availability of medicines (72%) was the most commonly cited concern.



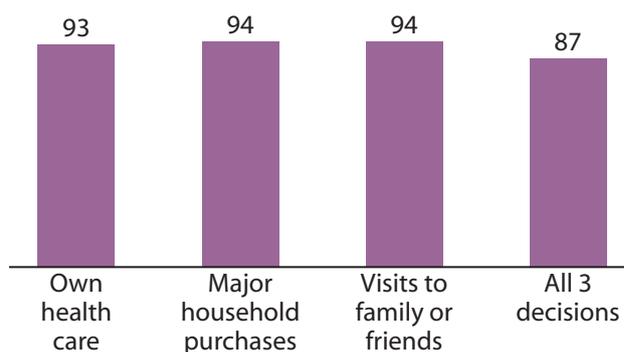
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Participation in Decisions

The 2016 TLDHS asked married women about their participation in three types of decisions: her own health care, making major household purchases, and visits to family or relatives. The vast majority of women have sole or joint decision making power; 94% participate in decisions about major household purchases or visits to her family or relatives, while 93% participate in decisions about her own health care. Nearly 9 in 10 (87%) women participate in all three decisions, while 2% do not participate in any of the decisions.

Women's Participation in Decision Making

Percent of married women age 15-49 who usually make specific decisions by themselves or jointly with their husband



DOMESTIC VIOLENCE

Attitudes toward Wife Beating

Nearly 3 in 4 (74%) women and 53% of men agree that a husband is justified in beating his wife for at least one of the following reasons: if she burns the food, argues with him, goes out without telling him, neglects the children, or refuses to have sex with him. Both women and men are most likely to agree that wife beating is justified if the wife neglects the children (63% and 46%, respectively) or if the wife goes out without telling the husband (64% and 45%, respectively).

Experience of Physical Violence

One third (33%) of women age 15-49 have ever experienced physical violence since age 15 and 29% experienced physical violence in the last 12 months. Experience of physical violence in the last 12 months varies by municipality, from 17% of women in Dili to 47% of women in Liquiçá. The most common perpetrator of physical violence among ever-married women is their current husband or partner. Among never-married women, the most common perpetrators of physical violence are parents or step-parents.

Experience of Sexual Violence

Five percent of women have ever experienced sexual violence and 4% experienced sexual violence in the last 12 months. Women living in Manufahi (12%), Ainaro (8%), and SAR of Oecussi (7%) are most likely to have experienced sexual violence in the last 12 months.

Spousal Violence

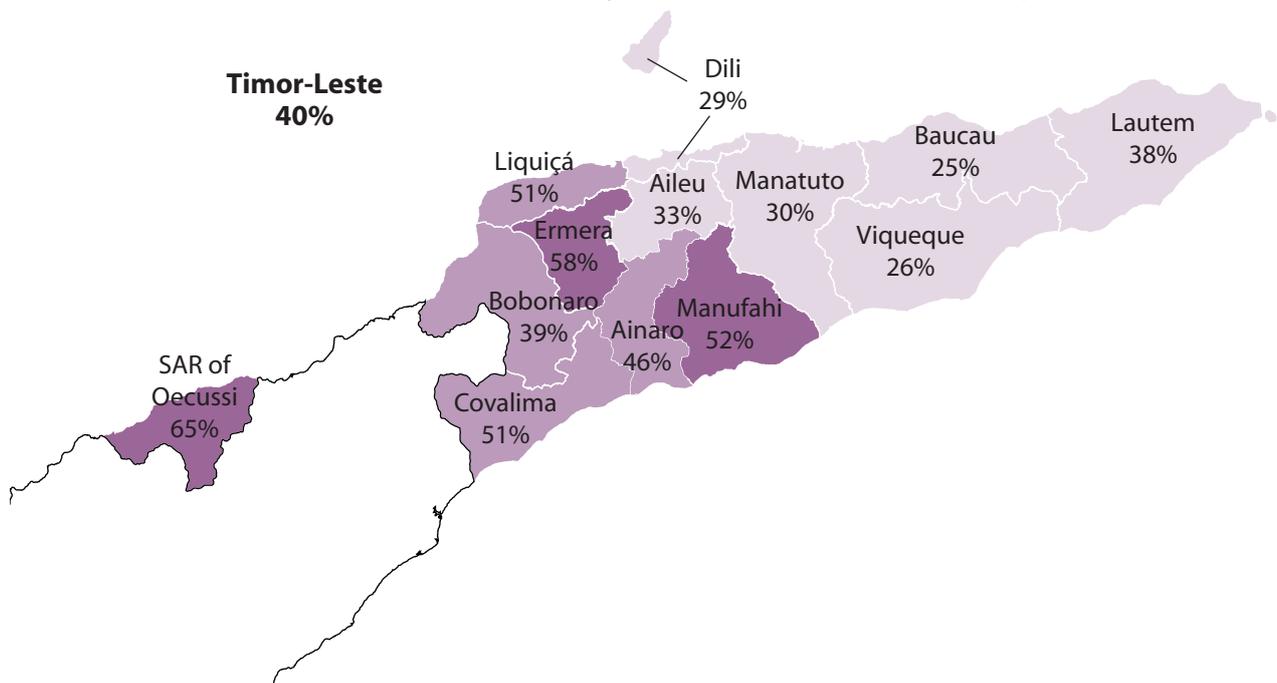
Four in ten (40%) ever-married women have experienced spousal violence whether physical, sexual, or emotional. More than one-third (37%) of ever-married women experienced spousal violence in the last 12 months. Spousal violence varies by municipality; 25% of ever-married women in Baucau have ever experienced spousal violence, compared to 65% in SAR of Oecussi.

Help-seeking behavior

Two in ten (20%) women who have experienced physical or sexual violence sought help to stop the violence and 6% did not seek help but told someone. The most common source for help to stop the violence is her own family.

Spousal Violence by Municipality

Percent of ever-married women age 15-49 who ever experienced physical, sexual, or emotional violence committed by their current or most recent husband/partner



TUBERCULOSIS

Nationally, 63% of women and 68% of men age 15-49 have heard of tuberculosis (TB). This represents a decrease from 2009-10 when 78% of women and 83% of men had heard of TB. Women and men are most likely to have heard about TB from family, friends, or health care providers. Cough for two or more weeks and coughing up blood are the most commonly cited symptoms of TB.

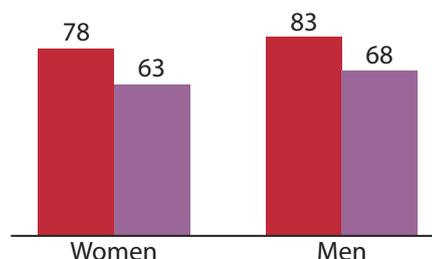
The majority of women (85%) and men (84%) who have heard of TB believe that TB is spread by germs. More than 7 in 10 women (72%) and men (71%) say that TB is spread through the air when coughing or sneezing.

Overall, 13% of women and 4% of men who have heard of TB who would want to keep secret that a family member has TB. Nearly 9 in 10 women (89%) and 84% of men say they would seek treatment for a cough that lasted more than two weeks. Government health facilities are the most frequently cited place where people would seek treatment for a cough lasting more than two weeks.

Trends in Tuberculosis Awareness

Percent of women and men age 15-49 who have heard of tuberculosis

■ 2009-10 TLDHS ■ 2016 TLDHS



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NONCOMMUNICABLE DISEASES

High Blood Pressure/Hypertension

Nearly 4 in 10 (39%) women and 32% of men age 30-49 have ever had their blood pressure measured by a doctor or health care provider. Women and men with more than secondary education and those in the wealthiest households are most likely to have ever had their blood pressure measured.

Eighteen percent of women and 12% of men have ever been told by a doctor or health care provider that they have high blood pressure or hypertension. Among women who have been told by a doctor or health care provider that they have high blood pressure, 72% were prescribed medication to control their blood pressure and 65% report taking medication to control their blood pressure. Among men who have been told by a doctor or health care provider that they have high blood pressure, 58% were prescribed medication to control their blood pressure and 54% report taking medication to control their blood pressure.

High Blood Sugar/Diabetes

Overall, 6% of women and 7% of men age 30-49 have ever had their blood sugar measured by a doctor or health care provider. Women and men with more than secondary education are most likely to have ever had their blood sugar measured (16% and 17%, respectively). Two percent of women and men have ever been told by a doctor or health care provider that they have high blood sugar or diabetes.

Other Noncommunicable Diseases

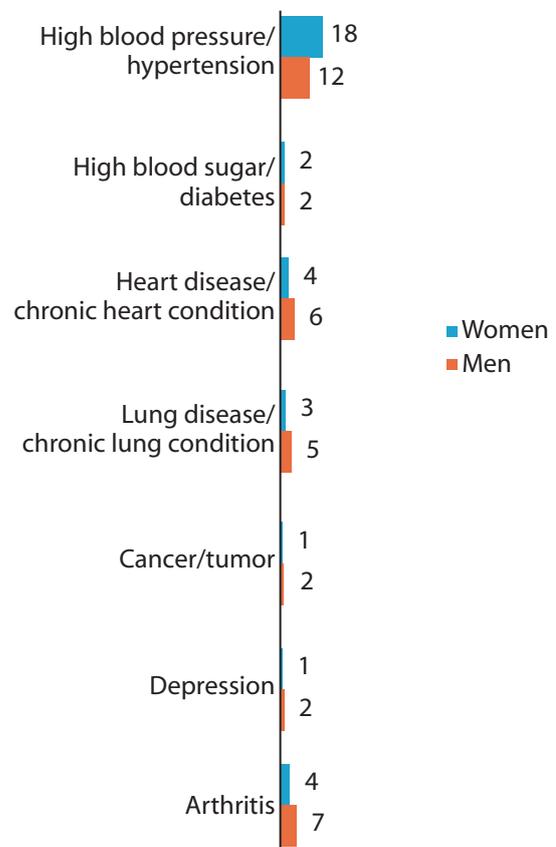
Four percent of women and 6% of men age 30-49 have ever been told by a doctor or health care provider that they have heart disease or a chronic heart condition.

Fewer women (3%) and men (5%) age 30-49 have ever been told by a doctor or health care provider that they have lung disease or a chronic lung condition.

Very few women (1%) and men (2%) age 30-49 have ever been told by a doctor or health care provider that they have cancer or a tumor. Similarly, 1% of women and 2% of men have ever been told by a health care provider that they have depression.

Nationally, 4% of women and 7% of men age 30-49 have ever been told by a doctor or health care provider that they have arthritis.

Prevalence of Noncommunicable Diseases
Percent of women and men age 30-49 who have been told by a doctor or health care provider that they have:



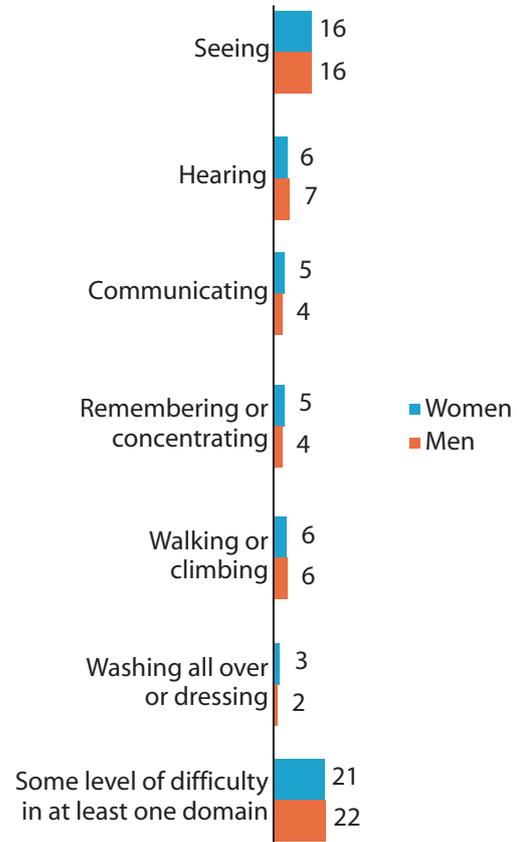
DISABILITY

The 2016 TLDHS examined disability in the household population age 5 and older. Disability was assessed for six function domains: seeing, hearing, communicating, remembering or concentrating, walking or climbing steps, and washing all over or dressing. Overall, 15% of the household population age 5+ reported any level of difficulty in at least one domain of functioning, while 2% reported either a lot of difficulty functioning in at least one domain or could not function at all in one of the domains.

Among the household population age 15+, 21% of women and 22% of men reported some level of difficulty in at least one domain of functioning. The most commonly reported difficulty is the ability to see, with 16% of both women and men age 15+ reporting some level of difficulty seeing. Six in ten (60%) widowed women and 59% of widowed men report some level of difficulty in at least one domain of functioning. Women and men with no education are also more likely to report some level of difficulty in at least one domain of functioning (37% and 39%, respectively).

Disability among Adults

Percent of de facto household population age 15+ who have some degree of difficulty in the following domains:



YOUTH

Free Time

Youth—women and men age 15-24—were asked how they mostly spend their free time. Young women were most likely to report spending their free time reading (22%), hanging out with friends (13%) or watching television (13%). One-quarter (25%) of young men reported they spend their free time hanging out with friends, 20% spend free time doing sports and 19% spend free time reading.

Over half of young women (55%) and 77% of young men report that they spend time with friends during a typical week. Youth in urban areas are more likely than youth in rural areas to report spending time with friends during a typical week. Young women report primarily spending time with friends at a friend's house (43%) or at their own home (31%). Young men report primarily spending time with friends at a friend's house (42%), at a sport facility (17%) or at their own home (16%).

Information on Reproductive Health

Less than 1 in 4 (23%) young women and 20% of young men have received information on reproductive health. More young women and young men have heard about the Linha Foinça'e hotline (31% each). Young women and young men with more than secondary education are most likely to have received information on reproductive health and are also most likely to have heard about Linha Foinça'e. Health facilities and school are the most common sources of information on reproductive health. Young women and men report that television and health centers are their preferred methods to receive reproductive health information.

Advice

Young women are most likely seek advice or help from their mother if they have a problem or are in trouble (59%), while young men are most likely to seek advice or help from their father (29%). Friends are another common source of advice for young women (22%) and young men (25%). Twenty-seven percent of young men report seeking advice or help from their mother. The most common source of advice on beginning romantic relationships for young women and young men is their peers.



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INDICATORS

	Residence		
	Timor-Leste	Urban	Rural
Fertility			
Total fertility rate (number of children per woman)	4.2	3.5	4.6
Median age at first birth for women age 25-49 (years)	23.0	23.9	22.7
Women age 15-19 who are mothers or currently pregnant (%)	7	4	8
Family Planning (among married women age 15-49)			
Current use of any method of family planning (%)	26	27	26
Current use of any modern method of family planning (%)	24	23	25
Unmet need for family planning (%) ¹	25	26	25
Demand satisfied by modern methods (%)	47	44	48
Maternal Health (among women age 15-49)			
Antenatal care visit with a skilled provider ² (%)	84	92	81
Births delivered in a health facility (%)	49	84	34
Births assisted by a skilled provider ² (%)	57	86	45
Child Health (among children age 12-23 months)			
Received all basic vaccinations ³ (%)	49	51	48
Nutrition			
Children under age 5 who are stunted (moderate or severe) (%)	46	41	47
Women age 15-49 who are thin (%)	27	24	28
Men age 15-49 who are thin (%)	26	26	26
Childhood Mortality⁴			
Infant mortality	<i>30</i>	<i>25</i>	<i>32</i>
Under-five mortality	<i>41</i>	<i>33</i>	<i>44</i>
Malaria			
Household population with access to an insecticide-treated net (ITN) ⁵ (%)	48	37	52
Children under age 5 who slept under an ITN the night before the survey (%)	55	47	59
Pregnant women age 15-49 who slept under an ITN the night before the survey (%)	60	50	66
HIV/AIDS			
Women age 15-49 who have heard of HIV or AIDS (%)	47	72	34
Men age 15-49 who have heard of HIV or AIDS (%)	66	87	56
Women age 15-49 who have ever been tested for HIV and received the results (%)	3	5	1
Men age 15-49 who have ever been tested for HIV and received the results (%)	3	5	1
Domestic Violence			
Women age 15-49 who experienced physical violence in the last 12 months (%)	29	19	33
Women age 15-49 who experienced sexual violence in the last 12 months (%)	4	3	4
Ever-married women age 15-49 who have ever experienced physical, sexual, or emotional violence by their current or most recent husband or partner (%)	40	32	43

Figures in parentheses are based on 25-49 unweighted cases. ¹Currently married women who do not want any more children or want to wait at least two years before their next birth but are not currently using a method of family planning. ²Skilled provider includes doctor, nurse, midwife, or assistant nurse. ³Fully vaccinated includes BCG, measles, three doses each of DPT-HepB-Hib and polio vaccine (excluding polio vaccine given at birth). ⁴Mortality rates in italics are

Municipality												
Aileu	Ainaro	Baucau	Bobo- naro	Cova- lima	Dili	Ermera	Lautem	Liquiçá	Mana- tuto	Manu- fahi	SAR of Oecussi	Vique- que
4.0	5.7	4.6	4.6	4.2	3.6	4.3	4.9	4.4	4.6	4.3	4.0	4.6
23.1	22.7	23.5	22.7	22.3	24.0	22.6	23.4	22.8	23.0	22.5	21.9	22.8
8	4	7	10	9	6	3	5	10	8	8	10	6
33	18	25	32	33	29	19	8	26	22	36	35	17
33	17	21	30	32	24	18	8	25	21	34	35	17
21	24	30	24	20	25	36	29	22	21	21	21	26
61	41	38	54	60	45	34	22	53	49	60	62	40
89	69	80	79	85	93	71	84	83	90	77	89	93
59	18	52	45	47	83	15	53	35	47	30	23	43
71	23	62	49	60	85	20	65	45	66	47	34	59
58	35	67	47	40	52	31	57	52	61	34	39	48
46	60	51	53	48	42	29	41	47	46	38	51	52
28	25	22	31	31	25	28	23	32	28	22	37	19
18	16	24	27	32	27	31	18	25	24	27	40	17
26	48	36	30	25	24	27	18	30	34	25	47	32
36	56	43	36	29	37	34	19	33	43	40	76	49
54	35	52	44	62	32	38	59	51	56	58	73	55
61	40	63	54	64	43	48	67	62	64	63	61	64
(81)	(46)	(65)	(58)	(90)	46	(49)	(64)	68	78	(62)	(71)	60
59	29	30	52	42	73	35	50	43	37	33	30	17
83	41	62	62	79	86	56	51	74	49	69	58	28
4	3	1	4	1	5	<1	3	2	3	2	2	<1
3	3	2	6	1	5	<1	1	3	4	<1	2	<1
24	33	20	30	44	17	44	30	47	23	27	34	27
1	8	2	3	2	4	2	1	4	3	12	7	1
33	46	25	39	51	29	58	38	51	30	52	65	26

for the five-year period before the survey, while the remainder are mortality rates for the ten-year period before the survey.⁵Percent of the de facto household population that could sleep under an ITN if every ITN were used by up to two people.

